Oklahoma SoonerCare Specific Requirements for EDI Transactions

Loop ID	Reference	Name	Transaction(s) effected	Notes/Comments	Format Example
N/A	ISA08	Interchange Receiver ID	837P, 837I, 837D, 270, 276, 278	**731476619** (OHCA Tax ID #, left-justified): Remaining six digits of 15-byte field must be space-filled. ISA08 value also appears in GS03. This payer ID is specific to Oklahoma SoonerCare and will be used until the National Payer ID is implemented.	*ZZ*731476619
N/A	GS03	Application Receiver Code	837P, 837I, 837D, 270, 276, 278	**731476619** (OHCA Tax ID #) – same value as ISA08	
2010AA	NM1	Billing Provider Name	837P, 837I, 837D	For Oklahoma SoonerCare purposes, the Billing Provider is the entity contracted with OHCA as a Billing Provider (as opposed to rendering). Note: Oklahoma SoonerCare does not interpret this segment to mean home office, pay-to or other off-site business entity.	
2010AA	N403	Billing Provider Postal Zone or ZIP Code	837P, 837I, 837D	For Oklahoma SoonerCare purposes, the Billing Provider ZIP code *may* be used as to map the NPI to a legacy Provider Identifier in situations when the NPI is a one-to-many match (one NPI for more than one SoonerCare Provider ID). In these situations, the 9-character ZIP+4 for the *physical location* of the contracted Billing Provider should be utilized.	N4*TULSA*OK*741124496
2010AB	NM1	Pay-To Address Name	837P, 837I, 837D	This segment no longer overrides what is sent in the 2100AA loop. Information in this segment is **not** used by SoonerCare to adjudicate claims.	
2300	NTE	Claim Note	837P, 837I, 837D	For SoonerCare purposes, this may be a shared segment used when submitting a contract code for the Billing Provider, and/or a ZIP+4 for the Rendering Provider at the header level. Additionally, this segment will be used to send the surgical code for institutional claims. The value is OKCODE, followed by the contract code of the **Billing Provider**, if applicable. This element may also include the 9-character ZIP+4 of the **Rendering Provider** when the Loop 2310B Rendering Provider Name is used. For SoonerCare purposes, the Rendering Provider ZIP+4 may be used to map the NPI to a legacy Provider Identifier in situations when the NPI is a one-to-many match (one NPI for more than one SoonerCare Provider ID). In these situations, the ZIP+4 for the physical location of the contracted Rendering Provider should be used. **NOTE:** If the contract code is just one character and a ZIP+4 is also included, the contract code **must** be placed in the 7th position of the NTE02 with a space in the 8th position. Example of format: (NTE*ADD*OKCODEG 731051234) If no contract code is used, there **must** be two spaces, in positions 7 and 8 of the NTE02. Example of format: (NTE*ADD*OKCODE 731051234)	(NTE*ADD*OKCODEG) (NTE*ADD*OKCODEDM) (NTE*ADD*OKCODEG 731051234) (NTE*ADD*OKCODEDM731051234)
2300	HI	External Cause of Injury	837I	SoonerCare accepts the POA (point of admission) indicator in this segment. The POA indicator is no longer accepted in segment K3.	HI*BN:5845:::::::Y
2300	HI	Value Information	837I	SoonerCare utilizes this segment to accept the code for covered days.	HI*BE:80:::30
2400	HCP	Line Pricing/Repricing Information	837P, 837I	The HCP-Line Pricing/Repricing Information segment is required by OK SoonerCare when reporting the contract source code for DMH Behavioral Health claim types.	HCP*10*50.00**10AA
2420A	NM1 REF	Rendering Provider (TFC Mapping ONLY)	837P, 837I	If you are a biller and your specialty type is (Therapeutic Foster Care Agency), please map your Rendering Provider in the service line detail of the claim. Loop 2420A, to include the NM1*82*Lastname*Firstname, and the REF*G2 with the rendering providers individual OK Medicaid ID number only. For TFC, the Rendering Provider is no longer mapped at the claim level, and the NPI is no longer used.	NM1*82*LAST NAME*FIRST NAME* REF*G2*PROVIDER ID NUMBER
2420E	NM1	Ordering Provider Information	837P, 837I	For Oklahoma SoonerCare purposes, the Ordering Provider is a provider who is contracted with OK Medicaid and orders the service on a Medicaid claim. This segment is situational, and for the purpose of mapping an OK SoonerCare claim, is required based on specific HCPCS/CPT codes and provider specialty types; contact Provider Services for additional information pertaining to codes and provider types. If an ordering provider has multiple individual locations, you will need to include the N4 segment with the corresponding ZIP+4 to map the claim to the correct location. Oklahoma SoonerCare will also require the Ordering Provider, even if the Rendering Provider on the claim is the same.	(NM1*DK*1*LAST NAME INDIV/ORGANIZATION NAME****XX*NPI) (N4*CITY*STATE*ZIP+4)

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