837 Health Care Claim: Institutional Companion Guide LA Medicaid

HIPAA/V4010X096A1/837: 837 Health Care Claim: Institutional

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(Latest Changes in ORANGE font)

LTC/HOSPICE ROOM AND BOARD/ICFDD/ADHC

Author: EDI Department

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The purpose of this guide is to clarify the usage of the X12 V4010X096A1 837 Institutional HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published Guide. Submitters must use the format mandated by HIPAA as of October 16, 2003

If unfamiliar with how to read an implementation guide, refer to the final release of the X12 V4010X096A1 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 manuals and training packets that are distributed by Unisys.

Note: All data must be formatted in upper case.

837 Health Care Claim: Institutional

Functional Group=HC

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 ZZ for this element*	M	ID	2/2
ISA06	I06	**Interchange Sender ID** **LA Medicaid:** *Use the 7 digit Unisys assigned submitter ID (i.e. 450XXXX) followed by spaces*	M	AN	15/15
ISA07	I05	**Interchange ID Qualifier** **LA Medicaid:** *Use ZZ for this element*	M	ID	2/2
ISA08	I07	**Interchange Receiver ID** **LA Medicaid:** *Use 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 date format is HHMM*	M	TM	4/4
ISA11	I10	**Interchange Control Standards Identifier** **LA Medicaid:** *Use U for this element*	M	ID	1/1
ISA12	I11	**Interchange Control Version Number** **LA Medicaid:** *Use 00401 for this element*	M	ID	5/5
ISA13	I12	**Interchange Control Number** **LA Medicaid:** *Must be identical to the interchange trailer IEA02. Must be unique for every transmission submitted.*	M	N0	9/9
ISA14	I13	**Acknowledgment Requested** **LA Medicaid:** *Use 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 004010X096A1 for this element*	M	AN	1/12

BHT Beginning of Hierarchical Transaction

Pos: 010 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BHT06	640	**Transaction Type Code** **LA Medicaid:** *Use the value CH for this element*	O	ID	2/2

NM1 Submitter Name

Pos: 020 **Max: 1**
Heading - Optional
Loop: 1000A **Elements: 1**

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. 45XXXXX) assigned by Louisiana Medicaid*	C	AN	2/80

NM1 Receiver Name

Pos: 020 **Max: 1**
Heading - Optional
Loop: 1000B **Elements: 2**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM103	1035	**Name Last or Organization Name** **LA Medicaid:** *Use the value LOUISIANA MEDICAID for this element*	O	AN	1/35
NM109	67	**Identification Code** **LA Medicaid:** *Use the value LOUISIANA MEDICAID for this element*	C	AN	2/80

PRV Billing/Pay-To Provider Specialty Information

Pos: 003 **Max: 1**
Detail – Optional
Loop: 2000A **Elements: 3**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PRV01	1221	**Procedure Code** **LA Medicaid:** *Use the qualifier BI for this element*	M	ID	1/3
PRV02	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the qualifier ZZ for this element*	M	ID	2/3
PRV03	127	**Reference Identification (Provider Taxonomy Code)** **LA Medicaid:** ***Enter the Taxonomy Code associated with the NPI of the Billing Provider.*** ***This segment is required by Medicaid ONLY 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.***	M	AN	1/30

NM1 Billing Provider Name

Pos: 015	Max: 1
Detail – Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the qualifier XX for this element*	X	ID	½
NM109	67	**Identification Code (Billing Provider Identifier)** **LA Medicaid:** ***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 not registered an NPI with Louisiana Medicaid, you may continue to send either the EIN or SSN in this Loop, and continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.*** ***For providers reporting NPI in this Loop, use the REF segment for reporting EIN or SSN.***	X	AN	2/80

N4 Billing Provider City/State/Zip Code

Pos: 030	Max: 1
Detail – Optional	
Loop: 2010AA	Elements: 1

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
N403	116	**Postal Code (Billing Provider Postal Zone or ZIP Code)** **LA Medicaid:** *Enter the 9-digit Zip Code that matches the zip code registered with Louisiana Medicaid for the Medicaid ID identified in Loop 2010AA REF segment.* ***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 + 4 must be submitted to assure the proper cross reference. You must use the same Zip Code +4 that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider number.***	O	ID	3/15

