
Louisiana Medicaid



HIPAA 5010A General Companion Guide Version Number 1.9

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TABLE OF CONTENTS

1.0 INTRODUCTION	1
1.1 SCOPE.....	1
1.2 REFERENCES	1
1.3 ADDITIONAL INFORMATION.....	2
2.0 GETTING STARTED	2
2.1 TRADING PARTNER REGISTRATION	2
3.0 TESTING WITH THE PAYER.....	2
3.1 SFTP TESTING INFORMATION	3
4.0 CONNECTIVITY WITH THE PAYER / COMMUNICATIONS	4
4.1 SUPPORTED TRANSACTIONS	4
4.2 SUBMITTER IDS & PASSWORDS.....	4
4.2.1 <i>New Submitter or Changing Submitter</i>	4
4.2.2 <i>Testing for sFTP</i>	4
4.3 PRODUCTION AND TEST FILE NAMES	5
4.4 TA1 ERROR CODES.....	6
4.5 REQUESTING AN 835	8
5.0 CONTACT INFORMATION	9
5.1 EDI CUSTOMER SUPPORT	9
5.2 PROVIDER SERVICE	9
6.0 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	10
6.1 ST-SE.....	10
6.2 BILLING DEADLINES	10
7.0 ACKNOWLEDGEMENTS AND OR REPORTS	10
7.1 VALID EDI DELIMITERS FOR LOUISIANA MEDICAID.....	10
7.2 TA1 INTERCHANGE ACKNOWLEDGEMENT	11
7.3 999 FUNCTIONAL ACKNOWLEDGEMENT	12
7.4 UNKNOWN PROVIDER NPI REPORT	15
8.0 APPENDIX A – REPORTS GENERATED FROM SUBMITTER SELF-TEST AND OTHER MISCELLANEOUS REPORTS.....	16
8.1 CP-O-06 FOR CLAIMS	16
8.2 CP-0-90-D FOR CLAIMS	17
8.3 CP-O-06 FOR ENCOUNTERS.....	19
8.4 CP-0-90-D FOR ENCOUNTERS	20
8.5 NPI – EDI CLAIMS DENIED REPORT	22
9.0 APPENDIX B – CHANGE LOG	23

1.0 Introduction

This Companion Guide to the ASC X12N 5010A Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Louisiana Medicaid. Transmissions based on this companion document, used in tandem with the

X12N 5010A Implementation Guides, are compliant with both X12N syntax and those guides. This

Companion Guide is intended to convey information that is within the framework of the ASC X12N 5010A 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.

1.1 Scope

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of Louisiana Medicaid to send/transmit Electronic Data Interchange (EDI) transactions. Supported transactions for Louisiana Medicaid are listed below:

Transaction Name Accepted by the LA Medicaid	Version
Health Care Claim: Dental	ASC X12N 837-005010X224A2
Health Care Claim: Professional	ASC X12N 837-005010X222A1
Health Care Claim: Institutional	ASC X12N 837-005010X223A2
Health Care Claim Payment/ Advice	ASC X12N 835-005010X221A1
Functional Acknowledgement	ASC X12N 999
Interchange Acknowledgement	ASC X12N TA1

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

1.2 References

This section specifies additional documents useful to the reader.

Washington Publishing Company (WPC) Website - www.wpc-edi.com

All X12N Implementation Guides adopted for use under HIPAA and their corresponding Addenda/Errata can be purchased and downloaded from this site.

Centers for Medicare and Medicaid Services (CMS) Website-

<https://www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification/hipaa/adopted-standards-operating-rules>

1.3 Additional Information

Louisiana Medicaid specific companion guides for the 837-I, 837-P, 837-D, & 835 transactions are available for download from our site:

https://www.lamedicaid.com/Provweb1/HIPAA/5010v_HIPAA_Index.htm

2.0 Getting Started

2.1 Trading Partner Registration

This section describes how to register as an EDI trading partner with Louisiana Medicaid.

Current Electronic Claim Submitters:

If an existing provider is changing Submitters (i.e. using a Clearinghouse) and needs to have their provider number linked to a different submitter ID, an EDI Contract and a Power of Attorney Form is required.

Necessary forms can be found here:

http://www.lamedicaid.com/provweb1/Provider_Enrollment/existingenrollments.htm

NEW Electronic Claim Submitters

Current providers who want to submit electronic claims on their own behalf must complete only the EDI Contract found by selecting the EDI Contract and Power of Attorney link, found above.

Current providers who want to submit electronic claims with a Submitter that is not currently registered with Louisiana Medicaid, must submit the forms found at the 21 EMC Billing Agent link below.

Necessary forms can be found here:

http://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm

3.0 Testing with the Payer

This section contains a information on the testing phase.

The following information will help you enable your software vendor, billing agent or clearinghouse to become HIPAA 5010 approved. Instructions are also provided for those who do not have a software vendor, billing agent or clearinghouse.

From this point on a "Software Vendor," "Billing Agent", or "Clearinghouse" will be referred to collectively as a 'VBC' – Vendor, Biller and Clearing House.

