



# Department of Health Care Finance (DHCF)

*DC MMIS Core Solution*

## Companion Guide (CG)

DC Medicaid 837D FFS Claims

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Version 1.3

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Gainwell Technologies (Gainwell). Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that exceeds the requirements or usages of data expressed in the Implementation Guides.

## Change History

The following change history log contains a record of changes made to this document.

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1.1	02/05/2025	Leslie Lawson	Gainwell Tech Writer Review
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# 1. Introduction

## 1.1 Overview

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing claims for programs administered by DC Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications.

- 837 Healthcare Claim Dental (005010X224A2)

Refer to the Accredited Standards Committee (ASC) X12N Implementation Guides or 5010 Technical Report Type 3 (TR3s) for information not supplied in this document, such as code lists, definitions, and edits. Data elements, segments, and loops not included in this guide are not used for processing transactions by DC Medicaid but must still be sent if the information is required for compliance with the ASC X12N version 5010A1 format.

## 1.2 Reference Information

### X12N Implementation Guides or TR3s

The ASC X12N Implementation Guides or 5010 TR3 are standards developed by the X12 committee and published by the Washington Publishing Company (WPC):

<http://store.x12.org/store/healthcare-5010-consolidated-guides>.

### Overview of HIPAA Legislation

The HIPAA of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to perform the following:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

**Compliance according to HIPAA**

The HIPAA regulations at 45 Code of Federal Regulations (CFR) 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

**Compliance according to ASC X12**

ASC X12 requirements include specific restrictions that prohibit trading partners from the following:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 2. Getting Started

### 2.1 Information for Existing DC Medicaid Trading Partners

#### What is Changing for DC Medicaid Trading Partners?

- New and existing trading partners will need to complete an online trading partner registration and receive an updated trading partner identification (TPID) for use with Gainwell and DC Medicaid.
- Trading partners must complete certification testing prior to submission of production transactions for DC Medicaid.
- ISA and GS Receiver ID value for DC Medicaid has been updated to “DCMEDICAID”.
- Strategic National Implementation Process (SNIP) Levels 1-7 will be applied to all file submissions to accelerate the identification and reporting of errors detected back to the submitting trading partner for correction and resubmission.
  - This includes Level 7 - Provider ID and Member ID business edits applied to validate the identifier values received.
- EDI response transactions have been updated for DC Medicaid and include the following transactions and report, when applicable:
  - TA1/999 Acknowledgements.
  - 824 Application Reporting.
  - Business Reject Report (BRR).
  - 277U Health Care Claim Pending Status Information.
  - 277CA Health Care Claim Acknowledgement.
- Established trading partners using Secure File Transfer Protocol (SFTP) will need to complete an updated registration form and return to the DC Medicaid Electronic Data Interchange (EDI) Helpdesk.

### 2.2 Trading Partner Registration and Certification

To get started, visit the following link for DC Medicaid trading partner information and instructions on registration as a trading partner:

- Link: [INSERT DC MEDICAID SPECIFIC URL HERE]

#### 2.2.1 Trading Partner Questions

For any trading partner questions, or to receive assistance with registering for an assigned Trading Partner ID, please use the link above or contact DC Medicaid EDI Help Desk.

- Email: [DC Operations – EDI Helpdesk Email Address]
- Telephone: [DC Operations – EDI Helpdesk Phone #]



## 3. Testing with DC Medicaid

### 3.1 Certification Testing

All trading partners must first be registered and then tested for certification to submit production EDI transactions. Any trading partner may submit test EDI transactions once registration is completed. The Usage Indicator, populated in element 15 of the ISA of an X12 file, indicates if a file is a test or a production. The required production certification is required on a per transaction type basis. For example, a trading partner may be certified to submit 837P Professional claims but not certified to submit 837I Institutional claim files until after 837I certification testing is also completed by the trading partner.

### 3.2 SNIP Levels Applied

SNIP Levels 1-7 are applied to test and production EDI file submissions.

- [DC CORE MMIS SNIP Levels – Policymaker Review & Approval Placeholder]

Trading partners must submit a set number of test files of a particular transaction type with a minimum number of transactions within each file. Each test file must pass validation without receiving any failures or rejections to become certified for production.

- [INSERT DC MEDICAID SPECIFIC URL HERE]

#### 3.2.1 837 Claim Transaction Test Files

A minimum of three test files must be submitted with a minimum of 15 transactions within each file. Trading partners can submit as many test files as are necessary to complete certification for the targeted transaction type. Each transaction type requires testing and certification to authorize the submission of production transaction files for DC Medicaid.

