



**OPTUM<sup>®</sup>**

Maryland Medicaid Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim:  
Professional Transaction based on ASC X12 Technical Report  
Type 3 (TR3), version 005010A1

Companion Guide Version Number: v1.0  
Dec.06, 2019

## Preface

This Companion Guide (CG) adheres to the Technical Report Type 3 (TR3) adopted under Health Insurance Portability and Accountability Act (HIPAA). It is intended to clarify and provide specifications of the data content for electronic transactions with OMDBH.

This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the Implementation Guide (IG) requirements or usage of data.

## Transaction Instructions (TI)

### 1. TI Introduction

#### 1.1. Background

##### 1.1.1. Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 has provisions for administrative simplification and required the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transaction primarily between health care providers and plans.

##### 1.1.2. Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition. Or used of a data element or segment in the standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the IG or are not in the IG.
- Change the meaning or intent of the IG.

##### 1.1.3. Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the Implementation guide.

#### 1.2. Intended Use

This Companion Guide must be used in conjunction with its associated ASC X12 Implementation Guide. The instructions in this Companion Guide are not intended to be a stand-alone requirements document. This companion guide conforms to all the requirements of its associated ASC X12 Implementation Guide and is in conformance with ASC X12’s Fair Use and Copyright statements.

## 2. Included ASC X12 Implementation Guide

The X12N Implementation Guide for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X223A2	Health Care Claim: Institutional (837)

## 3. General Information

### 3.1 File Restrictions

There are no file size restrictions. The standard restrictions per the Implementation Guides do apply. Please refer to TR3 Notes in the IGs.

### 3.2. Transactions

- 837s may be submitted 24 hours a day, 7 days a week.
- 999/277/835 can be obtained 24 hours a day, 7 days a week.

## 4. Getting Started

### 4.1 Individual Providers and Organizations Submitting Transactions Directly with OMDBH

If you are a current approved Maryland Medicaid Behavioral Health Provider and will be submitting directly to OMDBH for yourself or your organization, no action is needed on your part to get started with OMDBH. OMDBH will automatically establish your participation in the EDI program.

All transactions will be uploaded through iPC provider portal which is hosted by OMDBH. This is also where your 999/277/835s will be provided for you to download.

OMDBH will provide you with your Trading Partner ID via your administrators email contact established during Optum provider registration which enables access to the iPC provider portal (formally called Provider Connect). Your Trading Partner is also known as your Optum Provider ID.

### 4.2 Clearinghouses

If you are a clearinghouse or if you or your organization uses a clearinghouse to submit your 837s, the clearinghouse must route all files through Optum 360 which has the connectivity directly with the OMDBH systems.

## 5. Instruction Table

This table contains rows where instruction information is located. The order of table content follows the order of the implementation transaction set as presented in the aforementioned Implementation Guide.

Loop	Seg	Field ID/ Element ID	Req	Field Name	Min	Max	DT	Comments	Valid Values
------	-----	----------------------------	-----	------------	-----	-----	----	----------	--------------

