Louisiana Medicaid

DEPARTMENT OF HEALTH AND HOSPITALS
Medicaid

HIPAA 5010A General Companion Guide
Version Number 1.7

Created November 14, 2011

Revised 01/01/2018

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1.0 Introduction

This Companion Guide to the ASC X12N 5010A Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Louisiana Medicaid. Transmissions based on this companion document, used in tandem with the X12N 5010A Implementation Guides, are compliant with both X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N 5010A Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

1.1 Scope

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of Louisiana Medicaid to send/transmit Electronic Data Interchange (EDI) transactions. Supported transactions for Louisiana Medicaid Bulletin Board System (BBS) are listed below:

Transaction Name Accepted by the LA Medicaid BBS	Version
Health Care Claim: Dental	ASC X12N 837-005010X224A2
Health Care Claim: Professional	ASC X12N 837-005010X222A1
Health Care Claim: Institutional	ASC X12N 837-005010X223A2
Health Care Claim Payment/ Advice	ASC X12N 835-005010X221A1
Functional Acknowledgement	ASC X12N 999
Interchange Acknowledgement	ASC X12N TA1

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

1.2 References

This section specifies additional documents useful to the reader.

Washington Publishing Company (WPC) Website - www.wpc-edi.com
All X12N Implementation Guides adopted for use under HIPAA and their corresponding Addenda/Errata can be purchased and downloaded from this site.

Centers for Medicare and Medicaid Services (CMS) Website-
http://www.cms.gov/Versions5010andD0/ The website provides answers to Frequently Asked Questions, links to other HIPAA sites, and information on the law, regulations, and enforcement are located here.

1.3   Additional Information

Specific Companion guides for the 837-I, 837-P, 837-D, & 835 transactions are available for download from within our HIPAA testing service. These companion guides outline specific payer requirements for LA Medicaid.

Please register for an account to gain access to our HIPAA testing service for testing and companion guide downloads. Refer to HIPAA Testing Service Enrollment.

These Companion Guides are also available on lamedicaid.com under the HIPAA Information Center link.

2.0   Getting Started

2.1   Trading Partner Registration

This section describes how to register as an EDI trading partner with Louisiana Medicaid.

Current Electronic Claim Submitters:
If an existing provider is changing Submitters (i.e. using a Clearinghouse) and needs to have their provider number linked to a different submitter ID, an EDI Contract and a Power of Attorney Form is required.

Necessary forms can be found here:
http://www.lamedicaid.com/provweb1/Provider_Enrollment/existingenrollments.htm

NEW Electronic Claim Submitters
Current providers who want to submit electronic claims on their own behalf must complete only the EDI Contract found by selecting the EDI Contract and Power of Attorney link, found above.

Current providers who want to submit electronic claims with a Submitter that is not currently registered with Louisiana Medicaid, must submit the forms found at the 21 EMC Billing Agent link below.

Necessary forms can be found here:
http://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm

2.2   HIPAA Testing and Approval Overview

This section provides a general overview of the HIPAA testing and approval process.

- •   Testing Enrollment
  - • A provider's Software Vendor, Billing Agent or Clearinghouse must register for an account with the LA Medicaid HIPAA Testing Service.
    Registration link https://sites.edifecs.com/index.jsp?medicaidla
- •   HIPAA Testing Service
  - • Submitters will test transactions with a secure, web based testing program for each LA Medicaid claim type they submit.

3.0   Testing with the Payer

This section contains a detailed description of the testing phase.

The following information will help you enable your software vendor, billing agent or clearinghouse to become HIPAA 5010 approved. Instructions are also provided for those who do not have a software vendor, billing agent or clearinghouse.

From this point on a "Software Vendor," "Billing Agent", or "Clearinghouse" will be referred to collectively as a 'VBC'.

3.1   HIPAA Testing Service Enrollment

The first step toward your HIPAA 5010 readiness is to have your VBC register for an account with our testing service. As a provider who bills electronically, your VBC will be tasked with making your claims HIPAA 5010 ready. Therefore, the VBC must register for an account with our testing service.
(*Some providers develop their own electronic means of submitting claims to LA Medicaid. In this case the provider would be considered the VBC)

To register for an account with our HIPAA testing service, please go to the following link and sign up. https://sites.edifecs.com/index.jsp?medicaidla

This HIPAA testing service is entitled Ramp Management, which will display along with Account Registration or Logon options,

Companion guides for the 837-I, 837-P, and 837-D transactions are available for download from within the HIPAA testing service.

This testing service is available 24-hours-a-day, 7-days-a-week unless notice of scheduled or emergency downtime has been posted on lamedicaid.com.

Once your VBC has registered with our HIPAA testing service, advancement toward HIPAA 5010 readiness can begin.

In addition, LA Medicaid will communicate with all the VBCs primarily through the HIPAA testing service so register early to ensure they are getting all the information they need.

3.2   HIPAA Testing Service

Once your VBC has registered with our HIPAA testing service, access is immediately available.

The testing service entitled Ramp Management is a secure web based application that requires an Internet connection and a web browser.

The testing service will have everything a VBC needs to test for HIPAA 5010 with LA Medicaid. Companion Guides for the 837I, 837P, and 837D transactions and other necessary and useful documentation will be available for download from within the HIPAA testing service.

There are several testing programs in the HIPAA testing service that correspond with LA Medicaid claim types. They can be accessed from the "Public Programs" dropdown. VBCs can select and complete the appropriate testing programs for each file type that the VBC submits.

There is no testing program for Batch Pharmacy (NCPDP) in the HIPAA testing service. Pharmacy (NCPDP) testing can only be performed in the MMIS Testing step below.

Each testing program includes several tasks that must all be performed successfully to complete HIPAA testing. The testing service provides SNIP levels 1 and 2 file validation to make sure the files will be accepted into the next phase which is MMIS testing.

Use of this testing service is very helpful for trading partners that are working out HIPAA syntax issues. The testing service provides far more detailed information to resolve syntax issues than does the 999 Functional Acknowledgment received in the MMIS Testing Phase.

3.3   MMIS Testing

Please refer to the section on Connectivity with the Payer / Communications for instructions on how to gain access to our test HIPAA Bulletin Board System (BBS).

Listed below are the testing requirements:

1.   Submitter must have an active submitter ID with Louisiana Medicaid.
2.   You will upload a HIPAA 5010 EDI file with the **ISA15 set to "T" for test**.

- Test files can contain no more than 5,000 claims/encounters. TA1 Edit 203 will be issued if the file goes over that limit.
- The TA1 transaction will indicate whether or not your test file is accepted. The 999 transaction will display any errors that prevent the file from processing. A failed TA1 or 999 will stop the file from further processing. Refer to Sections 7.2 and 7.3 for additional information regarding these two transactions.
- Test files that receive a TA1 and 999 with no errors are then processed in the test environment and adjudication results are indicated in reports CP090 and CP06.
- The CP090 report will contain any errors/denials for the type of test claims submitted *(Error/denial code descriptions are contained in the RF-0-77 LA Medicaid/HIPAA Error Code Crosswalk which is available for download from http://www.lamedicaid.com/provweb1/Forms/Files/User Manuals.*
- The CP06 report will contain the detail payment information with a summary.
- An example of reports CP090 and CP06 can be found in Appendix B.

3.   A member of the EDI Unit gives production approval.

4.   Approval is based on the success of 5010 testing. Once approved, the submitter will be given access to the production HIPAA BBS for 5010 transactions.

4.0 Connectivity with the Payer / Communications

4.1 Supported Transactions

The HIPAA EDI BBS supports the following transactions:

Transaction Name	Version
Health Care Claim: Dental	ASC X12N 837-005010X224A2
Health Care Claim: Professional	ASC X12N 837-005010X222A1
Health Care Claim: Institutional	ASC X12N 837-005010X223A2
Health Care Claim Payment/ Advice	ASC X12N 835-005010X221A1
Functional Acknowledgement	ASC X12N 999
Interchange Acknowledgement	ASC X12N TA1

4.2 Submitter IDs & Passwords

4.2.1 New Submitter or Changing Submitter

Requests for a new submitter ID or requests to change a submitter ID must both be directed to Molina Medicaid Solutions Provider Enrollment Department at (225) 216-6370. Make these requests early so the Submitter ID will be ready for testing and production. **Please note that Provider Enrollment has a 3 week turnaround time for any type of request.**

Note: A submitter ID is required before a password can be issued for 5010 testing. Refer to **Section 2.1 Trading Partner Registration** for obtaining a Submitter ID. The HIPAA Testing Service can be used without a LA Medicaid Submitter ID, but requires a user ID and password. The **HIPAA Bulletin Board (BBS) does require a LA MEDICAID SUBMITTER ID AND PASSWORD.**

4.2.2 HIPAA Testing Service

The User ID and Password for the Louisiana Medicaid HIPAA Testing Service is created by the user at the time they register for an account with the HIPAA testing service. Please refer to the section on HIPAA Testing Service Enrollment.

