

# 837 Health Care Claim: Professional

Non-Emergency Transportation

HIPAA/V5010X222A1/837: Health Care Claim Professional, Louisiana Medicaid

**Version:**  
**1.1**

Revised: 11/16/18

The purpose of this guide is to clarify the usage of the X12 V5010X222A1 837 Professional HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program. It does not change the requirements of the official guide nor does it represent a complete listing of all required Louisiana Medicaid claims data segments.

This guide is applicable to the following LA Medicaid claim types (file extensions):

**NAM – Non- Emergency Transportation**

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published guide. Submitters must use the 5010 format mandated by HIPAA as of January 1, 2012. The IGs provide specific instructions on how each loop, segment and data element in the specified transaction set is to be used to produce a compliant HIPAA transaction.

If unfamiliar with how to read an implementation guide, refer to the final release of X12 V5010X222A1 837 Professional HIPAA Implementation Guide available through Washington Publishing Company (WPC) at [www.wpc-edi.com](http://www.wpc-edi.com).

## **Policy Statement:**

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each claim is also edited for requirements that are unique to each claim type. All claims, whether submitted via paper or electronic, must comply with the policies and requirements as documented in the claim type specific provider billing manuals and training packets that are available online.

<b>Revision History</b>			
<b>Date</b>	<b>Description of Change</b>	<b>LIFT</b>	<b>By</b>
<b>1/21/13</b>	Initial draft document release.	8820	T. Tate
<b>1/23/13</b>	Added HI segment.		T. Tate
<b>2/5/13</b>	Added Place of Service codes on page 17; added note to CLM05-01 segment; added SV107-01 segment.		T. Tate
<b>2/19/13</b>	Issuance of Final Version of Document		T. Tate
<b>3/12/13</b>	Correction to the field size in CLM01; added REF segment to page 7; correction to claim example on page 16.		T. Tate
<b>7/21/14</b>	HI01-01 Diagnosis Code Qualifier – Changed LA Medicaid Note: For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.	9278	R. Fillmore
<b>7/21/14</b>	HI01-02 Diagnosis Code – Changed LA Medicaid Note: For NAM claims use ICD-9 code 7999 for service/discharge dates before 10/1/2015. Use ICD-10 code R99 or R69 for service/discharge dates on or after 10/1/2015 for NAM claims.	9278	R. Fillmore
<b>7/21/14</b>	Updated document version to 1.1	9278	R. Fillmore
<b>7/16/18</b>	Rebranded Molina → DXC	11467	R. Sheehan

Note: All data must be formatted in upper case.

# ISA Interchange Control Header

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

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ISA01	I01	<b>Authorization Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA02	I02	<b>Authorization Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA03	I03	<b>Security Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA04	I04	<b>Security Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA05	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA06	I06	<b>Interchange Sender ID</b> LA Medicaid: Use the 7 digit DXC assigned submitter ID (i.e. 450XXXX) followed by spaces	M	AN	15/15
ISA07	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA08	I07	<b>Interchange Receiver ID</b> LA Medicaid: Use the value LA-DHH-MEDICAID for this element	M	AN	15/15
ISA09	I08	<b>Interchange Date</b> LA Medicaid: The date format is YYMMDD	M	DT	6/6
ISA10	I09	<b>Interchange Time</b> LA Medicaid: The time format is HHMM	M	TM	4/4
ISA11	I10	<b>Repetition Separator</b> LA Medicaid: Use the value ^ for this element –ASCII x5E	M		1/1
ISA12	I11	<b>Interchange Control Version Number</b> LA Medicaid: Use the value 00501 for this element	M	ID	5/5
ISA13	I12	<b>Interchange Control Number</b> LA Medicaid: Must be a positive unsigned number and identical to the interchange trailer IEA02. Must be unique for every transmission submitted.	M	N0	9/9
ISA14	I13	<b>Acknowledgment Requested</b> LA Medicaid: Use the value 0 or 1 for this element	M	ID	1/1
ISA15	I14	<b>Usage Indicator</b> LA Medicaid: T= Test Data P=Production Data	M	ID	1/1
ISA16	I15	<b>Component Element Separator</b> LA Medicaid: Must be a colon : -ASCII x3A	M		1/1

