



## **CAS SEGMENTS IN LOOPS 2100/2110 OF THE 5010 835 TRANSACTION**

A recent review of the calculations for the CAS segments in Loops 2100/2110 of the 5010 835 Transaction has indicated that changes are needed to correctly reflect the remaining obligation(s) when other payers have processed the claim prior to Louisiana Medicaid. According to Section 1.10.2.13 of the X12N Health Care Claim Payment/Advice Implementation Guide, the secondary payer may not report the "actual" amount of a primary's payment if different than the "impact" amount. This "impact" may be up to the actual amount of the primary payment(s) **plus other contractual adjustment(s)**.

Effective in August, the 835 Transaction you receive from Molina will have the "impact amount" reported in the CAS segment with reason code 23 (payment adjusted due to the impact of prior payer(s) adjudication including payments **and/or adjustments**) as well as any other CAS segments as necessary to balance. Prior to this change, Louisiana Medicaid was reporting only the prior payer's payment amount in the CAS segment with reason code 23. The claim status code in CLP02 will identify whether the claim is being processed as primary, secondary, or tertiary.

Refer back to [lamedicaid.com](http://lamedicaid.com) in the coming weeks for additional information regarding the implementation date for these changes.