GAINWELL TECHNOLOGIES

Louisiana Medicaid
837 Health Care Claim-Institutional
Companion Guide

Based on
ASC X12N Version 005010X223A2
CORE v5010 Master Companion Guide Template

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Revision History
See Appendix C.

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Gainwell Medicaid Solutions. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA.

The purpose of this guide is to clarify Louisiana Medicaid specific requirements and information needed for inclusion in the electronic 005010**X223A2**.claim transaction. The Companion Guide does not replace the published HIPAA Implementation TR3 Guide nor is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

All Data must be formatted in upper case.

This Guide is applicable to the following Louisiana Medicaid Claim types or File extensions.

UB9 Inpatient and outpatient claims

HOM Home Health claims

XXA Medicare Advantage claims

Providers/Submitters must be enrolled and registered in Louisiana Medicaid to submit electronic claims.

Please review the 5010 EDI General Companion Guide:
(https://www.lamedicaid.com/Provweb1/HIPAABilling/5010_EDI_General_Companion.pdf).

Refer to Sections 2, 3 and 4 of this 837I guide for more detailed information.

TABLE OF CONTENTS

1. Introduction

This section describes how Louisiana Medicaid specific Health Care Claim (837I) transaction set information will be detailed with the use of a table. The tables contain a row for each segment that Louisiana Medicaid has something additional, over and above, the information in the Technical Report Type 3 (TR3). That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the Implementation Guides internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Louisiana Medicaid.

In addition to the row for a specific segment, one or more additional rows are used to describe Louisiana Medicaid's usage for composite and simple data elements and for any other information.

Table 1: 837I Transaction Set Descriptions specifies the columns and suggested use of the rows for the detailed description of the transaction set Companion Guides.

Table 1: 837I Transaction Set Descriptions

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2010BA	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded and notes or comments about the segment itself go in this cell.
	2010BA	NM109	Identification Code		2/80	This type of row exists to limit the length of the specified data element.
	2430	SVD01	Identification Code	<Third Party Carrier Code>		Enter the Louisiana Medicaid issued Third Party Carrier Code.

1.1 Scope

The purpose of the Louisiana Medicaid 837I Health Care Claim Companion Guide is to provide Trading Partners with a guide to the Louisiana Medicaid specific requirements for the 837 Institutional claim transactions. This Companion Guide document should be used in conjunction with the Technical Report Type 3 (TR3) and the national standard code sets referenced in that Guide.

The 837I claims transaction is used for submittal of the following Louisiana Medicaid claim types, each with a unique file extension as part of the naming convention for the submitted file:

UB9 – Inpatient and Outpatient claims.

HOM – Home Health claims.

Additional information about naming convention and file extensions can be found in the HIPAA 5010A EDI General Companion Guide (https://www.lamedicaid.com/Provweb1/HIPAABilling/5010_EDI_General_Companion.pdf).

1.2 Overview

This companion guide is to assist trading partners test and set up electronic claim transactions to meet Louisiana Medicaid processing standards. It documents and clarifies which data elements and segments must be used and when specific code sets or codes are to be used with Louisiana Medicaid billings. The information in this guide must be used in conjunction with the TR3 Implementation Guide instructions.

This section describes how the table, for the Louisiana Medicaid specific 837I transaction, is organized by columns and their descriptions. Section 10, Table 2 837I Health Care Claim, should be used as a reference for 837I transactions submitted to Louisiana Medicaid. Table 2 contains the specific data values and descriptions used in processing the transaction. Refer to Section 10, Transaction Set Information, for more details.

Column Descriptions:

- Page Number – Corresponding page number in TR3 Implementation Guide
- Loop ID – TR3 Implementation Guide Loop
- Reference – TR3 Implementation Guide Segment
- Name – TR3 Implementation Guide segment/element name
- Codes - Data values to be sent for Louisiana Medicaid transactions. Information contained within "< >" is the description or format of the data that should be entered in the field.
- Length – A single number denotes fixed length. Two numbers separated by a slash denotes min/max length.
- Notes/Comments – Additional information specific to Louisiana Medicaid transactions.

1.3 References

This section describes the additional reference material Trading Partners must use for the specific transaction specifications for the 837I Health Care Claim.

Refer to the following HIPAA version 5010A2 Technical Report Type 3 for additional information not supplied in this document, such as transaction usage, examples, code lists, definitions, and edits.

- ***837 Health Claim-Institutional***
- ***005010X223A2***

Copies of the ANSI X12 Technical Report Type 3s are available for purchase from the Washington Publishing Company at the following URL: http://www.wpc-edi.com.

All required information for populating the X12 EDI transactions can be found by referencing this Louisiana Medicaid 837I Companion Guide and the HIPAA Technical Report Type 3s.

1.4 Additional Information

Refer to the 5010A1 Technical Report Type 3 for information not supplied in this document, such as code sources, definitions, and edits.

Louisiana Medicaid policies and requirements are documented in the claim type specific provider billing manuals and training packets and provider notices found on www.lamedicaid.com.

2. Getting Started

This section describes how to interact with Louisiana Medicaid regarding 837I transactions.

2.1 Working with Louisiana Medicaid

The EDI Help Desk is available to assist providers with their electronic transactions from, Monday through Friday, during the hours of 8:00 am – 5:00 pm Central, by calling 225-216-6303 or via email at HipaaEDI@gainwelltechnologies.com.

Louisiana Medicaid's MMIS system supports the following categories of Trading Partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

***NOTE**: Providers must be enrolled and approved before registering as a Trading Partner. Billing Agencies/Clearinghouse must be associated with an approved Billing Provider in order to register as a Trading Partner.*

2.2 Trading Partner Registration

To obtain a Submitter ID visit the website: lamedicaid.com and follow the steps provided in the link titled Provider Enrollment.

Providers may have up to three billing agencies/clearinghouse submit claims on their behalf but can select **only one** submitter to receive the 835 transaction. This selection is made when completing the ERA enrollment forms. All claims processed for a provider in a check write cycle will be included in the 835, regardless of method of submission (i.e. hardcopy or electronic).

2.3 Certification and Testing Overview

All Trading Partners are required to submit test EDI transactions before being authorized to submit production EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of any X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims, but not certified to submit 837I institutional claim files

3. Testing with the Payer

Trading Partners will submit two test files of a particular transaction type, with no set minimum of transactions within each file, and have no failures or rejections to become certified for production. Users will be notified (E-mail) of the Trading Partner Status when testing for a particular transaction has been completed.

To test an EDI transaction type, follow the steps outlined in **Section 3 in the HIPAA 5010A EDI General Companion Guide** (https://www.lamedicaid.com/Provweb1/HIPAABilling/5010_EDI_General_Companion.pdf). This guide provides additional information such as specific steps to follow for submitting test files, the test result reports and how to read them, file rejection reasons, etc.

4. Connectivity with the Payer /Communications

This section contains information relating to the exchange methods with Louisiana Medicaid for submittal of the 837I transaction.

4.1 Process Flows

Submitters will use the Louisiana Medicaid EDI Gateway to submit and retrieve files electronically. Each submitter receives a "mailbox" where their files are stored and maintained. This mailbox is accessed to send files via the "To_Molina" folder and retrieve files via the "From_Molina" folder. 837I files are sent to the submitter's "To_Molina" folder and associated processing reports must be retrieved from the "From_Molina" folder location. Louisiana Medicaid has established the following for the EDI Gateway:

- **Internet sFTP Connection Services:** Secure File Transfer Protocol to provide an end-to-end secure tunnel with Public/Private Key pair data encryption. Only Trading Partners who are approved to utilize this type of connection service may do so to submit 837I claim transactions to their secure FTP location.

During the testing process with EDI Department, submitters will finalize the communication methodology to be used for file submissions and file retrievals.

4.2 Transmission Administrative Procedures

The TA1 and 999 transaction reports are posted to sFTP indicating whether a file has passed editing and been accepted for processing. These reports can be obtained from sFTP in the "From_Molina" folder for those submitters approved for that option. The deadline for claim file submission is noon on Monday through Thursday for processing in the weekend adjudication cycle. Claim files received Friday thru Sunday will be entered into the processing Daily cycle on Mondays. The Louisiana Medicaid calendar year check write schedule is posted to www.lamedicaid.com. Any variances in the check write schedule will be posted in provider notice section of www.lamedicaid.com.

