



**Gainwell Technologies**

**Louisiana Medicaid  
837 Health Care Claim-Professional  
Companion Guide**

**Based on  
ASC X12N Version 005010X222A1**

**CORE v5010 Master Companion  
Guide Template**

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## Revision History

As changes are made to this document, each revision will be listed in a chart as shown below and located in Appendix C.

Version	Date	Author	Action/Summary of Changes	Loop/Segment	Page #
1.0	08/01/2017	DXC	Initial Document in CAQH CORE Master Companion Guide format.		

## Usage Information

Documents published herein are furnished “As Is.” There are no expressed or implied warranties. The content of this document herein is subject to change without notice.

## Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with DXC Technology. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA.

The purpose of this guide is to clarify Louisiana Medicaid specific requirements and information needed for inclusion in the electronic 005010**X222A1**.claim transaction. The Companion Guide does not replace the published HIPAA Implementation TR3 Guide nor is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

All Data must be formatted in upper case.

This Guide is applicable to the following Louisiana Medicaid Claim types or File extensions.

PHY Physician, Professional\* Services claims

DME Durable Medical Equipment claims

REH Rehabilitation Services claims

TRA Transportation

NAM – Non-Emergency, non-ambulance transportation (DXC no longer accepts this type claim  
For Fee for Service claims)

XXB Medicare Advantage Part B claims

\*this includes Adult Day Health Care (ADHC) claims with dates of service April 1, 2016 and forward.

Providers/Submitters must be enrolled and registered in Louisiana to submit electronic claims. Please refer to information on [www.lamedicaid.com](http://www.lamedicaid.com) at the HIPAA Information Center link to obtain a copy of the 5010 EDI General Companion Guide. Refer to Sections 2, 3 and 4 of this 837P guide for more detailed information.

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# 1. Introduction

This section describes how Louisiana Medicaid specific Health Care Claim (837P) transaction set information will be detailed with the use of a table. The tables contain a row for each segment that Louisiana Medicaid has something additional, over and above, the information in the Technical Report Type 3 (TR3). That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the Implementation Guides internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Louisiana Medicaid.

In addition to the row for a specific segment, one or more additional rows are used to describe Louisiana Medicaid's usage for composite and simple data elements and for any other information.

Table 1: 837P Transaction Set Descriptions specifies the columns and suggested use of the rows for the detailed description of the transaction set Companion Guides.

**Table 1: 837P Transaction Set Descriptions**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2010B A	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded and notes or comments about the segment itself go in this cell.
	2010B A	NM109	Identification Code		2/80	This type of row exists to limit the length of the specified data element.
	2430	SVD01	Identification Code	<Third Party Carrier Code>		Enter the Louisiana Medicaid issued Third Party Carrier Code.

## 1.1 Scope

The purpose of the Louisiana Medicaid 837P Health Care Claim Companion Guide is to provide Trading Partners with a guide to the Louisiana Medicaid specific requirements for the 837 Professional claim transaction. This Companion Guide document should be used in conjunction with the Technical Report Type 3 (TR3) and the national standard code sets referenced in that Guide. The 837P claims transaction is used for submittal of the following Louisiana Medicaid claim types, each with a unique file extension as part of the naming convention for the submitted file:

PHY – Physician/Professional Services claims (including Adult Day Health Care services 4/1/16+ DOS)

DME – Durable Medical Equipment claims

REH – Rehabilitation Services

TRA – Ambulance Transportation

NAM – Non-Emergency, non-ambulance transportation (DXC no longer accepts this type claim file for Fee for Service claims)

Additional information about naming convention and file extensions can be found in the HIPAA 5010A EDI General Companion Guide located on [lamedicaid.com](http://lamedicaid.com) web site.

## **1.2 Overview**

This companion guide is to assist trading partners test and set up electronic claim transactions to meet Louisiana Medicaid processing standards. It documents and clarifies which data elements and segments must be used and when specific code sets or codes are to be used with Louisiana Medicaid billings. The information in this guide must be used in conjunction with the TR3 Implementation Guide instructions.

This section describes how the table, for the Louisiana Medicaid specific 837P transaction, is organized by columns and their descriptions. Section 10, Table 2 837P Health Care Claim, should be used as a reference for 837P transactions submitted to Louisiana Medicaid. Table 2 contains the specific data values and descriptions used in processing the transaction. Refer to Section 10, Transaction Set Information, for more details.

Column Descriptions:

- Page Number – Corresponding page number in TR3 Implementation Guide
- Loop ID – TR3 Implementation Guide Loop
- Reference – TR3 Implementation Guide Segment
- Name – TR3 Implementation Guide segment/element name
- Codes - Data values to be sent for Louisiana Medicaid transactions. Information contained within “<>” is the description or format of the data that should be entered in the field.
- Length – A single number denotes fixed length. Two numbers separated by a slash denotes min/max length.
- Notes/Comments – Additional information specific to Louisiana Medicaid transactions.

## **1.3 References**

This section describes the additional reference material Trading Partners must use for the specific transaction specifications for the 837P Health Care Claim.

***Refer to the following HIPAA version 5010A1 Technical Report Type 3 for additional information not supplied in this document, such as transaction usage, examples, code lists, definitions, and edits.***

☐ ***837 Health Claim-Professional***

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Copies of the ANSI X12 Technical Report Type 3s are available for purchase from the Washington Publishing Company at the following URL: <http://www.wpc-edi.com>.

All required information for populating the X12 EDI transactions can be found by referencing this Louisiana Medicaid 837P Companion Guide and the HIPAA Technical Report Type 3s.

## **1.4 Additional Information**

Refer to the 5010A1 Technical Report Type 3 for information not supplied in this document, such as code sources, definitions, and edits.

Louisiana Medicaid policies and requirements are documented in the claim type specific provider billing manuals and training packets found on [www.lamedicaid.com](http://www.lamedicaid.com).

## **2. Getting Started**

This section describes how to interact with Louisiana Medicaid regarding 837P transactions.

### **2.1 Working with Louisiana Medicaid**

The EDI Help Desk is available to assist providers with their electronic transactions from, Monday through Friday, during the hours of 8:00 am – 5:00 pm Central, by calling 225-216-6303 or via email at [HipaasEDI@DXCHealthCare.com](mailto:HipaasEDI@DXCHealthCare.com).

Louisiana Medicaid's MMIS system supports the following categories of Trading Partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

**NOTE:** Providers must be enrolled and approved before registering as a Trading Partner. Billing Agencies/Clearinghouse must be associated with an approved Billing Provider in order to register as a Trading Partner.

### **2.2 Trading Partner Registration**

To obtain a Submitter ID visit the website: [lamedicaid.com](http://lamedicaid.com) and follow the steps provided in the link titled Provider Enrollment.

Providers may have up to three billing agencies/clearinghouse submit claims on their behalf but can select **only one** submitter to receive the 835 transaction. This selection is made when completing the ERA enrollment forms. All claims processed for a provider in a check write cycle will be included in the 835, regardless of method of submission (i.e. hardcopy or electronic).



## ***2.3 Certification and Testing Overview***

All Trading Partners are required to submit test EDI transactions before being authorized to submit production EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of any X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims, but not certified to submit 837I institutional claim files.

## **3. Testing with the Payer**

Trading Partners will submit two test files of a particular transaction type, with no set minimum of transactions within each file, and have no failures or rejections to become certified for production. Users will be notified (E-mail) of the Trading Partner Status when testing for a particular transaction has been completed.

To test an EDI transaction type, follow the steps outlined in **Section 3 in the HIPAA 5010A EDI General Companion Guide** which can be found on [lamedicaid.com](http://lamedicaid.com) at the HIPAA Information link. This guide provides additional information such as specific steps to follow for submitting test files, the test result reports and how to read them, file rejection reasons, etc.

## **4. Connectivity with the Payer/Communications**

This section contains information relating to the exchange methods with Louisiana Medicaid for submittal of the 837P transaction.

### ***4.1 Process Flows***

Submitters will use the Louisiana Medicaid EDI Gateway to submit and retrieve files electronically. Each submitter receives a “mailbox” where their files are stored and maintained. This mailbox is accessed to send files via the “To\_DXC” folder and retrieve files via the “From\_DXC” folder. 837P files are sent to the submitter’s “To\_DXC” folder and associated processing reports must be retrieved from the “From\_DXC” folder location. Louisiana Medicaid has established two communications options for the EDI Gateway.

- **Dial-up Connection Services:** An asynchronous protocol modem communication using a telephone land line and is referred to as the Bulletin Board System or BBS. This is the option available to all Trading Partners who wish to submit electronic 837P claim files.
- **Internet sFTP Connection Services:** Secure File Transfer Protocol to provide an end to end secure tunnel with Public/Private Key pair data encryption. Only Trading Partners who are approved to utilize this type connection service may do so to submit 837P claim transactions to their secure FTP location.

During the testing process with EDI Department, submitters will finalize the communication methodology to be used for file submissions and file retrievals.

## **4.2 Transmission Administrative Procedures**

The TA1 and 999 transaction reports are posted to the online DXC Bulletin Board System (BBS) to indicate whether a file has passed editing and been accepted for processing. These reports can be obtained from sFTP in the “From\_DXC” folder for those submitters approved for that option. The deadline for claim file submission is noon on Monday through Thursday for processing in the weekend adjudication cycle. Claim files received Friday thru Sunday will be entered into the processing Daily cycle on Mondays. The Louisiana Medicaid check write schedule is posted to [www.lamedicaid.com](http://www.lamedicaid.com).

## **4.3 Re-Transmission Procedure**

Providers/submitters should contact the DXC EDI Department via email at [HipaaEDI@DXCHealthCare.com](mailto:HipaaEDI@DXCHealthCare.com) if an 837P claim file is processed late or missing. If a file is rejected, the errors must be corrected and then the file can be resubmitted but MUST have a different ISA number. An ISA number can never be reused.

