

837 Health Care Claim: Institutional

HIPAA/V5010X223A2/837: Health Care Claim Institutional, Louisiana Medicaid

Version: 1.1

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The purpose of this guide is to clarify the usage of the X12 V5010X223A2 837 Institutional HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

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

UB9 – Inpatient and Outpatient Services

HOM – Home Health Services

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 V5010X223A2 837 Institutional 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.

Note: All data must be formatted in upper case.

Document Title	837 Health Care Claim: Institutional Companion Guide		
Author	Technical Communications Group, Molina Medicaid Solutions LMMIS QA		
	Revision History		
Date	Description of Change	LIFT	By
10/25/2011	Creation of Document	6729	
03/12/12	Changes to CAS segment notes on pages 15 and 20. Changes to NTE Segment note on page 10. Creation of Change Log.	6729	T Tate

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 005010X223A2 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 005010X223A2 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:

Ref	Id	Element Name	Req	Type	Min/Max
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. Note: Qualifier changed from ZZ in 4010 transaction.	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	X	ID	1/2
NM109	67	<p>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</p> <p>Identification Code</p> <p>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.</p> <p>If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.</p> <p>If an atypical provider has <u>not</u> registered an NPI with Louisiana Medicaid, you should <u>not</u> use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2010BB REF02 with qualifier G2.</p>	X	AN	2/80

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	<p>Postal Code</p> <p>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.</p> <p>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.</p>	O	ID	3/15

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>
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	M	ID	1/1
NM108	66	Identification Code Qualifier	X	ID	1/2
NM109	67	Identification Code	X	AN	2/80

LA Medicaid: Use the value 1 for this element

LA Medicaid: Use the value MI for this element

LA Medicaid: Use the thirteen digit Medicaid Recipient ID number for this element

NM1 Payer Name

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

User Option (Usage): Required
 Element Summary:

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

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier LA Medicaid: Use the value G2 for this element	M	ID	2/3
REF02	127	Reference Identification 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 NPI, they should use Loop 2010AA NM109 to submit their NPI.	X	AN	1/50

CLM Claim Information

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

User Option (Usage): Required
 Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CLM01	1028	Claim Submitter's Identifier LA Medicaid: Use a unique number up to 38 characters.	M	AN	1/38
CLM05	C023	Health Care Service Location Information	O	C	
CLM05-03	1325	Claim Frequency Type Code 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.	O	ID	1/1

CL1 Institutional Claim Code

Pos: 1400	Max: 1
Detail - Optional	
Loop: 2300	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>
CL101	1315	Admission Type Code LA Medicaid: Type of admission.	O	ID	1/1
CL102	1314	Admission Source Code LA Medicaid: Point of origin for admission.	O	ID	1/1
CL103	1352	Patient Status Code LA Medicaid: Patient status as of statement through date.	O	ID	1/2

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 LA Medicaid: Use the value 4N for this segment.	M	ID	2/3
REF02	127	Reference Identification 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. 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. 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. The value in this REF02 segment corresponds to the same data that would be placed in Form Locator 7 in the UB-04 billing document.	X	AN	1/50

REF Referral Number

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

User Option (Usage): Situational

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.

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 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

LA Medicaid:

Use this segment if the service billed was prior authorized or the hospital stay was pre-certified by Louisiana Medicaid.

Testing Tip: For extended Home Health or Hospice services, provide the Prior Authorization Number received and for inpatient stays provide the Hospital Precertification Number received from Louisiana Medicaid.

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: For inpatient stays, use the Hospital Precertification Number received from Louisiana Medicaid.</i> <i>For extended Home Health or Hospice services, use the Prior Authorization Number received from Louisiana Medicaid.</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 <i>LA Medicaid: Use the value F8 for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the Molina assigned claim number (ICN) for this element. The claim number (ICN) is required when the Claim Frequency Code in CLM05-03 is 7 or 8.</i>	X	AN	1/50

NTE Billing Note

Pos: 1900	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>Re</u>	<u>Type</u>	<u>Min/Max</u>
NTE01	363	Note Reference Code <i>LA Medicaid: When appropriate, enter "ADD" in the first occurrence of this segment.</i>	q	ID	3/3
NTE02	352	Description <i>LA Medicaid: The Mother's 13-digit Recipient ID is no longer needed by the La Medicaid Program in claims processing for the baby's claims; therefore use of this NTE segment is not necessary.</i>	X	AN	1/80

HI Principal Diagnosis

Pos: 2310	Max: 1
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Required

LA Medicaid:

Louisiana Medicaid does not accept or use the following qualifiers:

- BJ – Admitting Diagnosis
- PR – Patient's Reason for Visit
- BN – External Cause of Injury