3.1 sFTP Testing information

Listed below are the testing requirements:

1. Submitter must have an active 450 submitter ID with Louisiana Medicaid before testing. Send an email to hipaaedi@gainwelltechnologies.com to request to be setup for sFTP testing.
2. You will upload a HIPAA 5010 EDI file with the **ISA15 set to "T" for test** via FTP.
 - Test files can contain no more than 5,000 claims/encounters. **TA1 Edit 203** will be issued if the file goes over that limit.
 - The TA1 transaction will indicate whether or not your test file is accepted. The 999 transaction will display any errors that prevent the file from processing. A failed TA1 or 999 will stop the file from further processing. Refer to Sections 7.2 and 7.3 for additional information regarding these two transactions.
 - Test files that receive a TA1 and 999 with no errors are then processed in the test environment and post adjudication results are indicated in reports CP090 and CP06.
 - The CP090 report will contain any errors/denials for the type of test claims submitted (*Error/denial code descriptions are contained in the RF-0-77 LA Medicaid/HIPAA Error Code Crosswalk which is available at https://www.lamedicaid.com/provweb1/forms/ERCDE_ADJR/ERCDE_ADJR.pdf*). In production, Provider Relations is contacted for denials on remittance advices.
 - The CP06 report will contain the detail payment information with a summary.
 - An example of reports CP090 and CP06 can be found in Appendix B.
3. Once sFTP testing is completed an email will be sent regarding sFTP Production.
4. Approval is based on the success of 5010 testing. Once approved, the submitter will be given access to the production sFTP

4.0 Connectivity with the Payer / Communications

4.1 Supported Transactions

The HIPAA EDI supports the following transactions:

Transaction Name	Version
Health Care Claim: Dental	ASC X12N 837- 005010X224A2
Health Care Claim: Professional	ASC X12N 837- 005010X222A1
Health Care Claim: Institutional	ASC X12N 837- 005010X223A2
Health Care Claim Payment/ Advice	ASC X12N 835 - 005010X221A1
Functional Acknowledgement	ASC X12N 999
Interchange Acknowledgement	ASC X12N TA1

4.2 Submitter IDs & Passwords

4.2.1 New Submitter or Changing Submitter

Requests for a new submitter ID, requests to change a submitter ID name or linkage to a provider file must both be directed to our Provider Enrollment Department at (225) 216-6370. Make these requests early so the Submitter ID will be ready for testing and production. **Please note that Provider Enrollment has a 3 week turnaround time for any type of request.**

Note: A submitter ID is required before a password can be issued for 5010 testing. Refer to **Section 2.1 Trading Partner Registration** for obtaining a Submitter ID. The **FTP server uses login information that will be emailed.**

4.2.2 Testing for sFTP

Once a submitter ID has been obtained. Send an email to hipaaedi@gainwelltechnologies.com to be setup for sFTP Testing. Please send the following information in your email request. The submitter number that is going to be setup, the IT or contact responsible for setting up sFTP testing if other than the person sending the email and the file type that is needed to be tested: 837P, 837I, etc. We will then reply with our public key, sFTP guide and ED General Companion guide.

4.3 Production and Test File Names

In order to complete testing, one files must be uploaded to Test sFTP for each File Extension you are planning to bill for. Two successful files are required to go into production. The file names for test are in the table below.

Please replace the sample submitter number 4599999 with your own LA Medicaid 450 submitter number.

Transaction.	Claim Type	Name	File Extension	Sample file name
837D	11	Adult Dental	DNA	H4599999.DNA
837D	10	Dental-EPSDT	DNE	H4599999.DNE
837P	09	Durable Medical Equip.	DME	H4599999.DME
837P	04	Physician	PHY*	H4599999.PHY
837P	05	Rehabilitation	REH	H4599999.REH
837P	07	Ambulance Transportation	TRA	H4599999.TRA
837I	01 & 03	Hospital IP/OP	UB9	H4599999.UB9
837I	06	Home Health	HOM	H4599999.HOM
837I	02	LTC, ICF/DD, SNF, Hospice	LTC	H4599999.LTC
837P	08	Non-Emergency Transportation	NAM	H4599999.NAM
837P	15	Medicare Advantage Part B	XXB*	H4599999.XXB
837I	14	Medicare Advantage Part A	XXA*	H4599999.XXA

*These file extensions are to be used only for **Medicare Advantage** claims NOT traditional Medicare coverage.