4.2.3 Test HIPAA Bulletin Board System (BBS) for Testing

If you do not have a password, the **owner** of the submitter number should contact the EDI Department by email at hipaaedi@molinahealthcare.com.

4.2.4 Production HIPAA Bulletin Board System (BBS)

Submitter ID and Password for accessing the Production HIPAA Bulletin Board are the same as for the Test HIPAA Bulletin Board. The Production bulletin board will be updated to accept HIPAA 5010 transactions after production approval is given by the EDI unit.

4.3   HIPAA Bulletin Board Dial-up Phone Numbers

4.3.1 Test

Dial **225.927.4123** to access the test bulletin board system

To upload the following types of files to Test: <u>Select (A) SEND FILES</u>
- 837 Institutional
- 837 Dental
- 837 Professional

To download the following types of files: <u>Select (B) RECEIVE FILES</u>
- TA1 Interchange Acknowledgement
- 999 Functional Acknowledgement
- 835 Payment Advice
- Testing Reports (CP06 & CP090 Reports)

4.3.2 Production

Dial **225.302.5028** to access the production bulletin board system. (Please do not try to use the production line for testing)

To upload the following types of files to Production: <u>Select (A) SEND FILES</u>
- 837 Institutional
- 837 Dental
- 837 Professional

To download the following type of files: <u>Select (B) RECEIVE FILES</u>
- TA1 Interchange Acknowledgement
- 999 Functional Acknowledgement
- 835 Payment Advice

4.4   Communication Protocol Specifications

4.4.1 Dial-Up Requirements

- Windows
  - Dial-up Software that uses an asynchronous modem supporting Z-Modem protocol and a minimum baud rate of 9600 kbps.
  - One problem frequently reported by submitters has been modem compatibility with Windows 7. Please be sure to read all documentation associated with your particular modem model to ensure operating system compatibility.

4.5   File Naming Conventions

This section describes how files should be named for files uploaded to the BBS.

4.5.1 Production and Test File Names

In order to complete testing, at least one file must be uploaded to the Test HIPAA BBS for each File Extension you are planning to bill for. The file names for test are in the table below.

Please replace the sample submitter number 4599999 with your own LA Medicaid submitter number.

Transaction.	Claim Type	Name	File Extension	Sample file name
837D	11	Adult Dental	DNA	H4599999.DNA
837D	10	Dental-EPSDT	DNE	H4599999.DNE
837P	09	Durable Medical Equip.	DME	H4599999.DME
837P	04	ADHC* Physician, Pediatric Day Health Care	PHY*	H4599999.PHY
837P	05	Rehabilitation	REH	H4599999.REH
837P	07	Ambulance Transportation	TRA	H4599999.TRA
837I	01 & 03	Hospital IP/OP	UB9	H4599999.UB9
837I	06	Home Health	HOM	H4599999.HOM
837I	16	Adult Day Health Care**	ADC**	H4599999.ADC
837I	02	LTC, ICF/DD, SNF, Hospice	LTC	H4599999.LTC
837P	08	Non-Emergency Transportation	NAM	H4599999.NAM
837P	15	Medicare Advantage Part B	XXB***	H4599999.XXB
837I	14	Medicare Advantage Part A	XXA***	H4599999.XXA

*Adult Day Health Care (ADHC) claim files with Dates of Service 04/01/2016 and forward must be submitted on 837P with extension **PHY.**

ADHC claim files with dates of service up to and including 03/31/2016 must be submitted on 837I with extension **ADC.

***These file extensions are to be used only for **Medicare Advantage** claims NOT traditional Medicare coverage.

4.6   File Transmission Procedures

4.6.1 How to Connect and Login to the Louisiana EDI BBS

- To login to the Louisiana EDI BBS, submitters must first have a valid Submitter ID and Password, see Trading Partner Registration.

- Configure the dialup software to dial the Louisiana EDI BBS using the appropriate phone numbers from the Bulletin Board Dial-Up Phone Numbers section.

(Please See Appendix A for screen shots of underlined items below)

- Once connected to the BBS, submitters should see the BBS Login Screen (see Appendix A for screen prints).

- Once connected to the BBS Login Screen, submitters must enter a valid Submitter ID and Password. Enter a Submitter ID and press the [Enter] Key. Then type the corresponding password and press the [Enter] key.

- At this point, press the [Y] key to complete the authentication process or press the [N] key to exit.

- The BBS Main Menu should appear.

4.6.2 How to Submit a File to the Louisiana EDI BBS

- Login to the Louisiana EDI BBS using your Submitter ID and Password.

- At the BBS Main Menu press the [A] key to select the Send File(s) option of the Main Menu.

- The BBS File Upload screen will display.

- An open dialog screen should appear. If it does not, then manually start the upload process. Consult your dial-up software documentation for details. Usually, there will be an option to upload/download through your software.

- After the file is uploaded to the BBS, the BBS File Upload Review Y/N will display.

- If you want to review the files and their edits, press the [Y] key and the BBS File Uploaded Review Y screen will display a list of uploaded files. To bypass the file review screen press the [N] key, you will be redirected back to the BBS Main Menu.

4.6.3 How to Receive Responses and Download Files

- Login to the BBS.

- From the BBS Main Menu, press the [B] key to retrieve files. The BBS File Download Selection Screen will display.

- Select a file type to download from the BBS File Download Selection Screen.

- The BBS File Download List will display a list of files available for download.

- Select the file to download. The BBS File Download Screen Step 1 of 2 screen will display giving a choice to compress the files before download. Choose [Y] to compress the file or [N] to download the file uncompressed.

- The BBS Receive File Step 2 of 2 screen will be displayed. A "Browse for Folder" dialog should be displayed on entry into the screen. Select a target location to download your file. If the dialog box is not displayed, manually start the download process. Consult your Dial- up Software documentation for details.

- After the selected file or files are downloaded, the screen will navigate back to the BBS File Download Selection Screen.

4.6.4 BBS Error Codes

Below are the descriptions of all the error codes returned by the BBS for an invalid TA1.

Edit #	Edit
0	BBS Edi – Valid File
1	TA1 Edit 001 – The Interchange Control Number in the Header and Trailer Do Not Match. Value From the Header is Used in the Acknowledgment.
2	TA1 Edit 002 - This Standard as Noted in the Control Standards Identifier is Not Supported.
3	TA1 Edit 003 - This Version of the Controls is Not Supported
4	TA1 Edit 004 - The Segment Terminator is Invalid
5	TA1 Edit 005 - Invalid Interchange ID Qualifier for Sender
6	TA1 Edit 006 - Invalid Interchange Sender ID
7	TA1 Edit 007 - Invalid Interchange ID Qualifier for Receiver
8	TA1 Edit 008 - Invalid Interchange Receiver ID
9	TA1 Edit 009 - Unknown Interchange Receiver ID
10	TA1 Edit 010 - Invalid Authorization Information Qualifier Value
11	TA1 Edit 011 - Invalid Authorization Information Value
12	TA1 Edit 012 - Invalid Security Information Qualifier Value
13	TA1 Edit 013 - Invalid Security Information Value
14	TA1 Edit 014 - Invalid Interchange Date Value
15	TA1 Edit 015 - Invalid Interchange Time Value
16	TA1 Edit 016 - Invalid Interchange Standards Identifier Value
17	TA1 Edit 017 - Invalid Interchange Version ID Value
18	TA1 Edit 018 - Invalid Interchange Control Number Value
19	TA1 Edit 019 - Invalid Acknowledgment Requested Value
20	TA1 Edit 020 - Invalid Test Indicator Value
21	TA1 Edit 021 - Invalid Number of Included Groups Value
22	TA1 Edit 022 - Invalid Control Structure
23	TA1 Edit 023 - Improper (Premature) End-of-File (Transmission)
24	TA1 Edit 024 - Invalid Interchange Content (e.g., Invalid GS Segment)
25	TA1 Edit 025 - Duplicate Interchange Control Number
26	TA1 Edit 026 - Invalid Data Element Separator
27	TA1 Edit 027 - Invalid Component Element Separator
28	TA1 Edit 028 - Invalid Delivery Date in Deferred Delivery Request
29	TA1 Edit 029 - Invalid Delivery Time in Deferred Delivery Request
30	TA1 Edit 030 - Invalid Delivery Time Code in Deferred Delivery Request
31	TA1 Edit 031 - Invalid Grade of Service Code
92	Invalid TA1
93	Partially Received File
94	More than one ST/SE Segment per file is NOT Allowed
95	File Received
96	Invalid Interchange, GS06 does not match GE02
97	SVD05 is out range: Must be between 0 and 9,999.
98	Invalid TXN Type for File Extension
99	Invalid File Naming Convention