## **4.4 Communication Protocol Specifications**

This section describes Louisiana Medicaid’s communication protocol. The information exchanged between devices, through a network or other media, is governed by rules and conventions that can be set out in a technical specification called communication protocol standards. The nature of the communication, the actual data exchanged and any state-dependent behaviors, is defined by its specification.

### **4.4.1 EDI Gateway - Dial-Up Connection**

The dial-up connection is a process that involves establishing a connection through the dial-up software and interacting with the menu prompts. The majority of claim files are sent to DXC using the EDI Gateway Dial-Up connection. The Dial-up requirements are as follows:

- Asynchronous Hayes compatible modem
- Minimum baud rate of 9600 kbps, 8 data bits, no parity, 1 stop bit
- Dial-up Software that supports the Z-Modem transfer protocol (i.e. HyperTerminal, Procomm). Scripting is not required.

### **4.4.2 EDI Gateway – sFTP Process**

Louisiana Medicaid offers a secure FTP system that has been developed to allow for more reliable and expedited electronic file exchanges for trading partners. The site is located at [ftp.lamedicaid.com](http://ftp.lamedicaid.com).

This site is not a replacement for the current dial-up BBS system. It is intended to supplement the existing system. Submitters may continue and are encouraged to send and retrieve files using the existing BBS. Trading Partners that wish to use the sFTP process should send a request to [HipaaEDI@DXCHealthcare.com](mailto:HipaaEDI@DXCHealthcare.com) and additional information will be sent to the requester.

To facilitate increased security requirements, all files sent to and received from the DXC sFTP site must be encrypted using Public/Private key pair encryption technology. DXC assumes any trading partner requesting access to the system will be familiar with how this technology is used. Gnu Privacy Guard, a free open source client, is available at <http://www.gnupg.org>. Symantec’s PGP client is another client although it is not free.

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## 4.4.3 File Naming Conventions--Production and Test File Names

All electronic files sent to DXC must have file names in accordance with the structure below. Replace the sample submitter number of 4599999 with your assigned Louisiana Medicaid submitter number. The correct file extension is crucial to having your claims edited for the correct claim type.

Transaction	Claim Type	Name	File Extension	Sample file name
837P	09	Durable Medical Equip.	.DME	H4599999.DME
837P	04	Physician, ADHC**, Pediatric Day Health Care	.PHY	H4599999.PHY
837P	05	Rehabilitation	.REH	H4599999.REH
837P	07	Ambulance Transportation	.TRA	H4599999.TRA
837P	08	Non-Emergency Transportation	.NAM	H4599999.NAM
837P	15	Medicare Advantage Part B	.XXB	H4599999.XXB

\*\*Adult Day Health Care claims were switched to the 837P PHY extension effective for dates of service 04012016.

## 4.5 Passwords

Trading Partners will be assigned a user name and password during the Trading Partner Account registration process. Information for setting up the user name and password is provided in Section 4.2 of the HIPAA 5010A EDI General Companion Guide located at [lamedicaid.com](http://lamedicaid.com) under the HIPAA Information link.

## 5. Contact Information

This section contains the contact information, including email addresses, for EDI Customer Service and Technical Assistance, Provider Services, and Provider Enrollment. All times are Central Time Zone.

### 5.1 EDI Customer Service

The EDI Help Desk is available to assist providers with their electronic transactions from Monday through Friday, during the hours of 8:00 am – 5:00 pm, by calling 1-225-216-6303. Or via email at [HIPAAEdi@DXChealthcare.com](mailto:HIPAAEdi@DXChealthcare.com)

### 5.2 EDI Technical Assistance

The EDI Help Desk is available to assist providers with their electronic transactions from Monday through Friday, during the hours of 8:00 am – 5:00 pm, by calling 1-225-216-6303.

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## **5.3 Provider Service & Provider Enrollment**

The Provider Services Call Center is available to assist providers concerning the payment of claims from Monday through Friday, during the hours of 8:00 am – 5:00 pm, by calling 1-225-924-5040 or 1-800-473-2783.

The Provider Enrollment Department is available to assist provider with enrollment, changes to submitters, etc., Monday through Friday, during the hours of 8:00 am – 5:00 pm by calling 1-225-216-6370.

## **5.4 Applicable Websites/Email**

For questions related to electronic Data interchange and EDI issues, the EDI Department can be contacted at: [HipaaEDI@DXCHealthCare.com](mailto:HipaaEDI@DXCHealthCare.com).

## **6. Control Segments/Envelopes**

This section describes Louisiana Medicaid's use of the interchange, functional group control segments and the transaction set control numbers.

### **6.1 ISA-IEA**

This section describes Louisiana Medicaid's use of the interchange control segments.

Interchange Control Header

- ISA01, Authorization Information Qualifier, Value will be 00.
- ISA02, Authorization Information, Value will be spaces.
- ISA03, Security Information Qualifier, Value will be 00.
- ISA04, Security Information, Value will be spaces.
- ISA05, Interchange ID Qualifier, Value will be ZZ.
- ISA06, Interchange Sender ID: Value will be the 7 digit DXC assigned Submitter ID (i.e. 450XXXX) followed by spaces.
- ISA07, Interchange ID Qualifier: Value will be ZZ.
- ISA08, Interchange Receiver ID: Value will be LA-DHH-MEDICAID.
- ISA09, Interchange Date: The date format is YYMMDD.
- ISA10, Interchange Time: The time format is HHMM.
- ISA 11, Repetition Separator: Value will be ^ ASCIIx5E.
- ISA12, Interchange Control Version Number: Value will be 00501.
- ISA13, Interchange Control Number, Value will be identical to the interchange trailer IEA02. Must be a positive unsigned number and must be unique for every transmission submitted.
- ISA14, Acknowledgment Requested, Value will be 0 or 1.
- ISA15, Useage Indicator, T = TestData and P=Production Data.
- ISA16, Component Element Separator: Must be a colon: ASCIIx3A.

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- Interchange Control Trailer
- IEA01, Number of included Functional Groups.
- IEA02, Interchange Control Number, Value must be identical to value in ISA13

## 6.2 GS-GE

This section describes Louisiana Medicaid's use of the functional group control segments.

### Functional Group Header

- GS01, Functional Identifier Code: Value will be HC for this element.
- GS02, Application Sender's Code: Value must be identical to ISA06.
- GS03, Application Receiver's Code: Value will be LA-DHH-MEDICAID.
- GS04, Date: The date format is CCYYMMDD.
- GS05, Time: The time format is HHMM.
- GS06, Group Control Number: Uniquely assigned and maintained by the sender.
- GS07, Responsible Agency Code: Value will be X.
- GS08, Version/Release/Industry Identifier Code: Value will be 005010X222A1.

### Functional Group Trailer

- GE01, Number of Transaction Sets included.
- GE02, Group Control Number; Value must be identical to value in GS06.

## 6.3 ST-SE

This section describes Louisiana Medicaid's use of the transaction set control numbers.

- ST02, Transaction Set Control Number: Must be identical to associated Transaction Set Control Number SE02.
- ST03, Implementation Convention Reference: Value will be 005010X222A1.
- SE02, Transaction Set Control Number: Must be identical to ST02.

**Only one ST-SE transaction loop is permitted per file.**

## 7. Payer Specific Business Rules and Limitations

This section describes Louisiana Medicaid's business rules regarding 837P transactions.

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. Data not supplied at the claim level must be supplied at the line level (SVC – Service Payment Information).

There is a limit of **20,000 CLM segments** in a claims file.

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NOTE: National Provider Identification Numbers are to be submitted in all 837P transactions. **Atypical** providers who have not registered an NPI with Louisiana Medicaid may continue to submit their legacy Medicaid Provider ID in the 837P as the provider identifier.

All successful 837P transactions received prior to cutoff on Thursdays will be processed in a Weekly Adjudication cycle with payment by check or EFT scheduled for the following Tuesday. Exceptions to this schedule will be posted on [lamedicaid.com](http://lamedicaid.com).

For Louisiana Medicaid claims, the Patient and the Subscriber are always the same, therefore Patient level data should not be sent.

For Louisiana Medicaid's specific business rules and limitations, refer to Section 10 Transaction Set Information, Table 2: 837P Health Claim.

**Coordination of Benefits (COB)**--For the purposes of COB, there are two types of payers in the 837; (1) the destination payer defined in the 2010BB loop, and (2) any 'other' payers defined in the 2330B loop(s). All of the information contained in the 2300 and 2310 loops is specific to the destination payer described in the 2010BB loop. Information specific to other payers is contained in the 2320, 2330, and 2430 loops.

Description	837 Loop	Segment	Data Source
Claim Adjustment Group Code	Loop 2320	CAS Segment(s)	Other Third Party 835 or EOB
Payer Paid Amount	Loop 2320	AMT*D Segment (Qualifier D)	Other Third Party 835 or EOB
Remaining Patient Liability	Loop 2320	AMT*EAF Segment (use here when only claim level COB info provided)	Calculated by Provider
Claim Adjudication Date	Loop 2330B	DTP Segment	Other Third Party 835 or EOB
Service Line Paid Amount	Loop 2430	SVD Segment	Other Third Party 835 or EOB
Claim Adjustment Group Code	Loop 2430	CAS Segment(s)	Other Third Party 835 or EOB
Line Adjudication Date	Loop 2430	DTP Segment	Other Third Party 835 or EOB
Remaining Patient Liability	Loop 2430	AMT*EAF Segment (Use here when line level COB info provided)	Calculated by Provider

There may be other payers involved with a claim therefore there could be more than 1 set of COB data. If that is the situation the other Third Party's Louisiana Carrier Code, Paid Amount, Paid Date and CAS Segments would also be reported.

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Other payers must be identified in the 837 Transaction in Loop [2330B](#), Segment NM109 with the six- digit Louisiana Medicaid assigned Carrier Code. The Carrier codes may be found on [www.lamedicaid.com](http://www.lamedicaid.com) under Forms/Files/Surveys/User Manuals link. You may either enter the name of an insurer or download the complete Louisiana Carrier Code listing.

