837 Health Care Claim: Professional

HIPAA/V4010X098A1/837: 837 Health Care Claim: Professional

Version: 1.8
Update 10/20/10
(Latest Changes in RED font)

Author:	**EDI Department**
Publication:	**LA Medicaid Companion Guide**

The purpose of this guide is to clarify the usage of the X12 V4010X098A1 837 Professional 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 V4010X098A1 837 Professional HIPAA Implementation Guide available through Washington Publishing Company (WPC) at www.wpc-edi.com

Policy Statement:

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

Note: All data must be formatted in upper case.

837   Health Care Claim: Professional

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 Molina 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 time 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 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 004010X098A1 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**	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 LA-DHH-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	**Provider 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 <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.

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**	X	ID	1/2
		LA Medicaid: *Use the qualifier XX for this element when reporting an NPI.*			
NM109	67	**Identification Code (Billing Provider Identifier)**	X	AN	2/80
		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 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.			

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)**	O	ID	3/15
		LA Medicaid: *Enter the 9-digit Zip Code. If a Zip code was registered with the NPI registration due to the need for unique identification of the Medicaid Provider ID, then the Zip code must match. See note below. 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.*			

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**	M	ID	2/3
		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.*			
REF02	127	**Reference Identification**	C	AN	1/30
		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.			

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**	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. If the Patient Hierarchical Loop is included, the transaction will be rejected.*			

SBR   Subscriber Information

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

User Option (Usage): Situational
Element Summary:

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

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**	M	ID	1/1
		LA Medicaid: *Use the value 1 for this element*			
NM108	66	**Identification Code Qualifier**	C	ID	1/2
		LA Medicaid: *Use the value MI for this element*			
NM109	67	**Identification Code**	C	AN	2/80
		LA Medicaid: *Use the thirteen digit Medicaid Recipient ID number for this element*			

NM1   Payer Name

Pos: 015	**Max: 1**
Detail - Optional	
Loop: 2010BB	**Elements: 2**

User Option (Usage): Required

Element Summary:

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

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**	M	AN	1/38
		LA Medicaid: Use a unique number up to 20 characters			
CLM05	C023	**Health Care Service Location Information**	O	Comp	
		LA Medicaid: CLM05 applies to all service lines unless it is over written at the line level.			
	1331	**Facility Code Value**	M	AN	1/2

LA Medicaid: Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below; however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

11 Office
12 Home
21 Inpatient Hospital
22 Outpatient Hospital
23 Emergency Room - Hospital
24 Ambulatory Surgical Center
25 Birthing Center
26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
51 Inpatient Psychiatric Facility
52 Psychiatric Facility Partial Hospitalization
53 Community Mental Health Center
54 Intermediate Care Facility/Mentally Retarded
55 Residential Substance Abuse Treatment Facility
56 Psychiatric Residential Treatment Center
50 Federally Qualified Health Center
60 Mass Immunization Center
61 Comprehensive Inpatient Rehabilitation Facility
62 Comprehensive Outpatient Rehabilitation Facility
65 End Stage Renal Disease Treatment Facility
71 State or Local Public Health Clinic
72 Rural Health Clinic
81 Independent Laboratory
99 Other Unlisted Facility

	1325	**Claim Frequency Type Code**	O	ID	1/1

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

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:

Ref	Id	Element Name	Req	Type	Min/Max
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:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value G1 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the Molina Assigned Prior Authorization Number for this element*	C	AN	1/30

REF   Original Reference Number (ICN/DCN)

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

User Option (Usage): Situational

LA Medicaid:

This REF is required when CLM05-3 is coded 7 or 8

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		LA Medicaid: *Use the value F8 for this element*			
REF02	127	**Reference Identification**	C	AN	1/30
		LA Medicaid: *Use the Molina claim ICN for this element*			

REF   Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 180	Max: 3
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

LA Medicaid:

Required when CLIA laboratory services were provided by the billing or rendering physician

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		LA Medicaid: *Use the value X4 for this element*			
REF02	127	**Reference Identification**	C	AN	1/30
		LA Medicaid: *Use the CLIA certificate number for this element*			

CR1   Ambulance Transport Information

Pos: 195	Max: 1
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

LA Medicaid:

Used to report the mileage for transportation claims.

