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***ANSI ASC X12N 5010 837 Health Care Claim  
FFS Professional  
New Mexico Medicaid  
Companion Guide***

***January 1, 2012***



## Companion Guide Documentation Change Control

Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes to this document after the approval of the New Mexico Human Services Division are noted along with the author, date, and reason for the change.

Change Control Table				
Author of Change	Page	Change	Reason	Date
Chris Pruett		Draft 5010 CG		2/7/2011
Chris Pruett		Removal of EDI portions pending revisions		9/7/11
Chris Pruett		Incorporated Testing and Submission instructions and removed reference to spaces in GS segments		1/1/12



## **Disclaimer**

### ***Purpose of the ANSI ASC X12N 5010 837 Health Care Claim: FFS Professional New Mexico Medicaid Companion Guide***

*This companion guide is for use along with the ANSI ASC X12N 5010 Health Care Claim: Professional 837 Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the New Mexico Medicaid program. The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.*

*Submitters are therefore encouraged to check the New Mexico Human Services Department Medical Assistance Division website periodically for updates to the companion guides at the following website:*

<http://www.hsd.state.nm.us/mad/5010HIPAAforNM MedicaidProviders.html>

*Please note that acceptance into the payer system does not guarantee claim payment.*



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## Chapter 1 Introduction

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ACS EDI Gateway, Inc., a leader in healthcare technology, provides EDI gateway services to providers enrolled in contracted healthcare plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Healthcare plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH). As an EDI Gateway Service, we provide connectivity to various healthcare plans and states where ACS is the fiscal agent, third-party administrator, or contracted clearinghouse.

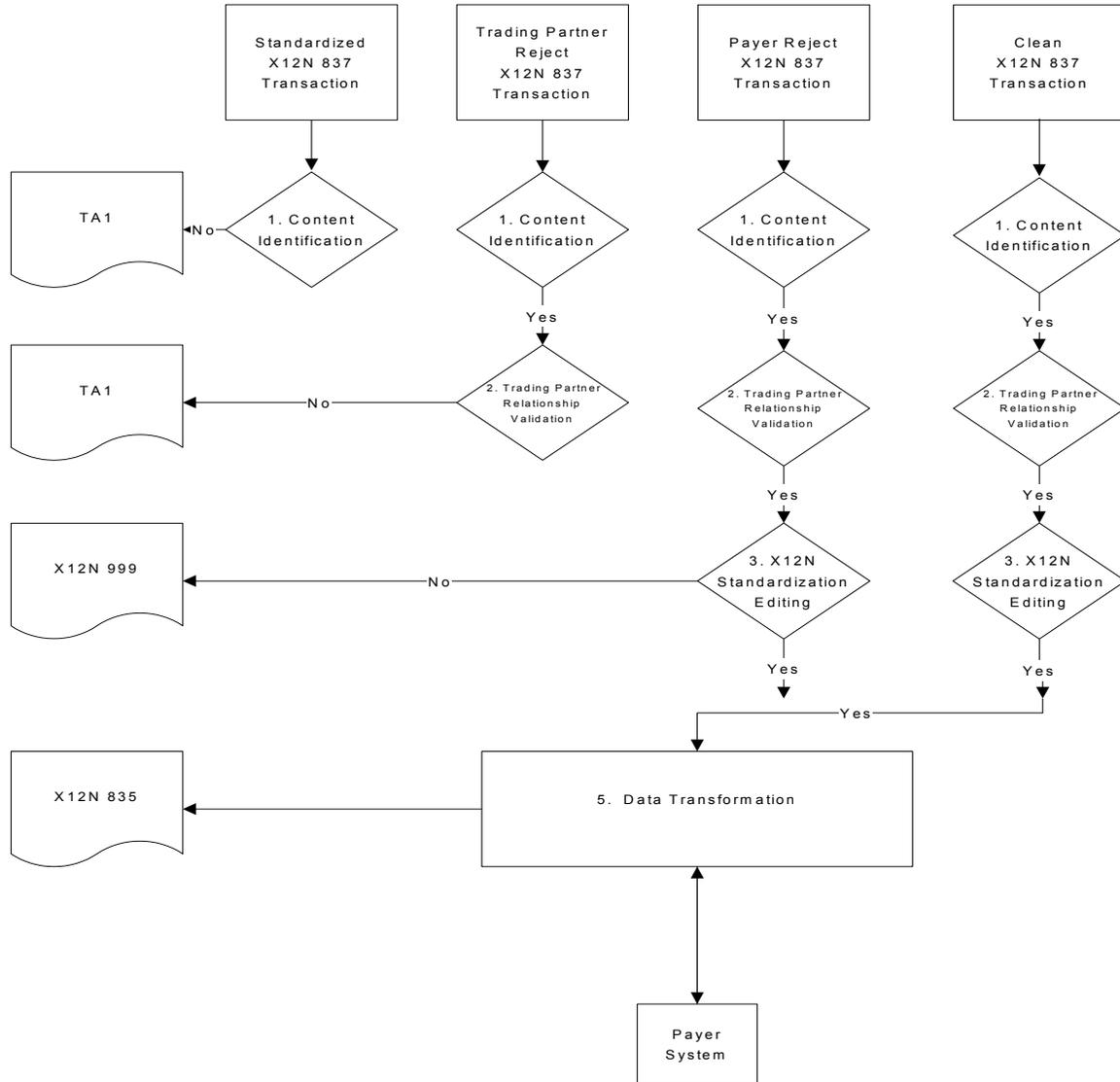
The ACS SHCH provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

The 837 Institutional transaction data will be submitted to the ACS SHCH for processing. ACS SHCH validates submission of ANSI X12N format(s). If the file contains syntactical error(s), the segment(s) and elements(s) where the error(s) occurred will be reported in a X12 N 999 Functional Acknowledgement. The TA1 report is used to report receipt of individual interchange envelopes that contain corrupt data or an invalid trading partner relationship.

### **Audience**

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N 5010 National Implementation Guide. The ANSI ASC X12N 5010 Implementation Guides can be accessed at [http://www.wpc-edi.com/Insurance\\_40.asp](http://www.wpc-edi.com/Insurance_40.asp). This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable.

## Editing and Validation Flow Diagram



**LEGEND:**

1. **Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be returned. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
2. **Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be returned to the submitter. If the trading partner relationship is valid, the data will be passed for X12N syntax validation.
3. **X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12 N 999 (Implementation Acknowledgement) will be returned to the submitter. The X12 N 999 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.



