

**Oregon DHS NPI Companion Guide for 837 FEE FOR SERVICE Dental 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 Dental Claim Implementation Guide Version 004010X097A1.

**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). Do not use special characters.

To properly process 837 transactions, OR-DHS requires only ONE transaction type in each transmission file beginning with the ISA segment and ending with the ISE segment. 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\*bbbbbbbbb\*00\*bbbbbbbbb\*ZZ\*tp123456bbbb\*ZZ\*ORDHSOMAPbbbb\*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	Sender Interchange ID	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#####).
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 - Appendix B**

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	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
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 54**

Usage: Required  
Segment Max Use within transaction: 1  
Loop ID: None  
Example: BHT\*0019\*00\*0123\*19980108\*0932\*CH~

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

**NM1 -- Submitter Name - Page 59**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 1000A

Example: NM1\*41\*2\*CRAMMER, DOLE, PALMER, AND JOHANSON\*\*\*\*\*46\*PROVIDER~

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

**NM1 -- Receiver Name - Page 66**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 1000B

Example: NM1\*40\*2\*OREGON DHS OMAP\*\*\*\*\*46\*ORDHSOMAP~

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

**PRV -- Billing/Pay-To-Provider Specialty Information - Page 71**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2000A

Example: PRV\*PT\*ZZ\*1234P6789Y~

**NOTE: Per the CMS feedback page,"... the guide [IG] is therefore inconsistent with the enumeration of providers allowed by the NPI final rule. In order to define a sub-part or component that is not enumerated with a distinct NPI, the Billing Provider field - 2000A PRV - may be used."**

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
PRV02	Reference Identification Qualifier	R	2/3	AN	ZZ	Mutually Defined	As defined by Implementation Guide
PRV03	Reference Identification	R	1/30	ID		Provider Taxonomy Code	As defined by Implementation Guide

**NM1 - Billing Provider Name - Page - 76**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010AA

Example: NM1\*85\*2\*UNION MUTUAL OF OREGON\*\*\*\*\*XX\*1243567890~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM108	Identification Code Qualifier	R	1/2	ID	PI	
NM109	ID Code Identifier	R	2/80	AN		

**REF -- Billing Provider Secondary Identification Number - Page 83**

Usage: Situational  
Segment Max Use within Loop: 5  
Loop ID: 2010AA  
Example: REF\*34\*123456789~

**NOTE: In addition to data sent on NM109 (Billing Provider Identifier).**

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	EI / SY	SY- Social Security Number EI - Employers Identification 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	ID Code Identifier	R	1/30	AN		Employer's Identification Number or Social Security Number	OR-DHS required field.

**HL -- Subscriber Hierarchical Level - Page 96**

Usage: Required  
Segment Max Use within Loop: >1  
Loop ID: 2000B  
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 103**

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		Enter the patient's first name as it appears on the OMAP medical care identification. Cannot be blank. 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 OMAP medical care identification.

**NM1 -- Payer Name - Page 117**

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 121**

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 122**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2010BB

Example: N4\*SALEM\*OR\*97301-0315~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
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 149**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2300

Example: CLM\*0131930000001\*500\*\*\*111:1\*Y\*A\*Y\*Y\*\*AA~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
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	Place of Service Code	R	1/2	AN		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Submission Reason Code	R	1/1	ID	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 for 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 - Original Reference Number (ICN/DCN) - Page 179**

Usage: Situational

Segment Max Use within Loop: 30

Loop ID: 2300

Example: REF\*F5\*N~

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.

**REF - Prior Authorization or Referral Number - Page 181**

Usage: Situational  
Segment Max Use within Loop: 2  
Loop ID: 2300  
Example: REF\*G1\*12345~

**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

**NM1 - Referring Provider Name - Page 187**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop ID: 2310A

**NOTE: OR-DHS required if there is a referral on the claim. OR-DHS processes only the first occurrence.**

Example: NM1\*DN\*1\*DOE\*JOHN\*\*\*\*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	As defined by Implementation Guide
NM109	Identification Code	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

**NM1 - Rendering Provider Name - Page 195**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop ID: 2310B

**NOTE: Required if the Rendering provider NM1 information is different from that carried in the NM1 2010AA (Billing Provider Name).**

Example: NM1\*82\*1\*DOE\*JOHN\*\*\*\*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	As defined by Implementation Guide
NM109	Subscriber Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

**SBR - Other Subscriber Information - Page 209**

Usage: Situational

Segment Max Use within Loop: 10

Loop ID: 2320

**NOTE: If the patient has Medicare or other insurance, repeat this loop for each other payer.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR01	Payer Responsibility	R	1/1	ID		
SBR03	Insured Group or Policy	R	1/30	AN		
SBR04	Other Insured Group Name	R	1/60	AN		

**NM1 - Other Payer Name - Page 240**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2330B

Example: NM1\*PR\*2\*UNION MUTUAL OF OREGON\*\*\*\*PI\*43~

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	PI	Health Care Financing Administration National Provider Identifier	
NM109	Other Payer Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	Other Payer identification Number. Used to match with SVD01 in 2430 loop to pick up the service adjustment data of the same payer.

**LX - Line Counter - Page 265**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: LX\*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
LX01	Line Counter	R	1/6	N		OR-DHS System processes only the first 28 service lines.

**SV3 - Dental Service - Page 266**

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: SV3\*AD:D2150\*80\*\*\*\*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SV301-2	Procedure Code	R	1/48	AN		OR-DHS only uses one Procedure Code and the first two modifiers. The last two modifiers may not be considered for adjudication and payment determination of claims.
SV302	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.
SV303	Facility Type Code	S	2/2	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.
SV304-1	Oral Cavity Designation Code	R	1/3	ID		OR-DHS will process the first occurrence only.
SV306	Procedure Count	R	1/15	R		Unit of service cannot exceed 9999.9.

**REF - Service Predetermination Identification - Page 283**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2400

Example: REF\*\*G3\*MCN12345~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF02	Predetermination of Benefits Identifier	R	1/30	AN		OR-DHS Prior Authorization Number.

**AMT - Approved Amount - Page 287**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2400

Example: AMT\*AAE\*300~

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.

**NM1 - Rendering Provider Name - Page 289**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2420A

**NOTE: Required if the Rendering provider NM1 information is different from that carried in the NM1 2010AA (Billing Provider Name).**

Example: NM1\*82\*1\*DOE\*JOHN\*\*\*\*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	As defined by Implementation Guide
NM109	ID Code Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

**SVD - Line Adjudication Information - Page 301**

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2430

Example: SVD\*43\*55\*AD:D0330\*\*1~

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

**CAS - Service Line Adjustment - Page 305**

Usage: Situational

Segment Max Use within Loop: 99

Loop ID: 2430

**NOTE: OR-DHS processes five times within loop. OR-DHS will process only the first occurrence.**

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CAS02	Adjustment Reason Code	R	1/5	ID		Use one Claim Adjustment Reason Code only when payment/service is denied/not accepted. OR-DHS will cross-walk code to the Encounter Disposition Reason Codes. Line Level.

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 dental coverage for the client.
- \* "S" when the client has Medicaid coverage and dental coverage by private dental insurance.
- \* "T" when the client has Medicaid coverage and dental coverage by private dental 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 dental coverage, the following information is expected:

- \* The other coverage could be one or more private dental 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 the 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 private dental 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 the dental 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.