New Mexico Health Care Authority
Medical Assistance Division
Conduent State Healthcare, LLC

CONDUENT



5010 837 I Companion Guide

New Mexico Health Care Authority
MMISR Financial Services Project

Version 3.1

Revision History

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3.0	8/14/2025	Clean copy created and version # updated upon receipt of HCA approval on 6/20/25	Jenine Carrico	John Padilla via email 6/20/2025
3.1	02/23/2026	Updated link in section 1.3,2.2 and 3.1. Removed Ramp Manager information	Yoga Rajendran	John Padilla via email on 3/4/2026

Preface

This companion guide to the *Version 5010 ASC X12N Implementation Guides* and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Conduent EDI Solutions. Transmissions based on this companion guide, used in tandem with the *Version 5010 ANSI ASC X12N Implementation Guides*, are compliant with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the *ASC X12N Implementation Guides* adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the implementation guides.

Disclaimer

This companion guide is for use along with the *ANSI ASC X12N 5010 Health Care Claim: Institutional 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 Health Care Authority (HCA) Medical Assistance Division website periodically for updates to the companion guides at the following website: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

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

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1. Introduction

Conduent EDI Solutions, Inc., a leader in healthcare technology, provides Electronic Data Interchange (EDI) clearing house services to provider enrolled with various insurance companies and in contracted healthcare plans. This document outlines the procedures necessary for engaging EDI with Conduent EDI and provides specific data clarifications where applicable. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all 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.

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. Healthcare plans that participate with Conduent EDI Solutions, Inc. are referred to as payers. Transactions are accepted electronically into our data center and are processed through the Conduent State Healthcare Clearinghouse (SHCH).

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). TA1 report is generated to verify data at the interchange level and confirms whether the envelope has been accepted or rejected due to issues such as corrupt or invalid data. 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 acknowledgement.

1.1. Scope

This companion guide is intended to be used by Trading Partners for the submission of the X12N 837 Institutional transaction to Conduent EDI Solutions. This guide is to be used in conjunction with *the ANSI ASC X12N 5010 National Implementation Guide*. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for NM Medicaid. This companion guide is subject to change.

1.2. Overview

This document provides the following information for NM Medicaid Trading Partners:

- Testing expectations
- Connectivity methods for transaction transmission and associated security standards

- NM Medicaid data requirements
- Details on responses/acknowledgements
- X12 transaction data clarifications

1.3. References

This companion guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Consolidated Guides (TR3), as adopted under HIPAA. These are available at: https://x12.org/products/technical-reports/.

Table 1: Reference Materials

ANSI ASC 5010 Implementation Guides	
EDI Online	https://edionline.portal.conduent.com/EDIOnline/redirect.action
HCA FAQ's	https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/
NM Helpdesk	HIPAA.Desk.NM@hca.nm.gov
NM MOVEit	https://pbmazuremoveit.services.conduent.com
Trading Partner Agreement Form	https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

2. Getting Started

2.1. Working with New Mexico Medicaid

Any entity sending electronic transmissions to Conduent EDI Solutions for processing where reports and responses will be delivered must complete an EDI enrollment package. This package provides Conduent EDI Solutions with the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic transmissions.

2.2. Trading Partner Registration

- HCA requires any provider exchanging electronic data with New Mexico Medicaid to be enrolled in the program and should be approved for the submission of X12 transaction sets.
- New Mexico Medicaid Enrollment Forms and instructions are available at: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.
- Successful enrollment in New Mexico Medicaid is required before proceeding with Conduent EDI.
- HCA makes available companion guides and enrollment packages for download via the web at: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

2.3. Certification and Testing Overview

Conduent EDI Solutions does not require certification of submitters and their transactions; however, we do require some minimal transaction testing.

Completion of the testing process must occur prior to electronic submission of production data to Conduent EDI Solutions. Assistance from Conduent EDI Business Analysts is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on 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. Also, changes to the X12N formats may require additional testing.

3. Testing with the Payer

Vendors, Billing Agents, Clearinghouses, and Providers who have created their own electronic claims submission software are required to engage in testing with Conduent EDI Solutions. These entities will validate their applications using companion guides along with the national *ANSI ASC X12N Implementation Guides*. These guides ensure that the software meets X12N standards and payer business edit requirements. The test file should first be validated in UAT Conduent EDI Solution. Successful completion of both testing processes is required before a submitter will be approved for production.

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, 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.

3.1. Conduent EDI Trading Partner Testing Procedures

1. Complete a new Trading Partner Agreement (TPA) for 5010 transactions.
   - The form is available on the New Mexico Medicaid Website at: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.
   - Complete the form and send to HIPAA.DeskNM@hca.nm.gov.
2. Once the New Mexico HIPAA Helpdesk receives the signed TPA, they will enter the information into our Trading Partner Management System (TPMS) and provide the details on submission of the 837 transactions for testing.
3. The user will also be granted access to the Conduent EDI file submission portal to perform HIPAA transaction format validation on the test files.
   - EDI Online, which is a streamlined application for submitting files.
   - EDI DMZ, an SFTP connection, which allows automated delivery and receipt of files.
4. Validate your files in the below Conduent EDI solution
   - UAT EDI Online application – https://acttnow-uat.portal.conduent.com/EDIOnline/redirect.action or
   - UAT MOVEit DMZ/Transfer- https://nonprodazuresftp.services.conduent.com
   - 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 validations.)
   - You should submit your files in UAT EDI Online or MOVEit DMZ/Transfer first to ensure they pass 5010 validations.
5. Submitter needs 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 in total.)
6. Once you have submitted 3 files of at least 10 valid claims each, contact the NM HIPAA Helpdesk (HIPAA.DeskNM@hca.nm.gov) 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, permission will be granted to submit 5010 version 837 claims or encounters to the Production system.

