

# 837 Health Care Claim: Professional KIDMED

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

**Version: 1.7**

Update **04/2009**  
(Latest Changes in **RED** font)

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.

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](http://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.

## 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	<b>Authorization Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA02	I02	<b>Authorization Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA03	I03	<b>Security Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA04	I04	<b>Security Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA05	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use ZZ for this element	M	ID	2/2
ISA06	I06	<b>Interchange Sender ID</b> LA Medicaid: Use the 7 digit Unisys assigned submitter ID (i.e. 450XXXX) followed by spaces	M	AN	15/15
ISA07	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use ZZ for this element	M	ID	2/2
ISA08	I07	<b>Interchange Receiver ID</b> LA Medicaid: Use LA-DHH-MEDICAID for this element	M	AN	15/15
ISA09	I08	<b>Interchange Date</b> LA Medicaid: The date format is YYMMDD	M	DT	6/6
ISA10	I09	<b>Interchange Time</b> LA Medicaid: The time format is HHMM	M	TM	4/4
ISA11	I10	<b>Interchange Control Standards Identifier</b> LA Medicaid: Use U for this element	M	ID	1/1
ISA12	I11	<b>Interchange Control Version Number</b> LA Medicaid: Use 00401 for this element	M	ID	5/5
ISA13	I12	<b>Interchange Control Number</b> LA Medicaid: Must be identical to the interchange trailer IEA02. Must be unique for every transmission submitted.	M	N0	9/9
ISA14	I13	<b>Acknowledgment Requested</b> LA Medicaid: Use the value 0 or 1 for this element	M	ID	1/1
ISA15	I14	<b>Usage Indicator</b> LA Medicaid: T = Test Data P = Production Data	M	ID	1/1
ISA16	I15	<b>Component Element Separator</b> 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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS01	479	<b>Functional Identifier Code</b> LA Medicaid: Use the value HC for this element	M	ID	2/2
GS02	142	<b>Application Sender's Code</b> LA Medicaid: Must be identical to the value in ISA06	M	AN	2/15
GS03	124	<b>Application Receiver's Code</b> LA Medicaid: Use LA-DHH-MEDICAID for this element	M	AN	2/15
GS04	373	<b>Date</b> LA Medicaid: The date format is CCYYMMDD	M	DT	8/8
GS05	337	<b>Time</b> LA Medicaid: The time format is HHMM	M	TM	4/8
GS06	28	<b>Group Control Number</b> LA Medicaid: Assigned and maintained by the sender	M	N0	1/9
GS07	455	<b>Responsible Agency Code</b> LA Medicaid: Use the value X for this element	M	ID	1/2
GS08	480	<b>Version / Release / Industry Identifier Code</b> 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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
BHT06	640	<b>Transaction Type Code</b> 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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM109	67	<b>Identification Code</b> 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	<b>Name Last or Organization Name</b>	O	AN	1/35
		LA Medicaid: Use the value LOUISIANA MEDICAID for this element			
NM109	67	<b>Identification Code</b>	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	<b>Provider Code</b>	M	ID	1/3
		LA Medicaid: Use the qualifier BI for this element			
PRV02	128	<b>Reference Identification Qualifier</b>	M	ID	2/3
		LA Medicaid: Use the qualifier ZZ for this element			
PRV03	127	<b>Reference Identification (Provider Taxonomy Code)</b>	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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	<b>Identification Code Qualifier</b> <b>LA Medicaid:</b> Use the qualifier XX for this element	X	ID	1/2
NM109	67	<b>Identification Code (Billing Provider Identifier)</b> <b>LA Medicaid:</b> Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.  <i>If an atypical provider who has <b>not</b> 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.</i>  <i>For providers reporting NPI in this Loop, use the REF segment for reporting EIN or SSN.</i>	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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N403	116	<b>Postal Code (Billing Provider Postal Zone or ZIP Code)</b> <b>LA Medicaid:</b> 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. <i>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.</i>	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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	<b>Reference Identification Qualifier</b> <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	<b>Reference Identification</b> <i>LA Medicaid: If the provider is considered an atypical provider and has not registered an NP 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:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HL04	736	<b>Hierarchical Child Code</b> <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.</i>  <i>IF THE PATIENT HIERARCHICAL LOOP (2000C) 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): Situational