4.3 Re-Transmission Procedure

Providers/submitters should contact the Gainwell EDI Department via email at HipaaEDI@Gainwelltechnologies.com if an 837I claim file is processed late or missing. If a file is rejected, the errors must be corrected and then the file can be resubmitted but **MUST** have a different ISA number. An ISA number can never be reused.

4.4 Communication Protocol Specifications

This section describes Louisiana Medicaid's communication protocol. The information exchanged between devices, through a network or other media, is governed by rules and conventions that can be set out in a technical specification called communication protocol standards. The nature of the communication, the actual data exchanged and any state-dependent behaviors, is defined by its specification.

4.4.1 EDI Gateway – sFTP Process

Louisiana Medicaid offers a secure FTP system that has been developed to allow for more reliable and expedited electronic file exchanges for trading partners. The site is located at ftp.lamedicaid.com.

To facilitate increased security requirements, all files sent to and received from the Gainwell sFTP site must be encrypted using Public/Private key pair encryption technology. Gainwell assumes any trading partner requesting access to the system will be familiar with how this technology is used. Gnu Privacy Guard, a free open source client, is available at http://www.gnupg.org . Symantec's PGP client is another client although it is not free.

4.4.2 File Naming Conventions – Production and Test File Names

All electronic files sent to Gainwell must have file names in accordance with the structure below. Replace the sample submitter number of 4599999 with your assigned Louisiana Medicaid submitter number. The correct file extension is crucial to having your claims edited for the correct claim type.

Transaction	Claim Type	Name	File Extension	Sample file name
837I	01,03	Institutional	.UB9	H4599999.UB9
837I	06	Home Health	.HOM	H4599999.HOM
837I	14	Medicare Advantage	.XXA	H4599999.XXA

4.5 Passwords

Trading Partners will be assigned a username and password during the Trading Partner Account registration process. Information for setting up the username and password is provided in Section 4.2 of the HIPAA 5010A EDI General Companion Guide located at lamedicaid.com under the HIPAA Information link.

5. Contact Information

This section contains the contact information, including email addresses, for EDI Customer Service and Technical Assistance, Provider Services, and Provider Enrollment. All times are Central Time Zone.

5.1 EDI Customer Service

The EDI Help Desk is available to assist providers with their electronic transactions from Monday through Friday, during the hours of 8:00 am – 5:00 pm, by calling 1-225-216-6303. Or via email at HIPAAEdi@Gainwelltechnologies.com

5.2 EDI Technical Assistance

The EDI Help Desk is available to assist providers with their electronic transactions from Monday through Friday, during the hours of 8:00 am – 5:00 pm, by calling 1-225-216-6303.

5.3 Provider Service & Provider Enrollment

The Provider Services Call Center is available to assist providers concerning the payment of claims from Monday through Friday, during the hours of 8:00 am – 5:00 pm, by calling 1-225-924-5040 or 1-800-473-2783.

The Provider Enrollment Department is available to assist provider with enrollment, changes to submitters, etc., Monday through Friday, during the hours of 8:00 am – 5:00 pm by calling 1-225-216-6370.

5.4 Applicable Websites/Email

For questions related to electronic Data interchange and EDI issues, the EDI Department can be contacted at: HipaaEDI@Gainwelltechnologies.com.

6. Control Segments/Envelopes

This section describes Louisiana Medicaid's use of the interchange, functional group control segments and the transaction set control numbers.

6.1 ISA-IEA

This section describes Louisiana Medicaid's use of the interchange control segments.

Interchange Control Header

- ISA01, Authorization Information Qualifier, Value will be 00.
- ISA02, Authorization Information, Value will be spaces.
- ISA03, Security Information Qualifier, Value will be 00.
- ISA04, Security Information, Value will be spaces.
- ISA05, Interchange ID Qualifier, Value will be ZZ.
- ISA06, Interchange Sender ID: Value will be the 7 digit Gainwell assigned Submitter ID (i.e. 450XXXX) followed by spaces.
- ISA07, Interchange ID Qualifier: Value will be ZZ.
- ISA08, Interchange Receiver ID: Value will be LA-DHH-MEDICAID.
- ISA09, Interchange Date: The date format is YYMMDD.
- ISA10, Interchange Time: The time format is HHMM.
- ISA 11, Repetition Separator: Value will be ^ ASCIIx5E.
- ISA12, Interchange Control Version Number: Value will be 00501.
- ISA13, Interchange Control Number, Value will be identical to the interchange trailer IEA02. Must be a positive unsigned number and must be unique for every transmission submitted.
- ISA14, Acknowledgment Requested, Value will be 0 or 1.
- ISA15, Usage Indicator, **T = Test Data and P=Production Data.**
- ISA16, Component Element Separator: Must be a colon: ASCIIx3A.

- Interchange Control Trailer
- IEA01, Number of included Functional Groups.
- IEA02, Interchange Control Number, Value must be identical to value in ISA13

6.2 GS-GE

This section describes Louisiana Medicaid's use of the functional group control segments.

Functional Group Header

- GS01, Functional Identifier Code: Value will be HC for this element.
- GS02, Application Sender's Code: Value must be identical to ISA06.
- GS03, Application Receiver's Code: Value will be LA-DHH-MEDICAID.
- GS04, Date: The date format is CCYYMMDD.
- GS05, Time: The time format is HHMM.
- GS06, Group Control Number: Uniquely assigned and maintained by the sender.
- GS07, Responsible Agency Code: Value will be X.
- GS08, Version/Release/Industry Identifier Code: Value will be 005010X223A2.

Functional Group Trailer

- GE01, Number of Transaction Sets included.
- GE02, Group Control Number; Value must be identical to value in GS06.

6.3 ST-SE

This section describes Louisiana Medicaid's use of the transaction set control numbers.

- ST02, Transaction Set Control Number: Must be identical to associated Transaction Set Control Number SE02.
- ST03, Implementation Convention Reference: Value will be 005010X223A2.
- SE02, Transaction Set Control Number: Must be identical to ST02.

Only one ST-SE transaction loop is permitted per file.

7. Payer Specific Business Rules and Limitations

This section describes Louisiana Medicaid's business rules regarding 837I transactions.

Service line data is required when reporting inpatient, outpatient and home health claims or when payment adjustments (reduction to billed charges or denial) are related to specific claim lines. Since Louisiana Medicaid is a claim line processor, all adjustments are line specific, except for inpatient institutional claims when the per-diem is the only service line adjustment. Each claim line (other than inpatient) will be reported in the 835 as a claim. Data not supplied at the claim level must be supplied at the line level (SVC – Service Payment Information).

There is a limit of **20,000 CLM segments** in a claims file.
NOTE: National Provider Identification Numbers are to be submitted in all 837I transactions. **Atypical** providers who have not registered an NPI with Louisiana Medicaid may continue to submit their legacy Medicaid Provider ID in the 837I as the provider identifier**.**

All successful 837I transactions received prior to cutoff on Thursdays will be processed in a Weekly Adjudication cycle with payment by check or EFT scheduled for the following Tuesday. Exceptions to this schedule will be posted on lamedicaid.com.

For Louisiana Medicaid claims, the Patient and the Subscriber are always the same, therefore Patient level data **should not** be sent.

For Louisiana Medicaid's specific business rules and limitations, refer to Section 10 Transaction Set Information, Table 2: 837I Health Claim.

Coordination of Benefits (COB)--For the purposes of COB, there are two types of payers in the 837; (1) the destination payer defined in the 2010BB loop, and (2) any 'other' payers defined in the 2330B loop(s). All of the information contained in the 2300 and 2310 loops is specific to the destination payer described in the 2010BB loop. Information specific to other payers is contained in the 2320, 2330, and 2430 loops.