## 8. Acknowledgements and/or Reports

HIPAA responses and acknowledgements are available for download via BBS for a period of six months from the original creation date. For Trading Partners authorized for sFTP, responses and acknowledgments are available for retrieval in the “From-DXC” folder.

### 8.1 Report Inventory

The TA1 notifies the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. For a listing and description of TA1 errors, refer to Section 4.6.4 in the HIPAA 5010A EDI General Companion Guide found on [lamedicaid.com](http://lamedicaid.com)

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance. Reason(s) for failure of claims files will be posted in the 999 which can be retrieved from the BBS or sFTP.

## 9. Trading Partner Agreements

A Trading Partner Agreement (TPA) is a legal contract between DXC, acting on behalf of the State of Louisiana, Department of Health and Hospitals and a provider/billing agent/clearinghouse/health plan to exchange electronic information.

The desire to exchange by and through electronic communications, certain claims and billing information that may contain identifiable financial and/or protected health information (PHI) as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15

U.S.C. § 6801, et seq. The parties agree to safeguard any and all PHI or other data received, transmitted or accessed electronically to or from each other in accordance with HIPAA. This agreement is within the TPA.

Refer to [lamedicaid.com](http://lamedicaid.com) Provider Enrollment link on [lamedicaid.com](http://lamedicaid.com) to obtain information about the TPA forms that are required for enrollment as an electronic claims submitter.

### 9.1 Trading Partners

A Trading Partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. Louisiana Medicaid’s Medicaid Management System supports the following categories of Trading Partner:

- Provider
- Billing Agency

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- Clearinghouse
- Health Plan

DXC will assign Trading Partner IDs (Submitter ID) to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

## 10. Transaction Specific Information

This section describes the Louisiana Medicaid specific 837 transaction set information requirements, which are outlined in Table 2: 837P Health Claim. The table contains a row for each segment that Louisiana Medicaid has something additional, over and above, the information in the Technical Report Type 3 (TR3). That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the Implementation Guides internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, composite and/or simple data element pertinent to trading electronically with Louisiana Medicaid.

**Table 2: 837P Health Claim**

TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	HEADER	ISA	Interchange Control	ISA		
			Element Separator	*	1	
C.4		ISA06	Interchange Sender ID	<7 digit DXC assigned Submitter number i.e.450XXXX>	15	Enter the Unique Submitter number issued by DXC to authorized EDI Submitters followed by spaces
			Element Separator	*	1	
C.5		ISA08	Interchange Receiver ID	LA-DHH-MEDICAID	15	
			Element Separator	*	1	
C.6		ISA14	Acknowledgment Requested	0 or 1	1	0 = No Interchange Acknowledgement Requested 1 = Acknowledgement Requested



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			Element Separator	*	1	
C.6		ISA15	Interchange Usage Indicator	P or T	1	P = Production Data T = Test Data
			Element Separator	*	1	
C.6		ISA16	Component Separator	:	1	Must be a colon
			Segment End	~	1	
C.7	HEADER	GS	Functional Group	GS		
			Element Separator	*	1	
C.7		GS01	Functional Identifier Code	HC	2	HC = Health Care Claim (837)
			Element Separator	*	1	
C.7		GS02	Application Sender's Code	<DXCassigned Submitter ID>	2/15	Value will be identical to value in ISA06

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
C.7		GS03	Application Receiver's Code	LA-DHH-MEDICAID	2/15	
			Element Separator	*	1	
C.7		GS04	Date	<CCYYMMDD>	8	NOTE: Use this date for the functional group creation date.
			Element Separator	*	1	
C.8		GS05	Time	<HHMM>	4/8	NOTE: Use this time for the creationtime.
			Element Separator	*	1	
C.8		GS06	Group Control Number	<Assigned by Sender>	1/9	Uniquely assigned and maintained by the sender
			Element Separator	*	1	
C.8		GS07	Responsible Agency Code	X	1/2	X = Accredited Standards Committee X12
			Element Separator	*	1	
C.8		GS08	Version / Release / Industry Identifier Code	005010X222A1	1/12	005010X222A1 = Standards Approved for Publicationby ASC X12 Procedures Review Board
70	HEADER	ST	Transaction Set Header ST			
			Element Separator	*	1	
70		ST02	Transaction Set Control Number	<Assigned by Sender>	4/9	NOTE: Must be identical to associated Transaction Set Control Number SE02.
			Element Separator	*	1	
70		ST03	Implementation Convention Reference	005010X222A1	1/35	Contains the same value as in GS08.
			Segment End	~	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
74	1000A	NM1	Submitter Name	N1		
			Element Separator	*	1	
75		NM109	Identification Code	<7 digit Louisiana Medicaid assigned Submitter Number>	2/80	Use the 7 digit Louisiana Medicaid Submitter ID assigned by DXC (i.e. 450XXXX).
			Segment End	~	1	
79	1000B	NM1	Receiver Name			
			Element Separator	*	1	
80		NM103	Name Last or Organization Name	<Receiver Name>	1/60	Value is LOUISIANA MEDICAID
			Element Separator	*	1	
80		NM109	Identification Code	<Receiver Code>	2/80	Value is LA-DHH-MEDICAID
			Segment End	~	1	
83	2000A	PRV	Billing Provider			
			Element Separator	*	1	
83		PRV01	Provider Code	<Provider Type Identifier Code>	1/3	Value is BI=Billing Provider
			Element Separator	*	1	
83		PRV02	Reference Identification Qualifier	<Taxonomy Qualifier Code>	2/3	Value is PXC=Provider Taxonomy Code
			Element Separator	*	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
83		PRV03	Reference Identification	<Provider Taxonomy Code>	1/50	Value is the taxonomy Codes associated with the NPI of the Billing Provider and registered with Louisiana Medicaid. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tie-breaker such as taxonomy may be required for unique identification of the Medicaid provider ID. Use the same Taxonomy code that was registered with Louisiana Medicaid for the Billing Provider.
			Segment End	~	1	
87	<b>2010AA</b>	NM1	Billing Provider Name			<u>If the Billing provider is an <i>atypical</i> provider who has not issued or registered an NPI with LA Medicaid, DO NOT USE this Loop. Use Loop 2010BB and report legacy Medicaid Provider ID in REF02 with Qualifier G2.</u>
			Element Separator	*	1	
89		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = NPI (National Provider Identifier)
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
90		NM109	Identification Code	<Billing Provider NPI Identifier>	2/80	Value is the provider NPI registered with Louisiana Medicaid that corresponds to the LA Medicaid provider being reported in this Loop. For individual providers that are incorporated, enter the organizational NPI that was issued AND registered with LA Medicaid. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. If an <i>atypical</i> provider who was registered an NPI with LA Medicaid, report the NPI in this Loop.
			Segment End	~	1	
92	<b>2010AA</b>	N4	Billing Provider City, State, Zip Code			
			Element Separator	*	1	
93		N403	Postal Code	<Postal Zip Code>	3/15	Value is the 9-digit Zip code. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tie-breaker such as zip code may be required for unique identification of the Medicaid provider ID. Use the same zip code that was registered with Louisiana Medicaid for the Billing Provider.
			Segment End	~	1	
114	<b>2000B</b>	HL	Subscriber Hierarchical Level			
			Element Separator	*	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
115		HL04	Hierarchical Child Code	0	1/1	Value is 0 for this element. For LA Medicaid the subscriber <b>will always</b> equal the patient. Therefore, an additional subordinate HL is not required.
			Segment End	~	1	
116	<b>2000B</b>	SBR	Subscriber Information			
			Element Separator	*	1	
118		SBR09	Claim Filing Indicator Code	<Claim Filing Indicator Code>	1/2	Value is MC = Medicaid
			Segment End	~	1	
121	<b>2010BA</b>	NM1	Subscriber Name			
			Element Separator	*	1	
122		NM102	Entity Type Qualifier	<Entity Type Qualifier>	1/1	Value is 1
			Element Separator	*	1	
		NM108	Identification Code Qualifier	<Member ID Qualifier>	1/2	Value is MI = Member Identification
			Element Separator	*	1	
123		NM109	Identification Code	<13 digit Louisiana Medicaid Recipient ID Number>	2/80	Value is the thirteendigit Medicaid Recipient ID
			Segment End	~	1	
133	<b>2010BB</b>	NM1	Payer Name			
			Element Separator	*	1	
134		NM108	Identification Code Qualifier	<Code Qualifier>	1/2	Value is PI = Payer Identification
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
134		NM109	Identification Code	LA-DHH-MEDICAID	2/80	Value is LA-DHH-MEDICAID
			Segment End	~	1	
140	<b>2010BB</b>	REF	Billing Provider Secondary Identification			This Loop is used by <i>atypical</i> providers that <u>DO NOT</u> have an NPI registered with Louisiana Medicaid. If an <i>atypical</i> provider has an NPI, use Loop 2010AA NM109 REF segment and <u>do not send</u> this REF.
			Element Separator	*	1	
140		REF01	Reference Identification Qualifier	<Reference Qualifier>	2/3	Value is G2 = Provider Commercial Number
			Element Separator	*	1	
141		REF02	Reference Identification	<7-digit Louisiana Medicaid Provider ID>	1/50	Value is the 7 digit Louisiana Medicaid Provider Number
			Segment End	~	1	
157	<b>2300</b>	CLM	Claim Information			
			Element Separator	*	1	
157		CLM01	Claim Submitter's Identifier	<Submitter's Claim Identifier/Patient Account Number>	1/20	Enter a unique number up to 20 characters
			Element Separator	*	1	
158		CLM02	Monetary Amount	<Billed Charge Amount>	2/80	Enter the total charges for the billed services. This amount must be LESS than one milliondollars.
			Segment Separator	*	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
159		CLM05	Health Care Service Location Information			CLM05 information applies to all service lines unless over written at the line level. Adult Day Health Care providers are to use Place of Service code = 99.
159		CLM05-1	Facility Code Value	<Place of Service code>	1/2	Use Place of Service codes from Code Source 237-US DHHS CMS.
159		CLM05-2	Facility Code Qualifier	B	1/2	Value is B = Place of Service Code for Professional Services
159		CLM05-3	Claim Frequency Type Code	<Third position of the UB Bill Type Code>	1/1	Value 1 = Original claim Value 7 = Adjustment of a previous claim Value 8 = Void of a previous claim
			Element Separator	*	1	
<b>2300</b> REF Service Authorization						
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<Reference Qualifier>	2/3	Value is 4N = Special Payment Reference Number
			Element Separator	*	1	



