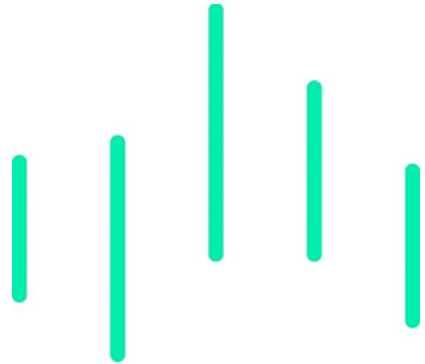# Department of Health Care Finance (DHCF)

DC MMIS Core Solution

Companion Guide (CG)

DC Medicaid 5010 Appendix A Vendor Specifications

July 15th, 2025

Version: 1.3

DISCLAIMER

The Gainwell Technologies Companion Guide for DC Medicaid is subject to change at the instruction of the Department of Human Services. Therefore, it is the responsibility of the trading partner to ensure that the latest version of this guide is used when designing /building X12N 5010 EDI transactions. The trading partner should frequently check for updates to the companion guide. Gainwell Technologies accepts no liability for any costs that the trading partner may incur that arise from or are related to changes to the companion guide.

Change History

The following Change History log contains a record of changes made to this document.

Version	Date	Description	Author
1.0	12/4/24	Initial document creation	Gainwell Technologies
1.1	3/10/25	Document formatting updates and application of Companion Guide GW template	DC EDI SWS
1.2	4/8/2025	Scott M. Bullington	Gainwell Technical Writer Review
1.3	7/15/2025	DC EDI SWS Team	Added clarification statement to communicate 277CA generated in response to 837 Claim submissions and is not used in response to 837 Encounter submissions by MCPs.

Table of Contents

List of Figures

List of Tables

Appendix A.   Transmission Examples

A.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.

The structure of a TA1 interchange acknowledgement depends on the structure of the envelope of the original Electronic Data Interchange (EDI) document. When the envelope of the EDI document does not contain an error, then the interchange acknowledgement will contain the Interchange Control Header (ISA), TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of "A" (Accepted) followed by a three-digit code of "000," which indicates that there were not any errors.

If the EDI document contains an error at the interchange level, such as in the ISA segment or the interchange control trailer (IEA), then the interchange acknowledgement will also only contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of "R" (Rejected), which will be followed by a three-digit number that corresponds to one of the following codes:

Table 1:   Interchange Acknowledgement Code

Code	Description
000	No error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value from the Header is Used in the Acknowledgment.
002	This Standard as Noted in the Control Standards Identifier is Not Supported
003	This Version of the Controls is Not Supported
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
007	Invalid Interchange ID Qualifier for Receiver
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value (ISA01 is not "00" or "03")
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number

A.2   999 Functional Acknowledgement for Health Care Insurance

The ASC X12 999 transaction set is designed to report only on conformance against a Technical Report Type 3 guideline (TR3).

- The 999 is not limited to only IG errors. It can report standard syntax errors as well as IG errors.

- The 999 can NOT be used for any application-level validations.

- The ASC X12 999 transaction set is designed to respond to one and only one functional group (i.e., GS/GE) but will respond to all transaction sets (i.e., ST/SE) within that functional group.

- This ASC X12 999 Implementation Acknowledgment can NOT be used to respond to any management transaction sets intended for acknowledgments, i.e., TS 999, or interchange control segments related to acknowledgments, i.e., TA1 and TA3.

- Each segment in a 999 functional acknowledgment plays a specific role in the transaction. For example, the AK1 segment starts the acknowledgment of a functional group. Each AKx segment has a separate set of associated error codes.

The 999 functional acknowledgment includes, but is not limited to, the following required segments:

- ST – Transaction Set Header

- AK1 – Functional Group Response Header

- AK2 – Transaction Set Response Header

- IK3 – Error Identification

- CTX – Segment Context

- CTX – Business Unit Identifier

- IK4 – Implementation Data Element Note

- CXT – Element Context

- IK5 – Transaction set response trailer

- AK9 – Functional Group Response Trailer

- SE – Transaction Set Trailer

For additional information regarding the 999 transaction, please see the Technical Report Type 3 Acknowledgement Section of the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Implementation Guideline for the transaction being submitted.

