

New Hampshire Enterprise 835 Comparison Guide

Transaction Note Changes
From the Previous HP
Companion Guide
Version-005010X221A1

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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 835 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 835 Health Care Claim Payment/Advise

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	00	No Change
Header	ISA	05	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	06	Header	Interchange Control Header	Interchange Sender ID		026000618	026000618	No Change
Header	ISA	07	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	08	Header	Interchange Control Header	Interchange Receiver ID		NH Medicaid assigned Trading Partner ID	Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
Header	GS	02	Header	Functional Group Header	Application Senders's Code		026000618	026000618	No Change
Header	GS	03	Header	Functional Group Header	Application Receiver's Code		NH Medicaid assigned Trading Partner ID	Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
Header	BPR	01	Header	Financial Information	Transaction Handling Code		I	I,H	H added to values

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	BPR	04	Header	Financial Information	Payment Method Code		CHK	CHK, ACH, NON	ACH and NON added to values
Header	TRN	02	Header	Reassociation Trace Numbers	Reference Identification		NH Medicaid processes the 835 before the check is created so the Check # is unknown at the time the 835 is created	New Hampshire Medicaid will populate with the Remittance Advice Number	Remittance Advice Number
Header	TRN	03	Header	Reassociation Trace Numbers	Originating Company Identifier		026000618	1026000618	NH value is 1026000618
Header	REF	02	Header	Receiver Identification	Receiver Identification		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
1000A	N1	02	Payer Identification	Payer Identification	Name		NH Medicaid	NH Medicaid	No Change
1000A	REF	01	Additional Payer Identification	Payer Identification	Reference Identification Qualifier		EO	No Note	Transaction Standards
1000A	REF	02	Additional Payer Identification	Payer Identification	Reference Identification		026000618	No Note	Transaction Standards
1000A	PER	03	Payer Business Contact Information	Payer Identification	Communication Number Qualifier		TE	TE	No Change
1000A	PER	04	Payer Business Contact Information	Payer Identification	Communication Number		603-224-1747	6032234774	New contact phone number

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
1000A	PER	03	Payer Technical Contact Information	Payer Identification	Communication Number Qualifier		TE	TE	No Change
1000A	PER	04	Payer Technical Contact Information	Payer Identification	Communication Number		603-224-1747	6032234774	New contact phone number
1000B	N1	03	Payee Identification	Payee Identification	Identification Code Qualifier		XX FI	XX FI	No Change
1000B	REF	01	Payee Additional Identification	Payee Identification	Reference Identification Qualifier		TJ PQ	If N103 = XX , TJ	NH value will be TJ
1000B	REF	02	Payee Additional Identification	Payee Identification	Reference Identification		NH Medicaid 8-digit Provider ID is sent when "PQ" sent in REF01	No Note	Transaction Standards
2100	CLP	02	Claim Payment Information	Claim Payment Information	Claim Status Code		1 2 4	1 2 4	No Change
2100	CLP	06	Claim Payment Information	Claim Payment Information	Claim Filing Indicator Code		MC	MC	No Change
2100	NM1	08	Patient Name	Claim Payment Information	Identification Code Qualifier		MI	MI	No Change
2100	NM1	09	Patient Name	Claim Payment Information	Identification Code		11-digit NH Medicaid Recipient ID.	11 byte New Hampshire Medicaid ID	No Change
2100	NM1	08	Corrected Priority Payer Name	Claim Payment Information	Identification Code Qualifier		PI	PI	No Change

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
2100	NM1	09	Corrected Priority Payer Name	Claim Payment Information	Identification Code		The 4_digit Carrier Code assigned by NH Medicaid is sent when NH Medicaid has priority payer on file and the claim does not indicate that the priority payer has processed it yet. The Carrier Code list is available on the NH Medicaid Website at www.nhmdicaid.com	The 10 digit Carrier Code assigned by NH Medicaid is sent when NH Medicaid has priority payers on the file and the claim does not indicate that the priority payer has processed it yet. The Carrier Code List is available at http://nhmmis.nh.gov	New URL for carrier codes
2100	NM1	08	Other Subscriber Name	Claim Payment Information	Identification Code Qualifier		MI	MI	No Change
2100	NM1	09	Other Subscriber Name	Claim Payment Information	Identification Code		Other Subscriber Insurance Policy ID will be sent if Corrected Priority Payer Name (NM109) is sent	Other Subscriber Insurance Policy ID will be sent if Corrected Priority Payer Name (NM109) is sent	No Change
2100	AMT	01	Claim Supplemental Information	Claim Payment Information	Amount Qualifier Code		AU	AU	No Change
Trailer	PLB	03-1	Provider Adjustment	Provider Adjustment	Adjustment Reason Code		AM FB WO	90 E3 GO IR LS PL	Additional values added