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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		REF02	Reference Identification	<Service Authorization Exception Code>	1/50	Value 1 = 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  Value 3 = billing for services associated with moderate to high level emergency physician care which corresponds to the level of care noted in the definition of Evaluation and Management CPT codes 99283, 99284 and 99285
			Segment End	~	1	
193	<b>2300</b>	REF	Referral Number			
			Element Separator	*	1	
193		REF01	Reference Identification Qualifier	<Qualifier Code>	2/3	Value is 9F = Referral Number
			Element Separator	*	1	
193		REF02	Reference Identification	<Referral number>	1/50	Value is the appropriate referral number issued for the service being billed
			Segment End	~	1	
194	<b>2300</b>	REF	Prior Authorization			
			Element Separator	*	1	
194		REF01	Reference Identification Qualifier	<Qualifier Code>	2/3	Value is G1 = La Medicaid Prior Authorization number
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
195		REF02	Reference Identification	<Prior Authorization Number>	1/50	Value is the DXC assigned Prior Authorization Number for the service being billed. ADHC providers use 9 digit number assigned by LDH designated authorizing entity.
			Segment End	~	1	
196	<b>2300</b>	REF	Payer Claim Control Number			
			Element Separator	*	1	
196		REF01	Reference Identification Qualifier	<Qualifier Code>	2/3	Value is F8 = Original Reference Number
			Element Separator	*	1	
196		REF02	Reference Identification	<Claim Internal Control Number>	1/50	Value is the DXC assigned 13-digit Internal claim number (ICN).Enter original ICN when billing for adjustment of claim.
			Segment End	~	1	
	<b>2300</b>	REF	Clinical Laboratory Improvement Amendment (CLIA) Number			
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<Qualifier Code>	2/3	Value is X4 = Clinical Laboratory Improvement Amendment Number
			Element Separator	*	1	
		REF02	Reference Identification	<CLIA Number>	1/50	Value is the CLIA Certificate Number
			Segment End	~	1	
211	<b>2300</b>	CR1	Ambulance Transport Information			.

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
212		CR105	Unit or Basis for Measurement Code	<Units Indicator>	2/2	Value is DH = Miles
			Element Separator	*	1	
213		CR106	Quantity	<Transport Distance>	1/15	Number of miles of transport
			Element Separator	*	1	
223	2300	CRC	EPSDT Referral			
			Element Separator	*	1	
223		CRC01	Code Category	ZZ	2/2	Value is ZZ = EPSDT Screening Referral
			Element Separator	*	1	
224		CRC03	Condition Indicator	S2,ST,NU	2/3	<p>S2 = Under Treatment, use when patient currently under treatment.</p> <p>ST = New Services Requested, patient scheduled for follow-up or referred to another provider for treatment of 1 condition discovered in screening</p> <p>NU = Not Used, use when CRC02 is N.</p>
			Element Separator	*	1	
226	2300	HI	Health Care Diagnosis Code			Adult Day Health Care providers should use ICD 10 diagnosis code of Z76.89 for services after DOS 10/01/2016.
			Element Separator	*	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		HI01-1	Code List Qualifier Code	<Principal Diagnosis Code Qualifier>	1/3	Code BK = Use for service/discharge dates <b>before</b> 10/01/2015  Code ABK = Use for service/discharge dates <b>on or after</b> 10/01/2015
			Element Separator	*	1	
227		HI01-2	Industry Code	<Principal Diagnosis Code>	1/30	Value is <b>ICD-9</b> codes for service/discharge dates <b>before</b> 10/01/2015; <b>ICD-10</b> codes for service/discharge dates <b>after</b> 10/01/2015
			Element Separator	*	1	
228		HI02-1	Code List Qualifier Code	<Other Diagnosis Code Qualifier>	1/3	BF = Use for service/discharge dates <b>before</b> 10/01/2015  ABF = Use for service/discharge dates <b>on or after</b> 10/01/2015
			Element Separator	*	1	
228		HI02-2	Industry Code	<Other Diagnosis Code>	1/30	Value is <b>ICD-9</b> codes for service/discharge dates <b>before</b> 10/01/2015; <b>ICD-10</b> codes for service/discharge dates <b>after</b> 10/01/2015
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
257	2310A	NM1	Referring Provider Name			Use this Loop to report the Referring provider when appropriate. For services for a Lock-In recipient, identify the Lock-In Physician. If ACA services are delivered by a PA or APRN, the name of the supervising ACA certified physician is required ( <b>This requirement ended with date of service 01/01/2015.</b> ) Adult Day Health providers are not required to send Referring Provider information.
			Element Separator	*	1	
258		NM101	Entity Identifier Code	<Provider Identifier Qualifier Code>	2/3	Value is DN = Referring Provider
			Element Separator	*	1	
258		NM103	Name Last	<Last name of Referring provider>	1/60	Value is the last name of the referring provider; see notes in shaded area above.
			Element Separator	*	1	
258		NM104	Name First	<First name of Referring Provider>	1/36	Value is the first name of the referring provider; see notes in shaded area above.
			Element Separator	*	1	
259		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
259		NM109	Identification Code	<NPI of Referring Provider>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the Medicaid provider being reported in this Loop. The Referring Provider must be enrolled in LA. Medicaid.
			Segment End	~	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
260	2310A	REF	Referring Provider Secondary Identification			Use this Loop for <b>atypical</b> providers who do not have an NPI. Otherwise, do not use this Loop.
			Element Separator	*	1	
260		REF01	Reference Identification Qualifier	G2	2/3	G2 = Provider Medicaid Number
			Element Separator	*	1	
261		REF02	Reference Identification	<7-digit Louisiana Medicaid Provider ID>	1/50	Value is the 7-digit Medicaid provider number of an <b>atypical</b> provider who has not registered an NPI with Louisiana Medicaid.
			Segment End	~	1	
262	2310B	NM1	Rendering Provider Name			Adult Day Health Care providers are not required to send Rendering Provider info.
			Element Separator	*	1	
264		NM108	Entity Identifier Code	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
264		NM109	Identification Code	<NPI of Rendering Provider>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the Medicaid provider being reported in this Loop
			Segment End	~	1	
265	2310B	PRV	Rendering Provider Specialty Information			
			Element Separator	*	1	
265		PRV01	Provider Code	< Provider Type Identifier Code>	1/3	Value is PE=Performing Provider
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
265		PRV02	Reference Identification Qualifier	<Taxonomy Code Qualifier>	2/3	Value is PXC=Provider Taxonomy Code
			Element Separator	*	1	
265		PRV03	Reference Identification	Provider Taxonomy Code	1/50	Value is the taxonomy Code associated with the NPI of the Rendering Provider and registered with Louisiana Medicaid. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tie-breaker such as taxonomy may be required for unique identification of the Medicaid provider ID. Use the same Taxonomy code that was registered with Louisiana Medicaid for the Rendering Provider.
			Segment End	~	1	
267	<b>2310B</b>	REF	Rendering Provider Secondary Identification			
			Element Separator	*	1	
267		REF01	Reference Identification Qualifier	G2	2/3	Value is G2 = Provider Medicaid Number
			Element Separator	*	1	
268		REF02	Reference Identification	<7-digit Louisiana Medicaid Provider ID>	1/50	Value is the 7-digit Medicaid provider number of an <b>atypical</b> provider who has <u>not</u> registered an NPI with Louisiana Medicaid. <b>Otherwise, do not use this Loop.</b>
			Segment End	~	1	
295	<b>2320</b>	SBR	Other Subscriber Information			

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
298		SBR09	Insurance Type Code	11,12,13,14,15,16,17, AL,BL,CH,CI, DS,FI,HM,LM,TV, VA,ZZ,MB	1/2	Do <b>NOT</b> use MC for this segment when reporting information about <u>another</u> payer involved in this claim. <b>Must</b> use MB if filing Medicare Advantage claim.
			Segment End	~	1	
299	2320	CAS	Claim Level Adjustments			Required if other payers are known to be involved in paying on this claim. May repeat up to 6 sets of CAS01/CAS02 groupings. Codes and associated amounts must come from either paper remittance advice or 835s (Electronic Remittance Advice) received on the claim. Adjustment amounts explain the difference between submitted charges and the amount paid.
			Element Separator	*	1	
301		CAS01	Claim Adjustment Group Code	CO,CR,OA,PI,PR	1/2	Value is code received from other payer reported in this Loop. When PR is used, include segments for Deductible, Coinsurance and/or Co-payment amounts as appropriate.
			Element Separator	*	1	
		CAS02	Claim Adjustment Reason Code	<Standard Claim Adjustment Reason Code>	1/5	Value is code received from other payer reported in this Loop.
			Element Separator	*	1	
		CAS03	Monetary Amount	<Dollar Value of Adjustment>	1/18	Value is the amount of adjustment associated with CAS Code pairing