A.3   824 Application Advice

This transaction is not mandated by Health Insurance Portability and Accountability Act (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 Medicaid Claims Administration and Financial Solution (MCAFS) if there are errors within the transaction set.

The 824 acknowledgment is divided into two levels of segments: header and detail.

- The header level contains general information, such as the transaction set control reference number of the previously sent transaction, date, time, submitter, and receiver.

- The detail level reports the results of an application system's data content edits.

The 824 Application Advice includes, but is not limited to, the following segments and their roles:

Header Segments:

- ST segment – Transaction Set Header

- BGN segment – Beginning Segment

- N1 segment – Submitter Name

- N1 segment – Receiver Name

Detail Segments:

- OTI segment – Original Transaction Identification

- TED segment – Error or Informational Message Location

- RED segment – Error or Informational Message

- SE segment – Transaction Set Trailer

MCAFS Application errors in the RED segment of the 824 Application Advice would display one or more of the following codes:

Table 2:   RED06 Element Code List: Insurance Business Process Application Error Codes

Error Code	Error Code Description
E001	Missing/Invalid submitter identifier
E002	Missing/Invalid receiver identifier
E003	Missing/Invalid member identifier
E004	Missing/Invalid subscriber identifier
E005	Missing/Invalid patient identifier
E006	Missing/Invalid plan sponsor identifier
E007	Missing/invalid payee identifier
E008	Missing/Invalid TPA/broker identifier
E009	Missing/Invalid premium receiver identifier
E010	Missing/Invalid premium payer identifier
E011	Missing/Invalid payer identifier
E012	Missing/Invalid billing provider identifier

Error Code	Error Code Description
E013	Missing/Invalid pay to provider identifier
E014	Missing/Invalid rendering provider identifier
E015	Missing/Invalid supervising provider identifier
E016	Missing/Invalid attending provider identifier
E017	Missing/Invalid other provider identifier
E018	Missing/Invalid operating provider identifier
E019	Missing/Invalid referring provider identifier
E020	Missing/Invalid purchased service provider identifier
E021	Missing/Invalid service facility identifier
E022	Missing/Invalid ordering provider identifier
E023	Missing/Invalid assistant surgeon identifier
E024	Amount/Quantity out of balance
E025	Duplicate
E026	Billing date predates service date
E027	Business application currently not available
E028	Sender not authorized for this transaction
E029	Number of errors exceeds permitted threshold
E030	Required loop missing
E031	Required segment missing
E032	Required element missing
E033	Situational required loop is missing
E034	Situational required segment is missing
E035	Situational required element is missing
E036	Data too long
E037	Data too short
E038	Invalid external code value
E039	Data value out of sequence
E040	"Not Used" data element present
E041	Too many sub-elements in composite
E042	Unexpected segment
E043	Missing data
E044	Out of range
E045	Invalid date
E046	Not matching

Error Code	Error Code Description
E047	Invalid combination
E048	Customer identification number does not exist
E049	Duplicate batch
E050	Incorrect data
E051	Incorrect date
E052	Duplicate transmission
E053	Invalid claim amount
E054	Invalid identification code
E055	Missing or invalid issuer identification
E056	Missing or invalid item quantity
E057	Missing or invalid item identification
E058	Missing or unauthorized transaction type code
E059	Unknown claim number
E060	Bin segment contents not in MIME format
E061	Missing/invalid MIME header
E062	Missing/Invalid MIME boundary
E063	Missing/Invalid MIME transfer encoding
E064	Missing/Invalid MIME content type
E065	Missing/Invalid MIME content disposition (filename)
E066	Missing/Invalid file name extension
E067	Invalid MIME base64 encoding
E068	Invalid MIME quoted-printable encoding
E069	Missing/Invalid MIME line terminator (should be CR+LF)
E070	Missing/Invalid "end of MIME" headers
E071	Missing/Invalid CDA in first MIME body parts
E072	Missing/Invalid XML tag
E073	Unrecoverable XML error
E074	Invalid Data format for HL7 data type
E075	Missing/Invalid required LOINC answer part(s) in the CDA
E076	Missing/Invalid Provider information in the CDA
E077	Missing/Invalid Patient information in the CDA
E078	Missing/Invalid Attachment Control information in the CDA
E079	Missing/Invalid LOINC
E080	Missing/Invalid LOINC Modifier