Description	837 Loop	Segment	Data Source
Claim Adjustment Group Code	Loop 2320	CAS Segment(s)	Other Third Party 835 or EOB
Payer Paid Amount	Loop 2320	AMT*D Segment (Qualifier D)	Other Third Party 835 or EOB
Remaining Patient Liability	Loop 2320	AMT*EAF Segment (use here when only claim level COB info provided)	Calculated by Provider
Claim Adjudication Date	Loop 2330B	DTP Segment	Other Third Party 835 or EOB
Service Line Paid Amount	Loop 2430	SVD Segment	Other Third Party 835 or EOB
Claim Adjustment Group Code	Loop 2430	CAS Segment(s)	Other Third Party 835 or EOB
Line Adjudication Date	Loop 2430	DTP Segment	Other Third Party 835 or EOB

Remaining Patient Liability	Loop 2430	AMT*EAF Segment (Use here when line level COB info provided)	Calculated by Provider

There may be other payers involved with a claim; therefore, there could be more than 1 set of COB data. If that is the situation, the other Third Party's Louisiana Carrier Code, Paid Amount, Paid Date and CAS Segments would also be reported.
Other payers must be identified in the 837 Transaction in Loop 2330B; Segment NM109 with the six-digit Louisiana Medicaid assigned Carrier Code. The Carrier codes may be found on www.lamedicaid.com under the Forms/Files/Surveys/User Manuals link. You may either enter the name of an insurer or download the complete Louisiana Carrier Code listing.

8. Acknowledgements and/or Reports

HIPAA responses and acknowledgements are available for download via sFTP for a period of 14 days from the original creation date.

8.1 Report Inventory

The TA1 notifies the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. For a listing and description of TA1 errors, refer to Section 4.6.4 in the HIPAA 5010A EDI General Companion Guide found on lamedicaid.com

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance. Reason(s) for failure of claims files will be posted in the 999 which can be retrieved from sFTP.

9. Trading Partner Agreements

A Trading Partner Agreement (TPA) is a legal contract between Gainwell, acting on behalf of the State of Louisiana, Department of Health and Hospitals and a provider/billing agent/clearinghouse/health plan, to exchange electronic information.

The desire to exchange by and through electronic communications, certain claims and billing information that may contain identifiable financial and/or protected health information (PHI) as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. § 6801, et seq. The parties agree to safeguard any and all PHI or other data received, transmitted or accessed electronically to or from each other in accordance with HIPAA. This agreement is within the TPA.

Refer to the Provider Enrollment link on www.lamedicaid.com to obtain information about the TPA forms that are required for enrollment as an electronic claims submitter.

9.1 Trading Partners

A Trading Partner is defined as any entity with which Gainwell exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. Louisiana Medicaid's Medicaid Management System supports the following categories of Trading Partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

Gainwell will assign Trading Partner IDs (Submitter ID) to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

10. Transaction Specific Information

This section describes the Louisiana Medicaid specific 837 transaction set information requirements, which are outlined in Table 2: 837I Health Claim. The table contains a row for each segment that Louisiana Medicaid has something additional, over and above, the information in the Technical Report Type 3 (TR3). That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the Implementation Guides internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, composite and/or simple data element pertinent to trading electronically with Louisiana Medicaid.

Table 2: 837I Health Claim

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	HEADER	ISA	Interchange Control Header	ISA		
			Element Separator	*	1	
C.4		ISA06	Interchange Sender ID	<7 digit Gainwell assigned Submitter number i.e.450XXXX>	15	Enter the Unique Submitter number issued by Gainwell to authorized EDI Submitters followed by spaces
			Element Separator	*	1	
C.5		ISA08	Interchange Receiver ID	LA-DHH-MEDICAID	15	
			Element Separator	*	1	
C.6		ISA08	Interchange Receiver ID	0 or 1	1	0 = No Interchange Acknowledgement Requested 1 = Acknowledgement Requested
		ISA15	Interchange Usage Indicator	P or T	1	P = Production Data T = Test Data
			Element Separator	*	1	
		ISA16	Component Separator	:	1	Must be a colon
			Segment End	~	1	
C.7	HEADER	GS	Functional Group Header	GS		
			Element Separator	*	1	
		GS01	Functional Identifier Code	HC	2	HC = Health Care Claim (837)
			Element Separator	*	1	
		GS02	Application Sender's Code	<Gainwell assigned Submitter ID>	2/15	Value will be identical to value in ISA06
			Element Separator	*	1	
		GS01	Functional Identifier Code	HC	2	HC = Health Care Claim (837)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
		GS02	Application Sender's Code	<Gainwell assigned Submitter ID>	2/15	Value will be identical to value in ISA06
			Element Separator	*	1	
		GS03	Application Receiver's Code	LA-DHH-MEDICAID	2/15	
			Element Separator	*	1	
		GS04	Date	<CCYYMMDD>	8/8	NOTE: Use this date for the functional group creation date.
			Element Separator	*	1	
C.8		GS05	Time	<HHMM>	4/8	NOTE: Use this time for the creation time.
			Element Separator	*	1	
		GS06	Group Control Number	<Assigned by Sender>	1/9	Uniquely assigned and maintained by the sender
			Element Separator	*	1	
		GS07	Responsible Agency Code	X	1/2	X = Accredited Standards Committee X12
		GS08	Version / Release / Industry Identifier Code	005010X223A2	1/12	005010X223A2 = Standards Approved for Publication by ASC X12 Procedures Review Board
67	HEADER	ST	Transaction Set Header	ST		
			Element Separator	*	1	
		ST02	Transaction Set Control Number	<Assigned by Sender>	4/9	NOTE: Must be identical to associated Transaction Set Control Number SE02.
			Element Separator	*	1	
		ST03	Implementation Convention Reference	005010X223A2	1/35	Contains the same value as in GS08.
			Segment End	~	1	
71	**1000A**	NM1	Submitter Name	N1		

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
72		NM109	Identification Code	<7 digit Louisiana Medicaid assigned Submitter Number>	2/80	Use the 7 digit Louisiana Medicaid Submitter ID assigned by Gainwell (i.e. 450XXXX).
			Segment End	~	1	
76	**1000B**	NM1	Receiver Name			
			Element Separator	*	1	
		NM103	Name Last or Organization Name	<Receiver Name>	1/60	Value is LOUISIANA MEDICAID
			Element Separator	*	1	
		NM109	Identification Code	<Receiver Code>	2/80	Value is LA-DHH-MEDICAID
			Segment End	~	1	
80	**2000A**	PRV	Billing Provider Specialty Information			
			Element Separator	*	1	
		PRV01	Provider Code	<Provider Type Identifier Code>	1/3	Value is BI=Billing Provider
			Element Separator	*	1	
		PRV02	Reference Identification Qualifier	<Taxonomy Qualifier Code>	2/3	Value is PXC=Provider Taxonomy Code
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		PRV03	Reference Identification	<Provider Taxonomy Code>	1/50	Value is the taxonomy Codes associated with the NPI of the Billing Provider and registered with Louisiana Medicaid. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tie-breaker such as taxonomy may be required for unique identification of the Medicaid provider ID. Use the same Taxonomy code that was registered with Louisiana Medicaid for the Billing Provider.
84	**2010AA**	NM1	Billing Provider Name			If the Billing provider is an ***atypical*** provider who has not been issued or registered an NPI with LA Medicaid, DO NOT USE this Loop. Use Loop 2010BB and report legacy Medicaid Provider ID in REF02 with Qualifier G2.
			Element Separator	*	1	
86		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = NPI (National Provider Identifier)
			Element Separator	*	1	
		NM109	Identification Code	<Billing Provider NPI Identifier>	2/80	Value is the provider NPI registered with Louisiana Medicaid that corresponds to the LA Medicaid provider being reported in this Loop. . If an ***atypical*** provider who has registered an NPI with LA Medicaid, report the NPI in this Loop.
			Segment End	~	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
88	**2010AA**	N4	Billing Provider City, State, Zip Code			
			Element Separator	*	1	
89		N403	Postal Code	<Postal Zip Code>	3/15	Value is the 9-digit Zip code. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tiebreaker such as zip code may be required for unique identification of the Medicaid provider ID. Use the same zip code that was registered with Louisiana Medicaid for the Billing Provider.
			Segment End	~	1	
107	**2000B**	HL	Subscriber Hierarchical Level			
			Element Separator	*	1	
108		HL04	Hierarchical Child Code	0	1/1	Value is 0 for this element. For LA Medicaid the subscriber **will always** equal the patient. Therefore, an additional subordinate HL is not required.
			Segment End	~	1	
109	**2000B**	SBR	Subscriber Information			
			Element Separator	*	1	
110		SBR09	Claim Filling Indicator Code	<Claim Filing Indicator Code>	1/2	Value is MC = Medicaid
			Segment End	~	1	
112	**2010BA**	NM1	Subscriber Name			
			Element Separator	*	1	
		NM102	Entity Type Qualifier	<Entity Type Qualifier>	1/1	Value is 1