OMDBH 837P COMPANION GUIDE

Control	ISA		R	Interchange Control Header					
		ISA01/ FI01	R	Auth Information Qualifier	2	2	ID		00
		ISA02/ FI02	R	Authorization Information	10	10	AN		Spaces
		ISA03/ FI03	R	Security Information Qualifier	2	2	ID		00
		ISA04/ FI04	R	Security Information	10	10	AN		Spaces
		ISA05/ FI05_1	R	Interchange ID Qualifier	2	2	ID		ZZ
		ISA06/ FI06	R	Interchange Sender ID	15	15	AN	OMDBH will supply this. It will be your Trading Partner ID.	
		ISA07/ FI05_2	R	Interchange ID Qualifier	2	2	ID		ZZ
		ISA08/ FI07	R	Interchange Receiver ID	15	15	AN		<b>OMDBH</b>
		ISA09/ FI08	R	Interchange Date	6	6	DT	Format: YYMMDD	
		ISA10/ FI09	R	Interchange Time	4	4	TM	Format: HHMM	
		ISA11/ FI65	R	Repetition Separator	1	1	ID		^
		ISA12/ FI11	R	Interchange Control Version No.	5	5	ID		00501
		ISA13/ FI12	R	Interchange Control No.	9	9	NO		
		ISA14/ FI13	R	Acknowledgment Requested	1	1	ID	Valid Values: <b>0</b> (No acknowledgment requested)	0
		ISA15/ FI14	R	Usage Indicator	1	1	ID		P=Production T=Test
		ISA16/ FI15	R	Component Element Separator	1	1	***		
<b>GROUP</b>	<b>GS</b>		<b>R</b>	<b>Functional Group Header</b>					
		GS01/ F479	R	Functional ID Code	2	2	ID		HC
		GS02/ F142	R	Application Sender's Code	2	15	AN		TBD
		GS03/ F124	R	Application Receiver's Code	2	15	AN		<b>OMDBH</b>
		GS04/ F373	R	Date	8	8	DT	Format: CCYYMMDD; functional group creation date	Create Date
		GS05/ F337	R	Time	4	8	TM	Formats: HHMM (recommended), HHMMSS, HHMMSSD, HHMMSSDD	Create Time
		GS06/ F28	R	Group Control No.	1	9	NO		

OMDBH 837P COMPANION GUIDE

		GS07/ F455	R	Responsible Agency Code	1	2	ID		X
		GS08/ F480	R	Version/Release/Industry ID Code	1	12	AN		005010X222A1
Header									
	ST		R	Transaction Set Header					
		ST01/ F143	R	Transaction Set ID Code	3	3	ID	Valid Value: <b>837</b> (Health Care Claim)	837
		ST02/ F329	R	Transaction Set Control Number	4	9	AN		
		ST03/ F1705	R	Implementation Convention Reference	1	35	AN		005010X222A1
	BHT		R	Beginning of Hierarchical Transaction					
		BHT01/ F1005	R	Hierarchical Structure Code	4	4	ID		19
		BHT02/ F353	R	Transaction Set Purpose Code	2	2	ID		00
		BHT03/ F373	R	Reference Identification	1	50	AN		
		BHT04/ F373	R	Date	8	8	DT		
		BHT05/ F337	R	Time	4	8	TM		
		BHT06/ F640	R	Transaction Type Code	2	2	ID		CH
1000A									
	NM1		R	Submitter Name				Submitter Name	
		NM101/ F98	R	Entity Identifier Code	2	3	ID		41
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		2
		NM103/ F1035	R	Name Last or Organization Name	1	60	AN	Submitter Last or Org Name	
		NM104/ F1036	S	Submitter First Name	1	35	AN	Required if NM102 = 1	
		NM105/ F1037	S	Submitter Middle Name	1	25	AN		
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		46
		NM109/ F67	R	Identification Code	2	80	AN	OMDBH will supply this. It will be your Trading Partner ID.	
	PER		R	Submitter EDI Contact Information					
		PER01/ F366	R	Contact Function Code	2	2	ID		
		PER02/ F93	R	Submitter Contact Name	1	60	AN		

OMDBH 837P COMPANION GUIDE

		PER03/ F365_1	R	Communication Number Qualifier	2	2	ID		
		PER04/ F364_1	R	Communication Number	1	256	AN		
		PER05/ F365_2	S	Communication Number Qualifier	2	2	ID		
		PER06/ F364_2	S	Communication Number	1	256	AN		
		PER07	S	Communication Number Qualifier	2	2	ID		
<b>1000B</b>									
	NM1		R	Receiver Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		40
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		2
		NM103/ F1035	R	Receiver Name	1	60	AN		<b>OMDBH</b>
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		46
		NM109/ F67	R	Identification Code	2	80	AN		<b>OMDBH</b>
<b>2010AA</b>									
	NM1		R	Billing Provider Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		85
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		
		NM103/ F1035	R	Name Last or Organization Name	1	60	AN		
		NM104/ F1036	S	Billing Provider First Name	1	35	AN		
		NM105/ F1037	S	Billing Provider Middle Name	1	25	AN		
		NM106	NU	Name Prefix	1	10	AN		
		NM107/ F1039	S	Name Suffix	1	10	AN		
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		XX
		NM109/ F67	R	Billing provider ID Number	2	80	AN		Billing Provider's National Provider ID (NPI)
	N3		R	Billing Provider Address					
		N301/ F166	R	Address Information	1	55	AN	NOTE: This value cannot be a PO Box. Must be physical address. If PO Box is submitted the file will be rejected via a 999.	

