

# 835 Health Care Claim Payment/Advice LA Medicaid

HIPAA/V4010X091A1/835: 835 Health Care Claim Payment/Advice

**Version: 2.2**  
(Latest Changes in **BLUE** font)

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The purpose of this guide is to clarify the usage of the X12 V4010X091A1 835 Health Care Claim Payment/Advice 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.

One 835 transaction reflects a single payment (check or EFT), or one 835 per pay-to provider. The 835 must balance, meaning the total check or EFT amount reported must be supported by detail data in both Table 2 and Table 3.

Both paid and denied claims will be reported in the 835. Pended claims will be reported in the ASC X12 Health Care Claim Status Notification Transaction Set U277 (unsolicited 277) transaction and will be transmitted in the same envelope as the 835.

The 835 transaction will replace the existing electronic remittance. The 835 method 2.1.2.3 – ERA with Payment by Separate EFT (described in the 835 Implementation Guide) corresponds to the current method used to report claims and EFT transmissions separately.

Service line data is required when reporting professional 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 institutional claims when the per-diem is the only service line adjustment. Each claim line will be reported in the 835 as a claim. One CLP segment (Claim Payment Information) represents a single claim document. Data not supplied at the claim level must be supplied at the line level (SVC – Service Payment Information).

**NOTE:** **National Provider Identification Numbers are returned in all 835 transactions.** Atypical providers who have not registered an NPI with Louisiana Medicaid will continue to receive their legacy Medicaid Provider ID in the 835 as the only provider identifier.

**835****Health Care Claim Payment/Advice****Functional Group=HP****Heading:**

<u>POS</u>	<u>ID</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	
020	BPR	Financial Information	M	1			
040	TRN	Reassociation Trace Number	O	1		N1/040	
<b>LOOP ID – 1000A</b>						<b><u>1</u></b>	<b><u>N1/080L</u></b>
080	N1	Payer Identification	O	1		N1/080	
100	N3	Payer Address	O	1			
110	N4	Payer City, State, ZIP Code	O	1			
<b>LOOP ID – 1000B</b>						<b><u>1</u></b>	<b><u>N1/080L</u></b>
080	N1	Payer Identification	O	1		N1/080	
120	REF	Payee Additional Information	O	>1			

**Detail:**

<u>POS</u>	<u>ID</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	
<b>LOOP ID – 2000</b>						<b><u>&gt;1</u></b>	<b><u>N2/003L</u></b>
<b>LOOP ID – 2100</b>						<b><u>≥1</u></b>	
010	CLP	Claim Payment Information	M	1			
020	CAS	Claim Adjustment	O	99		N2/020	
030	NM1	Patient Name	M	1			
040	REF	Other Claim Related Identification	O	5		M2/040	
<b>LOOP ID – 2110</b>						<b><u>≥1</u></b>	
070	SVC	Service Payment Information	O	1			
090	CAS	Service Adjustment	O	99			

**Summary:**

<u>POS</u>	<u>ID</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
010	PLB	Provider Adjustment	O	>1		C3/010

# ISA Interchange Control Header

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

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ISA01	I01	<b>Authorization Information Qualifier</b> LA Medicaid: Value will be 00 for this element	M	ID	2/2
ISA02	I02	<b>Authorization Information</b> LA Medicaid: Value will be spaces for this element	M	AN	10/10
ISA03	I03	<b>Security Information Qualifier</b> LA Medicaid: Value will be 00 for this element	M	ID	2/2
ISA04	I04	<b>Security Information</b> LA Medicaid: Value will be spaces for this element	M	AN	10/10
ISA05	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Value will be ZZ for this element	M	ID	2/2
ISA06	I06	<b>Interchange Sender ID</b> LA Medicaid: Value will be LA-DHH-MEDICAID for this element	M	AN	15/15
ISA07	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Value will be ZZ for this element	M	ID	2/2
ISA08	I07	<b>Interchange Receiver ID</b> LA Medicaid: Value will be the 7 digit Unisys assigned submitter ID (i.e. 450XXXX) followed by spaces	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>Interchange Control Standards Identifier</b> LA Medicaid: Value will be U for this element	M	ID	1/1
ISA12	I11	<b>Interchange Control Version Number</b> LA Medicaid: Value will be 00401 for this element	M	ID	5/5
ISA13	I12	<b>Interchange Control Number</b> LA Medicaid: Value will be 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: Value will be 1 for this element. An acknowledgement will be expected by the receiver.	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