3.2. 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 NM HIPAA Helpdesk.
- **Logon Name and Logon User ID**: These allow asynchronous Trading Partners access to the host system for claims submission. The NM HIPAA Helpdesk uses this information to reference your submitted data.
- **Submitter ID**: Use your Conduent EDI Solutions submitter ID number in conjunction with your software application to transmit files to Conduent EDI Solutions.

4. Connectivity with the Payer(s)/Communications

This section describes the process to submit HIPAA X12N 837 Institutional transactions, along with various submission methods, security requirements, and exception handling procedures.

4.1. Process Flows

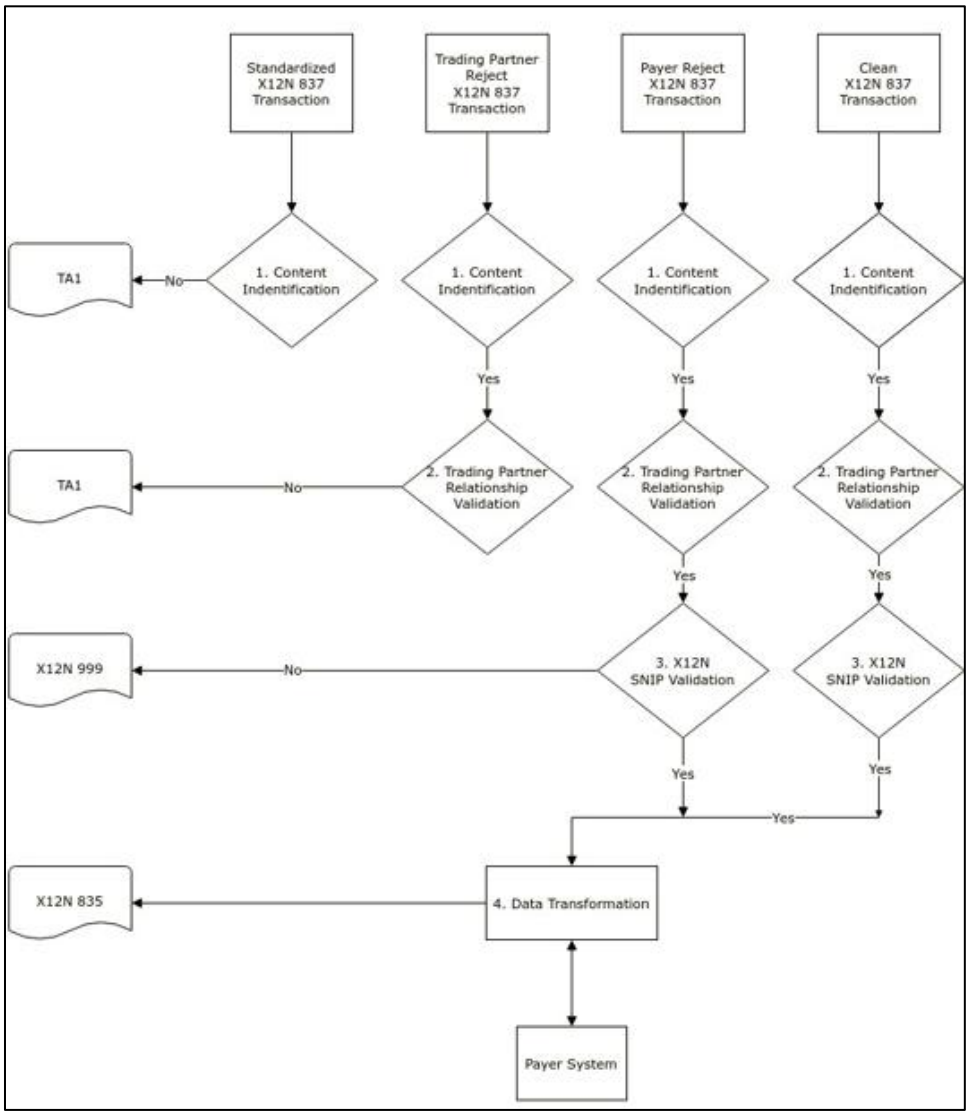


Figure 1: Editing and Validation Flow Diagram

LEGEND:

1. **Content Identification:** The process starts with four types of X12N 837 transactions. Each type goes through a Content Identification check. If the content does not pass the identification check, a TA1 Report is generated, and the process stops for that transaction**.**

• **Standardized X12N 837 Transaction** • **Trading Partner Reject X12N 837 Transaction**	• **Payer Reject X12N 837 Transaction** • **Clean X12N 837 Transaction**

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 pass for X12N syntax validation.
3. **X12N SNIP 1&2 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 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 SNIP 1 and 2 validations, it is then sent to the adjudication system.