4.4 TA1 Error Codes

Below are the descriptions of all the TA1 error descriptions

Edit #	Edit
000	EDI – Valid File
001	The Interchange Control Number in the Header and Trailer Do Not Match. Value From the Header is Used in the Acknowledgment.
002	This Standard as Noted in the Control Standards Identifier is Not Supported.
003	This Version of the Controls is Not Supported
004	The Segment Terminator is Invalid
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
007	Invalid Interchange ID Qualifier for Receiver
008	Invalid Interchange Receiver ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value
011	Invalid Authorization Information Value
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
014	Invalid Interchange Date Value
015	Invalid Interchange Time Value
016	Invalid Interchange Standards Identifier Value
017	Invalid Interchange Version ID Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code
092	Invalid TA1
093	Partially Received File
094	More than one ST/SE Segment per file is NOT Allowed
095	File Received
096	Invalid Interchange, GS06 does not match GE02

Edit #	Edit
097	SVD05 is out range: Must be between 0 and 9,999.
098	Invalid TXN Type for File Extension
099	Invalid File Naming Convention
101	Invalid amount of service limits.
102	HI Value Information Quantity
103	Unrecognized Character in data file (accent mark)
200	Invalid Trading Partner ID
201	Unknown Content Type
203	Test File Exceeds 5000 Claims (for test files)
204	Trading Partner ID mismatch among ISA, GS, NM1 or Logon
205	NM109 must be numeric when NM108=MI.
206	CTP04 not 0-9999.999 or exceeds 3 decimal spaces.
207	More than 1 REF01 = G1 segment in 2400 loop.
208	SV2-05 limited to 4 whole numbers.
209	Milage value is invalid or over 999
210	Invalid Claim Type on UB9 file
211	Amount over 1 million dollars in CLM02
212	Too many services lines >99
213	UB9 HI segment value over 1million dollars
214	XXA file with SBR09 not equal to MA or MC
215	XXB file with SBR09 not equal to MB or MC
216	SVD05 maximum value is 4 digits
217	XXB file missing CAS segment in detail service line
500	NCPDP Only – Invalid Software Vendor Certification ID
501	NCPDP Only – Invalid Transaction Code
502	NCPDP Only – Invalid Detail Version
503	NCPDP Only – Invalid Processor Control Number
504	NCPDP Only – Only One Void per transaction is allowed
505	File Type Currently Disabled
905	File Invalid Source

4.5 Requesting an 835

Submitter Numbers that are already in 5010A Production

The **owner** of the Submitter Number (**your software vendor cannot make this request on your behalf**) is required to contact the EDI Department by email requesting that their Submitter Number be set up for 5010A 835 Transactions. Please include your Submitter Number in the subject line of the email. The email address is hipaaedi@gainwelltechnologies.com Once your request is received you will receive a system generated email. Once you have read the email you must then forward the email (your software vendor cannot do this on your behalf) to the same email address above stating that you fully understand the email that you have received. Once the email has been received your Submitter Number will be placed in production for the 5010A 835 Transactions. You will then be sent a second email from EDI Department stating what date you can expect to be able to retrieve your first 5010A 835 Transaction.

Providers may also request the 835 transaction by logging into the secure provider portal on www.lamedicaid.com. The application is listed as Electronic Remit 835.

Submitter Numbers that are not already in 5010A Production

The **owner** of the Submitter Number (**your software vendor cannot make this request on your behalf**) is required to contact the EDI Department by email requesting to be set up for 5010A Testing. The email address to contact us with is hipaaedi@gainwelltechnologies.com. Please include your Submitter Number in the subject line of your email.

If your Submitter Number is going to be used for **5010A 835 Transactions only**, your email must state that you requesting to be setup for 5010A Testing and 835 Transactions only.

Once your request has been received you will receive two different emails. One email will state that you have been set up for 5010 A testing along with your password. The email will also include the 5010A 837 File types that you requested to be set up for. The second email will be a system generated email. Once you have read the email you must forward the email to EDI Department (your software vendor cannot do this on your behalf) stating that you fully understand the email. The email address that you will forward this to is hipaaedi@gainwelltechnologies.com. Once the EDI Department receives this email, you will receive another email stating that you have been placed in production for 5010A 835 Transaction and the date that you can expect to be able to retrieve your first 5010A 835 Transaction.

5.0 Contact Information

5.1 EDI Customer Support

If you have questions regarding sFTP EDI testing and support, please contact the EDI Department by email hipaaedi@gainwelltechnologies.com or call 225-216-6303.

5.2 Provider Service

For detailed information concerning the payment of claims, please contact Provider Relations Department @ 225-924-5040 or 800-473-2783.

For enrollment as a new electronic submitter for Louisiana Medicaid, or to change submitter numbers, please contact Provider Enrollment Department at 225216-6370.

Providers should contact the designated Bayou Health Plan with any inquiries related to billing for recipients enrolled in any of those Plans. Contact information for Bayou Health Plans is as follows:

Aetna Better Health of Louisiana	(1-855-242-0802)
Amerigroup Louisiana, Inc.	(1-747-473-2737)
AmeriHealth Caritas Louisiana	(1-888-922-0007)
Louisiana Healthcare Connections	(1-866-595-8133)
United Healthcare of Louisiana	(1-888-675-1607)

6.0 Payer Specific Business Rules and Limitations

This information is available in the specific companion guides for the 837 P, 837 I, 873 D, & 835 transactions.

The companion guides are available for download from within the HIPAA Desk Testing Service. Refer to the section on [HIPAA Desk Testing Service Enrollment](#).