Element Summary:

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

CRC   EPSDT Referral

Pos: 220			**Max: 1**
	Detail - Optional		
Loop: 2300			**Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CRC01	1136	**Code Category**	M	ID	2/2
		LA Medicaid: *Use the value ZZ for this element*			
CRC03	1321	**Condition Indicator**	M	ID	2/2
		LA Medicaid: *Use the following values:*			

S2   Under Treatment
ST   New Services Requested
NU   Not Used

NM1   Referring Provider Name

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

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	**Entity Identifier Code**	M	ID	2/3
		LA Medicaid: *Use the value DN for this element.*			
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		LA Medicaid: *Use the qualifier XX for this element when reporting an NPI.* ***The NPI is required as the CommunityCARE PCP referral authorization number.***			
NM109	67	**Identification Code (Referring Provider Identifier)** LA Medicaid: *Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.*	C	AN	2/80

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.

PRV Referring Provider Specialty Information

Pos: 255	Max: 1
Detail – Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PRV01	1221	**Entity Identifier Code**	M	ID	1/3
		LA Medicaid: *Use the qualifier RF when reporting the referring provider.*			
PRV02	128	**Reference Identification Qualifier**	**M**	ID	2/3
		LA Medicaid: *Use the qualifier ZZ when reporting the taxonomy code of the referring provider.*			
PRV03	127	**Reference Identification (Referring Provider Identifier)** LA Medicaid: *Enter the taxonomy code provided by the referring provider. For the CommunityCARE Program, the taxonomy code is required if the referring provider registered a taxonomy code with his/her NPI. This information should be supplied on the referral from the PCP if needed.*	M	AN	1/30

REF Referring Provider Secondary Identification

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

User Option (Usage): Situational

LA Medicaid:

Element Summary:

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

NM1   Rendering Provider Name

Pos: 250	**Max: 1**
Detail – Optional	
Loop: 2310B	**Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the qualifier XX for this element when reporting an NPI.*	X	ID	1/2
NM109	67	**Identification Code (Rendering 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.*	X	AN	2/80

REF   Rendering Provider Secondary Identification

Pos: 271	**Max: 20**
Detail – Optional	
Loop: 2310B	**Elements: 2**

User Option (Usage): Situational

LA Medicaid:

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.*	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 April 1, 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 be involved in paying on this claim.*

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR05	1336	**Insurance Type 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	1/3

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 is used for this element, include segments for Deductible Amount, Coinsurance Amount and Co-Payment Amount.*	M	ID	1/2

NM1	Other Payer Name	Pos: 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:

Ref	Id	Element Name	Req	Type	Min/Max
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	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:** *The service line number incremented by 1 for each service line.*	M	N0	1/6

SV1   Professional Service

<div style="float:right">

Pos: 370   **Max: 1**
Detail – Optional
Loop: 2400   **Elements: 5**

</div>

User Option (Usage): Required

Element Summary:

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

CR1   Ambulance Transport Information

<div style="float:right">

Pos: 425   **Max: 1**
Detail - Optional
Loop: 2400   **Elements: 1**

</div>

User Option (Usage): Situational

LA Medicaid:
Used to report the mileage for transportation claims.

