

Oklahoma Medicaid Management Information System Interface Specifications
835 Health Care Claim Payment/Advice
HIPAA Guidelines for Electronic Transactions - Companion Document

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Payment/Advice, ASC X12N 835 (004010X091A1). The specifications in this document are clarifications that are allowed within the HIPAA transaction sets. The Oklahoma Medicaid Management Information System (MMIS) will only send data in this transaction that is allowed by the HIPAA rules and guides. **This document does not outline all data segments and elements that are in the HIPAA transaction set guide. This document will only clarify segments as they apply to the Oklahoma MMIS.**

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at <http://www.wpc-edi.com/products/publications>.

Purpose of the 835 Health Care Claim Payment/Advice

The 835 Transaction Set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice.

For Oklahoma MMIS, payment is separated from the EOB remittance advice. The 835 transaction will supply remittance advice information only and will be available to OHCA providers requesting an electronic remittance advice (ERA). A paper remittance advice will also be available.

The 835 transaction does not allow for notification of a claim status of pending/suspended/under review. Oklahoma MMIS uses a supplemental transaction to provide claim status information on pended claims. This transaction is the 277 Health Care Payer Unsolicited Claim Status (277PC). This transaction will be available to all OHCA providers that have requested the electronic remittance advice. A comparable paper document will also be available and provided for those requesting the paper remittance advice.

The 835 transaction will be available in a downloadable ANSI file format from the secure Oklahoma Health Care Authority Internet website to any provider requesting this transaction in the electronic format.

Special Notes – Applicable to Entire Transaction

- *Syntax: Always use a tilde (~) as the segment terminator, an asterisk (*) as the element separator and a colon (:) as the sub-element separator. Alpha characters should always be submitted in ALL CAPS. Zip codes must be all numeric – five to nine characters – with no punctuation or blanks in the field.*

Subscriber, Recipient, Insured, and Member = Client

- *The Oklahoma Health Care Authority (OHCA) enrolls all members as a primary subscriber within each program.*

Provider Identification = National Provider Identifier

- *The National Provider Identifier (NPI) is mandated for all typical providers (those providing medical services) in all instances that require provider identification.*

Oklahoma Health Care Authority Health Plan ID = OHCA Federal Tax ID

- *The Oklahoma Health Care Authority (OHCA) uses its Federal Tax ID in all instances requiring a Health Plan ID. When the National Health Plan Identifier (NPlanID) is approved and available, that number will be used.*

835 Remittance Advice Companion Document

Header – 835 Electronic Remittance Advice

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
Interchange Control Header					
ISA01	Authorization Information Qualifier	ISA	N/A	'00' (zero zero) – No Authorization Information Present (No meaningful information in ISA02)	00
ISA02	Authorization Information	ISA	N/A	Blank (Fill with 10 spaces)	
ISA03	Security Information Qualifier	ISA	N/A	'00' (zero zero) – No Security Information Present (No meaningful information in ISA04)	00
ISA04	Security Information	ISA	N/A	Blank (Fill with 10 spaces)	
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA06	Interchange Sender ID	ISA	N/A	'731476619' – OHCA Tax ID Number (left-justified). Remaining six digits of 15-byte field must be space-filled. ISA06 value also appears in GS02.	731476619
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	Electronic Transmitter Identification Number (ETIN): Unique ID assigned by OHCA/EDS during EDI testing. This field must be 15 bytes and be left justified.	123456789A or 500000001
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	050101
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	0941
ISA11	Interchange Control Standards Identifier	ISA	N/A	'U' (for U.S. EDI Community of ASC X12, TDCC and UCS)	U
ISA12	Interchange Control Version Number	ISA	N/A	'00401'	00401
ISA13	Interchange Control Number	ISA	N/A	Unique 9-character control number assigned by the sender that will be identical to the value in IEA02	000000001