## Chapter 2 Transmission Methods

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### **EDI Online**

The ACS EDI Online tool provides the healthcare providers the ability to conduct business electronically with ACS EDI.

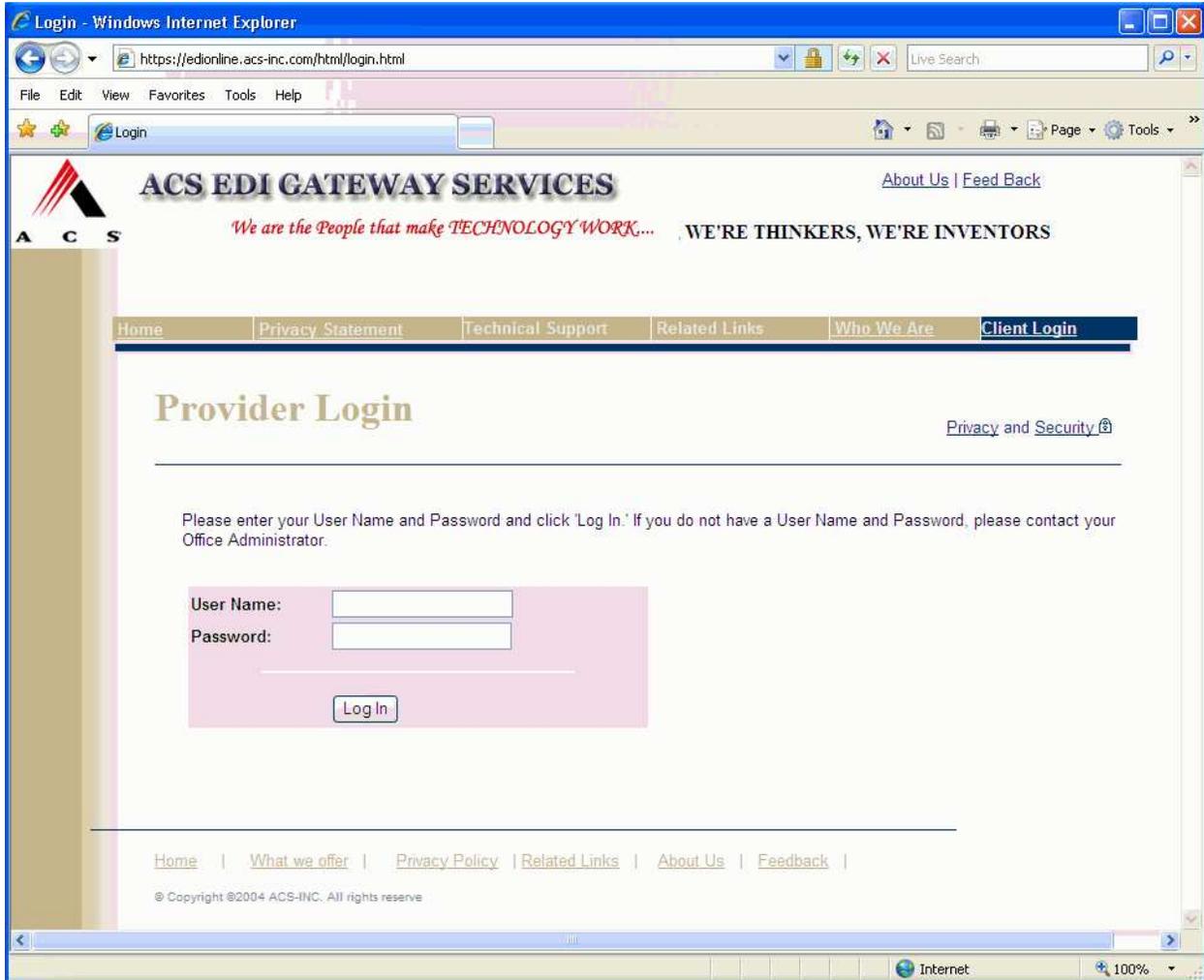
EDI Online capability allows users to:

- Submit 5010 837 X123 transactions
- Retrieve response transactions and files, including 999s, Online confirmation reports, 277CAs and 835s.

Access to the site for New Mexico Medicaid Trading Partners is administered through the New Mexico HIPAA Helpdesk (HIPAAHelpdesk@acs-inc.com). If you need further information about EDI Online, please contact the New Mexico HIPAA Helpdesk.

### **Sending X12 Files Through the EDI Gateway**

To get started, access the ACS EDI Login page: <https://edionline.acs-inc.com/html/login.html>.

