

Oregon DHS NPI Companion Guide for 276 Health Care Claim Status Request

The NPI is a single identification number that will be assigned to all covered health care providers. It is intended to improve the efficiency of the health care system and help to reduce fraud and abuse. The intent of the NPI is to eliminate the need for payers and providers to keep numerous identifiers and in turn simplify transaction processing between these entities. This companion guide is meant to be used as a technical reference guide for NPI usage in Oregon.

The objective of this document is:

- *To clarify what information is needed by 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 276 Health Care Claim Status Request Implementation Guide Version 004010X093A1.

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 (except data reported in the ISA06 and GS02 elements).

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.

OR-DHS Search Criteria:

1. If the 276 Inquiry contains the Service Provider Number and ICN, OR-DHS will only return the matching ICN claim.
2. If the 276 Inquiry contains the Service Provider Number, DOS and Prime, OR-DHS will return all claims and their ICN Number(s).

IMPORTANT: At this time, OR-DHS will only accept 276 BATCH files no larger than 3 megabytes.

"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 Loop: 1

Loop Repeat: None

Loop ID: None

Example: ISA*00*bbbbbbbbbb*00*bbbbbbbbbb*ZZ*tp123456bbbbbb*ZZ*ORDHSOMAPbbbbbb*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 | Interchange ID Qualifier | R | 2/2 | ID | ZZ | |
| ISA06 | Interchange Sender ID | R | 15/15 | AN | | The sender's mailbox number (tp##### (lowercase "tp")). Insert spaces <u>after</u> data to meet 15-byte requirement. |
| ISA07 | Interchange ID Qualifier | R | 2/2 | ID | ZZ | |
| ISA08 | Interchange Receiver ID | R | 15/15 | AN | ORDHSOMAP | Insert spaces <u>after</u> data to meet 15-byte requirement. |

GS -- Functional Group Header - Page B8

Usage: Required

Example: GS*HR*tp123456*ORDHSOMAP*20050328*1452*1215*X*004010X093A1~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|-----------------------------|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| GS02 | Application Senders Code | R | 2/15 | | | The sender's mailbox number (tp##### (lowercase "tp")). |
| GS03 | Application Receiver's Code | R | 2/15 | | ORDHSOMAP | |

NM1 -- Payer Name - Page 54

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100A

Example: NM1*PR*2*OREGON DHS OMAP*****FI*930592162~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|-------------------------------|-----|------------|-----------|-----------------|----------|
| | | | Min/Max | Data Type | Codes/Values | |
| NM103 | Payer Name | R | 1/35 | AN | OREGON DHS OMAP | |
| NM108 | Identification Code Qualifier | R | 1/2 | ID | FI | |
| NM109 | Payer Identifier | R | 2/80 | AN | 930592162 | |

NM1 -- Information Receiver Name - Page 62

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100B

Example: NM1*41*2*ABCDEF****XX*0123456789~

| ELEMENT | NAME | USE | ATTRIBUTES | | | NEW | OLD (Previously Allowed Values) |
|---------|-------------------------------|-----|------------|-----------|--------------|---|-------------------------------------|
| | | | Min/Max | Data Type | Codes/Values | Comments | Comments |
| NM108 | Identification Code Qualifier | R | 1/2 | ID | XX | Health Care Financing Administration National Provider Identifier | Use 'FI' until mandated use of NPI. |
| NM109 | Identification Code | R | 1/30 | AN | | Enter the Appropriate 10 Digit National Provider ID (NPI) | As defined by Implementation Guide |

NM1 -- Provider Name - Page 67

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100C

Example: NM1*1P*2*ABCDEF****XX*0123456789~

| ELEMENT | NAME | USE | ATTRIBUTES | | | NEW | OLD (Previously Allowed Values) |
|---------|-------------------------------|-----|------------|-----------|--------------|---|-------------------------------------|
| | | | Min/Max | Data Type | Codes/Values | Comments | Comments |
| NM108 | Identification Code Qualifier | R | 1/2 | ID | XX | Health Care Financing Administration National Provider Identifier | Use 'SV' until mandated use of NPI. |
| NM109 | Provider Identifier | R | 2/80 | AN | | Enter the Appropriate 10 Digit National Provider ID (NPI) | OR-DHS Provider Number |

HL -- Subscriber Level - Page 70

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2000D

Example: HL*2*1*22*0~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|-------------------------|-----|------------|-----------|--------------|----------|
| | | | Min/Max | Data Type | Codes/Values | |
| HL04 | Hierarchical Child Code | R | 1/1 | ID | 0 | |

NM1 -- Subscriber Name - Page 74

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100D

Example: NM1*QC*1*DOE*JOHN*T**JR*MI*1234567A~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|-------------------------------|-----|------------|-----------|--------------|--|
| | | | Min/Max | Data Type | Codes/Values | |
| NM101 | Entity Identifier Code | R | 2/3 | ID | QC | |
| NM102 | Entity Type Qualifier | R | 1/1 | ID | 1 | |
| 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. 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. |

TRN -- Claim Submitter Trace Number - Page 77

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2200D

Example: TRN*1*12345**~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|--------------|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| TRN02 | Trace Number | R | 1/30 | AN | | Although the X-12 standard allows for 30 characters, the HIPAA standard allows only up to 20. Therefore, OR-DHS will truncate any data after the 20th character, and report same. |

REF -- Payer Claim Identification Number - Page 78

Usage: Situational

Segment Max Use within Loop: 3

Loop ID: 2200D

Example: REF*1K*1234567890123~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|----------------------------|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| REF02 | Payer Claim Control Number | R | 1/30 | AN | | OR-DHS assigned claim number (ICN). If present, only information for this ICN will be returned. |

DTP -- Claim Service Date - Page 86

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2200D

Example: DTP*232*RD8*20040327-20050327~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
|---------|----------------------|-----|------------|-----------|--------------|---|
| | | | Min/Max | Data Type | Codes/Values | |
| DTP03 | Claim Service Period | R | 1/35 | AN | | Claim Dates of Service (Dates of Service cannot be greater than 18 months old). |