



Louisiana Medicaid Management Information System (LMMIS)

Claims Status Inquiry (5010 Version) Application User Manual

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TABLE OF CONTENTS

1.0	OVERVIEW	1
2.0	ACCESSING THE APPLICATION.....	2
3.0	USING THE APPLICATION.....	8
3.1	Navigating Through the Application	10
3.1.1	<i>Screen Buttons.....</i>	<i>10</i>
3.1.2	<i>Submission Error Messages</i>	<i>11</i>
3.2	General Search Screen.....	12
3.2.1	<i>Screen Samples.....</i>	<i>12</i>
3.2.2	<i>Data Fields.....</i>	<i>13</i>
3.3	ICN Search Screen.....	14
3.3.1	<i>Data Fields.....</i>	<i>15</i>
3.4	Response Screen.....	16
3.4.1	<i>Screen Samples.....</i>	<i>16</i>
3.4.2	<i>Data Fields.....</i>	<i>18</i>

1.0 OVERVIEW

The Electronic Claims Status Inquiry (eCSI) Web Application provides a secure web-based tool for providers to inquire on the status of a claim within the adjudication process. This application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application.

The eCSI application enables providers to inquire on the status of claims (i.e. paid, denied, voided, etc.) using the HIPAA compliant Transaction Set 276/277. It is a real-time application that processes in accordance with the Health Care Claim Status Request and Response 276/277 Implementation Guide, ANSI X12N 276/277 (005010212).

The database for the application maintains two years of claim information based on the claim's date of receipt. On a daily basis, claim activity including new claims, adjustments, voids, and pended claims is extracted and passed to the UNIX ORACLE™ Database and is processed as new activity.

Claim status inquiry and response processes are supported for all LMMIS claim types. Providers can inquire on the status of a claim by executing a search via a generic general method or by specific ICN.

LOUISIANA MEDICAID

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Claims Status Inquiry (version 5010)

PRINT

- **IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**
- For Technical Support, please contact **1-877-598-8753**.
- For Eligibility Verification Support, please choose the **eMEVS** Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.
- For Other Types of Assistance, please contact DXC Technology Provider Relations at **(800) 473-2783** or **(225) 924-5040**.
- To view the Medicaid HIPAA Error Code Crosswalk table, [click here](#)

Search Type General Search ▼ [Clear Screen](#)

Provider Name LDH MGMT/DXC TECH PBM STAFF

Provider ID 1209996

Recipient ID * 13 Digit Number

Claim Charge Amount #,##

Dates of Service mm/dd/yyyy thru mm/dd/yyyy

Your Trace #

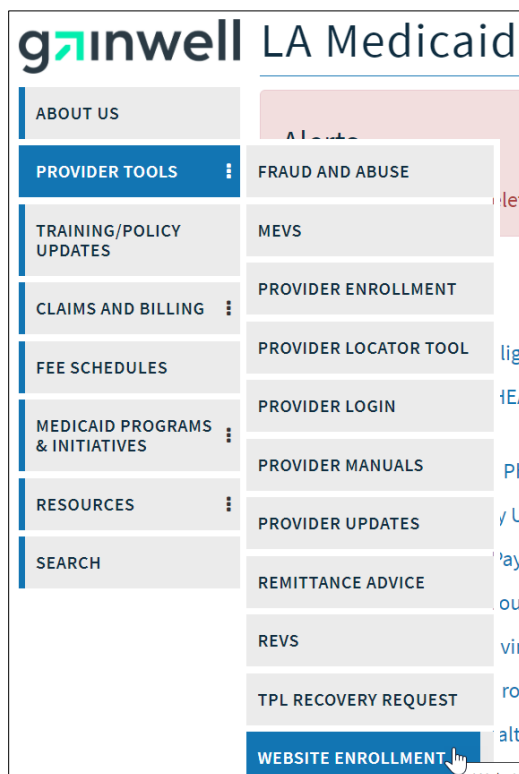
*** Note: Required fields are denoted by an asterisk

SUBMIT

2.0 ACCESSING THE APPLICATION

This section provides information on how to access the **Claims Status Inquiry (5010 Version) Application** via Provider Login. It includes instructions on how to establish an online account with Louisiana Medicaid and complete the Login ID and password process.

