

837 Health Care Claim: Institutional LTC - Hospice Room and Board ICFDD - ADHC

HIPAA/V5010X223A2/837: Health Care Claim Institutional, Louisiana Medicaid

Version: 1.0

Created: 10/25/2011

The purpose of this guide is to clarify the usage of the X12 V5010X223A2 837 Institutional 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):

LTC – Long Term Care (Use for LTC, ICFDD, Hospice Room and Board)
ADC – Adult Day Care

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 V5010X223A2 837 Institutional 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:

Ref	Id	Element Name	Req	Type	Min/Max
GS01	479	Functional Identifier Code LA Medicaid: Use the value HC for this element.	M	ID	2/2
GS02	142	Application Sender's Code LA Medicaid: Must be identical to the value in ISA06	M	AN	2/15
GS03	124	Application Receiver's Code LA Medicaid: Use LA-DHH-MEDICAID for this element	M	AN	2/15
GS04	373	Date LA Medicaid: The date format is CCYYMMDD	M	DT	8/8
GS05	337	Time LA Medicaid: The time format is HHMM	M	TM	4/8
GS06	28	Group Control Number LA Medicaid: Assigned and maintained by the sender.	M	N0	1/9
GS07	455	Responsible Agency Code LA Medicaid: Use the value X for this element	M	ID	1/2
GS08	480	Version / Release / Industry Identifier Code LA Medicaid: Use the value 005010X223A2 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:

Ref	Id	Element Name	Req	Type	Min/Max
ST03	1705	Implementation Convention Reference LA Medicaid: Use the value 005010X223A2 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:

Ref	Id	Element Name	Req	Type	Min/Max
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	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 the same Taxonomy Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider number.	X	AN	1/50

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>Req</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 <u>only</u>. 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>Req</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 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.	O	ID	1/1

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 LA Medicaid: Use the value MC for this element	O	ID	1/2

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

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 <i>LA Medicaid: Use the value PI for this element.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Use the value LA-DHH-MEDICAID for this element.</i>	X	AN	2/80

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 <i>LA Medicaid: Use the value G2 for this element</i>	M	ID	2/3
REF02	127	Reference Identification <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>	X	AN	1/50

CLM Claim Information

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

User Option (Usage): Required

LA Medicaid:**LTC X12 VERSION 5010 SCENARIO EXAMPLES**

```
ISA*00*          *00*          *ZZ*4500000  *ZZ*LA-DHH-MEDICAID*110223*1807*^*00501*391009100*1*T*~
GS*HC*4500000  *LA-DHH-MEDICAID*20110223*1807*3910091*X*005010X223A2~
ST*837*3910091*005010X223A2~
BHT*0019*00*0123*20110224*1807*CH~
REF*87*005010X223A2~
NM1*41*2*WEEPING WILLOW NURSING HOME*****46*4500000~
PER*IC*CLAIRE BELLE*TE*2258888888~
NM1*40*2*LOUISIANA MEDICAID*****46*LA-DHHMEDICAID~
HL*1**20*1~
PRV*BI*PXC*364SL0600X~
```

NM1*85*2*WEEPING WILLOW NURSING HOME****XX*0123456789~
 N3*2246 CYPRESS LANE~
 N4*RAIN FOREST*LA*711110000~
 HL*2*1*22*0~

LEVEL OF CARE CHANGE

SBR*P*18*****MC~
 NM1*IL*1*BRIGHT*SUNNY****MI*1234567890123~
 N3*2246 CYPRESS LANE~ N4*RAIN
 FOREST*LA*711110000~
 DMG*D8*19210629*F~
 NM1*PR*2*MEDICAID****PI*LA-DHH-MEDICAID~
 N3*PO BOX 91021~
 N4*BATON ROUGE*LA*708210000~
 CLM*1234567*2673.02***21:A:3**A*Y*Y~
 DTP*434*RD8*20101001-20101031~
 DTP*435*DT*201010011300~
 CL1***30~
 REF*EA*12345678~
 HI*BK:4360~
 HI*BE:80::31~
 NM1*71*1*JONES*JOHN****XX*1234567890~
 LX*1~
 SV2*0022**2673.02*UN*20~
 DTP*472*RD8*20101001-20101020~
 LX*2~
 SV2*0194**2673.02*UN*11~
 DTP*472*RD8*20101021-20101031~

