

**The Oregon DHS MMIS Companion Guide for 837 FEE FOR SERVICE Dental Claim
and 837 Transaction Coordination of Benefits - Examples for Fee For Service**

The objectives of this document are:

*To clarify what information is needed by Oregon Dept. of Human Services (OR-DHS) where the guide indicates that the choice is dependent on the Payer.

*To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 837 Dental Claim Implementation Guide Version 004010X097A1.

In order to create an OR-DHS HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OR-DHS) specific requirements.

OR-DHS processes all alpha characters in upper case. Do not use special characters.

To properly process 837 transactions, OR-DHS requires only ONE transaction type in each transmission file beginning with the ISA segment and ending with the ISE segment. For example if the submitter sends Chargeable/FFS 837 transaction data for Professional, Dental and Institutional, there would be a separate file for each transaction (e.g. one containing only the 837P professional data, one containing only 837I institutional data and one file containing only 837D dental data.).

For faster adjudication, OR-DHS requires one rendering (performing) provider per claim to avoid conflict between claim and line level data.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

In the examples given in this Companion Guide, a lowercase "b" denotes a blank space.

IMPORTANT NOTE: When determining the delimiters to use/send, please take data content, communication protocols, and industry standards into account. If transmission or transaction errors can be traced to the choice of a delimiter, trading partners will be notified, and the use of that delimiter will be prohibited. For example: When the EBCDIC character for <new line> is used as a delimiter, and it is converted to ASCII, it becomes two characters - <carriage return> and <line feed>. Systems using ASCII characters encounter extra, non-conforming characters and reject the transmission.

ISA - Interchange Control Header - Page B3

Usage: Required
Segment Max Use within Transmission: 1
Loop Repeat: None
Loop ID: None

Example: ISA*00*bbbbbbbbb*00*bbbbbbbbb*ZZ*TP123456bbbb*ZZ*ORDHSbbbbbbbbb*010801*1452*U*00401*00000001*0*P*:-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "TP" should be in upper-case (i.e., TP#####). Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN	ORDHS	Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA15	Usage Indicator	R	1/1	ID	P	

GS - Functional Group Header - Appendix B

Usage: Required
Segment Max Use within transmission: >1
Loop Repeat: None
Loop ID: None

Example: GS*HC*TP123456*ORDHS*20031016*1452*1215*X*004010X098A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15			The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "tp" should be in upper-case (i.e., TP#####).
GS03	Application Receiver's Code	R	2/15		ORDHS	

ST -- Transaction Set Header - Page 53

Usage: Required
Segment Max Use within Transaction: 1
Loop ID: None
Example: ST*837*987654~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
ST01	Transaction Identification Code	R	3/3	ID	837	
ST02	Transaction Set Control Number	R	4/9	AN		The unique number that will be returned on your 997. In order to ensure this unique number is returned on your 997, it is recommended this number not repeat for 180 days.

BHT -- Beginning of Hierarchical Transaction - Page 54

Usage: Required
Segment Max Use within transaction: 1
Loop ID: None
Example: BHT*0019*00*0123*19980108*0932*CH~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
BHT02	Transaction Set Purpose Code	R	2/2	ID	00	
BHT06	Claim or Encounter Identifier	R	2/2	ID	CH	

NM1 -- Submitter Name - Page 59

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 1000A
Example: NM1*41*2*ABC SUBMITTER****46*TP123456~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM109	Submitter Identifier	R	2/80	AN		The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "tp" should be in upper-case (i.e., TP#####).

NM1 -- Receiver Name - Page 66

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 1000B
Example: NM1*40*2*OREGON DHS*****46*ORDHS-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Receiver Name	R	1/35	AN	OREGON DHS	
NM109	Receiver Primary Identifier	R	2/80	AN	ORDHS	

PRV -- Billing/Pay-To-Provider Specialty Information - Page 71

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2000A
Example: PRV*BI*ZZ*122300000X-

NOTE: Per the CMS feedback page, "... the guide [IG] is therefore inconsistent with the enumeration of providers allowed by the NPI final rule. In order to define a sub-part or component that is not enumerated with a distinct NPI, the Billing Provider field - 2000A PRV - may be used."

