

837 Health Care Claim: Professional

HIPAA/V5010X222A1/837: Health Care Claim Professional, Louisiana Medicaid

Version: 1.1

Revised: 12/07/11

The purpose of this guide is to clarify the usage of the X12 V5010X222A1 837 Professional HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program. It does not change the requirements of the official guide nor does it represent a complete listing of all required Louisiana Medicaid claims data segments.

This guide is applicable to the following LA Medicaid claim types (file extensions):

PHY - Physician
DME - Durable Medical Equipment
REH - Rehabilitation Services
TRA – Transportation

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 V5010X222A1 837 Professional HIPAA Implementation Guide available through Washington Publishing Company (WPC) at www.wpc-edi.com.

Policy Statement:

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each claim is also edited for requirements that are unique to each claim type. All claims, whether submitted via paper or electronic, must comply with the policies and requirements as documented in the claim type specific provider billing manuals and training packets that are distributed by Molina.

	Revision History		
Date	Description of Change	LIFT	By
10/21/2011	Initial document release.	6729	C. Simpson
12/07/2011	Added Note to NM109 Billing Provider NPI on page 6.	6729	T. Tate

Note: All data must be formatted in upper case.

ISA Interchange Control Header

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

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ISA01	I01	Authorization Information Qualifier LA Medicaid: Use 00 for this element	M	ID	2/2
ISA02	I02	Authorization Information LA Medicaid: Must be spaces	M	AN	10/10
ISA03	I03	Security Information Qualifier LA Medicaid: Use 00 for this element	M	ID	2/2
ISA04	I04	Security Information LA Medicaid: Must be spaces	M	AN	10/10
ISA05	I05	Interchange ID Qualifier LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA06	I06	Interchange Sender ID LA Medicaid: Use the 7 digit Molina assigned submitter ID (i.e. 450XXXX) followed by spaces	M	AN	15/15
ISA07	I05	Interchange ID Qualifier LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA08	I07	Interchange Receiver ID LA Medicaid: Use the value LA-DHH-MEDICAID for this element	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: Use the value ^ for this element -ASCII x5E	M		1/1
ISA12	I11	Interchange Control Version Number LA Medicaid: Use the value 00501 for this element	M	ID	5/5
ISA13	I12	Interchange Control Number LA Medicaid: Must be a positive unsigned number and identical to the interchange trailer IEA02. Must be unique for every transmission submitted.	M	N0	9/9
ISA14	I13	Acknowledgment Requested LA Medicaid: Use the value 0 or 1 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: Must be a colon : -ASCII x3A	M		1/1

GS Functional Group Header

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

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GS01	479	Functional Identifier Code LA Medicaid: Use the value HC for this element.	M	ID	2/2
GS02	142	Application Sender's Code LA Medicaid: Must be identical to the value in ISA06	M	AN	2/15
GS03	124	Application Receiver's Code LA Medicaid: Use LA-DHH-MEDICAID for this element	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 HHMM	M	TM	4/8
GS06	28	Group Control Number LA Medicaid: Assigned and maintained by the sender.	M	N0	1/9
GS07	455	Responsible Agency Code LA Medicaid: Use the value X for this element	M	ID	1/2
GS08	480	Version / Release / Industry Identifier Code LA Medicaid: Use the value 005010X222A1 for this element	M	AN	1/12

ST Transaction Set Header

Pos: 0050	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ST03	1705	Implementation Convention Reference LA Medicaid: Use the value 005010X222A1 for this element	O	AN	1/35

NM1 Submitter Name

Pos: 0200 Max: 1
 Heading - Optional
 Loop: 1000A Elements: 9

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM109	67	Identification Code LA Medicaid: Use the 7 digit submitter ID (i.e. 450XXXX) assigned by Louisiana Medicaid	X	AN	2/80

NM1 Receiver Name

Pos: 0200 Max: 1
 Heading - Optional
 Loop: 1000B Elements: 5

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM103	1035	Name Last or Organization Name LA Medicaid: Use the value LOUISIANA MEDICAID Medicaid for this element	X	AN	1/60
NM109	67	Identification Code LA Medicaid: Use the value LA-DHH-MEDICAID for this element	X	AN	2/80

