

New Hampshire Enterprise 837P Comparison Guide

Transaction Note Changes
From the Previous HP
Companion Guide
Version-005010X222A1

November 2013



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Introduction to Transaction Note Changes

This document shows differences between the transaction notes to providers in the New Hampshire Enterprise X12N 837P Companion Guide produced by Xerox EDI Solutions and the transaction notes in HP's version of the X12N Companion Guide. Where there is no substantial difference between the current and previous transaction guides, the rows are shaded light blue.

In the Variance Comment column, the Transaction Standard comment indicates the need to refer to the TR3 for clarification of HIPAA requirements.

X12N 837P Health Care Claim: Professional

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
Header	ISA	01	Header	Interchange Control Header	Authorization Information Qualifier		00	No Note	Transaction Standards
Header	ISA	03	Header	Interchange Control Header	Security Information Qualifier		00	No Note	Transaction Standards
Header	ISA	05	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	06	Header	Interchange Control Header	Interchange Sender ID		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner IDs will be assigned during enrollment.
Header	ISA	07	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	08	Header	Interchange Control Header	Interchange Receiver ID		026000618 - NH Medicaid Tax ID	026000618	No Change
Header	GS	02	Header	Functional Group Header	Application Sender's Code		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner IDs will be assigned during enrollment.

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
Header	GS	03	Header	Functional Group Header	Application Receiver's Code		NH Medicaid Tax ID 026000618	026000618	No Change
Header	BHT	06	Header	Beginning of Hierarchical Transaction	Claim Identifier		CH	CH	No Change
1000A	NM1	09	Submitter Name	Submitter Name	Submitter Identifier		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner IDs will be assigned during enrollment.
1000B	NM1	03	Receiver Name	Receiver Name	Name Last or Organization Name		NH Medicaid	New Hampshire Medicaid	No Change
1000B	NM1	09	Receiver Name	Receiver Name	Receiver Primary ID		NH Medicaid Tax ID 026000618.	026000618	No Change
2000B	HL	04	Subscriber Hierarchical Level	Subscriber Hierarchical Level	Hierarchical Child Code		0	No Note	Transaction Standard
2000B	SBR	01	Subscriber Information	Subscriber Information	Payer Responsibility Sequence Number code		P – Primary S - Secondary	A,B,C,D E,F,G,H,P,S,T NOTE: U is currently not accepted by the adjudication engine.	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
2000B	SBR	09	Subscriber Hierarchical Level	Subscriber Information	Claim Filing Indicator Code		MC	MC, other values from the X12 TR3 guide are not to be used in this element	Comment added about other values from the X12 TR3
2010BA	NM1	09	Subscriber Name	Subscriber Name	Subscriber Primary Identifier		11-digit NH Medicaid Recipient ID. Claims will reject if the ID is not 11-digits.	11 byte New Hampshire Medicaid ID	No Change
2010BB	NM1	03	Payer Name	Payer Name	Name Last or Organization Name		NH Medicaid	New Hampshire Medicaid	No Change
2010BB	NM1	09	Payer Name	Payer Name	Payer Identifier		NH Medicaid Tax ID 026000618	026000618	No Change
2010BB	REF	01	Billing Provider Secondary Identification	Billing Provider Secondary Identification	Reference Identification Qualifier		G2 – Provider Commercial Number	No Note	Transaction Standard
2010BB	REF	02	Billing Provider Secondary Identification	Billing Provider Secondary Identification	Billing Provider Secondary Identifier		8-digit NH Medicaid Provider ID	New Valid 7 digit Medicaid Provider ID	The NH Medicaid ID will be a seven byte ID assigned during re-enrollment