REF Billing Provider Secondary Identification

Pos: 035 **Max: 8**
Detail - Optional
Loop: 2010AA **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 1D 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 the REF segment to submit the Louisiana Medicaid provider number.*** ***If NPI is used in the NM109, EIN or SSN may be sent in this REF segment. REF segments may be repeated up to 8 times.***	C	AN	1/30

HL Subscriber Hierarchical Level

Pos: 001 **Max: 1**
Detail - Mandatory
Loop: 2000B **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL04	736	**Hierarchical Child Code** **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. If the Patient Hierarchical Loop is included, the transaction will be rejected.*	O	ID	1/1

SBR Subscriber Information

Pos: 005 **Max: 1**
Detail - Optional
Loop: 2000B **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR09	1032	**Claim Filing Indicator Code** **LA Medicaid:** *Use the value MC for this element*	O	ID	½

NM1 Subscriber Name

Pos: 015 **Max: 1**
Detail – Optional
Loop: 2010BA **Elements: 3**

User Option (Usage): Required

Element Summary:

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

CLM Claim information

Pos: 130 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 2**

User Option (Usage): Required

LA Medicaid:

LTC X12 SCENARIO EXAMPLES

*ISA*00* *00* *ZZ*4500000 *ZZ*LA-DHH-MEDICAID*030814*1807*U*00401*391009100*1*T*:~GS*HC*4500000*LA-DHH-MEDICAID*20030814*1807*3910091*X*004010X096A1~ST*837*3910091~BHT*0019*00*0123*20030814*1807*CH~REF*87*004010X096A1~NM1*41*2*WHEEPING WILLOW NURSING HOME*****46*4500000~PER*IC*CLAIRE BELLE*TE*2258888888~NM1*40*2*LOUISIANA MEDICAID*****46*LA-DHH-MEDICAID~HL*1**20*1~PRV*BI*ZZ*364SL0600X~NM1*85*2*WEEPING WILLOW NURSING HOME*****24*123456789~N3*2246 CYPRESS LANE~N4*RAIN FOREST*LA*71111~REF*1D*1234567~HL*2*1*22*0~*

(LEVEL OF CARE CHANGE)

*SBR*P*18*******MC~NM1*IL*1*BRIGHT*SUNNY****MI*1234567890123~N3*2246 CYPRESS LANE~N4*RAIN FOREST*LA*71111~DMG*D8*19100629*F~NM1*PR*2*MEDICAID*****PI*LA-DHH-MEDICAID~N3*PO BOX 91021~N4*BATON ROUGE*LA*70821~CLM*1234567*2673.02***27:A:3*Y*A*Y*Y*********N~DTP*434*RD8*20031001-20031031~DTP*435*DT*199601011300~CL1***30~REF*EA*12345678~HI*BK:4360~QTY*CA*31*DA~NM1*71*1*JONES*JOHN*****24*00-0000000~REF*1D*1123458~LX*1~SV2*0022**2673.02*UN*20~DTP*472*RD8*20031001-20031020~LX*2~SV2*0194**2673.02*UN*11~DTP*472*RD8*20031021-20031031~*

(DISCHARGE TO HOME)

*NM1*IL*1*BRIGHT*SUNNY****MI*1234567890123~N3*2246 CYPRESS LANE~N4*RAIN FOREST*LA*71111~DMG*D8*19100629*F~NM1*PR*2*MEDICAID*****PI*LA-DHH-MEDICAID~N3*PO BOX 91021~N4*BATON ROUGE*LA*70821~CLM*1234567*2673.02***27:A:4*Y*A*Y*Y*********N~DTP*434*RD8*20031101-20031128~DTP*435*DT*199601011300~CL1***01~REF*EA*12345678~HI*BK:4360~QTY*CA*27*DA~NM1*71*1*JONES*JOHN*****24*00-0000000~REF*1D*1123458~LX*1~SV2*0022**2673.02*UN*27~DTP*472*RD8*20031101-20031128~LX*2~SV2*0194**2673.02*UN*17~DTP*472*RD8*20031111-20031128~*