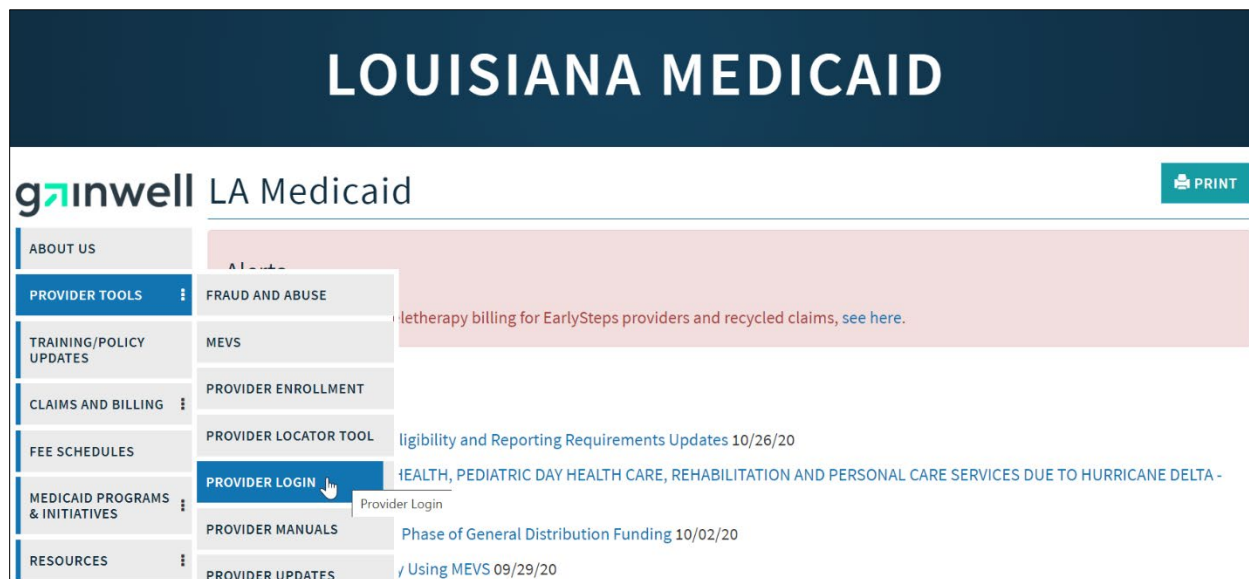
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.



Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lamedicaid@gainwelltechnologies.com.

In order to access the **Claims Status Inquiry (5010 Version) application**, or any other secure application, users must navigate through the Provider Login section of the Louisiana Medicaid web site.

Open a web browser and enter the URL for Louisiana Medicaid at www.lamedicaid.com. Click the **Provider Login** link under **Provider Tools** on the left side of the main menu to continue.



At the Provider Login screen, users may read through the Notice to Users. In order to continue, users must enter their 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.

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You are here : Louisiana Medicaid > Provider Login

 Provider Login 

[Help](#)

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID

Note: Non-FFS Behavioral Health Providers should use their NPI to login.

For security purposes, please enter the characters from the CAPTCHA image



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Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Louisiana Department of Health, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. **By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Louisiana Department of Health.**

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NEXT

At the User Login screen, users must input their Login ID and Password before clicking the **Next** button to continue.

Note: Login ID and Password are case sensitive.

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User Login

Please enter your Restricted Applications' Login ID and Password.
Remember the Login ID and Password are case sensitive.

Login ID

Password

Need help?

