



Electronic Authorizations

BUSINESS AND TECHNICAL BULLETIN

L.A. Care Health Plan

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Introduction

Participating Physician Groups (PPG) have been contracted to provide extended delegated medical management functions under their Shared Risk Agreement with L.A. Care Health Plan. Specifically, PPGs will provide: (1) Utilization Management (UM) referral management of outpatient and inpatient services (2) conduct utilization review for lower level of care services including, but not limited to durable medical equipment, hospice, home health, and skilled nursing. The services authorized for members under the Shared Risk Agreement must be transmitted to L.A. Care for timely and appropriate claims processing. In order to eliminate manual and redundant processes, an automated import solution has been developed at L.A. Care to load delegated referral management determinations into L.A. Care's core system.

The Electronic Authorizations (ELDA – Electronic Load of Delegated Authorizations) will provide PPGs the ability to submit authorization determinations (approved/denied) electronically.

Overview

On a daily basis, PPG will provide a positioned flat file to the established L.A. Care sFTP site address. L.A. Care will process the submitted file to import the authorizations into L.A. Care's core system.

File Management

File Frequency

The frequency of the ELDA data exchange is daily. The PPG is required to make every effort to submit finalized authorizations through ELDA file daily. However, in cases where a daily submission is not possible, the authorization shall be submitted to L.A. Care within two (2) business days of the decision being finalized.

File Format and Naming Convention

PPG shall submit a flat file which meets the positions, length, and data types as described in the pre-certification record layout requirements, along with the validation rules. PPG will include the PPG Code for members as part of the data sent in the file (refer to the table - Precertification Record Data Requirements, PRECRT label, field PPG Code). PPG will use the following syntax name: **Delegated PPG Code-ELDA-MMDDYY**(e.g.: **DHSD_ELDA_MMDDYYYY**). In the event that these rules are not followed, errors will be classified as Fatal/Warnings (see *section handling of Errors*).

File Size

PPG file submissions should not exceed 1MB. If submitted files exceed the specified size, L.A. Care will not be able to process the file, and will be rejected. PPG will be required to separate the file into multiple submissions, and submit each file individually.

Referral Tracking Numbers

L.A. Care will assign a unique referral tracking number to each authorization that successfully loads into L.A. Care's core system(s). PPG's assigned tracking number will be recorded into L.A. Care's core system(s); this will assist both internal and external staff when communicating about any submitted authorization.

Referral Management

Mandatory Information

L.A. Care's core system requires specific member and service level information for accurate processing of referrals and claims (see *Precertification Record Data Requirements Table page 13*)

The structured record layout is a guideline for submitting all authorization determination decisions to L.A. Care. Deviations from the layout may cause authorization acceptance by L.A. Care core systems to fail.

PPG will convert code values to L.A. Care code values based on the tables referred to within the technical bulletin prior to authorization file submission. PPG should submit the following type of authorizations:

- Pre-Service
- Post-Service/Retroactive Review
- Closed

All approved and denied authorizations should utilize L.A. Care contracted providers. Nonparticipating provider utilization is acceptable only under the following circumstances:

1. Continuity of Care
2. Services not available within L.A. Care contracted providers

MOU (Memorandum of Understanding)/ LOA (Letter of Agreement)

If PPG chooses to utilize a non-participating provider, then PPG is required to follow L.A. Care's Memorandum of Understanding (MOU), also known as Letter of Agreement (LOA) process.

The authorization determination for non-participating provider should be included in the ELDA transmission after an MOU/LOA has been processed by L.A. Care.

Service Codes

L.A. Care uses the most current version of the standard codes for referral management, which include:

- ICD-10 – coded to the highest level of specificity □ CPT
- HCPCS
- Place of Service (POS)
- CMS Revenue Codes (REV)
- Bed Types/Level of Care

For a limited amount of services, the requesting provider or vendor may use the Medicare or Medi-Cal Local Procedure Codes, as appropriate. Refer to <https://www.cms.gov/>.

Referral Determinations

L.A. Care utilizes the standard approved and denied determination codes and reasons, which are required for appropriate loading into its core system. Details on how authorizations should be submitted are listed below.

Diagnosis Codes

PPG can report multiple diagnosis codes as needed. Using the standard ICD-10 format, the first diagnosis code will be categorized as the primary diagnosis, and additional codes following in sequence; second diagnosis, and so forth.

Multiple Procedures, Services or Dates

For multiple procedures, and dates, ELDA will capture the determinations as multiple line items under a single authorization record. (See attachment section “Record Type – PRC”). This allows for approvals and denials to be reported within one authorization. Reflecting all approved days on one line, and denied days on a separate line.

Outpatient Authorizations

For outpatient authorizations, ELDA will capture multiple line items as necessary within a single authorization record. In addition to specific member details, required data elements for outpatient referrals are:

- Procedure Code
- Procedure From Date
- Procedure To Date
- # of visits (where Procedure Code is applicable)
- Quantity (where Procedure Code is applicable)

Procedure codes should be coded to the highest level of specificity. Service dates should be submitted with a sixty (60) day window to allow for scheduling and rendering of the service(s) by the referred-to provider.

