New Hampshire Enterprise 837I Comparison Guide

Transaction Note Changes
From the Previous HP
Companion Guide
Version-005010X223A2

November 2013

Document Version: 1.2 (November 2013)

Introduction to Transaction Note Changes

This document shows differences between the transaction notes to providers in the New Hampshire Enterprise X12N 837I 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 837I Health Care Claim: Institutional

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		00	No Note	Transaction Standard
Header	ISA	03	Header	Interchange Control Header	Security Information Qualifier		00	No Note	Transaction Standard
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		NH Medicaid Tax ID 026000618	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
Header	GS	03	Header	Functional Group Header	Application Receiver's Code		NH Medicaid Tax ID 026000618	026000618	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
Header	BHT	06	Header	Beginning of Hierarchical Transaction	Transaction Type Code		CH	CH	No Change
1000A	NM1	09	Submitter Name	Submitter Name	Identification 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
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	Identification Code		NH Medicaid Tax ID 026000618	026000618	No Change
2000B	HL	04	Subscriber Hierarchical Level	Subscriber Hierarchical Level	Hierarchical Child Code		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
2000B	SBR	09	Subscriber Information	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

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
2010BA	NM1	09	Subscriber Name	Subscriber Name	Identification Code		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	Payer 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
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

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	05-1	Claim information	Claim information	Facility Code Value	Health Care Service Location Information	**Inpatient Claims** 11 – Inpatient Claims **Outpatient Claims** 13 – Outpatient 22 – Skilled Nursing – Inpatient (Medicare Part B) 28 – Skilled Nursing – Swing Bed Ancillary 68 – ICF – Swing Bed Ancillary **Nursing Home Claims** 18 – Swing Beds 25 or 26 – SNF 65 or 66 – ICF Services	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
2300	CLM	05-3	Claim information	Claim information	Claim Frequency Type Code	Health Care Service Location Information	**Inpatient Claims** 1 - Admit through Discharge Claim 7 - Replacement of Prior Claim 8 - Void/Cancel of Prior Claim **Outpatient and Nursing Home Claims** 1 - Admit through Discharge Claim 2 - Interim - First Claim 3 - Interim - Continuing Claim 4 - Interim - Last Claim 7 - Replacement of Prior Claim 8 - Void/Cancel of Prior Claim	No Note	Transaction Standard
2300	CL1	01	Institutional Claim Code	Institutional Claim Code	Admission Type Code		1 - Emergency 2 - Urgent 3 - Elective 4 - Newborn	No Note	Transaction Standard
2300	REF	02	Prior Authorization	Prior Authorization	Prior Authorization Number		NH Medicaid assigned 8-digit Prior Authorization Number. If the number is not 8-digits, the claim will 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
2300	REF	02	Payer Claim Control Number	Payer Claim Control Number	Payer Claim Control Number		If the Claim Frequency equals 6 or 7, 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
2300	HI	01-1	Principal Procedure Information	Principal Procedure Information	Code List Qualifier Code	Health Care Code Information	BR - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes .	No Note	Transaction Standard
2300	HI	01-2	Occurrence Information	Occurrence Information	Occurrence Code		01 - Accident/Medical Coverage 02 - No Fault Insurance Involved – Including Auto Accident /Other 03 - Accident/Tort Liability 04 - Accident/Employment Related 05 - Accident/No Medical or Liability Coverage 06 - Crime Victim 52 - Medical Certification/Recertification Date If no other party is possibly liable use occurrence code 52	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
2300	HI	01-2	Value Information	Value Information	Value Code	Health Care Code Information	80 - Covered Days Value Code 80 will be accepted and processed as Covered Days if sent in any of the HIxx-02 Value Information Elements	No Note	Transaction Standard
2300	HI	01-5	Value Information	Value Information	Value Code Amount		Amount of Covered Days Amount of Covered Days will be accepted and processed as Covered Days if sent in any of the HIxx-05 Value Information Elements	No Note	Transaction Standard
2320	SBR	01	Other Subscriber Information	Other Subscriber Information	Payer Responsibility Sequence Code Number		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
2320	SBR	09	Other Subscriber Information	Other Subscriber Information	Claim Filing Indicator		Only one Loop with Medicare information is allowed. Crossover claims are identified by: MA = Medicare Part A MB = Medicare Part B More than one loop containing MA or MB will result in rejection of the entire claim	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 Insurance Identifier		When 'Other Insurance' is Medicare (Loop 2320, SBR09) NH will capture the first 12 characters. 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	SV2	02-1	Service Line Number	Institutional Service Line	Product/Service ID Qualifier	Composite Medical Procedure Identifier	HC - HCPCS Code .	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
2400	SV2	02-2	Service Line Number	Institutional Service Line	Procedure Code	Composite Medical Procedure Identifier	A field containing more than 5 characters will cause the claim to be rejected.	No Note	Transaction Standard
2430	SVD	01	Line Adjudication Information	Line Adjudication Information	Other Payer Primary ID		No Note	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