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
		NM108	Identification Code Qualifier	<Member ID Qualifier>	1/2	Value is MI = Member Identification
			Element Separator	*	1	
		NM109	Identification Code	<13 digit Louisiana Medicaid Recipient ID Number>	2/80	Value is the thirteen digit Medicaid Recipient ID number
			Segment End	~	1	
122	**2010BB**	NM1	Payer Name			
			Element Separator	*	1	
124		NM108	Identification Code Qualifier	<Code Qualifier>	1/2	Value is PI = Payer Identification
			Element Separator	*	1	
		NM109	Identification Code	LA-DHH-MEDICAID	2/80	Value is LA-DHH-MEDICAID
			Segment End	~	1	
129	**2010BB**	REF	Billing Provider Secondary Identification			This Loop is used by ***atypical*** providers that DO NOT have an NPI registered with Louisiana Medicaid. If an ***atypical*** provider has an NPI, use Loop 2010AA NM109 REF segment and do not send this REF.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<Reference Qualifier>	2/3	Value is G2 = Provider Commercial Number
			Element Separator	*	1	
130		REF02	Reference Identification	<7-digit Louisiana Medicaid Provider ID>	1/50	Value is the 7 digit Louisiana Medicaid Provider Number
			Segment End	~	1	
143	**2300**	CLM	Claim Information			
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
144		CLM01	Claim Submitter's Identifier	<Submitter's Claim Identifier/Patient Account Number>	1/20	Enter a unique number up to **20** characters.
			Element Separator	*	1	
		CLM02	Monetary Amount	<Billed Charge Amount>	2/80	Enter the total charges for the billed services. This amount must be LESS than one million dollars.
			Element Separator	*	1	
145		CLM05	Health Care Service Location Information			CLM05 information applies to all service lines unless over written at the line level.
		CLM05-1	Facility Code Value	<First and second positions of the Uniform Bill Type Code >	1/2	The following bill type codes are the only ones acceptable for LA Medicaid Inpatient, Outpatient and HH claims plus Managed Care encounters. Use of any other bill type codes will result in claim file rejection. For file extension UB9 use 11,12,13,14,18,21,71,72,76, 81,82,83,85,86,89. For file extension HOM use 32.
		CLM05-2	Facility Type Code	A	1/2	Value is A= Uniform Billing Claim Form Bill Type
		CLM05-3	Claim Frequency Type Code	<Third position of the UB Bill Type Code>	1/1	Value 1 = Original claim Value 7 = Adjustment of a previous claim Value 8 = Void of a previous claim
			Element Separator	*	1	
153	**2300**	CL1	Institutional Claim Code			
			Element Separator	*	1	
		CL101	Admission Type Code	<Code indicating admission priority>	1/1	Priority of Admission

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
		CL102	Admission Source Code	<Code indicating admission source>	1/1	Point of Origin for Admission
			Element Separator	*	1	
		CL103	Patient Status Code	<Code indicating patient status >	1/2	The patient status as of the statement through date
			Segment End	~	1	
	2300	REF	Service Authorization Exception Code			
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<Reference Qualifier>	2/3	Value is 4N = Special Payment Reference Number
			Element Separator	*	1	
		REF02	Reference Identification	<Service Authorization Exception Code>	1/50	Value 1 = 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 Value 3 = billing for services associated with moderate to high level emergency physician care which corresponds to the level of care noted in the definition of Evaluation and Management CPT codes 99283, 99284 and 99285
			Segment End	~	1	
	2300	REF	Prior Authorization			Use this Segment if the extended Home Health or Hospice service was prior authorized by Louisiana Medicaid.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		REF01	Reference Identification Qualifier	<Qualifier Code>	2/3	Value is G1 = La Medicaid Prior Authorization number
			Element Separator	*	1	
		REF02	Reference Identification	<Prior Authorization Number>	1/50	Value is the Gainwell assigned Prior Authorization Number for the service being billed.
			Segment End	~	1	
166	**2300**	REF	Payer Claim Control Number			
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<Qualifier Code>	2/3	Value is F8 = Original Reference Number
			Element Separator	*	1	
		REF02	Reference Identification	<Claim Internal Control Number>	1/50	Value is the Gainwell assigned 13-digit Internal claim number (ICN). Enter original ICN when billing for adjustment or void of claim. The ICN is required when CLM05-3 value is 7 or 8
			Segment End	~	1	
	2300	NTE	Billing Note			
			Element Separator	*	1	
		NTE01	Note Reference Code	<Qualifier Code>	3/3	Value is ADD when this segment sent
			Element Separator	*	1	
		NTE02	Reference Identification	<Note text>	1/80	LA Medicaid no longer requires the Mother's Medicaid ID to be present on baby's claim.
			Segment End	~	1	
184	**2300**	HI	Principal Diagnosis			.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		HI01-01	Code List Qualifier Code	<Qualifier Code>	1/3	Value is ABK for service/discharge dates on or after 10/1/2015. Value is BK for service/discharge dates prior to 10/1/2015
			Element Separator	*	1	
185		HI01-02	Principal Diagnosis Code	< Diagnosis Code>	1/30	Value is the Principal Diagnosis code for the services being billed
			Element Separator	*	1	
		HI01-09	Condition or Response Code	<N,U,W or Y>	1/1	Use the appropriate Present on Admission indicator code as applied to the Principal Diagnosis
			Segment End	~	1	
187	**2300**	HI	Admitting Diagnosis			
			Element Separator	*	1	
188		HI01-01	Code List Qualifier Code	<Qualifier Code >	1/3	Value is ABJ for admission date on or after 10/1/2015. Value is BJ for admission date prior to 10/1/2015
			Element Separator	*	1	
		HI01-02	Admitting Diagnosis Code	<Diagnosis Code>	1/30	Value is the patient's diagnosis upon admission to the facility
			Segment End	~	1	
	2300	HI	Other Diagnosis Information			Enter additional HI Other Diagnosis Segments for conditions that coexist or develop during the patient's treatment. You may enter up to 12 additional diagnosis codes.
			Element Separator	*	1	
		HI01-01	Code List Qualifier Code	< Qualifier Code>	1/3	Code BF = Use for service/discharge dates **before** 10/01/2015 Code ABF = Use for service/discharge dates **on or after** 10/01/2015

