

PROVIDER RELATIONS

General Reference Materials

TYPE OF BILL

below 129 - inpatient
above 129 - outpatient

First digit - type facility

- 1 - Hospital
- 2 - Skilled Nursing
- 3 - Home Health

- 7 - Clinic
- 8 - Special Facility

Second digit - classification

- 1 - Inpatient Medicaid and/or Medicare Part A, or Parts A and B
- 2 - Inpatient Medicaid and Medicare Part B only
- 3 - Outpatient or Ambulatory Surgical Center
- 4 - Other (Non-patient)

Third digit - frequency

- 0 - non-payment claims
- 1 - admission through discharge
- 2 - interim - first claim
- 3 - interim - continuing
- 4 - interim - last claim
- 7 - adjustment of prior claim
- 8 - void of prior claim

CLAIM TYPE

- 01 Inpatient
- 02 Long Term Care
- 03 Outpatient Hospital
- 04 Physician
- 05 Rehabilitation
- 06 Home Health
- 07 Transportation - Ambulance
- 08 Transportation - Non-Amb.
- 09 DME
- 10 EPSDT (Kidmed) Dental
- 11 Adult Dental
- 12 Pharmacy
- 13 KIDMED
- 14 Crossover (Institutional)
- 15 Crossover (Professional)
- 16 Adult Day Care

PAC - Dictates method of pricing to the system with the eff. date

- 260 - price as for anesthesia
- 810 - price manually
- 820 - deny
- 830 - price at Level I (U&C File)
- 850 - price at Level III - agency set price (proc. formulary file)
- 860 - price at Level I and Level II (U&C and prescribing)
- 880 - maximum amount - pended if billed over Level III pricing
- 8F0 - priced using Cost to Charge Ratio (CCR)

PRE-CERT TYPE

- 01 Distinct Part Psych
- 02 Long Term Hospital
- 03 Acute Care, Med/Surg, Rehab
- 04 Free Standing Psych

Level of Care within the facility - i.e. ICU, CCU, General Rehab

- 01 Newborn (presumptive approval)
- 02 Approved
- 03 Denied
- 04 Pending review
- 05 Reject for additional information (48 hours to respond)
- 06 Doctor review
- 07 Cancelled (following no response on 05)

WAIVER INDICATOR

- 0000401 - NOW
- 0000200 - MR/DD
- 0000381 - Children Choice
- 0000121 - ADHC
- 0000251 - PCA
- 0000257 - Elderly
- 0001453 - Support Waiver

PROVIDER ENROLLMENT STATUS

- 0 group must bill for provider (individual cannot bill)
- 1 individ can bill alone

MOST COMMON PLACE OF SERVICE

*refer to complete listing

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 ER - Hospital
- 24 Ambulatory Surgical Center
- 25 Birth Center
- 26 Military Treatment Center
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 33 Custodial Care Facility
- 34 Hospice
- 41 Ambulance - Land
- 42 Ambulance - Air/Water
- 51 Inpatient Psychiatric Facility
- 52 Psych. Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/MR
- 55 Residential Substance Abuse Tx Fac
- 56 Psychiatric Residential Tx. Center
- 61 Comp. Inpatient Rehab Facility
- 62 Comp. Outpatient Rehab Facility
- 65 End Stage Renal Disease Tx Facility
- 71 State/Local Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Lab
- 99 Other Unlisted Facility