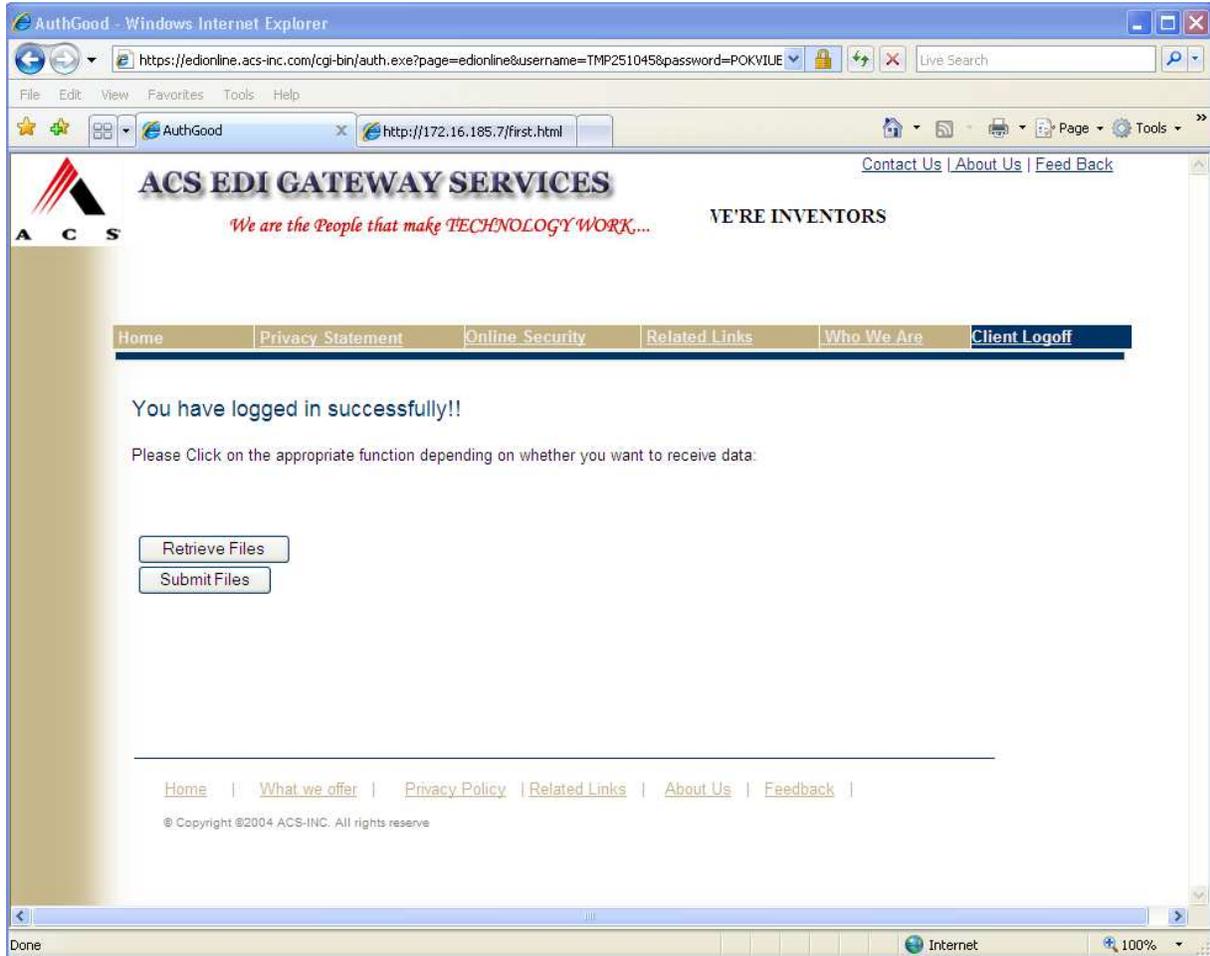


Enter the TPMS user name and password that you were assigned when you enrolled for EDI services, and click the **Log In** button.

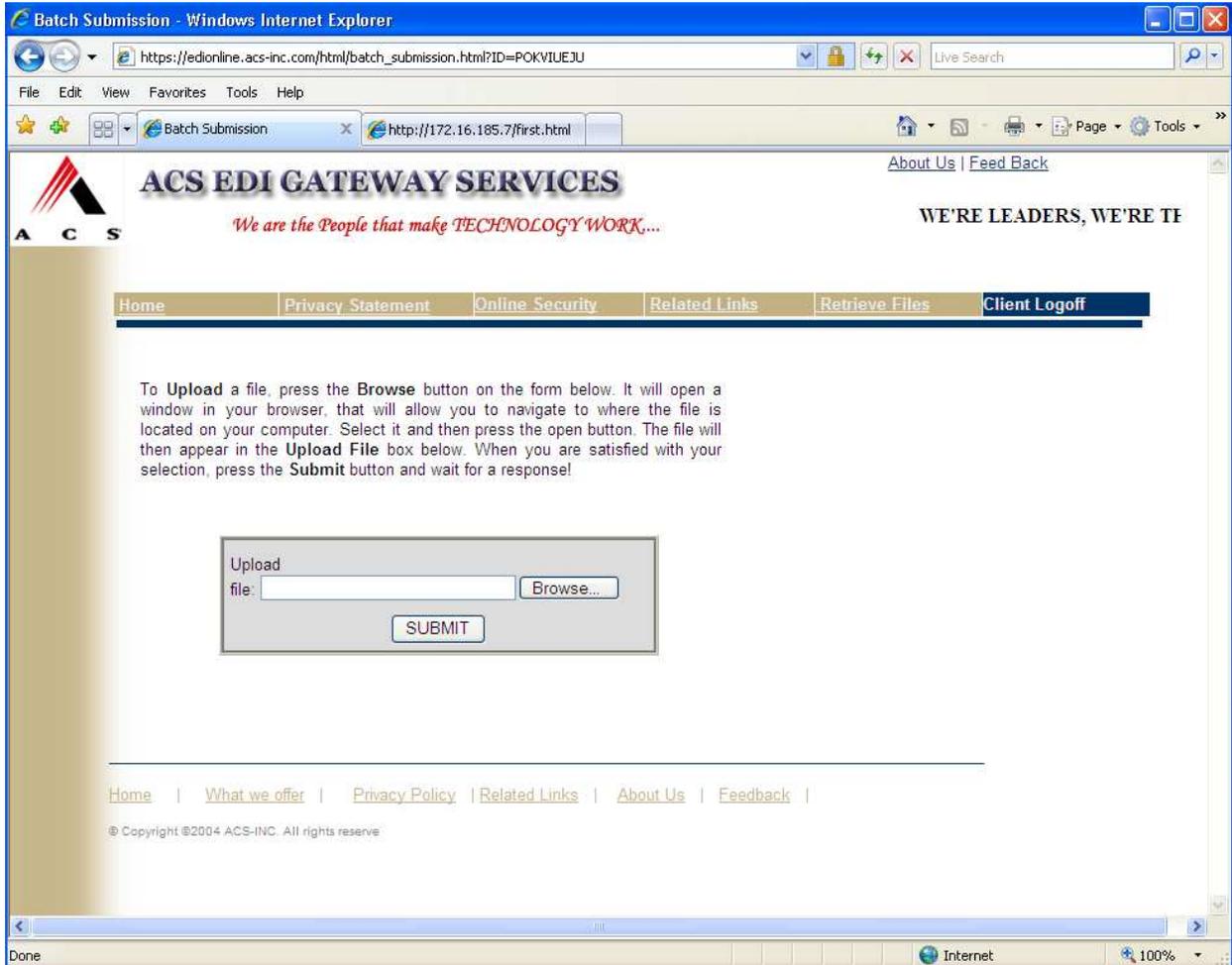
Once you login successfully, the next window confirms your login information was correct. To submit files, click on 'Submit Files' button.



