ANSI ASC X12N 5010 837 Health Care Claim
MCO Dental
New Mexico Medicaid
Companion Guide

February 28, 2018
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.

<table>
<thead>
<tr>
<th>Author of Change</th>
<th>Page</th>
<th>Change</th>
<th>Reason</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Pruett</td>
<td></td>
<td>Draft 5010 CG</td>
<td></td>
<td>02/07/11</td>
</tr>
<tr>
<td>Chris Pruett</td>
<td>14</td>
<td>Corrected statement re: Receiver and Payer ID</td>
<td></td>
<td>11/21/11</td>
</tr>
<tr>
<td>Chris Pruett</td>
<td></td>
<td>Incorporated Testing and Submission instructions</td>
<td></td>
<td>01/01/12</td>
</tr>
<tr>
<td>Chris Pruett</td>
<td></td>
<td>Removed references that are covered by the 5010 Technical Review Guide</td>
<td></td>
<td>10/01/12</td>
</tr>
<tr>
<td>Chris Pruett</td>
<td></td>
<td>Updated information related to Pricing Process code and MCO Paid Amount</td>
<td></td>
<td>05/20/14</td>
</tr>
<tr>
<td>Conduent</td>
<td>All</td>
<td>Rebranding and Image Updates</td>
<td></td>
<td>06/28/17</td>
</tr>
<tr>
<td>Conduent</td>
<td>All</td>
<td>Finalize document</td>
<td></td>
<td>10/19/17</td>
</tr>
<tr>
<td>Conduent</td>
<td>All</td>
<td>Update hyperlinks</td>
<td></td>
<td>02/28/18</td>
</tr>
</tbody>
</table>
Disclaimer

Purpose of the ANSI ASC X12N 5010 837 Health Care Claim: MCO Dental New Mexico Medicaid Companion Guide

This companion guide is for use along with the ANSI ASC X12N 5010 Health Care Claim: Dental 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 Conduent EDI Solutions, 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/providers/hippa-standard-companion-guides.aspx

Please note that acceptance into the payer system does not guarantee claim payment.
# TABLE OF CONTENTS

## CHAPTER 1 INTRODUCTION
- Audience ........................................ 1
- Editing and Validation Flow Diagram ... 2

## CHAPTER 2 TRANSMISSION METHODS ................................................................. 3

## CHAPTER 3 TRANSMISSION RESPONSES ......................................................... 8
- TA1-Interchange Acknowledgement ................ 8
- X12 N 999-Implementation Acknowledgement ... 10

## CHAPTER 4 TESTING ................................................................. 15
- Trading Partner Testing Procedures .............. 16
- Highlights ............................................. 17

## CHAPTER 5 SEGMENT DESCRIPTION – V5010.A3 ............................................ 18
- ISA Interchange Control Header .................. 18
- GS Functional Group Header ...................... 19

## CHAPTER 6 TRANSACTION DESCRIPTION – V5010.A3 .................................... 20
- 837 Dental ............................................. 20
Chapter 1 Introduction

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

The Conduent 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, Conduent SHCH provides translation to and from ANSI ASC X12N standard formats.

The 837 Institutional transaction data will be submitted to the Conduent SHCH for processing. Conduent 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 an 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://store.x12.org/store/insurance-5010](http://store.x12.org/store/insurance-5010). This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Conduent EDI Solutions, Inc. and specifies data clarification where applicable.
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

EDI Online
The Conduent EDI Online tool provides the healthcare providers the ability to conduct business electronically with Conduent 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 (HIPAA.Desk.NM@Conduent.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 Conduent EDI Login page: https://edionline.portal.conduent.com/EDIOnline/redirect.action.
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, you can start submitting files. To submit files, click on ‘Send Files’ button.
The next window prompts you to navigate to the location of the file you wish to upload using the ‘Browse’ button.

**Send File**

To Send a file, click 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 Send File box below. When you are satisfied with your selection, press the Submit.

**Select a File**

Submit

**You can send a X12 file in any of the following formats - plain text, zip, cab, gzip.**
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’.
Chapter 3 Transmission Responses

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 Conduent system) the interchange will reject and a TA1, along with the data, will be forwarded to the Conduent 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 an X12 N 999.

X12 N 999-Implementation Acknowledgement
Conduent 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. An 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 Conduent 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 the X12 N 999’s display as one complete line.

ISA*00*  *00*  *ZZ*100000  *ZZ*145110
*120918*1546*^*00501*000000001*0*P*:~GS*FA*77048*145110*20120918*1546*1*X*005010
X231A1~ST*999*0001*005010X231A1~AK1*HC*6392*005010X222A1~AK2*837*000001001*0
05010X222A1~IK5*A~AK9*A*1*1*1~SE*6*0001~GE*1*1~IEA*1*00000001~

ISA*00*  *00*  *ZZ*100000  *ZZ*145110
*120918*1546*^*00501*000000001*0*P*:~GS*FA*77048*145110*20120918*1546*1*X*005010
X231A1~ST*999*0001*005010X231A1~AK1*HC*6392*005010X222A1~AK2*837*000001001*0
05010X222A1~IK5*R*7~AK9*R*1*1*0~SE*6*0001~GE*1*1650001~IEA*1*000000165~

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.

