837 Health Care Claim: Professional

HIPAA/V5010X222A1/837: Health Care Claim Professional, Louisiana Medicaid

Version: 1.3

Revised: 06/09/14

The purpose of this guide is to clarify the usage of the X12 V5010X222A1 837 Professional HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program. It does not change the requirements of the official guide nor does it represent a complete listing of all required Louisiana Medicaid claims data segments.

This guide is applicable to the following LA Medicaid claim types (file extensions):

     PHY - Physician
     DME - Durable Medical Equipment
     REH - Rehabilitation Services
     TRA – Transportation

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published guide. Submitters must use this format mandated by HIPAA as of January 01, 2012.

If unfamiliar with how to read an implementation guide, refer to the final release of X12 V5010X222A1 837 Professional HIPAA Implementation Guide available for purchase through Washington Publishing Company (WPC) at <u>www.wpc-edi.com</u>.

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 billing manuals and training packets that are distributed by Molina.

Note: All data must be formatted in upper case

Revision History			
D a	**Description of Change**	**LIFT**	**By**
10/21/2011	Initial document release.	6729	C. Simpson
12/07/2011	Added Note to NM109 Billing Provider NPI on page 6.	6729	T. Tate
3/12/13	Change to the field size in CLM01		T. Tate
4/30/13	Note on quantity in CTP Segment added.		T. Tate
5/31/13	Update of CLM02 in CLM-Claim Information		T. Tate
6/7/13	Update of CLM segment file.		T. Tate
3/20/14	Added HI Healthcare Diagnosis Code Section	6278	R. Fillmore
3/20/14	Added HI1-01 Code Category with LA Medicaid Note: For service/discharge dates before 10/1/2014, use BK. For service/discharge dates on or after 10/1/2014, use ABK.	6278	R. Fillmore
3/20/14	Added HI1-02 Industry Code with LA Medicaid Note: Use ICD-9 codes for service/discharge dates before 10/1/2014. Use ICD-10 codes for service/discharge dates on or after 10/1/2014	6278	R. Fillmore
3/20/14	Added HI2-01 Code Category with LA Medicaid Note: For service/discharge dates before 10/1/2014, use BF. For service/discharge dates on or after 10/1/2014, use ABF.	6278	R. Fillmore
3/20/14	Added HI2-02 Industry Code with LA Medicaid Note: Use ICD-9 codes for service/discharge dates before 10/1/2014. Use ICD-10 codes for service/discharge dates on or after 10/1/2014	6278	R. Fillmore
3/20/14	Changed document version to 1.2	6278	R. Fillmore
4/23/14	Added *"Louisiana Medicaid will process and store up to 99 lines for professional claims. "* to LA Medicaid Note for LX Service Line Number		R. Fillmore
6/9/14	Change version to 1.3, change dates in HI Diagnosis code segments, Change notes for NM1 Referring Provider segments, change note for REF Referral number segments	NONE	T. Tate

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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 the value 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 the value ZZ for this element.*	M	ID	2/2
ISA08	I07	**Interchange Receiver ID** **LA Medicaid:** *Use the value 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	**Repetition Separator** **LA Medicaid:** *Use the value ^ for this element –ASCII x5E*	M		1/1
ISA12	I11	**Interchange Control Version Number** **LA Medicaid:** *Use the value 00501 for this element*	M	ID	5/5
ISA13	I12	**Interchange Control Number** **LA Medicaid:** *Must be a positive unsigned number and identical to the interchange trailer IEA02. Must be unique for every transmission submitted.*	M	N0	9/9
ISA14	I13	**Acknowledgment Requested** **LA Medicaid:** *Use the value 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**	M	ID	2/2
		LA Medicaid: *Use the value HC for this element.*			
GS02	142	**Application Sender's Code**	M	AN	2/15
		LA Medicaid: *Must be identical to the value in ISA06*			
GS03	124	**Application Receiver's Code**	M	AN	2/15
		LA Medicaid: *Use LA-DHH-MEDICAID for this element*			
GS04	373	**Date**	M	DT	8/8
		LA Medicaid: *The date format is CCYYMMDD*			
GS05	337	**Time**	M	TM	4/8
		LA Medicaid: *The time format is HHMM*			
GS06	28	**Group Control Number**	M	N0	1/9
		LA Medicaid: *Assigned and maintained by the sender.*			
GS07	455	**Responsible Agency Code**	M	ID	1/2
		LA Medicaid: *Use the value X for this element*			
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12
		LA Medicaid: *Use the value 005010X222A1 for this element*			