- [Forgot Your Login ID?](#)
- [Forgot Your Password?](#)
- [Forgot login ID and Password?](#)

[PREVIOUS](#) [NEXT](#) ←

Users will be directed to the Provider Applications page where they can access their authorized applications

You are here : LAMedicaid.com

Provider Applications

PRINT

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications

[LAMEDICAID.COM Fact Sheet](#)

Claim Check

[Clear Claim Connection](#)

Restricted Provider Applications

[Batch Eligibility Verification System](#)
[Batch Eligibility Verification System Pilot](#)
[Claim Status Inquiry \(5010 Version\)](#)
[EFT Authorization](#)
[Electronic Clinical Data Inquiry - ICD10](#)
[Electronic Clinical Data Inquiry - ICD9](#)
[Electronic Prior Authorization](#)
[Electronic Remit 835](#)
[Friends and Family](#)
[Healthy Louisiana \(Previously Bayou Health\) Applications](#)
[Medicaid Eligibility Verification System](#)
[National Provider Identifier](#)
[NPI Legacy Search](#)
[Online 1099](#)
[OSS Checks](#)
[PA Requests for Case Managers](#)
[PACE 820 Report System](#)
[Prescriber Practices and Diabetes Management Admin](#)
[Provider Locator Information](#)
[SMO Applications](#)
[Submitter Claims Denied All 9](#)
[Submitter Contact Information](#)
[Submitter Linked Providers](#)
[Weekly Remittance Advices](#)

Click the **Claims Status Inquiry (5010 Version)** link to continue.

Provider Applications

PRINT

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications

- [LAMEDICAID.COM Fact Sheet](#)

Claim Check

- [Clear Claim Connection](#)

Restricted Provider Applications

- [Batch Eligibility Verification System](#)
- [Batch Eligibility Verification System Pilot](#)
- [Claim Status Inquiry \(5010 Version\)](#)
- [EFT Authorization](#)
- [Electronic Clinical Data Inquiry - ICD10](#)
- [Electronic Clinical Data Inquiry - ICD9](#)
- [Electronic Prior Authorization](#)
- [Electronic Remit 835](#)
- [Friends and Family](#)
- [Healthy Louisiana \(Previously Bayou Health\) Applications](#)
- [Medicaid Eligibility Verification System](#)
- [National Provider Identifier](#)
- [NPI Legacy Search](#)
- [Online 1099](#)

Note: The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

3.0 USING THE APPLICATION

New Functionality

Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

Users also have access to a **Print** screen button located on the top right hand corner of every screen.



This section of the User Manual presents information on navigating through the application, general search inquiry, ICN search inquiry, and the response transaction. Providers are able to inquire on the status of a claim by performing a general search or an ICN specific search. These two different search methods are provided in a pull down menu in the Search Type field.

eCSI Search Type Methods

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Claims Status Inquiry (version 5010)

PRINT

- IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
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- For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
- For Other Types of Assistance, please contact DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040.
- To view the Medicaid HIPAA Error Code Crosswalk table, [click here](#)

Search Type General Search [Clear Screen](#)

Provider Name LDH MGMT/DXC TECH PBM STAFF

Provider ID 1209996

Recipient ID * 13 Digit Number

Claim Charge Amount #,##

Dates of Service mm/dd/yyyy thru mm/dd/yyyy

Your Trace #

*** Note: Required fields are denoted by an asterisk

SUBMIT

A provider is able to utilize the billing provider number or the servicing provider number; whichever the provider used to log into the application. If a billing provider number is used, eCSI returns all claims for that billing provider regardless of the servicing provider. If a servicing provider number is used, eCSI will return only claims where that provider is the servicing provider.

3.1 Navigating Through the Application

3.1.1 Screen Buttons

The selection processing functions that appear on the eCSI web user screen pages assist the user in navigating through the application. There are eight navigational links that appear along the side of the web screen. These links are disabled if the function is not available from a particular screen. In addition, the **Clear Screen** link appears in the middle of the screen. If the user's mouse hovers, i.e., remains stationary for a period of time over one of these links, a message appears to identify the purpose of the link.

