

837 Health Care Claim: Professional KIDMED

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

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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.

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

KID – KIDMED (EPSDT)

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 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 billing manuals and training packets that are distributed by Molina.

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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ISA01	I01	Authorization Information Qualifier LA Medicaid: Use 00 for this element	M	ID	2/2
ISA02	I02	Authorization Information LA Medicaid: Must be spaces	M	AN	10/10
ISA03	I03	Security Information Qualifier LA Medicaid: Use 00 for this element	M	ID	2/2
ISA04	I04	Security Information LA Medicaid: Must be spaces	M	AN	10/10
ISA05	I05	Interchange ID Qualifier LA Medicaid: Use 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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
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 005010X222A1 for this element	M	AN	1/12

ST Transaction Set Header

Pos: 0050	Max: 1
Heading - Mandatory	
Loop: N/A	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>
ST03	1705	Implementation Convention Reference LA Medicaid: Use the value 005010X222A1 for this element	O	AN	1/35

NM1 Submitter Name

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

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	Identification Code LA Medicaid: Use the 7 digit submitter ID (i.e. 450XXXX) assigned by Louisiana Medicaid	X	AN	2/80

NM1 Receiver Name

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

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>
NM103	1035	Name Last or Organization Name LA Medicaid: Use the value LOUISIANA MEDICAID Medicaid for this element	X	AN	1/60
NM109	67	Identification Code LA Medicaid: Use the value LA-DHH-MEDICAID for this element	X	AN	2/80

PRV Billing Provider Specialty Information

Pos: 0030 Max: 1
 Detail - Optional
 Loop: 2000A 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	Provider Code LA Medicaid: Use the qualifier BI for this element	M	ID	1/3
PRV02	128	Reference Identification Qualifier LA Medicaid: Use the qualifier PXC for this element Note: Qualifier changed from 4010 version.	X	ID	2/3
PRV03	127	Reference Identification 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	X	AN	1/50

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

User Option (Usage): Required
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Reg</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>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.</i>			
		<i>If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.</i>			
		<i>If an atypical provider has <u>not</u> registered an NPI with Louisiana Medicaid, you should <u>not</u> use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2010BB REF02 with qualifier G2.</i>			

N4 Billing Provider City, State, ZIP Code

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

User Option (Usage): Required
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Reg</u>	<u>Type</u>	<u>Min/Max</u>
N403	116	Postal Code	O	ID	3/15
		<i>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.</i>			
		<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>			

HL Subscriber Hierarchical Level

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

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	Hierarchical Child Code	O	ID	1/1
<p>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.</p>					

SBR Subscriber Information

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

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>
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2
<p>LA Medicaid: Use the value MC for this element</p>					

NM1 Subscriber Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BA	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>
NM102	1065	Entity Type Qualifier	M	ID	1/1
<p>LA Medicaid: Use the value 1 for this element</p>					
NM108	66	Identification Code Qualifier	X	ID	1/2
<p>LA Medicaid: Use the value MI for this element</p>					
NM109	67	Identification Code	X	AN	2/80
<p>LA Medicaid: Use the thirteen digit Medicaid Recipient ID number for this element.</p> <p>Note: This is the 13 digit Medicaid number that appears on the RS-O-07 report for the month in which the service is rendered.</p>					

DMG Subscriber Demographic Information

Pos: 0320 Max: 1
 Detail - Optional
 Loop: 2010BA Elements: 3

User Option (Usage): Required
 Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DMG01	1250	Date Time Period Qualifier	X	ID	2/3
		<i>LA Medicaid: Use the value D8 for this element</i>			
DMG02	1251	Identification Code Qualifier	X	AN	1/35
		<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>			

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
		<i>LA Medicaid: Use the value PI for this element.</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>LA Medicaid: Use the value LA-DHH-MEDICAID for this element.</i>			

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
		<i>LA Medicaid: Use the value G2 for this element</i>			
REF02	127	Reference Identification	X	AN	1/50
		<i>LA Medicaid: This Loop is only for legacy Louisiana Medicaid Provider numbers (7 numeric positions) and is only used for atypical providers that do not have an NPI registered with Louisiana Medicaid. If an atypical provider has a registered NPI, they should use Loop 2010AA NM109 to submit their NPI.</i>			

CLM Claim Information

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

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	Claim Submitter's Identifier <i>LA Medicaid: Use a unique number up to 38 characters.</i>	M	AN	1/38
CLM05-03	1325	Claim Frequency Type Code <i>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.</i>	O	ID	1/1

REF Referral Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value 9F for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the 7 digit CommunityCARE Referral Authorization Number when the recipient is in the CommunityCARE Program and the services require authorization by the PCP</i>	X	AN	1/50

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value F8 for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the Molina assigned claim number (ICN) for this element.</i>	X	AN	1/50

K3 File Information

Pos: 1850	Max: 1
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

LA Medicaid:

Note: K3 information is unchanged from X12 version 4010 to X12 version 5010.

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:

Ref	Id	Element Name	Req	Type	Min/Max
K301	449	Fixed Format Information	M	AN	1/80

LA Medicaid:

IMMUNIZATION STATUS – REQUIRED

Value	Description	Usage
IM	Field Qualifier for Immun Immun Completion Code	REQ Y or N REQ A,B, or C Immun Incomplete
	Reason	SIT Situational, required if Immun code is N

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 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	REQUIRED
Y or N	Suspected Condition Code	REQUIRED
AOUI	Suspected Condition composite	SITUATIONAL
	Can occur 9 times. First position	

represents the suspected cause.
 Positions 2 – 4 represent under care,
 referred offsite or in-house.