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GS01	479	<b>Functional Identifier Code</b> LA Medicaid: Value will be HP for this element	M	ID	2/2
GS02	142	<b>Application Sender's Code</b> LA Medicaid: Value will be identical to the value in ISA06	M	AN	2/15
GS03	124	<b>Application Receiver's Code</b> LA Medicaid: Value will be 7 digit Unisys assigned submitter ID (i.e. 450XXXX) followed by spaces	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: Uniquely assigned and maintained by LA Medicaid	M	N0	1/9
GS07	455	<b>Responsible Agency Code</b> LA Medicaid: Value will be X for this element	M	ID	1/2
GS08	480	<b>Version / Release / Industry Identifier Code</b> LA Medicaid: Value will be 004010X098A1 for this element	M	AN	1/12

# BPR Financial Information

Pos: 020 Max: 1  
 Heading - Mandatory  
 Loop: N/A Elements: 6

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BPR01	305	<b>Transaction Handling Code</b> LA Medicaid: Value will always be I – Remittance Information only	M	ID	1/2
BPR03	478	<b>Credit/Debit Flag Code</b> LA Medicaid: Value will always be "C" – Credit	M	ID	1/1
BPR04	591	<b>Payment Method Code</b> LA Medicaid: Value will be either ACH or CHK	M	ID	3/3
BPR05	812	<b>Payment Format Code</b> LA Medicaid: Value will be CCP when BPR04 equals ACH	O	ID	1/10
BPR06	506	<b>(DFI) ID Number Qualifier</b> LA Medicaid: Value will be 01 when BPR04 equals ACH	C	ID	2/2
BPR12	506	<b>(DFI) ID Number Qualifier</b> LA Medicaid: Value will be 01 when BPR04 equals ACH	C	ID	2/2

# TRN Reassociation Trace Number

Pos: 040 Max: 1  
 Heading – Optional  
 Loop: N/A Elements: 1

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
TRN02	127	<b>Reference Notification</b> LA Medicaid: Value will be the check number, EFT trace number or the remittance number if no payment has been issued	M	AN	1/30

# N1 Payer Identification

Pos: 080 Max: 1  
 Heading – Optional  
 Loop: 1000A Elements: 2

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N103	66	Identification Code Qualifier LA Medicaid: This segment will not be used until National Plan ID is mandated for use	C	ID	1/2
N104	67	Identification Code LA Medicaid: This segment will not be used until National Plan ID is mandated for use	C	AN	2/80

# N3 Payer Address

Pos: 100 Max: 1  
 Heading – Optional  
 Loop: 1000A Elements: 2

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N301	166	Address Information LA Medicaid: Value will be 628 N. 4 <sup>th</sup> Street for this element	M	AN	1/55
N302	166	Address Information LA Medicaid: Value will be 9117 for this element	O	AN	1/55

# N4 Payer City, State, ZIP Code

Pos: 110 Max: 1  
 Heading – Optional  
 Loop: 1000A Elements: 3

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N401	19	City Name LA Medicaid: Baton Rouge	O	AN	2/30
N402	156	State or Province Code LA Medicaid: LA	O	ID	2/2
N403	116	Postal Code LA Medicaid: 708209117	O	ID	3/15

# N1 Payee Identification

Pos: 080 Max: 1  
 Heading – Optional  
 Loop: 1000B Elements: 2

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N103	66	Identification Code Qualifier LA Medicaid: Value will be XX for this element if NPI is registered with LA Medicaid. Value will be F1 if provider is atypical and has not registered an NPI with LA Medicaid.	C	ID	1/2
N104	67	Identification Code LA Medicaid: If value is XX, this element will contain the NPI registered with LA Medicaid. If value is FI, this element will contain the federal taxpayer's ID number	C	AN	2/80

## REF Payee Additional Information

Pos: 120	Max: >1
Heading – Optional	
Loop: 1000B	Elements: 2

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Value will be 1D for this element</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: LA Medicaid will enter the 7 digit Louisiana Medicaid provider number of the payee. This data will be returned during an interim period of time.</i>	C	AN	1/30

## REF Payee Additional Information

Pos: 120	Max: >1
Heading – Optional	
Loop: 1000B	Elements: 2

**Element Summary:**

. If the value in N103 is 'XX', a second REF loop will occur with REF01 = TJ, and REF02 containing Federal Taxpayer's ID number.

