# Electronic Data Interchange (EDI) for KIDMED/Preventive Medicine Claims

## HIPAA COMPLIANT TRANSACTIONS

HIPAA mandates that providers billing electronically transition from the currently accepted Louisiana Medicaid proprietary software and Key Master software to the HIPAA standardized EDI specifications. The electronic HIPAA transaction accepted for billing KIDMED/preventive medicine claims is the 837P Professional format, including the K3 KIDMED segment. If you currently submit KIDMED/preventive medicine claims electronically to Louisiana Medicaid and are not using the 837P specifications, your current method **WILL NOT be HIPAA compliant** without modification by your Software Vendor, Billing Agent or Clearinghouse (VBC).

Louisiana is currently accepting HIPAA compliant 837P claim transactions for the KIDMED Program, and discussions are underway to determine the final date on which proprietary KIDMED claims will be accepted by Louisiana Medicaid.

## EMERGENCY RULE REQUIREMENTS

The Department of Health and Hospitals promulgated an emergency rule requiring all Medicaid providers performing KIDMED/preventive medicine services to submit information to the Medicaid Program regarding recipient immunizations, referrals, and health status. Thus, KIDMED providers MUST submit claim data concerning not only the actual screening and immunization services provided, but also the immunization status; suspected conditions; and referral information related to suspected conditions.

**Please communicate these requirements to your VBC, and let them know that the "file extension" on the electronic file MUST be KID, not PHY.**

Effective December 1, 2004, KIDMED/preventive medicine providers will see an **educational edit** appear with any payments for KIDMED services if ALL applicable KIDMED claim detail information (including immunization status, suspected conditions, and referral information) is NOT provided on the claim. **This applies to electronic and hard copy claim submissions.**

The new KIDMED edit 517 (KIDMED Format Required – Claim must be submitted in KIDMED format) will initially serve as a provider notification that the claim does not contain all necessary detail information required. Ultimately, an edit will be set to **deny** KIDMED claims that are submitted without the required detail information.

Providers who are submitting KIDMED/preventive medicine claims using the 837P professional transaction WITHOUT the K3 segment completed should **immediately begin** submitting the 837P KIDMED transaction **and include the K3 segment with the transmission.** A new edit 518 (KIDMED information missing – immunization and suspected condition information required) will initially appear as an educational edit **and will ultimately deny claims that are submitted on the 837P or the CMS-1500 claim form without KIDMED detail.**

**Providers who will continue to bill paper claims and currently submit the CMS 1500 claim form with only the screening procedure codes should immediately begin submitting the KM-3 claim form with all detail information.**

**KIDMED DETAIL INFORMATION WITHIN THE 837P TRANSACTION**

The following information may be helpful in communicating these new requirements to your VBC.

Within the 837P transaction is the K3 claim segment which contains detailed information specifically related to the KIDMED screening services provided. Louisiana Medicaid uses the K3 segment to collect the information related to immunization status, suspected conditions and referral information. This segment mirrors what is currently collected on the KM-3 paper claim. As with previous electronic and paper submissions, providers must certify with each claim whether or not the recipient's immunizations are complete and current for his/her age.

The following information is required for each KIDMED claim and appears in the K3 segment once the claim is submitted to Louisiana Medicaid:

*Immunization Status (Required Information)*
Values in this segment are answered with Y (Yes) or N (No). If the status is N (No) then the following information is also required:
A - if the immunizations are not complete due to medical contraindication;
B - if the parent(s) or guardian(s) refuse to permit the immunization;
C - if the patient is off schedule, having received an immunization at this visit but is still due one.

*Screening Finding (Required Information) -* Screening results must be reported as follows:

Field qualifier SC (Suspected Conditions)
Initially, this segment is answered with Y (Yes) or N (No). If the value is Y (Yes), additional information or type of suspected condition is required as follows:

| | | |
|---|---|---|
| A=Medical | D= Dental | G=Abuse/Neglect |
| B=Vision | E=Nutritional | H=Psychological/Social |
| C=Hearing | F=Developmental | I=Speech/Language |

After each suspected condition is identified, the referral type is also required:

U (if already under care)
O (if referred offsite)
I (if being treated in-house.)

At least one referral type must be entered. Up to three types of referrals may be entered for each condition if applicable.

NOTE 1: No more than four (4) suspected conditions may be entered. If more than four apply, enter the most significant based on medical judgment.

NOTE 2: Any of the nine (9) types of suspected conditions may be entered.

*Referral Information (Suspected Conditions)*

If a referral is indicated, referral information must be provided using appropriate values and data including:

Referral Number (R1)
Appointment Date
Referral Reason
Provider name
Referral Phone Number

If additional referrals have been given, give the required information for each additional referral, identifying the second referral with a qualifier R2 and the third referral with R3 if needed.

If the referral was made as a result of the EPSDT screening service, a Y (Yes) indicator is also required in the loop. If no suspected health conditions were identified and no referral resulted from the EPSDT screening service, enter N (No).

The referral outcome should be indicated as follows:

| | |
|---|---|
| AV | Patient refused the referral. |
| S2 | Patient is currently under care for the referred condition |
| ST | Patient was referred to another provider as a result of at least one suspected condition identified during the screening. (If several conditions apply as a result of a screening service, this value should take precedence.) |

# CURRENTLY APPROVED SOFTWARE VENDORS

Listed below are the Software Vendors are currently approved to submit 837P KIDMED transactions to Louisiana Medicaid:

| | |
|---|---|
| Acadiana Computer System | 337-981-2494 |
| Computer Technology and Software of Stonewall | 318-925-1048 |
| DataTel Solutions | 210-558-3733 |
| MD Technologies | 225-343-7169 |
| Med Data Services | 985-892-3225 |
| Medtron Software Intelligence | 985-893-2550 |
| Michel & Pratt Consulting | 337-310-4202 |
| Professional Management & Billing Service | 337-625-4616 |
| Public Consulting Group | 617-426-2026 |

NOTE: This list of approved vendors is updated monthly. To download a current VBC list, log onto www.lamedicaid.com. Click on the "HIPAA Information Center" link. The VBC List can be downloaded from the page.

If your Vendor's software is not approved, you should contact your vendor to determine if they have begun the testing process. If the vendor has not begun testing, encourage them to begin the process. (Providers who develop their own electronic means of submitting claims to Louisiana Medicaid are considered vendors.)

Enrollment forms may be downloaded from the web site, www.lamedicaid/hipaa.com or by emailing a request for enrollment to the HIPAA EDI group at *hipaaedi@unisys.com or by calling 225-237-3318.