DISCHARGE TO HOME

NM1*IL*1*BRIGHT*SUNNY****MI*1234567890123~
 N3*2246 CYPRESS LANE~ N4*RAIN
 FOREST*LA*711110000~
 DMG*D8*19210629*F~
 NM1*PR*2*MEDICAID****PI*LA-DHH-MEDICAID~
 N3*PO BOX 91021~
 N4*BATON ROUGE*LA*708210000~
 CLM*1234567*2673.02***21:A:3**A*Y*Y~
 DTP*434*RD8*20101001-20101031~
 DTP*435*DT*201010011300~
 CL1***01~
 REF*EA*12345678~
 HI*BK:4360~
 HI*BE:80::27~
 NM1*71*1*JONES*JOHN****XX*1234567890~
 LX*1~
 SV2*0022**2673.02*UN*27~
 DTP*472*RD8*20101101-20101128~
 LX*2~
 SV2*0194**2673.02*UN*17~
 DTP*472*RD8*20101111-20101128~

HOSPITAL LEAVE DAYS ICF/DD

NM1*IL*1*BRIGHT*SUNNY****MI*1234567890123~
 N3*2246 CYPRESS LANE~ N4*RAIN
 FOREST*LA*711110000~
 DMG*D8*19210629*F~
 NM1*PR*2*MEDICAID****PI*LA-DHH-MEDICAID~
 N3*PO BOX 91021~

N4*BATON ROUGE*LA*70821000~
 CLM*1234567*2673.02***65:A:3**A*Y*Y~
 DTP*434*RD8*20101101-20101130~
 DTP*435*DT*200810011300~
 CL1***30~
 REF*EA*12345678~
 HI*BK:4360~
 HI*BE:80::30~
 NM1*71*1*JONES*JOHN****XX*1234567890~
 LX*1~
 SV2*0911**2673.02*UN*30~
 DTP*472*RD8*20101101-20101130~
 LX*2~
 SV2*0185**2673.02*UN*04~
 DTP*472*RD8*20101103-20101106~

ROUTINE BILLING ADULT DAY HEALTH CARE

NM1*IL*1*DEAN*JAMES****MI*1234567890123~
 N3*9876 LOLLIPOP LANE~ N4*ANYWHERE*LA*711110000~
 DMG*D8*19400629*F~
 NM1*PR*2*MEDICAID****PI*LA-DHH-MEDICAID~
 N3*PO BOX 91021~
 N4*BATON ROUGE*LA*708210000~
 CLM*1234567*2673.02***89:A:3**A*Y*Y~
 DTP*434*RD8*20101001-20101031~
 DTP*435*DT*200810011300~
 CL1***30~
 REF*EA*12345678~
 HI*BK:4360~
 HI*BE:80::23~
 NM1*71*1*JONES*JOHN****XX*1234567890~
 LX*1~
 SV2*0932**2673.02*UN*23~
 DTP*472*RD8*20101001-20101031~

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	C023	Health Care Service Location Information	O	C	
CLM05-03	1325	Claim Frequency Type Code <i>LA Medicaid: Use the value 1, 2, 3 or 4 for an original claim. Use 7 if the claim is an adjustment of a previous claim. Use 8 if a void of a previous claim.</i>	O	ID	1/1

DTP Statement Dates

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	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>
DTP01	374	Date/Time Qualifier <i>LA Medicaid: Use the value 434 for this element.</i>	M	ID	3/3
DTP02	1250	Date Time Period Format Qualifier <i>LA Medicaid: Use the value RD8 for this element.</i>	M	ID	2/3
DTP02	12517	Date Time Period <i>LA Medicaid: Enter the spanning dates to reflect the entire billing period for one month. Each calendar month must be billed as a separate claim transaction.</i> <i>Note: This period is less than a full month in situations of discharge, death, admit after the first day of the month, etc.</i>	M	AN	1/35

DTP Admission Date/Hour

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	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>
DTP01	374	Date/Time Qualifier <i>LA Medicaid: Use the value 435 for this element.</i>	M	ID	3/3
DTP02	1250	Date Time Period Format Qualifier <i>LA Medicaid: Use the value DT for this element.</i>	M	ID	2/3
DTP02	12517	Date Time Period <i>LA Medicaid: Admission Date/Hour is required.</i>	M	AN	1/35

CL1 Institutional Claim Code

Pos: 1400	Max: 1
Detail - Optional	
Loop: 2300	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>
CL103	1352	Patient Status Code <i>LA Medicaid: For LTC use one of the following patient status codes: 02, 03, 04, 05, 07, 08, 09, 20, 30, 61, 62 or 63.</i>	O	ID	1/2