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ISA14	Acknowledgment Requested	ISA	N/A	'0' (for No Acknowledgment Requested)	0
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data – Oklahoma Medicaid returns the 835 transaction in the Production environment only)	P
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:
Functional Group Header					
GS01	Functional Identifier Code	GS	N/A	'HP' (for Health Care Claim Payment/Advice - 835)	HP
GS02	Application Sender's Code	GS	N/A	'731476619' – OHCA Tax ID Number (Same value as ISA06)	731476619
GS03	Application Receiver's Code	GS	N/A	Same value as ISA08	123456789A or 500000001
GS04	Date	GS	N/A	Functional Group Creation Date in CCYYMMDD format	20050101
GS05	Time	GS	N/A	Functional Group Creation Time in HHMMSS format	094130
GS06	Group Control Number	GS	N/A	Unique number assigned by the sender that will be identical to the value in GE02	15
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	'004010X091A1'	004010X091A1
Transaction Set Header – Indicates the start of the Transaction Set					
ST01	Transaction Set Identifier Code	ST	N/A	'835' (for Health Care Claim Payment/Advice)	835
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that will be identical to value in SE02	0001
Financial Information – Beginning segment of the Remittance Advice					
BPR01	Transaction Handling Code	BPR	N/A	'H' (for Notification Only – used if funds are transferred between state agencies) 'I' (for Remittance Information Only – this code indicates that the remittance detail is separate from the payment)	I
BPR02	Total Actual Provider Payment Amount	BPR	N/A	Total payment amount for the ST-SE transaction set	999.99

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
BPR03	Credit/Debit Flag Code	BPR	N/A	'C' (for Credit)	C
BPR04	Payment Method Code	BPR	N/A	'ACH' (for Automated Clearing House – this code is used to indicate an Electronic Funds Transfer (EFT) payment) 'CHK' (for Check) 'NON' (for Non-Payment Data – this code is used when BPR01 = 'H', indicating that no dollars are to be moved and the transaction is information only)	ACH
The following elements (BPR05-BPR15) are used only when BPR04= 'ACH'.					
BPR05	Payment Format Code	BPR	N/A	'CCP' (for Cash Concentration/Disbursement - used when payment method is ACH/EFT – see above Gray Box comment) PLEASE NOTE: When payment method is by check, no value is returned in elements BPR05-BPR15 (see above Gray Box comment).	CCP
BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	BPR	N/A	'01' (indicates that the 9-digit ABA Transit Routing Number used by United States banks will follow in the BPR07 element)	01
BPR07	Sender DFI Identifier	BPR	N/A	'103000855' (the ABA Transit Routing Number for the financial institution used by the Oklahoma Health Care Authority)	103000855
BPR08	Account Number Qualifier	BPR	N/A	'DA' (for Demand Deposit)	DA
BPR09	Sender Bank Account Number	BPR	N/A	'9340807' (the Oklahoma Health Care Authority Bank Account Number)	9340807
BPR10	Payer Identifier	BPR	N/A	'1731476619' (the OHCA's Federal Tax ID Number, preceded by a '1')	1731476619
BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	BPR	N/A	'01' (indicates that the 9-digit ABA Transit Routing Number used by United States banks will follow in the BPR13 element)	01
BPR13	Receiver/Provider Bank ID Number	BPR	N/A	The 9-digit ABA Transit Routing Number used by the Provider's financial institution	111111111
BPR14	Account Number Qualifier	BPR	N/A	'DA' (for Demand Deposit) or 'SG' (for Savings) – Code is determined by the type of account listed in BPR15 element.	DA

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
BPR15	Receiver/Provider Account Number	BPR	N/A	The Provider's bank account number	199999999
BPR16	Check Issue or EFT Effective Date	BPR	N/A	The check issuance date (or, if EFT, the date the money is available in the Provider's bank account)	20050629
TRN01	Trace Type Code	TRN	N/A	'1' (for Current Transaction Trace Numbers)	1
TRN02	Check or EFT Trace Number	TRN	N/A	A unique number that identifies the transaction set (if payment is made by check, the check number is sent in this element)	1234567
TRN03	Payer Identifier	TRN	N/A	'1731476619' (the OHCA Federal Tax ID Number, preceded by a '1' – identical to the value in BPR10)	1731476619
The following REF segment (with 'EV' qualifier) is sent only when a consolidated 835 file is sent.					
REF01	Reference Identification Qualifier	REF	N/A	'EV' (for Receiver Identification Number)	EV
REF02	Receiver Identifier	REF	N/A	Electronic Transmitter Identification Number (ETIN): Unique ID assigned by OHCA/EDS during EDI testing. (Used only when different than ISA08)	123456789A or 500000001
DTM01	Date Time Qualifier	DTM	N/A	'405' (for Production)	405
DTM02	Production Date	DTM	N/A	The cutoff date for claims adjudication in CCYYMMDD format (for OHCA, this date will be one week before the date 835 is created)	20050427
N101	Entity Identifier Code	N1	1000A	'PR' (for Payer)	PR
N102	Payer Name	N1	1000A	'OKLAHOMA HEALTH CARE AUTHORITY'	OKLAHOMA HEALTH CARE AUTHORITY
N103	Identification Code Qualifier	N1	1000A	'XV' (for Health Care Financing Administration National PlanID – this qualifier is currently used in conjunction with the OHCA Federal Tax ID Number populated in 1000A-N104)	XV
N104	Payer Identifier	N1	1000A	'731476619' (the OHCA Federal Tax ID Number)	731476619
PER02	Payer Contact Name	PER	1000A	'CUSTOMER CALL CENTER' (the OHCA department to contact for Remittance Advice/Payment issues)	CUSTOMER CALL CENTER
PER03	Communication Number Qualifier	PER	1000A	'TE' (for Telephone)	TE
PER04	Payer Contact	PER	1000A	'8005220114' (the 1-800 OHCA telephone number to contact)	8005220114