Inpatient Authorizations

For inpatient authorizations, ELDA will capture multiple line items as necessary within a single authorization record. In addition to specific member details, required data elements for inpatient referrals are:

- Place of Service
- Referred by Provider
- Admission Date
- Discharge Date
- Actual Discharge Status
- Attending Physician
- Primary Diagnosis
- Diagnosis at Discharge

Maternity Admissions/Deliveries

L.A. Care tracks maternity admissions and live births in its core system in order to meet Department of Health Care Services (DHCS) reporting requirements. If applicable, the flat file must include the Newborn information including the

- Birth Order (Numeric)
- Date of Birth

Additional coding for maternity cases:

ICD-10 Diagnosis codes to the highest level:

- 650 – Represent as 650.XX
- 669.7 – invalid at the 4th digit – the 5th digit must be used. Represented as 669.7X □
- V22 –. Represent as V22.X
- 765.20 – 765.29 unspecified weeks of gestation.

Revenue Codes:

- 122

Data Exchange

Initial Set-up

Delegated PPGs technical team will be on-boarded with the L.A. Care technical team and assigned a unique PPG code. A sFTP IP address, path and login in instructions, along with a designated ELDA data exchange folder will be provided.

Frequency and Status

The expected frequency of data exchange is daily, or within five (5) days of decision. The data provided for all finalized authorizations, should be real-time, and all required fields should be complete. This allows authorizations to load into our systems prior to claim(s) being received for adjudication.

Alternate Format

If technical limitations prevent PPG from submitting authorizations in the designated ELDA format, a Comma Delimited CSV format should be submitted.

Example:

```
IH,92511391D,1760426415,21,SNF,20170527,50,R,1447225438,1760426415,314117,AM  
GS,M62.81,R26.89,I48.0,,,,,,,,,192,20170508,20170527,A,A,20170508,22,SNF,,,,,,,,,,,,,
```

Handling of Errors

Fatal Load errors are critical to Authorization Processing and will be transmitted back to PPG in an automated email to their assigned sFTP folder for resubmission.

PPG is required to submit error corrections within five (5) business days after receipt of their error report. When submitting ELDA files, please be sure to populate each field. Failure to do so can cause an error and a delay in your files being loaded.

When submitting error corrections, the re-submittal must include the entire string of data for the rejected authorization. Resubmitted authorizations can be submitted on the daily ELDA files using the normal naming convention: **“Delegated PPG Code-ELDA-MMDDYY(e.g.: DHSD_ELDA_MMDDYYYY)”**.

L.A. Care Application system (CCA) - FATAL LOAD error scenarios

Errors	Definition	LA Care or PPG	Field in Error
Missing Item: Extension [extension id]	ELDA process unable to find the line item to update the CCA case	LA Care	ELDA process
Service.ServiceType	Service type is invalid or missing	PPG	Admit Type
Missing Item: UMCASE.PlaceOfService	Place of service is invalid or missing	PPG	Place of Service
facility_idMissing treating_prov_id	Treating Provider not found	PPG	Treating Provider
Invalid Value: Certification.ToDate	The to date on the service is not valid	PPG	Procedure to Date
Invalid Value: ChangeReason.Id	A crosswalk maps the ELDA change reason to CCA. There's a few values that are now inactive and need to be adjusted on this crosswalk	LA Care	Crosswalk table
Invalid Value: Extension.FromDate [fromdate] is not matching with (EndDate + LeaveOfAbsence) for ID: '.	The date range on the line item is incorrect (may be due to requested days listed as one number but the from and to date span is longer)	PPG	Procedure To Date Procedure From Date Procedure Quantity
Invalid Value: PlaceOfServiceOutpatient.Id	Invalid place of service for the outpatient case	PPG	Place of Service
Invalid Value: Certification.RequestedUnits	# of visits or days per line item are missing or invalid (Value must be between 1 and 32767 inclusive)	PPG	Procedure line(s).
Duplicate Value Found: Procedure.Code (There was a duplicate found in the Request for UmCase.SecondaryProcedures: [servicegroupid])	Two line items are exactly the same/share the same procedure code	PPG	Procedure Code
Cid not found. Try specifying a different external_id and external_system_id combination.	Member not in CCA or QNXT or member has an MHC and QNXT record	PPG/ LA Care	Member Identification Number
The case is outdated.	The updated date is before the date on the case.	PPG/ LA Care	ELDA process
Invalid Procedure Code : [procedure/revenue code]	Procedure code is invalid/termed (includes revenue codes)	PPG	Procedure Code
Invalid Diagnosis Code : [diagnosis code]	Diagnosis code is invalid/termed	PPG	Diagnosis Code

