

# **837 Health Care Claim: Institutional LTC - Hospice Room and Board ICFDD – ADHC\***

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

## **Version: 1.4**

Created: 10/25/2011

Revised: 5/18/2016

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 Health Care\*

\*The 837I Transaction and ADC file extension is to be used only for Adult Day Health Care claims with a date of service prior to April 1, 2016.

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 for purchase through Washington Publishing Company (WPC) at [www.wpc-edi.com](http://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.

<b>Document Title</b>	837 Health Care Claim: Institutional LTC-Hospice Room & Board-ICFDD-ADHC Companion Guide		
<b>Author</b>	Technical Communications Group, Molina Medicaid Solutions LMMIS QA		
	<b>Revision History</b>		
<b>Date</b>	<b>Description of Change</b>	<b>LIFT</b>	<b>By</b>
10/25/2011	Creation of Document	6729	
03/20/14	Creation of Change Log.	9278	R. Fillmore
03/20/14	HI01-01 Diagnosis Code Qualifier - Changed LA Medicaid Note to: For service dates before 10/1/2014, use BK. For service dates on or after 10/1/2014, use ABK.	9278	R. Fillmore
03/20/14	HI01-02 Diagnosis Code Description - Changed LA Medicaid Note to: Use ICD-9 codes for service dates before 10/1/2014. Use ICD-10 codes for service dates on or after 10/1/2014.	9278	R. Fillmore
03/20/14	HI01-01 Other Diagnosis Information Qualifier - Changed LA Medicaid Note to: For service dates before 10/1/2014, use BF. For service dates on or after 10/1/2014, use ABF.	9278	R. Fillmore
03/20/14	HI01-02 Other Diagnosis Information Description - Changed LA Medicaid Note to: Use ICD-9 codes for service dates before 10/1/2014. Use ICD-10 codes for service dates on or after 10/1/2014.	9278	R. Fillmore
03/20/14	Updated document version to 1.1	9278	R. Fillmore
6/09/14	Updated document version to 1.2; added note to HI Diagnosis codes segments and Value Code segment	None	T. Tate
6/29/15	As of July 1, 2015, the Attending provider is required on Institutional claims in Loop 2310A NM1 Segment and if applicable, in Loop 2420C NMI Segment.	10062	T. Tate
3/01/16	The 837I transaction and ADC file extension will no longer be used for Adult Day Health Care claims with dates of service April 1, 2016 forward. Changed Title page, claim example on page 9, updated notes for DTP03 Segment in Loops 2300 and 2400,	10190	T. Tate
5/18/16	Updated Value Code 61 details.	N/A	T. Tate



# ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ISA01	I01	<b>Authorization Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA02	I02	<b>Authorization Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA03	I03	<b>Security Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA04	I04	<b>Security Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA05	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA06	I06	<b>Interchange Sender ID</b> LA Medicaid: Use the 7 digit Molina assigned submitter ID (i.e. 450XXXX) followed by spaces	M	AN	15/15
ISA07	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA08	I07	<b>Interchange Receiver ID</b> LA Medicaid: Use the value LA-DHH-MEDICAID for this element	M	AN	15/15
ISA09	I08	<b>Interchange Date</b> LA Medicaid: The date format is YYMMDD	M	DT	6/6
ISA10	I09	<b>Interchange Time</b> LA Medicaid: The time format is HHMM	M	TM	4/4
ISA11	I10	<b>Repetition Separator</b> LA Medicaid: Use the value ^ for this element -ASCII x5E	M		1/1
ISA12	I11	<b>Interchange Control Version Number</b> LA Medicaid: Use the value 00501 for this element	M	ID	5/5
ISA13	I12	<b>Interchange Control Number</b> 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	<b>Acknowledgment Requested</b> LA Medicaid: Use the value 0 or 1 for this element	M	ID	1/1
ISA15	I14	<b>Usage Indicator</b> LA Medicaid: T= Test Data P=Production Data	M	ID	1/1
ISA16	I15	<b>Component Element Separator</b> 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	<b>Functional Identifier Code</b> LA Medicaid: Use the value HC for this element.	M	ID	2/2
GS02	142	<b>Application Sender's Code</b> LA Medicaid: Must be identical to the value in ISA06	M	AN	2/15
GS03	124	<b>Application Receiver's Code</b> LA Medicaid: Use LA-DHH-MEDICAID for this element	M	AN	2/15
GS04	373	<b>Date</b> LA Medicaid: The date format is CCYYMMDD	M	DT	8/8
GS05	337	<b>Time</b> LA Medicaid: The time format is HHMM	M	TM	4/8
GS06	28	<b>Group Control Number</b> LA Medicaid: Assigned and maintained by the sender.	M	N0	1/9
GS07	455	<b>Responsible Agency Code</b> LA Medicaid: Use the value X for this element	M	ID	1/2
GS08	480	<b>Version / Release / Industry Identifier Code</b> 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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ST03	1705	<b>Implementation Convention Reference</b> 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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM109	67	<b>Identification Code</b> LA Medicaid: Use the 7 digit submitter ID (i.e. 450XXXXX) 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	<b>Name Last or Organization Name</b> LA Medicaid: Use the value LOUISIANA MEDICAID Medicaid for this element	X	AN	1/60
NM109	67	<b>Identification Code</b> 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	<b>Provider Code</b> LA Medicaid: Use the qualifier BI for this element	M	ID	1/3
PRV02	128	<b>Reference Identification Qualifier</b> LA Medicaid: Use the qualifier PXC for this element	X	ID	2/3
PRV03	127	<b>Reference Identification</b> 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
		<p><b>LA Medicaid:</b> Use the qualifier XX for this element when reporting an NPI.</p>			
NM109	67	Identification Code	X	AN	2/80
		<p><b>LA Medicaid:</b> 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.</p> <p>If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.</p> <p>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.</p>			

