Department of Health Care Finance (DHCF)

DC MMIS Core Solution

Companion Guide (CG)

DC Medicaid 837I Fee-for-Service (FFS) Claims

September 2, 2025

Version 1.5

This Companion Guide to the v5010 Accredited Standards Committee (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.

Version	Date	Author	Description
1.0	10/3/2024	Gainwell Technologies	Initial document creation
1.1	02/05/2025	Sheehan, James	Gainwell Technical Writer Review
1.2	06/11/2025	EDI SWS Team	Applied minor updates. ISA13 unique value required. Billing Provider PRV segment added. 2400 LX segment added
1.3	06/17/2025	Jessica DiBartolo	Gainwell Technical Writer Review
1.4	08/18/2025	DC EDI SWS Team	Updated email contact.
1.5	09/2/2025	Marina Georgieva	Gainwell Technical 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 Institutional (005010X223A2)

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 TR3s 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

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:

- 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 implementation specification(s).

Compliance according to ASC X12

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

- 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 ID (TPID) for use with Gainwell Technologies and DC Medicaid.
- Established trading partners using Secure File Transfer Protocol (SFTP) will need to request and complete an updated registration form and return to the DC Medicaid EDI Helpdesk.
- Trading partners must complete certification testing prior to submission of production transactions for DC Medicaid.
- ISA and GS Receiver ID value for DC Medicaid have been updated to use DCMEDICAID in place of the formerly used 100000 and 77033 ISA and GS values.
- 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 against the new DC MMIS repository.
- EDI response transactions have been updated for DC Medicaid and include the following transactions and report when applicable:
    - TA1 Acknowledgement
    - 999 Acknowledgements
    - 824 Application Reporting
    - Business Reject Report (BRR HTML Report)
    - 277U Health Care Claim Pending Status Information
    - 277CA Health Care Claim Acknowledgement

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].*

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: dcedi@gainwelltechnologies.com
- Telephone: *[DC Operations – EDI Helpdesk Phone].*

3. Testing with DC Medicaid

Certification Testing

All trading partners must first be registered and then test 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 Interchange Control Header (ISA) of an X12 file, indicates if a file is test or 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.

SNIP Levels Applied

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

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].*

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.

Review Testing and Certification Information

To begin testing, review the “EDI Certification Status” page of DC Core Managed Medicaid 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.

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].*

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: dcedi@gainwelltechnologies.com
- Telephone: *[DC Operations – EDI Helpdesk Phone #].*

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.

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. Password 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

5.1 DC Medicaid EDI 837 Claim File Submissions

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 EDI transmission
- Only one transaction type per interchange is permitted for submission.
- Maximum of 5,000 claims per EDI transmission
- Claims and encounters must always be submitted in separate files.
- Use of a unique trading partner ISA13 value is required on each EDI file submission for a trading partner submitter (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 dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each DC Medicaid 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 EDI response files.

6. Acknowledgements and Reports

The acknowledgements and/or reports listed below are related to the submission of EDI transactions by a trading partner. These acknowledgements and/or 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 Business Rejection Report – 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 Rejection Report, 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 837I Institutional Claim

Table 2: 837I 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 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	005010X223A2	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. 837I CG Transaction Table

Listed in the following table are the specific requirements for submitting and processing an ASC X12N 837 Healthcare Claim Institutional transaction file to Gainwell Technologies 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: 837I CG Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes/Comments
Header	ST	Transaction Set Header			
	ST01	Transaction Set Identifier Code	837	3	837
	ST02	Transaction Set Control Number		4/9	Sequential number assigned by sender ST and SE must be equivalent
	ST03	Implementation Convention Reference	005010X223A2	1/35	
	BHT	Beginning Hierarchical Transaction Segment			
	BHT01	Hierarchical Structure Code	0019	4	0019
	BHT02	Transaction Set Purpose Code	00	2	00 = Original
	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			
	NM101	Entity Identifier Code	41	2/3	
	NM102	Entity Type Qualifier	1 or 2	1	
	NM103	Name Last or Organization Name		1/60	
	NM104	Name First		1/35	
	NM105	Name Middle		1	
	NM106	Name Prefix		1/10	
	NM107	Name Suffix		1/10	
	NM108	Identification Code Qualifier	46	1/2	
	NM109	Identification Code		2/80	DC Medicaid assigned trading partner ID