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
PRV01	Provider Code	R	1/3	ID	BI	'BI' - Billing
PRV02	Reference Identification Qualifier	R	2/3	AN	ZZ	Mutually Defined
PRV03	Reference Identification	R	1/30	ID		Provider Taxonomy Code http://www.wpc-edi.com/codes/taxonomy

NM1 - Billing Provider Name - Page - 76

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010AA
Example: NM1*85*2*ABC BILLING PROVIDER*****XX*9443322220-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	XX	'XX' - Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers
NM109	ID Code Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

REF -- Billing Provider Secondary Identification Number - Page 83

Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2010AA
Example: REF*EI*987654321-

NOTE: In addition to data sent on NM109 (Billing Provider Identifier).

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF01	Identification Code Qualifier	R	2/3	ID	EI / SY	EI - Employers Identification Number SY- Social Security Number
REF02	ID Code Identifier	R	1/30	AN		Employer's Identification Number or Social Security Number

SBR-- Subscriber Information - Page 99

Usage: Required
Segment Max Use Within Loop: 1
LOOP ID: 2000B

EXAMPLE: SBR*P**GRP01020102***1***MC- (Coordination of Benefits)
SBR*P**GRP01020102***6***MC- (No Coordination of Benefits)

NOTE: If COB, see pages 11 and 12 for more information.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID		NOTE: If this is a Coordination of Benefits (COB) claim, DHS would be Secondary or Tertiary. If COB information is sent, DHS would never be Primary.
SBR09	Claim Filing Indicator Code	S	1/2	ID	MC	

NM1 -- Subscriber Name - Page 103

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010BA
Example: NM1*IL*1*DOE*JOHN*T**JR*MI*12345678-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Subscriber Last Name	R	1/35	AN		Patient's last name as it appears on the DHS medical care identification. Do not use special characters.
NM104	Subscriber First Name	S	1/25	AN		Enter the patient's first name as it appears on the DHS medical care identification. Cannot be blank. Do not use special characters.
NM108	Identification Code Qualifier	R	1/2	ID	MI	MI
NM109	Subscriber Primary Identifier	R	2/80	AN		Patient's 8-character Prime I.D. as it appears on the DHS medical care identification.

NM1 -- Payer Name - Page 117

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010BB
Example: NM1*PR*2*OREGON DHS*****PI*ORDHS-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Payer Name	R	1/35	AN	OREGON DHS	OREGON DHS
NM108	Identification Code Qualifier	R	1/2	ID	PI	PI
NM109	Payer Identifier	R	2/80	AN	ORDHS	ORDHS

N3 -- Payer Address - Page 121

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BB
Example: N3*500 SUMMER STREET NE-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
N301	Payer Address Line	R	1/55	AN	500 SUMMER STREET NE	

N4 -- Payer City/State/Zip - Page 122

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BB
Example: N4*SALEM*OR*973010315-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
N401	Payer City Name	R	2/30	AN	SALEM	
N402	Payer State Code	R	2/2	ID	OR	
N403	Payer Postal Zone or Zip Code	R	3/15	ID	973010315	

CLM -- Claim Information - Page 149

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2300
Example: CLM*013193000001*500***11::1*Y*A*Y*Y~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CLM01	Patient Account Number	R	1/38	AN		This Number is returned in the (Element CLP01) on the outbound 835 transaction.
CLM05-1	Place of Service Code	R	1/2	AN		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Submission Reason Code	R	1/1	ID	1, 7, 8	OR-DHS required field. OR-DHS currently processes only the following: 1 - Original claim submission 7 - Replacement of Prior Claim 8 - VOID of Prior Claim
CLM11-1	Related Causes Code	R	2/3	ID		Values used for OR-DHS: AA = Auto Accident EM = Employment OA = Other Accident
CLM11-2	Related Causes Code	S	2/3	ID		Same as CLM 11-1 if needed.
CLM11-3	Related Causes Code	S	2/3	ID		Same as CLM 11-1 if needed.

REF - Original Reference Number (ICN/DCN) - Page 179

Usage: Situational
Segment Max Use within Loop: 30
Loop ID: 2300
Example: REF*F8*1234567891234~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF02	Claim Original Reference Number	R	1/30	AN	F8	The OR-DHS ICN to adjust or delete.