# 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
		<p><b>LA Medicaid:</b> Enter the <b>9-digit Zip Code</b>. 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.</p> <p>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.</p>			

# 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

**LA Medicaid:** Use the value 0 for this element.  
For Medicaid purposes, the subscriber will always equal the patient. Therefore, an additional subordinate HL segment will not be required.

# SBR Subscriber Information

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

User Option (Usage): Required  
Element Summary:

<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

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

# NM1 Subscriber Name

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

User Option (Usage): Required  
Element Summary:

<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
NM108	66	Identification Code Qualifier	X	ID	1/2
NM109	67	Identification Code	X	AN	2/80

**LA Medicaid:** Use the value 1 for this element

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

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



# NM1 Payer Name

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

User Option (Usage): Required  
**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	Identification Code Qualifier LA Medicaid: Use the value PI for this element.	X	ID	1/2
NM109	67	Identification Code LA Medicaid: Use the value LA-DHH-MEDICAID for this element.	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 LA Medicaid: Use the value G2 for this element	M	ID	2/3
REF02	127	Reference Identification 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.	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 \* This claim example for dates of service prior to 4/1/2016 \***

NM1\*IL\*1\*DEAN\*JAMES\*\*\*\*MI\*1234567890123~  
 N3\*9876 LOLLIPOP LANE~ N4\*ANYWHERE\*LA\*711110000~  
 DMG\*D8\*19400629\*F~  
 NM1\*PR\*2\*MEDICAID\*\*\*\*PJ\*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	<b>Claim Submitter's Identifier</b>	M	AN	1/20
		<i>LA Medicaid: Use a unique number up to 20 characters.</i>			
CLM05	C023	<b>Health Care Service Location Information</b>	O	C	
CLM05-03	1325	<b>Claim Frequency Type Code</b>	O	ID	1/1
		<b>LA Medicaid:</b> <i>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>			

## 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	M	ID	3/3
		LA Medicaid: Use the value 434 for this element.			
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3
		LA Medicaid: Use the value RD8 for this element.			
DTP02	12517	Date Time Period	M	AN	1/35
		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.			
		Note: This period is less than a full month in situations of discharge, death, admit after the first day of the month, etc.			
		Adult Day Health Care providers may bill for weekly rather than monthly periods of service and providers may only use the 8371 transaction for claims with dates of service prior to April 1, 2016.			

## 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	M	ID	3/3
		LA Medicaid: Use the value 435 for this element.			
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3
		LA Medicaid: Use the value DT for this element.			
DTP02	12517	Date Time Period	M	AN	1/35
		LA Medicaid: Admission Date/Hour is required.			

## 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	O	ID	1/2
		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.			