These Companion Guides are also available on www.lamedicaid.com under the HIPAA Information Center link.

6.1 ST-SE

Only one ST-SE transaction loop is permitted per file.

6.2 Billing Deadlines

All claims files received electronically by 12:00P.M., on Thursday will be processed over the weekend. Claim Files that **have not** been received or have not **generated a 999** by 12:00 P.M. Thursday will be processed the following week. It is always an advantage for Submitters to send their claim files **before Thursday's billing deadline**. Submitters should refer frequently to notices on lamedicaid.com for information that may impact billing deadlines such as holiday schedules and other changes in our processing schedule.

7.0 Acknowledgements and or Reports

This section contains information and examples on any applicable payer acknowledgements.

7.1 Valid EDI Delimiters for Louisiana Medicaid

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Repetition Separator	^	94	5E
Compound Element Separator	:	58	3A

7.2 TA1 Interchange Acknowledgement

The TA1 will be available a few minutes after submission of a file. LA Medicaid sends the TA1 acknowledgement separate from the 999-Functional Acknowledgement. The TA1 acknowledges receipt of a file. If the TA1 Interchange Acknowledgement Code is 'R' that means errors were found and the file has been rejected. You must examine the Interchange Note Code, correct the error and resubmit the file using a unique control number. If the TA1 Interchange Acknowledgement Code is 'A' and the Interchange Note Code is '000' the file has been accepted into our processing system. If the file was accepted, the next acknowledgement you will receive is the 999-Functional Acknowledgement. If the file passes 999-Functional Acknowledgement validations, it will be adjudicated.

TA1

Interchange Acknowledgement

Pos:	Max: 1
Not Defined	- Mandatory
Loop: N/A	Elements: 5

User Option (Usage):
Required

Example: TA1*000568426*030615*0200*A*000~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
TA101	I12	Interchange Control Number <i>LA Medicaid: Will be the Interchange Control Number of the original Transaction being acknowledged.</i>	M	N0	9/9
TA102	I08	Interchange Date <i>LA Medicaid: Will be the date of the original Transaction being acknowledged. YYMMDD</i>	M	DT	6/6
TA103	I09	Interchange Time <i>LA Medicaid: Will be the time of the original Transaction being acknowledged. HHMM</i>	M	TM	4/4
TA104	I17	Interchange Acknowledgment Code <i>LA Medicaid: This will indicate if the envelopes are Accepted, Accepted with errors or Rejected due to errors. See Implementation Guide for valid values.</i>	M	ID	1/1
TA105	I18	Interchange Note Code <i>LA Medicaid: This will display the error code indicating the Interchange Control Structure. See Implementation Guide for valid values.</i>	M	ID	3/3

7.3 999 Functional Acknowledgement

ISA

Interchange Control Header

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

Element Summary: ISA/GS – These segments are the same as the inbound 837 with the exception of the **Sender/Receiver Codes are reversed**, as Louisiana has now become the Sender. Also, the GS01 is now “FA”-Functional Acknowledgement, rather than ‘HC’-Health Care Claim.

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Reg</u>	<u>Type</u>	<u>Min/Max</u>
ISA01	I01	Authorization Information Qualifier LA Medicaid: '00' will be used for this element	M	ID	2/2
ISA02	I02	Authorization Information LA Medicaid: Spaces will be used	M	AN	10/10
ISA03	103	Security Information Qualifier LA Medicaid: '00' will be used for this element	M	ID	2/2
ISA03	I03	Security Information Qualifier LA Medicaid: '00' will be used for this element	M	ID	2/2
ISA04	I04	Security Information LA Medicaid: Spaces will be used	M	AN	10/10
ISA05	I05	Interchange ID Qualifier LA Medicaid: 'ZZ' will be used for this element	M	ID	2/2
ISA06	I06	Interchange Sender ID LA Medicaid: 'LA-DHH-MEDICAID' will be used for this element	M	AN	15/15
ISA07	I05	Interchange ID Qualifier LA Medicaid: 'ZZ' will be used for this element	M	ID	2/2
ISA08	I07	Interchange Receiver ID LA Medicaid: Will be the 7 digit LA Medicaid Assigned submitter ID (i.e. 450XXXX) 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: ^	M	ID	1/1
ISA12	I11	Interchange Control Version Number LA Medicaid: Will be 00501 for this element	M	ID	5/5
ISA13	I12	Interchange Control Number LA Medicaid: Will be identical to the interchange trailer IEA02. Will be unique for every transmission	M	N0	9/9
ISA14	I13	Acknowledgment Requested LA Medicaid: Will be 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: :			