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			Element Separator	*	1	
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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
320	2330B	NM1	Other Payer Name			Add information here when another payer has processed the claim before it is sent to Louisiana Medicaid.
			Element Separator	*	1	
321		NM108	Identification Code Qualifier	PI	1/2	Value is PI = Payer Identification
			Segment Separator	*	1	
321		NM109	Identification Code	<Louisiana Medicaid Carrier Code>	6	Value is the 6-digit Louisiana <b>Medicaid Carrier Code</b> for the Payer identified in Loop 2320. The LA Medicaid TPL Carrier Code list can be found on <a href="http://lamedicaid.com">lamedicaid.com</a> under Forms/Files/User Manuals navigational link. <b>DO NOT</b> enter dashes, hyphens etc.
			Segment End	~	1	
350	2400	LX	Service Line Number			The service line number must begin with one and is incremented by 1 for each additional service line. This number can be useful for provider and practice management systems for matching to the electronic remittance advice 835 Transaction.
			Element Separator	*	1	
350		LX01	Assigned Number	<Service Line Number>	1/6	Louisiana Medicaid will process and store up to <b>50 lines</b> for professional claims.
			Segment End	~	1	
351	2400	SV1	Professional Service			
			Element Separator	*	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
354		SV102	Monetary Amount	<Service Line Charge Amount>	1/8	Value is total charge amount for service line. Format is 999999.99 which is a Limit of 6 whole numbers followed by 2 decimal places. ADHC providers enter 0 for service line charges.
			Element Separator	*	1	
355		SV103	Unit or Basis of Measurement Code	<Measurement Qualifier Code>	2/2	Value is MJ = Minutes or UN = Unit. ADHC providers must use UN.
			Element Separator	*	1	
355		SV104	Quantity	<Service Unit count>	1/4	Value must be a whole number with a limit to 4 whole numbers. ADHC providers enter number of 15 minute units for the billed service; cannot exceed 40 units per day; 200 units per week.
			Element Separator	*	1	
357		SV109	Yes/No Condition or Response Code	Y,N	1/1	This element is used to derive Type of Service for Ambulance claims. If an emergency service, value will be Y; if non-emergency value will be N.
			Element Separator	*	1	
357		SV111	Yes/No Condition or Response Code	Y,N	1/1	Required when Medicaid services are the result of a screening referral. Value is Y = yes or N = no.
			Element Separator	*	1	
357		SV112	Yes/No Condition or Response Code	Y,N	1/1	Value is indicator of family planning services involvement. Value is Y = yes or N = no.

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Element Separator	*	1	
358		SV115	Copay Status Code	0	1/1	Value of 0 required if patient is exempt from co-payment.
			Segment End	~	1	
<b>2400</b> CR1 Ambulance Transport						
			Element Separator	*	1	
		CR105	Unit or Basis of Measurement Code	<Unit Qualifier Code>	2/2	Value is DH = Miles
			Element Separator	*	1	
		CR106	Quantity	<travel distance>		Value is number of miles traveled
			Segment End	~	1	
380	<b>2400</b>	DTP	Date-Service Date			
			Element Separator	*	1	
		DTP01	Date/Time Qualifier	472	3/3	Value is 472 = Service Date
			Element Separator	*	1	
		DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	Value is D8 = CCYYMMDD or RD8 = Range of Dates CCYYMMDD- CCYYMMDD
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
381		DTP03	Date Time Period	<Date or Time Period>	1/35	Date(s) of service. 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 DXC Approval Letter. Adult Day Health Care providers bill for each day of service authorized. All dates of service must be within a single month; do not span date across months of the year.
			Segment End	~	1	
<b>2400</b>		REF	Referral Number			Required when this service line involved a referral number that is different than the number reported at the claim level (Loop-ID 2300).
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	9F	2/3	Value is 9F = Referral Number
			Element Separator	*	1	
		REF02	Reference Identification	<Referral Number>	1/50	Value is the Referral Number as appropriate for the service billed.
			Segment End	~	1	
<b>2400</b>		REF	Prior Authorization			Required when service line involved a prior authorization number that is different than the number reported at the claim level (Loop ID-2300).
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<Prior Authorization Qualifier Code>	2/3	Value is G1 = Prior Authorization Number
			Element Separator	*	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		REF02	Reference Identification	<Prior Authorization Number>	1/50	Value is the DXC assigned Prior Authorization number for the service billed or the number issued by the LDH designated authorizing entity.
			Segment End	~	1	
	<b>2400</b>	REF	Clinical Laboratory Improvement Amendment (CLIA) Number			Required for CLIA covered services if the number is different from that reported at the claim level in Loop 2300.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	<CLIA Identifier Qualifier Code>	2/3	Value is X4 = Clinical Laboratory Improvement Amendment Number
			Element Separator	*	1	
		REF02	Reference Identification	<CLIA Number>	1/50	Value is the CLIA certificate number of the entity for the service billed.
			Segment End	~	1	
423	<b>2410</b>	LIN	Drug Identification			A federal statute mandates that providers must report National Drug Code (NDC) information for all physician-administered drugs on LA Medicaid claims submissions. This requirement applies to both electronic and hardcopy claims. Providers are required to submit NDC information for the corresponding HCPCS code for physician-administered drugs. Claims must reflect the NDC from the label of the product administered.

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Continued: LA Medicaid also requires DME providers to report NDC information associated with HCPCS codes on claims for enteral therapy products. This requirement also applies to pharmacies that dispense DME supplies to Medicaid Recipients.
			Element Separator	*	1	
425		LIN02	Product/Service ID Qualifier	<Drug Code Qualifier>	2/2	Value is N4 = National Drug Code in 5-4-2 format.
			Element Separator	*	1	
425		LIN03	Product/Service ID	<NDC Code>	1/48	Value is the National Drug Code associated with the physician-administered drug identified in Loop 2400 SV101-2.
			Segment End	~	1	
426	<b>2410</b>	CTP	Drug Quantity			
			Element Separator	*	1	
426		CTP04	Quantity	<Units Administered>	1/10	Value is the quantity or actual units administered. The maximum quantity that can be entered for LA Medicaid is <b>seven whole numbers and three decimal places.</b>
			Element Separator	*	1	
427		CTP05-01	Unit or Basis of Measurement Code	F2, GE, ME, ML, UN	2/2	F2 = International Unit GR = Gram ME = Milligram ML = Milliliter
			Segment End	~	1	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
430	2420A	NM1	Rendering Provider Name			Adult Day Health Care providers are not required to enter Rendering Provider info.
			Element Separator	*	1	
432		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
432		NM109	Identification Code	<National Provider Identification>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. If the provider is considered an <b>atypical</b> provider and has not registered an NPI with Louisiana Medicaid, continue to use Loop 2420A, REF 02 with qualifier G2 to provide the Louisiana Medicaid Provider ID.
			Segment End	~	1	
433	2420A	PRV	Rendering Provider Specialty Information			
			Element Separator	*	1	
433		PRV01	Provider Code	<Provider Type Code>	1/3	Value is PE= Performing Provider
			Element Separator	*	1	
433		PRV02	Reference Identification Qualifier	<Taxonomy Qualifier Code>	2/3	Value is PXC=Provider Taxonomy Code
			Element Separator	*	1	



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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
433		PRV03	Reference Identification	<Provider Taxonomy Code>	1/50	Value is the taxonomy Code associated with the NPI of the Rendering Provider and registered with Louisiana Medicaid. In situations where a provider may have a single NPI associated with multiple LA Medicaid provider numbers, a tie-breaker such as taxonomy may be required for unique identification of the Medicaid provider ID. Use the same Taxonomy code that was registered with Louisiana Medicaid for the Rendering Provider.
			Segment End	~	1	
434	2420A	REF	Rendering Provider Secondary Identification			Required when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	G2	2/3	Value is G2 = Louisiana Medicaid 7- digit Provider Number.
			Element Separator	*	1	
		REF02	Reference Identification	<Louisiana Medicaid Provider Number>	1/7	If the Rendering Provider is an <b>atypical provider</b> who has not registered an NPI with Louisiana Medicaid, you may send the 7-digit legacy Medicaid Provider number in this Loop.
			Segment End	~		

# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2420E	NM1	Ordering Provider Name			Ordering provider Name & NPI information are required for certain Medicaid services including all DME claims, Independent Lab claims, and EPSDT Personal Care Services. Long Term PCS claims do not require an Ordering Provider. Refer to <a href="http://lamedicaid.com">lamedicaid.com</a> web notices for additional information regarding these requirements. When required, the Ordering provider MUST be enrolled in the Louisiana Medicaid Program.
			Element Separator	*	1	
		NM101	Entity Identifier Code	DK	2/3	Value is DK=
			Element Separator	*	1	
		NM103	Name Last		1/60	Value is the last name of the Ordering Provider.
			Element Separator	*	1	
		NM104	Name First		1/35	Value is the first name of the Ordering Provider.
			Element Separator	*	1	
		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier.
			Element Separator	*	1	
		NM109	Identification Code	<National Provider Identification>	2/80	Value is the NPI of the Ordering Provider who must be enrolled in Louisiana Medicaid.
			Segment End	~	1	

# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
465	2420F	NM1	Referring Provider Name			Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). When billing for services for a Lock-In recipient, identify the Lock-In Physician. Adult Day Health Care providers are not required to enter Referring Provider info.
			Element Separator	*	1	
		NM101	Entity Identifier Code	<Referring Provider Qualifier Code>	2/3	Value is DN = Referring Provider
			Element Separator	*	1	
		NM103	Name Last	<Referring Provider Last Name>	1/60	Value is the last name of the referring provider.
			Element Separator	*	1	
		NM104	Name First	<Referring Provider First Name>	1/35	Value is the first name of the referring provider.
			Element Separator	*	1	
467		NM108	Identification Code Qualifier	<Provider Identifier Qualifier Code>	1/2	Value is XX = National Provider Identifier
			Element Separator	*	1	
		NM109	Identification Code	<NPI of Referring Provider>	2/80	Value is the NPI registered with Louisiana Medicaid that corresponds to the provider being reported in the Loop. The Referring Provider must be enrolled in Louisiana Medicaid.
			Segment End	~		

