

Louisiana Medicaid Management Information System (LMMIS)

Electronic Claims Status Inquiry (eCSI) Application User Manual

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1.0 OVERVIEW

1.1 Objectives

The Electronic Claims Status Inquiry (eCSI) Web Application provides a secure web-based tool for providers to inquire on the status of a claim within the adjudication process. This application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application.

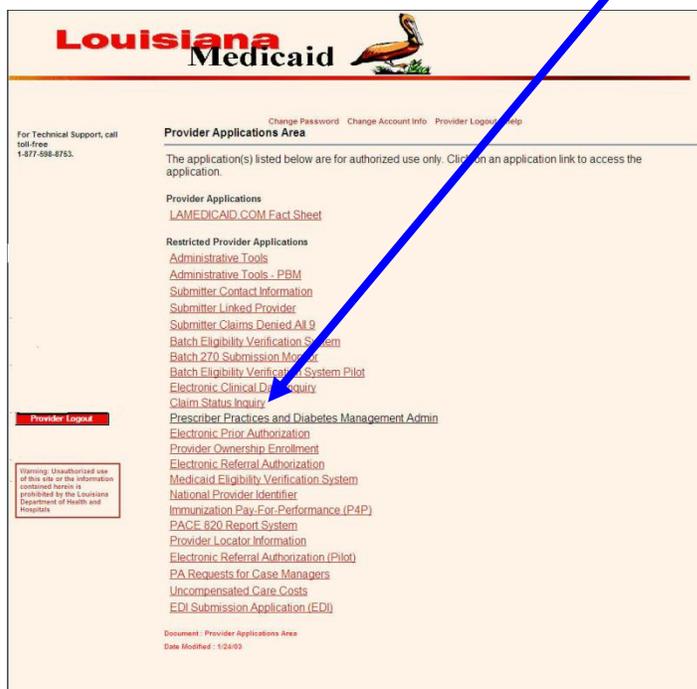
The eCSI application enables providers to inquire on the status of claims (i.e. paid, denied, voided, etc.) using the HIPAA compliant Transaction Set 276/277. It is a real-time application that processes in accordance with the Health Care Claim Status Request and Response 276/277 Implementation Guide, ANSI X12N 276/277 (005010212).

The database for the application maintains two years of claim information based on the claim's date of receipt. On a daily basis, claim activity including new claims, adjustments, voids, and pending claims is extracted and passed to the UNIX ORACLE™ Database and is processed as new activity.

Claim status inquiry and response processes are supported for all LMMIS claim types. Providers can inquire on the status of a claim by executing a search via a generic general method or by specific ICN.

2.0 ACCESSING THE APPLICATION

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>.
2. Login in to the Provider Applications area in accordance with the instructions located on the Provider Web Account Registration Instructions link at: http://www.lamedicaid.com/provweb1/Provweb_Enroll/website_enrollment.htm. If you do not already have a web account, this guide will explain how you get a web account to access provider applications. If you do already have an account, the guide explains how to login to the provider application area.
3. Once you login, the **Provider Applications Area** screen is displayed. Select the **Claim Status Inquiry** link.



Note: The list of applications shown here is comprehensive; you may not see as many options on the Provider Applications page.

4. The **Medicaid Claims Status Inquiry Web Application** screen is displayed.

If the provider logs in using their NPI, then the NPI is displayed. If the provider logs in using their Medicaid Provider ID and has an NPI, the NPI is displayed. If the provider is an atypical provider and does not have an NPI, the Medicaid Provider ID is displayed.

Medicaid Claims Status Inquiry Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 568-8753.
For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040.
[To view the Medicaid HIPAA Error Code Crosswalk table, click here.](#)

Search Type [Clear Screen](#)

Provider Name **NPI**

Recipient ID 13 Digit Number

Claim Charge Amount #.##

Dates of Service thru mm/dd/yyyy

Your Trace #

***** Note: Required fields are in red**

The eCSI page will display a functioning link to the HIPAA/LA MEDICAID ERROR CODE CROSSWALK report.

3.0 USING THE eCSI APPLICATION

This section of the User Manual presents information on navigating through the application, general search inquiry, ICN search inquiry, and the response transaction. Providers are able to inquire on the status of a claim by performing a general search or an ICN specific search. These two different search methods are provided in a pull down menu in the Search Type field.

eCSI Search Type Methods

Medicaid Claims Status Inquiry Web Application Change Password Change Account Info Provider Logout Help

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
 For Technical Support, please contact (877) 598-8753.
 For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
 For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040.
 To view the Medicaid HIPAA Error Code Crosswalk table, [click here](#).

