Oregon DHS Companion Guide for 837 FEE FOR SERVICE Professional Claim
and 837 Transaction Coordination of Benefits - Examples for Fee-For-Service

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 objectives of this document are:
*To clarify what information is needed by Oregon 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 837 Professional Claim Implementation Guide Version 004010X098A1.

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.**

To properly process 837 transactions, OR-DHS requires only ONE transaction type in each transmission file beginning with the ISA and ending with the ISE envelope segments. For example if the submitter sends Chargeable/FFS 837 transaction data for Professional, Dental and Institutional, there would be a separate file for each transaction (e.g. one containing only the 837P professional data, one containing only 837I institutional data and one file containing only 837D dental data.).

For faster adjudication, OR-DHS requires one rendering (performing) provider per claim to avoid conflict between claim and line level data.

**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."

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	Min/Max	Data Type	Codes/Values	Comments
			ATTRIBUTES			**Comments**
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		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 lower-case (i.e., tp######). Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange Receiver 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 B5

Usage: Required
Segment Max Use within Transmission: >1
Loop Repeat: NONE
Loop ID: None
Example: GS*HC*tp123456*ORDHSOMAP*20031016*1452*1215*X*004010X098A1~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
			ATTRIBUTES			**Comments**
GS02	Application Senders Code	R	2/15			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 lower-case (i.e., tp######).
GS03	Application Receiver's Code	R	2/15		ORDHSOMAP	

BHT -- Beginning of Hierarchical Transaction- page 63

Usage: Required
Segment Max Use within Transaction: 1
Loop ID: None
Example: BHT*0019*00*0123*19970618*0932*CH~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
				ATTRIBUTES		**Comments**
BHT02	Transaction Set Purpose Code	R	2/2	ID	00	
BHT06	Claim or Encounter Identifier	R	2/2	ID	CH	

NM1 -- Submitter Name - page 67

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 1000A
Example: NM1*41*2*Jaun Orez*****46*PROVIDER~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
				ATTRIBUTES		**Comments**
NM109	Submitter Identifier	R	2/80	AN	PROVIDER	

NM1 -- Receiver Name - page 74

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 1000B
Example: NM1*40*2*OREGON DHS OMAP*****46*ORDHSOMAP~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
				ATTRIBUTES		**Comments**
NM103	Receiver Name	R	1/35	AN	OREGON DHS OMAP	
NM109	Receiver Primary Identifier	R	2/80	AN	ORDHSOMAP	

REF -- Billing Provider Secondary Identification Number - page 91

Usage: Situational
Segment Max Use within Loop: 8
Loop ID: 2010AA
Example: REF*G2*123456~
NOTE: In addition to data sent on NM109 (Billing Provider Identifier), OR-DHS will process up to 3 repeats.

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	NEW Comments	OLD (Previously Allowed Values) Comments
REF01	Identification Code Qualifier	R	2/3	ID		OR-DHS required element. OR-DHS currently accepts only the following: G2 - Provider Commercial Number (OR-DHS assigned number)	OR-DHS required element. OR-DHS currently accepts only the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.
REF02	Billing Provider Additional Identifier	R	1/30	AN			

HL -- Subscriber Hierarchical Level - page 108

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2000B
Example: HL*2*1*22*0~

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

SBR -- Subscriber Information - page 110

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2000B
Example: SBR*P**GRP01020102******MC~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
SBR09	Claim Filing Indicator Code	S	1/2	ID	MC	

NM1 -- Subscriber Name - page 117

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010BA
Example: NM1*IL*1*DOE*JOHN*T**JR*MI*12345678~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data Type	Codes/Values	
NM103	Subscriber Last Name	R	1/35	AN		Patient's last name as it appears on the OMAP 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 OMAP medical care identification. Do not use special characters. Cannot be blank
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.

NM1 -- Payer Name - page 130

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2010BB
Example: NM1*PR*2*OREGON DHS OMAP*****PI*ORDHSOMAPFFS~

| 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	PI	
NM109	Payer Identifier	R	2/80	AN	ORDHSOMAPFFS	

N3 -- Payer Address - page 134

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BB
Example: N3*500 SUMMER STREET NE~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data Type	Codes/Values	
N301	Payer Address Line	R	1/55	AN	500 SUMMER STREET NE	

N4 -- Payer City/State/Zip - page 135

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BB
Example: N4*SALEM*OR*973010315~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
					ATTRIBUTES	Comments
N401	Payer City Name	R	2/30	AN	SALEM	
N402	Payer State Code	R	2/2	ID	OR	
N403	Payer Postal Zone or Zip Code	R	3/15	ID	973010315	