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\$A\$O\$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	REQ
10-digit	Patient Home Phone Number	SIT
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
A/N 5	Provider First Name	SIT
10 N	Referral Phone Number	SIT

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

User Option (Usage): Situational

LA Medicaid: EPSDT Referral required for all KIDMED claims.

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.			
CRC02	1073	Yes/No Condition or Response	M	ID	1/1
		LA Medicaid:			
		Y - Referral was made as a result of the EPSDT			

CRC03	1321	screening service	M	ID	2/3
		<p><i>N - No suspected health conditions were identified and no referral resulted from the EPST screening service.</i></p> <p>Condition Indicator</p> <p>LA Medicaid: Enter the value that indicates additional information related to the information in CRC02.</p> <p><i>NU - If the data in CRC02 = N.</i></p> <p><i>AV - Patient refused the referral.</i></p> <p><i>S2 - Patient is currently under care for the referred condition.</i></p> <p><i>ST - Patient was referred to another provider as a result of at least one suspected condition identified during the screening service</i></p> <p><i>NOTE: If several of the above values apply as a result of a screening service, the value of ST should take precedent.</i></p>			

HI

Health Care Diagnosis Code

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

User Option (Usage): Required

LA Medicaid: Health Care Diagnosis code required for all KIDMED claims. Do not transmit the decimal points in the diagnosis code.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HI01-1	1270	Code Category	M	ID	1/3
		LA Medicaid: Use the value <i>BK</i> for this element.			
HI01-2	1271	Industry Code	M	AN	1/30
		Enter the ICD-9-CM code for the primary diagnosis.			

NM1

Referring Provider Name

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

User Option (Usage): Situational

LA Medicaid:

Do not use this loop to report the CommunityCare PCP. The CommunityCare PCP Referral/Authorization Number must go in Loop 2300 – Referral Number.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code <i>LA Medicaid: Use the value DN for this element.</i>	M	ID	2/3
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i>	X	AN	2/80

REF Referring Provider Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value G2 for this element when reporting a Louisiana Medicaid Provider Number in this Loop.</i>	M	ID	2/3
REF02	127	Reference Identification <i>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 the element.</i>	X	AN	1/50

NM1 Rendering Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310B	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>
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier XX in this element when reporting an NPI.</i>	X	ID	1/2
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 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.	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 this element to submit the Louisiana Medicaid Provider Number.	X	AN	1/50

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 LA Medicaid: The service line number incremented by 1 for each service line. This number will be key to the provider and practice management system for matching the Explanation of Benefits, Electronic Remittance Advice, or 835.	M	N0	1/6

SV1 Professional Service

Pos: 3700 Max: 1
 Detail - Optional
 Loop: 2400 Elements: 9

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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SV101	C003	Composite Medical Procedure Identifier LA Medicaid: Bill the appropriate code from the KIDMED billing guide.	M	Comp	
	235	Product/Service ID Qualifier LA Medicaid: 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	Quantity LA Medicaid: Louisiana Medicaid expects to always receive a whole number in this element.	X	N0	1/15
SV107-01	380	Diagnosis Code Pointer LA Medicaid: A pointer to the diagnosis code in order of importance. Must correspond to data in the HI segment in Loop 2300. The first pointer designates the primary diagnosis for the service line.	M	N0	2/2
SV107-02	380	Diagnosis Code Pointer LA Medicaid: Required when necessary to point to a second diagnosis related to the service line.	M	AN	1/48

DTP Date - Service Date

Pos: 4550	Max: 1
Detail - Optional	
Loop: 2400	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>
DTP01	374	Date/Time Qualifier LA Medicaid: Use the value 472 for this element	M	ID	3/3
DTP02	1250	Date Time Period Format Qualifier LA Medicaid: Use the value D8 or RD8 for this element	M	ID	2/3

REF Referral Number

Pos: 4700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3

REF02	127	LA Medicaid: Use the value 9F for this element.	X	AN	1/50
		Reference Identification			
		LA Medicaid: Use the 7 digit CommunityCARE Referral Authorization Number when the recipient is in the CommunityCARE Program and the services require authorization by the PCP.			

NM1 Rendering Provider Name

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

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	Identification Code Qualifier LA Medicaid: Use the qualifier XX in this element when reporting an NPI.	X	ID	1/2
NM109	67	Identification Code 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.	X	AN	2/80

REF Rendering Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420A	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>
REF01	128	Reference Identification Qualifier 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.	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 this element to submit the legacy Louisiana Medicaid Provider Number.	X	AN	1/50

NM1 Referring Provider Name

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

User Option (Usage): Situational
Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code <i>LA Medicaid: Use the value DN for this element.</i>	M	ID	2/3
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier ZZ when reporting the referring provider.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i> <i>If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send legacy Louisiana Medicaid Provider Number in 2420F REF02 with qualifier G2.</i>	X	AN	2/80

REF Referring Provider Secondary Identification

Pos: 5250	Max: 20
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>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Enter the value G2 this element when reporting a legacy Louisiana Medicaid Provider number.</i>	M	ID	2/3
REF02	127	Reference Identification <i>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.</i>	X	AN	1/50

GE Functional Group Trailer

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

User Option (Usage): Required
Element Summary:

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

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