

THE OREGON DHS MMIS 837 DENTAL  
Change Matrix

Change Matrix for 837 Dental Companion Guide

MMIS 837 FFS Dental  
for version 3.0 CG

Changes:	Section:	Field:	Current MMIS	New MMIS
Page 1	Cover sheet	n/a	Heading	Heading modified
Page 1	Cover sheet	n/a	Paragraph regarding NPI information	Paragraph removed
Page 2	Interchange Control Header	Segment	Contained the word "loop"	Change word "Loop" to Transmission"
Page 2	Interchange Control Header	ISA06	Contained Trading Partner # with lower case "tp".	Changed Trading Partner # to upper case "TP".
<b>Page 2</b>	<b>Interchange Control Header</b>	<b>ISA08</b>	<b>ORDHSOMAP</b>	<b>ORDHS</b>
Page 2	Functional Group Header	Example	*004010X098A1	*004010X097A1
Page 2	Application Senders Code	GS02	Contained Trading Partner # with lower case "tp".	Changed Trading Partner # to upper case "TP".
Page 2	Application Receiver's Code	GS03	ORDHSOMAP	ORDHS
Page 3	ST segment	ST segment added	No information shown	ST segment information added
Page 3	Example for Submitter Name Segment	Example	Example: NM1*41*2*CRAMMER, DOLE, PALMER, AND JOHANSON****46*PROVIDER~	Example: NM1*41*2*ABC SUBMITTER****46*TP123456~
Page 3	Submitter Identifier	NM109	PROVIDER	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#####).
Page 4	Receiver Name	NM103	OREGON DHS OMAP	OREGON DHS
Page 4	Receiver Primary Identifier	NM109	ORDHSOMAP	ORDHS
Page 4	Billing/Pay-To Provider Specialty Information	Example	Example: PRV*PT*ZZ*1234P6789Y~	Example: PRV*BI*ZZ*122300000X~
Page 4	Billing/Pay-To Provider Specialty Information	PRV01	Not shown	BI
Page 4	Billing Provider Name	Example	Example: NM1*85*2*UNION MUTUAL OF OREGON*****XX*1243567890~	Example: NM1*85*2*ABC BILLING PROVIDER*****XX*9443322220~
Page 4	Billing Provider Name - Identification Code Qualifier	NM108	PI	XX
Page 4	Billing Provider Name - ID Code Identifier	NM109		Enter the Appropriate 10 Digit National Provider ID (NPI)
Page 5	Payer Name	NM103	OREGON DHS OMAP	OREGON DHS
Page 5	Payer Identifier	NM109	ORDHSOMAPFFS	ORDHS
Page 7	Patient Account Number	CLM01	The 'Patient Account Number' is returned in the 'Patient Control Number' (Element CLP01) on the outbound 835 transaction. Although the X-12 standard allows for 38 characters, the HIPAA standard allows only up to 20. Therefore, OR-DHS will truncate any data after the 20th character and report same.	This Number is returned in the (Element CLP01) on the outbound 835 transaction.
Page 7	Total Claim Charge Amount	CLM02	Amount must not exceed \$999,999.99.	Comment removed; no longer applicable. See Implementation Guide.

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Page 7	Claim Submission Reason Code	CLM05-3	OR-DHS required field. OR-DHS currently accepts only the following: 1 - Original claim submission	OR-DHS required field.  OR-DHS currently accepts only the following: 1 - Original claim submission 7 - Replacement of Prior Claim 8 - VOID of Prior Claim
Page 8	Line Counter Segment	LX01	OR-DHS System processes only the first 28 service lines.	Comment removed; no longer applicable. See Implementation Guide.
Page 9	Dental Service - Procedure Code	SV301-2	OR-DHS only uses one Procedure Code and the first two modifiers. The last two modifiers may not be considered for adjudication and payment determination of claims.	Comment removed; no longer applicable. See Implementation Guide.
Page 9	Line Item Charge Amount	SV302	Amount must not exceed \$99,999.99. Only enter '0' if the service is generally rendered at no cost.	Only enter '0' if the service is generally rendered at no cost.
Page 9	Oral Cavity Designation Code	SV304-1	OR-DHS will process the first occurrence only.	Comment removed; no longer applicable. See Implementation Guide.
Page 9	Procedure Count	SV306	Unit of service cannot exceed 9999.9.	Comment removed; no longer applicable. See Implementation Guide.
Page 10	Approved Amount	AMT02	Amount must not exceed \$99,999.99	Comment removed; no longer applicable. See Implementation Guide.
Page 10	Other Payer Identification Number	SVD01	Used to match with other payer identifier in 2330B.	This value must match the number in NM109 element in the 2330B loop.
page 10	Claim Level Adjustments	CAS02	has this segment	removed