



Louisiana Medicaid Management Information System (LMMIS)

Electronic Claims Status Inquiry (eCSI) Application User Manual

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Prepared By
Technical Communications Group

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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TABLE OF CONTENTS

1.0	OVERVIEW	1
1.1	Objectives.....	1
2.0	ACCESSING THE APPLICATION	2
3.0	USING THE ECSI APPLICATION	4
3.1	Navigating Through the Application	4
3.1.1	Screen Buttons.....	4
3.1.2	Submission Error Messages	5
3.1.3	Informational Messages.....	7
3.2	General Search Screen.....	7
3.2.1	Screen Samples	8
3.2.2	Data Fields.....	8
3.3	ICN Search Screen.....	9
3.3.1	Screen Samples	10
3.3.2	Data Fields.....	10
3.4	Response Screen.....	11
3.4.1	Screen Samples	12
3.4.2	Data Fields.....	15
4.0	APPENDIX A – INTERNET EXPLORER WEB BROWSER SET-UP	17

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.

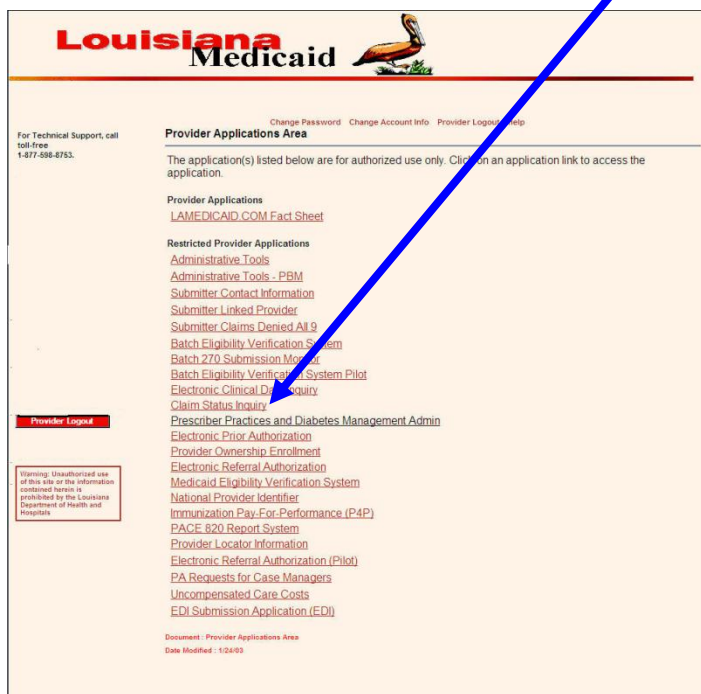
The eCSI application enables providers to inquire on the status of claims (i.e. paid, denied, voided, etc.) using the HIPAA compliant Transaction Set 276/277. It is a real-time application that processes in accordance with the Health Care Claim Status Request and Response 276/277 Implementation Guide, ANSI X12N 276/277 (004010X093), May 2000.

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 pended 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 you logged in using your NPI, then your NPI is displayed.

The screenshot shows the 'Medicaid Claims Status Inquiry Web Application' interface. At the top right, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. The main title is 'Medicaid Claims Status Inquiry Web Application'. Below it is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'eMEVS', 'Main Menu', and 'Help'. A red box on the left contains a warning: 'Warning: Unauthorized use of this site or the information contained herein is prohibited by the Louisiana Department of Health and Hospitals'. A red box at the top left says 'Provider Logout'. A red box in the center contains an important notice: '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 Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.' Below this is a search section with 'Search Type' set to 'General Search' and a 'Clear Screen' button. The 'Provider Name' field contains 'MEDICAL RESOU' and the 'NPI' field contains '1659594760'. Other fields include 'Recipient ID' (13 Digit Number), 'Claim Charge Amount' (###), 'Dates of Service' (mm/dd/yyyy thru mm/dd/yyyy), and 'Your Trace #'.

If you logged in using your Louisiana Medicaid ID, then your Provider ID is displayed:

The screenshot shows the 'Medicaid Claims Status Inquiry Web Application' interface, similar to the one above. The 'Provider Name' field contains 'DHH EXEC MGMT' and the 'Provider ID' field contains '1209996'. The rest of the interface, including the navigation menu, search options, and other form fields, is identical to the previous screenshot.