4.2. Transmission Administrative Procedures

When file transmission or technical production issues occur, which could require the re-submission of files, please contact the NM HIPAA helpdesk at 1 **(800)-299-7304 or by email at HIPAA.DeskNM@hca.nm.gov**.

Note: File Name must not exceed 100 characters including file extension, spaces and underscore.

4.3. Communication Protocol Specifications

We offer the following transmission methods for Trading Partners:

- EDI Online
- EDI DMZ (SFTP)/Transfer

Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled maintenance downtime. It is an operational policy to schedule preventative maintenance periods on weekends whenever possible.

4.3.1. EDI Online

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

EDI Online capability allows users to:

- Submit 5010 837 X12 transactions.
- Retrieve responses for the transactions including 999s, online confirmation reports 277CA's (FFS), and 835s (FFS).

Access to the site for New Mexico Medicaid Trading Partners is administered through the New Mexico HIPAA Helpdesk (HIPAA.DeskNM@hca.nm.gov). If you need further information about EDI Online, please contact the New Mexico HIPAA Helpdesk.

4.3.2. Sending X12 Files Through the EDI Gateway

To get started, access the Conduent EDI Login page:
https://edionline.portal.conduent.com/EDIOnline/redirect.action

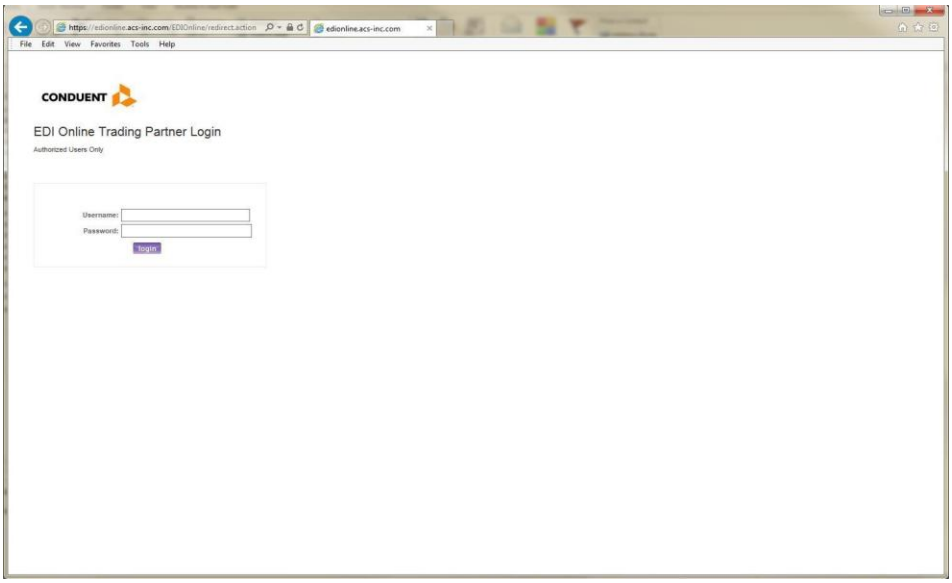


Figure 2: Conduent EDI Login Page

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

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

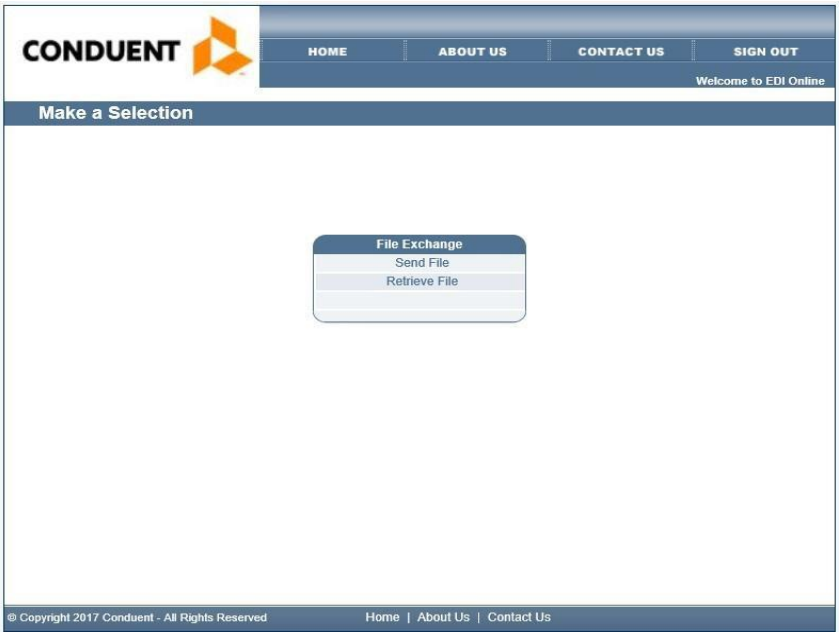


Figure 3: File Submission Page

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



Figure 4: File Selection Page

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**.