TYPE OF SERVICE

- 01 Anesthesia
- 02 Assistant Surgeon
- 03 Full Service Physician, Labs, Non-Emergency Trans; Lab 60%
- 04 Adult Dental, 62% Lab (specified hospitals)
- 05 Professional Component
- 06 Pharmacy, Crossover Immuno. Drugs
- 07 RHC/FQHC; CCare Enhanced, Enhanced Physician services, Vision Eyeglasses program
- 08 DEFRA; Lab 62%; Amb. Surgical, Outpatient Hospital Rehab
- 09 DME, Emergency Ambulance Svc, Prenatal Care Clinics Svcs, EPSDT Case Mgmt, VACP, Nurse Home Visit, Infant & Toddlers, HIV, High Risk Pregnant Women, Vision Eyeglasses Program, PCS EPSDT; Rehab Centers
- 10 Family Planning Clinics
- 11 Mental Health
- 12 School Boards and Early Intervention Centers
- 13 Office of Public Health
- 14 Psychological and Behavioral Services (PBS)
- 15 Outpatient Ambulatory Services (Hospital)
- 16 Personal Attendant Services (PAS) - Ticket to Work Program
- 17 Home Health
- 18 Expanded Dental Services for Pregnant Women
- 19 Personal Care Services (LTC)
- 20 Enhanced Outpat Rehab age 0-3, (pt 44, 60, 65 & 70) Lift 3302
- 21 Children's Screening, EPSDT Dental
- 22 Early Steps
- 23 Waiver - Children's Choice
- 24 Waiver - Adult Day Health Care
- 25 Waiver - EDA
- 26 Waiver - PCA
- 27 EarlySteps (special purpose facility)
- 28 EarlySteps (center based special purpose facility)
- 30 Acute Care Outpatient Services
- 31 Family Planning Waiver.
- 32 Supports Waiver
- 33 New Opportunities Waiver (NOW)
- 34 DME Special rates
- 36 Community Mental Health Center
- 37 Small Rural Hospital
- 41 Psychiatric Residential Treatment Facility
- 42 Mental Health Rehabilitation

STATUS CODES - YTD FILE

- 1-1 original approved
- 3-1 original denied
- 2-2 adjustment approved
- 1-2 adjustment denied
- 3-2 void approved
- 3-4 void denied

RECIPIENT FILE INFORMATION

- 1 male
- 2 female

CommunityCARE INDICATOR (PROVIDER FILE)

- 1 CommunityCARE provider
- 2 Used to be in program, but no longer
- 3 Individual is not, but belongs to group that is

KIDMED SCREENING CODES

- 92551 Kidmed hearing screening
- 99173 Kidmed vision screening

ER VISIT CODES

- Low Level 99281 - 99282 (requires PCP referral)
- High Level 99283 - 99285 (does not require PCP referral, but must have a '3' in blk 24C (CMS-1500), or in blk 7 (UB04))

THERAPY CODES

- Speech Therapy Eval 92506
- Speech Therapy (ST) 92507
- Physical Therapy Eval 97001
- Physical Therapy (PT) 97110
- Occupational Therapy Eval 97003
- Occupational Therapy (OT) 97530

ICN BREAKDOWN

- 1 last digit of current year
- 2 - 4 Julian date of year
- 5 Media Code
 - 0 paper, no attachments
 - 1 electronic
 - 2 systems generated
 - 3 adjustment
 - 4 void
 - 5 Paper, with attachments
- 6 - 8 batch # (internal)
- 9 - 11 sequence # (internal)
- 12 - 13 # of line on claim

- 888 in ICN - HIPAA generated adj/void
- 999 in ICN - provider sent check for refund to DHH

If Julian date is on weekend, look at the checkwrites for DOP, or see if CN is within range on ICNs listed.

ADJUSTMENT/VOID REASONS (UB-92)

- Adjustments
- 01 TPL Recovery
 - 02 Provider Corrections
 - 03 Fiscal Agent Error
 - 90 State Office Use only - Recovery
 - 99 Other, please explain

- Voids
- 10 Paid for wrong recipient
 - 11 Paid to wrong provider
 - 00 Other

CHECK FOR GLASSES (per calendar year)

Search by beginning of calendar year

- Frames V2020 - V2025
- Lenses V2100 - V2599

PA INDICATORS

- PA Ind: R ← authorization is necessary for inpatient stay only
- Surgery: A
- PA Ind: R ← authorization is required to bill the code
- Surgery: 0
- PA Ind: (or 0) ← no authorization is necessary
- Surgery: 0

CANCEL CODE

- 00 Not cancelled
- 10 Phone Number disconnected/no answer
- 11 Out of Business- whereabouts unknown
- 13 Disaster
- 20 Temporary closure, pending add't info
- 21 Provider no longer with group
- 22 Only one professional with group
- 30 OIG & State Exclusions
- 31 Contact DHH program
- 32 License suspended/restricted
- 33 License Revoked
- 34 Temporary license
- 35 Contact SURS
- 36 Research ownership
- 37 Moved out of state
- 38 License invalid/expired
- 39 Change of ownership
- 40 Cancel-provider request
- 41 Deceased
- 42 Cancel-bad address
- 43 No longer meets eligibility requirements
- 44 Provider Retired
- 45 Suspend- lapse in insurance
- 48 Cancel- short term eligibility
- 49 Closure-special project/mass closure
- 50 Contact DHH pharmacy program
- 51 Converted to RHC/FQHC
- 93 Provider has 2 numbers
- 94 Prescriber number changed to full enrollment
- 95 Contact program integrity before re-enrolling
- 96 Residency status change
- 97 Cancel- reason unknown
- 98 Cancel-negative balance owed
- 99 Cancel-incorrect eligibility date