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
	Communication Number			for Remittance Advice/Payment issues)	
PER05	Communication Number Qualifier	PER	1000A	'TE' (for Telephone)	TE
PER06	Payer Contact Communication Number	PER	1000A	'4055226205' (the local OHCA telephone number to contact for Remittance Advice/Payment issues)	4055226205
N101	Entity Identifier Code	N1	1000B	'PE' (for Payee)	PE
N102	Payee Name	N1	1000B	Name of Payee (i.e. Provider)	CITY HOSPITAL
N103	Identification Code Qualifier	N1	1000B	'XX' (for National Provider Identifier)	XX
N104	Payee Identification Code	N1	1000B	Provider's NPI	1234567890
REF01	Payee Additional Identification Qualifier		1000B	'TJ' (for provider's Federal Taxpayer ID)	TJ
REF02	Payee Additional Identification		1000B	Provider's Federal Taxpayer's ID	7399999
CLP01	Patient Control Number	CLP	2100	The Patient Account Number from the 2300-CLM01 element of the 837 claim file or the Prescription Rx Number from the NCPDP claim	654321
CLP02	Claim Status Code	CLP	2100	'3' (for Processed as Tertiary) '4' (for Denied) '22' (for Reversal of Previous Payment)	3
CLP03	Total Claim Charge Amount	CLP	2100	Amount of the submitted charges for the claim	200.99
CLP04	Claim Payment Amount	CLP	2100	Amount paid for the claim	100.50
CLP05	Patient Responsibility Amount	CLP	2100	Spenddown Amount or Patient Liability Amount on Nursing Home claims	1.01
CLP06	Claim Filing Indicator Code	CLP	2100	'MC' (use for all provider types)	MC
CLP07	Payer Claim Control Number	CLP	2100	The 13-character claim ICN (Internal Control Number) – Important for all inquiries on claim status and adjustments to original claims	2000000000001
CLP08	Facility Type Code	CLP	2100	The value received in CLM05-1 of the 837 claim	13
CLP09	Claim Frequency Code	CLP	2100	The value received in CLM05-3 of the 837 claim	1

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
CLP11	Diagnosis Related Group (DRG) Code	CLP	2100	DRG value from Code Source 229 (this data element is specific to Institutional claims and is required when adjudication considers the DRG)	601
CLP12	Diagnosis Related Group (DRG) Weight	CLP	2100	DRG weight (this data element is specific to Institutional claims and is required when adjudication considers the DRG)	18
The Loop 2100 Claim Adjustment CAS segment is detailed on pages 95-101 of the 835 Implementation Guide. Please refer to the Guide for specific information related to this segment.					
CAS01	Claim Adjustment Group Code	CAS	2100	'CO' (for Contractual Obligations)	CO
CAS02	Adjustment Reason Code	CAS	2100	'A2' (for Contractual Adjustment) '3' (for Co-payment) '22' (for Payment Adjustment due to the fact that claim may be covered by another payer) Please see Code Source 139: Claim Adjustment Reason Code for complete list.	A2
2100-NM1 Patient Name is a required segment that provides patient name and identification information. For OHCA, the subscriber and the patient are the same.					
NM101	Entity Identifier Code	NM1	2100	'QC' (for Patient)	QC
NM102	Entity Type Qualifier	NM1	2100	'1' (for Person)	1
NM103	Patient Last Name	NM1	2100	Last name of subscriber (insured)	DOE
NM104	Patient First Name	NM1	2100	First name of subscriber (insured)	JOHN
NM108	Identification Code Qualifier	NM1	2100	'MR' (Recipient Identification Number)	MR
NM109	Patient Identifier	NM1	2100	Member's 9-digit Recipient ID Number	123456789
The 2100-NM1-Service Provider Name segment is sent when claim is received via 837 transaction.					
NM101	Entity Identifier Code	NM1	2100	'82' (for Rendering Provider)	82
NM108	Identification Code Qualifier	NM1	2100	'XX'	XX
NM109	Rendering Provider Identifier	NM1	2100	10-character NPI	1234567890
The 2100-NM1-Corrected Priority Payer Name segment is used when Oklahoma MMIS has determined that another payer should have priority for paying the claim.					