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

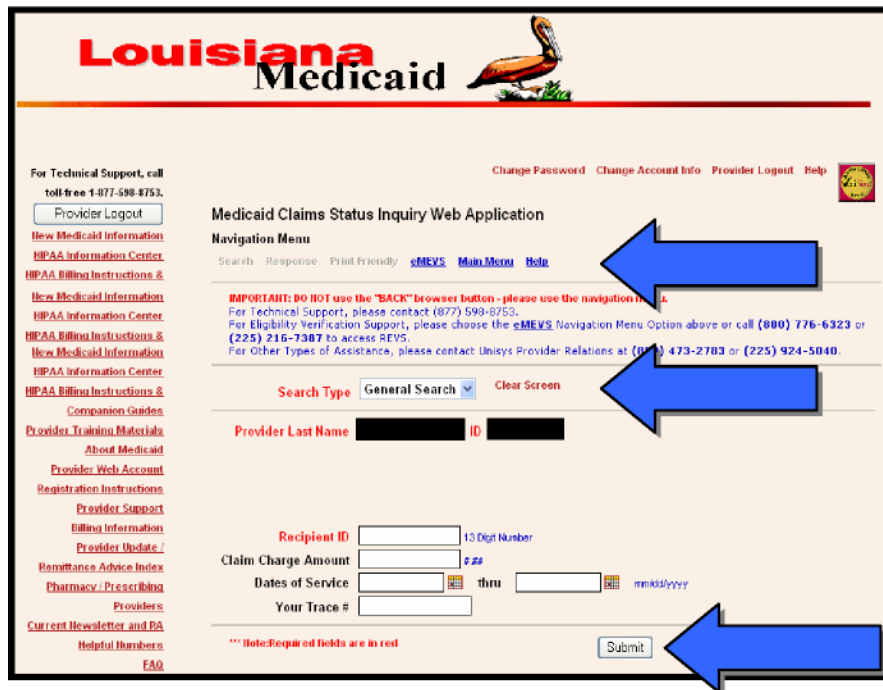
A provider is able to utilize the billing provider number or the servicing provider number; whichever the provider used to log into the application. If a billing provider number is used, eCSI returns all claims for that billing provider regardless of the servicing provider. If a servicing provider number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

The screenshot displays the 'Medicaid Claims Status Inquiry Web Application' interface. At the top, there is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'eMEVS', 'Main Menu', and 'Help'. Below this is an important notice: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' It provides contact information for technical support (877) 598-8753, eligibility verification support (800) 776-6323 or (225) 216-7387, and other assistance (800) 473-2783 or (225) 924-5040.

The main form area contains several input fields: 'Search Type' (set to 'General S'), 'Provider Last Name' (set to 'UNKNOWN'), 'Recipient ID' (set to 'adfeadfaedf'), 'Claim Charge Amount', 'Dates of Service', and 'Your Trace #'. The 'Recipient ID' field is highlighted in red, indicating it is a required field. A 'Submit' button is located at the bottom right of the form.

An error message dialog box from 'Microsoft Internet Explorer' is overlaid on the form. It contains a yellow warning icon and the text: 'The following errors occurred: * Recipient ID must be a 13 digit number.' The dialog box has an 'OK' button.

At the bottom left of the form, there is a note: '*** Note: Required fields are in red'.

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 Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