101	Invalid amount of service limits.
102	HI Value Information Quantity
103	Unrecognized Character in data file (accent mark)
200	Invalid Trading Partner ID
201	Unknown Content Type
203	Test File Exceeds 5000 Claims (for test files)
204	Trading Partner ID mismatch among ISA, GS, NM1 or Logon
205	NM109 must be numeric when NM108=MI.
206	CTP04 not 0-9999.999 or exceeds 3 decimal spaces.
207	More than 1 REF01 = G1 segment in 2400 loop.
208	SV2-05 limited to 4 whole numbers.
500	NCPDP Only – Invalid Software Vendor Certification ID
501	NCPDP Only – Invalid Transaction Code
502	NCPDP Only – Invalid Detail Version
503	NCPDP Only – Invalid Processor Control Number
504	NCPDP Only – Only One Void per transaction is allowed
505	File Type Currently Disabled
905	File Invalid Source

4.6.5 Requesting an 835

Submitter Numbers that are already in 5010A Production

The **owner** of the Submitter Number **(your software vendor cannot make this request on your behalf)** is required to contact the EDI Department by email requesting that their Submitter Number be set up for 5010A 835 Transactions. Please include your Submitter Number in the subject line of the email. The email address is hipaaedi@molinahalthcare.com. Once your request is received you will receive a system generated email. Once you have read the email you must then forward the email (your software vendor cannot do this on your behalf) to the same email address above stating that you fully understand the email that you have received. Once the email has been received your Submitter Number will be placed in production for the 5010A 835 Transactions. You will then be sent a second email from EDI Department stating what date you can expect to be able to retrieve your first 5010A 835 Transaction.

Providers may also request the 835 transaction by logging into the secure provider portal on www.lamedicaid.com. The application is listed as Electronic Remit 835.

Submitter Numbers that are not already in 5010A Production

The **owner** of the Submitter Number **(your software vendor cannot make this request on your behalf)** is required to contact the EDI Department by email requesting to be set up for 5010A Testing. The email address to contact us with is hipaaedi@molinahealthcare.com. Please include your Submitter Number in the subject line of your email.

If your Submitter Number is going to be used for **5010A 835 Transactions only**, your email must state that you requesting to be setup for 5010A Testing and 835 Transactions only.

Once your request has been received you will receive two different emails. One email will state that you have been set up for 5010 A testing along with your password. The email will also include the 5010A 837 File types that you requested to be set up for. The second email will be a system generated email. Once you have read the email you must forward the email to EDI Department (your software vendor cannot do this on your behalf) stating that you fully understand the email. The email address that you will forward this to is hipaaedi@molinahealthcare.com. Once the EDI Department receives this email, you will receive another email stating that you have been placed in production for 5010A 835 Transaction and the date that you can expect to be able to retrieve your first 5010A 835 Transaction.

5.0   Contact Information

5.1   EDI Customer Service and Technical Assistance

If you have questions regarding HIPAA EDI testing and support, please contact the EDI Department by email hipaaedi@molinahealthcare.com or call 225-216-6303.

5.2   Provider Service

For detailed information concerning the payment of claims, please contact Molina Medicaid Solutions Provider Relations Department @ 225-924-5040 or 800-473-2783.

For enrollment as a new electronic submitter for Louisiana Medicaid, or to change submitter numbers, please contact Molina Medicaid Solutions Provider Enrollment Department at 225-216-6370.

Providers should contact the designated Bayou Health Plan with any inquiries related to billing for recipients enrolled in any of those Plans. Contact information for Bayou Health Plans is as follows:

Aetna Better Health of Louisiana	(1-855-242-0802)
Amerigroup Louisiana, Inc.	(1-747-473-2737)
AmeriHealth Caritas Louisiana	(1-88-922-0007)
Louisiana Healthcare Connections	(1-866-595-8133)
United Healthcare of Louisiana	(1-888-675-1607)

6.0   Payer Specific Business Rules and Limitations

This information is available in the specific companion guides for the 837 P, 837 I, 873 D, & 835 transactions.

The companion guides are available for download from within the HIPAA Desk Testing Service. Refer to the section on HIPAA Desk Testing Service Enrollment.

These Companion Guides are also available on www.lamedicaid.com under the HIPAA Information Center link.

6.1   ST-SE

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

6.2   Billing Deadlines

All claims files received electronically by 12:00P.M., on Thursday will be processed over the weekend. Claim Files that **have not** been received or have not **generated a 999** by 12:00 P.M. Thursday will be processed the following week. It is always an advantage for Submitters to send their claim files **before Thursday's billing deadline**. Submitters should refer frequently to notices on lamedicaid.com for information that may impact billing deadlines such as holiday schedules and other changes in our processing schedule.

7.0 *Acknowledgements and or Reports*

This section contains information and examples on any applicable payer acknowledgements.

7.1 Valid EDI Delimiters for Louisiana Medicaid

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Repetition Separator	^	94	5E
Compound Element Separator	:	58	3A

7.2 TA1 Interchange Acknowledgement

The TA1 will be available on the BBS immediately after submission of a file. LA Medicaid sends the TA1 acknowledgement separate from the 999-Functional Acknowledgement. The TA1 acknowledges receipt of a file. If the TA1 Interchange Acknowledgement Code is 'R' that means errors were found and the file has been rejected. You must examine the Interchange Note Code, correct the error and resubmit the file using a unique control number. If the TA1 Interchange Acknowledgement Code is 'A' and the Interchange Note Code is '000' the file has been accepted into our processing system. If the file was accepted, the next acknowledgement you will receive is the 999-Functional Acknowledgement. If the file passes 999-Functional Acknowledgement validations, it will be adjudicated.

TA1	Interchange Acknowledgement	**Pos:**	**Max: 1**
		Not Defined	**- Mandatory**
User Option (Usage): Required		**Loop: N/A**	**Elements: 5**

Example: TA1*000568426*030615*0200*A*000~

Element Summary:

Ref	Id	Element Name	Reg	Type	Min/Max
TA101	I12	**Interchange Control Number**	M	N0	9/9
		LA Medicaid: *Will be the Interchange Control Number of the original Transaction being acknowledged.*			
TA102	I08	**Interchange Date**	M	DT	6/6
		LA Medicaid: *Will be the date of the original Transaction being acknowledged. YYMMDD*			
TA103	I09	**Interchange Time**	M	TM	4/4
		LA Medicaid: *Will be the time of the original Transaction being acknowledged. HHMM*			
TA104	I17	**Interchange Acknowledgment Code**	M	ID	1/1
		LA Medicaid: *This will indicate if the envelopes are Accepted, Accepted with errors, or Rejected due to errors. See Implementation Guide for valid values.*			
TA105	I18	**Interchange Note Code**	M	ID	3/3
		LA Medicaid: *This will display the error code indicating the Interchange Control Structure. See Implementation Guide for valid values.*			

7.3   999 Functional Acknowledgement

ISA	Interchange Control Header	**Pos:**	**Max: 1**
		Not Defined	**- Mandatory**
		Loop: N/A	**Elements: 16**

Element Summary: **ISA/GS –** These segments are the same as the inbound 837 with the exception of the **Sender/Receiver Codes are reversed**, as Louisiana has now become the Sender. Also, the GS01 is now "FA'-Functional Acknowledgement, rather than 'HC'-Health Care Claim.