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 <i>LA Medicaid: Will be the value 'FA' for this element</i>	M	ID	2/2
GS02	142	Application Sender's Code <i>LA Medicaid: Will be 'LA-DHH-MEDICAID' for this element</i>	M	AN	2/15
GS03	124	Application Receiver's Code <i>LA Medicaid: Will be identical to the value in ISA06</i>	M	AN	2/15
GS04	373	Date <i>LA Medicaid: The date format is CCYYMMDD</i>	M	DT	8/8
GS05	28	Time <i>LA Medicaid: the time format is HHMM</i>	M	TM	4/8
GS06	455	Group Control Number <i>LA Medicaid: Assigned and maintained by the sender</i>	M	NO	1/9
GS07	480	Responsible Agency Code <i>LA Medicaid: Will be the value X for this element</i>	M	ID	1/2
GS08		Version/Release/Industry Identifier Code <i>LA Medicaid: Will be the value of the transaction version being validated by the 999</i>	M	AN	1/12

ST**Transaction Set Header**

Pos: 0100	Max: 1
Heading	- Mandatory
Loop: N/A	Elements: 3

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
143		Transaction Set Identifier Code <i>LA Medicaid: '999' will be used in the element</i>	M	ID	3/3

SE	Transaction Set Trailer	Pos: 1000	Max: 1
		Heading	- Mandatory
		Loop: N/A	Elements: 2

Element Summary:

Ref	Id	Element Name	Reg	Type	Min/Max
AK901	715	Functional Group Acknowledge Code	M	ID	1/1
AK902	97	Number of Transaction Sets Included	M	N0	1/6

GE	Functional Group Trailer	Pos:	Max: 1
		Not Defined	- Mandatory
		Loop: N/A	Elements: 2

Element Summary:

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

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>Reg</u>	<u>Type</u>	<u>Min/Max</u>
IEA01	116	Number of Functional Groups	M	N0	1/5
IEA02	112	LA Medicaid: <i>Number of included functional groups</i>	M	N0	9/9
		Interchange Control Number			
		LA Medicaid: <i>Will be identical to the value in ISA13</i>			

7.4 Unknown Provider NPI Report

If LA Medicaid receives electronic claims populated with an NPI that is not linked properly with the provider's legacy Louisiana Medicaid Provider number on the Medicaid Provider file, the claims will be denied. However, because the claim's processing system is unable to properly identify the billing provider, denial notice cannot be sent to the billing provider either on the hardcopy Remittance Advice or in the 835 electronic Remittance Advice transaction. There is a report available to EDI submitters on lamedicaid.com that identifies such claims. Submitters must be registered on the lamedicaid.com website using their submitter ID number to access this application. The name of this report is CP-DENY-999 and is posted weekly. Submitters should check this report frequently especially if providers complain about missing or unprocessed claims. If claims are found on the report, the Submitter should notify the provider who in turn should contact LA Medicaid Provider Enrollment Department if necessary to update/correct NPI information. The claims will need to be resubmitted by the provider/submitter after the provider NPI information is updated. Only enrolled Submitters have access to this report.

See Section 8.5 for a sample report.

8.0 Appendix A – Reports Generated from Submitter Self-Test and Other Miscellaneous Reports

8.1 CP-O-06 for Claims

LAM2D070
 RUN: 12/18/14 13:18:01
 CYCLE: 12/18/14

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
 DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
 DISPOSITION OF CLAIMS - ISA13: 411754749

REPORT NO: CP-0-06
 PAGE: 1

1	2	3	4	5	6	7	8	9	10	11	12	13
REFERENCE NUMBER	RECIPIENT ID	PROVIDER ID	FROM YYMMDD	THRU YYMMDD	PROCEDURE/NDC	UNIT	CHARGES	PAYMENT	EC	ERRORS	CT	SD
4352-1186-005-00	XX-XX-X-XXXXXX-XX	01-36839	141001	141031	T0012	0001	140.00	.00	01	190	04	41
4352-1186-006-00	XX-XX-X-XXXXXX-XX	01-36839	141001	141031	Z0178	0001	157.00	157.00	00		04	11
4352-1186-007-00	XX-XX-X-XXXXXX-XX	01-36839	141009	141031	Z0195	0001	140.00	140.00	00		04	11
4352-1186-008-00	XX-XX-X-XXXXXX-XX	01-36839	141001	141031	Z0178	0001	157.00	.00	01	190	04	41

Legend	
1	REFERENCE NUMBER – Internally generated tracking number
2	RECIPIENT Id – 13-DIGIT RECIPIENT ID NUMBER
3	Provider ID – 7 digit Medicaid Provider ID Number
4	FROM YYMMDD – Report Start Date of service on the claim
5	THRU YYMMDD – Report End Date of service on the claim
6	PROCEDURE/NDC – NDC or Procedure Code
7	UNIT – Billed units for the specified procedure code
8	CHARGES – Charges specified by the provider on the claim
9	PAYMENT – Medicaid Payment amount calculated for the claim
10	EC – Error count
11	ERRORS – Error code(s) associated with the claim
12	CT – Claim Type
13	SD – Status or Disposition (11 – Paid Original Claim, 41 – Pended Original Claim, 31 Denied Original Claim)

8.2 CP-0-90-D for Claims

LAM2D070

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS

REPORT NO: CP-0-90-D

RUN: 12/18/14 13:18:01

DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSE)