Error Code	Error Code Description
E081	Missing/Invalid LOINC code for this attachment type
E082	Missing/Invalid LOINC Modifier for this attachment type
E083	Situational prohibited element is present
E084	Duplicate qualifier value in repeated segment within a single loop
E085	Situational required composite element is missing
E086	Situational required repeating element is missing
E087	Situational prohibited loop is present
E088	Situational prohibited segment is present
E089	Situational prohibited composite element is present
E090	Situational prohibited repeating element is present
E091	Transaction successfully received but not processed as applicable business function not performed.
E092	Missing/Invalid required SNOMED CT answer part(s) in the CDA
W001	Missing/Invalid submitter identifier
W002	Missing/Invalid receiver identifier
W003	Missing/Invalid member identifier
W004	Missing/Invalid subscriber identifier
W005	Missing/Invalid patient identifier
W006	Missing/Invalid plan sponsor identifier
W007	Missing/invalid payee identifier
W008	Missing/Invalid TPA/broker identifier
W009	Missing/Invalid premium receiver identifier
W010	Missing/Invalid premium payer identifier
W011	Missing/Invalid payer identifier
W012	Missing/Invalid billing provider identifier
W013	Missing/Invalid pay to provider identifier
W014	Missing/Invalid rendering provider identifier
W015	Missing/Invalid supervising provider identifier
W016	Missing/Invalid attending provider identifier
W017	Missing/Invalid other provider identifier
W018	Missing/Invalid operating provider identifier
W019	Missing/Invalid referring provider identifier
W020	Missing/Invalid purchased service provider identifier
W021	Missing/Invalid service facility identifier
W022	Missing/Invalid ordering provider identifier

Error Code	Error Code Description
W023	Missing/Invalid assistant surgeon identifier
W024	Amount/Quantity out of balance
W025	Duplicate
W026	Billing date predates service date
W027	Business application currently not available
W028	Sender not authorized for this transaction
W029	Number of errors exceeds permitted threshold
W030	Required loop missing
W031	Required segment missing
W032	Required element missing
W033	Situational required loop is missing
W034	Situational required segment is missing
W035	Situational required element is missing
W036	Data too long
W037	Data too short
W038	Invalid external code value
W039	Data value out of sequence
W040	"Not Used" data element present
W041	Too many sub-elements in composite
W042	Unexpected segment
W043	Missing data
W044	Out of range
W045	Invalid date
W046	Not matching
W047	Invalid combination
W048	Customer identification number does not exist
W049	Duplicate batch
W050	Incorrect data
W051	Incorrect date
W052	Duplicate transmission
W053	Invalid claim amount
W054	Invalid identification code
W055	Missing or invalid issuer identification
W056	Missing or invalid item quantity

Error Code	Error Code Description
W057	Missing or invalid item identification
W058	Missing or unauthorized transaction type code
W059	Unknown claim number
W060	Bin segment contents not in MIME format
W061	Missing/Invalid MIME header
W062	Missing/Invalid MIME boundary
W063	Missing/Invalid MIME transfer encoding
W064	Missing/Invalid MIME content type
W065	Missing/Invalid MIME content disposition (filename)
W066	Missing/Invalid file name extension
W067	Invalid MIME base64 encoding
W068	Invalid MIME quoted-printable encoding
W069	Missing/Invalid MIME line terminator (should be CR+LF)
W070	Missing/Invalid "end of MIME" headers
W071	Missing/Invalid CDA in first MIME body parts
W072	Missing/Invalid XML tag
W073	Unrecoverable XML error
W074	Invalid Data format for HL7 data type
W075	Missing/Invalid required LOINC answer part(s) in the CDA
W076	Missing/Invalid Provider information in the CDA
W077	Missing/Invalid Patient information in the CDA
W078	Missing/Invalid Attachment Control information in the CDA
W079	Missing/Invalid LOINC
W080	Missing/Invalid LOINC Modifier
W081	Missing/Invalid LOINC code for this attachment type
W082	Missing/Invalid LOINC Modifier for this attachment type
W083	Situational prohibited element is present
W084	Duplicate qualifier value in repeated segment within a single loop
W085	Situational required composite element is missing
W086	Situational required repeating element is missing
W087	Situational prohibited loop is present
W088	Situational prohibited segment is present
W089	Situational prohibited composite element is present
W090	Situational prohibited repeating element is present