Search Type **General Search** Clear Screen

Provider Name **ICN Search** NPI 386740959

Recipient ID 13 Digit Number

Claim Charge Amount #.##

Dates of Service thru mm/dd/yyyy

Your Trace #

***** Note: Required fields are in red**

A provider is able to utilize the billing provider number or the servicing provider number; whichever the provider used to log into the application. If a billing provider number is used, eCSI returns all claims for that billing provider regardless of the servicing provider. If a servicing provider number is used, eCSI will return only claims where that provider is the servicing provider.

3.1 Navigating Through the Application

This subsection provides information on navigating through the eCSI application.

3.1.1 Screen Buttons

The selection processing functions that appear on the eCSI web user screen pages assist the user in navigating through the application. There are six navigational links that appear across the top of the web screen. These links are disabled if the function is not available from a particular screen. In addition, the **Clear Screen** link appears in the middle of the screen. If the user's mouse hovers, i.e., remains stationary for a period of time over one of these links, a message appears to identify the purpose of the link.

- Select the **Search** link to perform a Claims Status Inquiry search by ICN or General Method
- Select the **Response** link to view the claims status response screen
- Select the **Print Friendly** link to view a print friendly version of the response screen
- Select the **eMEVS** link to access the electronic Medicaid Eligibility Verification System
- Select the **Main Menu** link to discontinue current processing at any page and return to the Provider Applications Area Main Menu.
- Select the **Help** link to obtain field specific help information.
- Select the **Clear Screen** link to clear a page and reset the page data fields to their default values

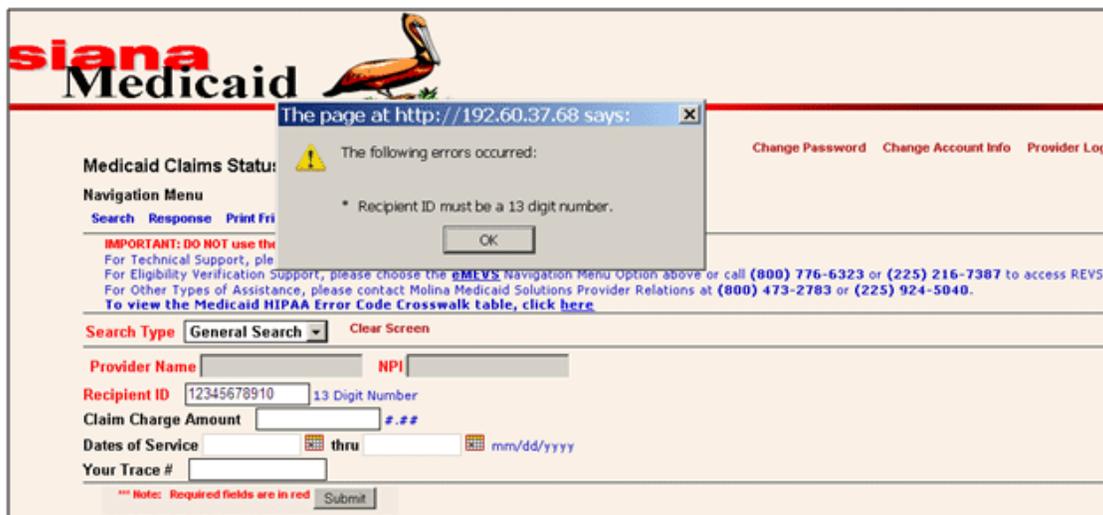
There is a selection-processing button that appears in the lower right hand corner of the web screen.

- Select the **Submit** button to process the data entered on a screen.

3.1.2 Submission Error Messages

The eCSI application provides logical, user-friendly error messages during the submitting process to inform the user that an error has occurred and corrective action is needed. When an error is detected, a user is informed via a message box that an error has occurred. The error message identifies the corrective action needed to fix the error. If a required field is blank when the user selects the **Submit** button, an error message dialog box is displayed indicating that the required field(s) is blank. Most text fields require a certain number of characters to be entered. If fewer than the required number of characters is entered, a message will inform the user that a minimum number of characters must be entered. This sequence continues until the user has entered the appropriate information in all required fields. If data entered in a specific field is in an incorrect format; i.e., alphabetic instead of numeric data in a numeric field, then a message is returned identifying the error. All data must be entered in the correct format before processing continues. The following is an example of an error message.

eCSI Error Message



3.1.3 Informational Messages

During eCSI web screens processing, the user is kept aware of the processing status through the use of informational messages. If an informational message is received the user does not have to initiate a corrective action. The message is for informational purposes solely and the processing continues. The following is an example of an informational message that is executed when the server is down and the user needs to try again later.