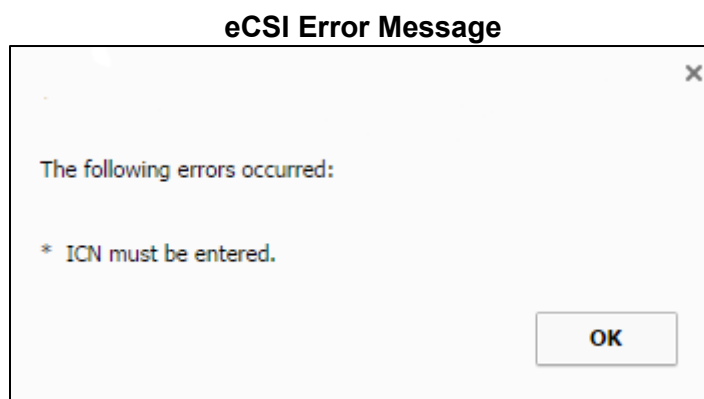
The screenshot displays the eCSI web application interface. On the left is a sidebar with navigation links: **Options** (Search, Print Friendly, eMEVS), **My Account** (My Profile, My Applications, Logout), and **Other Links** (Help, LAMedicaid.com). The main content area features a yellow banner at the top with the text: "To view the Medicaid HIPAA Error Code Crosswalk table, click [here](#)". Below this, the "Search Type" is set to "General Search" with a "Clear Screen" link. The "Provider Name" is "LDH MGMT/DXC TECH PBM STAFF" and the "Provider ID" is "1209996". Search criteria include "Recipient ID *" (13 Digit Number), "Claim Charge Amount" (#,##), "Dates of Service" (mm/dd/yyyy thru mm/dd/yyyy), and "Your Trace #". A "SUBMIT" button is at the bottom right. A note at the bottom left states: "*** Note: Required fields are denoted by an asterisk".

- ❖ Select the **Search** link to perform a Claims Status Inquiry search by ICN or General Method
- ❖ Select the **Print Friendly** link to view a print friendly version of the response screen
- ❖ Select the **eMEVS** link to access the electronic Medicaid Eligibility Verification System
- ❖ Select the **Help** link to obtain field specific help information.
- ❖ Select the **My Profile** link to view your profile and make changes to your user account.
- ❖ Select the **My Applications** link to discontinue current processing at any page and return to the Provider Applications Area Main Menu.
- ❖ Select **Logout** to exit the application and return to the Healthy Louisiana Homepage.
- ❖ Select **Help** to open up the Claims Status Inquiry User Manual.
- ❖ Select the **LAMedicaid.com** application to exit the application and go to the LAMedicaid.com website.

Select the **Submit** button to process the data entered on a screen.

3.1.2 Submission Error Messages

The eCSI application provides logical, user-friendly error messages during the submitting process to inform the user that an error has occurred and corrective action is needed. When an error is detected, a user is informed via a message box that an error has occurred. The error message identifies the corrective action needed to fix the error. If a required field is blank when the user selects the **Submit** button, an error message dialog box is displayed indicating that the required field(s) is blank. Most text fields require a certain number of characters to be entered. If fewer than the required number of characters is entered, a message will inform the user that a minimum number of characters must be entered. This sequence continues until the user has entered the appropriate information in all required fields. If data entered in a specific field is in an incorrect format; i.e., alphabetic instead of numeric data in a numeric field, then a message is returned identifying the error. All data must be entered in the correct format before processing continues. The following is an example of an error message.



3.2 General Search Screen

The eCSI General Search methodology is discussed in this subsection. This search methodology can return multiple claims that meet the parameters supplied by the provider when the inquiry does not uniquely identify a claim within the system. The provider may enter unique identifying elements to obtain an exact match. The system automatically populates the Provider Last Name and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the Recipient ID number only; however, there are other search elements available for inquiry purposes. Required fields are denoted in red on the web screen. When a General Search inquiry is initiated, the eCSI application always checks the database against the following match criteria:


- Provider (Billing or Servicing)
- Recipient ID

eCSI returns all claims where there is a match on provider and recipient ID. If the provider has entered incorrect information in a field, the correct data echoes back.