Louisiana Medicaid TPL Scope of Coverage Codes

Date Modified : 07/21/2004

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Scope of Coverage	Description
00	Not Available
01	Major Medical
02	Medicare Supplement
03	Hospital, Physician, Dental and Drugs
04	Hospital, Physician, Dental
05	Hospital, Physician, Drugs
06	Hospital, Physician
07	Hospital, Dental and Drugs
08	Hospital, Dental
09	Hospital, Drugs
10	Hospital Only
11	Inpatient Hospital Only
12	Outpatient Hospital Only
13	Physician, Dental and Drugs
14	Physician and Dental
15	Physician and Drugs
16	Physician Only
17	Dental and Drugs Only
18	Dental Only
19	Drugs Only
20	Nursing Home Only
21	Cancer Only
22	CHAMPUS/CHAMPVA
23	Veterans Administration
24	Transportation
25	HMO
26	Carrier declared Bankruptcy
27	Major Medical without maternity benefits
28	HMO/Insurance Premium Paid by Medicaid GHIPP Program
29	Skilled Nursing Care
30	Medicare HMO (Part C)
31	Physician Only HMO

14 = Place of service restriction

- | | | | |
|---|----------------------------|---|--------------------------------------------------|
| 1 | Inpatient Hospital | 9 | Ambulance |
| 2 | Outpatient Hospital | 0 | Other (include EPSDT services) |
| 3 | Doctor's Office | A | Independent lab |
| 4 | Home | B | Ambulatory surgical center |
| 5 | Psych. Day Care Facility | C | Residential treatment center |
| 6 | Psych. Night Care Facility | D | Specialized treatment center |
| 7 | Nursing Home | E | Comprehensive outpatient rehabilitation facility |
| 8 | Skilled Nursing Facility | F | Independent kidney diseases treatment center |

15 = Global Surgery Days, if applicable

- 000=no post operative days
- 001=0 days post operative
- 005=5 days post operative
- 010=10 days post operative
- 090=90 days post operative

16 = Procedure code flags

- D=DME
- R=Rehab

17 = Claim type restriction

18 = Pricing Action Code (PAC)

- 250=Price at level III (Anesthesia)
- 260=Price for Anesthesia
- 810=Price manually, individual consideration
- 820=Deny
- 830=Price at level 1 (usual and customary file) -GO TO "PEEI"
- 850=Price at fee on file
- 860=Price at PEEI and PREI file
- 880=Price through PA file
- 8F0=Pay at billed amount

19 = Error code associated with PAC

20 = Effective date of error code

21 = Maximum amount reimbursed (per unit)

22 = Effective date of reimbursement

23 = Anesthesia base units (used for TOS 1 procedures)

24 = Price per unit for anesthesia services

25 = Effective date of anesthesia rate

26 = Lab category certification, if required

PLACE OF SERVICE CODES

Current codes and descriptions are maintained at posinfo@cms.hhs.gov.

Place of Service Code	Place of Service Name	Place of Service Description
01-02	Unassigned	N/A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09-10	Unassigned	N/A
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility*	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.
14	Group Home*	Congregate residential foster care setting for children and adolescents in state custody that provides some social, health care, and educational support services, and that promotes rehabilitation and reintegration of residents into the community.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.

Place of Service Code	Place of Service Name	Place of Service Description
16-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of, physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Custodial Care Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic*	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

Place of Service Code	Place of Service Name	Place of Service Description
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services (including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility); 24-hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals, but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility*	A location that provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall, but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic**	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.

Place of Service Code	Place of Service Name	Place of Service Description
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

- **New Place of Service code, effective October 1, 2003**

****Revised Place of Service code, effective October 1, 2003**

INTERNAL CONTROL NUMBER

The ICN (internal control number) is a 13-digit number assigned to a specific line of a particular claim. The last two digits of the ICN are incremented by one for each claim line.

