

837 Health Care Claim: Institutional Companion Guide LA Medicaid

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

Version: 1.9

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(Latest Changes in **PINK** font)

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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
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. 45XXXXXX) 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	O	AN	1/35
		LA Medicaid: Use the value LOUISIANA MEDICAID for this element			
NM109	67	Identification Code	C	AN	2/80
		LA Medicaid: Use the value LOUISIANA MEDICAID for this element			

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	M	ID	1/3
		LA Medicaid: Use the qualifier BI for this element			
PRV02	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the qualifier ZZ for this element			
PRV03	127	Reference Identification (Provider Taxonomy Code)	M	AN	1/30
		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.

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 associated with the NPI of the billing provider. 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 <i>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.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use the REF segment to submit the Louisiana Medicaid provider number.</i> <i>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.</i>	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 <i>LA Medicaid: Use the value 0 for this element.</i> <i>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.</i>	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 <i>LA Medicaid: Use the value MC for this element</i>	O	ID	1/2

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

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 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

REF Original Reference Number (ICN/DCN)

Pos: 180	Max: 30
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational. Required when submitting an adjustment or void of a previously paid claim.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier LA Medicaid: Enter the qualifier F8 for this element	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Enter the original 13 digit Internal Control Number (ICN) assigned to the original claim adjudicated by Louisiana Medicaid. The original ICN is required when the Claim Frequency Code in CLM05-3 is a 7 or 8.	X	AN	1/30

REF

Service Authorization Exception Code

Pos: 180	Max: 1
Detail – Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

LA Medicaid:

This segment is needed when emergency room services are provided and the recipient is in the Community Care Program. It is required for claims where providers are required to obtain Community Care PCP authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization.

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 element.	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 is placed in Form Locator 11 on the UB92 billing document.	C	AN	1/30

REF Prior Authorization or Referral Number

Pos: 180	Max: 2
Detail – Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

More than one occurrence of this REF Segment may be reported. This segment is required when:

- Medicaid services are prior authorized,
- hospital stays are pre-certified, or
- the recipient is in the CommunityCARE Program and the services require authorization by the PCP.

Effective for claims received after noon on 9/24/09, edit 106 will apply if the 7 digit PCP Referral Authorization Number is required and this information is not present in this REF segment, using the 9F qualifier.

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier LA Medicaid: When appropriate, enter "G1" and/or "9F" in the REF 01 segment. Enter Qualifier 9F when the service billed was authorized by the recipient's PCP and G1 if the service billed was prior authorized or the hospital stay was pre-certified by Louisiana Medicaid. <i>(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 in the REF below.</i>	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Use the Hospital Precertification number for approved inpatient stays received from Louisiana Medicaid. For extended Home Health or Hospice services, provide the prior authorization number received from Louisiana 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.	C	AN	1/30

NTE Billing Note

Pos: 190	Max: 20
Detail – Situational	
Loop: 2300	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NTE01	363	Note Reference Code LA Medicaid: When appropriate, enter "ADD" in the first occurrence of the NTE segment.	M	ID	2/3
NTE02	352	Description LA Medicaid: For newborns who are well babies, enter the Mother's 13-digit Recipient ID. Example: NTE*ADD*999999999999~	C	AN	1/30

HI

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

Pos: 231	Max: 1
Detail – Optional	
Loop: 2300	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>
HI01	C022	Health Care Code Information	M	Comp	1/3
H102	1270	Code List Qualifier Code	M	ID	1/3
		LA Medicaid: Louisiana Medicaid does not accept or use qualifier BN			
H103	1271	Industry Code	M	AN	1/30
		LA Medicaid: Louisiana Medicaid does not accept External Cause of Injury codes (E-Code)			

HI

Condition Information

Pos: 231	Max: 2
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>
HI01	C022	Health Care Code Information	M	Comp	
		LA Medicaid: Use A4 if the service is related to family planning. Use A1 if the service is rendered as a result of an EPSDT referral.			
	1271	Industry Code	M	AN	1/30
		LA Medicaid: Use the value A4 for this element if the service is related to family planning.			
		Use the value A1 for this element if the service is rendered as a result of an EPSDT referral.			