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SBR09	1032	<b>Claim Filing Indicator Code</b> <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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM102	1065	<b>Entity Type Qualifier</b> <i>LA Medicaid: Use the value 1 for this element</i>	M	ID	1/1
NM108	66	<b>Identification Code Qualifier</b> <i>LA Medicaid: Use the value MI for this element</i>	C	ID	1/2
NM109	67	<b>Identification Code</b> <i>LA Medicaid: Use the thirteen digit Medicaid Recipient ID number for this element</i>  <i>Note: This is the 13 digit Medicaid number that appears on the RS-0-07 for the month in which the service is rendered</i>	C	AN	2/80

# DMG Subscriber Demographic Information

Pos: 032	Max: 1
Detail - Optional	
Loop: 2010BA	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>
DMG01	1250	<b>Date Time Period Format Qualifier</b> <i>LA Medicaid: Use the value D8 for this element</i>	C	ID	2/3
DMG02	1251	<b>Date Time Period</b> <i>LA Medicaid: The birth date of the recipient</i>  <i>Note: Recipient must be under age twenty-one on the date of the screening service to be eligible for the service</i>	C	AN	1/35

# NM1 Responsible Party Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BC	Elements: 5

User Option (Usage): Situational

## LA Medicaid:

*This segment field must be completed for all recipients under the age of twenty-one living with a parent or guardian. A foster parent or adoptive parent is considered a guardian. Do not use this segment if the recipient does not live with a parent or guardian*

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	<b>Entity Identifier Code</b> <i>LA Medicaid: Use the value QD for this element</i>	M	ID	2/3
NM102	1065	<b>Entity Type Qualifier</b> <i>LA Medicaid: Use the value 1 for this element</i>	M	ID	1/1
NM103	1035	<b>Name Last or Organization Name</b> <i>LA Medicaid: Enter the last name of the parent or guardian.</i>	O	AN	1/35
NM104	1036	<b>Name First</b> <i>LA Medicaid: Enter the first name of the parent or guardian</i>	O	AN	1/25
NM105	1037	<b>Name Middle</b> <i>LA Medicaid: Required if NM102=1 and the middle name/initial of the person is known.</i>	O	AN	1/25

# CLM Claim Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2300	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>
CLM01	1028	<b>Claim Submitter's Identifier</b> <i>LA Medicaid: Use a unique number up to 20 characters i.e. Patient Control Number</i>	M	AN	1/38
CLM12	1366	<b>Special Program Code</b> <i>LA Medicaid: Required for KidMed Claims. Use the Value '01' for this element.</i>	O	ID	2/3



# 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 LA Medicaid: Use the value F8 for this element	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Use the Unisys claim ICN for this element	C	AN	1/30

# K3 File Information

Pos: 185 Max: 10  
Detail - Required  
Loop: 2300 Elements: 1

User Option (Usage): Required

## LA Medicaid:

*La Medicaid will use the K3 segments to collect the information related to immunization status, suspected conditions and referral information, which mirrors what is collected on the KM3 paper claim. A delimiter of \$ will be used to separate the data fields.*

*The provider **must certify with each claim** whether or not the recipient's immunizations are complete and current for his/her age.*

**Suspected conditions must be reported in the K3 segment with value of Y or N as appropriate.**

*If referrals are made as a result of the screening, report this information in the K3 segment.*