The format of the ICN is YJJJMBBSSLL, where

Y = Year	last digit of the current year
JJJ = Julian Date	1 through 366 - <i>If a Sat. or Sun, Stat is doing a recoupment</i>
M = Media Code	0 - paper 2 - system-generated (often a recycle) 1 - electronic 3 - adjustment 4 - void (system-generated) 5 - attachments 6 - resubmission (seldom used) 7 - POS
BBB=Batch Number	determined by claim type <i>999 - Financial transaction submitted by provi</i>
SSS=Sequential Count	individual claim form within batch
LL=Line Number	line item within claim form

Example: ICN 7141561004600

- 7 = 1997
- 141 = the 141st day of the year, or May 21
- 5 = paper claim
- 610 = the first batch of physician claims (which are 610 - 639)
- 046 = the 46th claim within batch 610
- 00 = the first line item on the claim form

CLAIM TYPE CODES

01.	Inpatient Hospital
02	Long Term Care
03	Outpatient Hospital
04	Physician
05	Rehabilitation
06	Home Health
07	Transportation (Ambulance)
08	Transportation (Non Ambulance)
09	Durable Medical Equipment
10	EPSDT- (KIDMED) Dental
11	Adult Dental
12	Pharmacy
13	KIDMED
14	Crossover (Institutional)
15	Crossover (Professional)
16	Adult Day Care
17	Habilitation
18	Homemaker Services

Batch Ranges - 11/12/08

<u>Program</u>	<u>CLAIM Form</u>	<u>CLAIM Type</u>	<u>Doc Type</u>	<u>BATCH RANGE</u>	
Adult Day Care	Old	UB92	16	1AD	0000 - 0149
Adult Day Care Adj/Void	Old	UB92	16	2AD	0000 - 0149
Adult Day Care	New	UB04	16	ADC	0000 - 0149
Adult Day Care TPL	New	UB04	16	ADT	0000 - 0149
Adult Dental Adj/Void	Old	ADA	11	2DA	0150 - 0224
Ambulance		105	07	105	0225 - 0299
Ambulance Adj/Void		205	07	205	0225 - 0299
Ambulance TPL		105	07	1T5	0225 - 0299
Ambulance Adj/Void TPL		205	07	2T5	0225 - 0299
Denied Turnaround		DTA	NA	DTA	0300 - 0374
Dental Prior Authorization		DPA	NA	DPA	0375 - 0449
DME	Old	1500	09	103	0450 - 0599
DME Adj/Void	Old	1500	09	203	0450 - 0599
DME	New	1500	09	DME	0450 - 0599
DME TPL	New	1500	09	DMT ^{TPL} ₂₉₂	0450 - 0599
DME TPL w/Overrides	New	1500	09	DTO	0450 - 0599
DME Adj/Void TPL	New	1500	09	2T3	0450 - 0599
Friends and Family		NA	08	1FF	0600 - 0629
Home Health	Old	UB92	06	1HH	0630 - 0719
Home Health	New	UB04	06	HOM	0630 - 0719
Home Health TPL	New	UB04	06	HOT	0630 - 0719
Hospital Inpatient	Old	UB92	01	1UI	0720 - 1894
Hospital Inpatient Adj/Void	Old	UB92	01	2UI	0720 - 1894
Hospital Inpatient	New	UB04	01	INP	0720 - 1894
Hospital Inpatient TPL	New	UB04	01	INT ^{TPL} ₂₉₂	0720 - 1894
Hospital Inpatient 2 Page	Old	UB92	01	1XI	1895 - 1919
Hospital Inpatient 2 Pg Adj/Void	Old	UB92	01	2XI	1895 - 1919
Hospital Inpatient 2 Page	New	UB04	01	IN2	1895 - 1919
Hospital Inpatient 2 Page TPL	New	UB04	01	IT2	1895 - 1919
Hospital Outpatient	Old	UB92	03	1UO	1920 - 2099
Hospital Outpatient Adj/Void	Old	UB92	03	2UO	1920 - 2099
Hospital Outpatient	New	UB04	03	OUT	1920 - 2099
Hospital Outpatient TPL	New	UB04	03	OTT	1920 - 2099
Hospital Outpatient TPL w/Ovr	New	UB04	03	OTO	1920 - 2099
Institutional Crossover	Old	UB92	14	1XA	2100 - 2309
Institutional Crossover Adj/Void	Old	UB92	14	2XA	2100 - 2309
Institutional Crossover	New	UB04	14	ICR	2100 - 2309
KidMed		KM3	13	KM3	2310 - 3809
Kids and Adult Dental	Old	ADA	10, 11	1DD	3810 - 4109
Kids and Adult Dental	New	ADA	10, 11	DEN	3810 - 4109
Kids and Adult Dental TPL	New	ADA	10, 11	DNT	3810 - 4109
Adult Dental	Old	ADA	11	1DA	3810 - 4109
Adult Dental Adj/Void TPL	Old	ADA	11	2TA	3810 - 4109
Kids Dental	Old	ADA	10	1DE	3810 - 4109
Kids Dental Adj/Void TPL	Old	ADA	10	2TE	3810 - 4109
Kids Dental Adj/Void	Old	ADA	10	2DE	4110 - 4184
Long Term Care	Old	UB92	02	1LT	4185 - 4784
Long Term Care Adj/Void	Old	UB92	02	2LT	4185 - 4784
Long Term Care	New	UB04	02	LTC	4185 - 4784
Long Term Care TPL	New	UB04	02	LTT	4185 - 4784
Medicare Adv Institutional Xover	Old	1500	14	XOI	4785 - 4904
Medicare Adv Institutional Xover	New	1500	14	MAP	4785 - 4904
Medicare Adv Professional Xover	Old	1500	15	XOP	4905 - 5144
Medicare Adv Professional Xover	New	1500	15	MCC	4905 - 5144
Mental Health		UB04	15	MHC	4905 - 5144
Non-Ambulance		106	08	106	5145 - 5234
Non-Amubulance Adj/Void		206	08	206	5145 - 5234
Non-Ambulance TPL		106	08	1T6	5145 - 5234