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Value will be TJ for this element</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: LA Medicaid will enter the Taxpayer ID Number (EIN or SSN) of the payee.</i>	C	AN	1/30

## CLP Claim Payment Information

Pos: 010	Max: 1
Detail – Mandatory	
Loop: 2100	Elements: 2

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
CLP02	1029	Claim Status Code <i>LA Medicaid: LA Medicaid will report back status codes of 1, 2, 4 and 22. Pended claims will be reported in the unsolicited 277 transaction (U277)</i>	M	ID	1/2
CLP06	1032	Claim Filing Indicator Code <i>LA Medicaid: Value will be MC for this element</i>	O	ID	1/2

## CAS Claim Adjustment

Pos: 020	Max: 99
Detail - Optional	
Loop: 2100	Elements: 1

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
CAS03	782	Monetary Amount <i>LA Medicaid: Inpatient claim level adjustments to per diem rates will be reported in this element</i>	M	R	1/18

# NM1 Patient Name

Pos: 030	Max: 1
Detail – Mandatory	
Loop: 2100	Elements: 2

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	<b>Identification Code Qualifier</b> LA Medicaid: Value will be MR for this element	C	ID	1/2
NM109	67	<b>Identification Code</b> LA Medicaid: The thirteen digit Louisiana Medicaid recipient identification number will be reported in this element	C	AN	2/80

# NM1 Service Provider Name

Pos: 030	Max: 9
Detail – Mandatory	
Loop: 2100	Elements: 2

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	<b>Identification Code Qualifier</b> LA Medicaid: Value will be XX for this element if the NPI is submitted in the claim. Value will be FI for this element if the Federal Taxpayer's Identification number is submitted in the claim. Value will be MC for this element if the NPI is not present in the claim.	C	ID	1/2
NM109	67	<b>Identification Code</b> LA Medicaid: If value is XX, this element will contain the NPI submitted in the claim. If value is FI, this element will contain the Federal Taxpayer's Identification number. If value is MC, this element will contain the 7-digit Medicaid provider number assigned by Unisys.	C	AN	2/80

# REF Other Claim Related Identification

Pos: 040	Max: 5
Detail – Optional	
Loop: 2100	Elements: 2

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	<b>Reference Identification Qualifier</b> LA Medicaid: Value will be EA, F8, or G1 for this element	M	ID	2/3
REF02	127	<b>Reference Identification</b> LA Medicaid: The former claim ICN will be reported here if the claim submitted was an adjustment or void. The prior authorization number and/or Medical Record Number will be reported if received on original claim	C	AN	1/30

# REF Other Claim Related Identification

<b>Pos: 040</b>	<b>Max: 5</b>
<b>Detail – Optional</b>	
<b>Loop: 2100</b>	<b>Elements: 2</b>

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	<b>Reference Identification Qualifier</b> <i>LA Medicaid: Value will be 1D for this element</i>	M	ID	2/3
REF02	127	<b>Reference Identification</b> <i>LA Medicaid: Value will be the seven-digit Medicaid ID number issued by LA Medicaid of the Attending/Rendering Medicaid provider as submitted on the claim or as processed using the NPI/Medicaid number crosswalk..</i>	C	AN	1/30

# SVC Service Information

<b>Pos: 070</b>	<b>Max: 90</b>
<b>Detail – Optional</b>	
<b>Loop: 2110</b>	<b>Elements: 7</b>

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SVC01-2	234	<b>Procedure Code</b> <i>LA Medicaid: LA Medicaid will report the new bundled procedure code here if as a result of McKesson ClaimCheck® editing, two or more procedures are going to be paid under one procedure code.</i>	M	AN	1/48
SVC02	782	<b>Line Item Charge Amount</b> <i>LA Medicaid: LA Medicaid will report the total billed charge(s) of the originally billed claim lines when claim lines are bundled as a result of McKesson ClaimCheck® editing or report the originally submitted Claim line billed charge amount if bundling is not involved.</i>	M	R	1/18
SVC06-2	234	<b>Procedure Code</b> <i>LA Medicaid: LA Medicaid will report the original submitted procedure code here if as a result of McKesson ClaimCheck® editing the claim line was bundled and the procedure code is different from the adjudicated claim procedure code shown in SVC01-2.</i>	M	AN	1/48