OMDBH 837P COMPANION GUIDE

		N302/ F166(2)	S	Address Information	1	55	AN	NOTE: This value cannot be a PO Box. Must be physical address. If PO Box is submitted the file will be rejected via a 999.	
	N4		R	Billing Provider City/State/ZIP Code					N4
		N401/ F19	R	City Name	2	30	AN		
		N402/ F156	R	State or Province Code	2	2	ID		
		N403/ F116	R	Postal Code	3	15	ID		
	REF		R	Billing Provider Secondary ID					
		REF01/ F128	R	Reference Identification Qualifier	2	3	ID		EI
		REF02/ f127	R	Reference Identification	1	50	AN		Billing Provider's Tax ID
	PER		S	Billing Provider Contact Information					
		PER01	R	Contact Function Code	2	2	ID		
		PER02	R	Billing Provider Contact Name	1	60	AN		
		PER03	R	Communication Number Qualifier	2	2	ID		
		PER04	R	Communication Number	1	256	AN		
		PER05	S	Communication Number Qualifier	2	2	ID		
		PER06	S	Communication Number	1	256	AN		
		PER07	S	Communication Number Qualifier	2	2	ID		
		PER08	S	Communication Number	1	256	AN		
		PER09	NU	Contact Inquiry Reference	1	20	AN		
<b>2000B</b>									
	SBR		R	Subscriber Information					
		SBR01/ F1138	R	Payer Responsibility Sequence Number Code	1	1	ID		
		SBR02/ F1069	S	Relationship Code	2	2	ID	Valid Value: 18 (Self)	18
		SBR03/ F1035	S	Reference Identification	1	30	AN		
		SBR04/ F93	S	Name	1	60	AN		



OMDBH 837P COMPANION GUIDE

		SBR05/ F1336	S	Insurance Type Code	1	3	ID		
		SBR09/ F1032	S	Claim Filing Indicator Code	1	2	ID		MC
2010BA									
	NM1		R	Subscriber Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		IL
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		1
		NM103/ F1035	R	Subscriber Last Name	1	60	AN		
		NM104/ F1036	S	Subscriber First Name	1	35	AN		
		NM105/ F1037	S	Subscriber Middle Name	1	25	AN		
		NM107/ F1039	S	Name Suffix	1	10	AN		
		NM108/ F66	S	Identification Code Qualifier	1	2	ID		MI
		NM109/ F67	S	Subscriber Primary Identifier	2	80	AN		<b>Patient's Maryland Medical Assistance Number</b>
	N3		S	Subscriber Address					Recommended
		N301/ F166	R	Address Information	1	55	AN		
		N302/ F166(2)	S	Address Information	1	55	AN		
	N4		S	Subscriber City/State/ZIP Code					Recommended
		N401/ F19	R	City Name	2	30	AN		
		N402/ F156	S	State or Province Code	2	2	ID		
		N403/ F116	R	Postal Code	3	15	ID		
		N404/ F26	S	Subscriber Country Code	2	3	ID		
	DMG		S	Subscriber Demographic Information					Recommended
		DMG01/ F1250	R	Date Time Period Format Qualifier	2	3	ID	Valid Value: <b>D8</b> (CCYYMMDD)	D8
		DMG02/ F1251	R	Subscriber Birth Date	1	35	AN		
		DMG03/ F1068	R	Gender	1	1	ID		
2010BB									
	NM1		R	Payer Name					

