

820 Payment Order/Remittance Advice

HIPAA/V5010X218: 820 Payment Order/Remittance Advice, Louisiana Medicaid

Version: 1.0

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The purpose of this guide is to clarify the usage of the X12 V5010X218 820 Payment Order/Remittance Advice HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published guide. Submitters must use this format mandated by HIPAA as of January, 01, 2012.

If unfamiliar with how to read an implementation guide, refer to the final release of X12 V5010X218 820 Payment Order/Remittance Advice HIPAA Implementation Guide available through Washington Publishing Company (WPC) at www.wpc-edi.com.

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ISA01	I01	Authorization Information Qualifier LA Medicaid: Value will be 00 for this element.	M	ID	2/2
ISA02	I02	Authorization Information LA Medicaid: Value will be spaces for this element	M	AN	10/10
ISA03	I03	Security Information Qualifier LA Medicaid: Value will be 00 for this element	M	ID	2/2
ISA04	I04	Security Information LA Medicaid: Value will be spaces for this element	M	AN	10/10
ISA05	I05	Interchange ID Qualifier LA Medicaid: Value will be ZZ for this element	M	ID	2/2
ISA06	I06	Interchange Sender ID LA Medicaid: Value will be LA-DHH-MEDICAID for this element	M	AN	15/15
ISA07	I05	Interchange ID Qualifier LA Medicaid: Value will be ZZ for this element	M	ID	2/2
ISA08	I07	Interchange Receiver ID LA Medicaid: Value will be the 7 digit Molina assigned Provider Number followed by spaces	M	AN	15/15
ISA09	I08	Interchange Date LA Medicaid: The date format is YYMMDD	M	DT	6/6
ISA10	I09	Interchange Time LA Medicaid: The time format is HHMM	M	TM	4/4
ISA11	I10	Repetition Separator LA Medicaid: Value will be ^ for this element	M	ID	1/1
ISA12	I11	Interchange Control Version Number LA Medicaid: Value will be 00501 for this element.	M	ID	5/5
ISA13	I12	Interchange Control Number LA Medicaid: Value will be identical to the interchange trailer IEA02. Will be unique for every submitted transmission	M	N0	9/9
ISA14	I13	Acknowledgment Requested LA Medicaid: Value will be 0 for this element.	M	ID	1/1
ISA15	I14	Usage Indicator LA Medicaid: T = Test Data P = Production Data	M	ID	1/1
ISA16	I15	Component Element Separator LA Medicaid: Value will be a colon : ASCII x3A.	M		1/1

GS**Functional Group Header**

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS01	479	Functional Identifier Code LA Medicaid: Value will be RA	M	ID	2/2
GS02	142	Application Sender's Code LA Medicaid: Value will be identical to the value in ISA06	M	AN	2/15
GS03	124	Application Receiver's Code LA Medicaid: Value will be the 7 digit Molina assigned Provider Number followed by spaces	M	AN	2/15
GS04	373	Date LA Medicaid: The date format is CCYYMMDD	M	DT	8/8
GS05	337	Time LA Medicaid: The time format is HHMMSSdd	M	TM	4/8
GS06	28	Group Control Number LA Medicaid: Uniquely assigned and maintained by LA Medicaid	M	N0	1/9
GS07	455	Responsible Agency Code LA Medicaid: Value will be X for this element	M	ID	1/2
GS08	480	Version / Release / Industry Identifier Code LA Medicaid: Value will be 005010X218 for this element	M	AN	1/12

ST**Functional Group Header**

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ST01	143	Transaction Set Identifier Code LA Medicaid: Value will be 820	M	ID	3/3
ST02	329	Transaction Set Control Number LA Medicaid: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.	M	AN	4/9
ST03	1705	Implementation Convention Reference LA Medicaid: Value will be 005010X218 for this element	O	AN	1/35

BPR Financial Information

Pos: 020 Max: 1
 Heading - Mandatory
 Loop: N/A Elements: 15

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BPR01	305	Transaction Handling Code LA Medicaid: Value will always be I - Remittance information only	M	ID	1/2
BPR02	782	Monetary Amount	M	R	1/18
BPR03	478	Credit/Debit Flag Code LA Medicaid: Value will always be "C" - Credit	M	ID	1/1
BPR04	591	Payment Method Code LA Medicaid: Value will be NON	M	ID	3/3
BPR10	509	Originating Company Identifier LA Medicaid: Federal tax ID number preceded by a 1	O	AN	10/10
BPR16	373	Date LA Medicaid: EFT Effective Date	O	DT	8/8