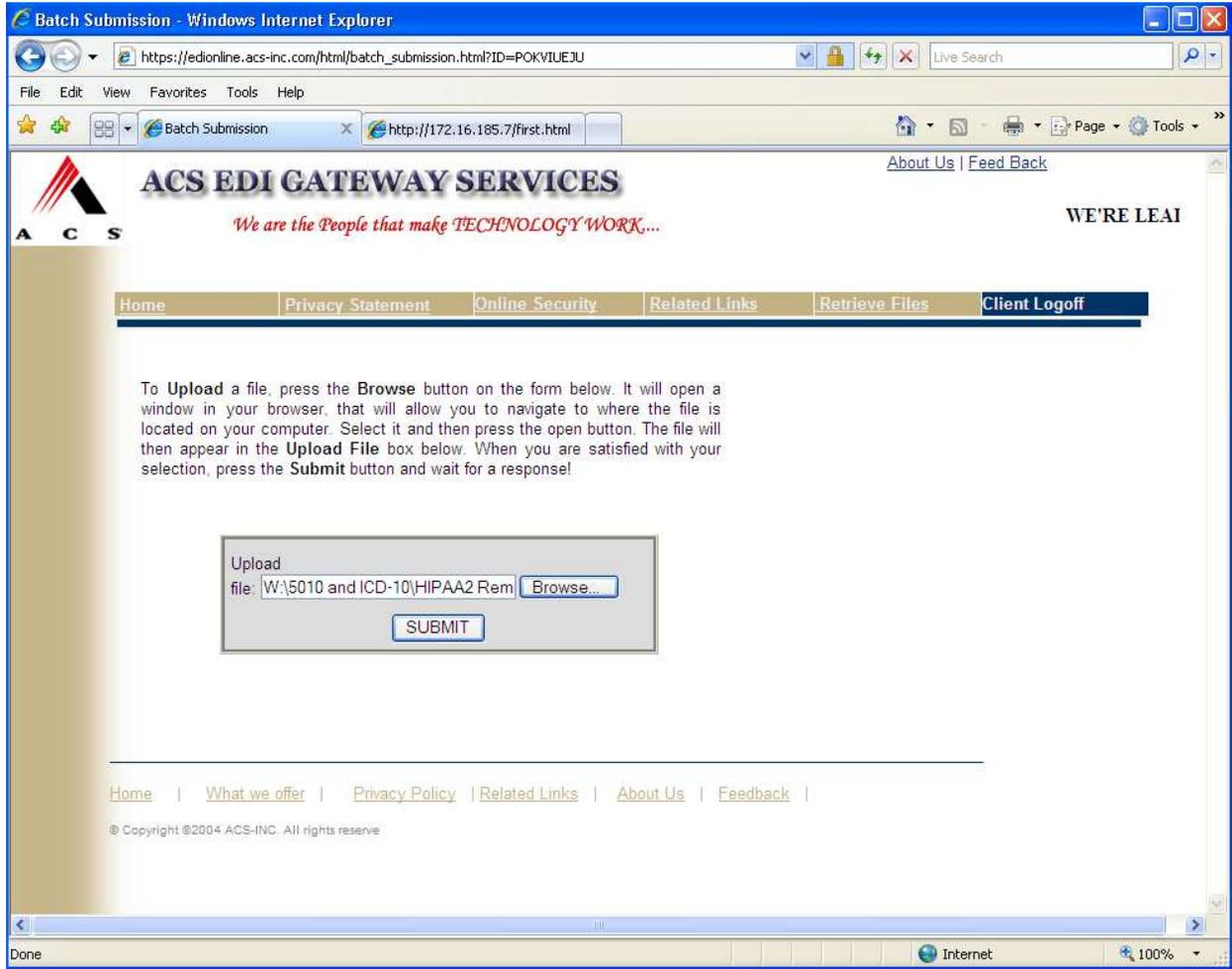
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The next window prompts you to navigate to the location of the file you wish to upload using the 'Browse' button.



Once you've used the Browse button to locate your file, you are ready to click the 'Submit' button.



EDI Online will return a window stating that your file was successfully submitted. There is a link to view the confirmation report. You can either click the link or click on the menu item 'Retrieve Files'.



Batch Submission - Windows Internet Explorer  
https://edionline.acs-inc.com/html/bat\_sub\_con.html

ACS EDI GATEWAY SERVICES  
*We are the People that make TECHNOLOGY WORK...*  
WE'RE LEADERS

Home | Privacy Statement | Online Security | Related Links | Retrieve Files | **Client Logoff**

Thank You. Your file has been successfully received for processing. Click here for your [confirmation report](#). Depending on the file size please allow a couple of minutes for processing.

**Please Note: By clicking the refresh button on your browser your file will be processed again and applicable charges will apply.**

To **Upload** another file, first enter password (same as logon page), then press the **Browse** button on the form below. It will open a window in your browser, that will allow you to navigate to where the file is located on your computer. Select it and then press the open button. The file will then appear in the **Upload File** box below. When you are satisfied with your selection, press the **Submit** button and wait for a response!

Password:   
Upload file:



## Chapter 3 Transmission Responses

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HIPAA not only gave the healthcare community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction implementation guide compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains levels where edits are present. The edit level where the error occurs designates rejection of an entire batch or a single claim. The levels are explained in the following three heading:

- Interchange Level Errors and TA1 Rejection Report
- Transaction Set Level Syntax Results and X12 N 999 Rejection Report
- Implementation Guide Level Results and the Rejection Report

The levels and their affiliated acceptance/rejection reports are discussed on the following pages.

### **Interchange Level Errors and TA1 Rejection Report**

Interchange or TA1 edits verify the ISA, GS, GE and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1.

### **TA1-Interchange Acknowledgement**

A TA1 is an Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g. the data is corrupt or the trading partner relationship does not exist within the ACS system) the interchange will reject and a TA1, along with the data, will be forwarded to the ACS EDI Support Unit for referencing purposes.

Refer to National Electronic Data Interchange Implementation Guide, Health Care Claim, Institutional 837, under Sections A and B.



The Interchange Level and TA1 edit verify the **ISA**, **GS**, **GE** and **IEA** level segments and the data content within these segments, which consist of the header and footer batch information.

**EXAMPLE:**

In this sample batch transaction the ISA, GS, GE and IEA level segments are shown in bold text to highlight where incorrect sender information or incorrect total of groups can occur. The items shown in bold text **ISA**, **GS**, **GE** and **IEA** show the sections where errors can occur.

**ISA** Interchange Control Header, contains sender information.

**GS** Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction if it exists

SE Functional Group Trailer, ends a group of related transaction sets.

**GE** Functional Group Trailer, ends a group of related transaction sets.

**IEA** Interchange Control Trailer, counts total number of functional groups within a batch.



## Transaction Set Level Syntax Results and 999 Rejection Report

This level of edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detail information within a transaction. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on a X12 N 999.