Medicaid Claims Status Inquiry Web Application
Navigation Menu Search Response Print Friendly eMEVS Main Menu Help
IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu. For Technical Support, please contact (877) 598-8753. For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS. For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040. To view the Medicaid HIPAA Error Code Crosswalk Table, click here .
Error Message: 0005 - Unable to Respond within required time limits

3.2 General Search Screen

The eCSI General Search methodology is discussed in this subsection. This search methodology can return multiple claims that meet the parameters supplied by the provider when the inquiry does not uniquely identify a claim within the system. The provider may enter unique identifying elements to obtain an exact match. The system automatically populates the Provider Last Name and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the Recipient ID number only; however, there are other search elements available for inquiry purposes. Required fields are denoted in red on the web screen. When a General Search inquiry is initiated, the eCSI application always checks the database against the following match criteria:

- Provider (Billing or Servicing)
- Recipient ID

eCSI returns all claims where there is a match on provider and recipient ID. If the provider has entered incorrect information in a field, the correct data echoes back.

3.2.1 Screen Samples

The following is an example of a General Search Home Screen.

eCSI General Search

Medicaid Claims Status Inquiry Web Application

[Change Password](#)
[Change Account Info](#)
[Provider Logout](#)
[Help](#)

Navigation Menu
[Search](#)
[Response](#)
[Print Friendly](#)
[eMEVS](#)
[Main Menu](#)
[Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
 For Technical Support, please contact (877) 598-8753.
 For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
 For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040.
 To view the Medicaid HIPAA Error Code Crosswalk table, [click here](#).

Search Type: General Search Clear Screen

Provider Name JOHN DOE
NPI 1234567891

Recipient ID 123456789123 13 Digit Number

Claim Charge Amount #.#

Dates of Service thru mm/dd/yyyy

Your Trace #

*** Note: Required fields are in red

3.2.2 Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID (or NPI)	Yes	7 or 10 digits (numeric). This field is automatically populated based on the provider log in authentication information.
Recipient ID	Yes	13 digits (numeric).
Claim Charge Amount	No	Numeric with 2 decimal places.
Dates of Service	No	Type in dates of service or click on popup calendar and select calendar options. If only a beginning date of service is entered, the ending date of service will auto populate with the same date of service.

Field Name	Required	Data Validation
Your Trace #	No	The provider's unique code to link a transaction to a recipient.

The eCSI application validates selected fields to ensure that data is entered in an acceptable format and range criterion. Many data fields require information to be entered in a specific format. If the data entered is not in the proper format, a message and an example of the required format are displayed. Processing continues after all data on the page is entered in the correct format.

Character fields accept alphabetic, numeric, and special character data. Character fields are NOT case sensitive for alphabetic characters. Numeric fields accept only numeric values. Monetary amounts must be a number with 2 decimal places. No dollar signs and positive/negative signs are accepted.

3.3 ICN Search Screen

The eCSI ICN Search methodology is discussed in this subsection. This search methodology can uniquely identify a claim within the system by matching the ICN. eCSI automatically populates the Provider Last Name, and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the ICN only. Required fields are denoted in red on the web screen. When an ICN search inquiry is initiated, the eCSI application checks the database against the following match criteria:

- Provider (Billing or Servicing)
- ICN

The eCSI application returns all claims where there is a match on provider and ICN. If the provider has entered incorrect information in a field, eCSI will echo back the correct data.