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
471	2420F	REF	Referring Provider Secondary Identification			Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). Do not use this Loop if Referring provider has an NPI.
			Element Separator	*	1	
		REF01	Reference Identification Qualifier	G2	2/3	Value is G2 = Louisiana Medicaid 7- digit Provider Number.
			Element Separator	*	1	
472		REF02	Reference Identification	<Louisiana Medicaid Provider Number>	1/7	If the Referring Provider is an <b>atypical</b> provider who has not registered an NPI with Louisiana Medicaid, you may send the 7-digit legacy Medicaid Provider number in this Loop.
			Segment End	~	1	
480	2430	SVD	Line Adjudication Information			Required when the claim has been previously adjudicated by payer identified in Loop ID-2330B and this service line has payments and/or adjustments applied to it.
			Element Separator	*	1	
480		SVD01	Identification Code	<Louisiana Medicaid Carrier Code>	2/80	Value is the 6-digit Louisiana <b>Medicaid Carrier Code</b> . Number should match NM109 in Loop 2330B identifying the Other Payer. The LA Medicaid TPL Carrier Code list can be found on <a href="http://lamedicaid.com">lamedicaid.com</a> under Forms/Files/User Manuals navigational link.
			Element Separator	*	1	

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TR3	Loop ID	Reference	Name	Codes	Length	Notes/Comments
481		SVD02	Monetary Amount	<Service Line Paid Amount>	1/10	Value is the amount Other Payer paid for this service line.
			Element Separator	*	1	
484	2430	CAS	Line Adjustment			Required when the payer made line level adjustments which caused the amount paid to differ from the amount originally charged. Providers are to enter the information as received on the remittance from the Other Payer. The "adjustment trio" is composed of adjustment reason code, adjustment amount, and adjustment quantity (when needed)
485		CAS01	Claim Adjustment Group Code	CO, OA, PI, PR	1/2	When using Value of PR, include amounts for Deductible, Co-insurance and Co-Pay as appropriate.
			Element Separator	*	1	
486		CAS02	Claim Adjustment Reason Code	<Claim Adjustment Reason Code>	1/5	Value is the CARC code received from the Other Payer for the associated service.
			Element Separator	*	1	
486		CAS03	Monetary Value	Adjustment Amount	1/8	Value is the monetary adjustment amount received from the Other Payer for the associated service.
			Element Separator	*	1	
TRAILER SE Transaction Set Trailer						
			Element Separator	*	1	

# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		SE01	Transaction Segment Count	<Number>	1/10	Value is the total number of Segments included.
			Element Separator	*	1	
		SE02	Transaction Set Control Number	<Identifying Control Number>	4/9	Unique controlnumber and must be identical in ST02 and SE02.
			Segment End	~	1	
	TRAILER	GE	Functional Group Trailer			
			Element Separator	*	1	
		GE01	Number of Transaction	<Number>	1/16	Value is the number of Transaction sets included.
			Element Separator	*	1	
		GE02	Group Control Number	<Sender Assigned Number>	1/9	Value must be identical to value in GS06.
			Segment End	~	1	
	TRAILER	IEA	Interchange Control Trailer			
			Element Separator	*	1	
		IEA01	Number of Functional Groups	<Number>	1/5	Value is number of Functional Groups included.
			Element Separator	*	1	
		IEA02	Interchange Control Number	<Sender Assigned Number>	9/9	Value must be identical to value in ISA13.
			Segment End	~	1	

# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

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## 11. Appendices

### *Appendix A - Implementation Checklist*

This appendix contains all necessary steps for submitting/receiving electronic transactions with Louisiana Medicaid.

- Providers must register to become a Trading Partner (TP) and be assigned a TP Submitter number.
- Trading Partners must sign a Trading Partner Agreement.
  - Trading Partner must contact the EDI Help Desk by submitting an email to [HipaaEDI@DXCHealthCare.com](mailto:HipaaEDI@DXCHealthCare.com) or calling (225) 216-6303 to make arrangements for testing and approval to submit production transactions.
- Trading Partners must submit two (2) test files of a particular transaction type, with no minimum number of transactions within each file, and have no failures or rejections to be approved to submit production transactions. The test claims should be representative of the type of service you will be providing.
- Confirm all NPIs used in testing are valid for Louisiana Medicaid and if zip-code or taxonomy are needed as tie-breakers.
- Review all reports produced by the DXC EDI test system.
- Once TP receives email approval from the EDI Department, may begin submitting claim files to Production environment.

### *Appendix B - Business Scenarios and Claim Examples*

This section describes a few special billing scenarios and transaction examples follow. The first scenario is for Adult Day Health Care claims which were previously billed on the 837I transaction and switched to the 837P transaction effective with date of service April 1, 2016 and forward. The claim example points out both the CLM and LX segment details in Appendix 11.3, Example 1.

The second scenario describes the electronic billing to Medicaid for medical services of recipients dually eligible for both Medicare and Medicaid. In situations where Medicare has **denied** a service which may be covered by Medicaid, the claim may be billed directly to Medicaid. This type claim will be submitted as a Medicaid claim and not a Medicare crossover. In the past these type claims were mandated to be billed hardcopy with the Medicare EOBs attached. The correct placement of the 837P Segments related to Medicare third party information is shown in the scenario 2 example. The Louisiana Department of Health has identified the unique Louisiana Carrier code for NM109 in the 2330B Loop when reporting the Medicare information as MOL001.

The third scenario describes electronic billing for **Medicare Advantage** Part B claims with and without a second third party carrier.

# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

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## a. Scenario 1 Example (837P Claim 005010X222A1)

The following claim examples may not include all required Loops, Segments to construct a HIPAA compliant transaction. The examples are meant to provide helpful information for completing a claim for Louisiana Medicaid.

### ADULT DAY HEATH CARE CLAIM EXAMPLE

----

HL\*2\*1\*22\*0~SBR\*P\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DEAN\*JAMES\*\*\*\*\*MI\*1234567890123~  
N3\*2000 ROCKETRD APT 1~  
N4\*ANYWHERE\*LA\*711110000~  
DMG\*D8\*19420731\*M~  
NM1\*PR\*2\*LA-DHH-MEDICAID\*\*\*\*\*PI\*LA-DHH-MEDICAID~  
N3\*POBOX 91021~  
N4\*BATON ROUGE\*LA\*708210000~  
CLM\*1234567\*187.2\*\*\*99:B:1\*Y\*A\*Y\*Y~  
DTP\*435\*D8\*20120802~  
REF\*G1\*100000009~  
REF\*EA\*12345678~  
HI\*ABK:Z7689~ (*ICD-10 code for claims with date of service on or after 04/1/2016*)  
LX\*1~  
SV1\*HC:S5100\*3 1. 2\*UN \*12\*\*\*1~ (*Quantity of 12 = twelve 15 minute units for total of 3 hours*)  
*One unit equals one 15 minute period*  
DTP\*472\*RD8\*20160404-20160404~  
REF\*G1\*100000009~  
LX\*2~  
SV1\*HC:S5100\*62.4\*UN\*24\*\*\*1~  
DTP\*472\*RD8\*20160405-20160105~  
REF\*G1\*100000009~  
LX\*3~  
SV1\*HC:S5100\*31.2\*UN\*12\*\*\*1~  
DTP\*472\*RD8\*20160406-20160106~  
REF\*G1\*100000009~  
LX\*4~  
SV1\*HC:S5100\*31.2\*UN\*12\*\*\*1~  
DTP\*472\*RD8\*20160407-20160107~  
REF\*G1\*100000009~  
LX\*5~  
SV1\*HC:S5100\*31.2\*UN\*12\*\*\*1~  
DTP\*472\*RD8\*20160408-20160108~  
REF\*G1\*100000009~

----

**Note:** ADHC cannot exceed 10 hours (40 units) each day and 50 hours (200 units) per week.



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## b. Scenario 2 Example (837P Claim 005010X222A1)

CLAIM FOR DUAL MEDICAID/MEDICARE ELIGIBLE WHEN **DENIED** BY MEDICARE

The following professional claim example is presented as a tool to assist with proper build of electronic 837P for a Dual eligible recipient with Medicare denial information. This example does not represent a complete claim; it gives emphasis to the information needed for identifying the Medicare denial reason(s).

-----  
NM1\*IL\*1\*SMITH\*JOY\*\*\*\*MI\*2223344445555~  
N3\*111 MAIN STREET~  
N4\*BATON ROUGE\*LA\*70809  
DMG\*D8\*19300101\*F~  
NM1\*PR\*2\*LOUISIANA MEDICAID\*\*\*\*\*PI\*LA-DHH-MEDICAID~  
N3\*4456 SOUTH SHORE BLVD~  
N4\*BATON ROUGE\*LA\*444440056~  
CLM\*26407777\*151.5\*\*\*81:B:1\*\*Y\*A\*Y\*Y~  
REF\*X4\*11D1234567  
REF\*EA\*A0023456~  
HI\*ABK:Z0000~  
HI\*ABF\*Z202~  
NM1\*DN\*1\*KILDAIRE\*ROSALYN\*\*\*\*\*XX\*1234567890~

### **LOOP 2320**

SBR\*P\*18\*\*MEDICARE PART B\*\*\*\*\*MB~  
AMT\*D\*0~  
OI\*\*\*Y\*P\*\*Y~

### **LOOP 2330B**

NM1\*PR\*2\*Medicare Part B\*\*\*\*\*PI\*MOL001~ [Must use this Carrier Code](#)  
N3\*POBOX 14079~  
N4\*Baton Rouge\*LA\*70808~  
DTP\*573\*D8\*20160327~

### **Loop 2400**

LX\*1~  
SV1\*HC:84443\*\*110\*UN\*1~  
DTP\*472\*D8\*20160312~

### **LOOP 2430**

SVD\*MOL001\*0\*HC:84443\*\*1~  
CAS\*PR\*96\*110~ (*Non-covered charge(s)*)  
DTP\*573\*D8\*20160327~  
AMT\*EAF\*110~

### **LOOP 2400**

LX\*2~  
SV1\*HC:85025\*\*41.5\*UN\*1~

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DTP\*472\*D8\*20160312~

## **LOOP 2430**

SVD\*MOL001\*0\*HC:85025\*\*1~

CAS\*PR\*96\*41.5~ (Non-covered charge(s))

DTP\*573\*D8\*20160327~

AMT\*EAF\*41.5~

## **c. Scenario 3 Example (837P Claim 005010X222A1)**

### **CLAIM FOR MEDICAID RECIPIENT COVERED BY MEDICARE ADVANTAGE PLAN**

The following professional claim example is presented as a tool to assist with proper build of electronic 837P for an eligible recipient enrolled with a **Medicare Advantage** Plan. This example does not represent a complete claim; it gives emphasis to the information needed for identifying the Medicare Advantage Plan coverage and CAS segments.