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:

![Confirmation Report Example](image)

The message, ‘**Messages001 – File received.**’ 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 **production** file.

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

Follow similar procedures as above.
Chapter 4 Testing

Vendors, Billing Agents, Clearinghouses, and Providers who have created their own electronic claims submission software are required to engage in testing with Conduent EDI Gateway. Such entities will validate their applications with Conduent 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 Conduent EDI Support Unit is available throughout the testing processes, first through EDIFECS and then through Conduent 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 Conduent’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 Conduent EDI Gateway. Submitters cannot obtain direct Internet access to EDIFECS until they are enrolled with Conduent for submission of 5010 transactions. The site for testing on EDIFECS (Commerce desk) is https://sites.edifecs.com/index.jsp?conduent.

HSD 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 Conduent 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 HSD Testing Contact for approval to begin testing with Conduent 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/providers/hippa-standard-companion-guides.aspx](http://www.hsd.state.nm.us/providers/hippa-standard-companion-guides.aspx)

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.portal.conduent.com/static/ProviderInformation.htm](https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm).
   b. Complete the form and send it by mail to the address shown on the form, or email to Hipaa.Desk.NM@conduent.com, or fax it to 1-866-226-1473.

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 Conduent 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 Conduent 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 ([HIPAA.Desk.NM@Conduent.com](mailto:HIPAA.Desk.NM@Conduent.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 Conduent EDI Support Unit.

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

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

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

- Each user is assigned a Conduent EDI Gateway Trading Partner ID, 6-digits long.
- Logon Name, 8-characters long.
- Logon User ID (password), 9-characters long.
- Conduent 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.A3

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 Dental Transaction Set.

<table>
<thead>
<tr>
<th>*PAGE</th>
<th>LOOP</th>
<th>SEGMENT</th>
<th>REFERENCE DESCRIPTION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix C Page C.3</td>
<td>Header</td>
<td>ISA</td>
<td>01</td>
<td>Please use 00</td>
</tr>
<tr>
<td>Appendix C Page C.4</td>
<td>Header</td>
<td>ISA</td>
<td>03</td>
<td>Please use 00</td>
</tr>
<tr>
<td>Appendix C Page C.4</td>
<td>Header</td>
<td>ISA</td>
<td>05</td>
<td>Please use ZZ (Mutually Defined)</td>
</tr>
<tr>
<td>Appendix C Page C.4</td>
<td>Header</td>
<td>ISA</td>
<td>06</td>
<td>Please enter the Trading Partner ID provided during the enrollment process, Example: 123456 followed by spaces to complete the 15-digit element</td>
</tr>
<tr>
<td>Appendix C Page C.5</td>
<td>Header</td>
<td>ISA</td>
<td>07</td>
<td>Please use ZZ (Mutually Defined)</td>
</tr>
<tr>
<td>Appendix C Page C.5</td>
<td>Header</td>
<td>ISA</td>
<td>08</td>
<td>Please enter 100000 followed by spaces to complete the 15-digit element</td>
</tr>
</tbody>
</table>

ISA Interchange Control Header
*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 Dental Transaction Set.

**GS Functional Group Header**

<table>
<thead>
<tr>
<th>PAGE</th>
<th>LOOP</th>
<th>SEGMENT</th>
<th>REFERENCE DESCRIPTION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix C</td>
<td>Header</td>
<td>GS</td>
<td>02</td>
<td>Please enter the Trading Partner ID provided during the enrollment process, The value in this data element should mirror that of ISA06. Example: 123456 followed by spaces to complete the 15-digit element</td>
</tr>
<tr>
<td>Page C.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix C</td>
<td>Header</td>
<td>GS</td>
<td>03</td>
<td>Enter 77048 followed by spaces to complete the 15-digit element</td>
</tr>
<tr>
<td>Page C.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Chapter 6 Transaction Description – V5010.A3**