#### 3.2.2 Review Testing and Certification Information

To begin testing, review the “EDI Certification Status” page of DC Core Medicaid Management Information System (MMIS)-Online under the “Account Maintenance” menu option to verify when testing for a particular transaction has been completed.

The EDI Certification Status page is found by logging into your trading partner account on the DC Core MMIS-Online website:

- [INSERT DC MEDICAID SPECIFIC URL HERE]

Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples Appendices found at the end of this Companion Guide.

## 4. EDI Connectivity Overview

The following secure EDI channels are available for use by registered trading partners contingent on completion of the required administrative tasks and approvals, where applicable.

### 4.1 Web Portal Upload and Retrieval (Batch Mode)

X12 batch files can be uploaded via the DC Core MMIS-Online web portal through use of the File Exchange X12 Upload option available to registered trading partners. The associated acknowledgments and responses to transactions submitted can be accessed by selecting the Download/Responses under the File Exchange menu.

For additional information, or to begin using the Web Portal upload/down EDI secure channel, please refer to the module DC CORE MMIS-Online user guides at:

- [INSERT DC MEDICAID SPECIFIC URL HERE]

### 4.2 SFTP File Exchange (Batch Mode)

Trading partners who have submitted X12 transactions via SFTP in the past can be enabled to continue using SFTP for file submission and retrieval from their designated SFTP Pickup location. To complete the required SFTP registration required to enable use of this EDI secure channel, please contact the DC Medicaid EDI Helpdesk:

- Email: [DC Operations – EDI Helpdesk Email Address]
- Telephone: [DC Operations – EDI Helpdesk Phone #]

### 4.3 Trading Partner File Retransmissions

This section provides Gainwell Technologies' specific procedures for re-transmissions.

- ISA13 Interchange Control Number needs to be unique to each file and Trading Partner ID.

### 4.4 Passwords

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the DC CORE MMIS-Online requirements. Passwords must be at least seven characters long, contain at least one uppercase character, at least one numeral, and at least one special character.

## 5. Payer Business Rules and Limitations

Listed below are the transmission and transaction constraints associated with the submission of the 837 Healthcare claim transaction for DC Medicaid:

- Only one Interchange per transmission.
- Only one transaction type per interchange.
- Maximum of 5,000 claims per transmission.
- Claims and encounters must be submitted in separate files.
- Use of a unique trading partner ISA13 value is required on each submission (historical submitted values for DC Medicaid with the old DC MMIS are not applicable, just new DC MMIS submitted values going forward).
- DC Medicaid does not allow for dependents to be enrolled under a primary subscriber, rather, all enrollees/members are primary subscribers within each program or Managed Care Organization (MCO).
- Submissions by non-registered or non-approved trading partners will be rejected.
- The subscriber is always the same as the patient (dependent). Data submitted in the Patient Hierarchical Level (2000C loop) will be ignored.
- Inbound 837 transactions are validated through SNIP Levels 1-7.
- Individual document-level EDI validation is applied with errors reported via the 999, 824, and BRR.

## 6. Acknowledgements and Reports

The acknowledgements/reports listed below are related to the submission of EDI transactions by a trading partner. These acknowledgements/reports are downloaded via the DC CORE MMIS-Online Web portal or through SFTP for those that submit via SFTP connection.

**Table 1: Acknowledgements and Reports**

Type	Acknowledgement / Report Description
TA1	TA1 Interchange Acknowledgement – This acknowledgement is sent if requested by setting ISA14 to “1”, or if ISA14 is set to “0” and there is an error that needs to be reported.
999	999 Functional Acknowledgement – This acknowledgement file reports any errors found while checking compliance against TR3 specifications, or acceptance of an EDI transaction that meets the TR3 specifications for SNIP Levels 1 and 2.
277U (PEND)	277 Pended Acknowledgement – This acknowledgement is used to report claims with a pended status and are sent weekly (005010X228).
277CA	277 Claim Acknowledgement – This transaction is used to report claims accepted for adjudication in the submitted 837 transactions, sent daily (005010x214).
824	824 Application Reporting – This transaction is used to report the results of data content edits and errors detected. It is designed to report rejections based on business rules such as invalid diagnosis codes, invalid procedure codes, and invalid provider numbers. The 824 Application Reporting response will only be generated by the EDI Gateway if there are errors within the transaction for SNIP Level 3 through 7 (005010X186).
BRR	BRR – A business operations version error report generated to support the trading partner’s understanding and ability to quickly identify and resolve errors for resubmission of rejected transactions.