Ref	Id	Element Name	Reg	Type	Min/Max
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2
		LA Medicaid: *'00' will be used for this element*			
ISA02	I02	**Authorization Information**	M	AN	10/10
		LA Medicaid: *Spaces will be used*			
ISA03	I03	**Security Information Qualifier**	M	ID	2/2
		LA Medicaid: *'00' will be used for this element*			
ISA04	I04	**Security Information**	M	AN	10/10
		LA Medicaid: *Spaces will be used*			
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2
		LA Medicaid: *'ZZ' will be used for this element*			
ISA06	I06	**Interchange Sender ID**	M	AN	15/15
		LA Medicaid: *'LA-DHH-MEDICAID' will be used for this element*			
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2
		LA Medicaid: *'ZZ' will be used for this element*			
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15
		LA Medicaid: *Will be the 7 digit Molina Assigned submitter ID (i.e. 450XXXX) followed by spaces*			
ISA09	I08	**Interchange Date**	M	DT	6/6
		LA Medicaid: *The date format is YYMMDD*			
ISA10	I09	**Interchange Time**	M	TM	4/4
		LA Medicaid: *The time format is HHMM*			
ISA11	I10	**Repetition Separator**	M	ID	1/1
		LA Medicaid: **^**			
ISA12	I11	**Interchange Control Version Number**	M	ID	5/5
		LA Medicaid: *Will be 00501 for this element*			
ISA13	I12	**Interchange Control Number**	M	N0	9/9
		LA Medicaid: *Will be identical to the interchange trailer IEA02. Will be unique for every transmission*			
ISA14	I13	**Acknowledgment Requested**	M	ID	1/1
		LA Medicaid: *Will be 1 for this element*			
ISA15	I14	**Usage Indicator**	M	ID	1/1
		LA Medicaid: *T = Test Data* *P = Production Data*			
ISA16	I15	**Component Element Separator**			
		LA Medicaid: **:**			

GS — Functional Group Header

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

Element Summary:

Ref	Id	Element Name	Reg	Type	Min/Max
GS01	479	**Functional Identifier Code**	M	ID	2/2
		LA Medicaid: *Will be the value 'FA' for this element*			
GS02	142	**Application Sender's Code**	M	AN	2/15
		LA Medicaid: *Will be 'LA-DH-MEDICAID' for this element*			
GS03	124	**Application Receiver's Code**	M	AN	2/15
		LA Medicaid: *Will be identical to the value in ISA06*			
GS04	373	**Date**	M	DT	8/8
		LA Medicaid: *The date format is CCYYMMDD*			
GS05	28	**Time**	M	TM	4/8
		LA Medicaid: *The time format is HHMM*			
GS06	455	**Group Control Number**	M	N0	1/9
		LA Medicaid: *Assigned and maintained by the sender*			
GS07	480	**Responsible Agency Code**	M	ID	1/2
		LA Medicaid: *Will be the value X for this element*			
GS08		**Version/Release/Industry Identifier Code**	M	AN	1/12
		LA Medicaid: *Will be the value of the transaction version being validated by the 999*			

ST — Transaction Set Header

Pos: 0100	**Max: 1**			
Heading	**- Mandatory**			
Loop: N/A	**Elements: 3**			

Element Summary:

Ref	Id	Element Name	Reg	Type	Min/Max
	143	**Transaction Set Identifier Code**	M	ID	3/3
		LA Medicaid: *'999' will be used in the element*			

SE — Transaction Set Trailer

Pos: 1000	**Max: 1**			
Heading	**- Mandatory**			
Loop: N/A	**Elements: 2**			

Element Summary:

Ref	Id	Element Name	Reg	Type	Min/Max
AK901	715	**Functional Group Acknowledge Code**	M	ID	1/1
AK902	97	**Number of Transaction Sets Included**	M	N0	1/6

GE — Functional Group Trailer

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GE01	97	**Number of Transaction Sets Included**	M	N0	1/6
		LA Medicaid: *Number of transaction sets included*			
GE02	28	**Group Control Number**	M	N0	1/9
		LA Medicaid: *Will be identical to the value in GS06*			

IEA — Interchange Control Trailer

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

Element Summary:

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

7.4   *Unknown Provider NPI Report*

If Molina receives electronic claims populated with an NPI that is not linked properly with the provider's legacy Louisiana Medicaid Provider number on the Medicaid Provider file, the claims will be denied. However, because the claims processing system is unable to properly identify the billing provider, denial notice cannot be sent to the billing provider either on the hardcopy Remittance Advice or in the 835 electronic Remittance Advice transaction. There is a report available to EDI submitters on lamedicaid.com that identifies such claims. Submitters must be registered on the Molina lamedicaid.com website using their submitter ID number to access this application. The name of this report is CP-DENY-999 and is posted weekly. Submitters should check this report frequently especially if providers complain about missing or unprocessed claims. If claims are found on the report, the Submitter should notify the provider who in turn should contact Molina Provider Enrollment Department if necessary to update/correct NPI information. The claims will need to be resubmitted by the provider/submitter <u>after</u> the provider NPI information is updated. Only enrolled Submitters have access to this report.

See Section 9.5 for a sample report.

8.0   Appendix A – BBS Screen Shots

8.1   BBS Login Screen

Screen Description: This screen allows a Submitter to login to the Louisiana EDI BBS.

```
Wildcat! Interactive Net Server (c) 1998-2002 Santronics Software, Inc.
Registration number: 09-3184  v5.6.450 (Nov 14 2002)  Node: 2

Connected with Local.  Ansi detected.
_____

  You are connected to Louisiana EDI BBS:

        Node: 2
     Version: 1.1
   Baud Rate: Local                    (must be >= 9600)
    Protocol: No default               (must be ZMODEM)
_____

 Enter Trading Parter ID: 4509999



 Enter Password:   [*******█                    ]
```

Once you have logged in to the BBS, the following message will be displayed. Press **[Y]** to continue or **[N]** to logoff.

```
Press [Y] to continue or [N] to logoff... █
```

8.2 BBS Main Menu

Screen Description: The Louisiana EDI BBS Main Menu is the main entry point of the BBS.

```
Version 1.1                                          TP: 4509999
Test                                                 Nm: Test Tradin
                      Louisiana EDI BBS              Dt: 2003/07/09
                          Main Menu                  Tm: 12:31


              SEL │ Description
              A   │ Send File(s)
              B   │ Retrieve File(s)
              Q   │ Logoff

              Enter Selection:
```
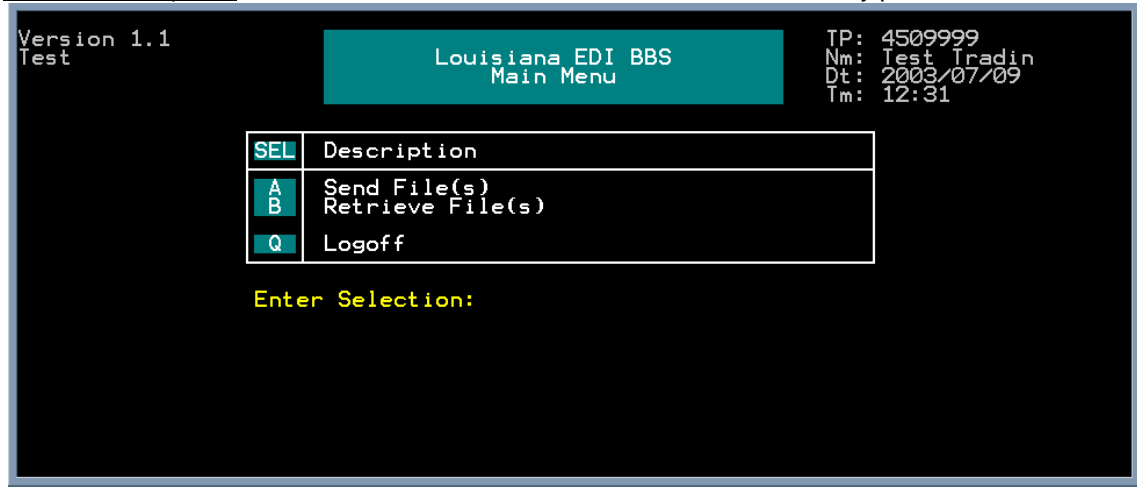
Screen Options

Option	Name	Description
A	Send File(s)	This option navigates to the File Upload Dialog.
B	Receive File(s)	This option navigates to the Transmission Retrieval screen, where Submitters can download response files from the Louisiana EDI BBS
Q	Logoff	This option allows a Submitter to logoff from the Louisiana EDI BBS.

