

EDI Annual Certification Frequently Asked Questions

What is the 450 number?

This is your assigned Submitter Number. The first three digits are always 450. If you are a first time Submitter, or if your Submitter Number has expired by failing to renew, you will need to contact the Provider Enrollment department (not EDI) at (225) 216-6370, option 2.

What do I put for the Submitter Name and contact person?

The submitter name should be the name that is applied for & owns the 450 number.

Do I need to put my Provider Number and NPI number on the form?

Yes, **both** numbers are required for all linked Providers. If you have more than 1 Provider linked to your Submitter Number, you can include a list of all your Provider Numbers and the NPI numbers on a sheet attached to the Certification Form.

How do I obtain a list of the Providers that are linked to my Submitter Number?

Out on www.lamedicaid.com website, look for Provider Login once you log on, you will enter your Submitter Number where it asks;

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID:

450XXXX	Enter
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Enter 450XXXX in the above box then hit enter. If the Submitter Number: 450XXXX is **not** registered, you will see the Terms & Agreement, select this to register your Submitter Number. If you have any problems please call Technical Support: 877-598-8753. If your Submitter Number is registered, and you have entered the 450XXXX in the above box, this will bring you to:

Restricted Provider Applications:

Enter login ID & password hit login button

Scroll down to Submitter Linked Providers this report will open up in an excel format.

How can I unlink a Provider?

Provider Enrollment can assist you with the un-linkage of any Provider number to your Submitter Number.

Provider Enrollments #: 225-216-6370

Which box do I check where it asks do you submit your own claims or do you go through a third party biller?

Whoever sends the actual claim file is the Submitter and needs to have their information listed on the form. Both a Provider and their Vendor or Clearing House has a Submitter Number, but the Vendor or Clearing House is the one sending the claim files. In that case, it is the Third Party Biller that is sending the claims, not the Provider. We need to know who to contact with relation to claims file submissions and/or rejections.

At the bottom of the form, which box do I check off? Is it 837P, 837I, or 837D?

837P is for Professional, DME, Rehab, Ambulance, & Non-Emergency Transportation Claims.

837I is for Inpatient Hospital, Outpatient Hospital, Home Health, LTC, ADHC, ICF/MR, SNF, and Hospice claims.

837D is for Dental-Adult and Dental-Children.

Who completes & submits this form, Provider or the Submitter?

The owner of the Submitter Number would be responsible for submitting the Annual Certification form with all of their currently linked Providers.

Who should I list as the primary and secondary contact?

This will be the person who handles the LA Medicaid EDI billing; and any rejected claim files and/or any issues pertaining to electronic billing.

For further assistance, call the EDI Help Desk at; (225) 216-6303.