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100	'PR' (for Payer)	PR
NM102	Entity Type Qualifier	NM1	2100	'2' (for Non-Person Entity)	2
NM103	Corrected Priority Payer Name	NM1	2100	Name of priority payer	PRIORITY INSURANCE CO.
NM108	Identification Code Qualifier	NM1	2100	'PI' (for Payer Identification)	PI
NM109	Corrected Priority Payer Identification Number	NM1	2100	ID number for primary insurance carrier	123456789
The 2100-REF-Other Claim Related Identification segment identifies additional information used in the process of adjudicating the claim.					
REF01	Reference ID Qualifier	REF	2100	'EA' (for Medical Record Identification Number)	987654321
REF02	Other Claim Related Identifier	REF	2100	Medical Record Identification Number submitted on the original 837 claim	66554422
The Loop 2110 Service Adjustment CAS segment is detailed on pages 148-153 of the 835 Implementation Guide. Please refer to the Guide for specific information related to this segment.					
CAS01	Claim Adjustment Group Code	CAS	2110	'CO' (for Contractual Obligations)	CO
CAS02	Adjustment Reason Code	CAS	2110	'A2' (for Contractual Adjustment) '3' (for Co-payment) '22' (for Payment Adjustment due to the fact that claim may be covered by another payer) Please see Code Source 139: Claim Adjustment Reason Code for complete list of values.	A2
The 2110-REF – Service Identification provides information for the contract source for certain Behavioral health claims.					
REF01	Other Claim Related Identifier	REF	2110	'RB' (for Behavioral Health service contract code)	RB
REF02	Other Claim Related Identifier	REF	2110	4-character DMH Contract Source Code	00AA
The 2110-LQ-Health Care Remark Codes segment provides informational remarks only and has no impact on the actual claim payment.					
LQ01	Code List Qualifier Code	LQ	2110	'HE' (for Claim Payment Remark Codes)	HE
LQ02	Remark Code	LQ	2110	Please refer to Code Source 411: Remittance Remark Codes at http://www.wpc-edi.com/codes/remittanceadvice	N30

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
The PLB segment is used for adjustments that are not specific to a particular claim. Please refer to pages 164-172 of the 835 Implementation Guide for information related to this segment.					
PLB01	Provider Identifier	PLB	N/A	10-character NPI	1234567890
PLB03-1	Adjustment Identifier	PLB	N/A	'72' (for Authorized Return) 'FB' (for Forwarding Balance) 'WO' (for Overpayment Recovery) Please refer to pages 164-172 of the Implementation Guide for complete list of values.	72

Trailer – 835 Electronic Remittance Advice

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
Transaction Set Trailer – Indicates the end of the Transaction Set					
SE01	Transaction Segment Count	SE	N/A	Total numbers of segments included in a transaction set (including the ST and SE segments)	42
SE02	Transaction Set Control Number	SE	N/A	Unique number to the interchange that must be identical to value in ST02	0001
Functional Group Trailer					
GE01	Number of Transaction Sets included	GE	N/A	Total number of transaction sets included in the functional group	1
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender. Must be identical to GS06.	15
Interchange Control Trailer					
IEA01	Number of Included Functional Groups	IEA	N/A	Count of the number of functional groups included in an interchange.	1
IEA02	Interchange Control Number	IEA	N/A	Control number assigned by the interchange sender. Number should be nine characters and be identical to the value in ISA13.	000000001

For questions related to this transaction set, please contact the EDI Help Desk at (405) 416-6801.