# GS Functional Group Header

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 8</b>

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS01	479	<b>Functional Identifier Code</b> LA Medicaid: Use the value <i>HC</i> for this element.	M	ID	2/2
GS02	142	<b>Application Sender's Code</b> LA Medicaid: Must be identical to the value in ISA06	M	AN	2/15
GS03	124	<b>Application Receiver's Code</b> LA Medicaid: Use <i>LA-DHH-MEDICAID</i> for this element	M	AN	2/15
GS04	373	<b>Date</b> LA Medicaid: The date format is <i>CCYYMMDD</i>	M	DT	8/8
GS05	337	<b>Time</b> LA Medicaid: The time format is <i>HHMM</i>	M	TM	4/8
GS06	28	<b>Group Control Number</b> LA Medicaid: Assigned and maintained by the sender.	M	N0	1/9
GS07	455	<b>Responsible Agency Code</b> LA Medicaid: Use the value <i>X</i> for this element	M	ID	1/2
GS08	480	<b>Version / Release / Industry Identifier Code</b> LA Medicaid: Use the value <i>005010X222A1</i> for this element	M	AN	1/12

# ST Transaction Set Header

<b>Pos: 0050</b>	<b>Max: 1</b>
<b>Heading - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 3</b>

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ST03	1705	<b>Implementation ConventionReference</b> LA Medicaid: Use the value <i>005010X222A1</i> for this element	O	AN	1/35

# NM1 Submitter Name

Pos: 0200 Max: 1  
 Heading - Optional  
 Loop: 1000A Elements: 9

User Option (Usage): Required  
**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM109	67	<b>Identification Code</b> LA Medicaid: Use the 7 digit submitter ID (i.e. 450XXXXX) assigned by Louisiana Medicaid	X	AN	2/80

# NM1 Receiver Name

Pos: 0200 Max: 1  
 Heading - Optional  
 Loop: 1000B Elements: 5

User Option (Usage): Required  
**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM103	1035	<b>Name Last or Organization Name</b> LA Medicaid: Use the value LOUISIANA MEDICAID Medicaid for this element	X	AN	1/60
NM109	67	<b>Identification Code</b> LA Medicaid: Use the value LA-DHH-MEDICAID for this element	X	AN	2/80

# PRV Billing Provider Specialty Information

Pos: 0030      Max: 1  
 Detail - Optional  
 Loop: 2000A    Elements: 3

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
PRV01	1221	Provider Code	M	ID	1/3
PRV02	128	<b>Reference Identification Qualifier</b> LA Medicaid: Use the qualifier BI for this element	X	ID	2/3
PRV03	127	<b>Reference Identification</b> LA Medicaid: Use the qualifier PXC for this element  LA Medicaid: Enter the Taxonomy Code associated with the NPI of the Billing Provider.  This segment is required <u>ONLY</u> when the provider has an NPI and the Taxonomy code is needed for unique identification of the Medicaid Provider ID. Per HIPAA regulations, NEMT providers are considered as atypical providers and are not required to apply for an NPI.	X	AN	1/50

# NM1 Billing Provider Name

Pos: 0150      Max: 1  
 Detail - Optional  
 Loop: 2010AA    Elements: 8

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier	X	ID	1/2
NM109	67	<b>Identification Code</b> LA Medicaid: Use the qualifier XX for this element when reporting an NPI  LA Medicaid:  <b>This Loop is for NPI only.</b> Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.  If you are an atypical provider who has not register an NPI with Louisiana Medicaid, you should not use this Loop; you should report the legacy Louisiana Medicaid Provider number in <b>2010BB REF02 with qualifier G2.</b>	X	AN	2/80

# N4 Billing Provider City, State, ZIP Code

Pos: 0300 Max: 1  
 Detail - Optional  
 Loop: 2010AA Elements: 5

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
N403	116	Postal Code	O	ID	3/15

LA Medicaid: Enter the 9-digit Zip Code of the billing provider.

# HL Subscriber Hierarchical Level

Pos: 0010 Max: 1  
 Detail - Mandatory  
 Loop: 2000B Elements: 4

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL04	736	Hierarchical Child Code	O	ID	1/1

LA Medicaid: Use the value 0 for this element. For Medicaid purposes, the subscriber will always equal the patient. Therefore, an additional subordinate HL segment will not be required.