Non-Ambulance Adj/Void TPL		206	08	2T6	5145 - 5234
Patient Liability Adjustment		148	16	148	5235 - 5294
PETS		NA	PET	PET	5295 - 5444
Pharmacy	Old	111	12	111	5445 - 5594
Pharmacy Adj/Void		211	12	211	5445 - 5594
Pharmacy Denied		D11	12	D11	5445 - 5594
Pharmacy	New	U11	12	U11	5445 - 5594
Physician	Old	1500	04	113	5595 - 7394
Physician Adj/Void	Old	1500	04	213	5595 - 7394
Physician	New	1500	04	PHY	5595 - 7394
Physician TPL	New	1500	04	PHT	5595 - 7394
Physician TPL w/Overrides	New	1500	04	PTO	5595 - 7394
Physician Adj/Void TPL	New	1500	04	21T	5595 - 7394
Professional Crossover	Old	1500	15	X07	7395 - 7634
Professional Crossover Adj/Void	Old	1500	15	2X7	7395 - 7634
Professional Crossover	New	1500	15	PCR	7395 - 7634
Professional Xover Ambulance	Old	1500	15	XA7	7395 - 7634
Professional Xover Amb Adj/Vd	Old	1500	15	2A7	7395 - 7634
Rehabilitation Services		102	05	102	7635 - 7649
Rehabilitation Services Adj/Void		202	05	202	7635 - 7649
Rehabilitation Services TPL		102	05	1T2	7635 - 7649
Rehabilitation Services Adj/Void TPL		202	05	2T2	7635 - 7649
RTD			NA	RTD	7650 - 7664