# CAS Service Adjustment

<b>Pos: 090</b>	<b>Max: 99</b>
<b>Detail – Optional</b>	
<b>Loop: 2110</b>	<b>Elements: 3</b>

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CAS01	1033	<b>Claim Adjustment Group Code</b> <i>LA Medicaid: Claims that have been bundled as a result of McKesson ClaimCheck® editing will have CO for the Claim Adjustment Group Code.</i>	M	ID	1/2
CAS02	1034	<b>Claim Adjustment Reason Code</b> <i>LA Medicaid: LA Medicaid will use Claim Adjustment Reason Code 97 to report adjustment of the original submitted code when bundling occurs as a result of McKesson ClaimCheck® editing.</i>	M	ID	1/5
CAS03	782	<b>Adjustment Amount</b> <i>LA Medicaid: The billed amount of the original submitted code will be reported for claims that are bundled as a result of the McKesson ClaimCheck® editing. The amount for the new created claim line will be the difference between the total billed charge in SVC02 and the paid amount in SVC03.</i>	M	R	1/18



# PLB Provider Adjustment

Pos: 010	Max: >1
Summary – Optional	
Loop: N/A	Elements: 2

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PLB02	373	<b>Date</b> LA Medicaid: <i>Date expressed as CCYYMMDD</i>	M	DT	8/8
PLB03	C042	<b>Adjustment Identifier</b>	M	Comp	
	426	<b>Adjustment Reason Code</b> LA Medicaid: <i>Value will be FB, CS, IR or LE for this element. See Segment Comments and PLB03-C04202 (below)</i>	M	ID	2/2
	127	<b>Reference Identification</b> LA Medicaid: <i>If PLB03-1 is "FB", this value will be either "Negative balance applied or Negative balance forwarded". If PLB03-1 is "CS" and for CommunityCARE Fee Payments, this value will be the first 13 digits of the Recipient ID number, followed by month and year of service date in MMY format followed by the 13 digit assigned ICN. If PLB03-1 is "CS" and for a financial adjustment, this value will be FCN in first 10 bytes, followed by transaction type description. If PLB03-1 is "CS" and Lien/Levy, this value will be State of Louisiana, Medical Trust Fund or Deferred Compensation. If PLB03-1 is "LE", this value will be Internal Revenue Service levy amount. If PLB03-1 is "IR", this value will be Internal Revenue Service withholding amount.</i>	O	AN	1/30

## Comments: There are Four Types of Adjustments:

- Financial adjustments** - Financial adjustments, such as check cancellations or return monies for Third Party payments, will be reported in the PLB segment using Adjustment reason code (PLB03-1) "CS". Any claims associated with these financial transactions will be reported in Table 2. PLB03-2 Adjustment Identifier will carry the 10 digit Financial Control Number (FCN) assigned, followed by a description of the type of transaction.
- Lien/Levy** - Lien/Levy withholdings will be reported in the PLB segment using Adjustment reason code "LE" for Lien/Levy account type A, "IR" for account type C and "CS" for account types B, E, and F. The PLB03-2 will carry the following descriptions: (A) Internal Revenue Service (B) State of Louisiana (C) Internal Revenue Service (E) Deferred Compensation (F) Medical Assistant Trust Fund.
- Negative Balances** - Negative balances will be reported in the PLB segment using Adjustment Reason code of "FB". PLB03-2 Adjustment Identifier will indicate "Negative balance applied" or "Negative balance forwarded".
- Community Care Fee payments** -; These payments will be reported in the PLB loop and not in Table 2 Claims Data. One PLB loop will occur per Recipient per payment. The PLB03-1 Reason Code will contain "CS". PLB03-2 Adjustment Identifier will carry the 13 digit Recipient Medicaid ID, followed by 4 digit date of service (MMYY), followed by the 13 digit assigned Internal Control Number (ICN).

# GE Functional Group Trailer

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

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GE01	97	<b>Number of Transaction Sets Included</b> LA Medicaid: <i>Number of transaction sets included</i>	M	N0	1/6
GE02	28	<b>Group Control Number</b> LA Medicaid: <i>Value will 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

### 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: Value will be identical to the value in ISA13</i>	M	N0	9/9