4.3.3. EDI MOVEit DMZ/Transfer

MOVEit DMZ/Transfer is appropriate for submitters of large transaction files. MOVEit DMZ/Transfer is a software product that transports data via secure FTP across the Internet.

There are two methods for using MOVEit DMZ/Transfer:

1. Uploading files through a secure website https://pbmazuremoveit.services.conduent.com.
2. Sending and receiving files via Secure FTP client.

4.4. Password General Standards

Trading partners are assigned a Logon Name and Logon User ID during the enrollment process with NM Medicaid. Login User IDs (passwords) can be up to 50 characters long.

5. Contact Information

Access to the site for New Mexico Medicaid Trading Partners is administered through the New Mexico NM HSD HIPAA Helpdesk (HIPAA.DeskNM@hca.nm.gov).

EDI Customer Service/Technical Assistance

The Conduent HIPAA Helpdesk assists users with questions about electronic submission. The Conduent HIPAA Helpdesk is available to all New Mexico Providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at **1-(800)-299-7304 or by email at HIPAA.DeskNM@hca.nm.gov**. The Conduent HIPAA Helpdesk provides the following:

- Provides information on available services.
- Enrolls users for electronic submission.
- Verifies receipt of electronic transmissions.
- Provides technical assistance to users who are experiencing transmission difficulties.

6. Control Segments/Envelopes

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted.
- Parameters in the implementation guide that provides options.

Many of the data elements included in the companion guides are business requirements and are not standardization-required elements. The inclusion of a business-required data field, as defined by this companion guide, may aid in the delivery of a positive response.

6.1. ISA-IEA

Conduent EDI Solutions will read the Interchange Control Segments to validate the Interchange Envelope of each ASC X12 file received for processing. If the Interchange Envelope is invalid, the trading partner will receive a TA1 Interchange Acknowledgement. In the event a TA1 is generated, the TA1 will be delivered to the Trading Partner Mailbox. Table 2 ISA-IEA Segment provides the sender and receiver codes, authorization, and delimiter information.

Table 2: ISA-IEA Segment

Loop	Segment	Data Element	Description
Header	ISA	01	The value to be used 00.
Header	ISA	03	The value to be used 00.
Header	ISA	05	The value to be used ZZ (Mutually Defined).
Header	ISA	06	You must enter the Trading Partner ID provided during the enrollment process. Example: 123456 followed by spaces to complete the 15-digit element.
Header	ISA	07	The value to be used ZZ (Mutually Defined).
Header	ISA	08	The value to be entered is 100000 followed by spaces to complete the 15-digit element.
Header	ISA	09	Expected date in YYMMDD format.
Header	ISA	10	Expected time in HHMM format.

Loop	Segment	Data Element	Description
Header	ISA	15	Use one of the following values: **T=** Test data **P=** Production data

6.2. GS-GE

Conduent EDI Solutions permits Trading Partners to submit single or multiple functional groups within an X12 file. If the X12 file contains multiple functional groups, Conduent EDI will split a file containing multiple functional groups into several files for processing. As a result, the Trading Partner will receive multiple X12C 999 Implementation Acknowledgments.

Table 3: GS-GE Segment

Loop	Segment	Data Element	Description
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 except for the trailing spaces. Example: 123456
Header	GS	03	Enter 77048
Header	GS	04	Expected date in CCYYMMDD format.
Header	GS	05	Expected time in HHMM or HHMMSS format. .
Header	GS	08	The value to be used use 005010X222A1.

6.3. ST-SE

Conduent EDI Solutions will require a unique Transaction Set Control Number in the ST02. The ST02 value should match the SE02 value. Should a file contain multiple ST to SE Transaction Sets, each transaction set control number may not be duplicated within the same interchange (ISA to IEA).

Table 4: ST-SE Segment

Loop	Segment	Data Element	Description
FunctionalGroup	ST	02	Refer to the X12 TR3Guide
FunctionalGroup	SE	02	Refer to the X12 TR3Guide

7. Payer-Specific Business Rules and Limitations

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

- Each user is assigned a Conduent EDI Solutions Trading Partner ID: 6-15 digits long.
- Logon Name: System generated- 9-12 characters long.
- Logon User ID (password): System generated- can be up to 50 characters 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 tests and production transactions.
- New Mexico Medicaid Provider ID: 8-digits long.
- The Receiver ID for New Mexico is 100000 and the Payer ID for New Mexico is 77048.
- The Trading Partner Agreement determines where reports and responses will be delivered.

8. Acknowledgements and/or Reports

8.1. Acknowledgements

HIPAA enabled the healthcare community to standardize transactions, front-end edits, and the corresponding acceptance/rejection reports. These reports ensure precision in EDI transaction format syntax and adherence to the transaction implementation guide. The type of report generated depends on the level of the invalid edit.

Each transaction contains multiple levels where edits may occur. The level at which an error is detected determines whether an entire batch or a single claim is rejected. The following three headings explain these levels in detail:

- Interchange Level Syntax Results and TA1 Rejection Report.
- Transaction Set Level Syntax Results and X12 N 999 Rejection.
- Retrieving the Error Reports.

