



Problem Gambling Network

PG NET ELECTRONIC DATA INTERCHANGE (EDI)
USER GUIDE

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Introduction

Problem Gambling Services (PGS), which is part of the Health Systems Division (HSD) of the Oregon Health Authority (OHA), began collecting client data via a new data system in the Fall of 2021. The new system, which is known as PG Net, collects client demographic and encounter/claims data. Client demographic data provides information about clients at the beginning of their treatment cycle (such as admission dates, wait time for services, etc.), and encounter data provides information on services/happenings within the treatment episode. The continued collection of this data allows PGS to focus on outcomes and services provided – not just count the number of people served. Ultimately, PGS will be able to provide better data and information to its stakeholders, including the Legislature and other requesters such as County Mental Health Programs and Coordinated Care Organizations.

Purpose

The purpose of this PGS File Transfer Specifications for Electronic Health Records document is to inform and explain how the data elements collected will be reported. This document is intended for Behavioral Health Treatment Agencies that are using an Electronic Health Records (EHR) that includes an electronic billing system to send their problem gambling treatment encounter/service information from their system using electronic data interchange (EDI). This guide explains which data elements need to be extracted from their electronic system(s) and how it needs to be formatted and ordered to be acceptable to the PG Net system.

NOTE: This manual only pertains to EDI submission of encounter/service data as that is the only data that can currently be transmitted via this method. Client demographic data at this time needs to be entered manually.

Abbreviations used in this document

Abbreviation	Term
OHA	Oregon Health Authority
HSD	Health Systems Division
PGS	Problem Gambling Services
EDI	Electronic Data Interchange
PG Net	Problem Gambling Network
SA	Substance Abuse
MH	Mental Health
PG	Problem Gambling
Tx	Treatment
Dx	Diagnosis

Process for Data Submission

In order to submit live data to PG Net, a provider must be certified to do so. The following checklist is an overview of the steps involved to become certified.

EDI Certification Checklist for Agency/Facility

- Agency/Facility Registration in PGNET**
 - Online registration submission
 - Received login and password
 - Request additional users if necessary for PGNET from COMPASS
 - PGNET Contact Method Selection
 - Facility Setup
- File Transfer Certification Process**
 - Service Files
 - Sent first Service Certification file
 - Received approval on Service Status Certification file
 - Sent second Service Certification file
 - Received approval on second Service Certification file
- Approval/Certification Received from COMPASS**
- Agency submitting real time data via EDI**

Agency EDI Certification Process

1. Approval/Certification
 - a. OHA will grant EDI approval and provider certification via email.
 - b. Provider will receive instructions via email from OHA on the process of submitting real file submissions.

2. Final Information

- a. Once the agency/facility has received approval and instruction from OHA, the agency/facility can start submitting real data files.
- b. For assistance, contact COMPASS Support: COMPASS.Support@dhsosha.state.or.us

EDI-Electronic Data Interchange File Requirements

Details of the 837 File

Mapping EDI files to Service Transactions
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 - [SV1 - Service](#)
 - [DTP - Date Time Segment](#)
 - [SE- Transaction Set End](#)
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Quick References

[Beacon Health's 837 Spec](#)

[CMS Billing Guide 837](#)

[State of NY Sparcs 837 Detailed](#)

[BlueCross NC 837 Guide](#)

Example File

Batch File Details

Facility Name:

Gotham City Hospital (dev)

Facility Identifier:

OR-FAC-201

Batch Identifier:

PG-Encounter-1

1	ISA*00* *00* *ZZ*OR-FAC-201 *ZZ*987654321 *210512*0808*^*00501*000000001*1*P*:~
2	GS*HC*OR-FAC-201*OHAPGNet*20210512*0808*31290*X*005010X222A1~
3	ST*837*32225000*005010X222A1~
4	BHT*0019*00*32225*20210608*0808*CH~
5	NM1*41*2*Gotham City Hospital*****46*OR-FAC-201~
6	PER*IC*na@na.com~
7	NM1*40*2*OHAPGNet*****46*987654321~
8	HL*1**20*1~
9	NM1*85*2*Gotham City Hospital*****XX*9998887771~
10	N3*1736 Bruce Drive~
11	N4*Salem*OR*97302~
12	REF*EI*123456789~
13	HL*2*1*22*0~
14	SBR*P*18*****ZZ~
15	NM1*IL*1*Test*EDI****MI*EDITest1~
16	N3*7655 NE Sacramento St.~
17	N4*Portland*OR*97213~

18	DMG*D8*19900101~*F~
19	NM1*PR*2*Gotham City Hospital*****PI*33~
20	N3*1736 Bruce Drive~
21	N4*Salem*OR*97302~
22	CLM*886222*79.8***02:B:1*Y*A*Y*Y~
23	HI*ABK:F630~
24	NM1*82*1*CRIDENTAL SALEM LLC*****XX*1760741078~
25	PRV*PE*PXC*101YM0800X~
26	LX*1~
27	SV1*HC:H2027*79.8*UN*3***1~
28	DTP*472*D8*20210607~
29	REF*6R*886222~
30	SE*28*32225000~
31	GE*1*31290~
32	IEA*1*000000001~

ISA - Interchange Control Header

The ISA is different from others. It is a 106-byte fixed-length record. It has a spot for facility ID's but as those are fixed length, truncation is likely, so they are not used.

ISA1*00* *00* *ZZ*OR-FAC-201 *ZZ*987654321
 *210512*0808*^*00501*000000001^2*1*P*::~~

1. Segment Type
2. Control Number - Used to prevent resubmission of same file. This should be unique within each submitting facility.

GS - Functional Group Header

The GS segment is not used for any data, but its presence is checked for validity of the file overall.

GS1*HC*OR-FAC-201*OHAPGNet*20210512*0808*31290*X*005010X222A1~

1. Segment Type

ST - Transaction Set Header

The ST segment is not used for any data, but its presence is checked for validity of the file overall.

ST1*837*32225000*005010X222A1~

1. Segment Type

BHT- Beginning of Hierarchical Transaction

The BHT segment is a starting point for a set of providers and claims.

BHT1*0019*00*32225*20210608²*0808³*CH~

1. Segment Type

2. Transaction Set Creation Date - Combined with time into the BuildDate.

3. Transaction Set Creation Time - Combined with date into the BuildDate.

HL - Hierarchical Level

The HL segment is not used for any data, but its presence is checked for validity of the file overall.

HL1*1²**20³*1~

1. Segment Type

2. Hierarchical Identification Number - Not mapped. This is a sequence number for HL segments with a BHT.

3. Hierarchical Level Code

- 20 Used for Provider block or loop, if multiple providers in one file can have more than one.
- 22 Used for each subscriber (patient) block or loop. These reference back to the HL 20 (using the field just before this one) for the provider they are grouped under.

NM1 - Name Segment

This is the first name segment with a block or loop, usually with supplemental loops following (for addresses, aliases, etc.). It uses the Identifier and qualifier code to identify the type of name segment, as there can be multiples with the same block.