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
2300	CLM	01	Claim Information	Claim Information	Patient Control Number		NH Medicaid will return the first 20 characters on the 835.	No Note	Transaction Standard
2300	CLM	05-3	Claim Information	Claim Information	Claim Frequency Code	Health Care Service Location Information	1 - Original Claim 7 - Replacement of Prior Claim 8 - Void of Prior Claim	No Note	Transaction Standard
2300	REF	02	Claim Information	Prior Authorization or Referral Number	Prior Authorization Number		NH Medicaid assigned 8-digit Prior Authorization Number. If the number is not 8-digits, the claim will be rejected.	New valid Prior Authorization number is 10 digits	The NH Medicaid Prior Authorization number will be 10 digits
2300	REF	02	Claim Information	Original Reference Number (ICN/DCN)	Payer Claim Control Number		If the Claim Frequency equals 7 or 8, the original NH Medicaid 15-digit TCN is required. If the TCN is more than 15-digits, the claim will be rejected.	New valid NH Medicaid TCN is 17 digits and legacy TCNs are 15 digits	The NH Medicaid TCN will be 17 digits
2310B	REF	01	Rendering Provider Name	Rendering Provider Secondary Identification	Reference Identification Qualifier		G2 Provider Commercial Number	No Note	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
2310B	REF	02	Rendering Provider Name	Rendering Provider Secondary Identification	Rendering Provider Secondary Identifier		8-digit NH Medicaid Provider ID	New Valid 7 digit Medicaid Provider ID	The NH Medicaid ID will be a seven byte ID assigned during re-enrollment
2310C	REF	01	Service Facility Location	Service Facility Location Secondary Identification	Reference Identification Qualifier		G2 Provider Commercial Number	No Note	Transaction Standard
2310C	REF	02	Service Facility Location	Service Facility Location Secondary Identification	Rendering Provider Secondary Identifier		8-digit NH Medicaid Provider ID	New Valid 7 digit Medicaid Provider ID	The NH Medicaid ID will be a seven byte ID assigned during re-enrollment
2320	SBR	09	Other Subscriber Information	Other Subscriber Information	Claim Filing Indicator Code		<p>Only one Loop with Medicare information is allowed.</p> <p>Crossover claims are identified by:</p> <p>MA = Medicare Part A</p> <p>MB = Medicare Part B</p> <p>More than one loop containing MA or MB will result in rejection of entire claim.</p>	No Note	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
2330A	NM1	09	Other Subscriber Name	Other Subscriber Name	Other Subscriber Insurance Identifier		When 'Other Insurance' is Medicare (Loop 2320, SBR09) NH will capture the first 12 characters in this field. No hyphens or spaces.	No Note	Transaction Standard
2330B	NM1	09	Other Payer Name	Other Payer Name	Other Payer Primary Identifier		If reporting Other Insurance Carriers, use the 4 digit NH Medicaid Carrier Code in this field. The Carrier Code list is available on NH Medicaid website at www.nhmedicaid.com Sending more than 4 characters will cause the claim to be rejected	New valid Carrier Code is 10 digits The Carrier Code List is available at http://nhmmis.nh.gov	The NH Medicaid Carrier code is 10 digits New URL location for carrier code information
2400	SV1	01-1	Service Line	Professional Service	Product/Service ID Qualifier	Composite Medical Procedure Identifier	HC - HCPCS Code	No Note	Transaction Standard
2400	SV1	01-2	Service Line	Professional Service	Product/Service ID	Composite Medical Procedure Identifier	A field containing more than 5 characters will cause the claim to be rejected.	No Note	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
2420A	REF	01	Rendering Provider Name	Rendering Provider Secondary Identification	Reference Identification Qualifier		G2 - Provider Commercial Number	No Note	Transaction Standard
2420A	REF	02	Rendering Provider Name	Rendering Provider Secondary Identification	Reference Identification		8-digit NH Medicaid Provider ID	New Valid 7 digit Medicaid Provider ID	The NH Medicaid ID will be a seven byte ID assigned during re-enrollment
2420C	REF	01	Service Facility Location	Service Facility Location Secondary Identification	Reference Identification Qualifier		G2 Provider Commercial Number	No Note	Transaction Standard
2420C	REF	02	Service Facility Location	Service Facility Location Secondary Identification	Reference Identification		8-digit NH Medicaid Provider ID	New Valid 7 digit Medicaid Provider ID	The NH Medicaid ID will be a seven byte ID assigned during re-enrollment
2420	REF	01	Referring Provider Secondary Identification	Referring Provider Secondary Identification	Reference Identification Qualifier		G2 Provider Commercial Number	No Note	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Xerox NH Health Enterprise MMIS Notes	Variance Comments
2420F	REF	02	Referring Provider Name	Referring Provider Secondary Identification	Reference Identification		8-digit NH Medicaid Provider ID	New Valid 7 digit Medicaid Provider ID	The NH Medicaid ID will be a seven byte ID assigned during re-enrollment
2430	SVD	01	Line Adjudication Information	Line Adjudication Information	Other Payer Primary ID		<p>If reporting Other Insurance Carriers, use the 4 digit NH Medicaid Carrier Code in this field. The Carrier Code list is available on NH Medicaid website at www.nhmedicaid.com</p> <p>Sending more than 4 characters will cause the claim to be rejected</p>	<p>New valid Carrier Code is 10 digits</p> <p>The Carrier Code List is available at http://nhmmis.nh.gov</p>	<p>The NH Medicaid Carrier code is 10 digits</p> <p>New URL location for carrier code information</p>