CLM -- Claim Information - page 170

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2300
Example: CLM*0131930000001*500***11::1*Y*A*Y*Y**AA:EM:OA~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
					ATTRIBUTES	Comments
CLM01	Patient Account Number	R	1/38	AN		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.
CLM02	Total Claim Charge Amount	R	1/18	R		Amount must not exceed $999,999.99.
CLM05-1	Facility Type Code	R	1/2	AN		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Frequency Code	R	1/1	AN	1	OR-DHS required field. OR-DHS currently accepts only the following: 1 - Original claim submission
CLM11-1	Related Causes Code	R	2/3	ID		Values used by OR-DHS: AA - Auto Accident EM - Employment OA - Other Accident
CLM11-2	Related Causes Code	S	2/3	ID		Same as CLM 11-1 if needed
CLM11-3	Related Causes Code	S	2/3	ID		Same as CLM 11-1 if needed

REF - Prior Authorization or Referral Number - page 227

Usage: Situational
Segment Max Use within Loop: 2
Loop ID: 2300
Example: REF*G1*13579~
NOTE: If any service has been prior authorized by OR-DHS, OR-DHS will use the first occurrence.

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	G1	
REF02	Prior Authorization or Referral Number	R	1/30	AN		OR-DHS prior assigned authorization number.

REF - Original Reference Number (ICN/DCN) - page 229

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2300
Example: REF*F8*123456789123~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data Type	Codes/Values	
REF02	Claim Original Reference Number	R	1/30	AN		The OR-DHS ICN to adjust or delete.

HI - HealthCare Diagnosis Code - page 265

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2300
Example: HI*BK:8901*BF:87200*BF:5559~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data Type	Codes/Values	
HI01-2	Diagnosis Code	R	1/30	AN		Submit the Principle Diagnosis Code to the highest level of specificity for the date of service.
HI02	Health Care Code Information	R				OR-DHS processes four diagnosis codes (including the principle diagnosis) for Fee-for-Service claims. The last four codes may not be considered for processing.

NM1 - Referring Provider Name - page 282
Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2310A
Example: NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~
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 provider per claim.

REF - Referring Provider Secondary Information - page 288
Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2310A
Example: REF*G2*123456~
NOTE: OR-DHS required if NM109 Referring Provider Primary Identifier in 2310A is used; OR-DHS will process up to 3 repeats.

| ELEMENT | NAME | USE | ATTRIBUTES | | | NEW | OLD (Previously Allowed Values) |
			Min/Max	Data Type	Codes/Values	Comments	Comments
REF01	Identification Code Qualifier	R	2/3	ID		OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: G2 - Provider Commercial Number (OR-DHS assigned number)	OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.

REF - Rendering Provider Secondary Identification - page 296
Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2310B
Example: REF*G2*123456~
NOTE: OR-DHS required if NM109 Rendering Provider Primary Identifier in 2310B is used. OR-DHS will process up to 3 repeats.

| ELEMENT | NAME | USE | ATTRIBUTES | | | NEW | OLD (Previously Allowed Values) |
			Min/Max	Data Type	Codes/Values	Comments	Comments
REF01	Reference Identification Qualifier	S	2/3	ID		OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: G2 - Provider Commercial Number (OR-DHS assigned number)	OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.

REF - Service Facility Location Secondary Identification - page 310

Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2310D
Example: REF*G2*123456~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	NEW Comments	OLD (Previously Allowed Values) Comments
				ATTRIBUTES			
REF01	Reference Identification Qualifier	R	2/3	ID		OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: G2 - Provider Commercial Number (OR-DHS assigned number)	OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.

LX - Service Line - page 398

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2400
Example: LX*1~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
				ATTRIBUTES		
LX01	Assigned Number	R	1/6	N		OR-DHS system processes only the first 28 lines.

SV1 - Professional Service - page 400

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2400
Example: SV1*HC:99211:25*12.25*UN*1*11**1:2:3**N~
NOTE: OR-DHS processes only the first Procedure Code and the first 2 modifiers. The last two modifiers may not be considered for adjudication and payment determination.

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
				ATTRIBUTES		
SV101-1	Product or Service ID Qualifier	R	2/2	ID	HC	
SV102	Line Item Charge Amount	R	1/18	R		Amount must not exceed $99,999.99. Only enter '0' if the service is generally rendered at no cost.
SV104	Service Unit Count	R	1/15	R		Not to exceed 9999.9.
SV105	Place of Service Code	S	1/2	AN		Used to report the place of service for this line if the value is different than the value carried in CLM05 in loop ID 2300.