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code <i>LA Medicaid: Use BK for this element</i>	M	ID	1/3
HI01-02	1271	Description <i>LA Medicaid: Use the ICD-9 Principal Diagnosis Code for this element.</i>	X	AN	1/80
HI01-09	1073	Yes/No Condition or Response Code <i>LA Medicaid: Use the appropriate „Present On Admission“ (POA) indicator for this element.</i> <i>Valid „Present On Admission“ indicators are:</i> <i>N – no</i> <i>U – unknown</i> <i>W – not applicable</i> <i>Y - yes</i>	X	AN	1/80

HI

Other Diagnosis Information

Pos: 2310	Max: 1
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

LA Medicaid:

Louisiana Medicaid does not accept or use the following qualifiers:

- BJ – Admitting Diagnosis
- PR – Patient’s Reason for Visit
- BN – External Cause of Injury

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code <i>LA Medicaid: Use BF for this element</i>	M	ID	1/3
HI01-02	1271	Description <i>LA Medicaid: Use the ICD-9 Diagnosis Code for other condition(s) that coexist or develop(s) subsequently during the patient’s treatment.</i>	X	AN	1/80
HI01-09	1073	Yes/No Condition or Response Code <i>LA Medicaid: Use the appropriate „Present On Admission“ (POA) indicator for this element.</i> <i>Valid „Present On Admission“ indicators are:</i>	X	AN	1/80

N - no
 U - unknown
 W - not applicable
 Y - yes

HI Condition Information

Pos: 2310 Max: 2
 Detail - Optional
 Loop: 2300 Elements: 12

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>
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code LA Medicaid: Use BG for this element	M	ID	1/3
HI01-02	1271	Industry Code LA Medicaid: Use A1 for this element if the service is rendered as a result of an EPSDT referral. Use A4 for this element if the service is related to family planning.	X	AN	1/80

NM1 Attending Provider Name

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

User Option (Usage): Optional

LA Medicaid:
 If present, the attending provider identified in this Loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420C.

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 LA-Medicaid: Use the value 71 for this element	M	ID	2/3
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 only. Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. 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 2310A REF02 with qualifier G2.

PRV Attending Provider Specialty Information

Pos: 2550 Max: 1
 Detail - Optional
 Loop: 2310A Elements: 3

User Option (Usage): Situational
 Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PRV01	1221	Provider Code	M	ID	1/3
		<i>LA Medicaid: Use the qualifier AT for this element</i>			
PRV02	128	Reference Identification Qualifier	X	ID	2/3
		<i>LA Medicaid: Use the qualifier PXC for this element. Note: Qualifier changed from ZZ in the 4010 transaction.</i>			
PRV03	127	Reference Identification	X	AN	1/50
		<i>LA Medicaid: Enter the Taxonomy Code associated with the NPI of the Attending Provider.</i>			
		<i>This segment is required by Medicaid <u>ONLY</u> when Taxonomy is needed for unique identification of the Medicaid Provider ID.</i>			
		<i>In certain situations, a provider may have a single NPI that is associated with multiple legacy 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 Attending Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider number.</i>			

REF Attending Provider Secondary Identification

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

User Option (Usage): Situational
 Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M	ID	2/3
		<i>LA Medicaid: Use the value G2 for this element</i>			
REF02	127	Reference Identification	X	AN	1/50
		<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 NPI, they should use Loop 2310A NM109 to submit their NPI.</i>			

NM1 Referring Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310F	Elements: 9

User Option (Usage): Optional

LA Medicaid:

If present, the referring provider identified in this Loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420D.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	Entity Identifier Code	M	ID	2/3
NM108	66	<p>LA-Medicaid: Use the value DN for this element</p> Identification Code Qualifier	X	ID	1/2
NM109	67	<p>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</p> Identification Code	X	AN	2/80
		<p>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.</p> <p><i>If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.</i></p> <p><i>If an atypical provider has <u>not</u> registered an NPI with Louisiana Medicaid, you should <u>not</u> use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2310F REF02 with qualifier G2.</i></p>			

REF Referring Provider Secondary Identification

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

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M	ID	2/3
REF02	127	<p>LA Medicaid: Use the value G2 for this element</p> Reference Identification	X	AN	1/50
		<p>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 NPI, they should use Loop 2310F NM109 to submit their NPI.</p>			

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	O	ID	1/2
LA Medicaid: Do not use MC – Medicaid for this segment when providing information about another payer involved in this claim.					

CAS Claim Level Adjustments

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

User Option (Usage): Situational

LA Medicaid:

REQUIRED: If claim has been adjudicated by payer identified in this Loop and has claim level adjustment information. Use Loop 2320 only if claim level data is provided by other payer. If claim line data is available from payer, it **MUST** be supplied in Loop 2430, **except for inpatient claims**. Louisiana Medicaid requires **claim line data** for adjudication if it is furnished by the payer; however, **send TPL information at only the Claim level for inpatient claims**.

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	M	ID	1/2
LA Medicaid: When PR is used for this element, include segments for Deductible Amount, Coinsurance Amount, and Co-Payment Amount.					