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

8.2. Report Inventory

8.2.1. Interchange Level Syntax Results and TA1 Rejection Report

Interchange or TA1 edits verify the ISA, GS, GE, and IEA level segments and their data content, which include header and footer batch information. AnyX12 syntax error at this level will result in the entire transaction being rejected, with these rejections reported on TA1.

8.2.2. 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. 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 be rejected 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”.

- **ISA** Interchange Control Header: contains sender information.
- **GS** Functional Group Header: starts 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.

8.2.3. 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 detailed 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 X12 N 999.

8.2.4. 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. This report 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 the values for this report, see the *ANSI ASC X12N 837 Institutional Implementation Guide*. This method of acknowledgement is required by the *Trading Partner Agreement* between Conduent EDI Solutions and the Trading Partners.

The examples below show an accepted and a rejected X12 N 999.

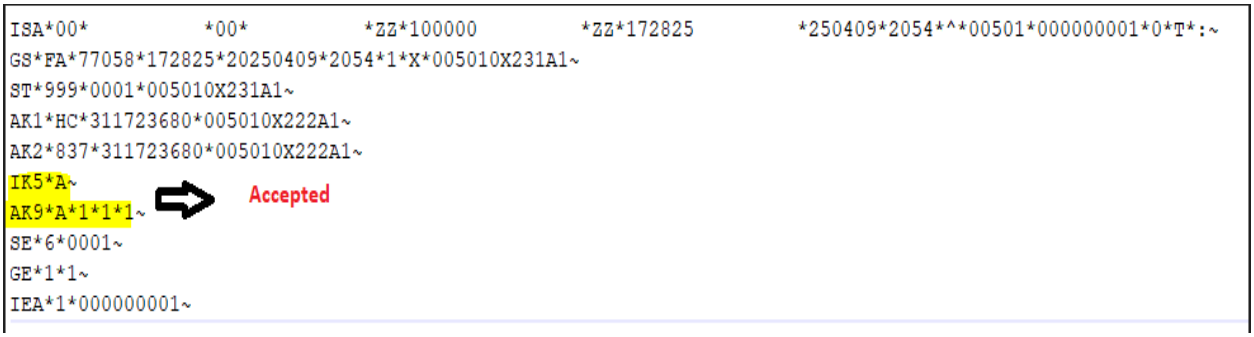


Figure 5:Accepted X12N 999 Example

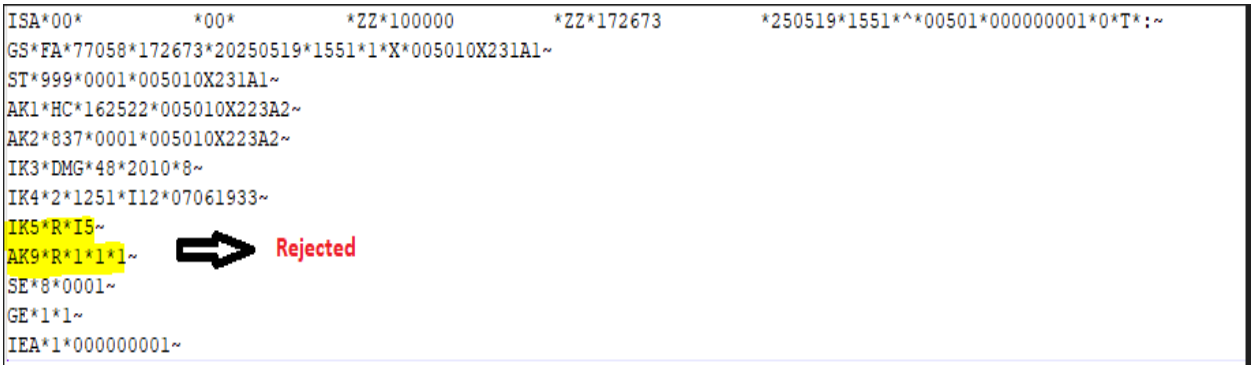


Figure 6: Rejected X12N 999 Example

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.

- **ST** Transaction Set Header: starts a transaction set.
- **SE** Transaction Set Trailer: ends a transaction set.

8.3. Retrieving Confirmation Reports

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.