Note: In the upper left hand corner of the screen, the version number and region appears. Before attempting to upload claims, verify that you are in the correct region.

8.3   BBS File Upload

Screen Description: The Transmission Submission File Upload Dialog allows users to upload a file to the Louisiana EDI BBS. Once a Submitter navigates to the screen, an Open File dialog screen should be displayed allowing a file to be uploaded. If the Open File dialog screen does not display, then the upload process must be started manually. Consult the dialup software for details.
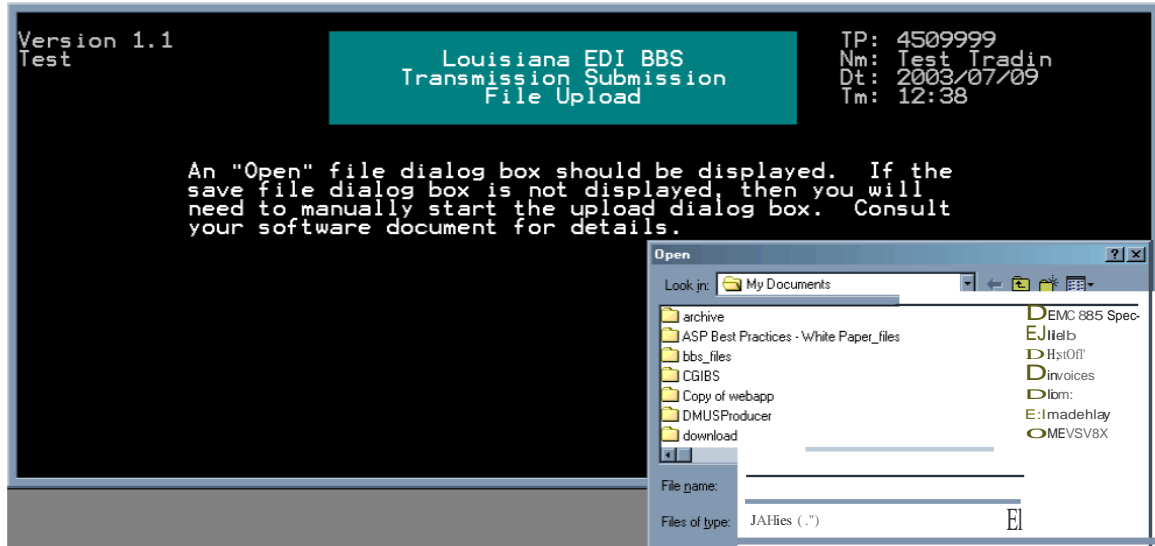
8.4   BBS File Upload Review Y/N

Screen Description: The File Upload Review dialog screen allows Submitters to choose whether or not to review the files they have submitted and any edits that the file received.
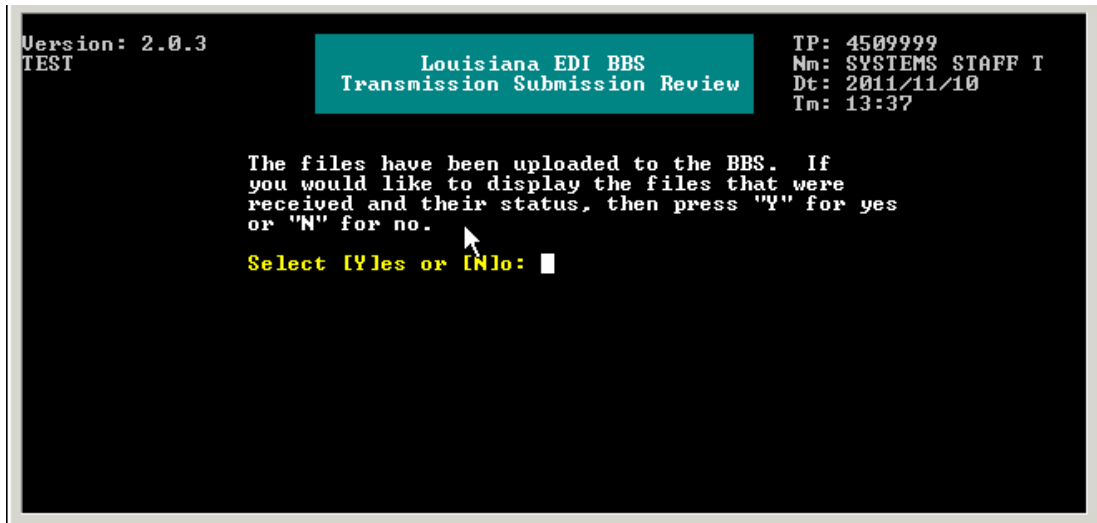
Screen Options

Option	Name	Description
Y	Yes	This option navigates to the Louisiana BBS File Upload Review.
N	No	This option navigates to the Louisiana EDI BBS Main Menu.

8.5   BBS File Uploaded Review Y

Screen Description: This screen displays the files that were uploaded to the Louisiana EDI BBS. Once this screen is displayed press the [ENTER] key to navigate to the Louisiana EDI BBS Main Menu.
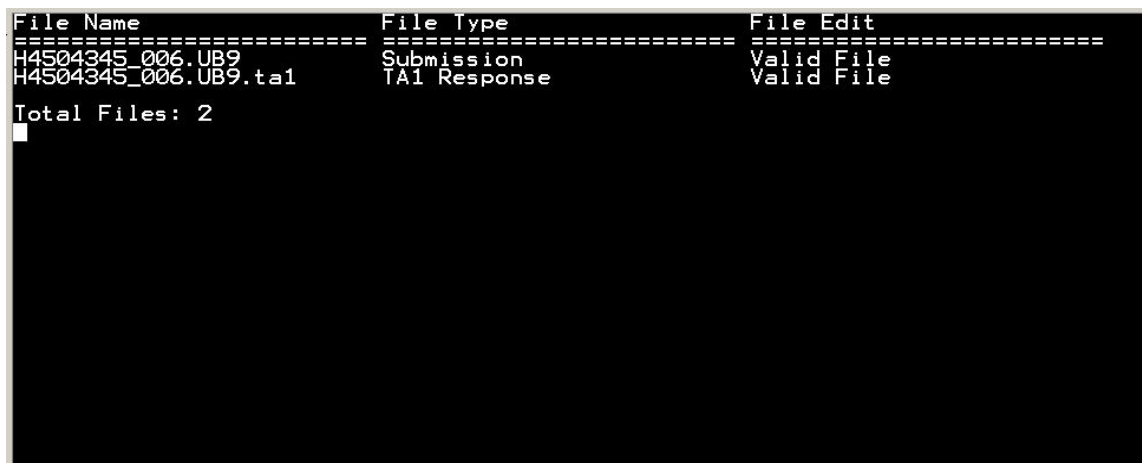
8.6   BBS File Download Selection Screen

Screen Description: This screen allows Submitters to navigate to the File Download areas where the Responses can be downloaded.

Note: This screen differs depending on the Region. An image for each region is displayed below.