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	X	ID	1/2
LA Medicaid: Use the qualifier PI for this element.					
NM109	67	Identification Code	X	AN	2/80
LA Medicaid: Enter the Carrier Code issued by Louisiana Medicaid for the payer identified in Loop 2320.					

This number must be identical to Loop 2430 SVD01

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	M	NO	1/6
<p>LA Medicaid: <i>The service line number incremented by 1 for each service line.</i></p> <p><i>Louisiana Medicaid will process and store up to 28 lines for Inpatient, 99 lines for Outpatient and 13 lines for LTC, Hospice, ADHC and ICF/MR claims.</i></p> <p><i>This number will be the key to the provider and practice management system for matching the Explanation of Benefits, Electronic Remittance Advice, or 835.</i></p>					

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	M	ID	3/3
<p>LA Medicaid: <i>Use the value 472 for this element</i></p>					
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3
<p>LA Medicaid: <i>Use the value D8 for a single date of service or RD8 to specify from and to dates.</i></p>					
DTP03	1251	Date Time Period	M	AN	1/35
<p>LA Medicaid: <i>Service Line Date(s) of service are required on all Outpatient, Home Health, LTC, Hospice, ADHC and ICF/MR claims.</i></p>					

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 SV202-02.</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 for drugs 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: F2 - International Unit GR - Gram ME - Milligram ML - Milliliter UN - Unit</i>	M	ID	2/2

NM1 Rendering Provider Name

Pos: 5000	Max: 1
Detail - Optional	

Loop: 2420C Elements: 8

User Option (Usage): Optional

LA Medicaid:

If present, the rendering provider identified in this Loop applies to the line level, and overrides the attending provider identified at the claim level in Loop 2310A.

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	M	ID	2/3
		<i>LA-Medicaid: Use the value 71 for this element</i>			
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>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.</i>			
		<i>If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.</i>			
		<i>If an atypical provider has <u>not</u> registered an NPI with Louisiana Medicaid, you should <u>not</u> use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2420C REF02 with qualifier G2.</i>			

REF Rendering Provider Secondary Identification

Pos: 5250 Max: 20
Detail - Optional
Loop: 2420C 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	M	ID	2/3
		<i>LA Medicaid: Use the value G2 for this element</i>			
REF02	127	Reference Identification	X	AN	1/50
		<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 NPI, they should use Loop 2420C NM109 to submit their NPI.</i>			

NM1 Referring Provider Name

Pos: 5000	Max: 1
Detail - Optional	
Loop: 2420D	Elements: 9

User Option (Usage): Optional

LA Medicaid:

If present, the referring provider identified in this Loop applies to the line level, and overrides the referring provider identified at the claim level in Loop 2310F.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	Entity Identifier Code	M	ID	2/3
		<i>LA-Medicaid: Use the value DN for this element</i>			
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>LA Medicaid: This loop is for NPI only. Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.</i>			
		<i>If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.</i>			
		<i>If an atypical provider has not registered an NPI with Louisiana Medicaid, you should not use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2420D REF02 with qualifier G2.</i>			

REF Referring Provider Secondary Identification

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

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M	ID	2/3
		<i>LA Medicaid: Use the value G2 for this element</i>			
REF02	127	Reference Identification	X	AN	1/50
		<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 NPI, they should use Loop 2310F NM109 to submit their NPI.</i>			

SVD Line Adjudication Information

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

User Option (Usage): Situational

LA Medicaid:

REQUIRED: If claim has been adjudicated by payer identified in Loop 2330B and has line level adjustment information.

Use Loop 2430 only if line level data is provided by other payer. If claim line data is available from payer, it **MUST** be supplied in this Loop, except for Inpatient claims. Louisiana Medicaid requires **claim line data** for adjudication if it is furnished by the payer; however, send TPL information at only the Claim level (2320) for Inpatient claims

Element Summary:

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

CAS Line Adjustment

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

User Option (Usage): Situational

LA Medicaid:

REQUIRED: If claim has been adjudicated by payer identified in Loop 2320 and has line level adjustment information. Use Loop 2430 only if line level data is provided by other payer. If claim line data is available from payer, it **MUST** be supplied in Loop 2430, except for Inpatient claims. Louisiana Medicaid requires **claim line data** for adjudication if it is furnished by the payer; however, send TPL information at only the Claim level for inpatient claims.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CAS01	1033	Claim Adjustment Group Code <i>LA Medicaid: When PR is used for this element, include segments for Deductible Amount, Coinsurance Amount and Co-Payment Amount</i>	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	M	N0	1/6
		<i>LA Medicaid: Number of Transaction Sets included</i>			
GE02	28	Group Control Number	M	N0	1/9
		<i>LA Medicaid: Must be identical to the value in GS06</i>			

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	116	Number of Included Functional Groups	M	N0	1/5
		<i>LA Medicaid: Number of included Functional Groups</i>			
IEA02	112	Interchange Control Number	M	N0	9/9
		<i>LA Medicaid: Must be identical to the value in ISA13</i>			