Loop ID	Reference	Name	Codes	Length	Notes/Comments
1000B	NM1	Receiver Name			
	NM101	Entity Identifier Code	40	2/3	
	NM102	Entity Type Qualifier	2	1	2 – Non-Person
	NM103	Name Last or Organization Name		1/60	DCMEDICAID
	NM108	Identification Code Qualifier	46	1/35	46
	NM109	Identification Code		15	DCMEDICAID
2000A	HL	Billing/Pay-to Provider Hierarchical Level	HL	2	
	HL01	Hierarchical ID Number	1	1/12	
	HL03	Hierarchical Level Code	20	1/2	
	HL04	Hierarchical Child Code	1	1	
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			
	NM101	Entity Identifier Code	85	2/3	
	NM102	Entity Type Qualifier	1 or 2	1/1	
	NM103	Name Last or Organization Name		1/60	
	NM104	Name First		1/35	
	NM105	Middle Name		1/25	
	NM107	Name Suffix		1/10	
	NM101	Entity Identifier Code	85	2/3	
	NM108	Identification Code Qualifier	XX	1/2	XX = National Provider ID (NPI)
	NM109	Identification Code		2/80	NPI – Billing Provider NPI
2010AA	N3	Billing Provider Address			
	N301	Address Information		1/55	
	N302	Address Information	Required if a second address line exists.	1/55	
2010AA	N4	Billing Provider City/State/Zip Code			

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	N401	City Name		2/30	
	N402	State or Province Code		2/2	
	N403	Postal Code		9	
2010AA	REF	Billing Provider Tax Identification			Required for DC Medicaid
	REF01	Reference Identification Qualifier	EI	2/3	EI – Tax ID
	REF02	Reference Identification		1/50	Billing Provider Tax ID
2000B	HL	Subscriber Hierarchical Level			
	HL01	Hierarchical ID Number	2	1/12	
	HL02	Hierarchical Parent ID Number		1/12	
	HL03	Hierarchical Level Code	22	1/2	
	HL04	Hierarchical Child Code	0	1/1	
2000B	SBR	Subscriber Information			
	SBR01	Payer Responsibility Sequence Number Code	A - Payer Responsibility Four B - Payer Responsibility Five C - Payer Responsibility Six D - Payer Responsibility Seven E - Payer Responsibility Eight F - Payer Responsibility Nine G - Payer Responsibility Ten H - Payer Responsibility Eleven P - Primary S - Secondary T - Tertiary U - Unknown	1/1	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	SBR02	Individual Relationship Code		2	
	SBR03	Reference Identification		1/50	
	SBR04	Name		1/60	
	SBR05	Insurance Type Code		1/3	
	SBR09	Claim Filing Indicator Code	MC	1/2	MC – Medicaid
2010BA	NM1	Subscriber Name			DC Medicaid Recipient
	NM101	Entity Identifier Code	IL	2/3	IL - Subscriber
	NM102	Entity Type Qualifier	1	1	1 - Person
	NM103	Name Last Organization		1/60	
	NM104	Name First		1/35	
	NM105	Name Middle		1/25	
	NM107	Name Suffix		1/10	
	NM108	Identification Code Qualifier	MI	1/2	MI – Member Identification
	NM109	Identification Code		7/10	DC Medicaid Recipient/Member ID
2010BA	N3	Subscriber Address			
	N301	Address Information		1/55	
	N302	Address Information	Required if a second address line exists.	1/55	
2010BA	N4	Subscriber City/State/Zip Code			
	N401	City Name		2/30	
	N402	State or Province Code		2	
	N403	Postal Code		5/9	
2010BA	DMG	Subscriber Demographic Information			
	DMG01	Date Time Period Format Qualifier	D8	2/3	
	DMG02	Date Time Period	CCYYMMDD Date of Birth	1/35	
	DMG03	Gender Code	M = Male		