Screen Sample - **Production**
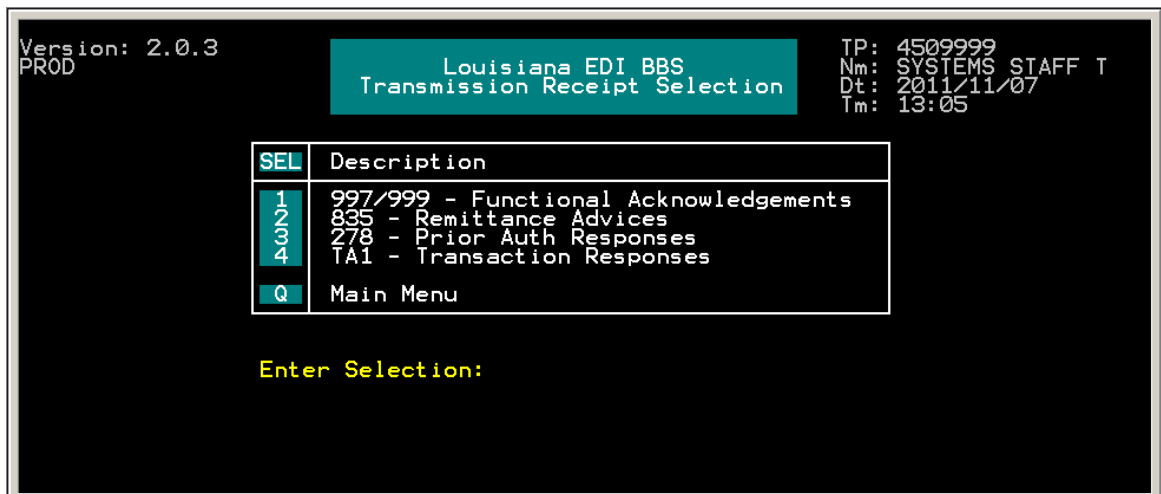
Screen Sample – **Test**
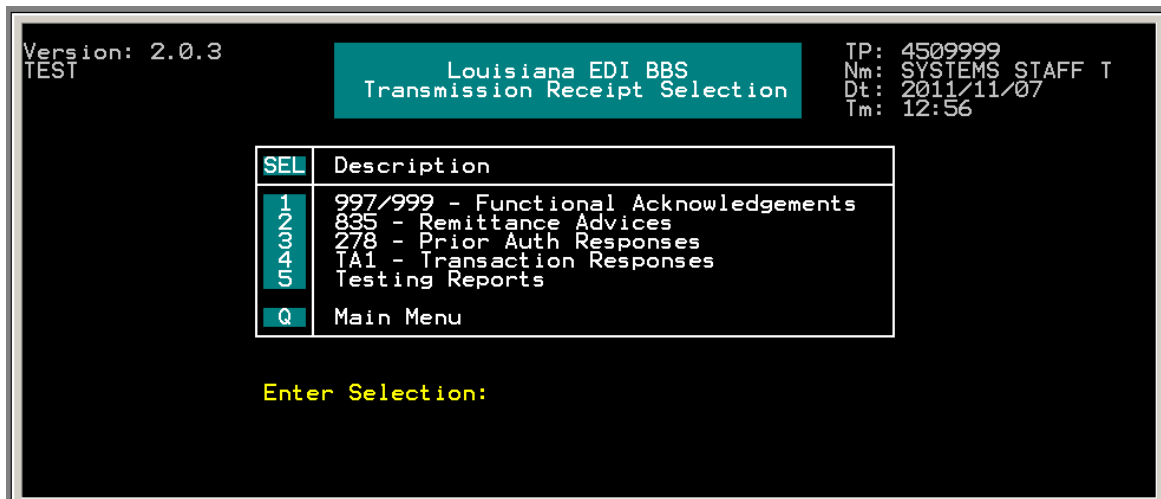
Screen Options

Option	Name	Description
1	997/999 – Functional Acknowledgements	This option navigates to the File download screen where Submitters can download 997s for 4010 test files or 999 response for 5010 test files from the Louisiana EDI BBS.
2	835 – Remittance Advice	This option navigates to the File Download screen where Submitters can download 835 response files from the Louisiana EDI BBS.
3	278 – Prior Auth Responses	This option navigates to the File Download where submitters can download 278 response files from the Louisiana EDI BBS.

4	TA1 – Responses	This option navigates to the File Download screen where Submitters can download TA1 response files from the Louisiana EDI BBS.
5	Testing Reports **(Test Only)**	This option navigates to the File Download screen where Submitters can download Test Reports from the Louisiana EDI BBS.
Q	Quit	This option navigates to the Louisiana EDI BBS Main Menu.

8.7   BBS File Download List

Screen Description: This screen allows users to view and download of Response Files that reside on the Louisiana EDI BBS. Since there can be multiple files stored for a Submitter on the BBS, the files can be listed on several pages. The screen allows Submitters to scroll up or down pages of file listings.

```
Version 1.1                                                    TP: 4509999
Prod                          Louisiana EDI BBS                Nm: Test Tradin
                            Download Selection List            Dt: 2003/07/09
                                                               Tm: 13:04

                                                               Created On
sel    File Name                                               Date     Time
===    ===============================================         ========= ========
  1    h4509999.phy.ta1                                        2003/07/09 12:47:04
  2    h4509999.phy.ta1                                        2003/07/09 12:42:42
Page    1 of   1, Total Files: 2

Download [1...2], Download [A]ll, [Q]uit
Enter Selection:
```

Screen Options

Option	*Name*	*Description*
P	Previous (Page)	This option scrolls to the previous page of files.
N	Next (Page)	This option scrolls to the next page of files.
1 thru 10	Download (file) [1…10]	This option allows Submitters to download a single file. After a user selects this option a Compress Dialog screen will be displayed allowing a user to compress the file before downloading.
A	Download All	This option allows a user to download all of the files from the particular download area. The files will be compressed and stored in a compressed file archive.
Q	Quit	Navigates to the BBS File Download Selection Screen.

8.8   BBS File Download Screen Step 1 of 2

Screen Description: This screen allows users to choose whether the file to be downloaded is to be compressed.   Once the selection is made, the Louisiana EDI BBS Receive File Step 2 of 2 screen will start the download process.

```
Version 1.1                                                    TP: 4509999
Prod                          Louisiana EDI BBS               Nm: Test Tradin
                              Receive  File                   Dt: 2003/07/09
                              Step 1 of 2                      Tm: 13:08


                    You are about to download a file!!!

                 A Compressed version of this file can also be
                 downloaded.  To Compress the file
                 select [Y]es or [N]o.  If you select yes, the
                 Transmission Receipt Compression screen will
                 appear.  If you select no, a save file dialog
                 box should appear.

                 Compress File, [Y]es or [N]o:
```
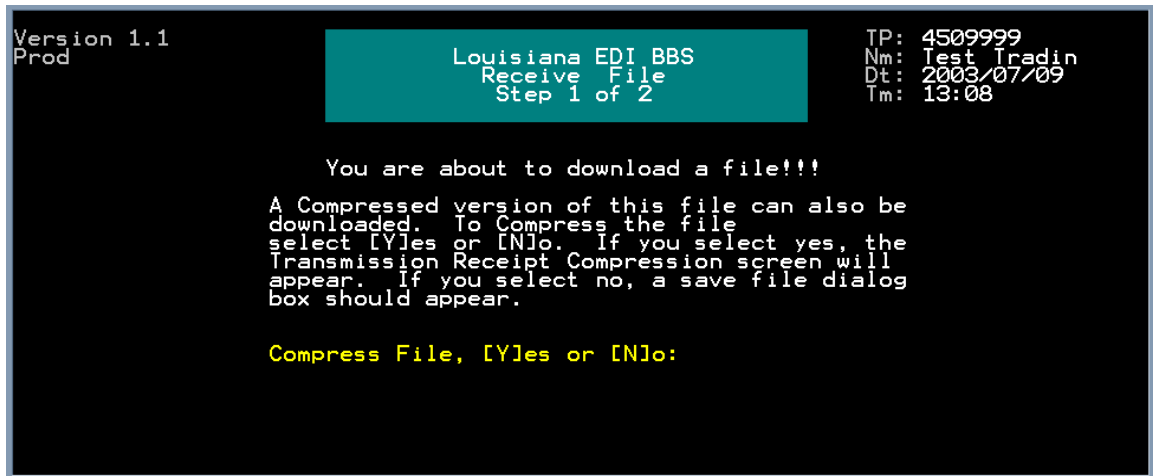
Screen Options

Option	Name	Description
Y	Yes	Compress the selected file or files before downloading.
N	No	Do not compress the selected file or files before downloading.

8.9   BBS Receive File Step 2 of 2

Screen Description: This screen allows users to select where to download the selected file or files to their computer. On entry into this screen, a "Browse for Folder" dialog appears. Some dialup software may require that the downloading of a file be manually started.

Screen Options

Option	Name	Description
P	Previous (Page)	This option scrolls to the previous page of files.
N	Next (Page)	This option scrolls to the next page of files.
1 thru 10	Download (file) [1…10]	This option allows a Submitter to download a single file. After a user selects this option a Compress Dialog screen will be displayed allowing a user to compress the file before downloading.
A	Download All	This option allows a user to download all of the files from the particular download area. The files will be compressed and stored in a compressed file archive.
Q	Quit	Navigates to the Louisiana EDI BBS Main Menu.