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
		HI01-02	Industry Code	< Diagnosis Code>	1/30	Value is **ICD-9** codes for service/discharge dates **before** 10/01/2015; **ICD-10** codes for service/discharge dates **after** 10/01/2015
			Element Separator	*	1	
		HI02-01	Code List Qualifier Code	<Other Diagnosis Code Qualifier>	1/3	BF = Use for service/discharge dates **before** 10/01/2015 ABF = Use for service/discharge dates **on or after** 10/01/2015
			Element Separator	*	1	
		HI02-02	Industry Code	<Other Diagnosis Code>	1/30	Value is **ICD-9** codes for service/discharge dates **before** 10/01/2015; **ICD-10** codes for service/discharge dates **after** 10/01/2015
			Element Separator	*	1	
	2300	HI	Value Information			Repeat Value Information segments as needed to report additional Value Codes
			Element Separator	*	1	
		HI01-01	Code List Qualifier Code	<Qualifier Code >	1/3	Value is BE
			Element Separator	*	1	
		HI01-02	Value Code	<Value Code>	2/3	Use code 80 for covered days Code 81 for non-cov days Code 82 for co-insur days Code 83 for Lifetime reserve days
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		HI01-05	Value Code Amount	<Quantity or Dollar Value>	1/8	Enter number or dollar value. Values greater than 999 are invalid for Value codes 80, 81, 82 or 83. If required to report Value code 61,enter the MSA or CBSA code (right justified) to the left of the decimal place; cannot exceed 000000.00
			Element Separator	*	1	
	2300	HI	Condition Information			Repeat Condition Information Segments as needed to report additional Condition Codes.
			Element Separator	*	1	
		HI01-01	Code List Qualifier Code	<Qualifier Code >	1/3	Value is BG
			Element Separator	*	1	
		HI01-02		<Condition Code>	1/30	Value is A1 if the service has been rendered as a result of an EPSDT referral. Value is A4 if the service is related to family planning
			Element Separator	*	1	
319	**2310A**	NM1	Attending Provider Name			Effective July 1, 2015, the attending provider is required to be identified. The attending provider in this Loop applies to the entire claim unless overridden at the line level by the presence of Loop 2420C. Attending provider information is required when institutional claims contain any services other than non- scheduled transportation claims.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM101	Entity Identifier Code	<Entity Code>	2/3	Value is 71
			Element Separator	*	1	
321		NM108	Identification Qualifier Code	<XX>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
		NM109	Identification Code	<NPI of Attending Provider>	2/80	Value is the NPI of the attending provider that is registered with the Louisiana Medicaid Program
			Segment End	~	1	
322	**2310A**	PRV	Attending Provider Specialty Information			
			Element Separator	*	1	
		PRV01	Provider Code	< Provider Type Identifier Code>	1/3	Value is AT=Attending Provider
			Element Separator	*	1	
		PRV02	Reference Identification Qualifier	<Taxonomy Code Qualifier>	2/3	Value is PXC=Provider Taxonomy Code
			Element Separator	*	1	
		PRV03	Reference Identification	<Provider Taxonomy Code>	1/50	Value is the taxonomy Code associated with the NPI of the Attending Provider and registered with Louisiana Medicaid. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tie-breaker such as taxonomy may be required for unique identification of the Medicaid provider ID. Use the same Taxonomy code that was registered with Louisiana Medicaid for the Attending Provider.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Segment End	~	1	
324	**2310A**	REF	Attending Provider Secondary Identification			
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	G2	2/3	Value is G2 = Provider Louisiana Medicaid Number
			Element Separator	*	1	
		REF02	Reference Identification	<7-digit Louisiana Medicaid Provider ID>	1/50	Value is the 7-digit Medicaid provider number of an ***atypical*** provider who has <u>not</u> registered an NPI with Louisiana Medicaid. **Otherwise, do not use this Loop.**
			Segment End	~	1	
349	**2310F**		Referring Provider Name			If present, the Referring provider in this Loop applies to the entire claim, unless overridden at the Line level by the presence of Loop 2420D
			Element Separator	*	1	
350		NM101	Entity Identifier Code	<Provider Identifier Qualifier Code>	2/3	Value is DN = Referring Provider
			Element Separator	*	1	
		NM103	Name Last	<Last name of Referring provider>	1/60	Value is the last name of the referring provider
			Element Separator	*	1	
		NM104	Name First	<First name of Referring Provider>	1/36	Value is the first name of the referring provider
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
351		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
		NM109	Identification Code	<NPI of Referring Provider>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the Medicaid provider being reported in this Loop. The Referring Provider must be enrolled in LA. Medicaid.
			Segment End	~	1	
352	**2310F**	REF	Referring Provider Secondary Identification			Use this Loop for **atypical** providers who do not have an NPI. Otherwise, do not use this Loop.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	G2	2/3	G2 = Provider Medicaid Number
			Element Separator	*	1	
		REF02	Reference Identification	<7-digit Louisiana Medicaid Provider ID>	1/50	Value is the 7-digit Medicaid provider number of an ***atypical*** provider who has not registered an NPI with Louisiana Medicaid.
			Segment End	~	1	
354	**2320**	SBR	Other Subscriber Information			Repeat if more than one other payer has previously processed the claim.
			Element Separator	*	1	
356		SBR09	Insurance Type Code	11,12,13,14,15,16, 17,AL,BL,CH,CI, DS,FI,HM,LM,TV, VA,ZZ	1/2	Do **NOT use MC** for this segment when reporting information about another payer or payers involved in this claim. Use **MA** when billing **Medicare Advantage** claims, Use one of the other codes for additional third party coverage.
			Segment End	~	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
358	**2320**	CAS	Claim Level Adjustments			Required if other payers are known to be involved in paying on this claim. May repeat up to 6 sets of CAS01/CAS02 groupings. Codes and associated amounts must come from either paper remittance advice or 835s (Electronic Remittance Advice) received on the claim. Use Loop 2320 only if claim level data is provided by the other payer. If claim line data is available it must be reported in Loop 2430.
			Element Separator	*	1	
		CAS01	Claim Adjustment Group Code	CO,CR,OA,PI,PR	1/2	Value is the code received from other payer reported in this Loop. When PR is used, include segments for Deductible, Coinsurance and/or Co-payment amounts as appropriate.
			Element Separator	*	1	
359		CAS02	Claim Adjustment Reason Code	<Standard Claim Adjustment Reason Code>	1/5	Value is CARC code received from other payer reported in this Loop.
			Element Separator	*	1	
		CAS03	Monetary Amount	<Dollar Value of Adjustment>	1/18	Value is the amount of adjustment associated with CAS Code pairing
			Element Separator	*	1	
384	**2330B**	NM1	Other Payer Name			Add information here when another payer has processed the claim before it is sent to Louisiana Medicaid. Repeat Segment if more than one other payer has previously processed the claim.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM108	Identification Code Qualifier	PI	1/2	Value is PI = Payer Identification
			Segment Separator	*	1	
385		NM109	Identification Code	<Louisiana Medicaid Carrier Code>	6	Value is the 6-digit Louisiana **Medicaid Carrier Code** for the Payer identified in Loop 2320.The LA Medicaid TPL Carrier Code list can be found on lamedicaid.com under Forms/Files/User Manuals navigational link.
			Segment End	~	1	
423	**2400**	LX	Service Line Number			The service line number must begin with one and is incremented by 1 for each additional service line. This number can be useful for provider and practice management systems for matching to the electronic remittance advice 835 Transaction.
			Element Separator	*	1	
		LX01	Assigned Number	<Service Line Number>	1/6	Louisiana Medicaid will process and store up **to 28 lines** for Inpatient claims.
			Segment End	~	1	
424	**2400**	SV2	Institutional Service Line			Required to specify line level information for institutional claims.
			Element Separator	*	1	
425		SV204	Unit or Basis of Measurement Code	<Unit Qualifier Code>	2/2	Value is DA = Days or UN = Units.
			Element Separator	*	1	
428		SV205	Quantity	<Service Unit Count>	1/4	The maximum length for Louisiana Medicaid for the quantity field is **4 whole numbers.**
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2400	DTP	Service Date			
			Element Separator	*	1	
		DTP01	Date/Time Qualifier	< Qualifier Code>	3/3	Value is 472 = Service Date
			Element Separator	*	1	
		DTP02	Date/Time Format Qualifier	D8, RD8	2/3	Value is D8=CCYYMMDD for single date of service or RD8=CCYYMMDD-CCYYMMDD for range of dates
			Element Separator	*	1	
		DTP03	Date Time Period	<Date or Time Period>	1/35	Service Line Date(s) of service are required on all Outpatient and Home Health claims.
			Segment End	~	1	
452	**2410**	LIN	Drug Identification			A federal statue 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 hardcopy 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.
			Element Separator	*	1	
		LIN02	Product/Service ID Qualifier	<Drug Code Qualifier>	2/2	Value is N4 = National Drug Code in 5-4-2 format.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		LIN03	Product/Service ID	<NDC Code>	1/48	Value is the National Drug Code associated with the physician-administered drug identified in Loop 2400 SV202-2.
			Segment End	~	1	
452	**2410**	CTP	Drug Quantity			Quantity and Unit or Basis of Measurement Codes are required for claims for drugs to process correctly.
			Element Separator	*	1	
		CTP04	Quantity	<Units Administered>	1/10	Value is the quantity or actual units administered. The maximum quantity to be entered for LA Medicaid is **seven whole numbers and three decimal places.**
			Element Separator	*	1	
453		CTP05-01	Unit or Basis of Measurement Code	F2, GE, ME, ML, UN	2/2	F2 = International Unit GR = Gram ME = Milligram ML = Milliliter UN = Unit
			Segment End	~	1	
	2420C	NM1	Rendering Provider Name			If present, the rendering provider identified in this Loop applies to the Line Level and overrides the Attending Provider at the Claim Level in Loop 2310A.
			Element Separator	*	1	
		NM101	Entity Identifier Code	<Qualifier Code>	2/3	Value is 82 = Rendering Provider
		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM109	Identification Code	<National Provider Identification>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. If the provider is considered an ***atypical*** provider and has not registered an NPI with Louisiana Medicaid, continue to use Loop 2420C, REF 02 with qualifier G2 to provider the Louisiana Medicaid Provider ID.
			Segment End	~	1	
	2420C	REF	Rendering Provider Secondary Identification			Required when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	G2	2/3	Value is G2 = Louisiana Medicaid 7- digit Provider Number.
			Element Separator	*	1	
		REF02	Reference Identification	<Louisiana Medicaid Provider Number>	1/7	If the Rendering Provider is an ***atypical*** **provider** who has not registered an NPI with Louisiana Medicaid, you may send the 7-digit legacy Medicaid Provider number in this Loop.
			Segment End	~		
471	**2420D**	NM1	Referring Provider Name			Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). When billing for services for a Lock-In recipient, identify the Lock-In Physician.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
		NM101	Entity Identifier Code	<Referring Provider Qualifier Code>	2/3	Value is DN = Referring Provider
			Element Separator	*	1	
		NM103	Name Last	<Referring Provider Last Name>	1/60	Value is the last name of the referring provider.
			Element Separator	*	1	
		NM104	Name First	<Referring Provider First Name>	1/35	Value is the first name of the referring provider.
			Element Separator	*	1	
473		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
		NM109	Identification Code	<NPI of Referring Provider>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the provider being reported in the Loop. The Referring Provider must be enrolled in Louisiana Medicaid.
			Segment End	~		
474	**2420D**	REF	Referring Provider Secondary Identification			Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310F). Do not use this Loop if Referring provider has an NPI.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	G2	2/3	Value is G2 = Louisiana Medicaid 7- digit Provider Number.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
475		REF02	Reference Identification	<Louisiana Medicaid Provider Number>	1/7	If the Referring Provider is an ***atypical*** provider who has not registered an NPI with Louisiana Medicaid, you may send the 7-digit legacy Medicaid Provider number in this Loop.
			Segment End	~	1	
476	**2430**	SVD	Line Adjudication Information			Required when the claim has been previously adjudicated by payer identified in Loop ID-2330B and this service line has payments and/or adjustments applied to it. Repeat if multiple payers involved.
			Element Separator	*	1	
		SVD01	Identification Code	<Louisiana Medicaid Carrier Code>	2/80	Value is the 6-digit Louisiana **Medicaid Carrier Code.** Number should match NM109 in Loop 2330B identifying the Other Payer. The LA Medicaid TPL Carrier Code list can be found on lamedicaid.com under Forms/Files/User Manuals navigational link.
			Element Separator	*	1	
477		SVD02	Monetary Amount	<Service Line Paid Amount>	1/10	Value is the amount Other Payer paid for this service line.
			Element Separator	*	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
480	**2430**	CAS	Line Adjustment			Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged. Providers are to enter the information as received on the remittance from the Other Payer. Use Loop 2430 only if Line Level data is provided by the other payer.
482		CAS01	Claim Adjustment Group Code	CO, OA, PI, PR	1/2	When using Value of PR, include amounts for Deductible, Co-insurance and/or Co-Pay as appropriate.
			Element Separator	*	1	
		CAS02	Claim Adjustment Reason Code	<Claim Adjustment Reason Code>	1/5	Value is the CARC code received from the Other Payer for the associated service.
			Element Separator	*	1	
486		CAS03	Monetary Value	Adjustment Amount	1/8	Value is the monetary adjustment amount received from the Other Payer for the associated service.
			Element Separator	*	1	
488	TRAILER	SE	Transaction Set Trailer			
			Element Separator	*	1	
		SE01	Transaction Segment Count	<Number>	1/10	Value is the total number of Segments included.
			Element Separator	*	1	
		SE02	Transaction Set Control Number	<Identifying Control Number>	4/9	Unique control number and must be identical in ST02 and SE02.
			Segment End	~	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9	TRAILER	GE	Functional Group Trailer			
			Element Separator	*	1	
		GE01	Number of Transaction	<Number>	1/6	Value is the number of Transaction sets included.
			Element Separator	*	1	
		GE02	Group Control Number	<Sender Assigned Number>	1/9	Value must be identical to value in GS06.
			Segment End	~	1	
C.10	TRAILER	IEA	Interchange Control Trailer			
			Element Separator	*	1	
		IEA01	Number of Functional Groups	<Number>	1/5	Value is number of Functional Groups included.
			Element Separator	*	1	
		IEA02	Interchange Control Number	<Sender Assigned Number>	9/9	Value must be identical to value in ISA13.
			Segment End	~	1	