PRV Billing Provider Specialty Information

Pos: 0030 Max: 1
 Detail - Optional
 Loop: 2000A Elements: 3

User Option (Usage): Situational
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
PRV01	1221	Provider Code LA Medicaid: Use the qualifier BI for this element	M	ID	1/3
PRV02	128	Reference Identification Qualifier LA Medicaid: Use the qualifier PXC for this element	X	ID	2/3
PRV03	127	Reference Identification LA Medicaid: Enter the Taxonomy Code associated with the NPI of the Billing Provider. This segment is required by Medicaid <u>ONLY</u> when Taxonomy is needed for unique identification of the Medicaid Provider ID. In certain situations, a provider may have a single NPI that is associated with multiple Louisiana Medicaid Provider numbers. To distinguish which Medicaid Provider number is being referenced, a "Tie-Breaker" such as Taxonomy Code must be submitted to assure the proper cross reference. You must use the same Taxonomy Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider number.	X	AN	1/50

NM1 Billing Provider Name

Pos: 0150 Max: 1
 Detail - Optional
 Loop: 2010AA Elements: 8

User Option (Usage): Required
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier LA Medicaid: Use the qualifier XX for this element when reporting an NPI.	X	ID	1/2
NM109	67	Identification Code LA Medicaid: This loop is for NPI <u>only</u> . Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. For individual providers who are incorporated , enter the organizational NPI that was issued and was also registered with La Medicaid. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop. If an atypical provider has <u>not</u> registered an NPI with Louisiana	X	AN	2/80

Medicaid, you should not use this Loop; you should report the legacy Louisiana Medicaid Provider number in 2010BB REF02 with qualifier G2.

N4 Billing Provider City, State, ZIP Code

Pos: 0300 Max: 1
Detail - Optional
Loop: 2010AA Elements: 5

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N403	116	Postal Code	O	ID	3/15

LA Medicaid: Enter the 9-digit Zip Code. If a Zip code was registered with the NPI registration due to the need for unique identification of the Medicaid Provider ID, then the Zip code must match.

In certain situations, a provider may have a single NPI that is associated with multiple Louisiana Medicaid Provider numbers. To distinguish which Medicaid Provider number is being referenced, a "Tie-Breaker" such as ZIP Code must be submitted to assure the proper cross reference. Use the same ZIP Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider Number.

HL Subscriber Hierarchical Level

Pos: 0010 Max: 1
Detail - Mandatory
Loop: 2000B Elements: 4

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HL04	736	Hierarchical Child Code	O	ID	1/1

LA Medicaid: Use the value 0 for this element. For Medicaid purposes, the subscriber will always equal the patient. Therefore, an additional subordinate HL segment will not be required.

SBR Subscriber Information

Pos: 0050 Max: 1
Detail - Optional
Loop: 2000B Elements: 6

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
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SBR09 1032 **Claim Filing Indicator Code** O ID 1/2
LA Medicaid: Use the value MC for this element

NM1 Subscriber Name

Pos: 0150 Max: 1
 Detail - Optional
 Loop: 2010BA Elements: 8

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM102	1065	Entity Type Qualifier <i>LA Medicaid: Use the value 1 for this element</i>	M	ID	1/1
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the value MI for this element</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Use the thirteen digit Medicaid Recipient ID number for this element</i>	X	AN	2/80

NM1 Payer Name

Pos: 0150 Max: 1
 Detail - Optional
 Loop: 2010BB Elements: 5

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the value PI for this element.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Use the value LA-DHH-MEDICAID for this element.</i>	X	AN	2/80

REF Billing Provider Secondary Identification

Pos: 0350 Max: 2
 Detail - Optional
 Loop: 2010BB Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value G2 for this element</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: This Loop is only for legacy Louisiana Medicaid Provider numbers (7 numeric positions) and is only used for atypical providers that do not have an NPI registered with Louisiana Medicaid. If an atypical provider has a registered</i>	X	AN	1/50

*NPI, they should use Loop 2010AA NM109 to submit their NPI and **should not send** this 2010BB REF segment.*

