

## Oregon DHS Companion Guide for 835 Pharmacy Fee For Service Payment/Advice

The objectives of this document are:

\*To clarify what information is being returned by the Dept. Of Human Services (OR-DHS) where the guide indicates that the choice is dependent on the Payer.

**This document does not outline all data segments and elements that are in the Implementation Guide.**

This Companion Guide supplements the 835 Payment/Advice Implementation Guide Version 004010X091A1.

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.

**ISA - Interchange Control Header - Appendix B**

Usage: Required  
Segment Max Use within Interchange: 1  
Loop Repeat: N/A  
Loop ID: N/A

Example: ISA\*00\*bbbbbbbbb\*00\*bbbbbbbbb\*ZZ\*ORDHSOMAPbbbbbb\*ZZ\*tp123456bbbbbb\*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 inserted after data to meet 15-byte field requirement.
ISA07	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN		Destination Processor Number (819-5G)  The identification number as specified in the Trading Partner's Agreement (TPA) between the sender and OR-DHS.  The trading partner number (tp##### (lowercase "tp")) assigned by OR-DHS at the beginning of Business to Business (B2B) Testing, used for B2B Testing and Production.  Spaces inserted after data to meet 15-byte field requirement.

**GS - Functional Group Header - Appendix B**

Usage: Required  
Loop Repeat: None  
Loop ID: None

Example: GS\*HP\*ORDHSOMAP\*tp123456\*20030701\*1452\*00000001\*X\*004010X091A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15	AN	ORDHSOMAP	Processor Number (840-5W)
GS03	Application Receiver's Code	R	2/15	AN		Destination Processor Number (819-5G)  The identification number as specified in the Trading Partner's Agreement (TPA) between the sender and OR-DHS.  The trading partner number (tp##### (lowercase "tp")) assigned by OR-DHS at the beginning of Business to Business (B2B) Testing, used for B2B Testing and Production.
GS04	Date	R	8/8	DT		Run Date (845-6B)
GS06	Group Control Number	R	1/9	N		Batch Number (806-5C)

**ST - Transaction Set Header - page 43**

Usage: Required  
Segment Max Use within Header: 1  
Loop Repeat: N/A  
Loop ID: N/A

Example: ST\*835\*123~

			ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
ST02	Transaction Set Control Number	R	# 4/9	AN		Batch Number (806-5C)	

**BPR -- Financial Information - page 44**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: N/A  
Loop ID: N/A

Example: BPR\*I\*150000\*C\*CHK\*\*\*\*\*20030711\*~

			ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
BPR01	Transaction Handling Code	R	1/2	ID	I	I = Remittance Information Only	
BPR02	Total Actual Provider Payment Amount	R	1/18	R		Check Amount (880-KS)	
BPR03	Credit or Debit Flag Code	R	1/1	ID	C	C = Credit	
BPR04	Payment Method Code	R	3/3	ID	CHK	CHK - Check	

**TRN -- Reassociation Trace Number - page 52**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: None

Example: TRN\*1\*12345\*1930592162~

			ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
TRN02	Check or EFT Trace Number	R	1/30	AN		Check Number (880-KG)	
TRN03	Payer Identifier	R	10/10	AN	1930592162	OR-DHS Federal Tax ID Number preceded by a "1".	

**N1 -- Payer Identification - page 62**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: 1000A

Example: N1\*PR\*OR DHS OMAP~

		ATTRIBUTES					
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
N102	Payer Name	S	1/60	AN	OR DHS OMAP	Carrier Name (811-1H)	

**N3 -- Payer Address - page 64**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: 1000A

Example: N3\*500 SUMMER STREET NE~

		ATTRIBUTES					
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
N301	Payer Address Line	R	1/55	AN	500 SUMMER STREET NE	Carrier Address (807-1D)	

**N4 -- Payer City, State, Zip Code - 65**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: 1000A

Example: N4\*SALEM\*OR\*973100315~

		ATTRIBUTES					
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
N401	Payer City Name	R	2/30	AN	SALEM	Carrier Location City (809-1F)	
N402	Payer State Code	R	2/2	ID	OR	Carrier Location State (810-1G)	
N403	Payer Postal Zone or Zip Code	R	3/15	ID	973010315	Carrier Zip Code (813-1J)	

**N1 -- Payee Identification - page 72**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: 1000B

Example: N1\*PE\* Freds Pharmacy\*FI\*121236~

		ATTRIBUTES					
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	
N103	Identification Code Qualifier	R	1/2	ID	FI	Fund Destination ID (800-K9) Federal Taxpayer's Identification Number	

**FEE FOR SERVICE**

**OR-DHS 835 PHARMACY  
VERSION 4010A1**

**REF -- Payee Additional Identification - page 77**

Usage: Situational  
Segment Max Use within Loop: >1  
Loop Repeat: 1  
Loop ID: 1000B

Example: REF\*PQ\*123456~

		ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
REF01	Reference identification Qualifier	R	2/3	ID	PQ	Payee Identification
REF02	Additional Payee Identifier	R	1/30	AN		DHS OMAP Provider Number