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 Dental Transaction Set.*

### 837 Dental

<table>
<thead>
<tr>
<th>PAGE</th>
<th>LOOP</th>
<th>SEGMENT</th>
<th>REFERENCE DESCRIPTION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>Header</td>
<td>BHT</td>
<td>06</td>
<td>Please only use code <strong>RP</strong>. This transaction is only for encounters.</td>
</tr>
<tr>
<td>70</td>
<td>1000A</td>
<td>NM1</td>
<td>09</td>
<td>Please enter the Trading Partner ID provided during the enrollment process. The value in this data element should mirror that of ISA06.</td>
</tr>
<tr>
<td>74</td>
<td>1000B</td>
<td>NM1</td>
<td>03</td>
<td>Please use <strong>NM Medicaid</strong>.</td>
</tr>
<tr>
<td>75</td>
<td>1000B</td>
<td>NM1</td>
<td>09</td>
<td>Please use <strong>77048</strong>.</td>
</tr>
<tr>
<td>78</td>
<td>2000A</td>
<td>PRV</td>
<td>03</td>
<td>NM requires Taxonomy Code 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.</td>
</tr>
<tr>
<td>88</td>
<td>2010AA</td>
<td>N4</td>
<td>03</td>
<td>The billing provider ZIP code must be the ZIP code for the physical location which matches the Medicaid ID number for that location.</td>
</tr>
<tr>
<td>109</td>
<td>2000B</td>
<td>HL</td>
<td>04</td>
<td>Please use <strong>0</strong>. The Subscriber is always the patient; therefore the dependent level will not be utilized.</td>
</tr>
<tr>
<td>113</td>
<td>2000B</td>
<td>SBR</td>
<td>09</td>
<td>Please use <strong>MC</strong> for Medicaid.</td>
</tr>
<tr>
<td>PAGE</td>
<td>LOOP</td>
<td>SEGMENT</td>
<td>REFERENCE</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>116</td>
<td>2010BA</td>
<td>NM1</td>
<td>09</td>
<td>Medicaid Client ID # is required.</td>
</tr>
<tr>
<td>124</td>
<td>2010BB</td>
<td>NM1</td>
<td>03</td>
<td>Please use <strong>NM Medicaid</strong>.</td>
</tr>
<tr>
<td>126</td>
<td>2010BB</td>
<td>NM1</td>
<td>09</td>
<td>Please use <strong>77048</strong>.</td>
</tr>
<tr>
<td>145</td>
<td>2300</td>
<td>CLM</td>
<td>01</td>
<td>MCO TCN is required</td>
</tr>
<tr>
<td>155</td>
<td>2300</td>
<td>DTP</td>
<td></td>
<td>DATE - REPRICER RECEIVED - requires the date the claim was received by the MCO or MCO’s subcontractor to be entered in this segment</td>
</tr>
<tr>
<td>168</td>
<td>2300</td>
<td>REF</td>
<td></td>
<td>PAYER CLAIM CONTROL NUMBER - Place the Omniicaid TCN number of the original encounter in this field when filing an adjustment or void.</td>
</tr>
<tr>
<td>179</td>
<td>2300</td>
<td>NTE</td>
<td></td>
<td>BILLING NOTE – This segment is used to capture the date the claim was paid by the MCO or by their subcontractor to the provider. The date must be a valid date and must be prior to the date the encounter is submitted to HSD and greater than the dates of service on the claim. This “MCO Paid Date” is required on all encounter claims received on or after 7/1/2009. “CCYYMMDD”</td>
</tr>
<tr>
<td>198</td>
<td>2310B</td>
<td>NM1</td>
<td>08 and 09</td>
<td>Rendering Provider is required if different from the Billing Provider or if <strong>Billing Provider is a group practice.</strong></td>
</tr>
<tr>
<td>286</td>
<td>2400</td>
<td>SV3</td>
<td>06</td>
<td>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</td>
</tr>
<tr>
<td>PAGE</td>
<td>LOOP</td>
<td>SEGMENT</td>
<td>REFERENCE</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>312</td>
<td>2400</td>
<td>HCP</td>
<td>01</td>
<td>The Pricing Methodology is required. The MCO is expected to use this segment to identify for MAD how the claim line was priced. The MCO is expected to use this segment to identify for MAD how the claim line was priced. <strong>Use value 00</strong> to indicate line(s) not priced because service has been reimbursed through other means. Vaccines are the best example of this. They are a service rendered but may have been paid through DOH vaccines program. MCO Paid Amt will be expected to be zero on the line but the line is not considered to be denied. <strong>Use value 04</strong> to indicate line(s) not priced individually but included in bundled payment amount shown on another line. MCO Allowed Amt will be expected to be zero on the line but the line is not considered to be denied. <strong>Use value 10</strong> if MCO Allowed Amount reflects a FFS equivalent. MCO and subcontractor have not paid this amount as the service is capitated and only a PMPM has been paid for the services reflected on the claim. MCO Allowed Amount must not be 0.</td>
</tr>
<tr>
<td>312</td>
<td>2400</td>
<td>HCP</td>
<td>02</td>
<td>The MCO must enter a monetary amount &gt; 0 if the value in HCP01 is anything other than 00- Zero pricing or 04-Bundled Pricing. The amount recorded must be the amount minus any patient liability or copay or CAS paid on that line.</td>
</tr>
</tbody>
</table>