OMDBH 837P COMPANION GUIDE

		NM101/ F98	R	Entity Identifier Code	2	3	ID		PR
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		2
		NM103/ F1035	R	Name Last or Organization Name	1	60	AN		<b>OMDBH</b>
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		PI
		NM109/ F67	R	Identification Code	2	80	AN		<b>OMDBH</b>
	N3		S	Payer Address					
		N301/ F166	R	Address Information	1	55	AN		
		N302/ F166(2)	S	Address Information	1	55	AN		
	N4		S	Payer City/State/ZIP Code					
		N401/ F19	R	City Name	2	30	AN		
		N402/ F156	R	State or Province Code	2	2	ID		
		N403/ F116	R	Postal Code	3	15	ID		
		N404/ F26	S	Payer Country Code	2	3	ID		
2300									
	CLM		R	Claim Information					
		CLM01/ F1028	R	Patient Account Number	1	38	AN		
		CLM02/ F782	R	Monetary Amount	1	18	R		
		CLM05/ C023	R	Place of Service Code Composite	*	*	*		
		CLM05- 01/ F1331	R	Facility Code Value	1	2	AN		
		CLM05- 02 F1332	R	Facility Code Qualifier	1	2	ID		
		CLM05- 03/ F1325	R	Claim Frequency Code	1	1	ID		
		CLM06/ F1073_1	R	Provider Signature on File	1	1	ID		Y
		CLM07/ F1359	R	Provider Accept Assignment	1	1	ID		A
		CLM08/ F1073_2	R	Assignment of Benefits Indicator	1	1	ID		Y
		CLM09/ F1363	R	Release of Information Code	1	1	ID		Y

OMDBH 837P COMPANION GUIDE

		CLM10/ F1351	S	Patient Signature Source	1	1	ID		
	DTP		S	Disability Dates					
		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		
		DTP03/ F1251	R	Disability Begin Date	1	35	AN		
	DTP		S	Admission Date				Required on inpatient visits.	
		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		
		DTP03/ F1251	R	Admission Date	1	35	AN		
	DTP		S	Discharge Date				Discharge Date Required for inpatient claims when patient discharged from facility and discharge date known	
		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		
		DTP03/ F1251	R	Discharge Date	1	35	AN		
	REF		S	Prior Authorization				Recommended	Supplying this data will help ensure that your claim is processed correctly.
		REF01/ F128	R	Reference Identification Qualifier	2	3	ID		
		REF02/ F127	R	Reference Identification	1	50	AN		
		REF03	NU	Description	1	80	AN		
		REF04	NU	Reference Identifier	***	***	***		
2320			S	Other Subscriber Information					Required when there has been a payment by a Third Party on the claim.
	SBR		S	Other Subscriber Information					
		SBR01/ F1138	R	Payer Responsibility Sequence Number Code	1	1	ID		
		SBR02/ F1069	R	Individual Relationship Code	2	2	ID		

OMDBH 837P COMPANION GUIDE

		SBR03/ F127	R	Reference Identification	1	50	AN		
		SBR04/ F93	S	Name	1	60	AN		
		SBR05/ F1336	R	Insurance Type Code	1	3	ID		
		SBR09/ F1032	S	Claim Filing Indicator Code	1	2	ID		
	CAS			Claim Level Adjustments					Send only if the Third Party Payer paid the claim at the Claim Level and the payment ≠ the claim total charge.
		CAS01/ F1033	R	Claim Adjustment Group Code	1	2	ID		
		CAS02/ F1034_1	R	Claim Adjustment Reason Code	1	5	ID		
		CAS03/ F782_1	R	Monetary Amount	1	18	R		
		CAS04/ F380_1	S	Quantity	1	15	R		
		CAS05/ F1034_2	S	Claim Adjustment Reason Code	1	5	ID		
		CAS06/ F782_2	S	Monetary Amount	1	18	R		
		CAS07/ F380_2	S	Quantity	1	15	R		
		CAS08/ F1034_3	S	Claim Adjustment Reason Code	1	5	ID		
		CAS09/ F782_3	S	Monetary Amount	1	18	R		
		CAS10/ F380_3	S	Quantity	1	15	R		
		CAS11/ F1034_4	S	Claim Adjustment Reason Code	1	5	ID		
		CAS12/ F782_4	S	Monetary Amount	1	18	R		
		CAS13/ F380_4	S	Quantity	1	15	R		
		CAS14/ F1034_5	S	Claim Adjustment Reason Code	1	5	ID		
		CAS15/ F782_5	S	Monetary Amount	1	18	R		
		CAS16/ F380_5	S	Quantity	1	15	R		
		CAS17/ F1034_6	S	Claim Adjustment Reason Code	1	5	ID		