PAGE: 1

CYCLE: 12/18/14

DENIED CLAIMS ERROR ANALYSIS - ISA13: 411754749 ← 1

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
	ERROR	ERROR	HOSP	LTC	OPAT	PHY	RHAB	HH	AMBL	NAMB	DME	DNTLE	DNTL	RX	EPSDT	18-I	18-P	ADC	HAB	HMKR	
CODE	DESCRIPTION	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	
003	RECIPIENT # INVALID		0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
005	INVAL SERV FROM DATE	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
006	INVAL SERV THRU DATE	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
007	SERV THRU LT SERV FM	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
008	SERV FRM GT ENTR DTE	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
009	SERV THR GT ENTR DTE	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
018	INVALID PRIM DIAGNOS	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
019	INVALID SECOND DIAG	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
020	INVAL/MISS DIAG CODE	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
021	INVALID FORMER REFNO	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
022	INVALID BILLED CHRGS	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
023	INV PARTIAL RECIP	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
028	INVAL/MISS PROC CODE	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
190	PA NO NOT ON FILE	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
***** TOTAL *****			0	0	0	52	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52

Legend	
1	ISA13 This is the same value that was submitted in the HIPAA 837 test file
2	Louisiana Medicaid Proprietary ERROR CODE
3	Louisiana Medicaid Proprietary ERROR DESCRIPTION
4	HOSP 01 - Count Of Claim Type = 01 (Hospital) Incurring The Error
5	LTC 02 - Count Of Claim Type = 02 (Long Term Care) Incurring The Error
6	OPAT 03 - Count Of Claim Type = 03 (Out Patient) Incurring The Error
7	PHY 04 - Count Of Claim Type = 04 (Physician) Incurring The Error
8	RHAB 05 - Count Of Claim Type = 05 (Rehabilitation) Incurring The Error
9	HH 06 - Count Of Claim Type = 06 (Home Health Care) Incurring The Error
10	AMBL 07 - Count Of Claim Type = 07 (Ambulance) Incurring The Error
11	NAMB 08 - Count Of Claim Type = 08 (Non-Emergency Ambulance) Incurring The Error
12	DME 09 - Count Of Claim Type = 09 (Durable Medical Equipment) Incurring The Error
13	DNTLE 10 - Count Of Claim Type = 10 (EPSDT Dental) Incurring The Error
14	DNTL 11 - Count Of Claim Type = 11 (Adult Dental) Incurring The Error

15	RX 12 - Count Of Claim Type = 12 (Prescription) Incurring The Error
16	EPSDT 13 - Count Of Claim Type = 13 (Early And Periodic Screening, Diagnosis, And Treatment) Incurring The Error (Obsolete)
17	18-I 14 - Count Of Claim Type = 14 (Medicare Institutional) Incurring The Error
18	18-P 15 - Count Of Claim Type = 15 (Medicare Professional) Incurring The Error
19	ADC 16 - Count Of Claim Type = 16 (Adult Day Care) Incurring The Error
20	HAB 17 - Count Of Claim Type = 17 (Day Habilitation) Incurring The Error (Never Implemented)
21	HMKR 18 - Count Of Claim Type = 18 (Home Maker) Incurring The Error (Never Implemented)

The CP-0-90-D Report will display the number of claims in the test file that incurred MMIS errors that caused a claim denial. Providers can then make corrections to the claim data and resubmit the test file to determine if the error condition can be resolved.

8.3 CP-O-06 for Encounters

LAM2D070

RUN: 12/09/14 09:28:04

CYCLE: 12/09/14

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS

DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)

DISPOSITION OF CLAIMS - ISA13: 000095433

REPORT NO: CP-0-06

PAGE: 1

1	2	3	4	5	6	7	8	9	10	11	12	13
REFERENCE NUMBER	RECIPIENT ID	PROVIDER ID	FROM YYMMDD	THRU YYMMDD	PROCEDURE/NDC	UNIT	CHARGES	PAYMENT	EC	ERRORS	CT	SD
4343-1536-001-00	XX-XX-X-XXXXXX-XX	00-07514	140101	140101	99283	0001	587.00	.00	00	05	24	4343-1536-002-
00 XX-XX-X-XXXXXX-XX	00-36260	140716	140716	97001	0001	129.00	.00	00		05	11	4343-1536-002-
01 XX-XX-X-XXXXXX-XX	00-36260	140806	140806	97110	0004	236.00	.00	00		05	11	4343-1536-002-
02 XX-XX-X-XXXXXX-XX	00-36260	140812	140812	97110	0004	236.00	.00	00		05	11	

Legend	
1	REFERENCE NUMBER – Internally generated tracking number
2	RECIPIENT ID – 13-DIGIT RECIPIENT ID NUMBER
3	Provider ID – 7 digit Medicaid Provider ID Number
4	FROM YYMMDD – Report Start Date of service on the claim
5	THRU YYMMDD – Report End Date of service on the claim
6	PROCEDURE/NDC – NDC or Procedure Code
7	UNIT – Billed units for the specified procedure code
8	CHARGES – Charges specified by the provider on the claim
9	PAYMENT – Medicaid Payment amount calculated for the claim
10	EC – Error count
11	ERRORS – Error code(s) associated with the claim
12	CT – Claim Type
13	SD – Status or Disposition (11 – Paid Original Claim, 41 – Pended Original Claim, 31 Denied Original Claim)