Example of a one line claim from Medicare Advantage Plan for Part B, no other third party involved.

### **Incoming file must use File Extension of .XXB**

SBR\*S\*18\*\*MEDICAID OF LA\*\*\*\*\*MC~  
NM1\*IL\*1\*SHELL\*ANGEL\*\*\*\*MI\*3604448899901~  
N3\*12111 SERVICE ROAD~  
N4\*NEW BRUNSWICK\*LA\*70000~  
DMG\*D8\*19840622\*F~  
NM1\*PR\*2\*MEDICAID OF LA\*\*\*\*\*PI\*LA-DHH-MEDICAID ~  
N3\*PO BOX 91020~  
N4\*BATON ROUGE\*LA\*708219020~  
CLM\*888888888\*333\*\*23:B:1\*Y\*A\*Y\*Y\*B~  
REF\*EA\*222222~  
HI\*ABK:78900\*ABF:53550~  
NM1\*82\*1\*DOE\*JOHN\*A\*\*\*XX\*155555555~  
NM1\*77\*2\*ANY TOWN HOSPITAL\*\*\*\*XX\*188888888~  
N3\*1111 JEFFERSON HWY~  
N4\*NEW BRUNSWICK\*LA\*700002222~

### **LOOP 2320**

SBR\*P\*18\*\*\*\*\*MB~ *Must use the qualifier of MB for claim from Medicare Advantage Part B*  
AMT\*D\*137.06~  
OI\*\*\*Y\*S\*\*Y~  
NM1\*IL\*1\*SHELL\*ANGEL\*\*\*\*MI\*12224445~  
N3\*12111 SERVICE ROAD~  
N4\*NEW BRUNSWICK\*LA\*70000~

### **LOOP 2330B**

NM1\*PR\*2\*WELLCARE MEDICARE HMO\*\*\*\*\*PI\*H19030~ *Must use the Medicare Advantage Louisiana Carrier code*

LX\*1~  
SV1\*HC:99285\*333\*UN\*1\*\*\*1:2~  
DTP\*472\*RD8\*20151010-20151010~  
REF\*6R\*111222333~

### **LOOP 2430**

SVD\*H19030\*137.06\*HC:99285\*\*1~ *Info for same Carrier in NM109*  
CAS\*CO\*45\*158.18~  
CAS\*PR\*3\*37.76~ *Send all CAS segments received from the Med Adv Carrier*  
DTP\*573\*D8\*20151031~

Example of a Multi-line claim from Medicare Advantage Part B. There is no other third party coverage involved. Claim example abbreviated to show relevant elements.

SBR\*S\*18\*\*MEDICAID OF LA\*\*\*\*\*MC~  
NM1\*IL\*1\*MOON\*JUDY\*C\*\*\*MI\*1234567894601~

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N3\*70008\*BOXER AVE~  
N4\*NEW ORLEANS\*LA\*70115~  
DMG\*D8\*19501031\*F~

NM1\*PR\*2\*MEDICAID OF LA\*\*\*\*\*PI\*00170~  
N3\*PO BOX 91020~  
N4\*BATON ROUGE\*LA\*708219020~  
CLM\*888888888\*53\*\*\*23::1\*Y\*A\*Y\*Y\*B~  
REF\*EA\*123456~  
HI\*BK:7295~  
NM1\*DN\*1\*DENNIS\*JACK\*\*\*\*XX\*111111111~  
NM1\*82\*1\*FRIENDLY\*GARY\*B\*\*\*XX\*222222222~  
NM1\*77\*2\*BAPTIST HOSPITAL\*\*\*\*XX\*333333333~  
N3\*2700 NAPOLEON AVE~  
N4\*NEW ORLEANS\*LA\*701156969~

## **LOOP 2320**

SBR\*P\*18\*\*\*\*\*MB~ *Must use the qualifier of MB identifying Medicare Advantage Part B*

AMT\*D\*21.73~  
DMG\*D8\*19000101\*U~  
OI\*\*\*Y\*S\*\*Y~  
NM1\*IL\*1\*MOON\*JUDY\*C\*\*\*MI\*45454545~  
N3\*7008 BOXER AVE~  
N4\*NEW ORLEANS\*LA\*70115~

## **LOOP 2330B**

NM1\*PR\*2\*WELLCARE MEDICARE HMO\*\*\*\*\*PI\***H19030**~ *Must use the Medicare Advantage Louisiana Carrier code*

LX\*1~  
SV1\*HC:73610:26\*17\*UN\*1\*\*\*1~  
DTP\*472\*RD8\*20141017-20141017~  
REF\*6R\*148537261~  
AMT\*T\*1605400001002~  
SVD\***H19030**\*7.03\*HC:73610:26\*\*1~  
CAS\*CO\*223\*.14\*\*45\*8.04~  
CAS\*PR\*2\*1.79~  
DTP\*573\*D8\*20141106~  
LX\*2~  
SV1\*HC:73560:26\*19\*UN\*1\*\*\*1~  
DTP\*472\*RD8\*20141017-20141017~  
REF\*6R\*148537262~  
AMT\*T\*1605400001002~  
SVD\***H19030**\*7.67\*HC:73560:26\*\*1~  
CAS\*CO\*223\*.16\*\*45\*9.21~  
CAS\*PR\*2\*1.96~  
DTP\*573\*D8\*20141106~  
LX\*3~  
SV1\*HC:73590:26\*17\*UN\*1\*\*\*1~  
DTP\*472\*RD8\*20141017-20141017~  
REF\*6R\*148537263~  
AMT\*T\*1605400001002~  
SVD\***H19030**\*7.03\*HC:73590:26\*\*1~  
CAS\*CO\*223\*.14\*\*45\*8.04~  
CAS\*PR\*2\*1.79~  
DTP\*573\*D8\*20141106~

Example of a one line claim from Medicare Advantage Plan for Part B with other third party coverage involved. Claim example abbreviated to show relevant elements.

SBR\*S\*18\*\*MEDICAID OF LA\*\*\*\*\*MC~  
NM1\*IL\*1\*SHELL\*ANGEL\*\*\*\*MI\*3604448899901~  
N3\*12111 SERVICE ROAD~  
N4\*NEW BRUNSWICK\*LA\*70000~  
DMG\*D8\*19840622\*F~  
NM1\*PR\*2\*MEDICAID OF LA\*\*\*\*\*PI\*LA-DHH-MEDICAID ~

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N3\*PO BOX 91020~  
 N4\*BATON ROUGE\*LA\*708219020~  
 CLM\*888888888\*333\*\*23:B:1\*Y\*A\*Y\*Y\*B~  
 REF\*EA\*222222~  
 HI\*ABK:78900\*ABF:53550~  
 NM1\*82\*1\*DOE\*JOHN\*A\*\*\*XX\*155555555~

NM1\*77\*2\*ANY TOWN HOSPITAL\*\*\*\*\*XX\*188888888~  
 N3\*1111 JEFFERSON HWY~  
 N4\*NEW BRUNSWICK\*LA\*700002222~

## **LOOP 2320**

SBR\*P\*18\*\*\*\*\*MB~ *Must use the qualifier of MB identifying Medicare Advantage Part B*

AMT\*D\*137.06~

OI\*\*\*Y\*S\*\*Y~

NM1\*IL\*1\*SHELL\*ANGEL\*\*\*\*MI\*122244455~

SBR\*P\*18\*\*\*\*\*CI~ *Must use the qualifier of CI identifying OTHER payer*

AMT\*D\*100~

OI\*\*\*Y\*S\*\*Y~

NM1\*IL\*1\*SHELL\*ANGEL\*\*\*\*MI\*111222111~

## **LOOP 2330B**

NM1\*PR\*2\*WELLCARE MEDICARE ADVANTAGE\*\*\*\*\*PI\*H19030~ *Must use the Medicare Advantage*

*Louisiana Carrier code*

NM1\*PR\*2\*ALLCOVERAGE\*\*\*\*\*PI\*270711~*Must use appropriate Louisiana Carrier Code for OTHER third party payer*

## **LOOP 2400**

LX\*1~

SV1\*HC:99285\*333\*UN\*1\*\*\*1:2~

DTP\*472\*RD8\*20151010-20151010~

REF\*6R\*111222333~

## **LOOP 2430**

SVD\*H19030\*137.06\*HC:99285\*\*1~ *Info for same Medicare Advantage Carrier in NM109*

CAS\*CO\*45\*158.18~

CAS\*PR\*3\*37.76~ *Send all CAS segments received from the Medicare Advantage Carrier*

DTP\*573\*D8\*20151031~

SVD\*270711\*100\*HC:99285\*\*1~ *Info for same Other Carrier in NM109*

CAS\*CO\*45\*183~

CAS\*PR\*1\*50~ *Send all CAS segments received from the Other third party Carrier*

DTP\*573\*20150901

## **Appendix C - Change Summary**

This appendix will contain a summary of any changes made to this version of the 837P Health Care Claim Companion Guide after the initial release.