9.0   Appendix B – Reports Generated from Submitter Self-Test and Other Miscellaneous Reports

9.1   CP-O-06 for Claims

```
LAM2D070                            LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS                     REPORT NO: CP-0-06
 RUN: 12/18/14 13:18:01            DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)                          PAGE:    1
CYCLE: 12/18/14                         DISPOSITION OF CLAIMS - ISA13: 411754749
         1                   2               3       4       5          6        7       8        9     10    11        12  13
    REFERENCE            RECIPIENT        PROVIDER  FROM    THRU   PROCEDURE/NDC UNIT  CHARGES  PAYMENT EC  ERRORS        CT  SD
     NUMBER                 ID               ID    YYMMDD  YYMMDD

  4352-1186-005-00  XX-XX-X-XXXXXX-XX  01-36839 141001 141031    T0012        0001    140.00      .00 01 190           04 41
  4352-1186-006-00  XX-XX-X-XXXXXX-XX  01-36839 141001 141031    Z0178        0001    157.00   157.00 00               04 11
  4352-1186-007-00  XX-XX-X-XXXXXX-XX  01-36839 141009 141031    Z0195        0001    140.00   140.00 00               04 11
  4352-1186-008-00  XX-XX-X-XXXXXX-XX  01-36839 141001 141031    Z0178        0001    157.00      .00 01 190           04 41
```

Legend	
1	REFERENCE NUMBER – Internally generated tracking number
2	RECIPIENT Id – 13-DIGIT RECIPIENT ID NUMBER
3	Provider ID – 7 digit Medicaid Provider ID Number
4	FROM YYMMDD – Report Start Date of service on the claim
5	THRU YYMMDD – Report End Date of service on the claim
6	PROCEDURE/NDC – NDC or Procedure Code
7	UNIT – Billed units for the specified procedure code
8	CHARGES – Charges specified by the provider on the claim
9	PAYMENT – Medicaid Payment amount calculated for the claim
10	EC – Error count
11	ERRORS – Error code(s) associated with the claim
12	CT – Claim Type
13	SD – Status or Disposition (11 – Paid Original Claim, 41 – Pended Original Claim, 31 - Denied Original Claim)

9.2   CP-0-90-D for Claims

```
LAM2D070                     LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS              REPORT NO: CP-0-90-D
  RUN: 12/18/14 13:18:01          DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)                PAGE:       1
CYCLE: 12/18/14                     DENIED CLAIMS ERROR ANALYSIS - ISA13: 411754749 ← 1
```

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
ERROR	ERROR	HOSP	LTC	OPAT	PHY	RHAB	HH	AMBL	NAMB	DME	DNTLE	DNTL	RX	EPSDT	18-I	18-P	ADC	HAB	HMKR	
CODE	DESCRIPTION	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL
003	RECIPIENT # INVALID	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
005	INVAL SERV FROM DATE	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
006	INVAL SERV THRU DATE	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
007	SERV THRU LT SERV FM	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
008	SERV FRM GT ENTR DTE	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
009	SERV THR GT ENTR DTE	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
018	INVALID PRIM DIAGNOS	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
019	INVALID SECOND DIAG	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
020	INVAL/MISS DIAG CODE	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
021	INVALID FORMER REFNO	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
022	INVALID BILLED CHRGS	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
023	INV PARTIAL RECIP	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
028	INVAL/MISS PROC CODE	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
190	PA NO NOT ON FILE___	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	***** TOTAL *****	0	0	0	52	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52

Legend	
1	ISA13 This is the same value that was submitted in the HIPAA 837 test file
2	Louisiana Medicaid Proprietary ERROR CODE
3	Louisiana Medicaid Proprietary ERROR DESCRIPTION
4	HOSP 01 - Count Of Claim Type = 01 (Hospital) Incurring The Error
5	LTC 02 - Count Of Claim Type = 02 (Long Term Care) Incurring The Error
6	OPAT 03 - Count Of Claim Type = 03 (Out Patient) Incurring The Error
7	PHY 04 - Count Of Claim Type = 04 (Physician) Incurring The Error
8	RHAB 05 - Count Of Claim Type = 05 (Rehabilitation) Incurring The Error
9	HH 06 - Count Of Claim Type = 06 (Home Health Care) Incurring The Error
10	AMBL 07 - Count Of Claim Type = 07 (Ambulance) Incurring The Error
11	NAMB 08 - Count Of Claim Type = 08 (Non-Emergency Ambulance) Incurring The Error
12	DME 09 - Count Of Claim Type = 09 (Durable Medical Equipment) Incurring The Error
13	DNTLE 10 - Count Of Claim Type = 10 (EPSDT Dental) Incurring The Error
14	DNTL 11 - Count Of Claim Type = 11 (Adult Dental) Incurring The Error
15	RX 12 - Count Of Claim Type = 12 (Prescription) Incurring The Error
16	EPSDT 13 - Count Of Claim Type = 13 (Early And Periodic Screening, Diagnosis, And Treatment) Incurring The Error (Obsolete)
17	18-I 14 - Count Of Claim Type = 14 (Medicare Institutional) Incurring The Error
18	18-P 15 - Count Of Claim Type = 15 (Medicare Professional) Incurring The Error
19	ADC 16 - Count Of Claim Type = 16 (Adult Day Care) Incurring The Error
20	HAB 17 - Count Of Claim Type = 17 (Day Habilitation) Incurring The Error (Never Implemented)
21	HMKR 18 - Count Of Claim Type = 18 (Home Maker) Incurring The Error (Never Implemented)

The CP-0-90-D Report will display the number of claims in the test file that incurred MMIS errors that caused a claim denial. Providers can then make corrections to the claim data and resubmit the test file to determine if the error condition can be resolved.

9.3   CP-O-06 for Encounters

```
LAM2D070                              LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS                    REPORT NO: CP-0-06
 RUN: 12/09/14 09:28:04               DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)                         PAGE:    1
CYCLE: 12/09/14                              DISPOSITION OF CLAIMS - ISA13: 000095433
         1                2              3      4      5      6          7        8        9     10    11           12 13
     REFERENCE        RECIPIENT      PROVIDER  FROM   THRU   PROCEDURE/NDC UNIT  CHARGES  PAYMENT EC ERRORS         CT SD
       NUMBER            ID             ID    YYMMDD YYMMDD

  4343-1536-001-00  XX-XX-X-XXXXXX-XX  00-07514 140101 140101     99283       0001    587.00      .00 00 05 24
  4343-1536-002-00  XX-XX-X-XXXXXX-XX  00-36260 140716 140716     97001       0001    129.00      .00 00              05 11
  4343-1536-002-01  XX-XX-X-XXXXXX-XX  00-36260 140806 140806     97110       0004    236.00      .00 00              05 11
  4343-1536-002-02  XX-XX-X-XXXXXX-XX  00-36260 140812 140812     97110       0004    236.00      .00 00              05 11
```

Legend	
1	REFERENCE NUMBER – Internally generated tracking number
2	RECIPIENT Id – 13-DIGIT RECIPIENT ID NUMBER
3	Provider ID – 7 digit Medicaid Provider ID Number
4	FROM YYMMDD – Report Start Date of service on the claim
5	THRU YYMMDD – Report End Date of service on the claim
6	PROCEDURE/NDC – NDC or Procedure Code
7	UNIT – Billed units for the specified procedure code
8	CHARGES – Charges specified by the provider on the claim
9	PAYMENT – Medicaid Payment amount calculated for the claim
10	EC – Error count
11	ERRORS – Error code(s) associated with the claim
12	CT – Claim Type
13	SD – Status or Disposition (11 – Paid Original Claim, 41 – Pended Original Claim, 31 - Denied Original Claim)

9.4 CP-0-90-D for Encounters

```
LAM2D070                        LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS              REPORT NO: E-CP-0-90-D
  RUN: 08/26/14 09:39:04        DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)                      PAGE:      1
CYCLE: 08/26/14                     DENIED ENCOUNTER ERROR ANALYSIS - ISA13: 141891109  ← 1
```