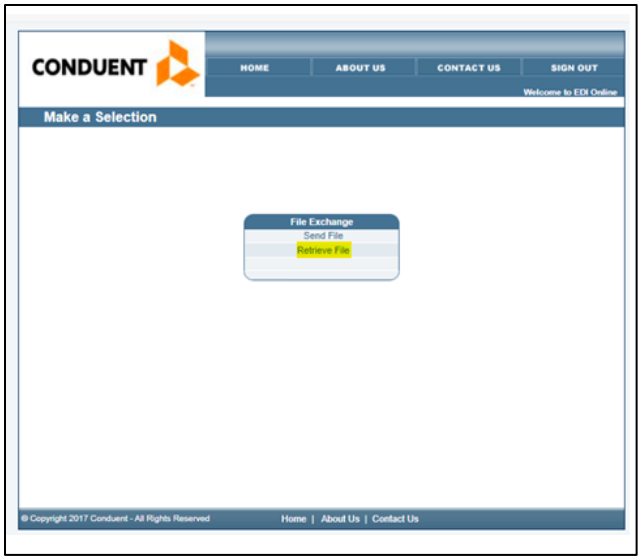


Figure 7: Confirmation Report Retrieval Page

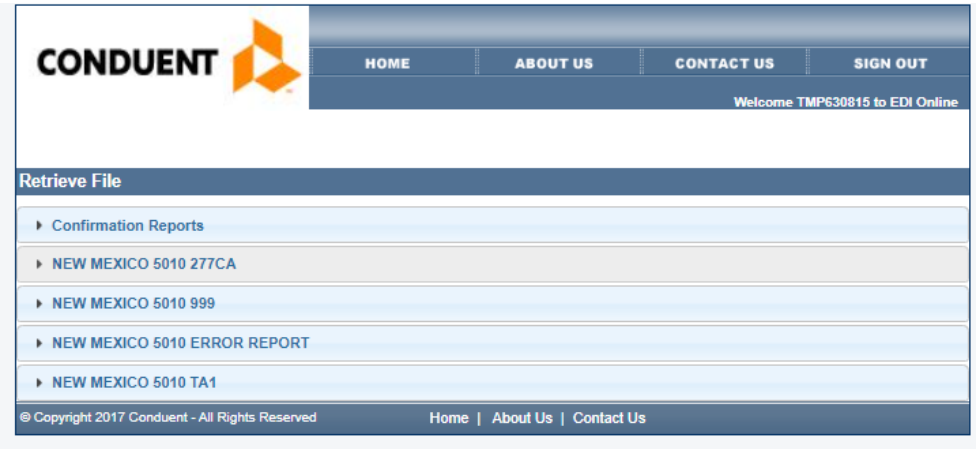


Figure 8: File Retrieval Selection

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

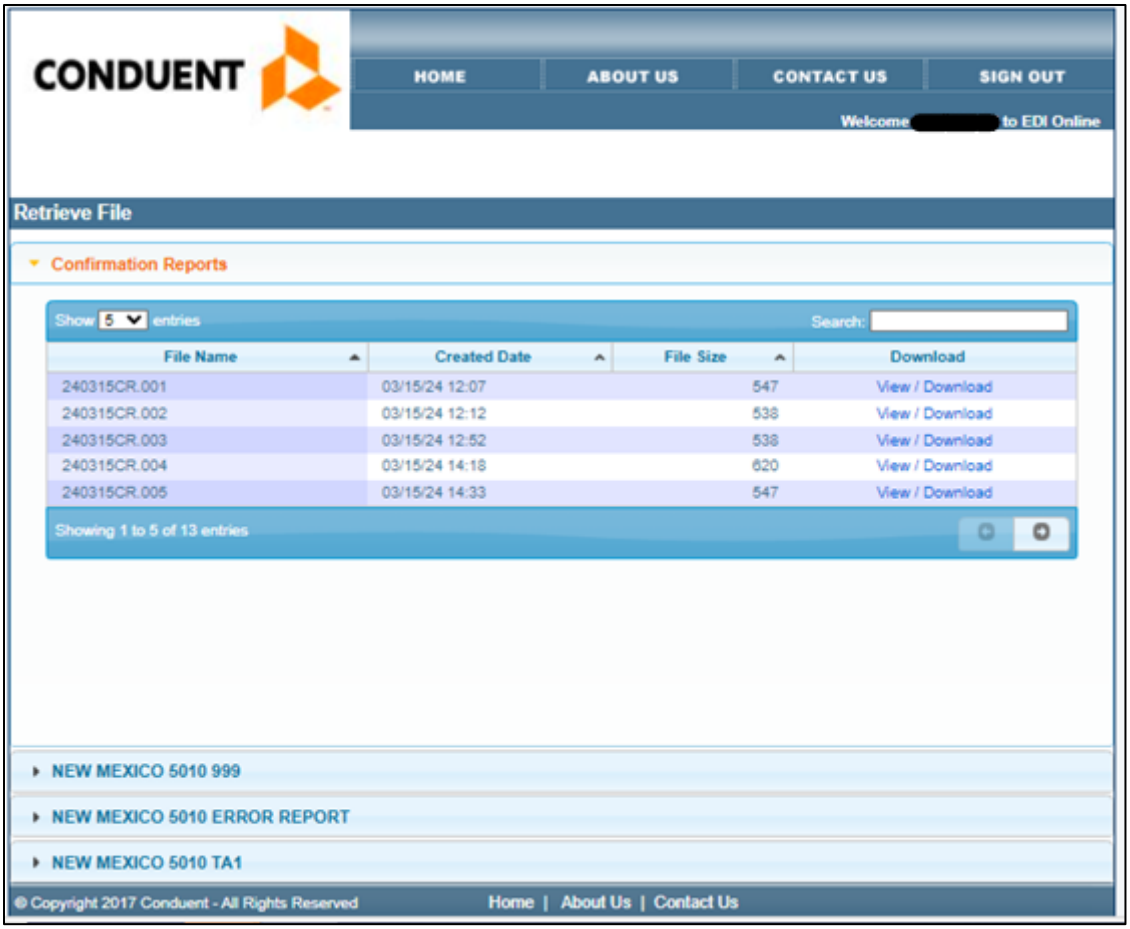


Figure 9: View Confirmation Reports

Note: The reports in the EDI online will be available for 60 days. Older reports are available upon request.