8.4 CP-0-90-D for Encounters

LAM2D070 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS REPORT NO: E-CP-0-90-D
 RUN: 08/26/14 09:39:04 DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF) PAGE: 1
 CYCLE: 08/26/14 DENIED ENCOUNTER ERROR ANALYSIS - ISA13: 141891109 ← 1

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
ERROR	ERROR	HOSP	LTC	OPAT	PHY	RHAB	HH	AMBL	NAMB	DME	DNTLE	DNTL	RX	EPSDT	18-I	18-P	ADC	HAB	HMKR	
CODE	DESCRIPTION	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL
152	INV ICD CODE ON DOS	0	0	0	35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35
506	SUB PROV NON PAR BYU	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
*****	TOTAL *****	0	0	0	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	36

LAM2D070 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS REPORT NO: E-CP-0-90-E
 RUN: 08/26/14 09:39:04 DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF) PAGE: 1
 CYCLE: 08/26/14 ENCOUNTER EOB ANALYSIS - ISA13: 141891109 ← 1

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
ERROR	ERROR	HOSP	LTC	OPAT	PHY	RHAB	HH	AMBL	NAMB	DME	DNTLE	DNTL	RX	EPSDT	18-I	18-P	ADC	HAB	HMKR	
CODE	DESCRIPTION	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL
202	PROV CLAIM TYP CONFL	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
210	PROV PROC CONFLICT	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
232	PROCEDURE CODE NOF	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
*****	TOTAL *****	0	0	0	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34

Legend	
1	ISA13 This is the same value that was submitted in the HIPAA 837 test file
2	Louisiana Medicaid Proprietary ERROR CODE
3	Louisiana Medicaid Proprietary ERROR DESCRIPTION
4	HOSP 01 - Count Of Claim Type = 01 (Hospital) Incurring The Error
5	LTC 02 - Count Of Claim Type = 02 (Long Term Care) Incurring The Error
6	OPAT 03 - Count Of Claim Type = 03 (Out Patient) Incurring The Error
7	PHY 04 - Count Of Claim Type = 04 (Physician) Incurring The Error
8	RHAB 05 - Count Of Claim Type = 05 (Rehabilitation) Incurring The Error
9	HH 06 - Count Of Claim Type = 06 (Home Health Care) Incurring The Error
10	AMBL 07 - Count Of Claim Type = 07 (Ambulance) Incurring The Error
11	NAMB 08 - Count Of Claim Type = 08 (Non-Emergency Ambulance) Incurring The Error
12	DME 09 - Count Of Claim Type = 09 (Durable Medical Equipment) Incurring The Error
13	DNTLE 10 - Count Of Claim Type = 10 (EPSDT Dental) Incurring The Error

14	DNTL 11 - Count Of Claim Type = 11 (Adult Dental) Incurring The Error
15	RX 12 - Count Of Claim Type = 12 (Prescription) Incurring The Error
16	EPSDT 13 - Count Of Claim Type = 13 (Early And Periodic Screening, Diagnosis, And Treatment) Incurring The Error (Obsolete)
17	18-I 14 - Count Of Claim Type = 14 (Medicare Institutional) Incurring The Error
18	18-P 15 - Count Of Claim Type = 15 (Medicare Professional) Incurring The Error
19	ADC 16 - Count Of Claim Type = 16 (Adult Day Care) Incurring The Error
20	HAB 17 - Count Of Claim Type = 17 (Day Habilitation) Incurring The Error (Never Implemented)
21	HMKR 18 - Count Of Claim Type = 18 (Home Maker) Incurring The Error (Never Implemented)

The **E-CP-0-90-D** Report displays the number of encounters in the test file that incurred MMIS errors that caused an encounter denial. The MCO may refer to the MCO Companion guide to determine if an edit is (1) correctable, (2) non-correctable or (3) educational. MCOs then make corrections to the claim data and resubmit the test file to determine if the error condition is resolved.. The **E-CP-0-90-E** Report displays any explanatory messages for the encounters submitted in the test file results. Submitter may receive both reports, only one or none depending on the processing of the test file encounters.