For additional detailed information concerning the TA1, 999, 824 and BRR, please reference the DC CORE MMIS-Online user guides available to trading partners:

- Link: [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]
- Link: [INSERT DC MEDICAID SPECIFIC URLS LISTED HERE]

## 7. ISA and GS Segment Values for 837D Dental Claim

**Table 2: 837D ISA and GS Segments Transaction Table**

Loop ID	Reference	Name	Codes	Length	Notes/Comments
HEADER	ISA	Interchange Control Header			
	ISA06	Interchange Sender ID		15	DC Medicaid trading partner ID.
	ISA08	Interchange Receiver ID		15	DCMEDICAID
	ISA13	Interchange Control Number		9	Unique Control Number per file defined by the sending Trading Partner.
	GS	Functional Group Header			
	GS02	Application Sender's Code		2/15	DC Medicaid assigned trading partner ID.
	GS03	Application Receiver's Code		15	DCMEDICAID
	GS08	Version / Release Code	005010X224A2	12	
	GE	Functional Group Trailer			
	GE01	Number of Transaction Sets Included		1/6	
	GE02	Group Control Number	Must be identical to the value in GS06	1/9	
	IEA	Interchange Control Number			
	IEA01	Number of Included Functional Groups		1/5	
	IEA02	Interchange Control Number	Must be identical to the value in ISA13	9	

## 8. 837D Companion Guide Transaction Table

Listed in the following table are the specific requirements for submitting and processing an ASC X12N 837 Healthcare Claim Dental transaction file to Gainwell for DC Medicaid.

Use these guidelines in conjunction with the official ASC X12N 837 TR3 document to submit 837 Healthcare Claim Institutional transaction files.

**Table 3: 837D CG Transaction Table**

Loop ID	Reference	Name	Codes	Length	Notes/Comments
Header	ST	Transaction Set Header			
	ST03	Technical Report Type 3 Version Name	005010X224A2	1/35	
	BHT	Beginning Hierarchical Transaction Segment	BHT	3	
	BHT02	Transaction Set Purpose Code	00	2	
	BHT03	Reference identification		1/50	Submitter Transaction Identifier.
	BHT05	Time	HHMM	4/8	Transaction Set Creation Time.
	BHT06	Transaction Type Code	CH	2	CH = Chargeable
1000A	NM1	Submitter Name			
	NM109	Identification Code		2/80	DC Medicaid assigned trading partner ID.
1000B	NM1	Receiver Name			
	NM104	Name First		1/35	DC Medicaid.
	NM109	Identification Code		2/80	DCMEDICAID
2000A	PRV	Billing Provider Specialty Information			
	PRV01	Provider Code	BI	1/3	BI - Billing
	PRV02	Reference Identifier	PXC	2/3	Taxonomy Code
	PRV03	Reference Identification		1/50	Billing Provider Taxonomy
2010AA	NM1	Billing Provider Name			

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	NM108	Identification Code Qualifier	XX	1/2	XX = National Provider ID (NPI).
	NM109	Identification Code		2/80	NPI
2000B	SBR	Subscriber Information			
	SBR09	Claim Filing Indicator Code	MC	1/2	MC – Medicaid
2010BA	NM1	Subscriber Name			
	NM102	Entity Type Qualifier	1	1	
	NM109	Identification Code		7/10	DC Medicaid Member ID.
2010BB	NM1	Payer Name			
	NM103	Name Last or Organization	DCMEDICAID	1/60	
	NM108	Identification Code Qualifier	PI	1/2	PI = Payer Identification.
	NM109	Identification Code	DCMEDICAID	2/80	DCMEDICAID
2010BB	REF	Billing Provider Secondary Identification			Reserved for DC Medicaid Atypical Provider usage
	REF01	Reference Identification Qualifier	G2	2/3	G2 - This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim.
	REF02	Reference Identification		1/50	DC Medicaid Provider ID
2300	CLM	Claim Information			
	CLM05-3	Claim Frequency Type Code	1 = Original	1	If codes 7 or 8 are used, then the original claim <b>MUST</b> be submitted in the 2300 – Payer Claim Control Number REF with REF01 = F8.
2300	CLM07	Provider Accept Assignment Code		1	
2300	CLM08	Benefits Assignment Certification Indicator		1	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
2300	CLM09	Release of Information Code		1	
2300	DN2	Tooth Status			Tooth Status expected when applicable for claim.
	DN201	Reference Identification		1/2	ADA Tooth Number Code.
	DN202	Tooth Status Code	<ul style="list-style-type: none"> <li>E</li> <li>M</li> </ul>	1/3	<ul style="list-style-type: none"> <li>E – To be Extracted</li> <li>M – Missing</li> </ul>
2300	REF	REF – Payer Claim Control Number			
	REF01	Reference Identification Qualifier	F8	2/3	F8 - Original Reference Number.
	REF02	Reference Identification		1/50	DC Medicaid Claim ICN/Claim ID This is the Claim number of the Original Claim Internal Control Number (ICN) and is required when submitting an adjustment claim to replace or cancel the Original Claim.
2310A	NM1	Referring Provider Name			
	NM101	Entity Identifier Code	DN P3	2/3	
	NM108	Identification Code Qualifier	XX	1/2	XX = NPI
	NM109	Identification Code		2/80	NPI
2310A	REF	Referring Provider Secondary Identification			Reserved for DC Medicaid Atypical Provider usage
	REF01	Reference Identification Qualifier	G2	2/3	
	REF02	Reference Identification		1/50	DC Medicaid Provider ID.
2310A	PRV	Referring Provider Specialty Information			
	PRV01	Provider Code	RF	1/3	
	PRV02	Reference Identification Qualifier	PXC	2/3	