NM1¹*85²*2³*Gotham City Hospital⁴*5*6*7*8*XX⁹*9998887771¹⁰~

1. Segment Type
2. Entity Identification Code
 - 85 for Billing Entity (Provider/Facility)
 - IL for Insured (Patient/Client/Subscriber)
 - 82 for Rendering Provider or Pay-To Provider
Note: Rendering Provider occurs after the LX segment, and Pay-To Provider comes before LX. Example files showed they were used interchangeably, so EDI uses the last one found in a set (Rendering Provider, but PayTo Provider if rendering provider was not present).
3. Entity Type Qualifier
 - 1 for Entity (Business)
 - 2 for Person
4. Entity or Last Name
5. First Name
6. Middle Name
7. Name Prefix (Not Used)
8. Name Suffix (Not Used)
9. Identification Code Qualifier
 - 24 for EIN (Tax ID) (Not Used)
 - XX for NPI number
10. Identification Code - Used for NPI number, when qualifier is XX.

REF - Reference

The REF segment is used for additional information or references. We only use the EI type of the various REF segments.

REF*EI*123456789~

1. Segment Type
2. Reference Identification Qualifier - Only use the EI qualified REF.
3. Reference Identification - When Qualifier is EI, use this for EIN.

SRB - Subscriber

While the SRB segment is not used in the EDI processor to gather data from, it is the parent segment (Loop parent) for the NM1 - IL (Insured) segment. Although not required by EDI processor, many of the 837 Tools used to build and check files will require it. The segment should always be present, even in test files which have been trimmed down to just what is required.

CLM - Claim

The CLM segment is used for claims, which a service or services are grouped under.

CLM¹*886222²*79.8³***02:B:1⁴*Y*A*Y*Y~

1. Segment Type
2. Patient Control Number
3. Total Claim Charge Amount
4. Health Care Service Location (group)
 1. Place of Service Code
 2. Facility Code Qualifier
 3. Claim Frequency Code

HI - Health Care Information (Diagnosis)

The HI segment is used for primary and other diagnoses associated with the insured/patient.

HI¹*ABK:F630²⁻¹*ABF:F431²⁻²~

1. Segment Type
2. Health Care Code Info (group) - Repeats 1 to 15 times, occurrence referenced directly via SV1 Diagnosis Pointer.
 1. Code List Qualifier Code

- ABK = Primark IDC-10
 - BK = Primark IDC-9
 - ABF = Other IDC-10
 - BF = Other IDC-9
2. Condition Code
 3. *Many other optional subfields are not typically used or present in files.*

SV1 - Service

The SV1 segment is used data pertaining to the service or services received. Multiple SV1's within a single Claim (CLM) are possible.

For each SV1/DTP 472 combination in an EDI file, there will be a single Service Transaction intermediate built.

SV11*HC:H2027:04²*79.8³*UN*3⁴*02⁵**1:2⁶~

1. Segment Type
2. Procedure Code Info (group)
 1. Qualifier
 2. Procedure Code
 3. Modifier - Optional, repeats 1 to 4 times
 4. *Other optional subfields are not typically used or present in files*
3. Line Item Charge Amount
4. Service Unit Count
5. Place of Service Code
6. Diagnosis Code Pointers (group) - 1 to 4 repeating subfields
 1. Diagnosis Code Pointer - A number pointing to the occurrence of the related Diagnosis Code in the paired HI segment.

DTP - Date Time Segment

The DTP segment contains date and/or time information, with the 472 qualifier being the DTP used for service dates pertaining to the SV1.

The 472 DTP also triggers the build of the Service Transaction, as it is the last segment in a series of a Service set, within a claim.

DTP*472*D8*20210607~

DTP*472*RD8*20210607-20210608~

1. Segment Type
2. Segment Qualifier - We only pull from the 472 version of DTP.
3. Date Time Format
 - D8 = 8-Character Date
 - RD8 = Date Range for 8-Character Date (uses dash as separator)
4. Date Time - For 472's, a single date (start) or a date range (start and end dates).

SE- Transaction Set End

The SE segment is used to validate the EDI file.

The counter field should match the count of all segments between the ST and SE, plus the ST and SE as well.

SE1*28²*32225000~

1. Segment Type
2. Number of Segments

GE - Functional Group End

The GE segment is used to validate the EDI file.

The counter field should match the count of all ST/SE groups in the EDI file.

GE1*1²*31290~

1. Segment Type
2. Number of Sets

IEA - Interchange Control End

The IEA segment is used to validate the EDI file.

The counter field should match the count of all GS/GE groups in the EDI file.

IEA¹*1²*000000001~

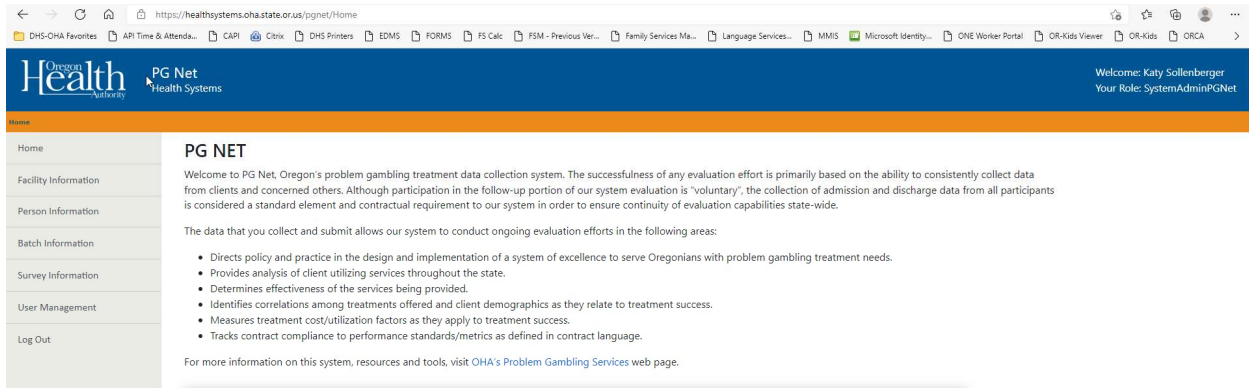
1. Segment Type
2. Number of Groups

A sample EDI file might look something like this:

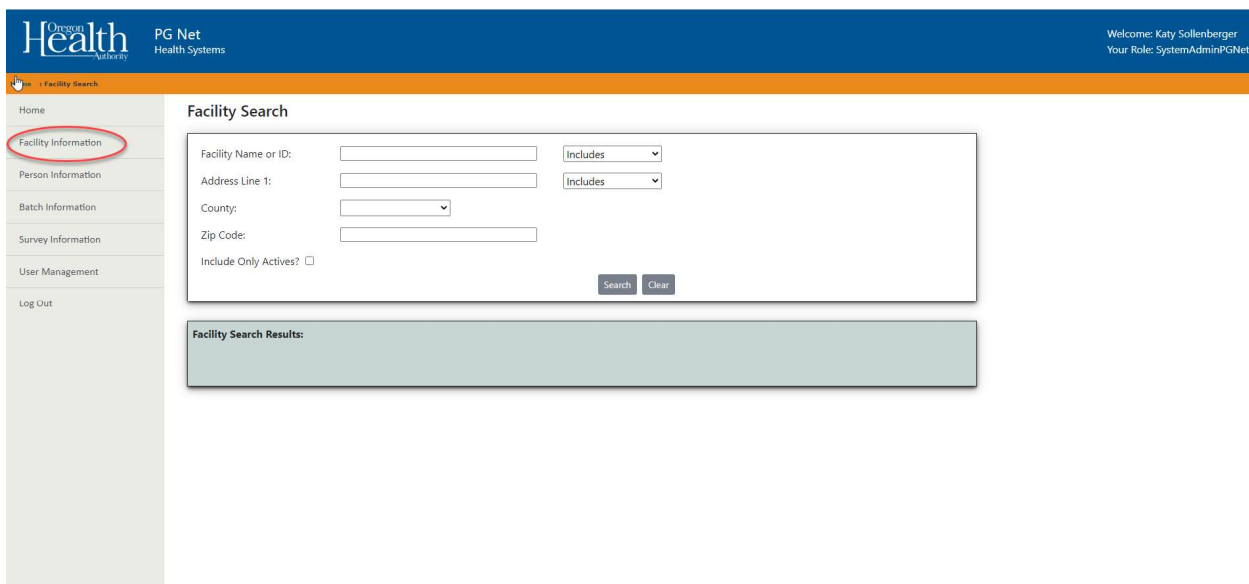
```
ISA*00*          *00*          *ZZ*OR-FAC-225      *ZZ*987654321      *210512*0808**^*00501*111100012*1*P*:~
GS*****~
ST***~
BHT***20211021*0909*~
HL*1**20*~
NM1*85*2*GOTHAM CITY HOSPITAL*****XX*1234567890~
REF**~
HL*2*1*22*0~
SBR*****~
NM1*IL*1*ARELLANO*LISA*LEYLA***MI*Test1475LLA73~
DMG*D8*20200622*M~
NM1*PR*2*HSDG*****15~
CLM*00001111*45***02:B:1*Y*A*Y*Y~
HI*ABK:F630~
NM1*82*1*ANDERSON*CRAIG****XX*1497000586~
SV1*HC:HHHHH*45*UN*3***1~
DTP*472*D8*20210101~
SE*16*32225000~
GE*1*31290~
IEA*1*000000002~
```

EDI-Steps for Uploading and Correcting Service Files

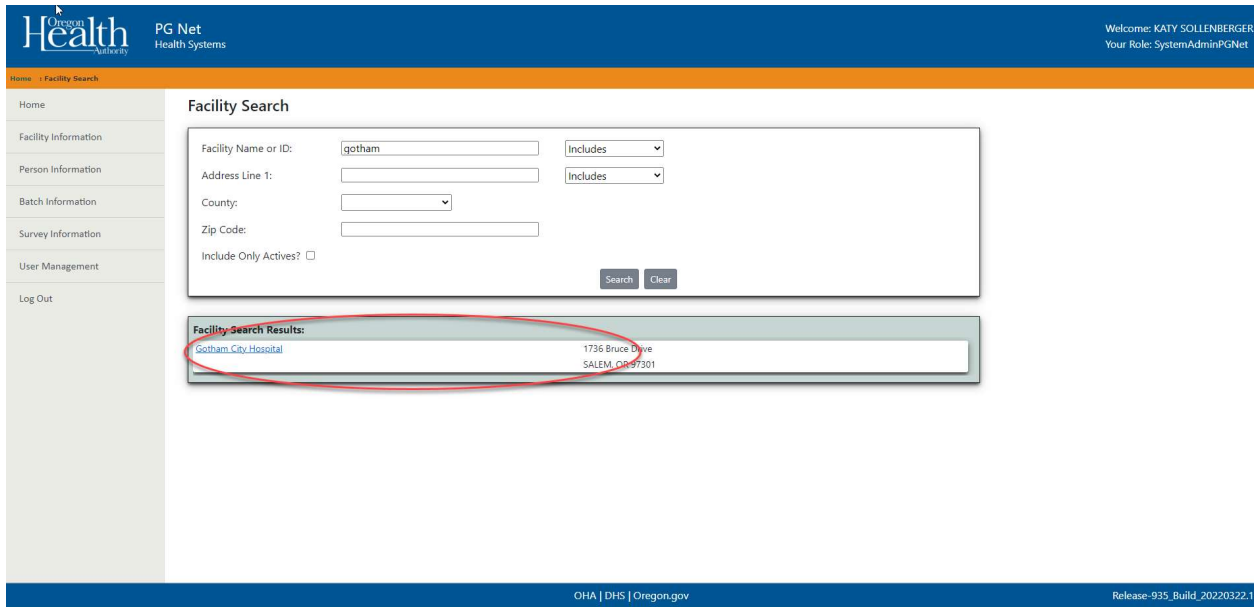
1. Go to the PG Net Production Site at <https://healthsystems.oha.state.or.us/pgnet>.
2. Log in as a user and navigate to the PG Net Homepage.



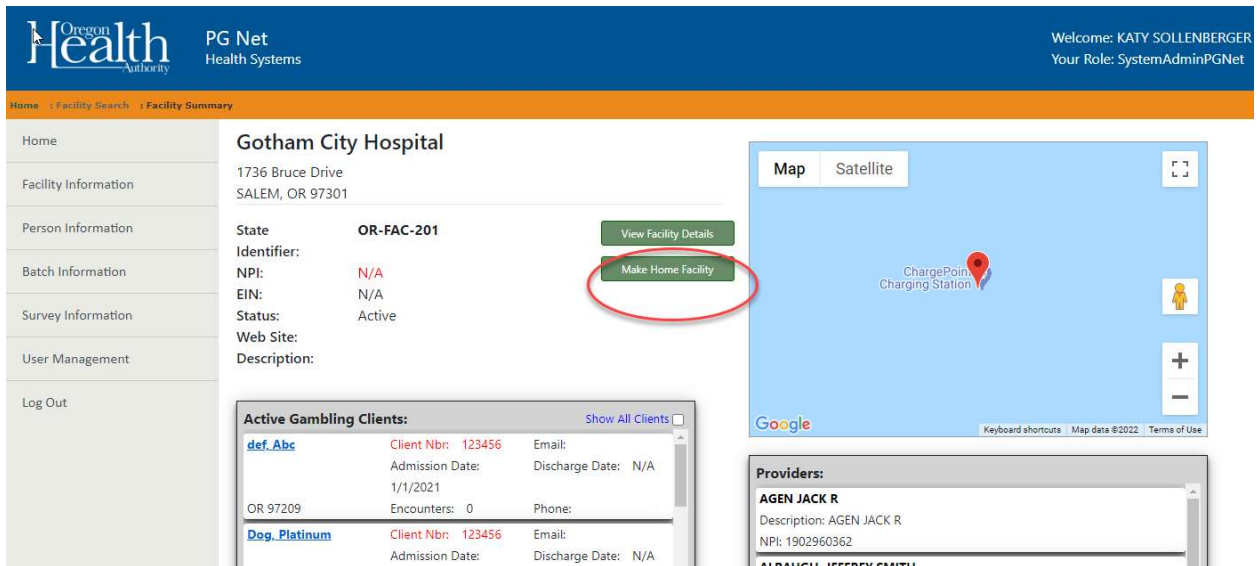
3. Click the "Facility Information" tab on the left side margin.



4. If the user has access to more than one facility, the user may need to search for the correct facility. To do so, type all or part of the facility name in the "Facility Name or ID" search box and click the Search button. Results will appear at the bottom of the screen. Click on the name of the facility for which the user would like to submit data.



- On the Facility Summary screen, look for the “Make Home Facility” button. If it is present, click it to be able to make changes within this facility. If the “Make Home Facility” button is not visible, skip this step.



- When two buttons in the middle of the screen, labeled “View EDI Submissions” and “Submit Claim File,” are visible, the user is ready to submit and manage EDI submissions.