# SBR Subscriber Information

Pos: 0050 Max: 1  
 Detail - Optional  
 Loop: 2000B Elements: 6

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2

LA Medicaid: Use the value MC for this element

# REF Billing Provider Tax I.D.

POS : Max: 1  
 Detail- Mandatory  
 Loop: 2010AA Elements: 2

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M1	ID	2/3

LA Medicaid: Use the value EI for this element

REF02	127	Employer's IdentificationNumber			
-------	-----	---------------------------------	--	--	--

LA Medicaid: Enter the Billing Provider TaxID number

X1 AN 1/50

# M1

## Subscriber Name

Pos: 0150      Max: 1  
 Detail - Optional  
 Loop: 2010BA Elements: 8

User Option (Usage): Required

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM102	1065	Entity Type Qualifier	M	ID	1/1
		<i>LA Medicaid: Use the value 1 for this element</i>			
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the value MI for this element</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>LA Medicaid: Use the thirteen digit Medicaid Recipient ID number for this element</i>			

# NM1 Payer Name

Pos: 0150      Max: 1  
 Detail - Optional  
 Loop: 2010BB Elements: 5

User Option (Usage): Required

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the value PI for this element.</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>LA Medicaid: Use the value LA-DHH-MEDICAID for this element.</i>			

# REF Billing Provider Secondary Identification

Pos: 0350      Max: 2  
 Detail - Optional  
 Loop: 2010BB Elements: 2

User Option (Usage): Situational

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M	ID	2/3
		<i>LA Medicaid: Use the value G2 for this element</i>			
REF02	127	Reference Identification	X	AN	1/50
		<i>LA Medicaid: This Loop is only for legacy Louisiana Medicaid Provider Numbers (7 numeric positions) and is only used for atypical providers that do not have an NPI registered with Louisiana Medicaid. If an atypical Provider has a registered NPI, they should use Loop 2010AA NM109 to Submit their NPI and should not send this 2010BB REF segment. Most non-emergency transportation providers do not have an NPI.</i>			



# CLM Claim Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CLM01	1028	<b>Claim Submitter's Identifier</b>	M	AN	1/20
		<i>LA Medicaid: Use a unique number up to 20 characters.</i>			
CLM05	C023	<b>Health Care Service Location Information</b>	O	C	
		<i>LA Medicaid: CLM05 applies to all service lines unless it is over written at the line level</i>			
CLM05-01	1331	<b>Facility Code Value</b>	M	AN	1/2
		<i>LA Medicaid: Enter the trip destination code using the appropriate Place of Service code listed on page 17 of this document.</i>			
CLM05-02	1332	<b>Facility Code Qualifier</b>	O	ID	1/2
		<i>LA Medicaid: Use B for this element</i>			
CLM05-03	1325	<b>Claim Frequency T ype Code</b>	O	ID	1/1
		<i>LA Medicaid: Use the value 1 for an original claim, code 7 if the claim is an adjustment of a previous claim, or code 8 if a void of a previous claim</i>			

# REF Prior Authorization

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Ma</u>
REF01	128	<b>Reference Identification Qualifier</b>	M	ID	X 2/3
		<i>LA Medicaid: Use the value G1 for this segment.</i>			
REF02	127	<b>Reference Identification</b>	X	AN	1/50
		<b>LA Medicaid:</b>  <i>Use the 10 digit First Transit assigned Prior Authorization Number for this element.</i>  <i>This is a required data element for NAM claims and must be submitted in the 2300 Loop.</i>			

# HI Diagnosis

**Pos: Max: 8**  
**Detail - Required**  
**Loop: 2300 Elements: 1**

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HI01	C022	<b>Health Care Code Information</b>	M1		
HI01-01	1270	<b>Diagnosis Code Qualifier</b>  <b>LA Medicaid:</b> For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.	M	ID	1/3
HI01-02	1271	<b>Diagnosis Code</b>  <b>LA Medicaid:</b> For NAM claims use ICD-9 code 7999 for service/discharge dates before 10/1/2015. Use ICD-10 code R99 or R69 for service/discharge dates on or after 10/1/2015 for NAM claims	M	AN	1/30

<h1 style="margin: 0;">SBR Other Subscriber Information</h1>	Pos: 2900      Max: 1 Detail - Optional Loop: 2320      Elements: 6
--------------------------------------------------------------	---------------------------------------------------------------------------

User Option (Usage): Situational

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SBR09	1032	Insurance Type Code	O	ID	1/2
LA Medicaid: Do not use MC – Medicaid for this segment when providing information about another payer involved in this claim.					