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
152	INV ICD CODE ON DOS	0	0	0	35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35
506	SUB PROV NON PAR BYU	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	***** TOTAL *****	0	0	0	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	36

```
LAM2D070                        LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS              REPORT NO: E-CP-0-90-E
  RUN: 08/26/14 09:39:04        DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)                      PAGE:      1
CYCLE: 08/26/14                       ENCOUNTER EOB ANALYSIS - ISA13: 141891109  ← 1
```

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
202	PROV CLAIM TYP CONFL	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
210	PROV PROC CONFLICT	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
232	PROCEDURE CODE NOF	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
	***** TOTAL *****	0	0	0	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34

Legend	
1	ISA13 This is the same value that was submitted in the HIPAA 837 test file
2	Louisiana Medicaid Proprietary ERROR CODE
3	Louisiana Medicaid Proprietary ERROR DESCRIPTION
4	HOSP 01 - Count Of Claim Type = 01 (Hospital) Incurring The Error
5	LTC 02 - Count Of Claim Type = 02 (Long Term Care) Incurring The Error
6	OPAT 03 - Count Of Claim Type = 03 (Out Patient) Incurring The Error
7	PHY 04 - Count Of Claim Type = 04 (Physician) Incurring The Error
8	RHAB 05 - Count Of Claim Type = 05 (Rehabilitation) Incurring The Error
9	HH 06 - Count Of Claim Type = 06 (Home Health Care) Incurring The Error
10	AMBL 07 - Count Of Claim Type = 07 (Ambulance) Incurring The Error
11	NAMB 08 - Count Of Claim Type = 08 (Non-Emergency Ambulance) Incurring The Error
12	DME 09 - Count Of Claim Type = 09 (Durable Medical Equipment) Incurring The Error
13	DNTLE 10 - Count Of Claim Type = 10 (EPSDT Dental) Incurring The Error
14	DNTL 11 - Count Of Claim Type = 11 (Adult Dental) Incurring The Error
15	RX 12 - Count Of Claim Type = 12 (Prescription) Incurring The Error
16	EPSDT 13 - Count Of Claim Type = 13 (Early And Periodic Screening, Diagnosis, And Treatment) Incurring The Error (Obsolete)
17	18-I 14 - Count Of Claim Type = 14 (Medicare Institutional) Incurring The Error
18	18-P 15 - Count Of Claim Type = 15 (Medicare Professional) Incurring The Error
19	ADC 16 - Count Of Claim Type = 16 (Adult Day Care) Incurring The Error
20	HAB 17 - Count Of Claim Type = 17 (Day Habilitation) Incurring The Error (Never Implemented)
21	HMKR 18 - Count Of Claim Type = 18 (Home Maker) Incurring The Error (Never Implemented)

The **E-CP-0-90-D** Report displays the number of encounters in the test file that incurred MMIS errors that caused an encounter denial. The MCO may refer to the MCO Companion guide to determine if an edit is (1) correctable, (2) non-correctable or (3) educational. MCOs then make corrections to the claim data and resubmit the test file to determine if the error condition is resolved.. The **E-CP-0-90-E** Report displays any explanatory messages for the encounters submitted in the test file results. Submitter may receive both reports, only one or none depending on the processing of the test file encounters.

9.5   NPI – EDI Claims Denied Report

```
LAM2W999                          LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS              REPORT NO: CP-DENY-999
  RUN: 02/04/17                   DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)                     PAGE:    1
CYCLE: 02/04/17                   NPI- EDI CLAIMS DENIED TO THE ALL 9 PROVIDER ID


SUB ID    BILL NPI     PROV DATA   ISA        RECIP ID       RNAME   ICN            CT   DOS          PROC    CHARGES     EOB


45000xx   101336xxxx               020170127  xxxxxxxxxxxxx  RNAME1  7027100196500  04   01/24/2017   99213   $150.00     142
45000xx   101336xxxx               020170127  xxxxxxxxxxxxx  RNAME1  7027100196600  04   01/24/2017   81002    $15.00     142
45000xx   101336xxxx               020170127  xxxxxxxxxxxxx  RNAME1  7027100196601  04   01/24/2017   99000    $15.00     142
45000xx   xxxx582xxx               020170130  xxxxxxxxxxxxx  RNAME3  7030111879000  04   01/20/2017   90853    $70.00     142
45000xx   xxxx582xxx               020170130  xxxxxxxxxxxxx  RNAME3  7030111879001  04   01/23/2017   90853    $70.00     142
45000xx   xxxx582xxx               020170127  xxxxxxxxxxxxx  RNAME4  7027100192600  04   01/20/2017   90853    $70.00     142
45000xx   xxxx582xxx               020170130  xxxxxxxxxxxxx  RNAME4  7030111878900  04   01/23/2017   90853    $70.00     142
45000xx   xxxx582xxx               020170131  xxxxxxxxxxxxx  RNAME4  7031107956600  04   01/24/2017   96101   $183.00     142
45000xx   xxxx582xxx               020170131  xxxxxxxxxxxxx  RNAME4  7031107956601  04   01/24/2017   90853    $70.00     142
45000xx   xxxx582xxx               020170201  xxxxxxxxxxxxx  RNAME4  7032112820200  04   01/26/2017   90853    $70.00     142
45000xx   xxxx241xxx               020170201  xxxxxxxxxxxxx  RNAME5  7032112790700  04   01/04/2017   81002     $6.00     142
45000xx   xxxx241xxx               020170202  xxxxxxxxxxxxx  RNAME5  7033111869500  04   01/17/2017   76816   $200.00     142
45000xx   xxxx241xxx               020170202  xxxxxxxxxxxxx  RNAME5  7033111869501  04   01/17/2017   76819   $157.00     142
45000xx   xxxx241xxx               020170202  xxxxxxxxxxxxx  RNAME5  7033111869502  04   01/17/2017   99213   $118.00     142
45000xx   xxxx241xxx               020170202  xxxxxxxxxxxxx  RNAME5  7033111869600  04   01/17/2017   81002     $6.00     142
45000xx   xxxx241xxx               020170127  xxxxxxxxxxxxx  RNAME2  7027100175900  04   01/04/2017   99460   $150.00     142
45000xx   xxxx241xxx               020170127  xxxxxxxxxxxxx  RNAME2  7027100175901  04   01/05/2017   99462    $76.00     142
45000xx   xxxx241xxx               020170201  xxxxxxxxxxxxx  RNAME2  7032112790800  04   01/06/2017   99462    $76.00     142
45000xx   xxxx241xxx               020170201  xxxxxxxxxxxxx  RNAME2  7032112790801  04   01/07/2017   99462    $76.00     142
45000xx   xxxx241xxx               020170201  xxxxxxxxxxxxx  RNAME2  7032112790802  04   01/08/2017   99238   $119.00     142
        *** SUBMITTER TOT CLAIMS :          20
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10.0 Appendix C – Change Log

Document Title	Louisiana Medicaid General EDI Companion Guide		
	Change Log		
Date	**Description of Change**	**LIFT**	**By**
2/27/14	Version 1.2 – Inserted Change Log and Added New TA1 Edit 103 – Unrecognized Character in data file (accent mark)	9278	J. Lavigne
5/13/14	Version 1.3 -- Corrected pagination errors and automated TOC	n/a	R. Sheehan
2/12/15	Version 1.4 – Changed Appendix B, Added Appendix C. Assorted corrections from SMEs throughout. Rebuilt file for ease of future editing.	9709	R. Sheehan
4/20/15	Version 1.5 – Accepted all changes from revisions through April 20, 2015, and deleted all comments.	9709	R. Sheehan
4/30/15	Updated Sections 4.6.4 and 5.2 in accordance with email request from Jacques Kado.	9709	R. Sheehan
10/8/15	Updated Sections 4.6.4 in accordance with email request from Bryan Hardy.	10085	T. Tate
12/11/15	Updated Sec 4.6.4 to add error code 208.	10085	T. Tate
03/01/16	Updated Sec 4.5.1 for ADHC claim file extension.	10190	T. Tate
02/07/17	Added 7.4 and 9.5.	n/a	R. Sheehan
05/25/17	Added 6.2 Billing Deadlines	n/a	G. Haas
01/01/18	Added two new file extensions to table in Section 4. 5.1 on Page 7 . Updated to Version 1.7	9258	T. Tate