- Home
 - Facility Information
 - Person Information
 - Batch Information
 - Survey Information
 - User Management
 - Log Out
- Home Facility Set
- Gotham City Hospital
- 1736 Bruce Drive
SALEM, OR 97301

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

State: **OR-FAC-201**
Identifier:
NPI: N/A
EIN: N/A
Status: Active
Web Site:
Description:

- View Facility Details
- Undo Home Facility
- View EDI Submissions
- Submit Data File

Active Gambling Clients: [Show All Clients](#)

def Abc	Client Nbr:	123456	Email:
	Admission Date:	1/1/2021	Discharge Date: N/A
OR 97209	Encounters:	0	Phone:

Client Nbr: 123456 Email:



Providers:

AGEN JACK R
Description: AGEN JACK R

7. To submit a file, click the “Submit Data File” button on the Facility Summary screen.

The screenshot shows the 'Facility Summary' page for Gotham City Hospital. The page includes a navigation menu on the left, a main content area with facility details, and a right sidebar with a map and providers list. The 'Submit Data File' button is circled in red.

Facility Information:
1736 Bruce Drive
SALEM, OR 97301

Person Information:
State: **OR-FAC-201**

Identifier:
NPI: N/A
EIN: N/A
Status: Active
Web Site:
Description:

Active Gambling Clients:

Client Nbr:	123456	Email:
def. Abc		
Admission Date:	1/1/2021	Discharge Date: N/A
OR 97209	Encounters: 0	Phone:
Platinum	Client Nbr: 123456	Email:

Providers:
AGEN JACK R
Description: AGEN JACK R

8. There are two options for uploading a file. The user can drag the file from their file folder, or the user can click in the box and select a file.

The screenshot shows the 'Facility UploadFile' page for Gotham City Hospital. The page includes a navigation menu on the left, a main content area with facility details, and a right sidebar with a 'Service Files Upload' section. A red arrow points to the file upload box.

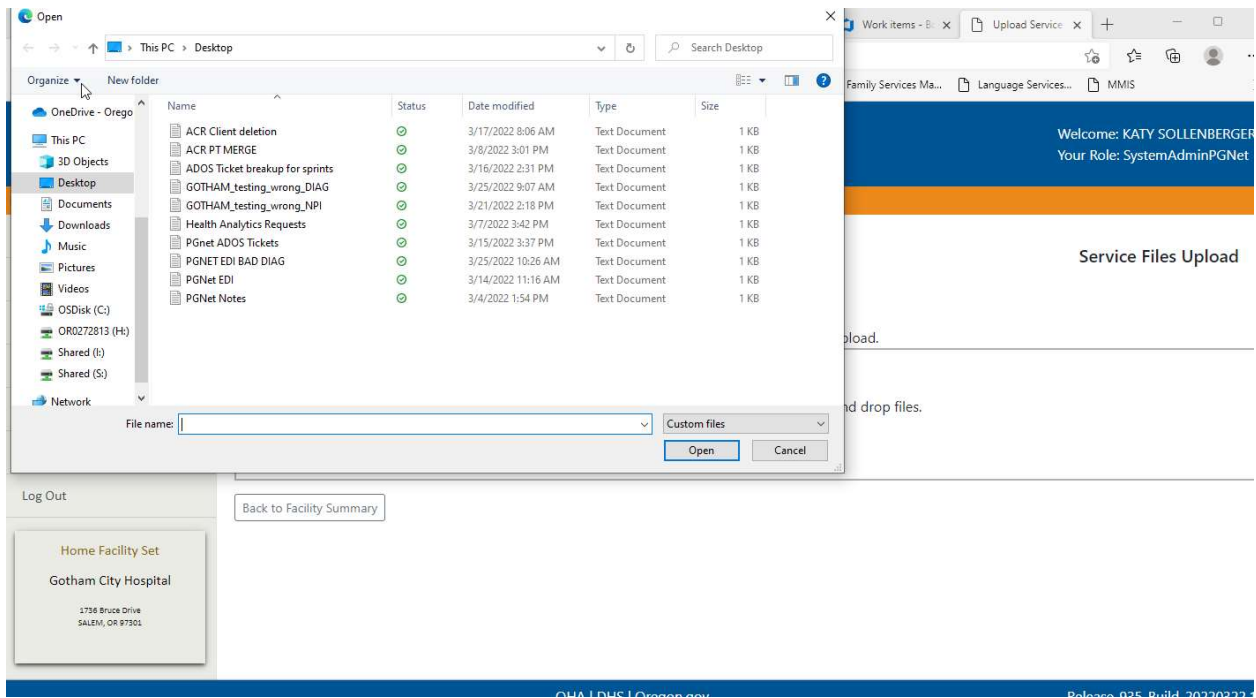
Service Files Upload

To submit X12.837P formatted files, drag and drop files into the box below or click in the box to upload.

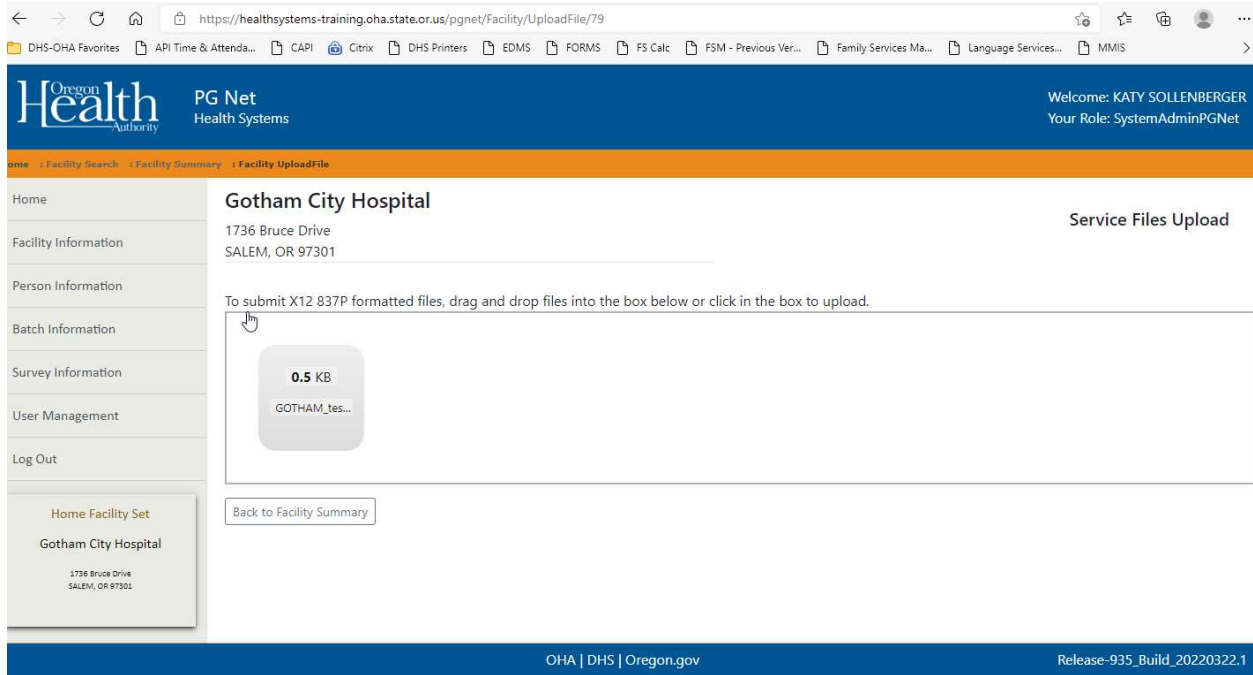
To upload service files, click here or drag and drop files.