<h1 style="margin: 0;">CAS Claim Level Adjustments</h1>	Pos: 2950      Max: 5 Detail - Optional Loop: 2320      Elements: 19
---------------------------------------------------------	----------------------------------------------------------------------------

User Option (Usage): Situational

**LA Medicaid:**

**REQUIRED:** Louisiana Medicaid accepts and processes TPL claims submitted electronically. It is not necessary to submit TPL claims hard copy with EOBs attached. This does not apply to Medicare crossover claims. **Required:** If other payers are known to potentially be involved in paying on this claim.

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CAS01	1033	Claim Adjustment Group Code	M	ID	1/2
LA Medicaid: When PR is used for this element, include segments for Deductible Amount, Coinsurance Amount, and Co-Payment Amount.					

<h1 style="margin: 0;">NM1 Other Payer Name</h1>	Pos: 3250      Max: 1 Detail - Optional Loop: 2330B      Elements: 5
--------------------------------------------------	----------------------------------------------------------------------------

User Option (Usage): Required

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier	X	ID	1/2
LA Medicaid: Use the qualifier PI for this element.					
NM109	67	Identification Code	X	AN	2/80
LA Medicaid: Enter the Carrier Code issued by Louisiana Medicaid for the payer identified in Loop 2320.					

# LX Service Line Number

Pos: 3650	Max: 1
Detail - Optional	
Loop: 2400	Elements: 1

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
LX01	554	<b>Assigned Number</b> <i>LA Medicaid: The service line number incremented by 1 for each service line. This number will be key to the provider and practice management system for matching the Explanation of Benefits, Electronic Remittance Advice, or 835. For NAM claims there can be only one LX segment that corresponds to the CCLM segment in the 2300 Loop.</i>	M	NO	1/6

# SV1 Professional Service

Pos: 3700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

User Option (Usage): Required

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SV01-01	235	Service ID Qualifier <i>LA Medicaid: Code assigned to the service being billed: Use HC in this element</i>	M	ID	2/2
SV01-02	234	Service ID <i>LA Medicaid: Use the procedure code for the service that was authorized by First Transit and corresponds to the Prior Authorization in the REF*G1 segment in the 2300 Loop.</i>	M	AN	1/48
SV102	782	Monetary Amount <i>LA Medicaid: Enter the billed amount. This amount should correspond to the Prior Authorization given by First Transit.</i>	O	R	1/18
SV103	355	Basis for Measurement Code <i>LA Medicaid: Use UN for this data element.</i>	M	ID	2/3
SV107-01	380	<b>Quantity</b>	X	R	1/15
SV107-01	1328	<i>LA Medicaid: Use a whole number in this element.</i> Diagnosis Code Pointer <i>This first pointer designates the primary diagnosis for this service line. Use code 1 to point to the diagnosis code sent in the HI segment in Claim Loop 2300.</i>	O	ID	1/1
SV112	1073	<b>Yes/No Condition or Response Code</b>	O	ID	1/1
SV115	1327	<i>LA Medicaid: Required if applicable for Medicaid claims.</i> <b>Copay Status Code</b> <i>LA Medicaid: Value 0 required if patient was exempt from co-pay.</i>	O	ID	1/1

## DTP Date - Service Date

Pos: 4550	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Required

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3
		<i>LA Medicaid: Use the value 472 for this element</i>			
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3
		<i>LA Medicaid: Use the value D8 or RD8 for this element</i>			
DTP03	1251	Date Time Period	M	AN	1/35
		<i>LA Medicaid: When billing for services that have been prior-authorized. Enter the date that corresponds to the service authorized by First Transit.</i>			

## SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail - Optional	
Loop: 2430	Elements: 5

User Option (Usage): Situational

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SVD01	67	Identification Code	M	AN	2/80
		<i>LA Medicaid: Enter Louisiana Medicaid issued Carrier Code. This number should match NM109 in Loop 2330B Identifying Other Payer.</i>			
		<i>Use this loop to report payments by other payers if indicated in Loop 2430.</i>			
SVD02	782	Monetary Amount	M	R	1/18
		<i>LA Medicaid: Enter amount Other Payer paid for this service line.</i>			

