837 Health Care Claim: Professional

HIPAA/V4010X098A1/837: 837 Health Care Claim: Professional

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The purpose of this guide is to clarify the usage of the X12 V4010X098A1 837 Professional HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published Guide. Submitters must use the format mandated by HIPAA as of October 16, 2003

If unfamiliar with how to read an implementation guide, refer to the final release of the X12 V4010X098A1 837 Professional HIPAA Implementation Guide available through Washington Publishing Company (WPC) at www.wpc-edi.com

Policy Statement:

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each claim is also edited for requirements that are unique to each claim type. All claims, whether submitted via paper or electronic, must comply with the policies and requirements as documented in the claim type specific provider manuals and training packets that are distributed by Unisys.

Note: All data must be formatted in upper case.

837 Health Care Claim: Professional

Functional Group=HC

ISA Interchange Control Header

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

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ISA01	I01	**Authorization Information Qualifier** **LA Medicaid:** *Use 00 for this element*	M	ID	2/2
ISA02	I02	**Authorization Information** **LA Medicaid:** *Must be spaces*	M	AN	10/10
ISA03	I03	**Security Information Qualifier** **LA Medicaid:** *Use 00 for this element*	M	ID	2/2
ISA04	I04	**Security Information** **LA Medicaid:** *Must be spaces*	M	AN	10/10
ISA05	I05	**Interchange ID Qualifier** **LA Medicaid:** *Use ZZ for this element*	M	ID	2/2
ISA06	I06	**Interchange Sender ID** **LA Medicaid:** *Use the 7 digit Unisys assigned submitter ID (i.e. 450XXXX) followed by spaces*	M	AN	15/15
ISA07	I05	**Interchange ID Qualifier** **LA Medicaid:** *Use ZZ for this element*	M	ID	2/2
ISA08	I07	**Interchange Receiver ID** **LA Medicaid:** *Use LA-DHH-MEDICAID for this element*	M	AN	15/15
ISA09	I08	**Interchange Date** **LA Medicaid:** *The date format is YYMMDD*	M	DT	6/6
ISA10	I09	**Interchange Time** **LA Medicaid:** *The time format is HHMM*	M	TM	4/4
ISA11	I10	**Interchange Control Standards Identifier** **LA Medicaid:** *Use U for this element*	M	ID	1/1
ISA12	I11	**Interchange Control Version Number** **LA Medicaid:** *Use 00401 for this element*	M	ID	5/5
ISA13	I12	**Interchange Control Number** **LA Medicaid:** *Must be identical to the interchange trailer IEA02. Must be unique for every transmission submitted.*	M	N0	9/9
ISA14	I13	**Acknowledgment Requested** **LA Medicaid:** *Use 0 or 1 for this element*	M	ID	1/1
ISA15	I14	**Usage Indicator** **LA Medicaid:** *T = Test Data* *P = Production Data*	M	ID	1/1
ISA16	I15	**Component Element Separator** **LA Medicaid:** *Must be a colon : - ASCII x3A*	M		1/1

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GS01	479	**Functional Identifier Code** **LA Medicaid:** *Use the value HC for this element*	M	ID	2/2
GS02	142	**Application Sender's Code** **LA Medicaid:** *Must be identical to the value in ISA06*	M	AN	2/15
GS03	124	**Application Receiver's Code** **LA Medicaid:** *Use LA-DHH-MEDICAID for this element*	M	AN	2/15
GS04	373	**Date** **LA Medicaid:** *The date format is CCYYMMDD*	M	DT	8/8
GS05	337	**Time** **LA Medicaid:** *The time format is HHMM*	M	TM	4/8
GS06	28	**Group Control Number** **LA Medicaid:** *Assigned and maintained by the sender*	M	N0	1/9
GS07	455	**Responsible Agency Code** **LA Medicaid:** *Use the value X for this element*	M	ID	1/2
GS08	480	**Version** / **Release** / **Industry Identifier Code** **LA Medicaid:** *Use the value 004010X098A1 for this element*	M	AN	1/12

BHT Beginning of Hierarchical Transaction

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 1

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BHT06	640	**Transaction Type Code** **LA Medicaid:** *Use the value CH for this element*	O	ID	2/2

NM1 Submitter Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 1

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM109	67	**Identification Code** **LA Medicaid:** *Use the 7 digit submitter ID (i.e. 45XXXXX) assigned by Louisiana Medicaid*	C	AN	2/80

NM1 Receiver Name

Pos: 020 **Max: 1**
Heading - Optional
Loop: 1000B **Elements: 2**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM103	1035	**Name Last or Organization Name** **LA Medicaid:** *Use the value LOUISIANA MEDICAID for this element*	O	AN	1/35
NM109	67	**Identification Code** **LA Medicaid:** *Use the value LA-DHH-MEDICAID for this element*	C	AN	2/80

