



OLM 2,4,6,8 Crosswalk to 277 Response Transaction

	OLM2 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
1	Billing Provider Number (Service Provider Number)		X		6-digit Provider Number or Prepaid Health Plan Number
2	Client Prime ID		X		OMAP Prime Number
3	Beg Date of Service		X		Claim Level Date
4	Internal Control Number		X		DHS ICN Number
5	Claim Billed Amount		X		
6	OMAP Paid Amount		X		
7	Check Date		X		
8	Claim Type	X			
	OLM4 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
9	Billing Provider Number		X		See OLM2 item 1
10	Billing Provider Name		X		
11	Provider Type	X			
12	Client Prime ID		X		
13	Client Name		X		
14	Mode of Reimbursement		X		CHK or ACH
15	Internal Control Number				See OLM2 item 4
16	Transaction Status	X			
17	Cross Reference ICN	X			
18	Status of Error	X			
19	Error number				Claim Status Code
20	Line number of Error	X			
21	Explanation of Benefits	X			
22	Beg Date of Service		X		Claim Level Dates
23	End Date of Service		X		Claim Level Dates
24	Claim Type	X			



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	OLM4 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
25	Location Code	X			
26	Suspended Date	X			
27	Check Number		X		
28	Check Date		X		
29	Claim Billed Amount		X		
30	Remittance Advice Number	X			
31	Other TPR Paid Amount	X			
32	Prior Authorization Number	X			
33	Primary Diagnosis Code	X			
34	Medicare Paid Amount	X			
35	TPR Insurance Indicator	X			
36	Secondary Diagnosis Code	X			
37	Patient Liability Amount	X			
38	Health Insurance Co Number	X			
39	Third Diagnosis Code	X			
40	OMAP Paid Amount		X		
41	TPR Reason Code	X			
42	Fourth Diagnosis Code	X			
43	Outlier Amount	X			
44	Referring Provider Number	X			
45	Client Co-Pay Amount	X			
46	Explanation of Benefits				Claim Status Codes
47	ICD9 Procedure Code	X			
48	Nursing Facility Level of Care	X			
49	FCHP Parent Provider Number		X		PHP Plan Number
50	Patient Discharge Status Code	X			
51	DRG Code	X			
52	Drug Invoice Number from	X			



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	OLM4 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
	502 Claim Form				
53	Encounter Claim Penalty Error Date	X			
54	Message - EOB description	X			

	OLM6 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
55	Line Number of Claim	X			
56	Explanation of Benefits	X			
57	Beg Date of Service	X			
58	End Date of Service	X			
59	Type of Service	X			
60	CPT/HCPC/NDC Code	X			
61	Number of Units	X			
62	Billed Amount of Line item	X			
63	OMAP Paid Amount of Line Item	X			
	OLM8 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
64	Line number of Claim	X			
65	Explanation of Benefits	X			
66	Beg Date of Service	X			
67	End Date of Service	X			
68	Type of Service	X			
69	CPT/HCPC Code	X			
70	Modifier	X			
71	Revenue Center Code	X			



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	OLM8 Screen Elements	On OLM, <u>not</u> returned on 277	On OLM, returned on 277	Returned on 277, not on OLM	Comments
72	OMAP Pricing Action Code	X			
73	Number of Units	X			
74	Place of Service Code	X			
75	Performing/Rendering Provider	X			
76	Diagnosis Code - Line Item	X			
77	NDC Code	X			
78	Tooth Number	X			
79	Tooth Surface Code	X			
80	Medicare EOB	X			
81	Prescription Number	X			
82	Generic Override Indicator	X			
83	Days Supply	X			
84	Billed Amount of Line Item	X			
85	Medicare Maximum Allowed Amount of Line Item	X			
86	Medicare Paid Amount of Line Item	X			
87	Other TPR Paid Amount of Line Item	X			
88	Client Co-pay Amount	X			
89	OMAP Maximum Allowed amount of Line Item	X			
90	OMAP Maximum Allowed Amount minus TPR	X			
91	OMAP Paid Amount of Line Item	X			
92	FCHP Carrier Code	X			
93	FCHP Contract Type	X			



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94	FCHP Coverage Indicator	X			
95	FCHP Service Level Code	X			
96	FCHP Service Level Reason	X			
97	Encounter Disposition Reason Code	X			