HEALTHSHARE OF OREGON CCOE 5010 Submitter Profile Check List- PRO

The following field values are required to submit **HSO CCOE** 5010X12 837 Professional claims to PH Tech. Effective September 1, 2012

1. ISA01	"00" (always)
2. ISA02	[blank]
3. ISA03	"00" (always)
4. ISA04	[blank]
5. ISA05	"ZZ" (always)
6. ISA06	[Business Tax ID]
7. ISA07	"ZZ" (always)
8. ISA08	"931211733" (PHTECH Tax ID)
9. GS02 NOTE: (other GS02 values are acceptable)	[Business Tax ID] ble if specific application routing is necessary).
10. GS03	"MHO"
11. 1000A – NM109	[Business Tax ID]
12. 1000B – NM103	"PHTECH"
13. 1000B – NM108	"46"
14. 1000B – NM109	"931211733" (PHTECH Tax ID)
15. 2010BB – NM103 i.e.	"HSO CCO" additional characters denoting county are allowed. "HSO CCO MULT" "HSO CCO WASH" "HSO CCO CLACK"
16. 2010BB – NM108	"PI"
17. 2010BB – NM109	"500647169"
18. 2300-REF01	"G1 or 9F"
19. 2300-REF02	"Valid CIM authorization, referral or reference number" i. Example: P123456789000, R123456789000, 123456

For secondary claims from $\underline{\text{Medicare}}$, include the other payer amount paid and patient responsibility information in the 2430 Loop – "Line Adjudication Information."

20. 2430 – SVD02 \$[amt paid by other insurer]

21. 2430 – CAS01 "PR"

22. 2430 - CAS03, 06, 09

\$[patient responsibility amt]

For secondary claims, include the other payer amount paid information in the 2430 Loop – "Line Adjudication Information."

23. 2430 - SVD02

\$[amt paid by other insurer]