ST Transaction Set Header

Pos: 0050	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ST03	1705	**Implementation Convention Reference**	O	AN	1/35
		LA Medicaid: *Use the value 005010X222A1 for this element*			

NM1   Submitter Name

Pos: 0200   Max: 1
Heading - Optional
Loop: 1000A   Elements: 9

User Option (Usage): Required
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM109	67	**Identification Code**	X	AN	2
		LA Medicaid: *Use the 7 digit submitter ID (i.e. 450XXXX) assigned by Louisiana Medicaid*			

NM1   Receiver Name

Pos: 0200   Max: 1
Heading - Optional
Loop: 1000B   Elements: 5

User Option (Usage): Required
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM103	1035	**Name Last or Organization Name**	X	AN	1/60
		LA Medicaid: *Use the value LOUISIANA MEDICAID Medicaid for this element*			
NM109	67	**Identification Code**	X	AN	2/80
		LA Medicaid: *Use the value LA-DHH-MEDICAID for this element*			

PRV   Billing Provider Specialty Information

<div style="border:1px solid black">

Pos: 0030   Max: 1
Detail - Optional
Loop: 2000A   Elements: 3

</div>

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	X	ID	2/3
		LA Medicaid: *Use the qualifier PXC for this element*			
PRV03	127	Reference Identification	X	AN	1/50

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

<div style="border:1px solid black">

Pos: 0150   Max: 1
Detail - Optional
Loop: 2010AA   Elements: 8

</div>

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	X	AN	2/80

LA Medicaid: *This loop is for NPI only.   Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.*

*For individual providers who **are incorporated**, enter the organizational NPI that was issued and was also registered with La Medicaid. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity*

If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.

If an atypical provider has not registered an NPI with Louisiana

Medicaid, you should not use this Loop; you should report the legacy Louisiana Medicaid Provider number in 2010BB REF02 with qualifier G2.

N4 — Billing Provider City, State, ZIP Code

Pos: 0300	**Max: 1**
Detail - Optional	
Loop: 2010AA Elements: 5	

User Option (Usage): Required
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
N403	116	**Postal 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.*

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.

HL — Subscriber Hierarchical Level

Pos: 0010	**Max: 1**
Detail - Mandatory	
Loop: 2000B Elements: 4	

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.

SBR — Subscriber Information

Pos: 0050	**Max: 1**
Detail - Optional	
Loop: 2000B Elements: 6	

User Option (Usage): Required
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: 0150		**Max: 1**
	Detail - Optional	
Loop: 2010BA Elements: 8		

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** | X | ID | 1/2 |

LA Medicaid: *Use the value MI for this element*

| NM109 | 67 | **Identification Code** | X | AN | 2/80 |

LA Medicaid: *Use the thirteen digit Medicaid Recipient ID number for this element*

NM1   Payer Name

Pos: 0150		**Max: 1**
	Detail - Optional	
Loop: 2010BB Elements: 5		

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 value PI for this element.*

| NM109 | 67 | **Identification Code** | X | AN | 2/80 |

LA Medicaid: *Use the value LA-DHH-MEDICAID for this element.*

REF   Billing Provider Secondary Identification

Pos: 0350		**Max: 2**
	Detail - Optional	
Loop: 2010BB 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 G2 for this element*

| REF02 | 127 | **Reference Identification** | X | AN | 1/50 |

LA Medicaid: *This Loop is only for legacy Louisiana Medicaid Provider numbers (7 numeric positions) and is only used atypical providers that do not have an   NPI registered Louisiana Medicaid.   If an atypical provider has a registered*

*NPI, they should use Loop 2010AA NM109 to submit their NPI and **should not send** this 2010BB REF segment.*