CLM Claim Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CLM01	1028	Claim Submitter's Identifier <i>LA Medicaid: Use a unique number up to 38 characters.</i>	M	AN	1/38
CLM05	C023	Health Care Service Location Information <i>LA Medicaid: CLM05 applies to all service lines unless it is over written at the line level.</i>	O	C	
CLM05-01	1331	Facility Code Value <i>LA Medicaid: Use this element for codes identifying a place of service from code source 237, US DHHS CMS.</i>	M	AN	1/2
CLM05-02	1332	Facility Code Qualifier <i>LA Medicaid: Use B for this element.</i>	O	ID	1/2
CLM05-03	1325	Claim Frequency Type Code <i>LA Medicaid: Use the value 1 for an original claim, code 7 if the claim is an adjustment of a previous claim, or code 8 if a void of a previous claim.</i>	O	ID	1/1

REF Service Authorization Exception Code

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value 4N for this segment.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the value 3 for this element when a Hospital is billing for services associated with moderate to high level emergency physician care.</i> <i>Moderate to high-level complexity corresponds to the level of care noted in the definition of evaluation and management CPT codes 99283, 99284 and 99285.</i> <i>Use the value 1 if billing for services associated with low level complexity which corresponds to the level of care noted in the definition of evaluation and management CPT codes 99281 and 99282.</i> <i>The value in this REF02 segment corresponds to the same data</i>	X	AN	1/50

that would be placed in Form Locator 7 in the UB-04 billing document.

REF Referral Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

LA Medicaid:

This segment is required when the recipient is in the CommunityCARE Program and the services require authorization by the PCP. Edit 106 will apply if the 7 digit PCP Referral Authorization Number is required and is not present in this REF segment.

NOTE: This is a major change as this data was sent in a different field (2310A) in the 4010 Version of 837P

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value 9F for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the 7 digit CommunityCARE Referral Authorization Number (7 digit Legacy Referring Provider Number) when the recipient is in the CommunityCARE Program and the services require authorization by the PCP</i>	X	AN	1/50

REF Prior Authorization

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value G1 for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the Molina assigned Prior Authorization Number for this element.</i>	X	AN	1/50

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier LA Medicaid: Use the value F8 for this element.	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Use the Molina assigned claim number (ICN) for this element.	X	AN	1/50

REF Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier LA Medicaid: Use the value X4 for this element.	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Use the CLIA certificate number for this element.	X	AN	1/50

CR1 Ambulance Transport Information

Pos: 1950	Max: 1
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

Element Summary:

CR105	355	Unit or Basis for Measurement Code LA Medicaid: Use the value DH for this element.	X	ID	2/2
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CRC EPSDT Referral

Pos: 2200	Max: 1
Detail - Optional	
Loop: 2300	Elements: 5

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CRC01	1136	Code Category LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
CRC03	1321	Condition Indicator LA Medicaid: Use the following values: S2 - Under Treatment ST - New Services Requested	M	ID	2/3

NU - Not Used

NM1 Referring Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

User Option (Usage): Situational

LA Medicaid:

Do not use this loop to report the CommunityCARE PCP (Legacy Referring Provider Number). The CommunityCARE PCP Referral/Authorization Number must go in Loop 2300 – Referral Number.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code <i>LA Medicaid: Use the value DN for this element.</i>	M	ID	2/3
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i>	X	AN	2/80

REF Referring Provider Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value G2 for this element when reporting a Louisiana Medicaid Provider Number in this Loop.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: If the Referring Provider is an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send the 7-digit Medicaid provider number in this element.</i>	X	AN	1/50

NM1 Rendering Provider Name

Pos: 2500	Max: 1
Detail – Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier XX in this element when reporting an NPI.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i> <i>If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana legacy Medicaid Provider Number in the secondary ID in the 2310B REF02 segment.</i>	X	AN	2/80

REF Rendering Provider Secondary Identification

Pos: 2710	Max: 4
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value G2 for this element if an atypical provider and you are reporting a Louisiana Medicaid Provider Number in this Rendering Loop.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use this element to submit the Louisiana Medicaid Provider Number.</i>	X	AN	1/50

SBR Other Subscriber Information

Pos: 2900 Max: 1
 Detail - Optional
 Loop: 2320 Elements: 6

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SBR09	1032	Insurance Type Code LA Medicaid: Do not use MC – Medicaid for this segment when providing information about another payer involved in this claim.	O	ID	1/2

