

**The Oregon DHS MMIS Companion Guide for 837 ENCOUNTER Institutional Claim
and 837 Transaction Coordination of Benefits - Examples for Encounter**

The objectives of this document are:

*To clarify what information is needed by the 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 Institutional Claim Implementation Guide Version 004010X096A1.

**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 Reportable/Encounter 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/billing 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

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*TP123456bbbb*ZZ*ORDHSbbbb*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 Qualifier	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-Page-B8

Usage: Required

Segment Max Use within transmission: >1

Example: GS*HC*TP123456*ORDHS*381791480*20010801*1452*00000001*X*004010X096A1~

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 - 56

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-57

Usage: Required
Segment Max Use within Loop: 1
Loop ID: None
Example: BHT*0019*00*0123*19960618*0932*RP~

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

NM1 -- Submitter Name-Page-61

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-67

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 - Page 71

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2000A

Example: PRV*BI*ZZ*207R00000X~

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

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	Identification Code	R	1/30	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

REF -- Billing Provider Secondary Identification Number-Page-82

Usage: Situational
Segment Max Use within Loop: 8
Loop ID: 2010AA
Example: REF*EI*987654321~

NOTE: OR-DHS required in addition to data sent on NM109 (Billing Provider Identifier).

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

NM1 -- Pay-To Provider Name - Page 91

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010AB
Example: NM1*87*2*PHP NAME*****24*444332222~

NOTE: OR-DHS required.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM102	Entity Type Qualifier	R	1/1	ID	2	2 - Non-Person entity
NM103	Pay-to Provider Last or Organization Name	R	1/35	AN		PHP Plan Name
NM108	Identification Code Qualifier	R	1/2	ID	24	24 – Employer’s Identification Number
NM109	Identification Code	R	1/30	AN		Employer's Identification Number

REF -- Pay-To Provider Secondary Identification Number - Page 97

Usage: Situational
Segment Max Use within Loop: 8
Loop ID: 2010AB
Example: REF*1D*123456~

NOTE: OR-DHS required in addition to data sent on NM109 (Pay-To Provider Identifier).

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	1D	1D - Medicaid Provider Number
REF02	Pay-To Provider Additional Identifier	R	1/30	AN		Required for OR-DHS. Cannot be blank. Enter the PHP number.

SBR -- Subscriber Information-Page-101

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2000B

Example: SBR*S*18*123456*****MC~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	S	
SBR03	Insured Group or Policy Number	R	1/30	AN		Required by OR-DHS. Cannot be blank. Enter the PHP number.
SBR09	Claim Filing Indicator Code	S	1/2	ID	MC	

NM1 -- Subscriber Name-Page-108

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BA

Example: NM1*IL*1*DOE*JOHN*T***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 DMAP medical care identification. Do not use special characters.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the DMAP medical care identification. Cannot be blank. Do not use special characters.
NM108	Identification Code Qualifier	R	1/2	ID	MI	
NM109	Subscriber Primary Identifier	R	2/80	AN		Patient's 8-character Prime I.D. as it appears on the DMAP medical care identification.

NM1 -- Payer Name-Page-126

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BC

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	
NM108	Identification Code Qualifier	R	1/2	ID	PI	
NM109	Payer Identifier	R	2/80	AN	ORDHS	

N3 -- Payer Address-Page-129

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BC
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-130

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BC
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-157

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2300
Example: CLM*01319300001*500***11:A:1*Y*A*Y*Y***02*****N~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CLM01	Patient Account Number	R	1/38	AN		Populate this element with Plan Tracking Number.
CLM02	Total Claim Charge Amount	R	1/18	R		
CLM05-1	Facility Type Code	R	1/2	AN		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Frequency Code	R	1/1	ID		OR-DHS required field. OR-DHS accepts: 1 - Original claim submission 7 - Replacement of prior claim 8 - Void (cancellation of prior claim) Claims with a value of "7" will be processed as an adjustment. Claims with a value of "8" will be processed as delete transactions.

REF -- Original Reference Number (ICN/DCN)-Page-191

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2300

Example: REF*F8*1234567890123~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF01	Reference Identification	R	2/3	ID	F8	
REF02	Claim Original Reference Number	R	1/30	AN		The OR-DHS ICN to adjust or delete.