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>												
K301	449	<b>Fixed Format Information</b> <b>LA Medicaid: IMMUNIZATION STATUS - <i>REQUIRED</i></b>	M	AN	1/80												
<table><tr><td><i>Value</i></td><td><i>Description</i></td><td><i>Usage</i></td></tr><tr><td><i>IM</i></td><td><i>Field Qualifier for Immun</i></td><td><i>REQ Y or N</i></td></tr><tr><td><i>Immun Completion Code</i></td><td></td><td><i>REQ A,B, or C Immun Incomplete</i></td></tr><tr><td><i>Reason</i></td><td></td><td><i>SIT Situational, required if immun code is N</i></td></tr></table> <p><i>Enter the qualifier code “IM” in the first two positions of the K301 Fixed Format Information field to indicate that this is immunization information. Next, enter a Y if the patient’s immunizations are complete and current for his or her age or enter a N if immunizations are not complete. If value of N is used in the previous field, then enter the value of A if the immunizations are not complete due to medical contraindication or enter value of B if the parent(s) or guardian(s) refuse to permit the immunization or else, enter the value of C if the patient is off schedule, having received an immunization at</i></p>						<i>Value</i>	<i>Description</i>	<i>Usage</i>	<i>IM</i>	<i>Field Qualifier for Immun</i>	<i>REQ Y or N</i>	<i>Immun Completion Code</i>		<i>REQ A,B, or C Immun Incomplete</i>	<i>Reason</i>		<i>SIT Situational, required if immun code is N</i>
<i>Value</i>	<i>Description</i>	<i>Usage</i>															
<i>IM</i>	<i>Field Qualifier for Immun</i>	<i>REQ Y or N</i>															
<i>Immun Completion Code</i>		<i>REQ A,B, or C Immun Incomplete</i>															
<i>Reason</i>		<i>SIT Situational, required if immun code is N</i>															

this visit but still due one.

Examples: K3\*IM\$N\$C~  
K3\*IM\$Y~

#### SCREENING FINDINGS - **REQUIRED**

Complete a K3 segment to report screening results.

Value	Description	Usage
SC	Qualifier for Suspected Conditions	<b>REQUIRED</b>
Y or N	Suspected Condition Code	<b>REQUIRED</b>
AOUI	Suspected Condition composite Can occur 9 times. First position represents the suspected cause. Positions 2 – 4 represent under care, referred offsite or in-house.	<b>SITUATIONAL</b>

In the first position of the K301 Fixed Format Information field, enter the qualifier code of "SC" to indicate that these are the suspected conditions findings.

Suspected conditions **MUST** be reported with the value of Y or N as appropriate in the second position. **Enter the value of N if there are no suspected conditions or enter the value of Y if there are one or more suspected conditions.**

**If Y is the second position, then it is required that you complete the following information using four positions for each type of suspected condition identified during the screening.** In the first occurrence of the four positions allowed for each condition, identify the type of suspected condition by use of A through I. Next, after the code value for each condition, enter U if already under care, enter O if referred offsite or enter I if being treated in-house. You must enter at least one value and may report all three. Complete for each type of suspected condition. The types of suspected conditions are:

A=Medical  
B=Vision  
C=Hearing  
D=Dental  
E=Nutritional  
F=Developmental  
G=Abuse/Neglect  
H=Psychological/Social  
I= Speech/Language

You may report up to nine types of suspected conditions and up to three types of referral for each condition. If only one type of referral applies for a medical condition, complete the set by use of the delimiter \$.

Example: K3\*SC\$Y\$AO\$GUO~

#### PATIENT PHONE NUMBERS - **SITUATIONAL**

Complete a K3 segment to report information about the patient's home and work telephone numbers.

Value	Description	Usage
PAT	Qualifier for Patient Numbers	<b>REQ</b>
10-digit	Patient Home Phone Number	<b>SIT</b>

**10-digit Parent/Guardian Work Number SIT**

Enter qualifier PAT in the first three positions of the K301 Fixed Format Information field, then enter the area code and seven-digit home telephone number followed by the area code and seven-digit work telephone number of the patient or the parent/ guardian if patient is a child.