Error Code	Error Code Description
W091	Transaction successfully received but not processed as applicable business function not performed.
W092	Missing/Invalid required SNOMED CT answer part(s) in the CDA

A.4   Business Rejection Report (BRR)

District of Columbia (DC) Medicaid also produces a readable version of the 824 called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation. Refer to **Figure A-1**.

Figure A-1: Sample BRR

A.5   277CA Health Care Claim Acknowledgement

The 277CA is not generated in response to 837 Encounter submissions to the new DC MMIS.

In response to 837 Claims for DC Medicaid, a 277CA is generated and returned to communicate receipt by the DC Core MMIS Claim System when no Strategic National Implementation Process (SNIP) Level 1-5 and 7 errors have been detected and the claim submission is successfully received by the claim system. The 277CA also returns the DC Medicaid TCN/Claim ID for reconciliation and reference by the DC Medicaid trading partner in addition to the submitter assigned Trace Number returned in TRN.

Information Receiver Application Trace Identifier

2220B	TRN	Information Receiver Application Trace Identifier	Codes	Length	Comments
	TRN01	Trace Type Code	2	2/3	Reference Transaction Trace Number
	TRN02	Reference Identification		1/50	Submitter's corresponding ST02 value from the associated 837 claim or encounter

Claim Status Tracking Number

2220D	TRN	Information Receiver Application Trace Identifier	Codes	Length	Comments
	TRN01	Trace Type Code	2	2/3	Reference Transaction Trace Number
	TRN02	Reference Identification		1/50	Submitter's corresponding CLM01 value from the associated 837 claim or encounter

DC Medicaid Claim Level Status Information

2200D	STC	Claim Level Status Information	Codes	Length	Comments
	STC01	Health Care Claim Status			DC Medicaid Claim Level Status Information
	STC01-01	Industry Code	A2	1/30	A2 – Acknowledgement/Acceptance into adjudication system
	STC01-02	Industry Code	19	1/30	19 - Entity Acknowledges receipt of claim/encounter
	STC01-03	Entity Identifier Code	PR	2/3	PR -Payer
	STC02	Date		8	Effective Date DC Medicaid Process Date
	STC03	Action Code	WQ	2/3	WQ - Accept
	STC04	Monetary Amount		1/18	

DC Medicaid Assigned TCN/Claim ID

2220D	REF	Payer Claim Control Number	Codes	Length	Comments
	REF01	Reference Identification Qualifier	1K	2/3	Payer Claim Number
	REF02	Reference Identification		1/50	DC Medicaid Assigned Unique TCN/Claim ID Number

Appendix B.   Glossary

Table 3:   Acronyms

Acronyms	Description
ASC	Accredited Standards Committee
BRR	Business Rejection Report
CG	Companion Guide
DHCF	Department of Health Care Finance
DC	District of Columbia
EDI	Electronic Data Interchange
GAINWELL	Gainwell Technologies
GS	Functional Group Header
HIPAA	Health Insurance Portability and Accountability Act
ID	Identification
IEA	interchange control trailer
ISA	Interchange Control Header
DC	District of Columbia
MCAFS	Medicaid Claims Administration and Financial Solution
MMIS	Medicaid Management Information System
OTI	Original Transaction Identification
SNIP	Strategic National Implementation Process