3.3.1 Screen Samples

The following is an example of an ICN Search Home Screen.

eCSI Search by ICN

Medicaid Claims Status Inquiry Web Application

[Change Password](#)
[Change Account Info](#)
[Provider Logout](#)
[Help](#)

Navigation Menu
[Search](#)
[Response](#)
[Print Friendly](#)
[eMEVS](#)
[Main Menu](#)
[Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
 For Technical Support, please contact (877) 598-8753.
 For Eligibility Verification Support, please choose the **eMEVS** Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.
 For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at **(800) 473-2783** or **(225) 924-5040**.
[To view the Medicaid HIPAA Error Code Crosswalk table, click here.](#)

Search Type [Clear Screen](#)

Provider Name NPI

ICN 13 Digit Number

Your Trace #

***** Note: Required fields are in red**

3.3.2 Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID (or NPI)	Yes	7 or 10 digits (numeric). This field is automatically populated based on the provider log in authentication information.
ICN	Yes	13 digits (numeric).
Your Trace #	No	The provider’s unique code to link a transaction to a recipient.
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.

3.4 Response Screen

When all required fields of the inquiry page have been entered and the **Submit** button is selected, the message is sent to the eCSI system. The application returns a response providing information about a claim once a match has been established using the search criteria. All original search data that has been entered on the inquiry page will be displayed on the response screen. Related data is grouped together by subject matter.

An ICN Search uniquely identifies a claim, thus the response is an exact match. For inquiries by ICN, it is possible to return status information about the claim history starting with the ICN that is input. Adjustments will appear if the original claim was paid. For example, if the original claim were adjusted twice, and the original ICN is input, there would be (chronologically) three ICNs associated with the claim; the original and two adjustments. The response will contain information regarding the ICN on the inquiry, plus all subsequent adjustments.

If the provider does not supply unique identifying elements and initiates a General Search, the response includes multiple claims that meet the parameters supplied by the provider.

3.4.1 Screen Samples

The following is an example of a General Response Screen. This response includes multiple claims because only the Recipient ID was entered for the inquiry.

eCSI General Response Screen

Medicaid Claims Status Inquiry Web Application	
Navigation Menu	
Search Response Print Friendly eMEVS Main Menu Help	
<p>IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu. For Technical Support, please contact (877) 598-8753. For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access. For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040. To view the Medicaid HIPAA Error Code Crosswalk table, click here</p>	
Search Criteria	
Search Type	General Search
Recipient ID	██████████
Provider Information	
Name	██████████
NPI	██████████
Telephone	██████████
Subscriber Information	
Name	██████████
Member ID Number	██████████
Claims Information	
Claim Status	Finalized/Denial-The claim/line has been denied.
Claims Status Clarification	HIPAA Adj Rsn Code 252 - Authorization/certification number.
Original Charge Amount	343.00
Claim Payment Amount	.00
Remittance or Check Number	00000000
Status Effective Date	12/17/2010
Check or EFT Date	
Date of service	03/01/2009 thru 03/01/2009
Procedure Code	99233
Procedure Code Modifier(s)	
ICN	██████████
Bill Type	
Claims Information	
Claim Status	Finalized/Denial-The claim/line has been denied.
Claims Status Clarification	HIPAA Adj Rsn Code 252 - Authorization/certification number.
Original Charge Amount	655.00
Claim Payment Amount	.00
Remittance or Check Number	00000000
Status Effective Date	12/17/2010
Check or EFT Date	
Date of service	02/27/2009 thru 02/27/2009
Procedure Code	99233
Procedure Code Modifier(s)	
ICN	██████████
Bill Type	
Transaction run on 10/13/2011 at 01:58:55 CT by LAMedicaid - Louisiana Medicaid	

The following is an example of an ICN Response Screen. This response includes one claim because only the ICN number was entered for the inquiry.

eCSI ICN Search Response Screen

Medicaid Claims Status Inquiry Web Application		Change Password Change Account Info Provider Logout Help
Navigation Menu		
Search Response Print Friendly eMEVS Main Menu Help		
<p>IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu. For Technical Support, please contact (877) 598-8753. For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS. For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040. To view the Medicaid HIPAA Error Code Crosswalk table, click here.</p>		
Search Criteria		
Search Type	ICN Search	
ICN	██████████	
Provider Information		
Name	██████████	
H P I	██████████	
Telephone	██████████	
Name	████████████████████	
Member ID Number	██████████████████	
Claims Information		
Claim Status	Finalized/Denial-The claim/line has been denied.	
Claims Status Clarification	HIPAA Adj Rsn Code 252 - Authorization/certification number.	
Original Charge Amount	655.00	
Claim Payment Amount	.00	
Remittance or Check Number	00000000	
Status Effective Date	12/17/2010	
Check or EFT Date		
Date of service	02/27/2009 thru 02/27/2009	
Procedure Code	99223	
Procedure Code Modifier(s)		
ICN	██████████	
Bill Type		
Transaction run on 10/13/2011 at 02:07:21 CT by LAMedicaid - Louisiana Medicaid		

