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The ASC X12 TR3s that detail the full requirements for these transactions are available at http://store.x12.org/store/

This Technical Specification supplements Health Care Claim: Professional (837) ASC X12N/005010X222 and associated A1 addenda.

In order to create a HIPAA compliant transaction, you must first meet the requirements of the TR3 and then incorporate the payer specific requirements.

OR-MMIS requires one type of 837 transaction per transmission, for example the 837P, or the 837D or the 837I. Only Reportable transactions are allowed for Encounter Data.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the TR3, the TR3 is the final authority.

In the examples given in this Technical Specification, a lowercase "b" denotes a blank space and values contained in examples are for reference purposes only.

ISA - Interchange Control Header - Page C.3

Example: ISA*00*bbbbbbbbbb*00*bbbbbbbbbb*ZZ*MB123456bbbbbbb*ZZ*ORDHSbbbbbbbbbb*120101*1452*!*00501*000000001*0*P*:~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
ISA01	Authorization Information Qualifier	00	
ISA03	Security Information Qualifier	00	
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID		The Sender's mailbox number MB###### (upper-case MB) Insert spaces after data to meet 15-byte requirement.
ISA07	Interchange Receiver ID Qualifier	ZZ	
ISA08	Interchange Receiver ID	ORDHS	Insert spaces after data to meet 15-byte requirement.

GS - Functional Group Header - C.7

Example: GS*HC*123456789*ORDHS*20120101*1452*1215*X*005010X222A1~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
GS02	Application Senders Code		DMAP Plan 6 or 9 digit ID Number
GS03	Application Receiver's Code	ORDHS	

ST - Transaction Set Header - Page 70

Example: ST*837*987654*005010X222A1~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
ST02	Transaction Set Control Number		The unique number that will be returned on your 999. In order to ensure an unique number is returned on your 999, it is recommended this number not repeat on any same transaction type for 180 days.

BHT - Beginning of Hierarchical Transaction - Page 71

Example: BHT*0019*00*0123*20120101*0932*RP~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
BHT02	Transaction Set Purpose Code	00	
BHT06	Claim Identifier	RP	

NM1 - Submitter Name - Page 74

Loop ID: 1000A

Example: NM1*41*2*ABC SUBMITTER*****46*MB123456~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM109	Submitter Identifier		The Submitter's mailbox number MB###### (upper-case MB)

NM1 - Receiver Name - Page 79
Loop ID: 1000B
Example: NM1*40*2*OR-MMIS*****46*OR-MMIS~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Receiver Name	OR-MMIS	
NM109	Receiver Primary Identifier	OR-MMIS	

PRV - Billing Provider Specialty Information - Page 83
Loop ID: 2000A
Example: PRV*BI*PXC*207R00000X~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
PRV03	Provider Taxonomy Code		NOTE: Make sure you send the taxonomy code registered with DMAP for the billing provider.

SBR - Subscriber Information - Page 116
Loop ID: 2000B
Example: SBR*S*18**OR-MMIS*****MC~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
SBR01	Payer Responsibility Sequence Number Code		Must indicate DMAP's sequence of responsibility.
SBR04	Subscriber Group Name	OR-MMIS	
SBR09	Claim Filing Indicator Code	MC	

NM1 - Payer Name - Page 133

Loop ID: 2010BB

Example: NM1*PR*2*OR-MMIS*****PI*930592162~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Payer Name	OR-MMIS	
NM109	Payer Identifier	930592162	

N3 - Payer Address - Page 135

Loop ID: 2010BB

Example: N3*500 Summer St NE~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
N301	Payer Address Line	500 Summer St NE	

N4 - Payer City, State, Zip Code - Page 136

Loop ID: 2010BB

Example: N4*Salem*OR*973010315~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
N401	Payer City Name	Salem	
N402	Payer State Code	Oregon	
N403	Payer Postal Zone or Zip Code	973010315	

CLM - Claim Information - Page 157
Loop ID: 2300
Example: CLM*0131930000001*500***11:B:1*Y*A*Y*Y~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
CLM01	Patient Account Number		Populate this element with Plan Tracking Number.

REF - Payer Claim Control Number - Page 196
Loop ID: 2300
Example: REF*F8*7011001123456~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF01	Reference Identification Qualifier	F8	
REF02	Claim Original Reference Number		The OR-MMIS ICN to adjust or delete.

PRV - Rendering Provider Specialty Information - Page 265
Loop ID: 2310B
Example: PRV*PE*PXC*207R00000X~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
PRV03	Provider Taxonomy Code		Make sure you send the taxonomy code registered with DMAP for the Rendering Provider.

SBR - Other Subscriber Information - Page 295
Loop ID: 2320
Example: SBR*P*18*123456******MC~
NOTE: OR-MMIS required

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
SBR01	Payer Responsibility Sequence Number Code		NOTE: Plan must include one instance of the SBR indicating their sequence of responsibility.
SBR03	Insured Group or Policy Number		DMAP Plan 6 or 9 digit ID number.

CAS - Claim Level Adjustments - Page 299
Loop ID: 2320
Example: CAS*CO*23*43.01*1*45*55.30*1~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
CAS02	Claim Adjustment Reason Code		Use DMAP required sequence order.

NM1 - Other Payer Name - Page 320
Loop ID: 2330B
Example: NM1*PR*2*PAYER NAME*****PI*123456789~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM109	Other Payer Primary Identifier		Required for OR-MMIS. Cannot be blank. Enter the Payer Identification Number.

LIN - Drug Identification - Page 423
Loop ID: 2410
Example: LIN**N4*01234567891~
NOTE: DMAP requires NDC number if a HCPCS drug code is sent in SV101-2.

CTP - Drug Quantity - Page 426
Loop ID: 2410
Example: CTP***4.00*50*GR~
NOTE: DMAP Requires if LIN is sent.