Error Message: 0005 - Unable to Respond within required time limits

3.2 General Search Screen

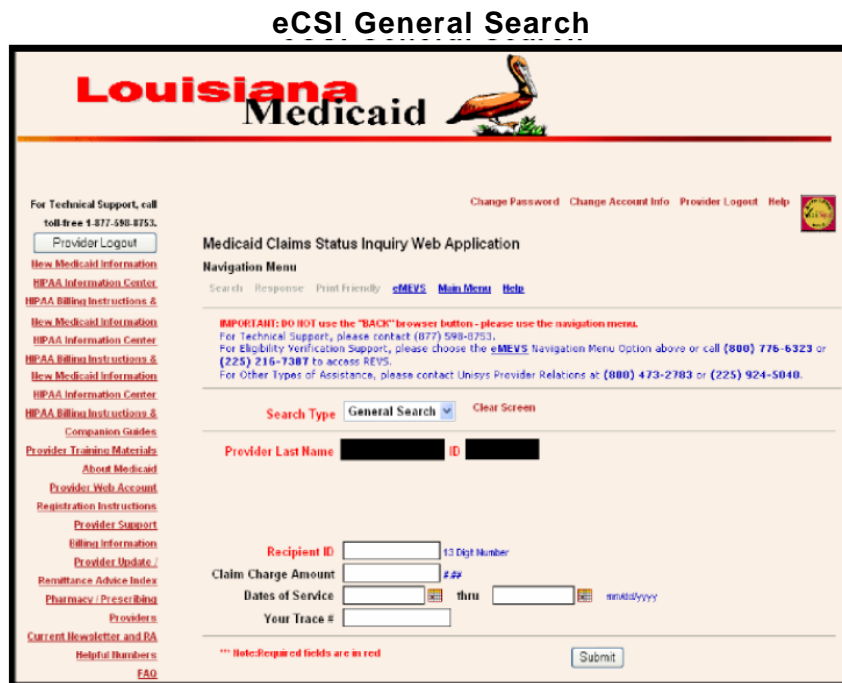
The eCSI General Search methodology is discussed in this subsection. This search methodology can return multiple claims that meet the parameters supplied by the provider when the inquiry does not uniquely identify a claim within the system. The provider may enter unique identifying elements to obtain 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.



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.

Field Name	Required	Data Validation
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.
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

Louisiana Medicaid

For Technical Support, call toll-free 1-877-598-8753. [Provider Logout](#)

[New Medicaid Information](#)
[HIPAA Information Center](#)
[HIPAA Billing Instructions &](#)
[New Medicaid Information](#)
[HIPAA Information Center](#)
[HIPAA Billing Instructions &](#)
[Companion Guides](#)
[Provider Training Materials](#)
[About Medicaid](#)
[Provider Web Account Registration Instructions](#)
[Provider Support](#)
[Billing Information](#)
[Provider Update / Remittance Advice Index](#)
[Pharmacy / Prescribing](#)
[Providers](#)
[Current Newsletter and RA](#)
[Helpful Numbers](#)
[FAQ](#)

Change Password Change Account Info Provider Logout Help

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 REYS.
 For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

Search Type **ICN Search** Clear Screen

Provider Last Name **ID**

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.

Field Name	Required	Data Validation
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](#)

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) 210-7307 to access REVS.
 For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5848.

Search Criteria

Search Type: General Search
 Recipient ID: [REDACTED]

Provider Information

Name: [REDACTED]
 Provider ID: [REDACTED]
 Telephone: [REDACTED]

Subscriber Information

Name: [REDACTED]
 Member ID Number: [REDACTED]
 Date of Birth: [REDACTED]
 Sex: [REDACTED]

Claims Information

Claim Status: FinalizedPayment-The claimline has been paid.
Claims Status Clarification: HPAAs Adj Ran Code 117 - Claim requires signature-on-file indicator.
 HPAAs Adj Ran Code 465 - Entries Original Signature
Original Charge Amount: 68.00
Claim Payment Amount: 25.07
Payment Method: Automated Clearing House (ACH)
Remittance or Check Number: [REDACTED]
Status Effective Date: 02/02/2004
Check or EFT Date: 02/04/2004
Date of service: 11/10/2003 thru 11/10/2003
Procedure Code: 99210
Procedure Code Modifier(s): 25
ICN: [REDACTED]
Medical Record Number: 000000000000000000

Claims Information

Claim Status: FinalizedDenial-The claimline has been denied.
Claims Status Clarification: HPAAs Adj Ran Code 484 - Payer Assigned Control Number.
Original Charge Amount: 42.00
Claim Payment Amount: .00
Payment Method: [REDACTED]
Remittance or Check Number: 00000000
Status Effective Date: 03/23/2004
Check or EFT Date: [REDACTED]
Date of service: 01/09/2003 thru 01/09/2003
Procedure Code: 99212
Procedure Code Modifier(s): 25
ICN: [REDACTED]
Medical Record Number: 000000000000000000
Bill Type: [REDACTED]