Errors	Definition	LA Care or PPG	Field in Error
Missing auth_days	Authorized days not given	PPG	Procedure Quantity
Missing facility_id	Facility Provider ID is missing	PPG	Treating Provider
Missing Invalid Date Range for Extensions. Dates compared includes Extension Start/Extension End/Actual Admission/Discharge.	The date range on the line item(s) do not line up with the header's admission and discharge date	PPG	Procedure To Date Procedure From Date Admission Date Actual Discharge Date
Missing req_adm_date	Admission date on the header level is missing	PPG	Admission Date
Missing req_prov_id	Requesting Provider not found	PPG	Refer By Provider
Missing start_date	Start date for the service not given	PPG	Procedure From Date
Missing tot_req_days Missing req_days	Requested days not given	PPG	Procedure Quantity
Missing treating_prov_id	Treating Provider not found	PPG	Treating Provider
Required field has an NPI not found in our system	Treating Provider not found	PPG	Treating Provider
Object reference not set to an instance of an object.	Unknown .NET error, need to investigate with Cognizant	LA Care	ELDA process
Overlapping DOS on IP Auths	Multiple bed stays, dates should not overlap	PPG	Procedure line(s).
req_prov_id Missing treating_prov_id	Treating and requesting Provider not found	PPG	Treating Provider Refer By Provider
tot_req_days Missing req_days	Requested days not given	PPG	Procedure Quantity
Missing claim type	Claim is missing designated claim type	PPG	Claim Type
Missing diagnosis and procedure line(s)	The diagnosis and or procedure code is missing from the authorization.	PPG	Diagnosis and or procedure line(s).
Missing req_adm_date	The admission date is missing	PPG	Admission date at the header or line level
Missing from date	Beginning date of service of procedure line should not be blank	PPG	Procedure line(s).
Required field is blank: Authorization Case Type	Authorization case type filed is blank	PPG	Authorization Case Type
Required field is blank: Procedure Code line	Procedure line is blank	PPG	Procedure code line
Required field is blank: Diagnosis Code line	Diagnosis line is blank	PPG	Diagnosis code line

Errors	Definition	LA Care or PPG	Field in Error
Required field is blank: Treating Provider or facility NPI or Tax ID	Treating Provider or facility NPI or Tax ID is blank	PPG	Treating provider
Required field is blank: Admission Date on Inpatient Authorization	Admission date is blank on header	PPG	Admission date
Required field is blank: Actual Discharge Date on Inpatient Authorization <i>*Inpatient</i>	Discharge date is blank	PPG	Discharge date
Required field is blank: Member Identification Number	Member Identification field is blank	PPG	Member ID
Required line is blank: diagnosis line	Diagnosis code is blank	PPG	Diagnosis code line

L.A. Care Application system (CCA) - WARNING error scenarios list

L.A. Care Utilization Management staff will address these errors.

- LAC-Auth Defaulted to Retrospective
- LAC-Bed Type Mapped to Rev Code
- LAC-Decision Code defaulted to A
- LAC-DischStatus defaulted to L07
- LAC-Status defaulted to Closed
- LAC-SvcType defaulted to MED

For any questions, please feel free to contact your Account Manager or the appropriate L.A. Care contact listed below.

L.A. Care Health Plan - Contact Information

ELECTRONIC AUTHORIZATIONS		PRODUCTION CONTROL
ELDA Department (213) 694-1250 Ex.4444 ELDA@lacare.org		Production Control Analyst (213) 694-1250 Ex. 4444 ltproductioncontrol@lacare.org

Precertification Record Data Requirements

* Notes "Required" field.

PLEASE NOTE ALL ALPHA CHARACTERS MUST BE IN CAPITAL

INFORMATION ITEM	DESCRIPTION	LEN	START	END	DATA TYPE	VALIDATION
PRECERT Data Record type (Screen used for both inpatient and outpatient authorization request types)						
Precert record label	Precert record label	3	1	3	Alphanumeric	PCT
Authorization Case Type*	Inpatient/Outpatient	4	4	7	Alphanumeric	See Table 1
Member Identification Number*	For Medi-Cal - CIN LACC - LAC Covered Care - Member ID Number DSNP – CIN or Member ID Number PASC-SEIU – IH Number	12	8	19	Alphanumeric	
Refer By Provider*	NPI of the provider making the request	10	20	29	Alphanumeric	
Place of Service*	Place of Service	4	30	33	Alphanumeric	See Table 2
Admission Date/Date of Service	Required for Inpatient* Only <i>Resubmitted authorizations that extend a member's Length of Stay (LOS) must be submitted on a separate service line</i>	14	34	47	DATE format YYYYMMDD	Do not include the time
Admission Type	Required for Inpatient* Only Admission Type	5	48	52	Text	See Table 3

