

**The Oregon DHS MMIS Companion Guide for 837 FEE FOR SERVICE Institutional 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 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 and ending with the ISE segments. 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 only 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

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*TP123456bbbbbb*ZZ*ORDHSbbbbbbbb*010801*1452*U*00401*000000001*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*20010801*1452*000000001*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 - Page 56

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: ST*837*987654~

Note: In order to ensure this unique number is returned on your 997, do not use this number more than once a day.

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*19970618*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 - 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 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	2/80	AN	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)

REF -- Billing Provider Secondary Identification-Page-82

Usage: Situational
Segment Max Use within Loop: 8
Loop ID: 2010AA
Example: REF*EI*123456789~

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	EI,SY	EI - Employers Identification Number SY- Social Security Number
REF02	Reference Identification	R	1/30	AN		Employer's Identification Number or Social Security Number

SBR -- Subscriber Information-Page-101

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2000B
Example: SBR*P**GRP01020102*****MC~

NOTE: If COB, see pages 10 and 11 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-108

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 in name.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the DHS medical care identification. Cannot be blank. Do not use special characters in name.
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 DHS 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*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	Facility Type Code	R	1/2	R		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Frequency 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

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

Usage: OR-DHS Required

Segment Max Use within Loop: 1

Loop ID: 2300

Example: HI*BK:8901*BF:87200*BF:5559~

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.

NM1 -- Other Provider Name - Page - 335

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310C

Note OR DHS required when PCM is present on claim.

Example: NM1*73*1*DOE*JOE*A***XX*1234567890~

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 -- Service Facility Name -Page-349

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310E

Example: NM1*FA*2*ABC CENTRAL OFFICE*****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	Payer Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

SBR - Other Subscriber Information - Page 359

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

CAS - Claim Level Adjustment - Page 365

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

SV2 - Institutional Service Line-Page-445

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: SV2*300*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.
SV202-2	Service Line Procedure Code	S	1/48	ID		When HCPC Drug Code is sent populate LIN segment
SV203	Line Item Charge Amount	R	1/18	R		Only enter '0' if the service is generally rendered at no cost.

LIN - Drug Identification, CTP - Drug Pricing, & REF - Prescription Number - Addenda Pages 35 - 37 After page 443

Usage: Situational

Loop ID: 2410

NOTE: On July 1, 2006, DHS implemented a new rule, OAR 410-130-0180, to reflect a federal regulation requiring inclusion of a NDC number in conjunction with HCPC codes when billing for physician-administered drugs.

Example: LIN*N4*12345123412~

		ATTRIBUTES				Comments
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	
LIN02	Product/Service ID	R	1/48	AN		

NM1 -- Operating Physician Name-Page-469

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2420B

Example: NM1*72*1*DOE*JOHN****XX*9443322220~

NOTE: Required when any surgical procedure code is listed on this claim. OR-DHS uses only one operating physician per claim. OR-DHS prefers Operating provider data at the claim level.

		ATTRIBUTES				Comments
ELEMENT	NAME	USE	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
NM109	Subscriber Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)

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 medical coverage the client.
- * “S” when the client has Medicaid coverage and any other medical coverage.

- * “T” when the client has Medicaid coverage and medical coverage by MORE THAN ONE 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 medical coverage, the following information is expected for additional payer when DHS is not:

2320-Other Subscriber Information loop
2330B-OtherPayer Name loop
2430-Line Adjudication loop

* Since Loop 2320-Other Subscriber Information repeats for each known payer, there is only one 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing Medicare or the medical 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 Medicare Insurance coverage- A, B and Medicaid coverage, the following information is expected:

* Coverage A or B could be any combination of the following:

Medicare Part A
Medicare Part B
Private Medical 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 Medicare or the medical 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.