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 LA Medicaid: Use the value F8 for this element.	M	ID	2/3
REF02	127	Reference Identification LA Medicaid: Use the Molina assigned claim number (ICN) for this element. The claim number (ICN) is required when the Claim Frequency Code in CLM05-03 is 7 or 8.	X	AN	1/50

HI Principal Diagnosis

Pos: 2310 Max: 1
 Detail - Optional
 Loop: 2300 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>
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code LA Medicaid: Use BK for this element	M	ID	1/3
HI01-02	1271	Description LA Medicaid: Use the ICD-9 Principal Diagnosis Code for this element.	X	AN	1/80

HI Other Diagnosis Information

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

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>
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code LA Medicaid: Use BF for this element	M	ID	1/3
HI01-02	1271	Description LA Medicaid: Use the ICD-9 Diagnosis Code for other condition(s) that coexist or develop(s) subsequently during the patient's treatment.	X	AN	1/80

HI Value Information

Pos: 2310	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

LA Medicaid:

This segment is used to report:

Covered Days – Value Code 80
 Non-covered Days – Value Code 81

Each Value Information segment accommodates up to 12 occurrences of Value Codes. In the Element Summary below, in the 'REF' column, XX should be replaced by the next available occurrence such as 'HI01'.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HIXX	C022	Health Care Code Information	M		
HIXX-01	1270	Code List Qualifier Code	M	ID	1/3
		<i>LA Medicaid: Use the BE for this element.</i>			
HIXX-02	1271	Industry Code	M	AN	1/30
		LA Medicaid: <i>Use the value 80 for Covered Days. Use the value 81 for Non-covered days.</i>			
HIXX-05	782	Monetary Amount	O	R	1/18
		<i>LA Medicaid: Use the number of Covered or Non-covered days for the element such as 30.</i>			

LX Service Line Number

Pos: 3650	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	Assigned Number	M	N0	1/6
		<i>LA Medicaid: The service line number incremented by 1 for each service line.</i>			
		<i>Louisiana Medicaid will process and store up to 28 lines for Inpatient, 99 lines for Outpatient and 13 lines for LTC, Hospice, ADHC and ICF/DD claims.</i>			
		<i>This number will be the key to the provider and practice management system for matching the Explanation of Benefits, Electronic Remittance Advice, or 835.</i>			

SV2 Institutional Service Line

Pos: 3750	Max: 1
Detail - Optional	
Loop: 2400	Elements: 6

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>
SV201	234	Product/Service ID <i>LA Medicaid: Enter revenue codes for Level of Care and Leave Days. Do not repeat LOC revenue codes within the same month unless patient changes LOC within that month.</i> <i>Enter revenue codes 183 and/or 185 for leave days. These revenue codes may be repeated during the month if a patient left the facility multiple times during a month and leave days are not consecutive.</i>	X	AN	1/48
SV204	355	Unit or Basis for Measurement Code <i>LA Medicaid: Use the value DA for this element.</i>	X	ID	2/2
SV205	380	Quantity <i>LA Medicaid: Enter "0" in service units field for revenue codes 185 Hospital Leave and 183 Home Leave.</i> <i>Enter the number of days for the month of service for LOC revenue codes. The total number of days the resident was in the facility is reflected in the units field(s) associated with Level Of Care revenue codes, even when the patient has been discharged.</i> <i>Billing note: You may repeat a LOC revenue code if patient changes LOC during the month and then returns to a previously reported LOC for that same month. If level of care changes within the month, use the appropriate revenue code that reflects the LOC rendered.</i>	X	R	1/15

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 <i>LA Medicaid: Use the value 472 for this element</i>	M	ID	3/3
DTP02	1250	Date Time Period Format Qualifier <i>LA Medicaid: Use the value D8 for a single date of service or RD8 to specify from and to dates.</i>	M	ID	2/3
DTP03	1251	Date Time Period <i>LA Medicaid: Service Line Date(s) of service are required on all Outpatient, Home Health, LTC, Hospice, ADHC and ICF/DD claims.</i>	M	AN	1/35

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	116	Number of Included Functional Groups <i>LA Medicaid: Number of included Functional Groups</i>	M	N0	1/5
IEA02	112	Interchange Control Number <i>LA Medicaid: Must be identical to the value in ISA13</i>	M	N0	9/9