CLM   Claim Information

Pos: 1300	**Max: 1**
Detail - Optional	
Loop: 2300	**Elements: 11**

User Option (Usage): Required
LA Medicaid: Limit of 20,000 CLM segments per transmission file.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CLM01	1028	**Claim Submitter's Identifier**	M	AN	1/20
		LA Medicaid: *Use a unique number up to 20 characters.*			
CLM02	782	Monetary Amount			
		LA Medicaid: Monetary Amount must be less than one million dollars.			
CLM05	C023	**Health Care Service Location Information**	O	C	
		LA Medicaid: *CLM05 applies to all service lines unless it is over written at the line level.*			
CLM05-01	1331	**Facility Code Value**	M	AN	1/2
		LA Medicaid: *Use this element for codes identifying a place of service from code source 237, US DHHS CMS.*			
CLM05-02	1332	**Facility Code Qualifier**	O	ID	1/2
		LA Medicaid: *Use B for this element.*			
CLM05-03	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: 1800	**Max: 1**
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**	M	ID	2/3
		LA Medicaid: *Use the value 4N for this segment.*			
REF02	127	**Reference Identification**	X	AN	1/50
		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 would be placed in Form Locator 7 in the UB-04 billing document.			

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REF   Referral Number

		Pos: 1800 Max: 1
		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**	M	ID	2/3
		LA Medicaid: *Use the value 9F for this element.*			
REF02	127	**Reference Identification**	X	AN	1/50

Enter referral number as appropriate.

REF   Prior Authorization

		Pos: 1800 Max: 1
		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**	M	ID	2/3
		LA Medicaid: *Use the value G1 for this element.*			
REF02	127	**Reference Identification**	X	AN	1/50
		LA Medicaid: *Use the Molina assigned Prior Authorization Number for this element.*			

REF   Payer Claim Control Number

		Pos: 1800 Max: 1
		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**	M	ID	2/3
		LA Medicaid: *Use the value F8 for this element.*			
REF02	127	**Reference Identification**	X	AN	1/50
		LA Medicaid: *Use the Molina assigned claim number (ICN) for this element.*			

REF   Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 1800	Max: 1
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	M	ID	2/3
		LA Medicaid: Use the value X4 for this element.			
REF02	127	Reference Identification	X	AN	1/50
		LA Medicaid: Use the CLIA certificate number for this element.			

CR1   Ambulance Transport Information

Pos: 1950	Max: 1
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

Element Summary:

CR105	355	Unit or Basis for Measurement Code	X	ID	2/2
		LA Medicaid: Use the value DH for this element.			

CRC   EPSDT Referral

Pos: 2200	Max: 1
Detail - Optional	
Loop: 2300	Elements: 5

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	2/3
		LA Medicaid: Use the following values:			
		S2 - Under Treatment			
		ST - New Services Requested			
		NU – Not Used			

HI   Health Care Diagnosis Code

Pos: 2310	**Max: 1**
Detail - Optional	
Loop: 2300	**Elements: 12**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HI01-1	1270	**Code Category**	M	ID	1/3

LA Medicaid: For service/discharge dates before 10/12015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.

Ref	Id	Element Name	Req	Type	Min/Max
HI01-2	1271	**Industry Code** .	M	AN	1/30

LA Medicaid: Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015

Ref	Id	Element Name	Req	Type	Min/Max
HI02-1	1270	**Code Category**	M	ID	1/3

LA Medicaid: For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/12015, use ABF.

Ref	Id	Element Name	Req	Type	Min/Max
HI02-2	1271	**Industry Code** .	M	AN	1/30

LA Medicaid: Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.

NM1   Referring Provider Name

Pos: 2500	**Max: 1**
Details - Optional	
Loop: 2310A	**Elements: 8**

User Option (Usage): Situational

LA Medicaid:
Use this loop to report the appropriate physician if (1) ACA services are delivered by a PA or APRN identify the supervising ACA certified physician, (2) services are performed by a CRNA identify the directing physician, (3) billing for a Lock-in recipient, identify the lock-in physician and (4) services are provided bv an independent laboratory identify the referring physician.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Ma
NM 101	98	**Entity Identifier Code**	M	ID	X

LA Medicaid: *Use the value DN for this element.*

Ref	Id	Element Name	Req	Type	Min/Ma
NM 103	1035	**Name Last**	X	A	1/60

LA Medicaid: Enter the last name of the appropriate physician.

Ref	Id	Element Name	Req	Type	Min/Ma
NM 104	1036	**Name First**	X	A	1/36

LA Medicaid: Enter the first name of the appropriate physician.