Claims Information

Claim Status: FinalizedDenial-The claimline has been denied.
Claims Status Clarification: HPAAs Adj Ran Code 132 - Entry's Medicaid provider id.
 HPAAs Adj Ran Code 1 - For more detailed information, see remittance advice.
 HPAAs Adj Ran Code 132 - Entry's Medicaid provider id.
Original Charge Amount: 42.00
Claim Payment Amount: .00
Payment Method: [REDACTED]
Remittance or Check Number: 00000000
Status Effective Date: 12/09/2003
Check or EFT Date: [REDACTED]
Date of service: 01/09/2003 thru 01/09/2003
Procedure Code: 99212
Procedure Code Modifier(s): 25
ICN: [REDACTED]
Medical Record Number: 000000000000000000
Bill Type: [REDACTED]

Transaction run on 09/13/2004 at 09:15:36 CT by LA Medicaid - Louisiana Medicaid

The following is an example of an ICN Search Response Screen. This response is an exact match because the ICN Search uniquely identifies a claim.

eCSI ICN Search Response Screen

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


Medicaid Claims Status Inquiry Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [eMEYS](#) [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 **eMEYS** Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.
 For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

Search Criteria

Search Type ICN Search
 ICH [REDACTED]

Provider Information

Name [REDACTED]
NPI [REDACTED]
Telephone [REDACTED]

Subscriber Information

Name [REDACTED]
Member ID Number [REDACTED]
Date of Birth [REDACTED]
Sex [REDACTED]

Claims Information

Claim Status Finalized/Payment-The claim/line has been paid.
Claims Status Clarification HIPAA Act Plan Code 055 - Claim/line has been paid.
Original Charge Amount 75.00
Claim Payment Amount 33.43
Payment Method Automated Clearing House (ACH)
Remittance or Check Number [REDACTED]
Status Effective Date 09/09/2004
Check or EFT Date 08/25/2004 thru 08/25/2004
Date of service 59213
Procedure Code TH
Procedure Code Modifier(s) [REDACTED]
ICN [REDACTED]
Medical Record Number [REDACTED]
Bill Type [REDACTED]

Transaction run on 1/22/2004 at 12:36:19 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

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) 216-7887** in areas DPVS.
 For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

Search Criteria

Search Type ICN Search
ICN [REDACTED]

Provider Information

Name [REDACTED]
Provider ID [REDACTED]
Telephone [REDACTED]

Subscriber Information

Name [REDACTED]
Member ID Number [REDACTED]
Date of Birth [REDACTED]
Sex [REDACTED]

Claims Information

Claim Status FinalizedPayment-The claim/line has been paid.
Claims Status Clarification HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator.
 HIPAA Adj Rsn Code 466 - Entries Original Signature

Original Charge Amount 42.00
Claim Payment Amount 30.13
Payment Method Automated Clearing House (ACH)
Remittance or Check Number [REDACTED]
Status Effective Date 12/09/2003
Check or EFT Date [REDACTED]
Date of service 10/02/2003 thru 10/02/2003
Procedure Code 99212
Procedure Code Modifier(s)
ICN [REDACTED]
Medical Record Number 000000000000000000
Bill Type

Claims Information

Claim Status FinalizedRevised - Adjudication information has been changed
Claims Status Clarification HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator.
 HIPAA Adj Rsn Code 466 - Entries Original Signature

Original Charge Amount 42.00
Claim Payment Amount .00
Payment Method
Remittance or Check Number [REDACTED]
Status Effective Date 03/23/2004
Check or EFT Date
Date of service 10/02/2003 thru 10/02/2003
Procedure Code 99212
Procedure Code Modifier(s)
ICN [REDACTED]
Medical Record Number 000000000000000000
Bill Type

Transaction run on 09/13/2004 at 09:20:12 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.
Date of Birth	Provides the date of birth for the subscriber.
Sex	Provides the sex of 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.
Payment Method	Denotes how the payment was made. The alternatives are Automated Clearing House (ACH), Financial Institution Option, Federal Reserve Funds/Wire Transfer, or non-payment data.
Remittance or Check Number	The Remittance or Check number.

Field Name	Data Validation
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.
ICN	13-digit numeric Internal Control Number.
Medical Record Number	An internal number assigned by the provider.
Bill Type	Code designation that is returned if the claim was associated with a UB92 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.