### **X12 N 999-Implementation Acknowledgement**

ACS SHCH validates submission of ANSI ASC X12N format(s). An X12 N 999, or Implementation Acknowledgement, is generated when an EDI file, e.g. an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. A X12 N 999 contains **Accept** or **Reject** information; if the file contains syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 837 Institutional Implementation Guide. This method of acknowledgement is required by Trading Partner Agreement between ACS EDI Gateway and the Trading Partners.

The examples below show an accepted and a rejected X12 N 999. For documentation purposes the examples below are shown using the word wrap functionality. On the iDEX website (<http://NewMexicomedicaid.acs-inc.com/>) the X12 N 999's display as one complete line.

```
ISA*00*                                *00*5265                *ZZ*100000                *ZZ*100008
*031023*1126*U*00401*000000166*1*T*~GS*FA*77046*100008*20031023*112600*1660001*
X*004010X096A1~ST*999*0001~AK1*HC*19990000~AK2*278*TEST~AK5*A~AK9*A*1*1*1~S
E*6*0001~GE*1*1660001~IEA*1*000000166~
```

A=Accepted

```
ISA*00*                                *00*5264                *ZZ*100000                *ZZ*100008
*031023*1124*U*00401*000000165*1*T*~GS*FA*77046*100008*20031023*112400*1650001*
X*004010X097A1~ST*999*0001~AK1*HC*19990000~AK2*278*TEST~AK5*R*7~AK9*R*1*1*0
~SE*6*0001~GE*1*1650001~IEA*1*000000165~
```

R=Rejected

Refer to National Electronic Data Interchange Implementation Guide, Health Care Claim, Institutional 837, under Sections A and B.



The X12 N 999 edits verify the **ST** and **SE** level segments and the segment data content within these segments.

**EXAMPLE:**

In this sample batch transaction the X12 N 999 edits verify the **ST** and **SE** level segments and the data content within these segments. The items shown in bold text **ST** and **SE** highlight where errors can occur.

ISA Interchange Control Header, contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

**ST** Transaction Set Header, starts a transaction set.

**Contains detail segment information within a transaction**

**SE** Transaction Set Trailer, ends a transaction set.

**ST** Transaction Set Header, starts a transaction set.

**Contains detail segment information within the next transaction if it exists**

**SE** Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

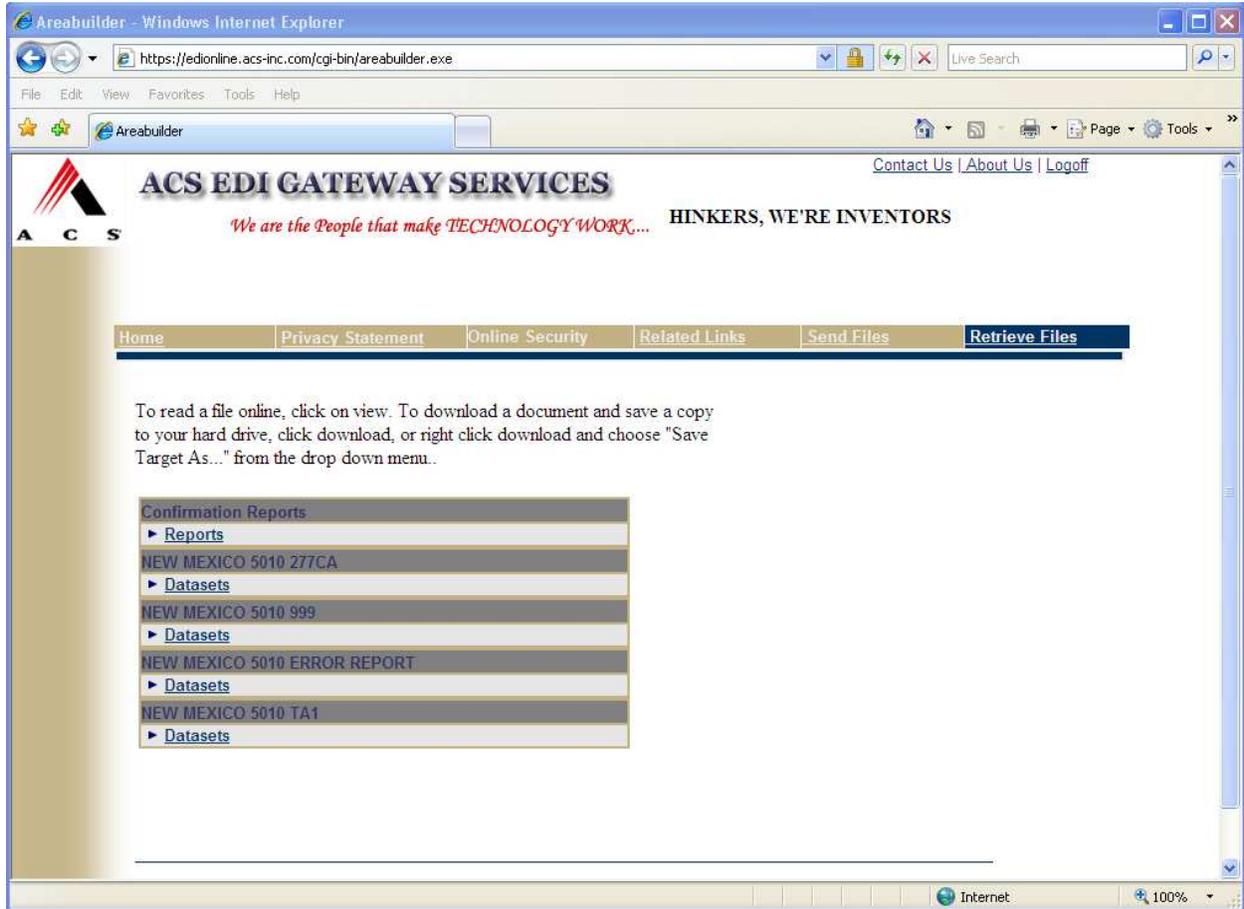
IEA Interchange Control Trailer, counts total number of functional groups within a batch.