OMDBH 837P COMPANION GUIDE

		CAS18/ F782_6	S	Monetary Amount	1	18	R		
		CAS19/ F380_6	S	Quantity	1	15	R		
	AMT		S	Coordination of Benefits (COB) Payer Paid Amount					
		AMT01	R	Amount Qualifier Code	1	3	ID		
		AMT02	R	Monetary Amount	1	18	R		
		AMT03	NU	Credit/Debit Flag Code	1	1	ID		
	OI		R	Other Insurance Coverage Information	7	8			
		OI03/ F1073	R	Yes/No Condition	1	1	ID		
		OI04/ F1351	S	Patient Signature Source Code	1	1	ID		
		OI06/ F1363	R	Release of Information Code	1	1	ID		
2330A			R	Other Subscriber Name					Required when there has been a payment by a Third Party on the claim.
	NM1		R	Other Subscriber Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		
		NM103/ F1035	R	Name Last or Organization Name	1	60	AN		
		NM104/ F1036	S	Other Insured First Name	1	35	AN		
		NM105/ F1037	S	Other Insured Middle Name	1	25	AN		
		NM106	NU	Name Prefix	1	10	AN		
		NM107/ F1039	S	Name Suffix	1	10	AN		
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		
		NM109/ F67	R	Identification Code	2	80	AN		
	N3		S	Other Subscriber Address					
		N301/ F166	R	Address Information	1	55	AN		
		N302/ F166(2)	S	Address Information	1	55	AN		
	N4		S	Other Subscriber City/State/ZIP Code					
		N401/ F19	S	City Name	2	30	AN		

OMDBH 837P COMPANION GUIDE

		N402/ F156	S	State or Province Code	2	2	ID		
		N403/ F116	S	Postal Code	3	15	ID		
		N404/ F26	S	Subscriber Country Code	2	3	ID		
2330B			R	Other Payer Name				Other Payer Name	Required when there has been a payment by a Third Party on the claim.
	NM1			Other Payer Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		
		NM103/ F1035	R	Name Last or Organization Name	1	60	AN		
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		
		NM109/ F67	R	Identification Code	2	80	AN		
	N3		S	Other Payer Address					
		N301/ F166	R	Other Payer Address Line 1	1	55	AN		
		N302/ F166	R	Other Payer Address Line 2	1	55	AN		
	N4		S	Other Payer Cit/ State/ ZIP Code					
		N401/ F19	R	Other Payer City Name	2	30	AN		
		N402/ F156	S	Other Payer State or Province Code	2	2	ID		
		N403/ F116	S	Other Payer ZIP Code	3	15	ID		
		N404/ F26	S	Other Payer Country Code	2	3	ID		
		N407/ F1715	S	Country Subdivision Code	1	3	ID		
	DTP		R	Claim Adjudication Date					Required if the claim has been paid by the Third Party at the Claim level; otherwise if must be reported in the 2430 DTP Segment.
		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		

