Changes to NewMMIS Companion Guides

July 2008

The following changes have been made to the NewMMIS companion guides. Please refer to these changes when constructing NewMMIS HIPAA batch transactions.

EDI X12N Transactions Modifications

Inbound Interchange Control and Functional Group Header Changes

Loop	Segment		Element Name	Change Value To
---	ISA	14	Acknowledgement Requested	"1"
---	GS	03	Application Receiver's Code	"DMA7384"

270/271 Companion Guide

Loop	Segment		Element Name	Change Value To
2100B	NM1	01	Entity Identifier Code	"PR"
2100C	DTP	01	Date/Time Qualifier	"472"
2100C	DTP	02	Date/Time Qualifier	"RD8" or "D8"
2100C	DTP	03	Date Time Period	To Date of Service AND/OR From Date of Service

Note: Section 3.3.3, Page 7 – Inquiry by Last Name, First Name, Date of Birth and Gender - Loop 2100C:NM1 segment will accept the character length to the extent that HIPAA allows.

276/277 Companion Guide

Loop	Segment		Element Name	Change Value To
2000A	HL	03	Hierarchical Level Code	"20" for the information source HL segment.
2000B	HL	03	Hierarchical Level Code	"21" for the information Receiver HL segment.
2000C	HL	03	Hierarchical Level Code	"19" for the Service Provider Level HL segment.
2000D	HL	03	Hierarchical Level Code	"22" for the information source HL segment.
2000D	DMG	01	Date/Time Period Format	Code indicating the Date format, Time format or Date/Time format. DMG is in loop 2000D and 2000E. Required when inquiring by name. Must equal "D8."
2000D	DMG	03	Gender Code	Code indicating the gender of the individual. Must equal to F, M or U when coded in 276 transactions.
2100A	NM1	08	Identification Code Qualifier	"PI"
2100B	NM1	01	Entity Identifier Code	"41"
2100B	NM1	03	Name Last or Organization Name	Individual's last name or organization's name. Value must be the payment receiver organization's name.
2100B	NM1	08	Identification Code Qualifier	Code designating the system/method of code structure used for identification code. Value must be "46."
2100B	NM1	09	Identification Code	Code identifying a party or other code. Must be the NewMMIS provider ID.
2100C	NM1	02	Entity Type Qualifier	1 = Individual Provider 2 = Non Person Entity
2100D	NM1	03	Name Last or Organization Name	Individual's last name or organization's name Must contain at least one character, does not need to be related to subscriber information when member ID is provided. Recommended value is "A."

Loop	Segment		Element Name	Change Value To
2100D	NM1	04	Name First	The first name is required when the value in NM102 is "1."
2200D	DTP	01	Date/Time Qualifier	Must equal "232" for the 276 transaction when the segment is present at the claim level that is before the SVC segment. Value must be "232" for the 276 transaction when the SVC segment is included in request.

834 Inbound Companion Guide

Loop	Segment		Element Name	Change Value To
2000	INS	03	Maintenance Type Code	001 – Change Daily 021 – Addition Daily 024 – Termination Daily

834 Outbound Companion Guide

Loop	Segment		Element Name	Change Value To
---	ISA	05	Interchange Sender ID Qualifier	"ZZ" – Mutually Defined
---	ISA	06	Interchange Sender ID	"DMA7384"
1000A	N1	01	Entity ID Code	P5 plan sponsor
1000A	N1	03	ID Code Qualifier	"ZZ" – Mutually Defined
1000A	N1	04	ID Code	"DMA7384"
1000B	N1	01	Entity ID Code	"IN" – Insurer
1000B	N1	03	ID Code Qualifier	"FI" – Federal Tax ID Number
2000	INS	04	Maintenance Reason Code	"AI" – No Reason Given
2100A	AMT	01	Amount Qualifier Code	"C1" – Copayment Amount
2310	NM1	02	Entity Type Qualifier	1 – Person (PCP) 2 – Non -Person Entity (Group Provider)

835 Companion Guide

Loop	Segment		Element Name	Change Value To
Header	BPR	04	Payment Method Code	For State Transfers and Zero Payment, value must be "NON." The values for: E Code = "ACH" C Code = "CHK" OR T Code = "NON"
1000A	N1	01	Entity Identifier Code	This value is always "PR".
1000A	N1	02	Name	This value is always "COMMONWEALTH OF MASSACHUSETTS/EOHHS/OFFICE OF MEDICAID."
1000A	PER	04	Payer Contact Communication Number	The phone number on the 835 will be for MassHealth Customer Service. However, if the questions are about a pharmacy claim, the ACS phone number should be used.
1000A	PER	06	Payer Contact Communication Number	The e-mail on the 835 will be for MassHealth Customer Service. However, if the questions are in reference to a pharmacy claim, the ACS e-mail should be used.