Example: K3\*PAT\$2251231234\$2253210404~

**REFERRAL INFORMATION -SITUATIONAL**

Value	Description	Usage
R1,R2,R3	Qualifier referrals	REQ
ABCD	Suspected-Conditions	REQ
YYMMDD	Appointment Date	REQ
A/N 32	Referral Reason	REQ
A/N 15	Provider Last Name	SIT
	Situational	
A/N 5	Provider First Name	SIT
	Situational	
10 N	Referral Phone Number	SIT
	Situational	

In the first position of the K301 Fixed Format Information field, enter the qualifier of R1 to indicate referral information is being provided Next, enter the code(s) that identify the suspected condition(s) that generated the referral. These suspected condition codes would be the ones that were reported in the K3 segment with qualifier of SC. Each referral may cover up to four suspected conditions. Next, indicate the date of the appointment in the YYMMDD format. The date should be estimated if not known at the time the claim is submitted. Next, provide the reason for the referral in text or provide the ICD-9 diagnostic code. Data cannot exceed 32 characters, and cannot contain the \$ delimiter. Next enter up to 15 characters to indicate the referred to Provider last name Enter the word "self" if self-referred. Leave blank if requesting the KIDMED office to make the referral for you. Next enter up to 5 characters to indicate the referred to Provider first name. If no first name, leave blank and mark with the \$ delimiter. Next, enter the area code and seven-digit telephone number of the referred-to provider. If self-referred, leave blank and mark with the \$ delimiter. This is the end of the referral information for the first referral.

Example:K3\*R1\$ABC\$030101\$REASON\$XYZCLINIC\$2254445555~

If additional referrals have been given, repeat the above instructions but identify the second referral with a qualifier code of R2; use R3 for the third referral.

Example:K3\*R2\$D\$031015\$DIAGNOSIS\$SMITH\$JOHN\$2254445555~

# CRC EPSDT Referral

Pos: 220	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Required

## LA Medicaid:

*EPSDT Referral required for all KidMed claims*

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CRC01	1136	<b>Code Category</b> <b>LA Medicaid:</b> Use the value ZZ for this element	M	ID	2/2
CRC02	1073	<b>Yes/No Condition or Response Code</b> <b>LA Medicaid:</b> Y - Referral was made as a result of the EPSDT screening service  N - No suspected health conditions were identified and no referral resulted from the EPST screening service.	M	ID	1/1
CRC03	1321	<b>Condition Indicator</b> <b>LA Medicaid:</b> Enter the value that indicates additional information related to the information in CRC02.  NU - If the data in CRC02 = N.  AV - Patient refused the referral.  S2 - Patient is currently under care for the referred condition.  ST - Patient was referred to another provider as a result of at least one suspected condition identified during the screening service.  NOTE: If several of the above values apply as a result of a screening service, the value of ST should take precedent.	M	ID	2/2

# 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 LA Medicaid: Use the value DN for this element.	M	ID	2/3
NM108	66	Identification Code Qualifier LA Medicaid: Use the qualifier XX for this element when reporting an NPI. <b>The NPI is required as the CommunityCARE PCP referral authorization number.</b>	X	ID	1/2
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.  If an atypical provider who has <b>not</b> 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.	C	AN	2/80

# 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 LA Medicaid: Use the qualifier RF when reporting the referring provider.	M	ID	1/3
PRV02	128	Reference Identification Qualifier LA Medicaid: Use the qualifier ZZ when reporting the taxonomy code of the referring provider.	M	ID	2/3
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	<b>Reference Identification Qualifier</b> <b>LA Medicaid:</b> 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.	M	ID	2/3
REF02	127	<b>Reference Identification</b> <b>LA Medicaid:</b> 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	<b>Identification Code Qualifier</b> <b>LA Medicaid:</b> Use the qualifier XX for this element when reporting an NPI.	X	ID	1/2
NM109	67	<b>Identification Code (Rendering Provider Identifier)</b> <b>LA Medicaid:</b> 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 received or 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 Rendering Provider Secondary Identification

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

User Option (Usage): Situational

## LA Medicaid:

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	<b>Reference Identification Qualifier</b> <b>LA Medicaid:</b> 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	<b>Reference Identification</b> <b>LA Medicaid:</b> 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

# LX Service Line

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	<b>Assigned Number</b> <b>LA Medicaid:</b> The service line number incremented by 1 for each service line.	M	N0	1/6

# SV1 Professional Service

Pos: 370	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Required

## LA Medicaid:

Use this loop to report the services provided. Refer to the KIDMED billing manual for the appropriate codes and modifiers.