HI -- Principle, Admitting, E-Code and Patient Reason For Visit Diagnosis Information-Page-227

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2300

Example: HI*BK:9976~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				OR-DHS requires the Principle Diagnosis code.
HI01-2	Industry Code	R	1/30	AN		Report the Primary Diagnosis Code to the highest level of specificity for the date of service.

SBR -- Other Subscriber Information-Page-359

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2320

Example: SBR*P*18*123456*PHP NAME*MC****MC~

NOTE: OR-DHS required

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR01	Payer Responsibility Sequence Number Code	R	1/1	ID	S	
SBR03	Insured Group or Policy Number	R	1/30	AN		Required by OR-DHS. Cannot be blank. Enter the PHP number.
SBR09	Claim Filing Indicator Code	S	1/2	ID	MC	

CAS -- Claim Level Adjustment-Page-365

Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2320
Example: CAS*CO*96*555.52~

Note: OR-DHS uses only the first occurrence.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CAS02	Adjustment Reason Code	R	1/5	ID		NOTE: Prepaid Health Plans (PHP) may use any valid HIPAA Adjustment Reason Code when Claim Submission Reason Code = 8 for VOID/delete.

NM1 -- Other Payer Name - Page 410

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2330B
Example: NM1*PR*2*OREGON DHS****PI*123456~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Payer Name	R	1/35	AN	OREGON DHS	
NM108	Identification Code Qualifier	R	1/2	ID	PI	
NM109	Other Payer Primary Identifier	R	2/80	AN		Required for OR-DHS. Cannot be blank. Enter the PHP number.

SV2 -- Institutional Service Line-Page-445

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2400
Example: SV2*0300*HC:80019*73.42*UN*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SV201	Service Line Revenue Code	R	1/48	AN		OR-DHS requires a valid 4 digit center revenue code.
SV202	Composite Medical Procedure Identifier	S	1/48	AN		OR-DHS uses one Procedure Code when the Revenue center code requires a procedure code.
SV203	Line Item Charge Amount	R	1/18	AN		OR-DHS requires line item charges regardless of how the PHP compensates its provider.

SVD - Line Adjudication Information - Page-490

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2430

Example: SVD*123456*50.5**HCPCS Code*1~

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

CAS -- Service Line Adjustment-Page-494

Usage: Situational

Segment Max Use within Loop: 5

Loop ID: 2430

Example: CAS*CO*A1*25~

"NOTE: Prepaid Health Plans (PHP) must send a Claim Adjustment Reason Code (CARC) at the service line level whenever service is denied/not paid.

Business Rules relating to Claim Adjustment Reason Codes (Disposition Codes):

- If the PHP has accepted any liability for the service/detail line, do not send Loop 2430/CAS segment.
 - If the PHP has not accepted any liability for the service/detail line, send Loop 2430 CAS segment w/appropriate/CARC.
 - Some CARC Codes do not apply to DHS encounter data. These codes were not cross-walked and the claim will receive an error if these codes are used.
- OR-DHS will process only the first occurrence."

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CAS02	Adjustment Reason Code	R	1/5	ID		PHP must use one Claim Adjustment Reason Code only when liability is not accepted.

837 Transaction
Coordination of Benefits
Examples for **Encounter**

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 Encounter data received at this time.

Loop 2000B–Subscriber Hierarchical Level is a required loop and thus is always expected. When a patient is enrolled in a Prepaid Healthcare Plan (Plan), Medicaid (DHS) is never the primary payer. Within this loop the:

- * SBR01-Payer Responsibility Sequence Number is expected to be “S” showing Medicaid as the secondary payer.
- * SBR09-Claim Filing Indicator Code must be MC (Medicaid) indicating Medicaid as the payer this information is being sent to and has the current responsibility for adjudication.

When the patient is enrolled in a Plan, the following information is expected when the plan is the primary payer:

- * Send one 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of “P” (primary) showing the Plan as the Primary payer.
- * If the service line is paid, accepted or \$0 paid, do not send the CAS segment in the 2320-Other Subscriber Information loop, 2330B-Other Payer Name loop or 2430-Line Adjudication loop.
- * If the PHP has accepted no liability at the service line , send a 2430-Line Adjudication loop with a CAS segment containing the appropriate Claim Adjustment Reason Code (CARC). When there is a 2430-Line Adjudication loop, send a 2330B-Other Payer Name
- * If the PHP has accepted no liability at the service line , send a 2430-Line Adjudication loop with a CAS segment containing the appropriate Claim Adjustment Reason Code (CARC). When there is a 2430-Line Adjudication loop, send 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.