OMDBH 837P COMPANION GUIDE

		DTP03/ F1251	R	Adjudication or Payment Date	1	35	AN		
2400			R	Service Line					
	LX		R	Service Line					
		LX01/ f554	R	Assigned Number	1	6	NO		
	SV1		R	Professional Service					
		SV101/ C003	R	Composite Medical Procedure Identifier	*	*	*		
		SV101- 01/ F235	R	Product/Service ID Qualifier	2	2	ID		HC
		SV101- 02/ F234	R	Product/Service ID	1	48	AN		
		SV101- 03/ F1339_1	S	Procedure Modifier 1	2	2	AN		
		SV101- 04/ F1339_2	S	Procedure Modifier 2	2	2	AN		
		SV101- 05/ F1339_3	S	Procedure Modifier 3	2	2	AN		
		SV101- 06/ F1339_4	S	Procedure Modifier 4	2	2	AN		
		SV102/ F782	R	Line Item Charge Amount	1	18	R		
		SV103/ F355	R	Unit or Basis of Measurement	2	2	ID		
		SV104/ F380	R	Service Units or Minutes	1	15	R		
		SV105	S	Place of Service Code	1	2	AN		
		SV107	S	Composite Diagnosis Code Identifier	*	*	*		
		SV107- 01/ F1328	R	Diagnosis Code Pointer	1	2	NO		
		SV107- 02	S	Diagnosis Code Pointer	1	2	NO		
		SV107- 03	S	Diagnosis Code Pointer	1	2	NO		
		SV107- 04	S	Diagnosis Code Pointer	1	2	NO		
		SV109	S	Emergency Indicator	1	1	ID		
		SV111	S	EPSDT Indicator	1	1	ID		
		SV112	S	Family Planning Indicator	1	1	ID		
		SV115	S	Co-Pay Status Code	1	1	ID		
	DTP		R	Service Date					

OMDBH 837P COMPANION GUIDE

		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		
		DTP03/ F1251	R	Date Time Period	1	35	AN		
	DTP		S	Prescription Date					
		DTP01	R	Date/Time Qualifier	3	3	ID		
		DTP02	R	Date Time Period Format Qualifier	2	3	ID		
		DTP03	R	Date Time Period	1	35	AN		
	REF		S	Prior Authorization Number					
		REF01	R	Reference Identification Qualifier	2	3	ID		
		REF02	R	Reference Identification	1	50	AN		
		REF04	S	Reference Identifier	***	***	***		
		REF4- 01	R	Reference Identification Qualifier	2	3	ID		
		REF4- 02	R	Reference Identification	1	50	AN		
2410			S	Drug Identification				Required when NDC usage necessary to further define service in SV101-2	
	LIN		S	Item Identification					
		LIN01	NU	Assigned identification	1	20	AN	Valid Value: <b>N4</b>	
		LIN02	R	Product/Service ID Qualifier	2	2	ID	<b>NDC Value</b>	
		LIN03	R	Product/Service ID	1	48	AN		
	CTP			Drug Pricing					
		CTP04	R	Quantity	1	15	R	National Drug Unit Count	
		CTP05	R	Composite Unit of Measure	*	*	*		
		CTP05- 01	R	Unit or Basis of Measurement	2	2	ID		
	REF			Prescription Number					
		REF01	R	Reference Identification Qualifier	2	3	ID		
		REF02	R	Reference Identification	1	50	AN	Prescription Number	
2430			S	Line Adjudication Information					Required when there is Third Party Claim Payment and the claim has been paid at the line level.



OMDBH 837P COMPANION GUIDE

	SVD		S	Line Adjudication Information					
		SVD01/ F67	R	Other Payer Primary Identifier	2	80	AN		SVD01 must = 2010BB NM109 value.
		SVD02/ F782	R	Monetary Amount	1	18	R		For compound drug, send the total NDC amount for the compound in all NDC lines that make up the compound.
		SVD03/ C003	R	Product or Service ID Composite	*	*	*		
		SVD03-01/ F235	R	Product/Service ID Qualifier	2	2	ID		
		SVD03-02/ F234	R	Product/Service ID	1	48	AN		
		SVD03-03/ F1339_1	S	Procedure Modifier 1	2	2	AN		
		SVD03-04/ F1339_2	S	Procedure Modifier 2	2	2	AN		
		SVD03-05/ F1339_3	S	Procedure Modifier 3	2	2	AN		
		SVD03-06/ F1339_4	S	Procedure Modifier 4	2	2	AN		
		SVD03-07/ F352	S	Procedure Code Description	1	80	AN		
		SVD05/ F380	R	Paid Service Unit Count	1	15	R		
		SVD06/ F554	S	Bundled or Unbundled line	1	6	NO		
	CAS		S	Line Adjustment					Required when the Other Payer amount paid on the line ≠ the line item billed amount.
		CAS01/ F1033	R	Claim Adjustment Group Code	1	2	ID		
		CAS02/ F1034_1	R	Claim Adjustment Reason Code	1	5	ID		
		CAS03/ F782_1	R	Monetary Amount	1	18	R		