**CLP -- Claim Payment Information - page 89**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: >1  
Loop ID: 2100

Example: CLP\*7722337\*1\*66.97\*18.4\*\*MC\*119932404007801~

		ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
CLP01	Patient Control Number	R	1/38	AN		Prescription/Service Reference Number (402-D2)
CLP02	Claim Status Code	R	1/2	ID		Payment Transaction Type (880-DK)
CLP03	Claim Status Code	R	1/2	ID		Amount Billed (804-5B)
CLP04	Claim Payment Amount	R	1/18	R		Amount Paid (876-FB)
CLP05	Patient Responsibility Amount	S	1/18	R		Patient Pay Amount 9505-F5
CLP06	Claim Filing Indicator Code	R	1/2	ID	MC	MC = Medicaid
CLP07	Payer Claim Control Number	S	1/2	AN		DHS OMAP assigned Internal Control Number (ICN)

**CAS -- Service Adjustment - page 95**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2100

Example: CAS\*CO\*A2\*20\*88\*\*1\*2~

**NOTE:** DHS will create up to two (2) CAS (Claim and Service adjustment) segments. Each CAS segment has one Claim Adjustment Group Code and up to six (6) instances of the Adjustment Reason Code, Monetary Amount, and Quantity trio.

**NM1 -- Patient Name - page 102**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: >1  
Loop ID: 2100

Example: NM1\*QC\*1\*SHEPARD\*SAM\*O\*\*\*MR\*66666666A~

		ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
NM108	Identification Code Qualifier	S	1/2	ID	MR	MR = Medicaid Recipient Identification Number
NM109	Patient Identifier	S	2/80	AN		Patient's prime number as it appears on the OMAP medical care identification card.

**REF -- Other Claim Related Identification - page 126**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: >1  
Loop ID: 2100

Example: REF\*F8\*1234567890123~

		ATTRIBUTES				
ELEMENT	Element Name	USE	Min/Max	Data Type	Codes/Values	Comments
REF01	Reference Identification Qualifier	R	2/3	ID	F8	F8 = ICN XRF sent by provider.

**DTM -- Claim Date - page 130**

Usage: Situational  
Segment Max Use within Loop: 4  
Loop Repeat: >1  
Loop ID: 2100

Example: DTM\*472\*19960916~

		ATTRIBUTES				
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments
DTM01	Date Time Qualifier	R	3/3	ID	472	472 - Service
DTM02	Service Date	R	8/8	DT		Date of Service (401-D1)

FEE FOR SERVICE

OR-DHS 835 PHARMACY  
VERSION 4010A1

**SVC -- Service Payment Information - page 139**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop Repeat: 999  
Loop ID: 2110

Example: SVC\*N4:00078033605\*\*36.19\*0\*\*30~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SVC01-1	Product or Service ID Qualifier	M	2/2	ID		N4 - Point of Sale Pharmacy HC - HCPCS Codes (returned if claim submitted on 837)
SVC01-2	Procedure Code	S	1/48	AN		<b>NOTE: When creating 835 Pharmacy Transaction, DHS OMAP "by-passes" validation testing for NDC codes ,</b>
SVC02	Line Item Charge Amount	R	1/18	R		Amount Billed (804-5B)
SVC03	Line Item provider Payment Amount	R	1/18	R		Amount Paid (876-FB)

**DTM -- Service Date - Page 146**

Usage: Situational  
Segment Max Use within Loop: 3  
Loop Repeat: 999  
Loop ID: 2110

Example: DTM\*232\*19960916~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
DTM01	Date Time Qualifier	R	3/3	ID		232 = Claim Statement Period Start 233 = Claim Statement Period End

**CAS -- Service Adjustment - page 148**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2110

Example: CAS\*CO\*A2\*20\*88~

**NOTE:** DHS will create up to two (2) CAS (Claim and Service adjustment) segments. Each CAS segment has one Claim Adjustment Group Code and up to six (6) instances of the Adjustment Reason Code, Monetary Amount, and Quantity trio.

**REF -- Rendering Provider Information - page 156**

Usage: Situational  
Segment Max Use within Loop: 10  
Loop Repeat: 999  
Loop ID: 2110

Example: REF\*1D\*123456~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	1D	1D = Medicaid Provider Number

**LQ -- Health Care Remark Codes - page 162**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2110

Example: LQ\*HE\*12345~

**NOTE:** OR-DHS processes up to twelve (12) repeats.

**PLB -- Provider Adjustment - page 164**

Usage: Situational  
Segment Repeat: >1  
Loop ID: None

Example: PLB\*123456\*19960930\*WO:9876514\*1.27~

**NOTE:** OMAP processes up to two repeats.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
PLB01	Provider Identifier	R	1/30	AN		Billing Provider Number
PLB03-1	Adjustment Reason Code	R	2/2	ID		OR-DHS uses: 72 = Authorized Return CS = Adjustment WO = Overpayment Recovery
PLB04	Provider Adjustment Amount	R	1/18	R		Adjusted amount of provider's remittance.