The following is an example of an ICN Search Response Screen where the original claim and an adjustment are displayed.

eCSI ICN Search Response Screen (Adjustment)

Medicaid Claims Status Inquiry Web Application		Change Password Change Account Info Provider Logout
Navigation Menu		
Search Response Print Friendly eMEVS Main Menu Help		
<p>IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu. For Technical Support, please contact (877) 598-8753. For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS. For Other Types of Assistance, please contact Molina Medicaid Solutions Provider Relations at (800) 473-2783 or (225) 924-5040. To view the Medicaid HIPAA Error Code Crosswalk table, click here</p>		
Search Criteria		
Search Type	ICN Search	
ICN	[REDACTED]	
Provider Information		
Name	[REDACTED]	
N P I	[REDACTED]	
Telephone	(225) 644-5307	
Subscriber Information		
Name	[REDACTED]	
Member ID Number	[REDACTED]	
Claims Information		
Claim Status	Finalized/Payment-The claim/line has been paid.	
Claims Status Clarification	HIPAA Adj Rsn Code 65 - Claim/line has been paid.	
Original Charge Amount	20.00	
Claim Payment Amount	1.29	
Remittance or Check Number	00000051	
Status Effective Date	02/08/2011	
Check or EFT Date	02/09/2011	
Date of service	01/11/2011 thru 01/11/2011	
Procedure Code	A0425	
Procedure Code Modifier(s)	PH	
ICN	[REDACTED]	
Bill Type	[REDACTED]	
Claims Information		
Claim Status	Finalized/Revised - Adjudication information has been changed	
Claims Status Clarification	HIPAA Adj Rsn Code 65 - Claim/line has been paid.	
Original Charge Amount	20.00	
Claim Payment Amount	1.15	
Remittance or Check Number	00000052	
Status Effective Date	03/08/2011	
Check or EFT Date	03/09/2011	
Date of service	01/11/2011 thru 01/11/2011	
Procedure Code	A0425	
Procedure Code Modifier(s)	PH	
ICN	[REDACTED]	
Bill Type	[REDACTED]	
Transaction run on 10/13/2011 at 01:56:55 CT by LAMedicaid - Louisiana Medicaid		

3.4.2 Data Fields

The Electronic Claim Status Inquiry application returns a response providing the following information about a claim.

Field Name	Data Validation
Search Criteria	
Search Type	Denotes whether search mechanism was General or ICN.
ICN	If ICN search methodology was entered denotes the ICN number.
Provider Information	
Name	Provides the name of the servicing provider.
Provider ID (or NPI)	Denotes the ID number for the servicing provider. If the user logs in using NPI instead of Louisiana Medicaid Provider ID, then NPI is displayed.
Telephone	Provides the area code and telephone number for the servicing provider.
Subscriber Information	
Name	Provides the name of the subscriber.
Member ID Number	Denotes the ID number for the subscriber.
Claim Information	
Claim Status	Denotes whether a claim has been paid, denied, or pended. Provides any corrective action that is needed.
Claims Status Clarification	Explains in further detail the status of the claim.
Original Charge Amount	Provides the original charge amount submitted by the provider.
Claim Payment Amount	Provides the amount paid by the payer.
Remittance or Check Number	The Remittance or Check number.
Status Effective Date	Provides the date of the information being returned.
Check or EFT Date	The date the check or EFT was sent.
Date of Service	Provides the date of service of the claim.
Procedure Code	Details the procedure code.
Procedure Code Modifier(s)	Provides the procedure code modifier(s) if applicable.

Field Name	Data Validation
ICN	13-digit numeric Internal Control Number.
Bill Type	Code designation that is returned if the claim was associated with a UB04 claim.
Timestamp	The date and time that the eCSI response was generated.

4.0 APPENDIX A – INTERNET EXPLORER WEB BROWSER SET-UP

Prior to initial use of the eCSI Web User Screens, the web browser setup must be implemented. This will ensure that the latest change information is displayed to the user. Using a Web Browser, compatible with Internet Explorer (v4.0 or higher):

- Select the **Tools** menu selection.
- Select the **Internet Options** selection.
- At the General Tab page, under the Temporary Internet Files section, select the **Settings** button.
- At the Settings page, select the **Every visit to the page** radio button.
- Select the **OK** button on the Settings page.
- Select the **OK** button on the Internet Options page.