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**	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. NPI of supervising ACA Certified physician required if ACA services delivered by a PA or APRN.*

REF Referring Provider Secondary Identification

Pos: 2710   Max: 3
Detail - Optional
Loop: 2310A   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 G2 for this element when reporting a Louisiana Medicaid Provider Number in this Loop.*

REF02	127	**Reference Identification**	X	AN	1/50

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 element.*

NM1 Rendering Provider Name

		Pos: 2500	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**	X	ID	1/2
		LA Medicaid: Use the qualifier XX in this element when reporting an NPI.			
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 the loop.			
		If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana legacy Medicaid Provider Number in the secondary ID in the 2310B REF02 segment.			

REF Rendering Provider Secondary Identification

		Pos: 2710	Max: 4
		Detail - Optional	
		Loop: 2310B	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 G2 for this element if an atypical provider and you are reporting a Louisiana Medicaid Provider Number in this Rendering Loop.			
REF02	127	**Reference Identification**	X	AN	1/50
		LA Medicaid: If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use this element to submit the Louisiana Medicaid Provider Number.			

SBR — Other Subscriber Information

Pos: 2900		**Max: 1**
	Detail - Optional	
Loop: 2320		**Elements: 6**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR09	1032	**Insurance Type Code**	O	ID	1/2

> **LA Medicaid:** *Do not use MC – Medicaid for this segment when providing information about another payer involved in this claim.*

CAS — Claim Level Adjustments

Pos: 2950		**Max: 5**
	Detail - Optional	
Loop: 2320		**Elements: 19**

User Option (Usage): Situational

LA Medicaid:

REQUIRED: As of April 1, 2008, Louisiana Medicaid accepts and processes TPL claims submitted electronically. It is not 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.

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.*

NM1 — Other Payer Name

Pos: 3250		**Max: 1**
	Detail - Optional	
Loop: 2330B		**Elements: 5**

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 PI for this element.*

Ref	Id	Element Name	Req	Type	Min/Max
NM109	67	**Identification Code**	X	AN	2/80

> **LA Medicaid:** *Enter the Carrier Code issued by Louisiana Medicaid for the payer identified in Loop 2320.*

LX   Service Line Number

Pos: 3650	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**	M	N0	1/6

LA Medicaid: *The service line number incremented by 1 for each service line. Louisiana Medicaid will process and store up to 99 lines for professional claims. This number will be key to the provider and practice management system for matching the Explanation of Benefits, Electronic Remittance Advice, or 835.*

SV1   Professional Service

Pos: 3700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

User Option (Usage): Required
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SV104	380	**Quantity**	X	R	1/15

LA Medicaid: *Use a whole number in this element.*

Ref	Id	Element Name	Req	Type	Min/Max
SV109	1073	**Yes/No Condition or Response Code**	O	ID	1/1

LA Medicaid: *This element will be used to derive the 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.

Ref	Id	Element Name	Req	Type	Min/Max
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.

Ref	Id	Element Name	Req	Type	Min/Max
SV112	1073	**Yes/No Condition or Response Code**	O	ID	1/1

LA Medicaid: Required if applicable for Medicaid claims.

Ref	Id	Element Name	Req	Type	Min/Max
SV115	1327	**Copay Status Code**	O	ID	1/1

LA Medicaid: *Value   0   r**equired if patient was exempt from co-pay.*

CR1 Ambulance Transport Information

Pos: 4250	Max: 1
Detail - Optional	
Loop: 2400	Elements: 7

User Option (Usage): Situational

Element Summary:

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

DTP Date - Service Date

Pos: 4550	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Required

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 Referral Number

Pos: 4700	Max: 1
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 9F for this element.*			
REF02	127	**Reference Identification**	X	AN	1/50
		LA Medicaid: *Enter referral number as appropriate.*			

REF   Prior Authorization

Pos: 4700	**Max: 5**
Detail - Optional	
Loop: 2400	**Elements: 3**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Reg	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**	X	AN	1/50
		LA Medicaid: *Use the Molina assigned Prior Authorization number for this element*			

REF   Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 4700	**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	Reg	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**	X	AN	1/50
		LA Medicaid: Use the CLIA certificate number for this element.			