INFORMATION ITEM	DESCRIPTION	LEN	START	END	DATA TYPE	VALIDATION
Precertification Status	Precert status	1	53	53	Text	See Table 4
Actual Discharge Date	Required for Inpatient* Only Actual discharge date. Not used for outpatient services	14	54	67	DATE format YYYYMMDD	Do not include the time
Discharge Status	Required for Inpatient* Only Not used for Outpatient	4	68	71	Alphanumeric	See Table 5
Review Type	Review type	3	72	74	Alphanumeric	See Table 6
Treating Provider*	This is the provider the member will see as a result of the referral. The "Pay To" Provider. NPI is required for all treating providers. <i>In the event NPI is not available for Facility or Vendor, Tax ID #is acceptable.</i> Note: For Inpatient authorizations use "Facility Name" as "Treating Provider".	10	75	84	Alphanumeric	
Attending Physician	Required for Inpatient* Only NPI of provider who oversees the member's care. However, since NPI may not be available in Provider File, use Hospital already entered in "Pre-Cert Provider Field listed above.	10	85	94	Alphanumeric	
Primary Diagnosis	Primary diagnosis	10	95	104	Alphanumeric	Industry standard ICD-10 to the greatest specificity
Diagnosis at the time of discharge	Required for Inpatient* Only Diagnosis at the time of discharge. Does not apply to outpatient.	10	105	114	Alphanumeric	Industry standard ICD-10 to the greatest specificity

INFORMATION ITEM	DESCRIPTION	LEN	START	END	DATA TYPE	VALIDATION
Number of Visits	OP = No. of visits Authorized IP = LOS	3	115	117	Numeric	
Tax ID	TAX ID of the Vendor linked to the Treating provider.	10	118	127	Alphanumeric	
NPI	NPI of the Vendor linked to Treating provider. Required if Tax ID not available.	10	128	137	Alphanumeric	
PPG Authorization ID	The Auth ID from the PPG system	20	138	157	Alphanumeric	
PPG Code*	PPG code as assigned by L.A. Care within 834 file	4	158	161	Alphanumeric	
CR/LF	Carriage Return/Line Feed	1	162	162		
NEWBORN Data						
Record Type (Note: Birth weight and birth gender are not required for maternity payment)						
Newborn record label	Newborn record label	3	1	3		NBN
Birth Order	Birth Order Number	10	4	13	Numeric	
Birth Date	Birth Date	14	14	27	DATE, YYYYMMDD	Do not include the time
CR/LF	Carriage Return/Line Feed	1	28	28		
DIAGNOSIS Data Record Type – One or Multiple Diagnosis Records per Precertification						
DIAGNOSIS record label	DIAGNOSIS record label	3	1	3	Alphanumeric	DGN
Diagnosis	Diagnosis code At least one Diagnosis Code required*.	10	4	13	Alphanumeric	Industry Standard ICD10 to the greatest specificity
CR/LF	Carriage Return/Line Feed	1	14	14		
PROCEDURE Data Record Type						
PROCEDURE record label	PROCEDURE data record type	3	1	3	Alphanumeric	PRC
Procedure Code*	Procedure Code for Outpatient Revenue Code for Inpatient	11	4	14	Alphanumeric	Industry Standard Procedure codes for OP LAC only uses RevCodes for IP

INFORMATION ITEM	DESCRIPTION	LEN	START	END	DATA TYPE	VALIDATION
						(room and board), PPG pays for professional services for IP claims.
Procedure From Date*	Beginning date of service of procedure line	14	15	28	DATE format YYYYMMDD	Do not include the time
Procedure To Date*	Ending date of service of procedure line	14	29	42	DATE format YYYYMMDD	
Decision Code	Determination for the service	4	43	46	Alphanumeric	See Table 7
Decision Reason	Decision reason	6	47	52	Alphanumeric	See Table 8
Procedure Decision Date*	Determination DATE for the service based on date the authorization was closed. Required for ALL Authorizations	14	53	66	DATE format YYYYMMDD	Do not include the time
Procedure Quantity	# of visits or days per line item	5	67	71	Numeric	
Bed Type	Required for Inpatient authorizations only; Denotes level of care or type of bed	3	72	74	Alphanumeric	See Table 9
CR/LF	Carriage Return/Line Feed	1	75	75		
NOTES (COMMENTS) Data Record Type – One or Multiple Notes Records per Precertification						
NOTES record label	NOTES record label	3	1	3	Alphanumeric	NTE
Notes	Notes	75	4	78	Alphanumeric	English Text
CR/LF	Carriage Return/Line Feed	1	79	79		

Appendix A – Code Tables

TABLE 1 – CLAIM TYPE

Drives payment therefore required field			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
M	MEDICAL SERVICES (Outpatient)	Use for every service other than SNF, inpatient bed	
IH	INPATIENT FACILITY	Use for SNF and inpatient bed only	

TABLE 2 – PLACE OF SERVICE

Does Not Drive Payment – supports reporting			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
02	TELEHEALTH		Please do not use the leading '0'
11	OFFICE	Use for Extended Continuity of Care request	Claim Type = M
12	HOME		Claim Type = M
20	URGENT CARE		Claim Type = M
21	INPATIENT HOSP	Use for all inpatient admissions that are not SNF or Hospice	Claim Type = IH
22	OUTPATIENT HOSP	Includes FS urgent site. Use for all OP not = Office or Home including ancillary providers	Claim Type = M
23	ER – HOSPITAL	Use in Retro-claim reviews for 99284, 99285 CPT coded claims	Claim Type = M. This code will always receive an M Claim Type. LAC w/provide code when request submitted to HI.
24	AMBUL SURG CTR		Claim Type = Outpatient
31	SKILLED	Use for SNF admission	Claim Type = IH
34	HOSPICE	Use for admission into Hospice facility or Hospice Outpatient services	Claim Type = M or IH
41	AMBULANCE		Claim Type = M
42	AMBUL AIR OR WATER		Claim Type = M
99	OTHER UNLISTED FAC	Use as needed. Limit use.	Claim Type = M or IH Only code will be included in authorization file. Notes functionality available in HI system for this value not to be provided per LAC.