REF Billing Provider Secondary Identification

Pos: 035 **Max: 8**
Detail - Optional
Loop: 2010AA **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 1D for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the seven digit Medicaid provider number assigned by Louisiana Medicaid for the billing provider*	C	AN	1/30

HL Subscriber Hierarchical Level

Pos: 001 **Max: 1**
Detail - Mandatory
Loop: 2000B **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL04	736	**Hierarchical Child Code** **LA Medicaid:** *Use the value 0 for this element.* *For Medicaid purposes, the subscriber will always equal the patient. Therefore, an additional subordinate HL segment will not be required. If the Patient Hierarchical Loop is included, the transaction will be rejected.*	O	ID	1/1

SBR Subscriber Information

Pos: 005	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 1

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR09	1032	**Claim Filing Indicator Code** **LA Medicaid:** *Use the value MC for this element*	O	ID	1/2

NM1 Subscriber Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 3

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM102	1065	**Entity Type Qualifier** **LA Medicaid:** *Use the value 1 for this element*	M	ID	1/1
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the value MI for this element*	C	ID	1/2
NM109	67	**Identification Code** **LA Medicaid:** *Use the thirteen digit Medicaid Recipient ID number for this element*	C	AN	2/80

CLM Claim Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CLM01	1028	**Claim Submitter's Identifier** **LA Medicaid:** *Use a unique number up to 20 characters*	M	AN	1/38
CLM05	C023	**Health Care Service Location Information** **LA Medicaid:** *CLM05 applies to all service lines unless it is over written at the line level.*	O	Comp	
	1331	**Facility Code Value** **LA Medicaid:** *Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.* *11 Office* *12 Home* *21 Inpatient Hospital* *22 Outpatient Hospital* *23 Emergency Room - Hospital* *24 Ambulatory Surgical Center* *25 Birthing Center* *26 Military Treatment Facility* *31 Skilled Nursing Facility* *32 Nursing Facility* *33 Custodial Care Facility* *34 Hospice* *41 Ambulance - Land* *42 Ambulance - Air or Water* *51 Inpatient Psychiatric Facility* *52 Psychiatric Facility Partial Hospitalization* *53 Community Mental Health Center* *54 Intermediate Care Facility/Mentally Retarded* *55 Residential Substance Abuse Treatment Facility* *56 Psychiatric Residential Treatment Center* *50 Federally Qualified Health Center* *60 Mass Immunization Center* *61 Comprehensive Inpatient Rehabilitation Facility* *62 Comprehensive Outpatient Rehabilitation Facility* *65 End Stage Renal Disease Treatment Facility* *71 State or Local Public Health Clinic* *72 Rural Health Clinic* *81 Independent Laboratory* *99 Other Unlisted Facility*	M	AN	1/2
	1325	**Claim Frequency Type Code** **LA Medicaid:** *Use the value 1 for an original claim, code 7 if the claim is an adjustment of a previous claim or code 8 if a void of a previous claim*	O	ID	1/1

REF Service Authorization Exception Code

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

LA Medicaid:

This segment is needed when emergency room services are provided and the recipient is in the Community Care Program. It is required for claims where providers are required to obtain Community Care PCP authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value 4N for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the value 3 for this element when a Hospital is billing for services associated with moderate to high level emergency physician care.* *Moderate to high-level complexity corresponds to the level of care noted in the definition of evaluation and management CPT codes 99283, 99284 and 99285.* *Use the value 1 if billing for services associated with low level complexity which corresponds to the level of care noted in the definition of evaluation and management CPT codes 99281 and 99282.* *The value in this REF02 segment corresponds to the same data that is placed in Form Locator 11 on the UB92 billing document.*	C	AN	1/30

REF Prior Authorization or Referral Number

Pos: 180	Max: 2
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** **LA Medicaid:** *Use the value G1 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the Unisys Assigned Prior Authorization Number for this element*	C	AN	1/30

REF Original Reference Number (ICN/DCN)

Pos: 180 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 2**

User Option (Usage): Situational

LA Medicaid:
This REF is required when CLM05-3 is coded 7 or 8

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value F8 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the Unisys claim ICN for this element*	C	AN	1/30

REF Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 180 **Max: 3**
Detail - Optional
Loop: 2300 **Elements: 2**

User Option (Usage): Situational

LA Medicaid:
Required when CLIA laboratory services were provided by the billing or rendering physician

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value X4 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the CLIA certificate number for this element*	C	AN	1/30

CR1 Ambulance Transport Information

Pos: 195 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 1**

User Option (Usage): Situational

LA Medicaid:
Used to report the mileage for transportation claims.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CR105	355	**Unit or Basis for Measurement Code**	C	ID	2/2

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

CRC EPSDT Referral

Pos: 220	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CRC01	1136	**Code Category** **LA Medicaid:** *Use the value ZZ for this element*	M	ID	2/2
CRC03	1321	**Condition Indicator** **LA Medicaid:** *Use the following values:* *S2 Under Treatment* *ST New Services Requested* *NU Not Used*	M	ID	2/2