## REF Payer Claim Control Number

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

User Option (Usage): Situational

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <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. The claim number (ICN) is required when the Claim Frequency Code in CLM05-03 is 7 or 8.</i>	X	AN	1/50

## HI Principal Diagnosis

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

User Option (Usage): Required

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code <i>LA Medicaid: For service dates before 10/1/2015, use BK. For service dates on or after 10/1/2015, use ABK.</i>	M	ID	1/3
HI01-02	1271	Description <i>LA Medicaid: Use ICD-9 codes for service dates before 10/1/2015. Use ICD-10 codes for service dates on or after 10/1/2015.</i>	X	AN	1/80

## HI Other Diagnosis Information

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

User Option (Usage): Situational

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HI01	C022	Health Care Code Information	M		
HI01-01	1270	Code List Qualifier Code <i>LA Medicaid: For service dates before 10/1/2015, use BF. For service dates on or after 10/1/2015, use ABF.</i>	M	ID	1/3
HI01-02	1271	Description <i>LA Medicaid: Use ICD-9 codes for service dates before 10/1/2015. Use ICD-10 codes for service dates on or after 10/1/2015, for other condition(s) that coexist or develop(s) subsequently during the patient's treatment.</i>	X	AN	1/80

# HI Value Information

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

User Option (Usage): Situational

## LA Medicaid:

LTC, Hospice and ICFDD providers must use this segment 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:

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

# NM1 Attending Provider Name

Pos: 0150	Max: 1
Detail - Required	
Loop: 2310A	Elements: 8

User Option (Usage): Required as of July 1, 2015 in claim submissions for LTC, ICF-DD, HOSPICE ROOM AND BOARD SERVICES. It does not apply to adult day healthcare claim.

### Element Summary:

NM101	98	Identifier	X	ID	2/3
LA Medicaid: Effective July 1, 2015, the attending provider is required to be identified in this segment. The attending provider identified 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.					
NM102	1065	Entity Type	X	ID	1/1
LA Medicaid: Use code 1 for this element.					
NM103	1035	Last	X	A/N	1/60
LA Medicaid: Enter the last name of the Attending Physician.					

NM104 1036 **First** X A/N 1/35

**LA Medicaid:** Enter the first name of the Attending Physician.

**Ref** **Id** **Element Name** **Req** **Type** **Min/Max**

NM108 66 **Identification Code Qualifier** X ID 1/2

**LA Medicaid:** Use the qualifier XX for this element when reporting an NPI.

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

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

# PRV

## Attending Provider Specialty Information

Pos: 2550	Max: 1
Details: Optional	
Loop: 2310A	Elements: 3

**User Option (Usage):** Situational  
**Element Summary:**

**Ref** **Id** **Element Name** **Req** **Type** **Min/Max**

PRV01 1221 Provider Code M ID 1/3

**LA Medicaid:** Use the qualifier **AT** for this element

PRV02 128 **Reference Identification Qualifier** X ID 2/3

**LA Medicaid:** Use the qualifier **PXC** for this element.

PRV03 127 **Reference Identification** X AN 1/50

**LA Medicaid:** Enter the Taxonomy Code associated with the NPI of the Attending Provider. This segment is required by Medicaid ONLY when Taxonomy is needed for unique identification of the Medicaid Provider ID. In certain situations, a provider may have a single NPI that is

*associated with multiple legacy 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 Attending Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider number.*

# 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	<p><b>Assigned Number</b></p> <p><i>LA Medicaid: The service line number incremented by 1 for each service line.</i></p> <p><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></p> <p><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></p>	M	N0	1/6



# SV2 Institutional Service Line

<b>Pos: 3750</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2400</b>	<b>Elements: 6</b>

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	<b>Product/Service ID</b>  <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	<b>Unit or Basis for Measurement Code</b>  <i>LA Medicaid: Use the value DA for this element.</i>	X	ID	2/2
SV205	380	<b>Quantity</b>  <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

<b>Pos: 4550</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2400</b>	<b>Elements: 3</b>

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	<b>Date/Time Qualifier</b>  <i>LA Medicaid: Use the value 472 for this element</i>	M	ID	3/3
DTP02	1250	<b>Date Time Period Format Qualifier</b>  <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	<b>Date Time Period</b>  <i>LA Medicaid: Service Line Date(s) of service are required on all Outpatient, Home Health, LTC, Hospice, ADHC* and ICF/DD claims. *Adult Day Health Care providers may only use the 837I transaction for claims with dates of service prior to April 1, 2016.</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	<b>Number of Transaction Sets Included</b> <i>LA Medicaid: Number of Transaction Sets included</i>	M	N0	1/6
GE02	28	<b>Group Control Number</b> <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	<b>Number of Included Functional Groups</b> <i>LA Medicaid: Number of included Functional Groups</i>	M	N0	1/5
IEA02	112	<b>Interchange Control Number</b> <i>LA Medicaid: Must be identical to the value in ISA13</i>	M	N0	9/9