Loop ID	Reference	Name	Codes	Length	Notes/Comments
	PRV03	Reference Identification		1/50	Provider Taxonomy Code.
2310C	NM1	Service Facility Location Name			Service Facility Name and Address are expected when different than Billing Provider.
	NM101	Entity Identifier Code	77	2/3	77 – Service Location
	NM108	Identification Code Qualifier	XX	1/2	XX = NPI
	NM109	Identification Code		2/80	NPI
2310C	NM1	Service Facility Location			
	NM101	Entity Identifier Code	77	2/3	77 - Service Location
	NM102	Entity Type Qualifier	2	2	2 -Nonperson
	NM103	Name Last/Organization		1/35	Facility Name
	NM108	Identification Code Qualifier	XX	1/2	XX = NPI
	NM109	Identification Code		2/80	NPI
2310C	N3	Service Facility Location Address			
	N301	Address Information		1/55	Facility Address
2310C	N4	Service Facility Location City, State, Zip			
	N401	Service Facility City		2/30	Facility City
	N402	Service Facility State		2	Facility State
	N403	Service Facility Zip		3/15	Facility Zip
2310C	REF	Service Facility Location Secondary Identification			Reserved for DC Medicaid Atypical Provider usage
	REF01	Reference Identification Qualifier	LU	2/3	LU – Location Number
	REF02	Reference Identification		1/50	DC Medicaid Provider ID.
2320	SBR	Other Subscriber Information			

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	SBR09	Claim Filing Indicator Code		1/2	
2320	OI	Other Insurance Coverage Information			Usage when applicable for claim
	OI03	Yes/No Condition or Response Code	Y	1	Y = Yes
	OI06	Release of Information Code	Y	1	Y = Yes
2400	LX	Service Line Number			
	LX01	Assigned Number		1/6	
2400	SV3	Dental Service			
2400	SV304-1	Oral Cavity Designation Code		1/3	
2400	TOO	Tooth Information			
	TOO01	Code List Qualifier Code	JP	1/3	JP – Universal National Tooth Designation System.
	TOO02	Industry Code		1/30	Tooth Code.
	TOO03-01 thru 05	Tooth Surface		1/2	Tooth Surface Code.
2400	REF	Prior Authorization			
2400	REF02	Prior Authorization or Referral Number		1/3	Prior Authorization Number Assigned by DC Medicaid.
2420A	NM1	Rendering Provider Name			
	NM101	Entity Identifier Code	82	2/3	82 - Rendering Provider
	NM108	Identification Code Qualifier		1/2	XX - NPI
	NM109	Identification Code		2/80	NPI
TRAILER	SE	Transaction Set Trailer			
	SE01	Number of Included Segments		1/10	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	SE02	Transaction Set Control Number		4/9	

## Appendix A. Companion Guide Appendices

### A.1 Trading Partner Implementation Checklist

The DC CORE MMIS-Online web portal user guides contain all necessary steps for going live with Gainwell in submitting specified EDI transactions, and receiving EDI responses, including the 5010 837. It also covers the following categories:

- Register for a Trading Partner ID
- Test with DC Medicaid

The user guides can be found at the following links:

- [INSERT DC MEDICAID SPECIFIC URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]

### A.2 Retrieving Acknowledgements for X12 Transactions via SFTP Submission

Trading Partners who have submitted X12 transactions via SFTP may retrieve acknowledgements and responses from their designated SFTP pickup location. Any validation responses to the original submission (TA1, 999, 824, and BRR) will be based on the Gainwell internal file naming convention. This naming convention is as follows:

- <Input Class>-<Sender ID>-<Receiver ID>-<Date: CCYYMMDD>-<Time: HHMMSS>-<File ID>-<Transaction Type>-<Usage: T for Test, P for Production>.edi

#### File Naming Convention Examples:

An inbound Professional Healthcare claim file from TPID DCTPIDXXXXXX, would be assigned an internal filename of:

- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi

The HIPAA validation acknowledgements would appear in this trading partner's SFTP pickup location with the files named as follows:

- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-TA1.edi
- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-999.edi
- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-824.edi
- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-BRR.edi

## **A.3 EDI File Transmission Examples**

### **A.3.1 TA1 Interchange Acknowledgement**

The TA1 interchange acknowledgement is used to verify the syntactical accuracy of the envelope of the X12 interchange. The TA1 interchange will indicate that the file was successfully received, as well as indicate what errors existed within the envelope segments of the received X12 file.

For detailed information concerning the TA1 Interchange Acknowledgement, please reference the DC CORE MMIS-Online user guides:

- [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]

### **A.3.2 999 Implementation Acknowledgement for Health Care Insurance**

- The ASC X12 999 transaction set is designed to report only on conformance against a TR3.
- The ASC X12 999 transaction set is designed to report only on conformance against a TR3.

### **A.3.3 824 Application Advice**

This transaction is not mandated by HIPAA but will be used to report the results of data content edits of transaction sets. It is designed to report rejections based on business rules such as invalid diagnosis codes, invalid procedure codes and invalid provider numbers. The 824 Application Advice does not replace the 999 or TA1 transactions and will only be generated by DC CORE MMIS if there are errors within the transaction set.

For detailed information concerning the 824 Application Advice, please reference the DC CORE MMIS-Online user guides:

- [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]

### **A.3.4 Business Rejection Report**

DC CORE MMIS also produces a readable version of the 824 called the BRR. This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation.

For detailed information concerning the BRR Rejection Report, please reference the DC CORE MMIS-Online user guides:

- [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]

## Appendix B. Acronyms

The following table contains the list of acronyms, and corresponding definitions, used in this document.

**Table 4: Acronyms**

Acronyms	Description
ASC	Accredited Standards Committee
BHT	Beginning of Hierarchical Transaction
BRR	Business Rejection Report
CFR	Code of Federal Regulations
CG	Companion Guide
CLM	Claim Information
DN	Referring Provider
EDI	Electronic Data Interchange
FFS	Fee For Service
Gainwell	Gainwell Technologies
GS	Functional Group Header
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ICN	Internal Control Number
ID	Identification
ISA	Interchange Control Header
DC	District of Columbia
DC CORE MMIS	New DC Medicaid MMIS Solution
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
NPI	National Provider ID
OI	Other Insurance Coverage Information
PRV	Provider Specialty Information
PXC	Healthcare Provider Taxonomy Code
REF	Secondary Identification
RF	Referring Provider Specialty Information
SBR	Subscriber Information
SFTP	Secure File Transfer Protocol
SNIP	Strategic National Implementation Process
TPID	Trading Partner ID
TR3s	Technical Report Type 3

Acronyms	Description
VAN	Value Access Network/Data Aggregator
WPC	Washington Publishing Company

## Appendix C. DDI Specific Companion Guide Value Updates

The following table contains the placeholders in this document for DDI specific production environment portal links and reference materials available to the trading partner community. The table also contains contact information for operations support including emails and phone numbers.

Once the DDI specific values are updated in the document, this section and table should be removed.

Placeholder	Description	DDI Specific Value: DC Medicaid
[EDI Helpdesk Email Address]	EDI Operations email address for inquiry and support.	
[EDI Helpdesk Phone #]	EDI Operations phone number for inquiries and support.	
[INSERT DC MEDICAID SPECIFIC URL HERE]	DC Prod Online Portal – Trading Partner ‘getting started’ link and DC finalized and published User Guides links.	
[INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]	Link to DC 5010 Appendix A Vendor Spec document on Prod.	
[INSERT DC MEDICAID SPECIFIC URLS LISTED HERE]	Link to all DC EDI Companion Guides and reference documents on Prod.	
<a href="mailto:DC_Operations@GAINWELLTECHNOLOGIES.COM">DC_Operations@GAINWELLTECHNOLOGIES.COM</a>	Email contact information placeholder as populated in PER segment for payer contact info.	
(XXX) XXX-XXXX	Phone contact information placeholder as populated in PER segment for payer contact info.	