[Back to Facility Summary](#)

9. To upload, the system will open the file folders and select the file, click on open and the file will be placed into the system.

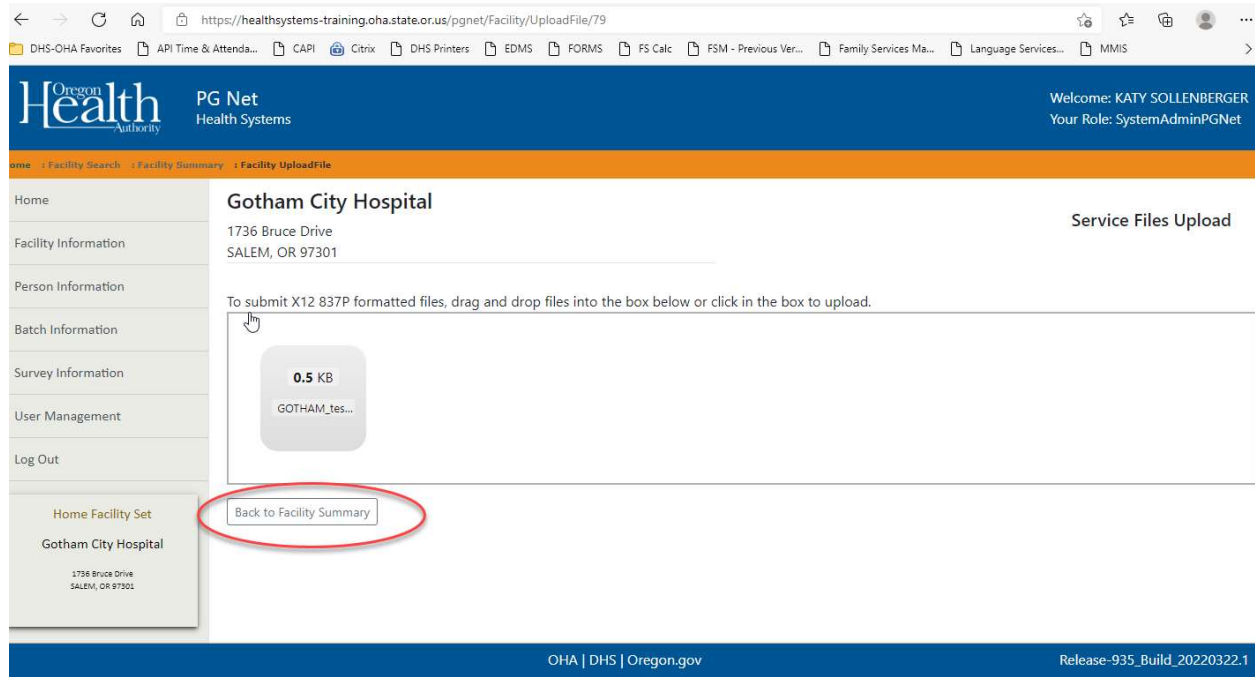


10. In the example below, the file has been successfully uploaded. When successful, a check mark appears briefly over the top of the file, and there is no error message.

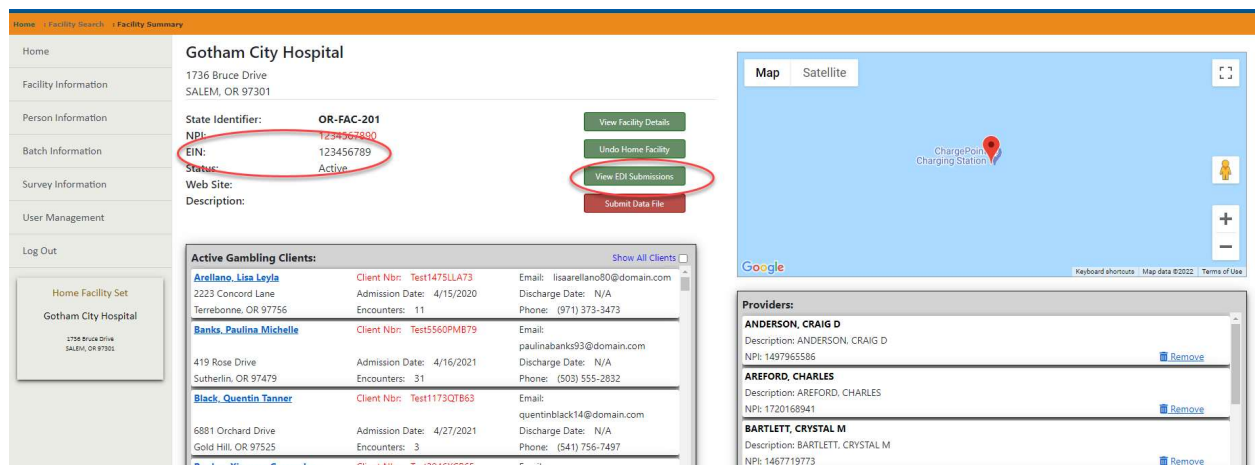


11. If the file has **not** uploaded successfully, an X will appear over the file along with an error message.

12. Once the user has completed the upload, return to the Facility Summary screen by clicking the “Back to Facility Summary” button.



13. The user can view the EDI submission by clicking on the View EDI Submission button.



14. From this screen, the user can look at the batch files. Notice the date of submission and that the system will put the last submission at the top of the list. Additionally, the system will rename the file as a PG Encounter- [number]. The numbers are not

sequential by facility but by the system as a whole. If needed, use any or all of the three search fields to locate specific files.

15. Click on a “Source File” link to view the file information that was submitted.

Batch Explorer

Batch Status:

From Date:

To Date:

Batch Explorer Results: 19 Batches Found

Facility	PG-Encounter	Status	Services Reported	Errors Found	Submission Date	Source File
Gotham City Hospital	PG-Encounter-227	Contains Errors	1	2	3/21/2022	Source File
Gotham City Hospital	PG-Encounter-157	Accepted	1	1	3/15/2022	Source File
Gotham City Hospital	PG-Encounter-156	Accepted	1	0	3/15/2022	Source File
Gotham City Hospital	PG-Encounter-153	Contains Errors	66	69	3/14/2022	Source File
Gotham City Hospital	PG-Encounter-152	Failed	0	1	3/14/2022	Source File
Gotham City Hospital	PG-Encounter-151	Contains Errors	66	69	3/14/2022	Source File

OHA | DHS | Oregon.gov

16. The example below shows a file after it was submitted.

Oregon Health Authority
PG Net
Health Systems

Home > Batch FileDetails

Home

Facility Information

Person Information

Batch Information

Survey Information

User Management

Log Out

Home Facility Set

Gotham City Hospital

1738 Bruce Drive
SALEM, OR 97301

Batch File Details

Facility Name: Gotham City Hospital

Facility Identifier: OR-FAC-201

Batch Identifier: PG-Encounter-227

1	ISA*00*	*00*	*ZZ*OR-FAC-225	*ZZ*987654321	*210512*0808**^*00501*111100012*1*P*::~
2	GS				
3	ST***~				
4	BHT****20211021*0909*~				
5	HL*1**20*~				
6	NM1*85*2*GOTHAM CITY HOSPITAL*****XX*1234567890~				
7	REF**~				
8	HL*2*1*22*0~				
9	SBR*****~				
10	NM1*IL*1*ARELLANO*LISA*LEYLA***MI*Test1475LLA73~				
11	DMG*D8*20200622*M~				
12	NM1*PR*2*HSDG*****15~				
13	CLM*00001111*45***02:B:1*Y*A*Y*Y~				
14	HI*ABK:F630~				
15	NM1*82*1*ANDERSON*CRAIG***XX*1497000586~				
16	SV1*HC:HHHH*45*UN*3***1~				
17	DTP*472*D8*20210101~				
18	SE*16*32225000~				
19	GE*1*31290~				
20	IEA*1*000000002~				

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17. Use the links in the banner bar at the top of the page to move back to the Batch Explorer section, or use the navigation links on the left to navigate to other PG Net screens.