CAS Claim Level Adjustments

Pos: 2950 Max: 5
 Detail - Optional
 Loop: 2320 Elements: 19

User Option (Usage): Situational

LA Medicaid:

REQUIRED: As of April 1, 2008, Louisiana Medicaid accepts and processes TPL claims submitted electronically. It is not necessary to submit TPL claims hard copy with EOBs attached. This does not apply to Medicare crossover claims.
Required: If other payers are known to potentially be involved in paying on this claim.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CAS01	1033	Claim Adjustment Group Code LA Medicaid: When PR is used for this element, include segments for Deductible Amount, Coinsurance Amount, and Co-Payment Amount.	M	ID	1/2

NM1 Other Payer Name

Pos: 3250 Max: 1
 Detail - Optional
 Loop: 2330B Elements: 5

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier LA Medicaid: Use the qualifier PI for this element.	X	ID	1/2
NM109	67	Identification Code LA Medicaid: Enter the Carrier Code issued by Louisiana Medicaid for the payer identified in Loop 2320.	X	AN	2/80

LX **Service Line Number**

Pos: 3650	Max: 1
Detail - Optional	
Loop: 2400	Elements: 1

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
LX01	554	Assigned Number <i>LA Medicaid: The service line number incremented by 1 for each service line. This number will be key to the provider and practice management system for matching the Explanation of Benefits, Electronic Remittance Advice, or 835.</i>	M	N0	1/6

SV1 **Professional Service**

Pos: 3700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SV104	380	Quantity <i>LA Medicaid: Use a whole number in this element.</i>	X	R	1/15
SV109	1073	Yes/No Condition or Response Code <i>LA Medicaid: This element will be used to derive the Type of Service field for ambulance claims.</i> <i>If an emergency service, use the value Y in this field. If non-emergency service, use the value N.</i> <i>Billing note: The Y corresponds to the existing proprietary type of service code 09, and the N corresponds to the type of service code 03.</i>	O	ID	1/1
SV111	1073	Yes/No Condition or Response Code <i>LA Medicaid: Required if Medicaid services are the result of a screening referral.</i>	O	ID	1/1
SV112	1073	Yes/No Condition or Response Code <i>LA Medicaid: Required if applicable for Medicaid claims.</i>	O	ID	1/1
SV115	1327	Copay Status Code <i>LA Medicaid: Value 0 required if patient was exempt from co-pay.</i>	O	ID	1/1

CR1 Ambulance Transport Information

Pos: 4250 Max: 1
 Detail - Optional
 Loop: 2400 Elements: 7

User Option (Usage): Situational
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CR105	355	Unit or Basis for Measurement Code LA Medicaid: Use the value DH for this element.	X	ID	2/2

DTP Date - Service Date

Pos: 4550 Max: 1
 Detail - Optional
 Loop: 2400 Elements: 3

User Option (Usage): Required
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
DTP01	374	Date/Time Qualifier LA Medicaid: Use the value 472 for this element	M	ID	3/3
DTP02	1250	Date Time Period Format Qualifier LA Medicaid: Use the value D8 or RD8 for this element	M	ID	2/3
DTP03	1251	Date Time Period LA Medicaid: When billing for services that have been prior-authorized, and the intent is to bill for the entire approved amount, use span dates that equal those given on the Molina Prior Approval Letter.	M	AN	1/35

REF Referral Number

Pos: 4700 Max: 1
 Detail - Optional
 Loop: 2400 Elements: 2

User Option (Usage): Situational
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier LA Medicaid: Use the value 9F for this element.	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Use the 7 digit CommunityCARE Referral Authorization Number when the recipient is in the CommunityCARE Program and the services require authorization by the PCP.	X	AN	1/50

REF Prior Authorization

Pos: 4700	Max: 5
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value G1 for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the Molina assigned Prior Authorization number for this element</i>	X	AN	1/50

REF Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 4700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

LA MEDICAID: Required for CLIA covered services if the number is different from that reported on the claim level Loop 2300.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value X4 for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the CLIA certificate number for this element.</i>	X	AN	1/50

LIN Drug Identification

Pos: 4930	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

LA MEDICAID:

A federal statute mandates that providers must report National Drug Code (NDC) information for all physician-administered drugs on LA Medicaid claims submissions. This requirement applies to both electronic and hard copy claims. Providers are required to submit NDC information for the corresponding HCPCS code for physician-administered drugs. Claims must reflect the NDC from the label of the product administered.