(HOSPITAL LEAVE DAYS/ICFMR)

*NM1*IL*1*SMITH*JOHN****MI*1234567890123~N3*5432 SUGAR LANE~N4*ANYWHERE*LA*71111~DMG*D8*19100629*M~NM1*PR*2*MEDICAID*****PI*LA-DHH-MEDICAID~N3*PO BOX*

*91021~N4*BATON ROUGE*LA*70821~CLM*123456*2673.02***65:A:3*Y*A*Y*Y*********N~DTP*434*RD8*20031101-20031130~DTP*435*DT*199601011300~CL1***30~REF*EA*123456~HI*BK:4360~QTY*CA*30*DA~NM1*71*1*JONES*JOHN****24*00-0000000~REF*1D*1123458~LX*1~SV2*0911**2673.02*UN*30~DTP*472*RD8*20031101-20031130~LX*2~SV2*0185**2673.02*UN*04~DTP*472*RD8*20031103-20031106~*

(ROUTINE BILLING ADULT DAY HEALTH CARE)

*NM1*IL*1*DEAN*JAMES****MI*1234567890123~N3*9876 LOLLYPOP LANE~N4*ANYWHERE*LA*71111~DMG*D8*19100629*M~NM1*PR*2*MEDICAID*****PI*LA-DHH-MEDICAID~N3*PO BOX 91021~N4*BATON ROUGE*LA*70821~CLM*123456*2673.02***89:A:3*Y*A*Y*Y*********N~DTP*434*RD8*20031001-20031031~DTP*435*DT*200305011300~CL1***30~REF*EA*123456~HI*BK:4360~QTY*CA*23*DA~NM1*71*1*JONES*JOHN****24*00-0000000~REF*1D*1123458~LX*1~SV2*0932**2673.02*UN*23~DTP*472*RD8*20031001-20031031~*

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CLM01	1028	**Claim Submitter's Identifier** **LA Medicaid:** *Use a unique number up to 20 characters*	M	AN	1/38
CLM05	C023	**Health Care Service Location Information**	O	Comp	
	1325	**Claim Frequency Type Code** **LA Medicaid:** *Use the value 1, 2, 3, 4, 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

DTP Statement Dates

Pos: 135 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 3**

User Option (Usage): Situational

LA Medicaid:
Refer to the UB92 Code Reference for Long Term Care Services document which is available on HIPAAdesk

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTP01	374	**Date/Time Qualifier** **LA Medicaid:** *Use the value 434 for this element*	M	ID	3/3
DTP02	1250	**Date Time Period Format Qualifier** **LA Medicaid:** *Use the value RD8 for this element*	M	ID	2/3
DTP03	1251	**Date Time Period** **LA Medicaid:** *Enter the spanning dates to reflect the entire billing period for one month. Each calendar month must be billed as a separate claim transaction.* *Note: This period is less than a full month in situations of discharge, death, admit after first of the month, etc.*	M	AN	1/35

DTP Admission Date/Hour

Pos: 135 **Max: 1**
Detail - Mandatory
Loop: 2300 **Elements: 3**

User Option (Usage): Situational
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTP01	374	**Date/Time Qualifier** **LA Medicaid:** *Use the value 435 for this element*	M	ID	3/3
DTP02	1250	**Date Time Period Format Qualifier** **LA Medicaid:** *Use the value DT for this element*	M	ID	2/3
DTP03	1251	**Date Time Period** **LA Medicaid:** *Admission Date/Hour is required.*	M	AN	1/35

CL1 Institutional Claim Code

Pos: 140 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 1**

User Option (Usage): Required

LA Medicaid:
This segment is required for LTC claims.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CL103	1352	**Patient Status Code** **LA Medicaid:** *For LTC enter one of the following patient status codes: 02, 03, 04, 05, 07, 08, 09, 20, 30, 61, 62, or 63.* *Refer to the UB92 Code Reference for Long Term Care Services document which is available on HIPAAdesk for the definition of the patient status codes.*	O	ID	1/2