LIN   DRUG IDENTIFICATION

POS: 4930	MAX: 1
Detail – Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

LA MEDICAID:

A federal statute mandates that providers must report National Drug Code (NDC) information for all physician-administered drugs on LA Medicaid claims submissions.   This requirement applies to both electronic and hard copy claims.   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.

Louisiana Medicaid also requires DME providers to report NDC information associated with HCPCS codes on claims submitted for enteral therapy products. This requirement also applies to pharmacies that dispense DME supplies to Medicaid recipients.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
LIN02	235	**Product/Service ID Qualifier**	M	ID	2/2
		LA Medicaid: *Use the value N4 for this element*			
LIN03	234	**Product/Service ID**	M	AN	1/48
		LA Medicaid: *Enter the National Drug Code associated with the physician-administered drug identified as the service in Loop 2400 SV101-2.*			

CTP   Drug Quantity

Pos: 4940	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Required

LA Medicaid:

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
CTP04	380	**Quantity**	X	R	1/15
		LA Medicaid: *Enter the quantity or actual units administered. The maximum quantity that can be added for Louisiana Medicaid is seven whole numbers and three decimal places.*			
CTP05-01	355	**Unit or Basis for Measurement Code**	M	ID	2/2
		LA Medicaid: *Enter the appropriate unit or basis of measurement code:* *F2 - International Unit* *GR – Gram* *ME - Milligram* *ML - Milliliter* *UN - Unit*			

NM1   Rendering Provider Name

POS: 5000	**MAX: 1**
Detail – Optional	
Loop: 2420A	**Elements: 8**

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 in this element when reporting an NPI.*			
NM109	67	**Identification Code**	X	AN	2/80
		LA Medicaid: *Enter the NPI registered with Louisiana Medicaid that corresponds with 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, continue to use 2420A REF02 segment with qualifier G2 to provide the legacy Louisiana Medicaid Provider Number.			

REF   Rendering Provider Secondary Identification

Pos: 5250	**Max: 20**
Detail - Optional	
Loop: 2420A	**Elements: 3**

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 G2 for this element if an atypical provider and you are reporting a Louisiana Medicaid Provider Number in this loop.*			
REF02	127	**Reference Identification**	X	AN	1/50
		LA Medicaid: *If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use this element to submit the legacy Louisiana Medicaid Provider Number.*			

NM1   Referring Provider Name

Pos: 5000	Max: 1
Detail - Optional	
Loop: 2420F	Elements: 8

User Option (Usage): Situational

LA MEDICAID:
Use this loop to report the appropriate physician if (1) ACA services are delivered by a PA or APRN identify the supervising ACA certified physician, (2) services are performed by a CRNA identify the directing physician, (3) billing for a Lock-in recipient, identify the lock-in physician and (4) services are provided by an independent laboratory identify the referring physician.

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.*			
NM103	1035	**Name Last**	X	AN	160
		LA Medicaid: Enter the last name of the appropriate physician.			
NM104	1036	**Name First**	X	AN	1/36
		LA Medicaid: Enter the first name of the appropriate physician			
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		LA Medicaid: *Use the qualifier XX when reporting the referring provider's NPI.*			
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. NPI of supervising ACA certified*			
		Physician required if ACA services delivered by a PA or APRN.			

REF   Referring Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420F	Elements: 3

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: *Enter the value G2 this element when reporting a legacy Louisiana Medicaid Provider number.*			
REF02	127	**Reference Identification**	X	AN	1/50
		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 legacy Medicaid Provider number in this loop.*			

SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail - Optional	
Loop: 2430	Elements: 5

User Option (Usage): Situational
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SVD01	67	**Identification Code**	M	AN	2/80

> **LA Medicaid:** *Enter Louisiana Medicaid issued Carrier Code. This number should match NM109 in Loop 2330B identifying Other Payer.*

Ref	Id	Element Name	Req	Type	Min/Max
SVD02	782	**Monetary Amount**	M	R	1/18

> **LA Medicaid:** *Enter amount Other Payer paid for this service line.*

CAS Line Adjustment

Pos: 5450	Max: 5
Detail - Optional	
Loop: 2430	Elements: 19

User Option (Usage): Situational
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 Transaction Sets included*

Ref	Id	Element Name	Req	Type	Min/Max
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*			