8.4. Steps and Tips to Retrieve the Reports

1. From the above screenshot, we can see the date of the last file submission. Ensure that this date matches the date you submitted the file.
2. Sometimes, there is a lag of up to 15 minutes before your report appears in the list.
   a. If you don't see a report for your submission, then refresh the screen.
   b. If you submit multiple files in one day, the sequence number in the file name will be increased by one.
3. Click on your report.
   a. You can view the report.
   b. You can download the report.
   c. Once the file is saved to a desired location, you will be prompted to open the file.
   d. 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.

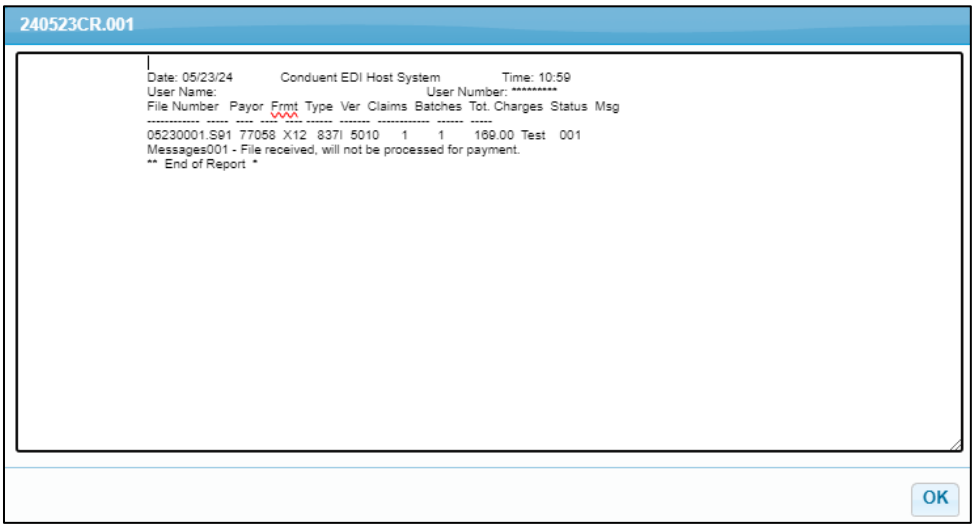


Figure 10: Confirmation Report Example

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 **test** file.

8.5. Retrieving HTML Confirmation Report and TA1 Files

Follow the same procedures as above.

9. Trading Partner Agreements

Conduent EDI Solutions requires trading partner enrollment, which includes a trading partner agreement, for testing and submission of X12N 837 transactions through our processing gateway. Your trading partner agreement also determines where reports and responses will be delivered.

The NM Medicaid trading partner agreement form is available at: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

An EDI Trading Partner is defined as any payer customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from the payer.

10. Transaction-Specific Information (Version 5010)

This section contains data clarifications. The clarifications include:

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

Many of the data elements included in the companion guides are business requirements and are not necessarily required per the ANSI ASC standard. The inclusion of a Business Required data field, as defined by this companion guide, may aid in the delivery of a positive response.

There are submission rules that will result in the rejection of a claim if not followed:

- The amount fields must not exceed $ 9,999,999.99.
- Medicaid Provider ID must be submitted for atypical providers.
- Unit of service fields must not exceed 5 digits.
- Fractional unit(s) of service submitted will be rounded to the next highest whole number.
- Pay-To-Provider number is valid.
- Type of Bill is valid or allowed.
- For claim adjustments, TCN to credit should be a valid numeric number. Any claims received with invalid TCN to credit or if the TCN is not found in claim history, claim will be denied during adjudication.
- Total Claim Charge Amount for the claim is the total amount of all submitted charges of service segments. Any claims received with the incorrect total claim charge amount in loop (2300) will be denied during adjudication.
- Medicaid Provider NPI ID must be submitted for the pay-to-provider and the rendering provider.
- For Medicaid claims, the use of the patient loop is not applicable because the subscriber is always the patient. Any claims received with a patient loop (2000C) will be returned to the submitter.

10.1. Transaction Size

Conduent EDI Solutions follows the industry standards and recommendations contained the *ANSI ASC Consolidated Guide*. Currently this guide recommends that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments.

10.2. Data Clarifications

This companion guide for the ANSI ASC Consolidated 837 Healthcare Claim transaction has been created for use in conjunction with the combined consolidated guide. It should not be considered a replacement for the consolidated guide but rather used as an additional source of information.

