

**OR-DHS 277 NPI
Health Care Claim Status Response
VERSION 4010A1**

Oregon DHS NPI Companion Guide for 277 Health Care Claim Status Response

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 277 Health Care Claim Status Response 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.

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.

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ISA -- Interchange Control Header - B3

Usage: Required

Segment Max Use within Loop: 1

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*ORDHSOMAPbbbb*ZZ*tp123456bbbb*010801*1452*U*00401*00000001*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	ORDHSOMAP	Spaces are inserted <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		The sender's mailbox number (tp##### (lowercase "tp")). Spaces are inserted <u>after</u> data to meet 15-byte requirement.

GS -- Functional Group Header - B8

Usage: Required

Example: GS*HN*ORDHSOMAP*tp123456*20050328*1452*00000001*X*004010X093A1~

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

NM1 -- Payer Name - Page 130

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	

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NM1 -- Information Receiver Name - Page 138

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100B

Example: NM1*41*2*ABCDEF****F*123456789~

ELEMENT	NAME	USE	ATTRIBUTES			Comments	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values		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	1/2	ID		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

NM1 -- Provider Name - Page 143

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100C

Example: NM1*1P*2*ABCDEF****SV*123456~

ELEMENT	NAME	USE	ATTRIBUTES			Comments	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values		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 146

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	

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NM1 -- Subscriber Name - Page 150

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 OMAP medical care identification.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the OMAP medical care identification.
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 OMAP medical care identification.

TRN -- Claim Submitter Trace Number - Page 153

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2200D

Example: TRN*2*12345**~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
TRN02	Trace Number	R	1/30	AN		Claim Submitter Trace Number as submitted in the 276. 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.

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STC -- Claim Level Status Information - Page 154

Usage: Required

Segment Max Use within Loop: >1

Loop ID: 2200D

Example: STC*A1:21*20041225*50*45*20041230*CHK*20050102*12345~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
STC01-1	Health Care Claim Status Category Code	R	1/30	AN		OR-DHS will use the following Category Codes: A2, A4, E0, E1, E2, F1, F2, F4, P1, or P2.
STC05	Claim Payment Amount	R	1/18	R		Claim Total Amount Paid PHP Claims = \$0 paid
STC07	Payment Method Code	S	3/3	ID		ACH - Automated Clearing House CHK - Check NON - Non-Payment Data (Encounter)
STC09	Check or EFT Trace Number	S	1/16	AN		Check Number - (paid claims only) or EFT trace number

REF -- Payer Claim Identification Number - Page 165

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 a match is found.