



OPTUM®

Maryland Medicaid Companion Guide Transaction Information

Instructions related to the 837 Health Care Claim:
Institutional Transaction based on ASC X12 Technical Report
Type 3 (TR3), version 005010A2

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 OMDH.

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
Control									
	ISA		R	Interchange Control Header					ISA
		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		OMDBH
		ISA09/ FI08	R	Interchange Date	6	6	DT	Format: YYMMDD	Date of Transmission
		ISA10/ FI09	R	Interchange Time	4	4	T M	Format: HHMM	Time of Transaction
		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	N0		
		ISA14/ FI13	R	Acknowledgment Requested	1	1	ID	0 – No Acknowledgement Requested	0
		ISA15/ FI14	R	Usage Indicator	1	1	ID		P=Production T=Test
		ISA16/ FI15	R	Component Element Separator	1	1	***		
	GS		R	Functional Group Header					GS
		GS01/ F479	R	Functional ID Code	2	2	ID	Valid Value: HC (Health Care Claim (837))	HC

OMDBH 837I COMPANION GUIDE

		GS02/ F142	R	Application Sender's Code	2	15	AN	OMDBH will supply this. It will be your Trading Partner ID.	
		GS03/ F124	R	Application Receiver's Code	2	15	AN	OMDBH	OMDBH
		GS04/ F373	R	Date	8	8	DT	Format: CCYYMMDD; functional group creation date	Create Date
		GS05/ F337	R	Time	4	8	T M	Formats: HHMM (recommended), HHMMSS, HHMMSSD, HHMMSSDD	Create Time
		GS06/ F28	R	Group Control No.	1	9	N0		
		GS07/ F455	R	Responsible Agency Code	1	2	ID		X
		GS08/ F480	R	Version/Release/Indus -try ID Code	1	12	AN		005010X223A2
Header									
	ST		R	Transaction Set Header					
		ST01/ F143	R	Transaction Set ID Code	3	3	ID	Valid Value: 837 (Health Care Claim)	837
		ST02/ F329	R	Transaction Set Control Number	4	9	AN		
		ST03/ F1705	R	Implementation Convention Reference	1	35	AN		005010X223A2
	BHT		R	Beginning of Hierarchical Transaction					BHT
		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	T M		
		BHT06/ F640	R	Transaction Type Code	2	2	ID		CH
1000A									
	NM1		R	Submitter Name				Submitter Name	NM1
		NM101/ F98	R	Entity Identifier Code	2	3	ID		41
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		2

OMDBH 837I COMPANION GUIDE

		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	User Defined	
		NM106	NU	Name Prefix	1	10	AN	Not Used	LEAVE BLANK
		NM107	NU	Name Suffix	1	10	AN	Not Used	LEAVE BLANK
		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				Submitter EDI Contact Information	
		PER01/ F366	R	Contact Function Code	2	2	ID		
		PER02/ F93	R	Submitter Contact Name	1	60	AN		
		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		
1000B				Receiver Name					
	NM1		R	Receiver Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		
		NM103/ F1035	R	Receiver Name	1	60	AN	OMDBH	OMDBH
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		46
		NM109/ F67	R	Identification Code	2	80	AN		OMDBH
2010A A				Billing Provider Name					
	NM1		R	Billing Provider Name					NM1
		NM101/ F98	R	Entity Identifier Code	2	3	ID		85

OMDBH 837I COMPANION GUIDE

		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		
		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					N3
		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.	
		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					PER
		PER01	R	Contact Function Code	2	2	ID		
		PER02	R	Billing Provider Contact Name	1	60	AN		

OMDBH 837I COMPANION GUIDE

		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		
2000B				Subscriber				Subscriber	
	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		
		SBR05/F1336	S	Insurance Type Code	1	3	ID		
		SBR09/F1032	S	Claim Filing Indicator Code	1	2	ID		MC
2010B A				Subscriber Name				Subscriber Name	
	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		Patient's Maryland Medical Assistance Number
	N3		S	Subscriber Address					Recommended
		N301/F166	R	Address Information	1	55	AN		

OMDBH 837I COMPANION GUIDE

		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		
	DM G		S	Subscriber Demographic Information					Recommended
		DMG01/ F1250	R	Date Time Period Format Qualifier	2	3	ID		D8
		DMG02/ F1251	R	Subscriber Birth Date	1	35	AN		Subscriber/Patient's Birth Date
		DMG03/ F1068	R	Gender	1	1	ID		F = Female, M = Male, U = Unknown
2010B B									
	NM1		R	Payer Name					
		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		OMDBH
		NM108/ F66	R	Identification Code Qualifier	1	2	ID		PI
		NM109/ F67	R	Identification Code	2	80	AN	Payer Primary ID	OMDBH
	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		

OMDBH 837I COMPANION GUIDE

		N407/ F1715	S	Country Subdivision Code	1	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		
		CLM07/ F1359	R	Provider Accept Assignment	1	1	ID		
		CLM08/ F1073_2	R	Assignment of Benefits Indicator	1	1	ID		
		CLM09/F136 3	R	Release of Info Code	1	1	ID		
		CLM10/F135 1	S	Patient Signature Source Code	1	1	ID		
	DTP		S	Discharge Hour					Required on all final inpatient claims.
		DTP01/ F374	R	Date/Time Qualifier	3	3	ID		096
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID		TM
		DTP03/ F1251	R	Date Time Period	1	35	AN		HHMM
	DTP		R	Statement Dates					
		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	Admission Date/Hour					Required on inpatient claims.
		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		
	CL1		R	Institutional Claim Code					