## CAS Line Adjustment

Pos: 5450	Max: 5
Detail - Optional	
Loop: 2430	Elements: 19

User Option (Usage): Situational

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CAS01	1033	Claim Adjustment Group Code	M	ID	1/2

**LA Medicaid:** When PR is used for this element, include segments for Deductible Amount, Coinsurance Amount and Co-Payment Amount

## SE Transaction Set Trailer

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

User Option (Usage): Required

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SE01	96	Number of Included Segments	M	N0	1/10
SE02	329	Transaction Set Control Number	M	AN	4/9

**LA Medicaid:** The transaction set number must be identical to ST02 and SE02.

## GE Functional Group Trailer

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

User Option (Usage): Required

### Element Summary:

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

# IEA Interchange Control Trailer

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

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
IEA01	I16	<b>Number of Included Functional Groups</b> <i>LA Medicaid: Number of included Functional Groups</i>	M	N0	1/5
IEA02	I12	<b>Interchange Control Number</b> <i>LA Medicaid: Must be identical to the value in ISA13</i>	M	N0	9/9

Following is a claim example for a typical NEMT service. It is for illustrative purposes only and appropriate information pertinent to the claim must be sent in the Production data.

**CLAIM TRANSACTION EXAMPLE FOR NEMT CLAIM**

ISA\*00\* \*00\* \*ZZ\*4509999 \*ZZ\*LA-DHH-MEDICAID\*130108\*1045\*\*^\*00501\*300812345\*0\*P\*::~~  
GS\*HC\*4509999\*LA-DHH-MEDICAID\*20130108\*1045\*454554500\*X\*005010X222A1~

ST\*837\*1357\*005010X222A1~

BHT\*0019\*00\*454554500\*20130108\*1045\*CH~

NM1\*41\*2\*ABC TRANSPORTATION\*\*\*\*\*46\*4509999~

PER\*IC\*IMA Biller\*TE\*225554444~

NM1\*40\*2\*LOUISIANA MEDICAID\*\*\*\*\*46\*LA-DHH-MEDICAID~

HL\*1\*\*20\*1~

PRV\*BI\*PXC\*302R00000X~ *(If provider has a taxonomy code, otherwise do not send)*

NM1\*85\*2\*ABC TRANSPORTATION~ *(If provider does not have NPI assigned)*

**Or**

NM1\*85\*2\*ABC TRANSPORTATION\*\*\*\*\*XX\*0123456789~ *(If provider has NPI assigned)*

N3\*620 JUNE DRIVE~

N4\*MARCH POINT\*LA\*705000620~

REF\*EI\*111111119~

HL\*2\*1\*22\*0~

SBR\*P\*18\*\*\*\*\*MC~

NM1\*IL\*1\*VALENTINE\*JOHN\*S\*\*\*MI\*1234567890123~ *(recipient name and ID number)*

N3\*123 HOLLOW LN~

N4\*MARCH TOWN\*LA\*705000123~

DMG\*D8\*19631214\*M~

NM1\*PR\*2\*LOUISIANA MEDICAID\*\*\*\*\*PI\*LA-DHH-MEDICAID~

REF\*G2\*1234567~ *(Louisiana Medicaid 7 digit Provider Number)*

CLM\*222333444555\*18.32\*\*\*12:B:1\*Y\*C\*Y\*Y~ *(Two digit Place of Service code in this Loop)*

REF\*G1\*0000012345~ *(The Prior Authorized number **must** be at the Claim Loop)*

REF\*EA\*888777999~ *(Medical Record Number if one assigned)*

HI\*BK:7999~ *(Must have a diagnosis code, 7999 is a good general code to use if no specific code available)*

LX\*1~ *(Only one LX segment can be billed per CLM, must be the detail associated with the PA number in REF\*G1)*

SV1\*HC:Z9498\*18.32\*UN\*1\*\*\*1 ~ *(Authorized Procedure code and Dollar amount)*



11/16/18

Health Care Claim : Professional - 837

DTP\*472\*D8\*20121215~ (Authorized date of service)

SE\*26\*1357~

GE\*1\*454554500~

IEA\*1\*300812345~

### **Place of Service Codes for use in Loop 2300 Segment CLM05-01**

Choose the appropriate 2 digit Destination Code that indicates where the trip being billed ended.

Inpatient Hospital	21
Intermediate Care Facility	54
Office	11
Emergency Room	23
Clinic	49
Outpatient Hospital	22
Home	12
Other	99