Batch File Details

Facility Name: Gotham City Hospital
Facility Identifier: OR-FAC-201
Batch Identifier: PG-Encounter-227

1	ISA*00*	*00*	*ZZ*OR-FAC-225	*ZZ*987654321	*210512*0808**^00501*111100012*1*P*::~
2	GS*****~				
3	ST***~				
4	BHT****20211021*0909*~				
5	HL*1**20*~				
6	N*****GOTHAM CITY HOSPITAL*****XX*1234567890~				
7	Ret~::~				
8	HL*2*1*22*0~				
9	SBR*****~				
10	NM1*IL*1*ARELLANO*LISA*LEYLA***MI*Test1475LLA73~				
11	DMG*D8*20200622*M~				
12	NM1*PR*2*HSDG*****15~				
13	CLM*00001111*45***02:B:1*Y*A*Y*Y~				
14	HI*ABK:F630~				
15	NM1*82*1*ANDERSON*CRAIG***XX*1497000586~				
16	SV1*HC:HHHH*45*UN*3***1~				
17	DTP*472*D8*20210101~				
18	SE*16*32225000~				
19	GE*1*31290~				
20	IEA*1*00000002~				

18. Click the “PG Encounter” number link to review a file’s status.

Batch Explorer

Batch Status:

From Date:

To Date:

Batch Explorer Results: 19 Batches Found

Gotham City Hospital PG-Encounter-227 Status: Contains Errors	Services Reported: 1 Errors Found: 2	Submission Date: 3/21/2022 Source File
Gotham City Hospital PG-Encounter-157 Status: Accepted	Services Reported: 1 Errors Found: 1	Submission Date: 3/15/2022 Source File
Gotham City Hospital PG-Encounter-156 Status: Accepted	Services Reported: 1 Errors Found: 0	Submission Date: 3/15/2022 Source File
Gotham City Hospital PG-Encounter-153 Status: Contains Errors	Services Reported: 66 Errors Found: 69	Submission Date: 3/14/2022 Source File
Gotham City Hospital PG-Encounter-152 Status: Failed	Services Reported: 0 Errors Found: 1	Submission Date: 3/14/2022 Source File
Gotham City Hospital PG-Encounter-151 Status: Contains Errors	Services Reported: 66 Errors Found: 69	Submission Date: 3/14/2022 Source File

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19. This page shows how many errors were reported for the selected file as a whole. There can be more than one error for each individual client. The services reported are the number of individual services, so the number of errors can be greater than the number of services reported. For a list of all common errors, see appendix B.

PG Net Health Systems | Welcome: Katy Sollenberger | Your Role: SystemAdminPGNet

Home > Batch Details > Batch Summary

Gotham City Hospital
 1736 Bruce Drive
 SALEM, OR 97301

Batch Information:
 Batch Number: **PG-Encounter-227**
 Submission Date: 3/21/2022
 Control Number: 111100012
 Batch Type: PG Net Encounter Process
 Batch Status: **Contains Errors**
 Start Time: 3/21/2022 3:38:25 PM
 End Time: 3/21/2022 3:38:25 PM

Service Reported: 1

Claim: 00021111	Status: Contains Errors	Posted: N/A
Patient ID: Test1475LLA73	Service Date: 1/1/2021	Place: 2
Procedure: HHHHH	Units: 3	Billed: 45.00 Review

Errors Found: 2

Patient ID: Test1475LLA73 - NPI not found for the Gambling Case Number facility or valid Specialty Type.	Service Date: 1/1/2021	Critical
Patient ID: Test1475LLA73 - Service Type is invalid.	Service Date: 1/1/2021	Critical

OHA | DHS | Oregon.gov | Release: 935_Build_20220322.1

20. Click on an individual claim number to see the details of a claim. For this example, there is no matching client data in PG Net. This client would need to be entered into the system; then those submissions would need to be resubmitted via EDI or entered manually.

PG Net Health Systems | Welcome: Katy Sollenberger | Your Role: ContributorPGNet

Home > Facility Summary > Batch Explorer > Batch Summary > Batch Details

Batch Details

Facility Name: Gotham City Hospital
Batch Number: PG-Encounter-249
Batch Status: Contains Errors

Service Date: 1/1/2021
Case Number: Test14775LLA73
Service Provider: 1497000586
Place Of Service: 2
Procedure Code: HHHHH
Modifier:
Units: 3
Billed Amount: 45.00
Diagnosis Code: Primary: F630

[Back to Batch Summary](#)

Errors Found: 2

Patient ID: Test14775LLA73 not found.	Service Date: 1/1/2021	Critical
MatchNotFound		Critical
Patient ID: Test14775LLA73 - Service Type is invalid.	Service Date: 1/1/2021	Critical
ForeignKeyError		Critical

21. For batches that are ready to be viewed, click the small eye icon or the claim link to review the file.

PG Net Health Systems | Welcome: Katy Sollenberger | Your Role: SystemAdminPGNet

Home | Batch FileDetails | Batch Summary

Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Batch Number: PG-Encounter-153
Submission Date: 3/14/2022
Control Number: 000380009
Batch Type: PG Net Encounter Process
Batch Status: Contains Errors
Start Time: 3/14/2022 10:53:25 AM
End Time: 3/14/2022 10:53:27 AM

Service Reported: 66

Claim:	Status:	Posted:
11156735889	Contains Errors	N/A
11156740710	Accepted	OR-PG-Encounter-5724
11156735830	Contains Errors	N/A
11156736750	Contains Errors	N/A
11156740570	Accepted	OR-PG-Encounter-5723

Errors Found: 69

Claim number:	Service Date:	Error:
11156739070	3/31/2021	EDI032 Error
11156735840	6/5/2021	EDI032 Error
11156738110	6/29/2021	EDI032 Error
Test1475LLA73	2/10/2021	Invalid Diagnosis code. ForeignKeyError Critical
Test1475LLA73	4/13/2021	Service Type is invalid. ForeignKeyError Critical
Test1475LLA73	4/13/2021	Invalid Diagnosis code. ForeignKeyError Critical

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22. The file details and an error message will display. For this example, the NPI for the provider is invalid, or the provider had not been added to the facility

PG Net Health Systems | Welcome: Katy Sollenberger | Your Role: SystemAdminPGNet

Home | Batch FileDetails | Batch Summary | Encounter Correct

Gambling Encounter Batch Correction Form

Arellano, Lisa
Client Number: Test1475LLA73
2223 Concord Lane
Terrebonne, OR 97756

Gotham City Hospital
FacilityID: OR-FAC-201
1736 Bruce Drive
SALEM, OR 97301

- Rendering Provider NPI (1497000586) is invalid.
- Batch Service Type (HHHHH) is invalid.

