

ISSUE IDENTIFICATION and RECOMMENDED SOLUTION REPORT

<b>Business Decision</b>	Encounter Plan Tracking Number		
<b>Background:</b>	Some Prepaid Health Plans (PHPs) assign a unique number to claims in their system. This unique number is called: a Plan Tracking Number (PTN).		
	DHS assigns a unique Internal Control Number, ICN, to all incoming claims. For NSF and UB-92 Formats, DHS returns the PTN and associated ICN in the weekly Status File, which helps the PHP locate the specific claim in their system.		
	PHPs must receive the PTN on HIPAA Compliant Transactions.		
	HIPAA 837 Transactions, Professional, Institutional and Dental, do not have a designated field for the PTN.		
	The attached sequence indicates the steps taken to arrive at a mutual decision between the PHPs and DHS for the location of the PTN.		
<b>Business Decision:</b>	<b>The attached description of the Business Decision reflects the mutual agreement on May 19, 2004, during the HIPAA Task Force Meeting in Salem, Or. between the Prepaid Health Plans and DHS to accept the PTN in the 2330 Loop "Other Payer Name" in the 837 and return the PTN in the 2100 Loop "Other Claim Related Identification" in the 835.</b>		
<b>Effective Date:</b>	May 26, 2004		
<b>Approval:</b>	<u>Patricia Krewson</u>	_____	<u>6 /25/ 2004</u>
	<i>Print</i>	<i>Signature</i>	<i>Date</i>

10/1/2003

## Plan Tracking Number

**837 Transaction:** The Plan Tracking Number will occupy the “Other Payer Secondary Identifier” element. This is the REF02 element in the 2330B Loop “Other Payer Name”. The appropriate “Reference Identification Qualifier is “F8”. This is used to identify the ‘other’ payer’s claim number in COB situations (see Notes: 2 on page 416 of Institutional Implementation Guide). The Plan in this case is the ‘other’ payer. (See page 417 for Institutional; page 248 for Dental, and page 369 for Professional.)

**835 Transaction:** DHS will return the Plan Tracking Number in Loop 2100 ‘Claim Payment Information and Segment “Other Claim Related Identification”’.

The “Other Claim Related Identification” segment can be used a total of 5 times. Each time the segment is used it must have a unique “Reference Identification Qualifier”.

The Plan Tracking Number will be returned in the REF02 element and the associated REF01 “Reference Identification Qualifier” will be “EA”.

If the claim has been submitted to OMAP previously, there will be two ICNs associated with the claim; the one assigned in current process and the one previously assigned. The current ICN is returned in the CLP07 “Payer Claim Control Number” element. The most recent “OMAP Cross-referenced ICN” (sent in Loop 2300, REF02 = “F8”, Segment – “Original Reference Number (ICN/DCN)”, Element Name “ Claim Original Reference Number”) will be returned in an occurrence of the “Other Claim Related Identification” segment. The “Reference Identification Qualifier” will be “F8” and the OMAP Cross Reference ICN will be in REF02 “Other Claim Related Identifier”.

Example:

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REF*EA*PHP123~  
REF*F8*600311122222~
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The “Patient Account Number” (CLM01) on the inbound 837s would continue to be returned in the “Patient Control Number” (CLP01) on the outbound 835.

And, again, the current ICN would be returned in the “Payer Claim Control Number” CLP07.

The Medical Record ID will not be returned in the 835.