3.2.1 Screen Samples

The following is an example of a General Search Home Screen:

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■ For Other Types of Assistance, please contact DXC Technology Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

■ To view the **Medicaid HIPAA Error Code Crosswalk table**, click [here](#)

Search Type

General Search

Clear Screen

Provider Name

LDH MGMT/DXC TECH PBM STAFF

Provider ID

1209996

Recipient ID *13 Digit Number

Claim Charge Amount###

Dates of Service


mm/dd/yyyy

 thru

mm/dd/yyyy

Your Trace #

*** Note: Required fields are denoted by an asterisk



3.2.2 Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation	The eCSI application validates selected fields to ensure that data is entered in an acceptable format and range criterion. Many data fields require information to be entered in a specific format. If the data
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.	
Provider Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.	
Provider ID (or NPI)	Yes	7 or 10 digits (numeric). This field is automatically populated based on the provider log in authentication information.	
Recipient ID	Yes	13 digits (numeric).	
Claim Charge Amount	No	Numeric with 2 decimal places.	
Dates of Service	No	Type in dates of service or click on popup calendar and select calendar options. If only a beginning date of service is entered, the ending date of service will auto populate with the same date of service.	
Your Trace #	No	The provider's unique code to link a transaction to a recipient.	

entered is not in the proper format, a message and an example of the required format are displayed. Processing continues after all data on the page is entered in the correct format.

Character fields accept alphabetic, numeric, and special character data. Character fields are NOT case sensitive for alphabetic characters. Numeric fields accept only numeric values. Monetary amounts must be a number with 2 decimal places. No dollar signs and positive/negative signs are accepted.

3.3 ICN Search Screen

The eCSI ICN Search methodology is discussed in this subsection. This search methodology can uniquely identify a claim within the system by matching the ICN. eCSI automatically populates the Provider Last Name, and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the ICN only. Required fields are denoted in red on the web screen. When an ICN search inquiry is initiated, the eCSI application checks the database against the following match criteria:

- Provider (Billing or Servicing)
- ICN

The eCSI application returns all claims where there is a match on provider and ICN. If the provider has entered incorrect information in a field, eCSI will echo back the correct data.

Claims Status Inquiry (version 5010)

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- For Other Types of Assistance, please contact DXC Technology Provider Relations at **(800) 473-2783** or **(225) 924-5040**.
- To view the **Medicaid HIPAA Error Code Crosswalk table**, [click here](#)

Search Type ICN Search Clear Screen

Provider Name LDH MGMT/DXC TECH PBM STAFF

Provider ID

ICN * 13 Digit Number

Your Trace #

*** Note: Required fields are denoted by an asterisk SUBMIT

3.3.1 Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID (or NPI)	Yes	7 or 10 digits (numeric). This field is automatically populated based on the provider log in authentication information.
ICN	Yes	13 digits (numeric).
Your Trace #	No	The provider's unique code to link a transaction to a recipient.
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.

3.4 Response Screen

When all required fields of the inquiry page have been entered and the **Submit** button is selected, the message is sent to the eCSI system. The application returns a response providing information about a claim once a match has been established using the search criteria. All original search data that has been entered on the inquiry page will be displayed on the response screen. Related data is grouped together by subject matter.

An ICN Search uniquely identifies a claim, thus the response is an exact match. For inquiries by ICN, it is possible to return status information about the claim history starting with the ICN that is input. Adjustments will appear if the original claim was paid. For example, if the original claim were adjusted twice, and the original ICN is input, there would be (chronologically) three ICNs associated with the claim; the original and two adjustments. The response will contain information regarding the ICN on the inquiry, plus all subsequent adjustments.

If the provider does not supply unique identifying elements and initiates a General Search, the response includes multiple claims that meet the parameters supplied by the provider.