TABLE 3 – ADMIT TYPES

*NEEDS TO MATCH BED TYPE CONNECTED TO INPT TYPE

**NOT REQ'D FOR OUTPT CLAIM TYPE CATEGORY

DISCH. STATUS (Use for reporting purposes)			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
07	LAMA/DISCONTD CARE	Use when patient "leaves against medical advice"	
L02	EXPIRED		
L03	DISC TO ACUTE HOSP	Use for SNF to hospital	
L04	DISC TO HOME		
50	DISCHARGE TO HOSPICE		
H02	DISCHARGE/TRANSFER TO ACUTE CARE HOSPITAL	Use for hospital to hospital transfer i.e. non-contracted to contracted facility	
03	Discharge/Transfer to SNF	Use for discharge to SNF	

TABLE 4 – PRECERT STATUS

Precert Status			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
V	VOID	Use when authorization opened in error	
C	CLOSED	All determinations. approved, denied, modify, term	

TABLE 5 – DISCHARGE PLANS

**ONLY APPLIES TO IH (CLAIM TYPE)

Admit Type			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
MAT	MATERNITY		
MED	MEDICAL		Any surgical will default to MED
PED	PEDIATRICS		Any pediatrics will default to PED
SNF	SKILLED NURSING FACILITY		

TABLE 6 – REVIEW TYPE

REVIEW TYPE (used to track referral processing TAT)			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
P	PRE-ADMISSION	Use for scheduled admissions	Not applicable to SNF
PSR	PRE-SERVICE ROUTINE	All outpatient services not urgent	
C	CONCURRENT	Use for inpatient not scheduled / SNF continued stays	
PS	POST-SERVICE (NOT R/T CLAIMS)	Use when inpatient auth is requested within 30 days of admit date	Also, applicable post discharge if request is w/in 30 days from admit date
R	RETROSPECTIVE	Use when auth request comes in with claim	These requests w/come only from LAC Claims department to HI PRS for processing
PRU	PRE-SERVICE URGENT	All outpatient services for urgent needs	

TABLE 7 – DECISION CODES

*CONTRACT STATUS CRITICAL

Drives payment and is required field			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
A	APPROVED	Use for all outpatient service approvals, SNFs and contracted hospital days and scheduled admissions to non-contracted facilities with MOU. Also use for Retrospective review when there is an MOU.	
ANS	APPROVED, NC-NS FOR TRF	Use for non-contracted facility for days patient is not stable for transfer	Drives level of payment. This is only for admission via ER for OON/OOA hospital
AST	APPROVED, NC-STABLE FOR TRF	Use for non-contracted facility for days patient is stable for transfer. Also use for Retrospective review when there is no MOU	Drives level of payment. This is for admission via ER admission or scheduled admit to OON/OOA hosp.
D	DENIED	Use for all denials	
V01	VOID	Use with VOID Precert status (Table 4)	

TABLE 8 — REASON CODE

Reporting and drives cap deduction logic			
-		BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
A	APPROVED MEDICAL NECESSITY MET	Flags LA Care financially at-risk approvals when no OHC. Use for all SNF, home health, hospice, dialysis, DME, services. Also use for OOA Hospital Admissions (e.g. OOA Hospital = Hospital outside LA County region. This includes (prof. and hospital).	
AIA	APPROVED, IPA APPROVED SRV	Used to identify financially at-risk services to support cap deduct logic. Use for Extended Continuity of Care requests and all hospital admissions within LA County Geographic Area. (includes prof & hospital components) IOON hospitals — refer to OON hospital list In event of OON ancillary request, contact LA Care UM team.	
DO7	Denied, Not Medically Necessary	Use for not medically necessary and lack of information (LOI)	
D04	NOT COVERED BENEFIT	Deny if not covered benefit under Medi-Cal	Refer to non-covered benefits
D1	DENIED, CARVE OUT	Deny if Medi-Cal benefit not covered by LA Care Health Plan	Refer to carved out benefits
D2	CCS AUTHORIZED	Deny if provider identifies service as CCS approved service	Per face sheet or auth request
D12	DENIED, OTHER INS. PRIMARY (Label for D12 will be changed to “Approved with COB”)	(This code is used for “Approved” services under LA Care DOFR and where there is OHC—This is not applicable to actual service denials). Thus, use if provider identifies other health coverage AND it is an LA Care responsible service (see “A” in same table.	Refer to face sheet. If criteria is met, this reason will be reported along w/Approval Decision Code.
D02	DENIED, NON ELIGIBLE	Deny if patient is no longer eligible with health plan.	Verify eligibility

