

Change Matrix for Replacement MMIS Companion Guide: FFS Professional Only

MMIS 837 FFS Professional  
Version 3.0

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	ISA06	Contained Trading Partner # with lower case "tp".	Changed Trading Partner # to upper case "TP".
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 6	Payer Name	NM103	OREGON DHS OMAP	OREGON DHS
Page 6	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	Comment removed; no longer applicable.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.
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	Original Reference Number (ICN/DCN)	REF segment		Segment Added
Page 8	Health Care Code Information	HI02	OR-DHS processes four diagnosis codes (including the principle diagnosis) for Fee-for-Service claims. The last four codes may not be considered	Comment removed; no longer applicable. See Implementation Guide.
Page 8	NM1 -- Referring Provider Name	Note	NOTE: OR-DHS required if there is a referral on the claim. OR-DHS processes only the first occurrence. OR-DHS uses only one referring	NOTE: OR-DHS required if there is a referral on the claim.
Page 8	NM1 -- Rendering Provider Name	Note	NOTE: OR-DHS required if NM109 Rendering Provider Primary Identifier in 2310B is used. OR-DHS will process up to 3 repeats.	NOTE: OR-DHS required if NM109 Rendering Provider Primary Identifier in 2310B is used.
Page 9	Product/Service ID	SV101-2	Not shown	When HCPC Drug Code is sent here populate LIN
Page 9	Line Item Charge Amount	SV102	Amount must not exceed \$99,999.99. Only enter '0' if the service is generally rendered at no cost.	Data element reference removed; no longer applicable. See Implementation Guide.

**THE OREGON DHS MMIS 837 PROFESSIONAL  
Companion Guide Change Matrix**

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Page 9	Service Unit Count	SV104	Not to exceed 9999.9.	Data element reference removed; no longer applicable. See Implementation Guide.
Page 9	Service Unit Count	SV205	Not to exceed 9999.9.	Comment removed; no longer applicable. See Implementation Guide.
Page 9	Qualifier	CAS02	Has this segment	Removed
Page 9	Professional Service	Note		Note updated
Page 10	Drug Identification, CTP-Drug Pricing, & REF -Prescription Number	Note		Note updated
Page 10	LIN - Drug Identification, CTP - Drug Pricing, & REF - Prescription Number	Note	NOTE: OR-DHS does not process Loop 2410 on the 837 transaction. For drugs administered by the prescribing practitioner in the office, clinic, hospital or home setting, use HCPC Drug Code Series J0000-J8999 in the Loop 2400, SV101-2 element.	NOTE: OR-DHS does process Loop 2410 on the 837 transaction. Oregon DHS requires NDC number if the HCPC drug code is sent in SV101-2.
Page 10	Rendering Provider Name	Note	NOTE: OR-DHS uses only 1 rendering provider per claim at the 2300 level. If the 2300 level is not used, OR-DHS will only use the rendering provider information from the first service line. OR-DHS required if NM109 Rendering Provider Identifier in 2310B is not used.	Note removed