NM1 Attending Physician Name

Pos: 250	Max: 1
Detail – Optional	
Loop: 2310A	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>
NM101	98	Entity Identifier Code LA Medicaid: Use the value 71 for this element <i>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 2420A.</i>	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 (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 the attending provider is an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana Medicaid Provider Id in the Secondary Identification, REF Loop.	X	AN	2/80

REF Attending Physician Secondary Identification

Pos: 271	Max: 5
Detail – Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier 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. <i>Use other appropriate qualifiers if the physician is not an enrolled Louisiana Medicaid provider.</i>	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.	C	AN	1/30

NM1 Other Provider Name

Pos: 250 Max: 1
Detail – Optional
Loop: 2310C Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	Entity Identifier Code LA Medicaid: Use the value 73 for this element <i>If present, the other provider identified in this Loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420C.</i>	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 (Billing Provider Identifier) LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. <i>Effective 9/24/09 the CommunityCARE PCP referral authorization number must be reported in Loop 2300, REF Segment, Qualifier 9F (Prior Authorization and Referral number).</i> <i>If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.</i>	X	AN	2/80

REF Other Provider Secondary Identification

Pos: 271 Max: 20
Detail - Optional
Loop: 2310C 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 when reporting a Louisiana Medicaid Provider Number in this Loop. <i>Use one of the other listed qualifiers as appropriate if the physician is not an enrolled Louisiana Medicaid provider.</i>	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Enter the 7-digit Medicaid provider number of the other provider. <i>If the referring provider is an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send the 7-digit Medicaid provider number in this Loop.</i>	C	AN	1/30

SBR Other Subscriber Information

Pos: 290	Max: 1
Detail – Optional	
Loop: 2320	Elements: 1

LA Medicaid:

REQUIRED: Effective with processing date May 23, 2008, Louisiana Medicaid will accept and process TPL claims submitted electronically. It will no longer be necessary to submit TPL claims hard copy with EOBs attached. This does not apply to Medicare crossover claims.

Required: If other payers are known to potentially involved in paying on this claim.

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR09	1032	Claim Filing Indicator Code LA Medicaid: Do not use MC – Medicaid for this element when providing information about another payer involved in this claim. Do not use MB – Medicare Part B. These claims should be submitted by the Medicare carrier, OR hardcopy by the provider with the Medicare EOB attached.	O	ID	1/2

CAS Claim Level Adjustments

Pos: 295	Max: 99
Detail – Optional	
Loop: 2320	Elements: 1

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. Louisiana Medicaid requires **claim line data** for adjudication if it is furnished by the payer.

Element Summary:

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

NM1 Other Payer Name

Pos: 325	Max: 1
Detail – Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

Required when Other Subscriber Information Loop ID-2320 is used.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier LA Medicaid: Use the qualifier PI for this element.	X	ID	1/2
NM109	67	Identification Code (Louisiana Issued Carrier Code) LA Medicaid: Enter the Carrier Code issued by Louisiana Medicaid for the payer identified in Loop 2320. This number must be identical to SVD01 (Loop ID-2430) for COB.	X	AN	2/80

LX Service Line Number

Pos: 365	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 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, 99 lines for Outpatient, 13 lines for LTC, Hospice, ADHC, and ICF/MR claims.	M	NO	1/6

DTP Service Line Date

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

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>
DTP01	374	Date/Time Qualifier LA Medicaid: Service Line Date(s) of service are required on all outpatient, home health, LTC, Hospice, ADHC, ICFMR claims. Use qualifier D8 for a single date of service and RD8 to specify from and to dates.	M	ID	3/3

LIN Drug Identification

Pos: 494	Max: 1
Detail – Optional	
Loop: 2410	Elements: 1

User Option (Usage): Situational

LA Medicaid:

A new Federal Statute mandates that providers must begin reporting National Drug Code (NDC) information for all physician-administered drugs on LA Medicaid claims submissions. This requirement applies to both electronic or hard copy claims. Effective 4/1/09 for Dates of Service March 1, 2008 forward, Physician and Hemodialysis 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. July 1, 2009 is the effective date for Hospital providers to submit this data for Dates of Service March 1, 2008 forward.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
LIN03	234	Produce/Service ID LA Medicaid: Enter the National Drug Code associated with the physician-administered drug identified as the service in SV202-2 (Loop ID – 2400).	M	AN	1/48

CTP Drug Pricing

Pos: 495	Max: 1
Detail – Optional	
Loop: 2410	Elements: 3

User Option (Usage): Situational

LA Medicaid:

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CTP03	212	Unit Price LA Medicaid: Enter the unit price if different from that reported in SV203 (Loop ID – 2400).	X	R	1/17
CTP04	380	Quantity LA Medicaid: Enter the quantity or actual units administered.	X	R	1/15
CTP05-1	355	Unit or Basis for Measurement Code LA Medicaid: Enter the appropriate unit or basis of measurement code: F2 International Unit GR Gram ML Milliliter UN Unit	M	ID	2/2

NM1 Attending Physician Name

Pos: 500	Max: 1
Detail – Optional	
Loop: 2420A	Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	Entity Identifier Code LA Medicaid: If present, the attending provider identified in this Loop applies to the line level, and overrides the attending provider identified at the claim level in Loop 2310A.	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 (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 the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.	X	AN	2/80

REF Attending Physician Secondary Identification

Pos: 525	Max: 20
Detail – Optional	
Loop: 2420A	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. Use other appropriate qualifiers if the physician is not an enrolled Louisiana Medicaid provider.	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.	C	AN	1/30

NM1 Other Provider Name

Pos: 500 Max: 1
Detail – Optional
Loop: 2420C Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	Entity Identifier Code <i>LA Medicaid: If present, the other provider identified in this Loop applies to the line level, and overrides the other provider identified at the claim level in Loop 2310C.</i>	M	ID	2/3
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the value XX for this element when reporting an NPI.</i>	X	ID	1/2
NM109	67	Identification Code (Billing Provider Identifier) <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.</i> <i>Effective 9/24/09 the CommunityCARE PCP referral authorization number must be reported in Loop 2300, REF Segment, Qualifier 9F (Prior Authorization and Referral number).</i> <i>If the other provider is an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.</i>	X	AN	2/80

REF Other Provider Secondary Identification

Pos: 525 Max: 20
Detail - Optional
Loop: 2420C Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value 1D for this element when reporting a Louisiana Medicaid Provider Number in this Loop.</i> <i>Use one of the other listed qualifiers as appropriate if the physician is not an enrolled Louisiana Medicaid provider.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Enter the 7-digit Medicaid provider number of the other provider.</i> <i>If the referring provider is an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send the 7-digit Medicaid provider number in this Loop.</i>	X	AN	1/30

SVD Line Adjudication Information

Pos: 540	Max: 1
Detail – Optional	
Loop: 2430	Elements: 2

User Option (Usage): Situational

LA Medicaid:

Effective with processing date May 23, 2008, Louisiana Medicaid will accept and process TPL claims submitted electronically. It will no longer be necessary to submit TPL claims hard copy with EOBs attached. This does not apply to Medicare crossover claims.

Required: If claim has been previously adjudicated by payer identified in Loop 2330B and service line adjustments were applied. If claim line data is available from payer, it **MUST** be supplied in Loop 2430. Louisiana Medicaid requires **claim line data** for adjudication if it is furnished by the payer.

Element Summary:

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

CAS Line Adjustment

Pos: 545	Max: 99
Detail – Optional	
Loop: 2430	Elements: 1

User Option (Usage): Situational

LA Medicaid:

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

If claim line data is available from payer, it should be supplied in Loop 2430. Louisiana Medicaid requires **claim line data** for adjudication if it is furnished by the payer.

Element Summary:

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

GE Functional Group Trailer

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

User Option (Usage): Required

Element Summary:

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

IEA Interchange Control Trailer

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

User Option (Usage): Required

Element Summary:

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