## Retrieving the Confirmation Report

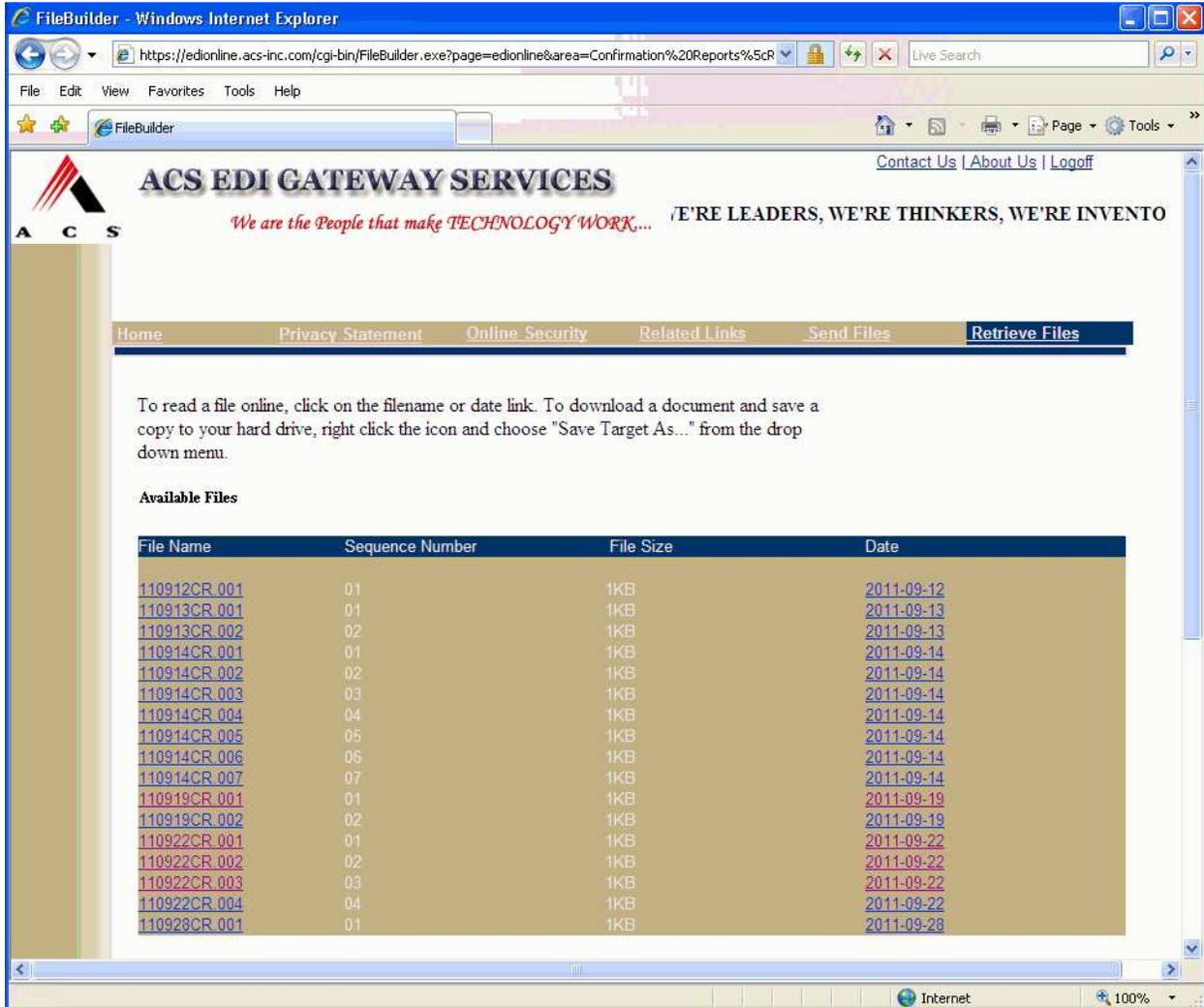
Once you click on the Confirmation Report link (or Retrieve Files), the next window will display a 'Reports' link under the heading 'Confirmation Reports'. Click on the link to navigate to the confirmation report.



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The available confirmation report(s) will be displayed in the next window.



The last report is the one from your most recent file submission. Make sure that the date coincides with the date you submitted the file.

Sometimes, there is a lag of up to 15 minutes before your report appears in the list.

- If you don't see a report for your submission, then refresh the screen.
- If you submit multiple files in one day, the sequence number in the file name will be increased by 1.

Click on your report.

- You will be prompted to save the file. (You will not be allowed to view the report without first saving it).
- Once the file is saved to a desired location, you will be prompted to Open the file.
- You can use Notepad to open the report.

If you do not receive a confirmation report after 15 minutes, contact the New Mexico HIPAA Helpdesk to report the delay.

The following is an example of a confirmation report:



```
EOCR.837I - Notepad
File Edit Format View Help

Date: 09/28/11          ACS Host System          Time: 09:35
User Name: TMP603604          User Number: *****

File Number   Payor   Frmt   Type   Claims   Batches   Tot. Charges   Status   Msg
-----
09280041.G82  77048  X12   837I      19       2       229024.31   Test    001

Messages
001 - File received, will not be processed for payment.

          ** End of Report **
```

The message, **'001 – File received, will not be processed for payment.'** indicates that your file upload was successful. The message states that it will not be processed for payment because the file that we uploaded was a **test** file.

### Retrieving HTML Confirmation Report , 277CA, and TA1 Files

Follow similar procedures as above.



## Chapter 4 Testing

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Vendors, Billing Agents, Clearinghouses, and Providers who have created their own electronic claims submission software are required to engage in testing with ACS EDI Gateway. Such entities will validate their applications with ACS EDI Gateway utilizing Companion Guides in conjunction with the national ANSI ASC X12N Implementation Guides. These guides will be used to validate that software applications fulfill X12N and payer business edit requirements. Assistance from the ACS EDI Support Unit is available throughout the testing processes, first through EDIFECS and then through ACS EDI Gateway. Successful completion of both testing processes is required before a submitter will be approved for production. Testing is specific to the Transaction Set.

Each test transmission is validated to ensure no format errors are present. Testing is conducted to verify the integrity of the format not the integrity of the data. However, in order to simulate a production environment, we request that test files contain realistic healthcare transaction data. The number of test transmissions required depends on the number of format errors in a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to ACS's system or HIPAA mandated changes.

Additionally, those submitters who have created their own software applications must use EDIFECS to validate that their transactions are X12N compliant prior to submitting any test files to ACS EDI Gateway. Submitters cannot obtain direct Internet access to EDIFECS until they are enrolled with ACS for submission of 5010 transactions.

ACS HIPAA Helpdesk staff will assist MCO submitters with EDIFECS testing. However, the process has proven to be user-friendly, intuitive, and capable of guiding the tester to select a Transaction Set, submission of a text-formatted file and utilization of Implementation Guides to verify compliance.