PRR	PEND,RETROSPECTIVE	Use when clinical not received w/in	HI will use for LOI
	REVIEW	defined TAT	process

TABLE 9 – BED TYPES

Required field for IP authorization – does not drive payment. Identifies type of bed for reporting purposes. Revenue code determines payment.			
-	-	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
BRN	BURN UNIT	Identify type of bed for reporting purposes	
HSP	HOSPICE	“	
ICU	INTENSIVE CARE UNIT	“	Use for medical, surgical, pediatric ICU beds
MED	MEDICAL	“	Use for medical, surgical and oncology beds
NIC	NEONATAL ICU	“	Use for NICU Level 3&4
NUR	NURSERY	Use for NICU1 & NICU2	
OB	OBSTETRICAL		
OBC	OBSTETRIC C-SECTION		
OBV	OBSTETRIC VAGINAL DELIVERY		
PED	PEDIATRIC		
SNF	SKILLED NURSING FACILITY	“	
SUB	SUBACUTE	“	
TEL	TELEMETRY/STEP DOWN UNIT	“	
N	SKILLED CARE ACUTE FACILITY		

TABLE 10 – Revenue Codes

Note: Rev Codes should be 4 digits in length.

Required for IP referrals— determines payment				
Revenue Code	Bed Type Code	Bed Type Description	BUSINESS FUNCTION	SPECIAL INSTRUCTIONS
658	HSP	HOSPICE		Admit Type = Medical
120	MED	MEDICAL	Use for Med, Surgical, or oncology bed	Admit Type = Medical
122	OB OBC OBV		Maternity	Admit Type = Maternity
123	PED	PEDIATRIC	PEDIATRIC ACUTE	Admit Type = Pediatric
171	NURS	Nursery	NICU1	Admit Type = Pediatric
172	NURS	Nursery	NICU2	Admit Type = Pediatric
173	NIC	NEONATAL ICU	NICU3	Admit Type = Pediatric
174	NIC	NEONATAL ICU	NICU4	Admit Type = Pediatric
191	SNF	SKILLED NURSING	Level1	Admit Type = SNF
192	SNF	SKILLED NURSING	Level 2	Admit Type = SNF
193	SNF	SKILLED NURSING FACILITY	Level 3	Admit Type = SNF
180	SNF	SKILLED NURSING	Use for Bed Hold	Admit Type = SNF
194	SUB	SUBACUTE	Level4	Admit Type = SNF
200	ICU	INSTENSIVE CARE UNIT	Medical, Surgical, Ped ICU, General	Admit Type = Medical
208	ICU	INTENSIVE CARE UNIT	Use for trauma	Admit Type = Medical LAC has specific trauma rates
207	BRN	BURN UNIT		Admit Type = Medical
206	TEL	TELEMETRY/STEP DOWN UNIT	DOU/Coronary Care	Admit Type = Medical

Acceptance

The listed L.A. Care and PPG stakeholders formally acknowledge that the data requirements presented in this document are understood, have been reviewed and meet the agreed upon scope for version 12 of the Electronic Authorizations (ELDA) Technical Bulletin.

*Categories:

- A Agree with contents
- B Agree, subject to incorporation of comments
- C Disagree, comments included

L.A. Care Stakeholder Name/Title	Signature	Sign Date	*Subject to Category	Comments
Sponsor:				
Requestor:				
Business Analyst/Requirements Writer:				
Lead Architect:				
Project Manager:				
PPG Stakeholder Name/Title	Signature	Sign Date	*Subject to Category	Comments
Sponsor:				
Requestor:				
Business Analyst/Requirements Writer:				
Lead Architect:				
Project Manager:				

Document Revision/Version Control

Version	Date	Description
15.1	05/20/2015	Addition of Prefix to determine ICD-9 vs. ICD-10 Diagnosis/Procedure Code
16	02/21/17	Addition of CCA error handling detail
		Removal of reference to PGP Public Key Data Exchange set-up.
17	6/16/17	References to MHC and DHS removed
19	04/01/2019	Reformatting and removal of concurrent review.
19.1	08/21/2019	Removed any reference of time HHMMSS in the Precertification Record Data Requirements table.
19.2	08/29/2019	Updated naming convention for error resubmission
19.3	10/28/2019	Updated language. Added new error table. Updated data requirements table.
19.4	04/15/2020	Include file size limitations on page 5.
19.5	09/22/2020	Removed 'Modified Authorization' section. Update Bed Type Table 9 to include Skilled Care Acute Facility. Updated POS table.
19.6	01/21/2021	For Inpatient authorizations use "Facility Name" as "Treating Provider".
19.7	3/1/2021	In File Frequency section Changed: <ul style="list-style-type: none"> • "Authorization shall be submitted to L.A. Care within five (5) business days" to • "Authorization shall be submitted to L.A. Care within five (2) business days"
19.8	3/1/2021	Procedure Decision Date Updated to be Required for ALL Authorizations
19.9	2/28/2022	Formatting changes
20	4/14/2022	Precertification Record Data Requirements table/ validation column: Table 1 to 9 hyperlink updated Page 15_Section: Member Identification Number*/LACC – CC number removed from description and updated with Member ID number.