Version	Date	Author	Action/Summary of Changes	Loop/Segment	Page #
1.0	08/01/2017	Molina	Initial Document in CAQH/CORE Master Companion Guide required standard format.		
1.1	01/01/2018	Molina	Added information regarding billing Medicare Advantage Part B claims electronically	SBR Appendix B	ii,8,43,46-48

## Louisiana Medicaid 837 Health Claim - Professional Companion Guide

1.2	04/27/2018	Molina	Additional information on Medicare Advantage billing	SBR, NM109	29,30, 46-48
1.2	11/15/2108	DXC	LIFT 11467: Rebranded Molina → DXC		

### ***Appendix D - Frequently Asked Questions***

Frequently Asked Questions (FAQs) will be collected by the EDI Department staff. These FAQs will be evaluated for trends and whether the FAQs would offer helpful information to other Trading Partners. Questions identified relating to 837P transactions will be added to Appendix E of this Companion Guide, during regular document updates as needed.

### ***Appendix E - Trading Partner Agreements (TPA)***

This appendix contains a sample of the forms required for electronic billing or election to receive an electronic remittance (835) for Louisiana Medicaid providers. These documents can be found on [lamedicaid.com](http://lamedicaid.com) website under the link titled Provider Enrollment. The documents are:

- **PROVIDER'S ELECTION TO EMPLOY ELECTRONIC DATA INTERCHANGE OF CLAIMS FOR PROCESSING IN THE LOUISIANA MEDICAL ASSISTANCE PROGRAM (EDI CONTRACT FOR INDIVIDUALS)**
- **INDIVIDUAL MEDICAID ELECTRONIC MEDIA LIMITED POWER OF ATTORNEY (EDI POWER OF ATTORNEY)**

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There are a different set of forms specified if the provider is enrolled as an entity versus as an individual. These forms are found on the same web link. These forms are to be returned to DXC Medicaid Solutions Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159

## EDI Contract

PROVIDER'S ELECTION TO EMPLOY ELECTRONIC DATA INTERCHANGE OF CLAIMS FOR PROCESSING IN THE LOUISIANA MEDICAL ASSISTANCE PROGRAM (EDI CONTRACT FOR INDIVIDUALS)																											
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Louisiana Medicaid Provider Number (7 digits)														<table border="1"><tr><td>4</td><td>5</td><td>0</td><td></td><td></td><td></td><td></td></tr></table> Submitter Number (7 digits) (leave blank if applying for new number)							4	5	0				
4	5	0																									
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> National Provider Identifier (NPI) (10 digits)																											
Name of Individual Enrolling: _____																											
Billing Agent/ Submitter Name/ Name of Business that will be submitting claims (provider name or third party biller's name): _____																											
Name of Contact Person: _____																											
Contact Phone Number: _____																											
<p>The Medicaid File can hold a maximum of three Submitter Numbers per Medicaid Provider Number at any one time. Current policy is to close old Submitter Numbers as new ones are opened unless otherwise requested by the provider. It is also vital to identify which Submitter Number will be designated to download the Electronic Remittance Advice (ERA).</p> <p>In order for Louisiana Medicaid to gather this information, complete the following, if applicable: When a new Submitter Number is issued, it will be set up to retrieve ERAs. If a previously assigned Submitter Number is to be used to retrieve ERAs, then place it in the spaces provided below.</p>																											
<table border="1"><tr><td>4</td><td>5</td><td>0</td><td></td><td></td><td></td><td></td></tr></table>							4	5	0					<input type="checkbox"/> By checking this box you are giving authorization to have 835s produced for the individual listed above and available for download by either this new submitter number or the previously assigned submitter number.													
4	5	0																									
List other Submitter Number(s) that are currently on file which will NOT be used for 835 ERA, but which need to remain open in the spaces below:																											
<table border="1"><tr><td>4</td><td>5</td><td>0</td><td></td><td></td><td></td><td></td></tr></table>							4	5	0					<table border="1"><tr><td>4</td><td>5</td><td>0</td><td></td><td></td><td></td><td></td></tr></table>							4	5	0				
4	5	0																									
4	5	0																									
<div><input type="checkbox"/> I am currently enrolled or am requesting enrollment in Louisiana Medicaid and wish to submit my own claims electronically to Louisiana Medicaid.</div> <div><input type="checkbox"/> I am currently enrolled or am requesting enrollment in Louisiana Medicaid and wish to use a Third Party (Clearinghouse, Billing Agent, Submitter, etc.) to submit my claims electronically to Louisiana Medicaid. (Power of Attorney form is required.)</div>																											
<ol style="list-style-type: none"><li>On the date of signature below, the undersigned elects and agrees to submit Louisiana medical assistance claims by means of the electronic media claims processing method in accordance with Paragraphs 1 through 16 below. This is done in consideration for the Louisiana Department of Health and Hospitals, Bureau of Health Services Financing's (hereinafter referred to as "State Agency") processing of provider claims, as well as other valuable considerations.</li><li>All published specifications set forth shall be met as to every entry sought to be processed. The effective date for my EDI submission will be set by Provider Enrollment once the contract has processed.</li></ol>																											

Individual EDI Contract Page 1 of 2

# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

Provider Name: \_\_\_\_\_

3. The Provider, or his agent, shall be responsible for total compliance with said specifications including 42 CFR 447.10 which governs the payment options for Third Party Billers. The Provider's data processing agent for submission of medical assistance claims is stated above and any changes in the Provider's data processing agent shall be preceded by 30 days written notice to the State Agency.
4. The Provider shall provide upon request of the Director of the State Agency any supportive documentation to ensure that all technical requirements are being met, i.e. program listings, tape or diskette dumps, flow charts, file descriptions, accounting procedures and the like.
5. The undersigned Provider shall continue to be ultimately responsible for the accuracy and truthfulness of all medical assistance claims submitted for payment. Nevertheless, the Provider, if electing a data processing agent to submit medical assistance claims directly, must give a legal power of attorney to that agent in order to submit electronic claims.
6. It is expressly understood that the State Agency or its Fiscal Intermediary (Molina Medicaid Solutions) may request an entire submission at any time for failure to comply with the official specifications for submitting claims on electronic media or for any other reason.
7. The Provider agrees that this election does not in any way modify the requirements to the Policies and Procedures applicable to your provider type, except as the claims submission procedures which will be transmitted in electronic format rather than hardcopy.
8. The State Agency and the Provider mutually agree that this Agreement may be amended by mutual consent authorized representatives or contracting parties. This Agreement shall not be verbally amended.
9. The Provider agrees to submit to the State Agency, Fiscal Intermediary or any other authorized agent, upon request, sufficient documentation to substantiate the scope and nature of services provided for those claims submitted and for which reimbursement is claimed.
10. The Provider acknowledges and accepts responsibility for the provisions of Public Law 96-142 pertaining to fraud.
11. The Provider and the State Agency agree that each party to this Agreement shall have the right to unilateral termination of this Agreement upon delivery of written notice of termination upon the other party. The effective date of such termination shall be 30 days from the receipt of the notice of termination.
12. Further, for a period of five years, during the course of a federal/state audit or investigation, should documentation of the existence, nature and scope of the services pertaining to a medical assistance claim be requested, the Provider shall provide the documentation as requested and produce such for examination and copying.
13. The Provider agrees that this election shall be enforced in accordance with the laws of the State of Louisiana and that this election does not in any way modify the State Agency's limited obligations as set in a certain Provider Agreement between the State Agency and the Provider.
14. I attest that all claims submitted under the conditions of this Agreement are certified to be true, accurate and complete.
15. I understand that all claims submitted under the conditions of this Agreement will be paid and satisfied from federal and state funds, and that any falsification or concealment of a material fact, may be prosecuted under Federal and State laws.
16. I attest that all information supplied with this Agreement is true, accurate and complete.
17. **Applicable to those receiving 835s:** I authorize the Medicaid Fiscal Intermediary to send all HIPAA required data in the 835 transaction which includes claims information; payment information; and bank account information, provided by me and currently on file if enrolled in Electronic Funds Transfer, to the submitter identified above. This authorization will remain in effect until discontinued by written request or changed by a future request.

Print the Name of the Individual Provider \_\_\_\_\_

Individual Provider's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_



# Louisiana Medicaid 837 Health Claim - Professional Companion Guide

## Power of Attorney

INDIVIDUAL MEDICAID ELECTRONIC MEDIALIMITED POWER OF ATTORNEY (EDI POWER OF ATTORNEY)																													
<i>This form is required by all providers who will have electronic claims submitted by a third party.</i>																													
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4	5	0																											
Louisiana Medicaid Provider Number (7 digits)					Submitter Number (7 digits) (leave blank if applying for new number)																								
<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															Billing / Submitter Agent Business Name:														
National Provider Identifier (NPI) (10 digits)					Billing / Submitter Agent Contact Person:																								
Name of Individual Enrolling:					Billing / Submitter Agent Phone Number:																								
Practice Street Address:																													

BE IT KNOWN that on this day, BEFORE ME, A Notary Public duly commissioned and qualified in and for the Parish of \_\_\_\_\_, State of Louisiana, therein residing:

PERSONALLY CAME AND APPEARED the above named provider, represented herein by the provider or its duly authorized representative who is of majority and a resident of and domiciled in the State shown under Provider Address above who declared unto me, Notary, that he does by these presents, name, constitute and appoint the above named Billing / Submitter Agent, a person or entity with full legal capacity, to be his true and lawful agent and attorney-in-fact, to execute for him, and in his name, place and stand, the Louisiana Medical Assistance Program the applicable claims for the provider type for magnetic tape, diskette, or telecommunication submission of claims processing, the said appearer further authorizing the said agent to receive all information regarding payments made to the appearer for such claims, and appearer finally declaring that he or it by these presents does agree to indemnify and hold harmless the said agent from any and all liability resulting from claims submitted by the said agent for the said appearer.

THUS DONE AND PASSED BEFORE ME, Notary, in the City of \_\_\_\_\_  
State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Individual Provider Signature  _____  Print the Name of the Individual Provider	Notary Public Signature  _____  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Notary Seal or Notary Identification Number (REQUIRED)</div>
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