OMDBH 837I COMPANION GUIDE

		CL101	R	Admission Type Code	1	1	ID		
		CL102	R	Admission Source Code	1	1	ID		
		CL103	R	Patient Status Code	1	2	ID		
	REF		S	Prior Authorization				Recommended	Supplying this data will help ensure that your claim is processed correctly.
		REF01	R	Reference Identification Qualifier	2	3	ID	Valid Value: G1	
		REF02	R	Reference Identification	1	50	AN	Authorization Number	
		REF03	NU	Description	1	80	AN	Not Used	
		REF04	NU	Reference Identifier	***	***	***	Not Used	
2320			S	Other Subscriber Information					Required when there has been a payment by a Third Party on the claim.
	SBR			Other Subscriber Information	11	102			
		SBR01/ F1138	R	Payer Responsibility Sequence Number Code	1	1	ID		
		SBR02/ F1069	R	Individual Relationship Code	2	2	ID		
		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		S	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		

OMDBH 837I COMPANION GUIDE

		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		
	AMT		S	Coordination of Benefits (COB) Payer Paid Amount					Required when there is Third Party Claim Payment
		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				Other Insurance Coverage Information	
		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 is Third Party Claim Payment
	NM1		R	Other Subscriber Name					
		NM101/ F98	R	Entity Identifier Code	2	3	ID		
		NM102/ F1065	R	Entity Type Qualifier	1	1	ID		

OMDBH 837I COMPANION GUIDE

		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		
		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		
		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					Required when there is Third Party Claim Payment
	NM1		R	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	Valid Values: PI (Payor Identification), XV (Health Care Financing Administration National Plan ID)	
		NM109/ F67	R	Identification Code	2	80	AN	Other Payer Primary ID	
	N3		S	Other Payer Address				Other Payer Address	
		N301	R	Other Payer Address Line 1	1	55	AN		
		N302	R	Other Payer Address Line 2	1	55	AN		

OMDBH 837I COMPANION GUIDE

	N4		S	Other Payer Cit/ State/ ZIP Code				Other Payer City, State, ZIP Code	
		N401	R	Other Payer City Name	2	30	AN	Other Payer City Name	
		N402	S	Other Payer State or Province Code	2	2	ID	Other Payer State or Province Code	
		N403	S	Other Payer ZIP Code	3	15	ID	Other Payer ZIP Code	
		N404	S	Other Payer Country Code	2	3	ID	Required is address is outside the US	
		N407	S	Country Subdivision Code	1	3	ID		
	DTP		S	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	Valid Value: 573 (Date Claim Paid)	
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID	Valid Value: D8 (CCYYMMDD)	
		DTP03/ F1251	R	Adjudication or Payment Date	1	35	AN	Format: CCYYMMDD	
2400			R	Service Line					
2410			S	Drug Identification					Required when NDC usage necessary to further define service in SV201-2
	LIN		S	Item Identification					
		LIN02	R	Product/Service ID Qualifier	2	2	ID	Valid Value: N4 (National Drug Code 5-4-2 format) Use when sending NDC	
		LIN03	R	Product/Service ID	1	48	AN	National Drug Code or Universal Product Number - NDC value	
	CTP		R	Drug Pricing					
		CTP04	R	Quantity	1	15	R	National Drug Unit Count - Quantity amount of drug used. Precision of 3 decimal positions. (i.e. 1234567.123)	
		CTP05	R	Composite Unit of Measure	*	*	*	SEE CTP05-___ BELOW	
		CTP05-01	R	Unit or Basis of Measurement	2	2	ID	Valid Values: F2 (International Unit),	

OMDBH 837I COMPANION GUIDE

								GR (Gram), ME (Milligram), ML (Milliliter), UN (Unit)	
	REF		S	Prescription Number					
		REF01	R	Reference Identification Qualifier	2	3	ID	Valid Value: VY (Link Sequence Number)	
		REF02	R	Reference Identification	1	50	AN	Prescription Number - Use for additional account number (Patient Account Number)	
		REF03	NU	Description	1	80	AN	Not Used	
		REF04	NU	Reference Identifier	***	***	***	Not Used	
2430			S	Line Adjudication Information					Required when there is Third Party Claim Payment and the claim has been paid at the line level.
	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		
		SVD03-08	NU	Product or Service ID	1	80	AN		

OMDBH 837I COMPANION GUIDE

		SVD04/ F234	R	Service Line Revenue Code	1	48	AN		
		SVD05/ F380	R	Paid Service Unit Count	1	15	R		
		SVD06/ F554	S	Line Number	1	6	N0		
	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		
		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					

OMDBH 837I COMPANION GUIDE

		DTP01/ F374	R	Date/Time Qualifier	3	3	ID	Valid Value: 573 (Date Claim Paid)	
		DTP02/ F1250	R	Date Time Period Format Qualifier	2	3	ID	Valid Value: D8 (CCYYMMDD)	
		DTP03/ F1251	R	Date Time Period	1	35	AN		
Trailer				Trailer				Trailer	
	SE			Transaction Set Trailer				Transaction Set Trailer	SE
		SE01	R	Number of Included Segments	1	10	N0		
		SE02	R	Transaction Set Control Number	4	9	AN		
Control				Control				Control	
	GE			Functional Group Trailer				Functional Group Trailer	GE
		GE01	R	Number of Transactions Sets Included	1	6	N0		
		GE02	R	Group Control Number	1	9	N0		
IEA				Interchange Control Trailer				Interchange Control Trailer	
		IEA01	R	Number of Included Functional Groups	1	5	N0		
		IEA02	R	Interchange Control Number	9	9	N0		

6. Accepted Submissions

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

7. Submission Response Transactions

7.1. 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 OMDBH 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.