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Appendices

Appendix A – Implementation Checklist

This appendix contains all necessary steps for submitting/receiving electronic transactions with Louisiana Medicaid.

- Providers must register to become a Trading Partner (TP) and be assigned a TP Submitter number.
- Trading Partners must sign a Trading Partner Agreement.
    - Trading Partner must contact the EDI Help Desk by submitting an email to HipaaEDI@gainwelltechnologies.com or calling (225) 216-6303 to make arrangements for testing and approval to submit production transactions.
- Trading Partners must submit two (2) test files of a particular transaction type, with no minimum number of transactions within each file, and have no failures or rejections to be approved to submit production transactions. The test claims should be representative of the type of service you will be providing.
- Confirm all NPIs used in testing are valid for Louisiana Medicaid and if zip-code or taxonomy are needed as tie-breakers.
- Review all reports produced by the Gainwell EDI test system.
- Once TP receives email approval from the EDI Department, may begin submitting claim files to Production environment.

Appendix B – Business Scenarios and Claim/Encounter Example

This section describes a few special billing scenarios and transaction examples follow. The first scenario describes the electronic billing to Medicaid for medical services of dual-eligible recipients (i.e., eligible for both Medicare and Medicaid). In situations where Medicare has **denied** a service which may be covered by Medicaid, the claim may be billed directly to Medicaid. This type of claim will be submitted as a Medicaid claim and not a Medicare crossover. In the past, this type of claim was mandated to be billed hardcopy with the Medicare EOBs attached. The correct placement of the 837I Segments related to Medicare third party information is shown in the scenario 1 examples. The Louisiana Department of Health has identified the unique Louisiana Carrier code for NM109 in the 2330B Loop when reporting the Medicare information as **MOL001**.

The second scenario describes claim examples for billing Medicare Advantage claims electronically.

The third scenario describes specific information needed for submitting Subrogation encounters.

Only Managed Care Trading Partners are permitted to bill Subrogation type encounters.

When a Managed Care Entity (MCE) Member Linkage is retroactively removed and the Member retains Louisiana Medicaid eligibility for the same period, the MCE the Member was linked to may have paid claims for the Member during that period. Retroactive disenrollment may be performed by the Enrollment Broker due to retroactive Medicare coverage changes, the Member opting out of Medical MCE coverage, retroactive linkage of the Member to a Long-Term Care facility or the Program for the All-Inclusive Care for the Elderly (PACE) program.