10.3. 837 Institutional

Table 5: 837 Institutional Transactions

Loop	Segment	Data Element	Description
Header	ST	03	Please use 005010X223A2
Header	BHT	02	Please use code 00 for the original claim/encounter transmission or code 18 in case a transmission is disrupted, and the batch needs to be sent again.
Header	BHT	06	Please only use code CH. This transaction is only claims with at least one chargeable line item.
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.
1000B	NM1	03	Please use NM Medicaid.
1000B	NM1	09	Please use 77048
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). The value must match the Provider Taxonomy to Provider Type/Specialty table available on the MAD website New Mexico Medicaid Portal.
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. This field must contain 9 digits. If you do not know the last 4, use zeros.
2000B	HL	04	Please use 0. The Subscriber is always the patient; therefore, the dependent level will not be utilized.
2000B	SBR	09	Please use MC for Medicaid.
2010BA	NM1	08	Please use MI for Member Identification Number.
2010BA	NM1	09	Please enter the New Mexico Medicaid Client ID.
2010BA	DMG	02	This element is required for New Mexico Medicaid Claims Processing. Please enter Subscriber Birth Date in format CCYYMMDD.
2010BB	NM1	03	Please use NM Medicaid.
2010BB	NM1	08	Please use PI for Payer Identification.
2010BB	NM1	09	• Use Payer ID 77048 for **FFS (Fee- for -Service)** claims.

Loop	Segment	Data Element	Description
			• For **Managed Care** claims, use the following payer IDs: – PHP-NMPHP – Molina- MLNNM – BCBS- MC721 – UHP- 87748
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.
2300	REF- PAYER CLAIM CONTROL NUMBER	02	**When submitting for an FFS member**: Place the Omnicaid/CMdS TCN number of the previous claim you're requesting to adjust in this field when filing an adjustment or void. Required when CLM05-3 (Claim Frequency Code) ="7" or "8" **When submitting for a Managed Care member**: Place the MCO TCN number of the previous claim you're requesting to adjust in this field when filing an adjustment or void. Required when CLM05-3 (Claim Frequency Code) ="7" or "8"
2300	HI		The principal diagnosis is required on all inpatient and outpatient claims. Admitting diagnoses is required on all inpatient claims and encounters-code diagnosis required to describe an injury. Patient Reason required for visit diagnosis for all unscheduled outpatient visits.
2300	HI	01-09	Presents on Admission indicator is required.
2300	HI- Value Information	01-1	Please enter "BE". If the claim is an inpatient claim, the covered and non- covered days must be included in this segment using value codes. Examples of how this would look are: HI*BE: 80:::30~ Or HI*BE:80:::28: BE:81:::2~
2300	HI	01-2	Enter 80 for covered days and 81 for non- covered days.
2300	HI	01-5	Enter number of covered or non-covered days.
2320	SBR		Provide Third Party Liability (TPL) and Medicare Crossover information in this loop. Make one repeat of the loop for each non-Medicaid payer.
2320	SBR	01	If reporting Third Party liability, which includes

Loop	Segment	Data Element	Description
			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.
2320	SBR	03	Please enter the subscriber’s group number if available (not the subscriber’s identification number).
2320	SBR	09	Please use MA for Medicare Part A or MB for Medicare Part B,16 for HMO Healthcare, or ’CI’ for commercial Insurance. For non- Medicare TPL, use the code, which correctly identifies the type of coverage provided by the policy. Do not use code MC (Medicaid)
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.
2330A	NM1	09	If reporting Medicare coverage, Client’s Medicare MBI number must be entered here.
2330B	NM1	09	Valid payer ID number required if available. If no payer ID number is available, please use the name of the payer. (e.g. "MEDICARE" or another payer name as appropriate.) Use of all zeroes or all spaces is invalid.
2400	LX	01	Please begin with 1 for the first line item and increment by one for each subsequent line item.
2400	SV2	02-1	Please use HC for HCPCS.
2400	SV2	04	Please use UN for Unit. NM Medicaid will not accept unit values with more than two places after decimal. e.g. 1.25 is acceptable,1.253 is not acceptable.
2410	LIN	02	Please enter N4 when NDC code is entered in LIN03.
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 NDC code in the 5-4-2 format associated with the physician administered drug identified as the service in SV 202-2. Omit any hyphens.
2410	CTP	04	Please include the unit price for NDC billed if an NDC code was entered in LIN03. Enter the quantity or actual units administered. Decimal points may be entered.
2410	CTP	05-1	If an NDC was submitted in LIN03, include the unit or basis for measurement code for the NDC billed, using

Loop	Segment	Data Element	Description
			the appropriate code qualifier. Enter the appropriate unit or basis of measurement code: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit.
2430	SVD	01	If Required, Enter a valid payer ID number if available. If no payer ID number is available, please use the name of the payer. (e.g., “MEDICARE” or another payer name as appropriate.) The value entered here must = what was entered in 2330B NM109. Use of all zeroes or all spaces is invalid.
2430	SVD	02	Enter the Line Amount Paid by the primary payer
2430	SVD	03-01	Value “HC” is required.

11. Appendices

11.1. Implementation Checklist

Conduent EDI offers a high-level onboarding checklist on request.

11.2. Business Scenarios

Please contact the NM HIPAA Helpdesk to discuss your specific business needs.

11.3. Transmission Examples

N/A

11.4. Frequently Asked Questions

NM HCA FAQs are available here: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

Also, your Conduent EDI Business Analyst(s) have EDI and X12 expertise to field all related inquiries. Please direct your questions to NM HIPAA Helpdesk.