5.0 APPENDIX B – SAMPLE OF ERROR CODE CROSSWALK REPORT

LAMS113		12:09:30		DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING		REPORT NO:	RF-0-77-R
RUN: 08/01/11				HIPAA/LA MEDICAID ERROR CODE CROSSWALK		PAGE:	1
ADJ	RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA	REMARK	CODE
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	168			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	151			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	152			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	141			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	189			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	077			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	133			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	134			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	929			
		CLM BYPASS PAM EDITS	CLAIM BYPASSED THE PAM EDITS/CLAIMCHECK	795			
		CLM BYPASS CC EDITS	CLAIM BYPASSED THE CLAIMCHECK EDITS	792			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	362			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	369			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	425			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	422			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	322			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	325			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	630			
		NOT USED - AVAILABLE	NOT USED - AVAILABLE	714			
A-1		DENIED PER SURS	DENIED PER SURS GUIDELINES	941		N35	
A-1		CUTBACK PER SURS	CUTBACK PER SURS GUIDELINES	939		N35	
A1		DENIED PER TPL BOB	DENIED PER THE TPL BOB INFORMATION	931		N36	
A1		INDICTR/CPT CONFLICT	INDICATOR 3 INVALID WITH CPT CODES-PCP REFERRAL REQ	104		N285	
A2		NOT PAID BY MEDICARE	NOT PAID BY MEDICARE	944			
A2		KATRINA EVACUE/CAT11	HURRICAN KATRINA EVACUE/AID CAT 11	526			
A2		KATRINA EVACU/PARISH	HURRICANE KATRINA EVACUE/PARISH	527			
B3		UNITS 33-47	UNITS PAID BETWEEN 33 AND 47	543		N45	
B5		ONLY-1ST DIAG, VS PD	KELOID TREATMENT-ONLY FIRST DIAGNOSTIC VISIT IS PAID	488			
B5		THERAPEUTIC DUP DENY	THERAPEUTIC DUPLICATION DENIAL-LIMITED TO SPECIFIC CLAS	482			
B5		PREGNANCY DENIAL	PREGNANCY PRECAUTION-DENIAL-FDA CATEGORY X	483			
B5		NEW EX REQUIRES PA	NEW EX WILL REQUIRE PA	484			
B5		CUTBACK-SERV 1 YEAR	CUTBACK-REPAIR MUST YIELD DENTURE SERVICEABLE FOR 1 YR	698			
B5		PROBLEM CODE PD 2YRS	PROBLEM ORIENTED CODE PAID WITHIN 2 YEARS	696			
B5		RXNO USE GR THAN LIM	USAGE OF SAME RX NUMBER GREATER THAN SYSTEM LIMIT	647		N388	
B5		MAX # CLM LINES EXC	MAX EXCEEDED FOR ADDED CLAIM LINES-RESUBMIT/CLAIMCHECK	947		N61	
B7		PROVIDER NOT ELIG	PROVIDER NOT ELIGIBLE ON DATES OF SERVICE	201			
B7		PROV NOT CERTIFIED	PROVIDER NOT CERTIFIED FOR SERVICE	328			
B7		CLIA NOT CERT DOS	CLIA # DOES NOT COVER DATE OF SERVICE	329		MA120	
B7		PROVIDER NOT COVERED	PROVIDER NOT COVERED FOR SERVICES RENDERED BY MEDICAID	213			
B7		BILL PROV NOT ELIG	BILLING PROVIDER INELIGIBLE ON DATE OF SERV	207			
B7		PROV RATE NOF	PROVIDER FILE DOES NOT CONTAIN VALID RATE FOR DOS	244			
B7		NOT PAY W/CLIA CERT	NOT PAYABLE WITH CLIA CERT TYPE	386		MA120	
B7		PROV CERT DATE ERROR	PROVIDER CERTIFICATION EXPIRED AS OF DOS	360			
B7		SRV DTE LT PROV LIC	SERVICE DATE IS PRIOR TO PROV LICENSING EFFECTIVE DATE	354			
B9		NON HOSPICE PROVIDER	SUBMIT JUSTIFICATION FOR SERVICES	493		N29	