OMDBH 837P COMPANION GUIDE

		CAS04/ F380_1	S	Quantity	1	15	R		
		CAS05/ F1034_2	S	Claim Adjustment Reason Code	1	5	ID		
		CAS06/ F782_2	S	Monetary Amount	1	18	R		
		CAS07/ F380_2	S	Quantity	1	15	R		
		CAS08/ F1034_3	S	Claim Adjustment Reason Code	1	5	ID		
		CAS09/ F782_3	S	Monetary Amount	1	18	R		
		CAS10/ F380_3	S	Quantity	1	15	R		
		CAS11/ F1034_4	S	Claim Adjustment Reason Code	1	5	ID		
		CAS12/ F782_4	S	Monetary Amount	1	18	R		
		CAS13/ F380_4	S	Quantity	1	15	R		
		CAS14/ F1034_5	S	Claim Adjustment Reason Code	1	5	ID		
		CAS15/ F782_5	S	Monetary Amount	1	18	R		
		CAS16/ F380_5	S	Quantity	1	15	R		
		CAS17/ F1034_6	S	Claim Adjustment Reason Code	1	5	ID		
		CAS18/ F782_6	S	Monetary Amount	1	18	R		
		CAS19/ F380_6	S	Quantity	1	15	R		
	DTP		R	Line Adjudication Date					
		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		
		DTP03/ F1251	R	Date Time Period	1	35	AN		
Trailer									
	SE			Transaction Set Trailer					
		SE01	R	Number of Included Segments	1	10	NO		
		SE02	R	Transaction Set Control Number	4	9	AN		
Control									

	GE			Functional Group Trailer					
		GE01	R	Number of Transactions Sets Included	1	6	NO		
		GE02	R	Group Control Number	1	9	NO		
	IEA			Interchange Control Trailer					
		IEA01	R	Number of Included Functional Groups	1	5	NO		
		IEA02	R	Interchange Control Number	9	9	NO		

## 6. Submission Response Transactions

### 6.1. ASC X12C/005010X231 Acknowledgement for Health Care Insurance (999)

Upon receipt of the 837 transaction, OMDBH will validate it for conformance to its related Implementation Guide. This check evaluate that the transaction is syntactically correct and that valid Submitter and Receiver IDs are present. A 999 will be returned for all 837 transaction sets (i.e. ST/SE). The 999 will indicate if the file was Accepted or Rejected.

### 6.2. ASC X12/005010X214 Health Care Claim Acknowledgment (277)

After your file has been accepted for processing, OMDBH will pre-process each claim prior to introduction into our claims adjudication process. The 277 will provide an acknowledgment of the validity and acceptability and will provide the status (accepted or not accepted for processing) for each submitted claim. It is highly recommended that all submitters utilize the 277 to reconcile their submissions.

### 6.3. ASC X12C/005010X221A1 Health Care Claim Payment/Advice (835)

Claims are processed throughout the week. Payments are made once per week. The 835s will be available by close of business on Friday each week.

### 6.4. Obtaining your transactions from OMDBH

There are 2 ways to obtain your 999/277/835s:

- If you are not using a clearinghouse, you may obtain your transactions by logging into iPC provider portal. (See section 4.1 of this Companion Guide)
- If you are a Clearinghouse with OMDBH you will receive your transactions. They will be pushed to you.