HI Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information

Pos: 231 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 1**

User Option (Usage): Situational
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HI01	C022	**Health Care Code Information**	M	Comp	
	1270	**Code List Qualifier Code** **LA Medicaid:** *The only valid value is BK. Louisiana Medicaid does not accept or use qualifier BN*	M	ID	1/3
	1271	**Industry Code** **LA Medicaid:** *Louisiana Medicaid does not accept External Cause of Injury codes (E-Code)*	M	AN	1/30

QTY Claim Quantity

Pos: 240 **Max: 4**
Detail - Optional
Loop: 2300 **Elements: 3**

User Option (Usage): Required

LA Medicaid:
Required for LA Medicaid.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
QTY01	673	**Quantity Qualifier** **LA Medicaid:** *Use CA for this element*	M	ID	2/2
QTY02	380	**Quantity** **LA Medicaid:** *Enter the total number of covered days for the statement period. Covered days must equal the total number of units of service billed using LOC revenue codes in loop 2400.* *Note: For discharge due to death, the covered days and statement dates should include the date of death. For all other discharges, the number of covered days will be one less that the statement dates (which should include the discharge day).* *Note: ADHC claims cannot exceed 23 days for an entire month or the number of days of service if less that 23 days.*	C	R	1/15
QTY03	C001	**Composite Unit of Measure**	O	Comp	
	355	**Unit or Basis for Measurement Code** **LA Medicaid:** *Use the value DA for this element*	M	ID	2/2

LX Service Line Number

Pos: 365 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
LX01	554	**Assigned Number** **LA Medicaid:** *Louisiana Medicaid will accept the maximum number of lines allowed by the implementation guide. Louisiana Medicaid will process and store up to 28 lines for Inpatient, 13 lines for LTC, Hospice, ADHC, and ICF/MR claims.*	M	N0	1/6

SV2 Institutional Service Line

Pos: 375 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 4**

User Option (Usage): Situational
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SV201	234	**Product/Service ID** **LA Medicaid:** *Enter revenue codes for Level of Care and Leave Days. Do not repeat LOC revenue codes within the same month unless patient changes LOC within that month.* *Enter revenue codes 183 and/or 185 for leave days. These revenue codes may be repeated during the month if a patient left the facility multiple times during a month and leave days are not consecutive. (Refer to the UB92 Billing Instructions for Long Term Care Services in HIPAAdesk for the LA Medicaid LOC revenue codes.)*	C	AN	1/48
SV204	355	**Unit or Basis for Measurement Code** **LA Medicaid:** *Use the value DA for this element*	C	ID	2/2
SV205	380	**Quantity** **LA Medicaid:** *Enter "0" in service units field for revenue codes 185 Hospital Leave and 183 Home Leave.* *Enter the number of days for the month of service for LOC revenue codes. The total number of days the resident was in the facility is reflected in the units field(s) associated with Level Of Care revenue codes, even when the patient has been discharged.* *Billing note: You may repeat a LOC revenue code if patient changes LOC during the month and then returns to a previously reported LOC for that same month. If level of care changes within the month, use the appropriate revenue code that reflects the LOC rendered.*	C	R	1/15
SV206	1371	**Unit Rate** **LA Medicaid:** *This data element is required when the associated revenue code in SV201 is 100 through 219. Enter the accommodation rate amount. (this is an imp guide requirement)*	O	R	1/10

DTP Service Line Date

Pos: 455 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 3**

User Option (Usage): Situational

LA Medicaid:
Service Line Date(s) of service are required on all LTC, Hospice, ADHC, ICFMR claims.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTP01	374	**Date/Time Qualifier** **LA Medicaid:** *Service Line Date(s) of service are required on all LTC, Hospice, ADHC, ICFMR claims.*	M	ID	3/3
DTP02	1250	**Date Time Period Format Qualifier** **LA Medicaid:** *Use RD8 to specify from and to dates.*	M	ID	2/3
DTP03	1251	**Date Time Period** **LA Medicaid:** *Enter the actual from and to dates for Hospital and Home Leave revenue codes 183 and 185.* *For the LOC revenue codes, enter the from and to dates that span the period of time being billed. The span period must match the number of days entered in SV205.*	M	AN	1/35

GE Functional Group Trailer

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

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GE01	97	**Number of Transaction Sets Included** **LA Medicaid:** *Number of transactions 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:

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