EDIFECS testing - submitters are required to address any errors discovered during compliance testing prior to moving on to the next stage of testing with ACS EDI Gateway. When a file passes compliance testing, that Transaction Set will be flagged as 'PASSED' by EDIFECS. EDIFECS keeps an electronic file that reports the status of Transaction Sets that have been passed. This file is created automatically during enrollment, which is explained below under Trading Partner Testing Procedures.

When a submitter has successfully passed their Transaction Sets through EDIFECS they can contact the ACS HIPAA Helpdesk for approval to begin testing with ACS EDI Gateway.



## Trading Partner Testing Procedures

HSD makes available companion guides and enrollment packages for download via the web at <http://www.hsd.state.nm.us/mad/5010HIPAAforNM MedicaidProviders.html>

### The Testing Steps

1. Complete a new Trading Partner Agreement (TPA) for 5010 transactions.
  - a. The form is available on the New Mexico Medicaid Website at: <https://nmmedicaid.acs-inc.com/nm/general/loadstatic.do?page=ProviderInformation.htm>
  - b. Complete the form and send it to the address shown on the form.
  
2. Once the New Mexico HIPAA Helpdesk receives your signed TPA, they will enter your information into our Trading Partner Management System (TPMS) and provide you details on submission of your 837 transactions for testing.
  - a. You will be granted access to the Commerce Desk for HIPAA transaction format validation.
  - b. You will also be granted access to the ACS EDI file submission portal.
  
3. Validate your files using Commerce Desk
  - a. Your files only need to pass SNIP levels 1 and 2 without errors. (That is, if you have a SNIP level 5 error, or a SNIP level 1 warning (not error), then your file is considered 'passed' for 5010 validation.)
  - b. You should submit your files to this location first to ensure they pass 5010 validation.
  
4. Submit your valid files to the ACS EDI gateway.
  - a. There are 2 methods for submitting files:
    - i. EDI Online, which requires a human submitting files, an
    - ii. EDI DMZ, an SFTP connection, which allows automated delivery and receipt of files.
  - b. You can use either or both methods.
  - c. In either case, you will receive response files and reports (999, TA1, 277CA).
  
5. How many files and claims do I need to submit?
  - a. You need to submit three files of at least 10 valid claims each for each transaction type (837I, 837P, and/or 837D) you wish to submit in production. (That is, if you are planning to submit 837I, P, and D transactions, you need to submit 9 files total.)
  
6. Once you have submitted 3 files of at least 10 valid claims each, contact the NM HIPAA Helpdesk ([HIPAAHelpdesk@acs-inc.com](mailto:HIPAAHelpdesk@acs-inc.com)) to let them know you are ready to have your files reviewed by the State.
  
7. The claims will be reviewed by the State and once approved, you will be granted permission to submit 5010 version 837 claims or encounters to the Production system.

### Tracking Transmission/Production Problems

Please have the following information available when calling the NM HIPAA Helpdesk regarding transmission and production issues.



**Trading Partner ID:** Your Trading Partner ID is our key to accessing your trading partner information. Please have this number available each time you contact the ACS EDI Support Unit.

**Logon Name and Logon User ID:** These allow asynchronous Trading Partners access to the host system for claims submission. The ACS EDI Support Unit uses this information to reference your submitted data.

**Submitter ID:** Use your ACS EDI Gateway submitter ID number in conjunction with your software application to transmit files to ACS EDI Gateway.

## Highlights

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned an ACS EDI Gateway Trading Partner ID, 6-digits long.
- Logon Name, 8-characters long.
- Logon User ID (password), 9-characters long.
- ACS EDI Gateway Submitter ID, 5-digits long.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- New Mexico Medicaid Provider ID, 8-digits long.
- The Receiver ID for New Mexico Medicaid is 100000 and the Payer ID for New Mexico Medicaid is 77048. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Agreement determines where reports and responses will be delivered.



## Chapter 5 Segment Description – V5010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a “business-required” data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

*\*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for Guide 837 5010 Professional Transaction Set.*

### ISA Interchange Control Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix C Page C.3	Header	ISA	01	Please use <b>00</b>
Appendix C Page C.4	Header	ISA	03	Please use <b>00</b>
Appendix C Page C.4	Header	ISA	05	Please use <b>ZZ</b> (Mutually Defined)
Appendix C Page C.4	Header	ISA	06	You must enter the Trading Partner ID provided during the enrollment process, which is different than the previous 4010 trading partner ID  Example: <b>123456</b> followed by spaces to complete the 15-digit element
Appendix C Page C.5	Header	ISA	07	Please use <b>ZZ</b> (Mutually Defined)



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix C Page C.5	Header	ISA	08	Please enter <b>100000</b> followed by spaces to complete the 15-digit element
Appendix C Page C.6	Header	ISA	15	Use one of the following values: <b>T</b> = Test data <b>P</b> = Production data



\*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for Guide 837 5010 Professional Transaction Set.

### GS Functional Group Header

PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
Appendix C Page C.7	Header	GS	02	You must enter the Trading Partner ID provided during the enrollment process, The value in this data element should mirror that of ISA06 Example: <b>123456</b>
Appendix C Page C.7	Header	GS	03	Enter <b>77048</b>
Appendix C Page C.7	Header	GS	08	Please use 005010X222A1



## Chapter 6 Transaction Description – V5010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a “business-required” data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

*\*Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N 5010 Implementation Guide for Guide 837 Professional Transaction Set.*

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PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
70	Header	ST	03	Please use 005010X222A1
71	Header	BHT	02	Please use code <b>00</b> for the original claim/encounter transmission or code <b>18</b> in case a transmission was disrupted and the batch needs to be sent again.
72-73	Header	BHT	06	Please only use code <b>CH</b> . This transaction is only for claims.
75	1000A	NM1	09	Please enter the Trading Partner ID provided during the enrollment process, The value in this data element should mirror that of ISA06.
79	1000B	NM1	03	Please use <b>NM Medicaid</b> .
80	1000B	NM1	09	Please use <b>77048</b> .
83	2000A	PRV	03	Taxonomy Code Required in this field as necessary for adjudication of the claim when NPI is used for Billing provider (i.e., Provider has one NPI number but has more than one provider type under which they submit claims using that NPI number). Please use the Provider Taxonomy to Provider Type table available on the MAD website.
92	2010AA	N4	03	The billing provider ZIP code must be the ZIP code for the physical location which matches the Medicaid ID number for that location.