REF - Prior Authorization or Referral Number - Page 181

Usage: Situational
Segment Max Use within Loop: 2
Loop ID: 2300
Example: REF*G1*12345~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	G1	
REF02	Prior Authorization or Referral Number	R	1/30	AN		OR-DHS prior assigned authorization number

NM1 - Referring Provider Name - Page 187

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2310A
NOTE: OR-DHS required if there is a referral on the claim.
Example: NM1*DN*1*DOE*JOHN***XX*9443322220~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	XX	'XX' - Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers
NM109	Identification Code	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

NM1 - Rendering Provider Name - Page 195

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2310B
NOTE: Required if the Rendering provider NM1 information is different from that carried in the NM1 2010AA (Billing Provider Name).
Example: NM1*82*1*DOE*JOHN***XX*9443322220~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	XX	'XX' - Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers
NM109	Subscriber Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

SBR - Other Subscriber Information - Page 209

Note: When claim has COB, all applicable data elements within the COB segments must be included with the claim.

CAS -- Claim Level Adjustment - Page 213

Note: When claim has COB, all applicable data elements within the COB segments must be included with the claim.

NM1 - Other Payer Name - Page 240

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2330B

Example: NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	PI	
NM109	Other Payer Primary Identifier	R	2/80	AN		

SV3 - Dental Service - Page 266

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: SV3*AD:D2150*80****1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SV301-2	Procedure Code	R	1/48	AN		
SV302	Line Item Charge Amount	R	1/18	R		Only enter '0' if the service is generally rendered at no cost.
SV303	Facility Type Code	S	2/2	AN		Used to report the place of service for this line if the value is different than the value carried in CLM05 in loop ID 2300.
SV304-1	Oral Cavity Designation Code	R	1/3	ID		
SV306	Procedure Count	R	1/15	R		

REF - Service Predetermination Identification - Page 283

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2400
Example: REF**G3*MCN12345~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF02	Predetermination of Benefits Identifier	R	1/30	AN		OR-DHS Prior Authorization Number.

AMT - Approved Amount - Page 287

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2400
Example: AMT*AAE*300~

NOTE: Required if Medicare is a previous payer and the service is covered, whether Medicare pays the claim or not.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
AMT01	Amount Qualifier Code	R	1/3	ID	AAE	
AMT02	Approved Amount	R	1/18	R		

NM1 - Rendering Provider Name - Page 289

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2420A

NOTE: Required if the Rendering provider NM1 information is different from that carried in the NM1 2010AA (Billing Provider Name).

Example: NM1*82*1*DOE*JOHN****XX*9443322220~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	XX	'XX' - Health Care Financing Administration National Provider Identifier (NPI) for
NM109	ID Code Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

SVD - Line Adjudication Information - Page 301

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2430
Example: SVD*43*55*AD:D0330**1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SVD01	Other Payer Identification Number	R	2/80	AN		This value must match the number in NM109 element in the 2330B loop.

837 Transaction
Coordination of Benefits
Examples for **Fee-For-Service**

Note: These are examples only and are not intended to show all situations that could potentially occur. This is only DHS' expectation of the data for the situations most commonly found for Medicaid claims.

Loop 2000B–Subscriber Hierarchical Level is a required loop and thus is always expected.

SBR01-Payer Responsibility Sequence Number is expected to be one of the following:

- * "P" when Medicaid is the only dental coverage for the client.
- * "S" when the client has Medicaid coverage and dental coverage by any other payer.
- * "T" when the client has Medicaid coverage and dental coverage by any other payer.

SBR09-Claim Filing Indicator must be MC (Medicaid) indicating Medicaid as the payer receiving this information and has the current responsibility for adjudication.

When the client has no insurance coverage other than Medicaid, the following information is expected:

- * When DHS is the Primary Payer, do not use:
 - 2320-Other Subscriber Information loop
 - 2330B-Other Payer Name loop
 - 2430-Line Adjudication loop.

When the client has Medicaid and another dental coverage, the following information is expected:

- * The other coverage could be one or more private dental insurance.
- * Since Loop 2320-Other Subscriber Information repeats for each known payer, there is one 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing the coverage as the Primary payer.

- * If any service line is not paid, or the payment is other than the service line billed amount, you must use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, you must also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

When the client has Medical insurance coverage A, B and Medicaid coverage, the following information is expected:

- * Coverage A or B could be any private dental insurance.
- * Loop 2320-Other Subscriber Information repeats for each known payer. Examples are:
 - * One 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing the dental coverage as the Primary payer.
- * If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

AND

- * You should use a 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "S" (secondary) for the Secondary payer.
- * If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

AND

- * You should use a 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "T" (tertiary) for the Tertiary payer.
- * If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. If there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.