Louisiana Medicaid Recipient Type Case Codes

Last Date Updated: 02/03/2009

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MULTI PAGE

LAMMIS Type Case	Description (see the worksheet TYPE CASE MEANINGS for detailed descriptions)	Entitlement Code (1=XIX, 2=XVIII, 3=XXI, 9=N/A)	Other Considerations
001	SSI Conversion / Refugee Cash Assistance (RCA) / LIFC Basic	1	Dependent on Aid Category, see Type Case Meanings worksheet
002	Deemed Eligible	1	
003	SSI Conversion	1	
004	SSI SNF	1	
005	SSI/LTC	1	
006	12 Months Continuous Eligibility	1	No Longer Valid.
007	LACHIP Phase 1	3	
008	PAP - Prohibited AFDC Provisions	1	
009	LIFC - Unemployed Parent / CHAMP	1	If AID-CATEGORY=03,09 then CHAMP.
010	SSI in ICF (II)- Medical	1	No Longer Valid.
011	SSI via SNF	1	No Longer Valid.
012	Presumptive Eligibility, Pregnant Woman	1	
013	CHAMP Pregnant Woman (to 133% of FPIG)	1	
014	CHAMP Child	1	
015	LACHIP Phase 2	3	
016	Deceased Recipient - LTC	1	No Longer Valid, 7/1/1999.
017	Deceased Recipient - LTC (Not Auto)	1	No Longer Valid, 7/1/1999.
018	ADHC (Adult Day Health Services Waiver)	1	
019	SSI/ADHC	1	
020	Regular MNP (Medically Needy Program)	1	
021	Spend-Down MNP	1	May not be eligible for full month.
022	LTC Spend-Down MNP (Income > Facility Fee)	1	May not be eligible for full month. Started 11/2002. Income > Cap.
023	SSI Transfer of Resource(s)/LTC	1	
024	Transfer of Resource(s)/LTC	1	
025	LTC Spend-Down MNP	1	May not be eligible for full month.
026	SSI/EDA Waiver	1	
027	EDA Waiver	1	
028	Tuberculosis (TB)	1	Not Fully Covered; hospital payments are not paid.
029	Foster Care IV E - Suspended SSI	1	
030	Regular Foster Care Child	1	
031	IV E Foster Care	1	
032	YAP (Young Adult Program)	1	
033	OYD - V Category Child	1	
034	MNP - Regular Foster Care	1	
035	YAP/OYD	1	
036	YAP (Young Adult Program)	9	State-paid
037	OYD (Office of Youth Development)	9	State-paid
038	OCS Child Under Age 18 (State Funded)	9	State-paid
039	State Retirees	9	State-paid
040	SLMB (Specified Low-Income Medicare Beneficiary)	2	Medicaid pays only a portion of the Medicare Premium.
041	OAA, ANR or DA (GERI HP-ICF(1) SSI-No)	1	No Longer Valid.
042	OAA, ANR or DA (GERI HP-ICF(1) SSI-Pay)	1	No Longer Valid.
043	New Opportunities Waiver - SSI	1	Effective 7/1/2003.
044	OAA, ANR or DA (GERI HP-ICF(2) SSI-Pay)	1	No Longer Valid.
045	SSI PCA Waiver	1	
046	PCA Waiver	1	

047	Illegal/Ineligible Aliens Emergency Services	1	
048	QI-1 (Qualified Individual - 1)	2	Medicaid pays only a portion of the Medicare Premium.
049	QI-2 (Qualified Individual ²) (Program terminated 12/31/2002)	2	Medicaid pays only a portion of the Medicare Premium. Program terminated 12/31/2002.
050	PICKLE	1	
051	LTC MNP/Transfer of Resources	1	
052	Breast and/or Cervical Cancer	1	Effective 1/1/2002.
053	CHAMP Pregnant Woman Expansion (to 185% FPIG)	1	Effective 1/1/2003.
054	Reinstated Section 4913 Children	1	
055	LACHIP Phase 3	3	
056	Disabled Widow/Widower (DW/W)	1	
057	BPL (Walker vs. Bayer)	1	
058	Section 4913 Children	1	
059	Disabled Adult Child	1	
060	Early Widow/Widowers	1	
061	SGA Disabled W/W/DS	1	
062	SSI/Public ICF/DD	1	
063	LTC Co-insurance	1	
064	SSI/Private ICF/DD	1	
065	Private ICF/DD	1	
066	AFDC- Private ICF DD - 3 Month Limit	1	No longer valid.
067	AFDC or IV-E(1) Private ICF DD	1	No longer valid.
068	SSI-MI (Determination of disability for Medicaid Eligibility)	1	Effective 1/1/2007
069	Roll-Down	1	
070	New Opportunities Waiver, non-SSI	1	Effective 7/1/2005.
071	Transitional Medicaid	1	
072	LAMI Pseudo Income	1	
073	Recipient (65 Plus) Eligible SSI/ven Pay Hospital	1	No longer valid.
074	Description not available	1	No longer valid as of 1/1/1998.
075	TEFRA	1	Never implemented.
076	SSI Children's Waiver - Louisiana Children's Choice	1	
077	Children's Waiver - Louisiana Children's Choice	1	
078	SSI (Supplemental Security Income)	1	
079	Denied SSI Prior Period	1	
080	Terminated SSI Prior Period	1	
081	Former SSI	1	
082	SSI DD Waiver	1	Phased out by 12/31/2003.
083	Acute Care Hospitals (LOS > 30 days)	1	
084	LaCHIP Pregnant Women Expansion (185-200%)	2	Not instituted yet (1/1/2003).
085	Grant Review	1	
086	Forced Benefits	1	Used for Hurricane Katrina Relief Program, started 8/24/2005
087	CHAMP Parents	1	Not instituted yet (1/1/2003).
088	Medicaid Buy In Working Disabled (Medicaid Purchase Plan)	1	Implemented 1/1/2004
089	Recipient Eligible for Pay Habitation and Other	1	No longer valid.
090	LTC (Long Term Care)	1	
091	A, B, D Recipient in Geriatric SNE; No SSI Pay	1	No longer valid.
092	AFDC, GA, A, B, D in SNE; No AFDC Pay	1	No longer valid.
093	DD Waiver	1	Phased out by 12/31/2003
094	QDWI (Qualified Disabled/Working Individual)	2	Medicaid pays only a portion of the Medicare Premium.
095	QMB (Qualified Medicare Beneficiary)	2	
097	Qualified Child Psychiatric	1	No longer valid, eff. 10/1/2002
098	AFDC, GA, A, B, D ICF(2) No AFDC/Other Pay	1	No longer valid.
099	Public ICF/DD	1	
100	PACE SSI	1	Effective 7/1/2005.
101	PACE SSI-related	1	Effective 7/1/2005.