Service Date*: 01/01/2021

Counselor*: Select a Service Provider
The Counselor field is required.

Place of Service Type*: 02- Telehealth

Service Type*: Select a Service Type
The Service Type field is required.

Modifier: [Empty]

Units*: 3

Billed*: 45.00

Diagnostic Codes

Primary*: F63.0 - Gambling disorder


Secondary: [Empty]

Informational: [Empty]

Status: Not Submitted
None
0.00
x 3
\$0.00
Denied \$45.00

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23. Navigate to the Facility Summary screen, add the missing provider, return to this screen, and update the erroneous field. For invalid procedure code errors see Appendix C


PG Net Health Systems
Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

[Home](#) | [Batch File Details](#) | [Batch Summary](#) | [Encounter Correct](#)

Home

Facility Information

Person Information

Batch Information

Survey Information

User Management

Log Out

Home Facility Set

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Gambling Encounter Batch Correction Form

Arellano, Lisa

Client Number: Test1475LLA73
2223 Concord Lane
Terrebonne, OR 97756

Gotham City Hospital

FacilityID: OR-FAC-201
1736 Bruce Drive
SALEM, OR 97301

- Rendering Provider NPI (1497000586) is invalid.
- Batch Service Type (H0004) is invalid.

Service Date*

Counselor*

Place of Service Type*

Service Type*

Modifier

Units*

Billed*

Diagnostic Codes


Primary*

Secondary

Status: Not Submitted

None	0.00
x 3	\$0.00
Denied	\$45.00

24. When finished, click the Save button.


PG Net Health Systems
Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

[User Management](#) | [Log Out](#)

Home Facility Set

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Service Date*

Counselor*

Place of Service Type*

Service Type*

Modifier

Units*

Billed*

Diagnostic Codes

Primary*

Secondary

Informational

Informational

Status: Not Submitted

H0004- Individual Gambling Counseling and therapy	26.60
x 3	\$79.80

25. When successful, a very brief message will appear at the top of the screen to indicate that the encounter record has successfully saved.

Oregon Health Authority PG Net Health Systems

Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

Home > Batch File Details > Batch Summary > Encounter Correct > Encounter Edit

Home Facility Set: Gotham City Hospital
1736 Bruce Drive, SALEM, OR 97301

Gambling Encounter Entry

Arellano, Lisa | **Gotham City Hospital**
 Client Number: Test1475LLA73 | FacilityID: OR-FAC-201
 2223 Concord Lane | 1736 Bruce Drive
 Terrebonne, OR 97756 | SALEM, OR 97301

Service Date: 01/01/2021
 Identifier: OR-PG-Encounter-5748
 Counselor: ANDERSON, CRAIG D - NPI: 1497965586
 Place of Service Type: 02- Telehealth
 Service Type: H0004- Individual Gambling Counseling and therapy
 Modifier:
 Units: 3

Status: Accepted
 H0004- Individual Gambling Counseling and therapy: 26.60 x 3
 Total: \$79.80

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26. When the claim has been corrected and saved, return to the Batch Summary screen. The claim is now corrected and appears with a white background (white service records have been successfully corrected).

Oregon Health Authority PG Net Health Systems

Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

Person Information | Batch Information | Survey Information | User Management | Log Out

Home Facility Set: Gotham City Hospital
1736 Bruce Drive, SALEM, OR 97301

Batch PG-Encounter-227
 Submission Date: 3/21/2022
 Control Number: 111100012
 Batch Type: PG Net Encounter Process
 Batch Status: Accepted
 Start Time: 3/21/2022 3:38:25 PM
 End Time: 3/21/2022 3:38:25 PM

View Batch Header | View Source File

found for the Gambling Case Number facility or valid Specialty Type.
 Validation Error: Critical
 Patient ID: Test1475LLA73 - Service | Service Date: 1/1/2021
 Type is invalid.
 ForeignKeyError: Critical

Service Reported: 1		
Claim: 00001111	Status: Corrected	Posted: OR-PG-Encounter-5748
Patient ID: Test1475LLA73	Service Date: 1/1/2021	Place: 2
Procedure: HHHHH	Units: 3	Billed: 45.00
Correction:		
Procedure: H0004	Units: 3	Billed: 79.80
Modifier: N/A		

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27. Claims that are yellow have been accepted from the original submission. Claims in salmon need attention and have not been successfully submitted.

PG Net Health Systems | Welcome: Katy Sollenberger | Your Role: SystemAdminPGNet

Home > Batch Summary > Batch Summary

Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Batch Information:
 Batch Number: **PG-Encounter-153**
 Submission Date: 3/14/2022
 Control Number: 000380009
 Batch Type: PG Net Encounter Process
 Batch Status: **Contains Errors**
 Start Time: 3/14/2022 10:53:25 AM
 End Time: 3/14/2022 10:53:27 AM

Service Reported: 66

Claim	Status	Posted
11156738770	Accepted	QR-PG-Encounter-5736
11156736380	Contains Errors	N/A
11156740710	Accepted	QR-PG-Encounter-5724
11156735620	Contains Errors	N/A
11156736750	Contains Errors	N/A

Errors Found: 69

- Claim number 11156739070 has been submitted on a transaction before. Error
- Claim number 11156735840 has been submitted on a transaction before. Error
- Claim number 11156738110 has been submitted on a transaction before. Error
- Patient ID: Test1475LLA73 - Invalid Diagnosis code. ForeignKeyError Critical
- Patient ID: Test1475LLA73 - Service Type is invalid. ForeignKeyError Critical
- Patient ID: Test1475LLA73 - Invalid Diagnosis code. ForeignKeyError Critical

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28. When all claims within a file have been corrected and accepted, the batch status will display a “Accepted” in green.

PG Net Health Systems | Welcome: Katy Sollenberger | Your Role: SystemAdminPGNet

Home > Batch FileDetails > Batch Summary

Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Batch Information:
 Batch Number: **PG-Encounter-156**
 Submission Date: 3/15/2022
 Control Number: 100000012
 Batch Type: PG Net Encounter Process
 Batch Status: **Accepted**
 Start Time: 3/15/2022 4:21:07 PM
 End Time: 3/15/2022 4:21:08 PM

Service Reported: 1

Claim	Status	Posted
00000001	Accepted	QR-PG-Encounter-5739

Errors Found: 0
No Error to Display

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29. A message may appear for some claims about an invalid diagnosis code. Typically, this will mean that one of the secondary or informational diagnosis codes submitted with the service is not available in the PG Net system. In this case, click on the “Review” button. The invalid diagnosis will not appear. To fix or resubmit, click the Save button. The claim should now be accepted.