Any claims already billed to and paid by the MCE during this period would then be excused from the MCEs scope of responsibility. The MCE would be entitled to void any such claims and request the billing provider resubmit their claims to Gainwell for Fee For Service (FFS) Medicaid adjudication and payment.

Subrogation outlines the means by which MCEs may submit electronic transactions as a remedy to the covering plan, and to mitigate provider abrasion created by having the biller's previous payment recovered and requesting them to rebill elsewhere. Medicaid Subrogation is a process recognized by CMS and ANSI allowing reimbursement between Payers. Subrogation will allow an MCE previously identified as the payer of last resort for a Member to request reimbursement directly from Gainwell on the basis of encounters previously reported for any such claims paid to the billed provider. This solution provides for direct payment to the MCE without placing any burden of action on the original billing provider.

Do not Void the original encounter that is being subrogated. Subrogation requires an original Approved encounter be on file.

Rejected or Voided encounters may not be subrogated at this time.

a. Scenario 1 - CLAIMs FOR DUAL MEDICAID/MEDICARE ELIGIBLE WHEN DENIED BY MEDICARE

The following claim examples are presented as a tool to assist with proper build of electronic 837I for a Dual eligible recipient with Medicare denial information. This example does not represent a complete claim; it gives emphasis to the information needed for identifying the Medicare denial reason(s).

Example 1 837I---Inpatient Claim Example for Bill Type 11x (Part A benefits denied by Medicare for Dual Eligible Recipient)

NM1*IL*1*SMITH*TOM****MI*1112233334444~ N3*500 MAIN STREET~
N4*BATON ROUGE*LA*70809 DMG*D8*19570101*M~
NM1*PR*2*LOUISIANA MEDICAID*****PI*LA-DHH-MEDICAID~ N3*4456 SOUTH SHORE BLVD~
N4*BATON ROUGE*LA*444440056~ CLM*26407777*9129***11:A:1**A*Y*Y~
DTP*096*TM*1625~ DTP*434*RD8*20150114-20150118~ DTP*435*DT*201501140725~
CL1*4*5*01~ REF*EA*A0012345~ HI*BK:V3001~ HI*BJ:V3001~ HI*BF:7728:::::::N~
HI*BE:02:::0*BE:80:::4~ HI*BG:C1~
NM1*71*1*KILDAIRE*ROSALYN****XX*1234567890~

LOOP 2320
SBR*P*18**MEDICARE PART A*****MA~ **Must identify as Medicare Part A**
CAS*PR*258*9129~ (*Service not covered when person is incarcerated*)
AMT*D*0~ AMT*EAF*9129~
OI***Y***Y~

LOOP 2330B
NM1*PR*2*Medicare Part A*****PI*MOL001~ Must use this Carrier Code
N3*PO BOX 12345~
N4*Baton Rouge*LA*70808~ DTP*573*D8*20150527~

Loop 2400
LX*1~
SV2*0110**3280*DA*4~
LX*2~
SV2*0250**200*UN*2~
LX*3~
SV2*0301**1615*UN*9~
LX*4~
SV2*0311**1133*UN*1~
LX*5~
SV2*0471**1147*UN*1~
LX*6~
SV2*0636**1214*UN*2~
- --------continue transaction

Example 2: 837I Outpatient Claim example for Bill Type 13x (Part A benefits denied by Medicare for Dual Eligible Recipient.)

NM1*IL*1*SMITH*JERRY****MI*3334455556666~
N3*600 MAIN STREET~
N4*BATON ROUGE*LA*70809
DMG*D8*19590101*M~
NM1*PR*2*LOUISIANA MEDICAID*****PI*LA-DHH-MEDICAID~
N3*4456 SOUTH SHORE BLVD~
N4*BATON ROUGE*LA*444440056~
CLM*26407777*1040***13:A:1**A*Y*Y~
DTP*096*TM*1625~
DTP*434*D8*20150114~
DTP*435*DT*201501140725~
CL1*4*5*01~
REF*EA*A0012345~
HI*BK:V3001~
HI*BJ:V3001~
HI*BF:7728:::::::N~
HI*BE:02:::0*BE:80:::4~
HI*BG:C1~
NM1*71*1*KILDAIRE*BEN****XX*1234567890~

LOOP 2320
SBR*P*18**MEDICARE PART A*****MA~ Must identify as Medicare Part A
AMT*D*0~
OI***Y***Y~

LOOP 2330B
NM1*PR*2*Medicare Part A*****PI*MOL001~ Must use this Carrier Code
N3*PO BOX 12345~
N4*Baton Rouge*LA*70808~
DTP*573*D8*20150527~

Loop 2400
LX*1~
SV1*0250**200*UN*2~
DTP*472*D8*20140114

Loop 2430
SVD*MOL001*0**0250*2~
CAS*PR*51*200~ (*These are non-covered services because this is a pre-existing condition*)
DTP*573*D8*20150301
AMT*EAF*200~

LX*2~
SV1*0320*HC:73060:RT*406*UN*1~
DTP*472*D8*20140114
SVD*MOL001*0*HC:73060:RT*0320*1~
CAS*PR*51*406~ (*These are non-covered services because this is a pre-existing condition*)
DTP*573*D8*20150301
AMT*EAF*406~

LX*3~
SV1*0450*HC:99283:25*434*UN*1~
DTP*472*D8*20140114
SVD*MOL001*0*HC:99283:25*0450*1~
CAS*PR*51*434~ (*These are non-covered services because this is a pre-existing condition*)
DTP*573*D8*20150301
AMT*EAF*434~
- --------continue transaction

b. Scenario 2 - CLAIMS FOR RECIPIENTS WITH MEDICARE ADVANTAGE COVERAGE

The following claim examples are presented as a tool to assist with proper build of electronic 837I for a Dual eligible recipient with Medicare Advantage coverage. These examples do not represent a complete claim; it gives emphasis to the information needed for identifying the Medicare Advantage Carrier Code and processing details.

Example 1 837I ---- Inpatient Claim Example for Bill Type 11x with Medicare Advantage

NM1*IL*1*SMITH*TOM****MI*1112233334444~
N3*500 MAIN STREET~
N4*BATON ROUGE*LA*70809
DMG*D8*19570101*M~
NM1*PR*2*LOUISIANA MEDICAID*****PI*LA-DHH-MEDICAID~
N3*4456 SOUTH SHORE BLVD~
N4*BATON ROUGE*LA*444440056~
CLM*26407777*28473.64***11:A:1**A*Y*Y~
DTP*096*TM*1625~
DTP*434*RD8*20150515-20150520~
DTP*435*DT*201505150725~
CL1*1*1*01~
REF*EA*A0012345~
HI*BK:5770~
HI*BJ:570~
HI*BF:4561:::::::N~
HI*BE:02:::0*BE:80:::5~
HI*BG:C1~
NM1*71*1*KILDAIRE*ROSALYN****XX*1234567890~

LOOP 2320
SBR*P*18**MEDICARE ADVANTAGE PART A*****MA~ MUST use code MA for Medicare Advantage Part A
CAS*CO*45*18320.55~
CAS*PR*2*875~
AMT*D*9278.09~
AMT*EAF*9129~
OI***Y***Y~

LOOP 2330B
NM1*PR*2*HUMANA*****PI***H19510**~ Must use the Medicare Advantage Plan Louisiana Carrier Code
N3*PO BOX 12345~
N4*BATON ROUGE*LA*70808~
DTP*573*D8*20150603~

Loop 2400
LX*1~
SV2*0110**3665*DA*5~
LX*2~
SV2*0250* *2637.64*UN*110~
LX*3~
SV2*0270* *1100*UN*20~
LX*4~
SV2*0300* *66*UN*6~
LX*5~
Thru LX*nn
- --------continue transaction

Example 2 837I---Outpatient Claim example for Bill Type 13x with Medicare Advantage