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PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
115	2000B	HL	04	Please use <b>0</b> . The Subscriber is always the patient; therefore the dependent level will not be utilized.
116	2000B	SBR	01	Please use <b>P</b> . The Payer Responsibility Sequence Number is <b>P</b> Primary, client has Medicaid Coverage.
118	2000B	SBR	09	Please use <b>MC</b> for Medicaid.
122	2010BA	NM1	08	Please use <b>MI</b> for Member Identification Number.
123	2010BA	NM1	09	The New Mexico Medicaid Client ID # is required.
127	2010BA	DMG	02	This element is required for New Mexico Medicaid Claims Processing. Please enter Subscriber Birth Date in format CCYYMMDD.
134	2010BB	NM1	03	Please use <b>NM Medicaid</b> .
134	2010BB	NM1	08	Please use <b>PI</b> for Payer Identification.
134	2010BB	NM1	09	Please use <b>77048</b> .



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PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
140	2010BB	REF	01	If Atypical, Enter "G2". If the Billing Provider is an atypical provider, no Rendering provider is to be entered. Only "Atypical" providers (non-healthcare providers) may file claims using their Medicaid ID Number. The following "atypical" providers are exempt from obtaining an NPI and can file claims using their 5 or 8 digit Medicaid ID number: PERSONAL CARE OPTION PROVIDERS HANDIVANS, TAXIS, MEALS AND LODGING PROVIDERS Some HCBS waiver providers may be exempt. If a HCBS waiver provider ONLY renders administrative services such as helping coordinate non-medical services; supports living arrangements (assisted, family, independent, supported, and environmental modifications), supplies home maker, respite or transportation services, the provider would be "atypical" and will not need an NPI number. Generally, however, a HCBS waiver provider will need to apply for and use an NPI, particularly if any of their services are provided by a licensed healthcare provider, such as an RN, an LPN, a therapist, etc.
141	2010BB	REF	02	IF REF01 = G2, ENTER NM 5 OR 8 DIGIT MEDICAID ID NUMBER
181	2300	DTP	01	Value '050' is required
181	2300	DTP	02	Value 'D8' is required
182	2300	PWK		New Mexico will capture attachment codes that are not in the New Mexico specific range of codes (51-99) but does not intend to use for processing at this time.
196	2300	REF	01	When filing an adjustment or void, use F8 in this field to indicate that you are placing the original TCN in REF02
196	2300	REF	02	Place the Omnicaid TCN number of the original encounter in this field when filing an adjustment or void. Required when CLM05-3 (Claim Frequency Code) = '7' or '8' <i>[Electronic Adjustment/Void processing will not immediately be available when 5010 is implemented. Providers will be notified when this is available.]</i>



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PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
262	2310B	NM1	08 and 09	Rendering Provider is required if different from the Billing Provider or if Billing Provider is a group practice. Atypical Providers, if rendering and different from the billing provider will not have a NM108 or NM109 segment.
265	2310B	PRV	03	Taxonomy Code Required in this field as necessary for adjudication of the claim when NPI is used for rendering provider (i.e., Provider has one NPI number but has more than one provider type under which they submit claims using that NPI number). Please use the Provider Taxonomy to Provider Type table available on the MAD website.
295-310	2320			Provide Third Party Liability (TPL) and Medicare Crossover information in this loop. Make one repeat of the loop for each non-Medicaid payer.
295	2320	SBR	01	If reporting Third Party liability, which includes Medicare, Please enter value 'P' for the first non-Medicaid payer liable for coverage as primary. If more than one third party liability exists, the first to pay will be 'P' and the second to pay will be 'S' and the third to pay will be 'T'..
297	2320	SBR	03	Please enter the subscriber's group number if available (not the subscriber's identification number)
297	2320	SBR	09	Value Entered must be 'MB' for Medicare Part B. Do not ever enter 'MC'.
315	2330A	NM1	08	This element is required only when Loop ID-2320 - Other Subscriber Information is used. If used, value MI is required for Medicare crossovers.
315	2330A	NM1	09	If reporting Medicare coverage, Client's Medicare HIC number must be entered here
321	2330B			Do Not Use this Loop to Enter Medicaid as an Other Payer
321	2330B	NM1	09	Valid payor ID number required if available. If no payor ID number is available, please use the name of the payor. (e.g. "MEDICARE" or other payor name as appropriate.) Use of all zeroes or all spaces is invalid.



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PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
350	2400	LX	01	Please begin with 1 for the first line item and increment by one for each subsequent line item.
352	2400	SV1	01	Value 'HC' required
352	2400	SV1	04	NM Medicaid will not accept unit values with more than two places after the decimal. E.g. 1.25 is acceptable, 1.253 is not
362	2400	PWK		New Mexico will capture attachment codes that are not in the New Mexico specific range of codes (51-99) but does not intend to use for processing at this time.
425	2410	LIN	02	The value of LIN02 must be equal to N4 when the National Drug Code (NDC)
425	2410	LIN	03	An NDC is an 11 numeric digit that describes who the manufacturer is, what drug is being supplied, and the package size. If billing for drugs, include the NDC. Enter the 11 digit National Drug Code in the 5-4-2 format associated with the physician administered drug identified as the service in SV101-2 in (LoopID-2400). Hyphens should be omitted from the NDC.
426	2410	CTP	04	If an NDC was entered in LIN03, Enter the quantity or actual units administered. A decimal point can be submitted when applicable.
427	2410	CTP	05-1	If an NDC was submitted in LIN03, include the unit or basis for measurement code for the NDC billed, using the appropriate code qualifier. Enter the appropriate unit or basis of measurement code: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit.
433	2420A	PRV	03	Taxonomy Code Required in this field as necessary for adjudication of the claim when NPI is used for rendering provider (i.e., Provider has one NPI number but has more than one provider type under which they submit claims using that NPI number). Please use the Provider Taxonomy to Provider Type table available on the MAD website



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PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
434	2420A	REF	01	If Rendering Provider is different from the Rendering Provider at Header and Provider is an Atypical provider, Enter 'G2'. Generally, Rendering Provider is required if different from Billing Provider or if Billing Provider is a group practice.
435	2420A	REF	02	If Rendering Provider is an Atypical provider, Enter the provider's New Mexico Medicaid ID number
480	2430	SVD	01	The value entered here must = what was entered in 2330B NM109. If Required, Enter a valid payor ID number if available. If no payor ID number is available, please use the name of the payor. (e.g. "MEDICARE" or other payor name as appropriate.)
481	2430	SVD	02	Enter the Line Amount Paid by the primary payer
481	2430	SVD	03-1	Value 'HC' is Required