20.1	4/20/2022	Page 5, File frequency section: two (2) business days updated, previous typo on the dates.
20.2	9/29/22	Page 4, PPG acronym definition updated
20.3	10/15/22	Page 16, Tax ID section – NPI verbiage removed.
20.4	7/18/2023	Page 11, error “ <i>Overlapping DOS on IP Auths</i> ” description and responsibility included in grid. Page 12, error “ <i>Missing from date</i> ” description and responsibility included in grid. Page 13, Member Identification section – Description included for DSNP and PASC-SEIU.
20.5	10/04/2023	Page 10, error “Invalid Value: Certification. RequestedUnits” description and responsibility included in grid.

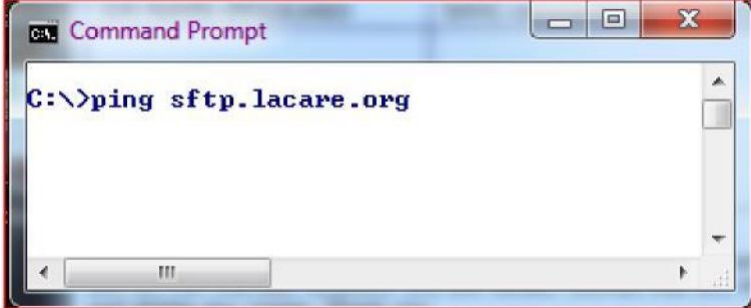
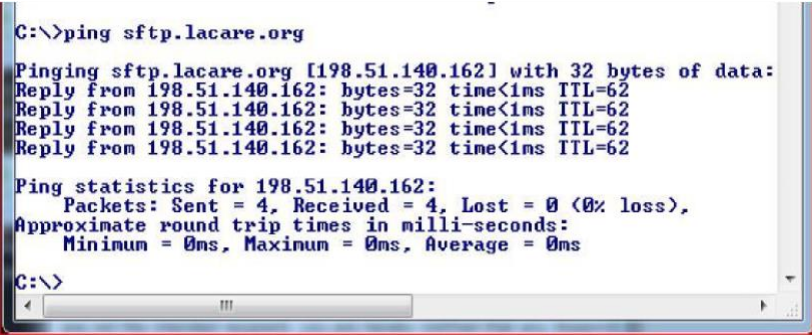
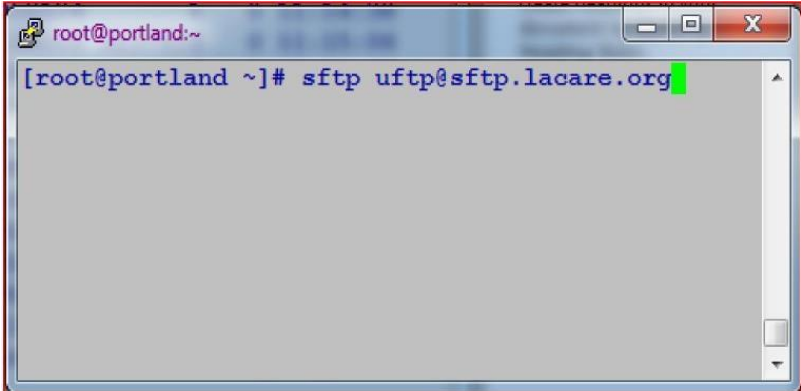


TECHNICAL BULLETIN

SFTP Procedure

Published: October 28, 2013

Updated: March 31, 2019

<p>SFTP Procedure</p>	<p>The process to upload/download files to/from L.A. Care’s SFTP server.</p>
<p>Requirements</p>	<ul style="list-style-type: none"> • Internet connection. <ul style="list-style-type: none"> • SFTP software. • Business Partner Internet IP address. <p>L.A. Care will provide User Name, Password, folder/directory information for SFTP server.</p>
<p>Initiate SFTP connection</p> <p>Once connected to the Internet, open MS-DOS prompt.</p> <p>Type “ping sftp.lacare.org” to validate connection to SFTP server.</p>	
<p>Validate SFTP connection</p> <p>Successful connection to SFTP server when “Reply from =” appears.</p> <p>Note: If the user’s Internet IP Address has not yet been entered in L.A. Care’s firewall, the user will receive a “Request Timeout” from the Ping command.</p>	
<p>Open SFTP Session</p> <p>Type sFTP <username> @sFTP.lacare.org</p>	