104	Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL	1	Effective 1/1/2004.
109	LaChoice, Childless Adults	1	Effective 8/1/2005
110	LaChoice, Parents with Children	1	Effective 8/1/2005
111	LHP, Childless Adults	1	Effective 8/1/2005
112	LHP, Parents with Children	1	Effective 8/1/2005
113	LHP, Children	1	Effective 8/1/2005
115	Family Planning, Previous LAMOMS eligibility	1	Effective 8/19/2008
116	Family Planning, New eligibility / Non LaMOM	1	Effective 8/19/2008
117	Supports Waiver SSI	1	Effective 8/19/2008
118	Supports Waiver	1	Effective 8/19/2008
119	Residential Options Waiver - SSI	1	Effective 8/1/2008
120	Residential Options Waiver - NON-SSI	1	Effective 8/1/2008
121	SSI/LTC Excess Equity	1	
122	LTC Excess Equity	1	
123	LTC Spend Down MNP Excess Equity	1	
124	LTC Spend Down MNP Excess Equity(Income over facility fee)	1	
125	Disability Medicaid	1	Effective 4/1/2007
127	LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion	3	Effective 5/1/2007
130	LTC Payment Denial/Late Admission Packet	1	
131	SSI Payment Denial/Late Admission	1	
132	Spenddown Denial of Payment/Late Packet	1	
133	Family Opportunity Program	1	Effective 10/1/2007
134	LaCHIP Affordable Plan	3	Effective 6/1/2008
136	Private ICF/DD Spenddown Medically Needy Program	1	Effective 10/1/2007
137	Public ICF/DD Spenddown Medically Needy Program	1	Effective 10/1/2007
138	Private ICF/DD Spenddown MNP/Income Over Facility Fee	1	Effective 10/1/2007
139	Public ICF/DD Spenddown MNP/Income Over Facility Fee	1	Effective 10/1/2007
140	SSI Private ICF/DD Transfer of Resources	1	Effective 10/1/2007
141	Private ICF/DD Transfer of Resources	1	Effective 10/1/2007
142	SSI Public ICF/DD Transfer of Resources	1	Effective 10/1/2007
143	Public ICF/DD Transfer of Resources	1	Effective 10/1/2007
144	Public ICF/DD MNP Transfer of Resources	1	Effective 10/1/2007
145	Private ICF/DD MNP Transfer of Resources	1	Effective 10/1/2007
146	Adult Residential Care/SSI	1	Effective TBD
147	Adult Residential Care	1	Effective TBD
149	New Opportunities Waiver Fund	1	Effective 2/1/2009
150	SSI New Opportunities Waiver Fund	1	Effective 2/1/2009
178	Disabled Adults authorized for special hurricane Katrina assistance	1	Effective 9/26/2005