Louisiana Medicaid also requires DME providers to report NDC information associated with HCPCS codes on claims submitted for enteral therapy products. This requirement also applies to pharmacies that dispense DME supplies to Medicaid recipients.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
LIN02	235	Product/Service ID Qualifier <i>LA Medicaid: Use the value N4 for this element</i>	M	ID	2/2
LIN03	234	Product/Service ID <i>LA Medicaid: Enter the National Drug Code associated with the physician-administered drug identified as the service in Loop 2400 SV101-2.</i>	M	AN	1/48

CTP Drug Quantity

Pos: 4940	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Required

LA Medicaid:

Quantity, and Unit or Basis for Measurement Codes are all required for claims to process correctly.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CTP04	380	Quantity <i>LA Medicaid: Enter the quantity or actual units administered</i>	X	R	1/15
CTP05-01	355	Unit or Basis for Measurement Code <i>LA Medicaid: Enter the appropriate unit or basis of measurement code:</i> <i>F2 - International Unit</i> <i>GR - Gram</i> <i>ME - Milligram</i> <i>ML - Milliliter</i> <i>UN - Unit</i>	M	ID	2/2

NM1 Rendering Provider Name

Pos: 5000 Max: 1
 Detail - Optional
 Loop: 2420A Elements: 8

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier LA Medicaid: Use the qualifier XX in this element when reporting an NPI.	X	ID	1/2
NM109	67	Identification Code LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds with the Louisiana Medicaid provider being reported in this loop. If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use 2420A REF02 segment with qualifier G2 to provide the legacy Louisiana Medicaid Provider Number.	X	AN	2/80

REF Rendering Provider Secondary Identification

Pos: 5250 Max: 20
 Detail - Optional
 Loop: 2420A Elements: 3

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier LA Medicaid: Use the value G2 for this element if an atypical provider and you are reporting a Louisiana Medicaid Provider Number in this loop.	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use this element to submit the legacy Louisiana Medicaid Provider Number.	X	AN	1/50

NM1 Referring Provider Name

Pos: 5000	Max: 1
Detail - Optional	
Loop: 2420F	Elements: 8

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code <i>LA Medicaid: Use the value DN for this element.</i>	M	ID	2/3
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier ZZ when reporting the referring provider.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i> <i>If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send legacy Louisiana Medicaid Provider Number in 2420F REF02 with qualifier G2.</i>	X	AN	2/80

REF Referring Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420F	Elements: 3

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Enter the value G2 this element when reporting a legacy Louisiana Medicaid Provider number.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: If the referring provider is an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send the 7-digit legacy Medicaid Provider number in this loop.</i>	X	AN	1/50

SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail - Optional	
Loop: 2430	Elements: 5

User Option (Usage): Situational
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SVD01	67	Identification Code LA Medicaid: Enter Louisiana Medicaid issued Carrier Code. This number should match NM109 in Loop 2330B identifying Other Payer.	M	AN	2/80
SVD02	782	Monetary Amount LA Medicaid: Enter amount Other Payer paid for this service line.	M	R	1/18

CAS Line Adjustment

Pos: 5450	Max: 5
Detail - Optional	
Loop: 2430	Elements: 19

User Option (Usage): Situational
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CAS01	1033	Claim Adjustment Group Code LA Medicaid: When PR is used for this element, include segments for Deductible Amount, Coinsurance Amount and Co-Payment Amount	M	ID	1/2

GE Functional Group Trailer

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

User Option (Usage): Required
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: Number of Transaction Sets included	M	N0	1/6
GE02	28	Group Control Number LA Medicaid: Must be identical to the value in GS06	M	N0	1/9

IEA Interchange Control Trailer

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

User Option (Usage): Required

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 <i>LA Medicaid: Number of included Functional Groups</i>	M	N0	1/5
IEA02	I12	Interchange Control Number <i>LA Medicaid: Must be identical to the value in ISA13</i>	M	N0	9/9