AMT - Approved Amount - page 485

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2400
Example: AMT*AAE*125~
NOTE: Required if Medicare is a previous payer and the service is covered, whether Medicare pays the claim or not.

ELEMENT	NAME	USE	ATTRIBUTES				Comments
			Min/Max	Data Type	Codes/Values		
AMT02	Approved Amount	R	1/18	R			Amount must not exceed $99,999.99.

LIN - Drug Identification, CTP - Drug Pricing, & REF - Prescription Number - 4010A1 pages 71-78

Usage: Situational
Loop ID: 2410
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.

REF - Rendering Provider Secondary Identification - page 507

Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2420A
Example: REF*G2*123456~
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. OR-DHS will process up to 3 repeats.

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
REF01	Reference Identification Qualifier	R	2/3	ID		OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: G2 - Provider Commercial Number (OR-DHS assigned number)	OR-DHS required element. OR-DHS currently accepts <u>only</u> the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number

NM1 - Referring Provider Name - page 541

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2420F
Example: NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~
NOTE: OR-DHS uses Referring Provider data at the claim level. When claim level information is not provided, only the Referring Provider information from the first service line will be used.

REF - Referring Provider Secondary Identification - page 547

Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2420F
Example: REF*G2*123456~
NOTE: OR-DHS required if NM109 Referring Primary Identifier in 2420F is used. Up to 3 repeats will be processed.

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values		NEW Comments	OLD (Previously Allowed Values) Comments
			ATTRIBUTES					
REF01	Reference Identification Qualifier	R	2/3	ID			OR-DHS required element. OR-DHS currently accepts only the following: G2 - Provider Commercial Number (OR-DHS assigned number)	OR-DHS required element. OR-DHS currently accepts only the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.

SVD - Line Adjudication Information - page 554

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2430
Example: SVD*43*55*HC:84550**3~

ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values		Comments
			ATTRIBUTES				
SVD01	Other Payer Primary Identifier	R	2/80	AN			Used to match with other payer identifier in 2330B.

CAS - Service Line Adjustment - page 558

Usage: Situational
Segment Max Use within Loop: 5
Loop ID: 2430
Example: CAS*PR*1*7.93~
NOTE: OR-DHS processes five times within loop. Business Rules relating to HIPAA Adjustment Reason Codes OR-DHS will process only the first occurrence.

837 Transaction
Coordination of Benefits
Examples for **Fee-For-Service**

Note: These are examples only and are not intended to show all situations that could potentially occur. This is only DHS' expectation of the data for the situations most commonly found for Medicaid claims.

Loop 2000B–Subscriber Hierarchical Level is a required loop and thus is always expected.

SBR01-Payer Responsibility Sequence Number is expected to be one of the following:

* "P" when Medicaid is the only medical coverage the client.
* "S" when the client has Medicaid coverage and medical coverage by ONE of the following:
>Medicare Part A
>Medicare Part B
>Private Medical Insurance

* "T" when the client has Medicaid coverage and medical coverage by MORE THAN ONE of the following:
>Medicare Part A
>Medicare Part B
>Private Medical Insurance

SBR09-Claim Filing Indicator must be MC (Medicaid) indicating Medicaid as the payer receiving this information and has the current responsibility for adjudication.

When the client has no insurance coverage other than Medicaid, the following information is expected:

>* When DHS is the Primary Payer, do not use:
>2320-Other Subscriber Information loop
>2330B-Other Payer Name loop
>2430-Line Adjudication loop.

When the client has Medicaid **and** another medical coverage, the following information is expected:

* The other coverage could be ONE of the following:
>Medicare Part A
>Medicare Part B
>Private Medical Insurance

* Since Loop 2320-Other Subscriber Information repeats for each known payer, there is one 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing Medicare or the medical coverage as the Primary payer.

* If any service line is not paid, or the payment is other than the service line billed amount, you must use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, you must also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

When the client has Medical insurance coverage A, B and Medicaid coverage, the following information is expected:

* Coverage A or B could be any combination of the following:

Medicare Part A
Medicare Part B
Private Medical Insurance

Loop 2320-Other Subscriber Information repeats for each known payer. Examples are:

* One 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing Medicare or the medical coverage as the Primary payer.
* If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.
AND
* You should use a 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "S" (secondary) for the Secondary payer.
* If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.
AND
* You should use a 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "T" (tertiary) for the Tertiary payer.

* If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. If there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.