3.4.1 Screen Samples

Search Criteria	
Search Type	General Search
Recipient ID	XXXXXXXXXX
Date of Service	01/01/2017 - 12/31/2017
Provider Information	
Name	ABC Family Medical PC
Medicaid Provider ID	123456789
Telephone	504-123-4567
Subscriber Information	
Name	SMITH, JOHN MICHAEL
Member ID Number	XXXXXXXXXX
Claims Information	
Claim Status	CLAIM PAID - ORIGINAL CHARGE
Claims Status Clarification	CLAIM PAID - ORIGINAL CHARGE
Original Charge Amount	100.00
Claim Payment Amount	100.00
Remittance or Check Number	123456789
Status Effective Date	01/01/2017
Check or EFT Date	01/01/2017
Procedure Code	99212
Procedure Code Modifier(s)	
ICN	XXXXXXXXXX
Bill Type	ORIGINAL
Transaction run on 04/05/2017 at 01:17:30 CT by LAMedicaid - Louisiana Medicaid	

The following is an example of an ICN Search Response Screen where the original claim and an adjustment are displayed.

Search Criteria	
Search Type	ICN Search
ICII	[REDACTED]
Provider Information	
Uame II PI	[REDACTED]
Telephone	[REDACTED]
Subscriber Information	(225) 644.5307
Uame	[REDACTED]
Member ID Number	[REDACTED]
Claims Information	
Claim Status	Original/Revised/Revoked/Withdrawn/Reopened/Reinstated
Claims Status Clarification	Original/Revised/Revoked/Withdrawn/Reopened/Reinstated
OriginalCharge Amount	0.00
Claim Payment Amount	0.00
Remittance or Check Number	0000000000
Status Effective Date	00000000
Check or EFT Date	00000000
Date of service	00000000-00000000
Procedure Code	00000
Procedure Code Modifier(s)	00
ICII	[REDACTED]
Bill Type	[REDACTED]
Claims Information	
Claim Status	Original/Revised/Revoked/Withdrawn/Reopened/Reinstated
Claims Status Clarification	Original/Revised/Revoked/Withdrawn/Reopened/Reinstated
OriginalCharge Amount	0.00
Claim Payment Amount	0.00
Remittance or Check Number	0000000000
Status Effective Date	00000000
Check or EFT Date	00000000
Date of service	00000000-00000000
Procedure Code	00000
Procedure Code Modifier(s)	00
ICII	[REDACTED]
Bill Type	[REDACTED]
Transaction run on 10/11/2011 at 01:58:55 CT by LAMedicaid -Louisiana Medicaid	

3.4.2 Data Fields

The Electronic Claim Status Inquiry application returns a response providing the following information about a claim.

Field Name	Data Validation
Search Criteria	
Search Type	Denotes whether search mechanism was General or ICN.
ICN	If ICN search methodology was entered denotes the ICN number.
Provider Information	
Name	Provides the name of the servicing provider.
Provider ID (or NPI)	Denotes the ID number for the servicing provider. If the user logs in using NPI instead of Louisiana Medicaid Provider ID, then NPI is displayed.
Telephone	Provides the area code and telephone number for the servicing provider.
Subscriber Information	
Name	Provides the name of the subscriber.
Member ID Number	Denotes the ID number for the subscriber.
Claim Information	
Claim Status	Denotes whether a claim has been paid, denied, or pended. Provides any corrective action that is needed.
Claims Status Clarification	Explains in further detail the status of the claim.
Original Charge Amount	Provides the original charge amount submitted by the provider.
Claim Payment Amount	Provides the amount paid by the payer.
Remittance or Check Number	The Remittance or Check number.
Status Effective Date	Provides the date of the information being returned.
Check or EFT Date	The date the check or EFT was sent.
Date of Service	Provides the date of service of the claim.
Procedure Code	Details the procedure code.
Procedure Code Modifier(s)	Provides the procedure code modifier(s) if applicable.

ICN	13-digit numeric Internal Control Number.
Bill Type	Code designation that is returned if the claim was associated with a UB04 claim.
Timestamp	The date and time that the eCSI response was generated.