Rural Health and Federally Qualified Health Center providers that provide KIDMED services should refer to their specific KIDMED billing manual for the appropriate codes and modifiers.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SV101	C003	<b>Composite Medical Procedure Identifier</b> <b>LA Medicaid:</b> Bill the appropriate code from the KIDMED billing guide.	M	Comp	
	235	<b>Product/Service ID Qualifier</b> <b>LA Medicaid:</b> The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.	M	ID	2/2
SV104	380	<b>Quantity</b> <b>LA Medicaid:</b> Louisiana Medicaid expects to always receive a whole number in this element	C	R	1/15

# DTP Date - Service Date

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTP01	374	<b>Date/Time Qualifier</b> <b>LA Medicaid:</b> Use the value 472 for this element	M	ID	3/3
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>LA Medicaid:</b> Use the value D8 for this element	M	ID	2/3



NM1	Rendering Provider Name	<div>Pos: 500</div> <div>Max: 1</div> <div>Detail – Optional</div> <div>Loop: 2420A      Elements: 2</div>
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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>
NM108	66	<b>Identification Code Qualifier</b> <b>LA Medicaid:</b> Use the qualifier XX for this element when reporting an NPI.	X	ID	1/2
NM109	67	<b>Identification Code (Rendering Provider Identifier)</b> <b>LA Medicaid:</b> 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 continue to report the Louisiana Medicaid Provider Id in the Secondary Identification, REF Loop.	X	AN	2/80

REF	Rendering Provider Secondary Identification	<div>Pos: 525</div> <div>Max: 20</div> <div>Detail - Optional</div> <div>Loop: 2420A      Elements: 2</div>
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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	<b>Reference Identification Qualifier</b> <b>LA Medicaid:</b> 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	<b>Reference Identification</b> <b>LA Medicaid:</b> 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****Referring Provider Name**

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420F	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	<b>Entity Identifier Code</b> LA Medicaid: Use the value DN for this element	M	ID	2/3
NM108	66	<b>Identification Code Qualifier</b> LA Medicaid: Use the value XX for this element <b>when reporting an NPI. The NPI is required as the CommunityCARE PCP referral authorization number.</b>	X	ID	1/2
NM109	67	<b>Identification Code</b> 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

**PRV****Referring Provider Specialty Information**

Pos: 505	Max: 1
Detail - Optional	
Loop: 2420F	Elements: 3

User Option (Usage): Situational

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
PRV01	1221	<b>Entity Identifier Code</b> LA Medicaid: Use the qualifier RF when reporting the referring provider.	M	ID	1/3
PRV02	128	<b>Reference Identification Qualifier</b> LA Medicaid: Use the qualifier ZZ when reporting the taxonomy code of the referring provider.	M	ID	2/3
PRV03	127	<b>Reference Identification (Referring Provider Identifier)</b> 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: 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	<b>Reference Identification Qualifier</b> <b>LA Medicaid:</b> 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.	M	ID	2/3
REF02	127	<b>Reference Identification</b> <b>LA Medicaid:</b> 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

# 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	<b>Number of Transaction Sets Included</b> <b>LA Medicaid:</b> Number of transactions sets included	M	N0	1/6
GE02	28	<b>Group Control Number</b> <b>LA Medicaid:</b> 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	<b>Number of Included Functional Groups</b> <b>LA Medicaid:</b> Number of included functional groups	M	N0	1/5
IEA02	I12	<b>Interchange Control Number</b> <b>LA Medicaid:</b> Must be identical to the value in ISA13	M	N0	9/9