

THE OREGON DHS MMIS 837 INSTITUTIONAL
Change Matrix

Change Matrix for 837 Institutional Companion Guide

MMIS 837 FFS Institutional
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".
Page 2	Interchange Control Header	ISA08	ORDHSOMAP	ORDHS
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	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	PRV01	Not shown	BI
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	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	Comment removed; no longer applicable.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.
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Page 7	HI - Other Diagnosis Information	HI segment	Has this segment	Comment removed; no longer applicable. See Implementation Guide.
Page 7	HI - Principal Procedure Information	HI segment	Has this segment	Comment removed; no longer applicable. See Implementation Guide.
Page 7	HI - Other Procedure Information	HI segment	Has this segment	Comment removed; no longer applicable. See Implementation Guide.
Page 7	HI - Occurrence Information	HI segment	Has this segment	Comment removed; no longer applicable. See Implementation Guide.
Page 7	HI - Value Information	HI segment	Has this segment	Comment removed; no longer applicable. See Implementation Guide.
Page 7	HI - Condition Information	HI segment	Has this segment	Comment removed; no longer applicable. See Implementation Guide.
Page 7	Attending Physician Name	NM108 and NM109	Has this segment	Removed
Page 8	Other Provider Name	Loop ID:	Does not have this segment	2310C

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Page 8	Other Provider Name	Note	Does not have this segment	Note OR DHS required when PCM is present on claim.
Page 8	Other Provider Name	Example	Does not have this segment	Example: NM1*73*1*DOE*JOE*A***XX*1234567890~
Page 8	Other Provider Name	NM108 and NM109	Does not have this segment	added
Page 8	Operating Physician Name	NM108 and NM109	Has this segment	Removed
Page 8	Other Provider Secondary Information	REF01 and REF02	Has this segment	Removed
Page 9	Line Counter Segment	LX01	OR-DHS System processes only the first 28 service lines.	Comment removed; no longer applicable. See Implementation Guide.
Page 9	Service Line Revenue Code	SV201	OR-DHS requires a revenue code for each service. All revenue codes placed across loop	OR-DHS requires a valid 4 digit center revenue code.
Page 9	Service Line Procedure Code	SV202-2	OR-DHS uses one Procedure Code and the first two modifiers where the revenue center code requires a procedure code. The last two modifiers may not be considered in processing of claims by the OR-DHS system.	When HCPC Drug Code is sent populate LIN segment
Page 9	Line Item Charge Amount	SV203	Outpatient claims only: 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	Service Unit Count	SV205	Not to exceed 9999.9.	Comment removed; no longer applicable. See Implementation Guide.
Page 9	Claim Level Adjustments	CAS02	Has this segment	Removed