Errors Found: 1
 Patient ID: Test1475LLA73 - A diagnosis code of F630, Service Date: 1/1/2021
 F6389, or Z630 is required.
 ValidationError Critical

Service Reported: 1
 Claim: 00001321 Status: Contains Errors Posted: N/A
 Patient ID: Test1475LLA73 Service Date: 1/1/2021 Place: 2
 Procedure: H2027 Units: 3 Billed: 45.00 [Review](#)

Appendix B- List of Common Batch Errors

BatchErrorCode	BatchErrorMessage
BatchFormat	The Submitted File has Formatting Errors
DuplicateData	There are duplicate values in the data.
EDI001	EDI File was not found at the specified path.
EDI002	Not a valid EDI X12 formatted file or missing header.
EDI003	Not a valid EDI X12 formatted file or missing footer.
EDI004	Invalid element separator specified for X12 files. Only * is supported.
EDI005	Invalid sub-element separator specified for X12 files. Only : is supported.
EDI006	Invalid end of segment specified for X12 files. Only ~ is supported.
EDI007	The number of generated service transactions does not match the count of SV1 segments.
EDI008	Unhandled BuildServiceTran error in claim starting on line {0}.
EDI009	Number of segments does not match count on SE segment on line {0}.
EDI010	Number of transaction sets does not match count on GE segment on line {0}.
EDI011	Number of groups does not match count on IEA segment.
EDI012	Invalid number of elements for segment type {0} on line {1}.
EDI013	Invalid segment type {0} found on line {1}.
EDI014	Required BHT segment(s) missing from EDI file.
EDI015	Missing a NM1 type 85 segment (billing facility) in the BHT group.
EDI016	Missing HL segments (subscriber/patient groups) in the BHT group.

EDI017	Missing a NM1 type IL segment (insured/patient) in the HL group on line {0}.
EDI018	Missing a CLM segment (claim) in the HL group on line {0}.
EDI019	Missing a HI segment (diagnosis) in the CLM (claim) group on line {0}.
EDI020	Missing a SV1 segment (service) in the CLM (claim) group on line {0}.
EDI021	Missing a DTP type 472 segment (service date) in the SV1 (service) group on line {0}.
EDI022	Missing NM1 type 82 segment (rendering by/provided by) in the CLM (claim) group on line {0}.
EDI023	Invalid date or time on BHT segment on line {0}. Proper formats are yyyyMMdd and HHmm.
EDI024	Invalid total claim charge amount on CLM segment on line {0}.
EDI025	Invalid numeric for diagnosis pointer (index) on SV1 segment on line {0}.
EDI026	Custom Invalid numeric in line item charge amount on SV1 segment on line {0}.
EDI027	Invalid numeric in unit count on SV1 segment on line {0}.
EDI028	Invalid service start date on services DTP segment on line {0}.
EDI029	Invalid service end date on services DTP segment on line {0}.
EDI030	The NPI or EIN facility from file, does not match the facility which uploaded the file.
EDI031	Control number check, batch was sucessfully processed before.
FieldNull	The field is necessary for processing and it has no value.
ForeignKeyError	Value violates FK constraint.
GEN001	Generic error for when conditions do not match any existing error code (Fallback code)
MatchNotFound	Batch value has no corresponding match in Compass.
NET001	.Net Exception Encountered.
SQL001	Database SQL Exception Encountered.
ValidationError	The field data failed our validation rules.

Appendix C- List PG Net Procedure Codes

In PG Net, there are 2 different types of Procedure codes, the *Per Occurrence* code, and the *Actual Cost* code.

Per Occurrence Codes

For *Per Occurrence* codes, enter the number of units (number of occurrences) and the amount billed. *Per Occurrence* codes will only provide credit to the amount that OHA allows for the code. If the amount billed is greater than the allowable amount, the remainder of what was billed will show as **Denied**.

Service Date*	09/01/2021	
Counselor*	Select a Service Provider	▼
Place of Service Type*	Select a Place of Service Type	▼
Service Type*	H0032- Gambling Service Plan Development	▼
Modifier		▼
Units*	1	
Billed*	106.40	

Status: Not Submitted

H0032- Gambling Service Plan Development

106.40

x 1

\$106.40

Code	Description
H0001	Problem Gambling Assessment
H0001HF	Assessment Complexity – Co-Occurring Substance Use Disorders and Problem Gambling
90785	Assessment Complexity Add On, per 15 min
H0001HE	Assessment Complexity – Co-Occurring Mental Health & Problem Gambling Assessment
H0001HH	Assessment Complexity – Co-Occurring Mental Health, SUD and Problem Gambling Assessment
H0032	Gambling Service Plan Development
H0032HF	Gambling/SUDs Service Plan Development
H0032HE	Gambling/Co-Occurring MH Service Plan Development
H0032HH	Gambling/Co-Occurring MH/SUD Service Plan Development
T1023	Behavioral Health Screening, per 15 min
H0004	Individual Gambling Counseling and therapy, per 15 min
H0004TF	Intensive Outpatient Gambling Treatment Individual Gambling Counseling, per 15 minutes
H0004HF	Co-Occurring Gambling and SUD's counseling and therapy, per 15 minutes

H0004HE	Co-Occurring Gambling / Mental Health Counseling and therapy, per 15 minutes
H0004HH	Co-Occurring Gambling / SUD/ Mental Health Counseling and therapy, per 15 minutes
H0005	Gambling Treatment counseling, group per 15 min
H0005HF	SUD's group per 15 minutes
H0005HE	Mental Health Group Counseling per 15 minutes
H0005TF	Intensive Outpatient Gambling Treatment counseling group, per 15 minutes
90846	Family Psychotherapy (without the patient present), per service. Service must be longer than 26 minutes.
90847	Family Psychotherapy (conjoint psychotherapy) with the patient present, per service. Service must be longer than 26 minutes.
90849	Multiple-family group psychotherapy, per service. Service must be longer than 26 minutes.
90792	Psychiatric Diagnostic Interview, with medication services
90832	Psychotherapy, with patient and/or family member, per 30 minutes
90837	Psychotherapy, with patient and/or family member, per 60 minutes
96131	Psychological Testing with interpretation and report, per hour
90833	Medication Management, 30 minutes
90836	Medication Management, 45 minutes
90838	Medication Management, 60 minutes
H2027	Individual counseling continuing care, per 15 min
G2100	Continuing Care Group Services, per 15 min for gambler and/or family member
H0038	Peer Delivered Services, per 15 min
H2013	Psychiatric health facility service, per diem Josephine County Respite Services
H0012	Problem Gambling Respite services; acute/sub-acute (residential addiction program), per diem for Baker County Respite Services

H0019	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program Only. For occupied beds only
H0019RB	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program only. For reserved beds only.
T1016	Case management, per 15 min
T1013	Sign language/oral interpreter service, per 15 min
99203	Eval & management-physical health visit-new patient, 30 minutes max length
99213	Evaluation and management physical health visit, established patient, 15 minutes maximum length
E0001	Engagement referral/consultation services, per 15 minutes
E0011	Engagement with referral, 7 minutes or less. Per Occurrence
G2012	Engagement with current client, per occurrence 0-15 minutes.
D0001	Program Development, per 15 min
P0001	Pathways. Referral Pathway Activities per 15 min
T0001	Training Time, Per 15 minutes

Actual Cost Codes

For the Actual Cost codes, enter the amount billed rounded up to the next whole dollar amount in the number of units and the amount billed.

Counselor* ANDERSON, CRAIG D - NPI: 1497965586

Place of Service Type* 02- Telehealth

Service Type* G0035- Training Costs

Modifier

Units* 62

Billed* 61.52

Diagnostic Codes

Primary* F63.0 - Gambling disorder

Secondary

Informational

Informational

[Back to Treatment Summary](#)
[Save](#)
[Save and Add New](#)

Code	Description
G0035	Training Costs
G0030	Mileage
F0001	Flex: Non-traditional Services or Activities
F0005	Flex: Nutrition for Events
F0006	Flex: Temporary Housing