TRN Reassociation Trace Number

Pos: 035 Max: 1
 Heading - Optional
 Loop: N/A Elements: 3

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
TRN01	481	Trace Type Code LA Medicaid: Value will be 3 Financial Re-association Trace Number	M	ID	1/2
TRN02	127	Reference Identification LA Medicaid: Value will be the check number, EFT trace number, or the remittance number if no payment has been issued	M	AN	1/30
TRN03	509	Origination Company Identifier Must contain the Federal Tax ID number preceded by a 1 and must be identical to BPR10	O	AN	10/10

REF Premium Receivers Identification KEY

Pos: 050 Max: > 1
 Heading - Optional
 Loop: N/A Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier LA Medicaid: Value will be 14 (Master Account Number)	M	ID	2/3
REF02	127	Premium Receiver Reference Identifier LA Medicaid: Value will be Medicaid	C	AN	1/30

N1 Premium Receiver's Name

Pos: 070	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 4

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N101	98	Entity Identifier Code LA Medicaid: Value will be PE (Payee)	M	ID	2/3
N102	93	Premium Receiver's Name LA Medicaid: Value will be Pay-to Provider's Name	C	AN	1/60

N1 Premium Payee Name

Pos: 070	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 3

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N101	98	Entity Identifier Code LA Medicaid: Value will be PR (Payer)	M	ID	2/3
N102	93	Premium Payer Name LA Medicaid: Value will be LA-DHH-Medicaid	C	AN	1/60

ENT Individual Remittance

Pos: 010	Max: 1
Detail- Optional	
Loop: 2000B	Elements: 4

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ENT01	554	Assigned Number LA Medicaid: Value will be an assigned sequential number	O	N0	1/6
ENT02	98	Entity Identifier Code LA Medicaid: Value will be 2J (individual)	C	ID	2/3
ENT03	66	Identification Code Qualifier LA Medicaid: Value will be 34	C	ID	1/2
ENT04	67	Receiver's Individual ID LA Medicaid: Value will be Social Security Number of Medicaid Recipient	C	AN	2/80

NM1

Individual Name

Pos: 020	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 6

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	Entity Identifier Code LA Medicaid: Value will be QE (Policyholder)	M	ID	2/3
NM103	1035	Client Last Name	O	AN	1/35
NM104	1036	Client First Name	O	AN	1/25
NM105	1037	Client Middle Name	O	AN	1/25
NM108	66	Identification Code Qualifier LA Medicaid: Value will be N	C	ID	1/2
NM109	67	Identification Code LA Medicaid: Value will be the thirteen digit Medicaid Recipient ID number	C	AN	2/80

RMR

Individual Premium Remittance Detail

Pos 150	Max: 1
Detail - Optional	
Loop: 2300B	Elements: 4

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
RMR01	128	Reference ID Qualifier LA Medicaid: Value will be AZ (Health Insurance Policy Number)	C	ID	2/3
RMR02	127	Insurance Remittance Reference Number LA Medicaid: Medicaid Internal Control Number (ICN)	C	AN	1/30
RMR04	782	Detail Premium Payment Amount	O	ID	1/18

DTM

Individual Coverage Period

Pos 180	Max: 1
Detail - Optional	
Loop: 2300B	Elements: 3

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTM01	374	Date/Time Qualifier LA Medicaid: "582"	M	ID	3/3
DTM05	1250	Date/Time Qualifier LA Medicaid: "RD8"	C	ID	2/3
DTM06	1251	Date Time Period LA Medicaid: format CCYYMMDD-CCYYMMCC	C	AN	1/35

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GE01	97	Number of Transaction Sets Included LA Medicaid: <i>Number of transactions sets included.</i>	M	N0	1/6
GE02	28	Group Control Number LA Medicaid: <i>Value will be identical to the value in GS06.</i>	M	N0	1/9

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
IEA01	I16	Number of Included Functional Groups LA Medicaid: <i>Number of included functional groups.</i>	M	N0	1/5
IEA02	I12	Interchange Control Number LA Medicaid: <i>Value will be identical to the value in ISA13.</i>	M	N0	9/9