NM1*IL*1*SMITH*JERRY****MI*3334455556666~
N3*600 MAIN STREET~
N4*BATON ROUGE*LA*70809
DMG*D8*19590101*M~
NM1*PR*2*LOUISIANA MEDICAID*****PI*LA-DHH-MEDICAID~
N3*4456 SOUTH SHORE BLVD~
N4*BATON ROUGE*LA*444440056~
CLM*26407777*1377***13:A:1**A*Y*Y~
DTP*096*TM*1625~
DTP*434*D8*20150323~
DTP*435*DT*201503230825~
CL1*1*1*01~
REF*EA*A0012345~
HI*BK:4019~
HI*BJ:71941~
HI*BF:2720:::::::N~
NM1*71*1*KILDAIRE*BEN****XX*1234567890~

LOOP 2320
SBR*P*18**MEDICARE PART A*****MA~ MUST use code MA for Medicare Advantage Part A
AMT*D*236.73~
OI***Y***Y~

LOOP 2330B
NM1*PR*2*HUMANA*****PI***H19510**~ Must use the Louisiana Medicare Advantage Carrier Code
N3*PO BOX 12345~
N4*BATON ROUGE*LA*70808~
DTP*573*D8*20150402~

Loop 2400
LX*1~
SV2*0250**2*UN*1~
DTP*472*D8*20150323~

LX*2~
SV2*0320*HC:73030:RT*219*UN*1~
DTP*472*D8*20150323~

LX*3~
SV2*0450*HC:99284:25*1113*UN*1~
DTP*472*D8*20150323~

LX*4~
SV2*0730*HC:93005*43*UN*1~
DTP*472*D8*20150323~

Loop 2430

LX*1
SVD*H19510*0**0250*2~
CAS*CO*45*2~
DTP*573*D8*20150323

LX*2~
SVD*H19510*0*HC:73030:RT*0320*1~
CAS*CO*45*219~
DTP*573*D8*20150323

LX*3~
SVD*H19510*236.73*HC:99284:25*0450*1~
CAS*PR*3*65~
CAS*CO*253*4.83~45*806.44~
DTP*573*D8*20150323

LX*4~
SVD*H19510*0*HC:93005*0730*1~
CAS*CO*45*43~
DTP*573*D8*20150323~
- --------continue transaction

Example 3 837I---Inpatient Claim example for Bill Type 11x Medicare Advantage and Other Third Party Coverage

NM1*IL*1*SMITH*TOM****MI*1112233334444~
N3*500 MAIN STREET~
N4*BATON ROUGE*LA*70809
DMG*D8*19570101*M~
NM1*PR*2*LOUISIANA MEDICAID*****PI*LA-DHH-MEDICAID~
N3*4456 SOUTH SHORE BLVD~
N4*BATON ROUGE*LA*444440056~
CLM*26407777*28473.64***11:A:1**A*Y*Y~
DTP*096*TM*1625~
DTP*434*RD8*20150515-20150520~
DTP*435*DT*201505150725~
CL1*1*1*01~
REF*EA*A0012345~
HI*BK:5770~
HI*BJ:570~ HI*BF:4561:::::::N~
HI*BE:02:::0*BE:80:::5~
HI*BG:C1~
NM1*71*1*KILDAIRE*ROSALYN****XX*1234567890~

LOOP 2320
SBR*P*18**MEDICARE ADVANTAGE PART A*****MA~ MUST Use code MA for Medicare Advantage Part A
CAS*CO*45*18320.55~
CAS*PR*2*875~
AMT*D*9278.09~
AMT*EAF*9129~
OI***Y***Y~

LOOP 2330B
NM1*PR*2*HUMANA*****PI*H19510~ Must use the Medicare Advantage Plan Louisiana Carrier Code
N3*PO BOX 12345~
N4*BATON ROUGE*LA*70808~
DTP*573*D8*20150603~

LOOP 2320
SBR*S*18**AARP*****CI~ Use code CI for Other Private Third Party Coverage
CAS*CO*45*18320.55~
CAS*OA*23*9278.09~
AMT*D*875~
AMT*EAF*9129~
OI***Y***Y~

LOOP 2330B
NM1*PR*2*AARP Supplement*****PI*270500~ Must use the appropriate LA Medicaid Carrier Code
N3*PO BOX 12345~
N4*BATON ROUGE*LA*70808~
DTP*573*D8*20150603~

Loop 2400
LX*1~
SV2*0110**3665*DA*5~
LX*2~
SV2*0250* *2637.64*UN*110~
LX*3~
SV2*0270* *1100*UN*20~
LX*4~
SV2*0300* *66*UN*6~ Thru
LX*nn
-------- continue transaction

c. Scenario 3 – ENCOUNTERS FOR SUBROGATION

The following encounter example is presented as a tool to assist with properly building an 837I for Subrogation. This example does not represent a complete claim; it gives emphasis to the information needed for identifying the encounter as Subrogation.

This scenario applies only to Managed Care Trading Partners. Only Managed Care Trading Partners are permitted to bill using Transaction Code 31. See Appendix D for more information.

BHT – Beginning of Hierarchical Transaction

BHT*0019*00*02754534990001*20231110*130010* 31~ — Must use Transaction Type Code 31

LOOP 2010AC
NM1*PE*2*MCE ORGANIZATION NAME*****PI*9999999999~ — Must include LOOP 2010AC
N3*999 STREET ADDRESS~ — This is the Primary Payer Information
N4*CITY*LA*999999999~
REF*EI*999999999~

LOOP 2300
CLM*12345656*500***11:A:7*Y*A — In Loop ID-2300 data element CLM01, enter the Gainwell assigned ICN number rather than the Provider's Patient Control Number.
Y|~

In element CLM05-3 use Claim Frequency Type Code 7: Debit or Replacement adjustment.

LOOP 2320/2430 — In Loop ID-2320/2430 include all the required segments/elements that indicate Gainwell's adjudication of the original encounter.
SBR*T*18*****MC~
...
AMT*411~ — AMT02 represents the amount Gainwell reported paid.

In Loop ID-2330B, enter Gainwell's information.

LOOP 2330B
NM1*PR*2*LOUISIANA MEDICAID*****PI* LA-DHH-MEDICAID~
N4*BATON ROUGE*LA*70809
DTP*573*D8*20150527~

Appendix C - Change Summary

This appendix will contain a summary of any changes made to this version of the 837I Health Care Claim Companion Guide after the initial release.

Ver.	Date	Author	Action/Summary of Changes	Loop/Segment
1.0	01/01/2018	Molina	Initial Document in CAQH/CORE Master Companion Guide required standard format. Included in this initial release is new information regarding billing for **Medicare Advantage** claims.	Section 4.4.3; Section 10-Segment SBR09; Appendix B Scenario 2 examples
1.2	04/27/2018	Molina	Clarification on Medicare Advantage; Claim examples in Appendix B.	Loop 2330/SBR09
1.3	02/06/2019	DXC	Removed comments regarding # of lines for Outpatient claims.	Loop 2400/LX01
1.4	2/23/2024	Gainwell	Updated Appendix B Scenario 3.	Loop 2300, 2320/2040, 2339B
1.5	10/09/2024	Gainwell	Revised the Preface to provide a link to the 5010 EDI General Companion Guide. Added link to the 5010 EDI General Companion Guide to 1.1. Corrected the first paragraph of Appendix B for usage issues. Scenario 3 of Appendix B was added (subrogation). Re-designed document for paging issues. Corrected email addresses and links as needed. Appendix D (FAQs) removed. Appendix E renamed Appendix D and sample forms converted to links.	n/a n/a n/a n/a n/a n/a n/a

Appendix D - Trading Partner Agreements (TPA)

This appendix contains links to the forms required for electronic billing or election to receive an electronic remittance (835) for Louisiana Medicaid providers.

There are separate forms for an individual enrollment and an entity/business enrollment. Links to the forms are provided below.

EDI Contract and Power of Attorney for Individual:

https://www.lamedicaid.com/Provweb1/Provider_Enrollment/EDI%20Individuals.pdf

EDI Contract and Power of Attorney for Entity/Business:

https://www.lamedicaid.com/Provweb1/Provider_Enrollment/EDI%20Entities-Businesses.pdf

Completed forms are to be sent to Gainwell Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898- 0159.