Element Summary:

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

DTP Date - Service Date

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

User Option (Usage): Situational

Element Summary:

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

REF Prior Authorization or Referral Number

Pos: 470   **Max: 2**
Detail - Optional
Loop: 2400   **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
		LA Medicaid: *Use the value G1 for this element*			
REF02	127	**Reference Identification**	C	AN	1/30
		LA Medicaid: *Use the Molina Assigned Prior Authorization Number for this element*			

REF Clinical Laboratory Improvement Amendment (CLIA) Identification

Pos: 470   **Max: 1**
Detail - Optional
Loop: 2400   **Elements: 2**

User Option (Usage): Situational

LA Medicaid:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		LA Medicaid: *Use the value X4 for this element*			
REF02	127	**Reference Identification**	C	AN	1/30
		LA Medicaid: *Use the CLIA certificate number for this element*			

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 March 1, 2008, 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.

Effective November 5, 2010. Louisiana Medicaid will require DME providers to report NDC information associated with HCPCS codes on claims submitted for enteral therapy products if the Prior Authorization Request for the service(s) was submitted November 5th and after. This requirement will also apply to pharmacies that dispense DME supplies to Medicaid recipients.

Note: PA approvals for enteral therapy products that were received prior to the effective date will not require the NDC information to be submitted when billing for the enteral therapy products.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
LIN03	234	**Produce/Service ID** **LA Medicaid:** *Enter the National Drug Code associated with the physician-administered drug identified as the service in SV101-2 (Loop ID – 2400).* *For enteral therapy products, enter the National Drug Code associated with the HCPCS code identified in SV10-2 in Loop2400.*	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:

Ref	Id	Element Name	Req	Type	Min/Max
CTP03	212	**Unit Price** **LA Medicaid:** *Enter the unit price if different from that reported in SV102 (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 Rendering Provider Name

Pos: 500	**Max: 1**
Detail – Optional	
Loop: 2420A	**Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		LA Medicaid: *Use the qualifier XX for this element when reporting an NPI.*			
NM109	67	**Identification Code (Rendering Provider Identifier)**	X	AN	2/80
		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 Id in the Secondary Identification, REF Loop.*			

REF Rendering Provider Secondary Identification

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

User Option (Usage): Situational

LA Medicaid:
Used to report the rendering or attending provider Medicaid ID Number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		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.*			
REF02	127	**Reference Identification**	C	AN	1/30
		LA Medicaid: *If the provider is considered an atypical provider and has not registered to an NPI with Louisiana Medicaid, continue to use the REF segment to submit the Louisiana Medicaid Provider number.*			

NM1 Referring Provider Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420F	Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	**Entity Identifier Code**	M	ID	2/3
		LA Medicaid: *Use the value DN for this element*			
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		LA Medicaid: *Use the value XX for this element when reporting an NPI.* ***The NPI is required as the CommunityCARE PCP referral authorization number.***			
NM109	67	**Identification Code**	X	AN	2/80
		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.*			

PRV Referring Provider Specialty Information

Pos: 255	Max: 1
Detail – Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PRV01	1221	**Entity Identifier Code**	M	ID	1/3
		LA Medicaid: *Use the qualifier RF when reporting the referring provider.*			
PRV02	128	**Reference Identification Qualifier**	**M**	ID	2/3
		LA Medicaid: *Use the qualifier ZZ when reporting the taxonomy code of the referring provider.*			
PRV03	127	**Reference Identification (Referring Provider Identifier)**	M	AN	1/30
		LA Medicaid: *Enter the taxonomy code provided by the referring provider. For the CommunityCARE Program, the taxonomy code is required if the referring provider registered a taxonomy code with his/her NPI. This information should be supplied on the referral from the PCP if needed.*			

REF — Referring Provider Secondary Identification

Pos: 525	Max: 5
Detail - Optional	
Loop: 2420F	Elements: 2

User Option (Usage): Situational

LA Medicaid:

Element Summary:

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

SVD — Line Adjudication Information

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

User Option (Usage): Situational

LA Medicaid:

Effective with processing date April 1, 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:

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

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:

Ref	Id	Element Name	Req	Type	Min/Max
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.*			

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**	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:

Ref	Id	Element Name	Req	Type	Min/Max
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*			