Loop	Segment		Element Name	Change Value To
1000B	N1	04	Payee Identification Code	This segment requires provider NPI. For atypical providers, enter provider tax ID. Value must be "04600284EHS."
Summary	PLB PLB PLB PLB PLB	01 02 03-1 03-2 04	Provider Identifier Fiscal Period Date Adjustment Reason Code Provider Adjustment Identifier Provider Adjustment Amount	This segment is used only if there are non-claim related adjustments and/or adjustments made by MMARS. **PLB03-1** "72" – Authorized Return "CT" – for Capitation Payment "FB" – for Forwarding Balance " IR" – Internal Revenue Service Withholding "LE" – Levy "WO" – Overpayment Recovery "CS" – Adjustment – Will be used to identify an adjustment applied to payment due the MMARS system. **PLB04** "PLB04" for the CS reason with Financial Control Number of all 9s will represent the reduction in payment by MMARS.
Note: Loop 2100:NM107 was removed from 835 CG as it is no longer applicable.				

837I Companion Guide

Loop	Segment		Element Name	Change Value To
2010BC	NM1	08	Payer Identification	Enter "PI."
2010BC	NM1	09	Identification Code	Enter "046002284."
2300	CLM	05-3	Claim Frequency Type Code	UB-04 Claim Frequency Type Code Value 1 – Original 7 – Replacement 8 – Void

837P Companion Guide

Loop	Segment		Element Name	Change Value To
2300	CLM	05-3	Claim Frequency Type Code	UB-04 Claim Frequency Type Code Value 1 – Original 7 – Replacement 8 – Void
2400	SV1	04	Quantity	Service Unit Counts 1 Unit = 15 Minutes
2400	REF	01/02	Prior Authorization or Referral Number	Enter "9F" in REF01 and the ten-character referral number in REF02 if the member you are billing is enrolled in a PCC Plan, and the service being billed on this line requires PCC authorization, and the referral number was not already entered in the 2300 Loop (also see 2300 REF01/REF02 prior authorization or referral number information).

The following are the functional text modifications made to the NewMMIS companion guides along with the changes in EDI X12N transactions data.

276/277 Companion Guide			
Page No.	**Section**	**Original Text**	**Modified/Removed Text**
12 29	Assumptions- HL Segment 5.7 – HL Segment	The HIPAA 277 real-time response transactions for claim status will include up to 100 member-level loops beginning with HL segment. Each loop contains the status information of a claim that satisfies the request criteria up to 99 loops. The 100th loop, if present, indicates by codes in the STC segment than more that 99 claims on the database satisfy the criteria.	Text removed from both sections in the guide.
31	6.0 – PC Receive Response Edits	Section 6.1 – Receive_EDI_N3 Section 6.2 – Receive_EDI_N4 Section 6.2 – Receive EDI_PER	Section 6.0 removed from the guide.

835 Companion Guide			
Page No.	**Section**	**Original Text**	**Modified/Removed Text**
4	4.3 – 835 Transactions in Response to Retail Pharmacy Claims	Retail pharmacy providers submitting both pharmaceutical and durable medical equipment (DME) will receive their payment and 835 from MassHealth. Information about the contents in the retail pharmacy 835 transaction can be requested via e-mail to ***<TBD>*** or by calling <***TBD***>.	Retail pharmacy providers submitting both pharmaceutical and durable medical equipment (DME) will receive their payment and 835 from MassHealth. Information about the contents in the retail pharmacy 835 transaction can be requested via e-mail to MassHealth.providerrelations@acs-inc.com or by calling 617-423-9830.

837I Companion Guide			
Page No.	**Section**	**Original Text**	**Modified/Removed Text**
8	3.4 – Void Transactions	Entire section	The section has been rewritten to include replacement transactions.

837P Companion Guide			
Page No.	**Section**	**Original Text**	**Modified/Removed Text**
11	3.4 – Void Transactions	Entire section	The section has been rewritten to include replacement transactions.