8.5 NPI – EDI Claims Denied Report

LAM2W999

RUN: 02/04/17

CYCLE: 02/04/17

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS – MEDICAL (BHSF)
NPI- EDI CLAIMS DENIED TO THE ALL 9 PROVIDER ID

REPORT NO: CP-DENY-999

PAGE: 1

SUB ID	BILL NPI	PROV DATA	ISA	RECIP ID	RNAME	ICN	CT	DOS	PROC	CHARGES	EOB
45000xx	101336xxxx		020170127	xxxxxxxxxxxxxx	RNAME1	7027100196500	04	01/24/2017	99213	\$150.00	142
45000xx	101336xxxx		020170127	xxxxxxxxxxxxxx	RNAME1	7027100196600	04	01/24/2017	81002	\$15.00	142
45000xx	101336xxxx		020170127	xxxxxxxxxxxxxx	RNAME1	7027100196601	04	01/24/2017	99000	\$15.00	142
45000xx	xxxx582xxx		020170130	xxxxxxxxxxxxxx	RNAME3	7030111879000	04	01/20/2017	90853	\$70.00	142
45000xx	xxxx582xxx		020170130	xxxxxxxxxxxxxx	RNAME3	7030111879001	04	01/23/2017	90853	\$70.00	142
45000xx	xxxx582xxx		020170127	xxxxxxxxxxxxxx	RNAME4	7027100192600	04	01/20/2017	90853	\$70.00	142
45000xx	xxxx582xxx		020170130	xxxxxxxxxxxxxx	RNAME4	7030111878900	04	01/23/2017	90853	\$70.00	142
45000xx	xxxx582xxx		020170131	xxxxxxxxxxxxxx	RNAME4	7031107956600	04	01/24/2017	96101	\$183.00	142
45000xx	xxxx582xxx		020170131	xxxxxxxxxxxxxx	RNAME4	7031107956601	04	01/24/2017	90853	\$70.00	142
45000xx	xxxx582xxx		020170201	xxxxxxxxxxxxxx	RNAME4	7032112820200	04	01/26/2017	90853	\$70.00	142
45000xx	xxxx241xxx		020170201	xxxxxxxxxxxxxx	RNAME5	7032112790700	04	01/04/2017	81002	\$6.00	142
45000xx	xxxx241xxx		020170202	xxxxxxxxxxxxxx	RNAME5	7033111869500	04	01/17/2017	76816	\$200.00	142
45000xx	xxxx241xxx		020170202	xxxxxxxxxxxxxx	RNAME5	7033111869501	04	01/17/2017	76819	\$157.00	142
45000xx	xxxx241xxx		020170202	xxxxxxxxxxxxxx	RNAME5	7033111869502	04	01/17/2017	99213	\$118.00	142
45000xx	xxxx241xxx		020170202	xxxxxxxxxxxxxx	RNAME5	7033111869600	04	01/17/2017	81002	\$6.00	142
45000xx	xxxx241xxx		020170127	xxxxxxxxxxxxxx	RNAME2	7027100175900	04	01/04/2017	99460	\$150.00	142
45000xx	xxxx241xxx		020170127	xxxxxxxxxxxxxx	RNAME2	7027100175901	04	01/05/2017	99462	\$76.00	142
45000xx	xxxx241xxx		020170201	xxxxxxxxxxxxxx	RNAME2	7032112790800	04	01/06/2017	99462	\$76.00	142
45000xx	xxxx241xxx		020170201	xxxxxxxxxxxxxx	RNAME2	7032112790801	04	01/07/2017	99462	\$76.00	142
45000xx	xxxx241xxx		020170201	xxxxxxxxxxxxxx	RNAME2	7032112790802	04	01/08/2017	99238	\$119.00	142
*** SUBMITTER TOT CLAIMS :			20								

9.0 Appendix B – Change Log

Document Title	Louisiana Medicaid General EDI Companion Guide		
	Change Log		
Date	Description of Change	LIFT	By
2/27/14	Version 1.2 – Inserted Change Log and Added New TA1 Edit 103 – Unrecognized Character in data file (accent mark)	9278	J. Lavigne
5/13/14	Version 1.3 -- Corrected pagination errors and automated TOC	n/a	R. Sheehan
2/12/15	Version 1.4 – Changed Appendix B, Added Appendix C. Assorted corrections from SMEs throughout. Rebuilt file for ease of future editing.	9709	R. Sheehan
4/20/15	Version 1.5 – Accepted all changes from revisions through April 20, 2015, and deleted all comments.	9709	R. Sheehan
4/30/15	Updated Sections 4.6.4 and 5.2 in accordance with email request from Jacques Kado.	9709	R. Sheehan
10/8/15	Updated Sections 4.6.4 in accordance with email request from Bryan Hardy.	10085	T. Tate
12/11/15	Updated Sec 4.6.4 to add error code 208.	10085	T. Tate
03/01/16	Updated Sec 4.5.1 for ADHC claim file extension.	10190	T. Tate
02/07/17	Added 7.4 and 9.5.	n/a	R. Sheehan
05/25/17	Added 6.2 Billing Deadlines	n/a	G. Haas
01/01/18	Added two new file extensions to table in Section 4. 5.1 on Page 7 . Updated to Version 1.7	9258	T. Tate
10/28/24	Removed all references to dial up / BBS. Updated link to CMS in 1.2. Updated link to HIPAA Error Code Crosswalk in 3.1. Updated to Version 1.8.	n/a	K. Citan and R. Sheehan
06/06/25	Updated 4.4 to add TA1 Error Codes (209-217)	n/a	J. Lavigne