<p>User Name Authentication</p> <p>Enter the assigned User Name, and then press the Enter key. For SFTP, you specify your User ID when connecting to the SFTP server.</p>	<p>sFTP <User ID>@sFTP.lacare.org</p>
<p>Password Authentication</p> <p>A prompt requesting for a Password should appear next.</p> <p>Type the assigned password, and then press the Enter key.</p>	 <pre> root@portland:~ [root@portland ~]# sftp uftp@sftp.lacare.org Connecting to sftp.lacare.org... Access is monitored. Unauthorized access is prohibited. Violator will be uftp@sftp.lacare.org's password: █ </pre>
<p>Successful Login</p> <p>For SFTP, when the prompt sFTP> appears, that means the User Name has successfully login to the SFTP server.</p>	 <pre> root@portland:~ [root@portland ~]# sftp uftp@sftp.lacare.org Connecting to sftp.lacare.org... Access is monitored. Unauthorized access is prohibited. Violator will be uftp@sftp.lacare.org's password: sftp> █ </pre>

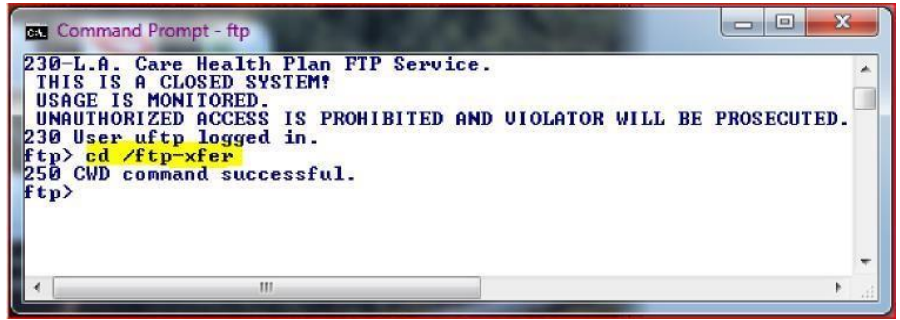
Change of Directory

Each user **MUST** change or go to their assigned folder/directory.

For **SFTP**, you are at your assigned directory at login.

Change of Directory validation

When the "change directory" command is successful, users might see a "command successful" reply.



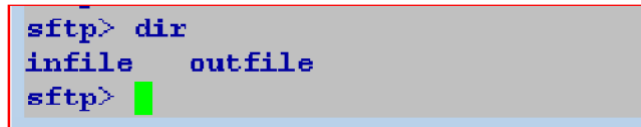
```
Command Prompt - ftp
230-L.A. Care Health Plan FTP Service.
THIS IS A CLOSED SYSTEM!
USAGE IS MONITORED.
UNAUTHORIZED ACCESS IS PROHIBITED AND VIOLATOR WILL BE PROSECUTED.
230 User uftp logged in.
ftp> cd /ftp-xfer
250 CWD command successful.
ftp>
```

Display of Directory

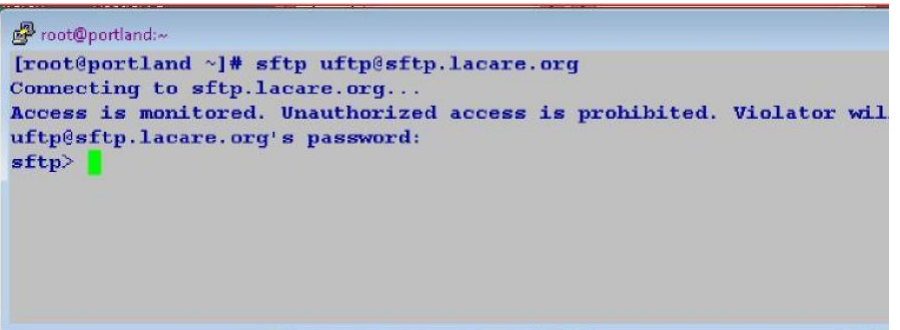
When the users type "Dir" at the **sFTP>** prompt, the "in_file" and "out_file" subfolders should be listed.

Note:

The "in_file" sub-directory is for users to deposit files **for** L.A. Care. The "out_file" sub-directory is for users to pick up files **from** L.A. Care.



```
sftp> dir
infile  outfile
sftp>
```



```
root@portland:~# sftp uftp@sftp.lacare.org
Connecting to sftp.lacare.org...
Access is monitored. Unauthorized access is prohibited. Violator will
uftp@sftp.lacare.org's password:
sftp>
```

File Transfer

Users **MUST** then to go to either "in_file" or "out_file" sub-directory.

To change to one of those two folders, type one of the following commands at the SFTP> prompt:

cd "in_file (and then press the **Enter key**) or **cd "out_file** (and then press the **Enter key**)

When those commands were execute correctly, users might see a "command successful" reply.

```
sftp>
sftp> dir
infile  outfile
sftp> cd infile
sftp> █
```

Note:

1. To see what files (or any other sub-directories) that are available within the "in_file" or "out_file" sub-directory, type "**dir**" at the SFTP prompt, and then press the **Enter key**.
2. To **upload an encrypted file for** L.A. Care, type "**put**" <space> follows by the filename at the SFTP prompt, and then press the **Enter key**.
3. To **download an encrypted file from** L.A. Care, type "**get**" <space> follows by the filename at the SFTP prompt, and then press the **Enter key**.
4. To quit the SFTP process, type "**quit**" or "**bye**" or "**exit**" at the FTP/SFTP prompt, and then press the **Enter key**.