NM1 Referring Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	**Entity Identifier Code** **LA Medicaid:** *Use the value DN for this element*	M	ID	2/3
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *May be used for the Employer's Identification/Social Security number (Tax ID) or National Provider Identifier if known.* *Report the Medicaid Provider ID in the REF segment.*	C	ID	1/2

REF Referring Provider Secondary Identification

Pos: 271 **Max: 5**
Detail - Optional
Loop: 2310A **Elements: 2**

User Option (Usage): Situational

LA Medicaid:

Used to report the referring provider Medicaid ID Number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value 1D for this element when completing this segment and recipient is in the Community Care Program.* *If the recipient is not in the Community Care Program, use the value 1D when the referring physician has a Louisiana Medicaid Provider number.* *Use either 0B (state license number) or 1G (UPIN number) if the physician is not an enrolled Louisiana Medicaid provider.*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the seven digit Provider Medicaid ID Number for this element. For CommunityCare referrals, use the seven digit Primary Care Physician referral authorization number as provided on the Community Care referral form.* *Use other appropriate numbers if qualifiers 0B or 1G are used in REF01*	C	AN	1/30

LX Service Line

Pos: 365 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
LX01	554	**Assigned Number** **LA Medicaid:** *The service line number incremented by 1 for each service line.*	M	N0	1/6

SV1 Professional Service

Pos: 370 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 5**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SV104	380	**Quantity** **LA Medicaid:** *Louisiana Medicaid expects to always receive a whole number in this element*	C	R	1/15
SV109	1073	**Yes/No Condition or Response Code** **LA Medicaid:** *This element will be used to derive the existing Type of Service field for Ambulance Claims.* *If an emergency service, use the value Y in this field. If non-emergency service use the value N.* *Billing Note: The Y corresponds to the existing proprietary type of service code 09 and the N corresponds to the type of service code 03.*	O	ID	1/1
SV111	1073	**Yes/No Condition or Response Code** **LA Medicaid:** *Required if Medicaid services are the result of a screening referral.*	O	ID	1/1
SV112	1073	**Yes/No Condition or Response Code** **LA Medicaid:** *Required if applicable for Medicaid claims.*	O	ID	1/1
SV115	1327	**Copay Status Code** **LA Medicaid:** *Required if patient was exempt from co-pay.*	O	ID	1/1

CR1 Ambulance Transport Information

Pos: 425 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 1**

User Option (Usage): Situational

LA Medicaid:

Used to report the mileage for transporation claims.

Element Summary:

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

DTP Date - Service Date

Pos: 455 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 3**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
DTP01	374	**Date/Time Qualifier** **LA Medicaid:** *Use the value 472 for this element*	M	ID	3/3
DTP02	1250	**Date Time Period Format Qualifier** **LA Medicaid:** *Use the value D8 or RD8 for this element*	M	ID	2/3
DTP03	1251	**Date Time Period** **LA Medicaid:** *When billing for services that have been prior authorized and the intent is to bill for the entire approved amount, use span dates that equal those given on the Unisys Prior Approval letter*	M	AN	1/35

REF Prior Authorization or Referral Number

Pos: 470 **Max: 2**
Detail - Optional
Loop: 2400 **Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value G1 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the Unisys Assigned Prior Authorization Number for this element*	C	AN	1/30

REF Clinical Laboratory Improvement Amendment (CLIA) Identification

Pos: 470 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 2**

User Option (Usage): Situational

LA Medicaid:

Required for CLIA covered services if the number is different from that reported on the claim level loop 2300.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value X4 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the CLIA certificate number for this element*	C	AN	1/30

NM1 Referring Provider Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420F	Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	**Entity Identifier Code** **LA Medicaid:** *Use the value DN for this element*	M	ID	2/3
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the value 24 or 34 for this element*	C	ID	1/2
NM109	67	**Identification Code** **LA Medicaid:** *May be used for the Employer's Identification/Social Security number (Tax ID) or National Provider Identifier if known.* *Report the Medicaid Provider ID in the REF segment.*	C	AN	2/80

REF Referring Provider Secondary Identification

Pos: 525	Max: 5
Detail - Optional	
Loop: 2420F	Elements: 2

User Option (Usage): Situational

LA Medicaid:

Used to report the referring provider Medicaid ID Number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value 1D for this element when completing this segment and recipient is in the Community Care Program.* *If the recipient is not in the Community Care Program, use the value 1D when the referring physician has a Louisiana Medicaid Provider number.* *Use either 0B (state license number) or 1G (UPIN number) if the physician is not an enrolled Louisiana Medicaid provider.*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the seven digit Provider Medicaid ID Number for this element. For CommunityCare referrals, use the seven digit Primary Care Physician referral authorization number as provided on the Community Care referral form.* *Use other appropriate numbers if qualifiers 0B or 1G are used in REF01*	C	AN	1/30

GE Functional Group Trailer

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

User Option (Usage): Required

Element Summary:

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

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