Loop ID	Reference	Name	Codes	Length	Notes/Comments
2010BB	NM1	Payer Name			
	NM101	Entity Identifier Code	PR	2/3	
	NM102	Entity Type Qualifier	2	1	
	NM103	Name Last or Organization	DCMEDICAID	1/60	DCMEDICAID
	NM108	Identification Code Qualifier	PI	1/2	PI = Payer Identification
	NM109	Identification Code	DCMEDICAID	2/80	DCMEDICAID
2010BB	REF	Billing Provider Secondary Identification			Use when submitting with the DC Provider Medicaid ID
	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			
	CLM01	Claim Submitter's Identifier		1/38	
	CLM02	Monetary Amount		1/18	
	CLM05-1	Facility Code Value		1/2	
		Component Element Separator	:	1	
	CLM05-2	Facility Code Qualifier	A	1/2	
		Component Element Separator	:	1	
	CLM05-3	Claim Frequency Type Code	Valid Codes:	1	If codes 7 or 8 are used, then the original claim MUST be submitted in the 2300 – Payer Claim Control Number REF with REF01 = F8 using the DC Medicaid ICN
	CLM06	Yes/No Condition or Response Code	Y = Yes	1	
	CLM07	Provider Accept Assignment Code		1	
	CLM08	Yes/No Condition or Response Code	Y = Yes	1	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	CLM09	Release of Information Code		1	
	CLM20	Delay Reason Code		1/2	
2300	DTP	Discharge Hour			
	DTP01	Date/Time Qualifier	096	3	
	DTP02	Date Time Period Format Qualifier	TM	2/3	
	DTP03	Date Time Period	HHMM	1/35	
2300	DTP	Statement Dates	DTP	3	
	DTP01	Date/Time Qualifier	434	3	
	DTP02	Date Time Period Format Qualifier	RD8	2/3	
	DTP03	Date Time Period	CCYYMMDD-CCYYMMDD	1/35	Note: Inpatient dates of service must reflect the date of admission through date of discharge unless claim is an interim bill.
2300	DTP	Admission Date/Hour			
	DTP01	Date/Time Qualifier	435	3	
	DTP02	Date Time Period Format Qualifier	DT	2/3	
	DTP03	Date Time Period	CCYYMMDDHHMM	1/35	
2300	CL1	Institutional Claim Code	CL1	3	
	CL101	Priority (Type) of Admission or Visit		1	
	CL102	Point of Origin for Admission or Visit		1	
	CL103	Patient Status Code		1/2	
2300	REF	Original Reference Number (ICN/DCN)	REF	3	
	REF01	Reference Identification Qualifier	F8 = Original Reference Number	2/3	
	REF02	Reference Identification	Original ICN	1/50	
2300	REF	Prior Authorization			
	REF01	Reference Identification Qualifier	G1 = Prior Authorization Number	2/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	REF02	Reference Identification	Assigned Prior Authorization Number	1/50	
2300	REF	Referral Number			
	REF01	Reference Identification Qualifier		2/3	9F= Referral
	REF02	Reference Identification		1/50	
2300	HI	Principal, Admitting, E-Code and Patient reason for Visit Diagnosis Information			
	HI01-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code	Principal Diagnosis Code	1/30	
	HI01-9	Present on Admission Indicator		1	
	HI02-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code	Admitting Diagnosis Code	1/30	
	HI03-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code	External Cause of Injury Code	1/30	
2300	HI	Diagnosis Related Group (DRG) Information	HI		Required when an Inpatient Acute Care Hospital is under DRG contract with a payer and the contract requires the provider to identify the DRG to the payer. If not required by this guide, do not send.
	HI01-1	Code list Qualifier Code	DR	1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code		1/30	
2300	HI	Other Diagnosis Information	HI	2	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	HI01-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code		1/30	
	HI02-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code		1/30	
	HI03-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code		1/30	
	HI04-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI04-2	Industry Code		1/30	
	HI05-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI05-2	Industry Code		1/30	
	HI06-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI06-2	Industry Code		1/30	
	HI07-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI07-2	Industry Code		1/30	
	HI08-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI08-2	Industry Code		1/30	
	HI09-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI09-2	Industry Code		1/30	
	HI10-1	Code List Qualifier Code		1/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI10-2	Industry Code		1/30	
	HI11-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI11-2	Industry Code		1/30	
	HI12-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI12-2	Industry Code		1/30	
2300	HI	Principal Procedure Information	HI	2	
	HI01-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code	Principal Procedure Code	1/30	
		Component Element Separator	:	1	
	HI01-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI01-4	Date Time Period		1/35	
2300	HI	Other Procedure Information			
	HI01-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code	Other Procedure Code	1/30	
		Component Element Separator	:	1	
	HI01-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI01-4	Date Time Period	CCYYMMDD	1/35	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	HI02-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI02-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI02-4	Date Time Period	CCYYMMDD	1/35	
	HI03-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI03-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI03-4	Date Time Period	CCYYMMDD	1/35	
	HI04-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI04-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI04-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI04-4	Date Time Period	CCYYMMDD	1/35	
	HI05-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI05-2	Industry Code	Procedure Code	1/30	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI05-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI05-4	Date Time Period	CCYYMMDD	1/35	
	HI06-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI06-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI06-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI06-4	Date Time Period	CCYYMMDD	1/35	
	HI07-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI07-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI07-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI07-4	Date Time Period	CCYYMMDD	1/35	
	HI08-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI08-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI08-3	Date Time Period Format Qualifier	D8	2/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI08-4	Date Time Period	CCYYMMDD	1/35	
	HI09-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI09-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI09-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI09-4	Date Time Period	CCYYMMDD	1/35	
	HI10-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI10-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI10-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI10-4	Date Time Period	CCYYMMDD	1/35	
	HI11-1	Code List Qualifier Code		1/3	
		Component Element Separator	:	1	
	HI11-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI11-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI11-4	Date Time Period	CCYYMMDD	1/35	
	HI12-1	Code List Qualifier Code		1/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI12-2	Industry Code	Procedure Code	1/30	
		Component Element Separator	:	1	
	HI12-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI12-4	Date Time Period	CCYYMMDD	1/35	
2300	HI	Occurrence Span Information	HI	2	
	HI01-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI01-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI01-4	Date Time Period	CCYYMMDD-CCYYMMDD	1/35	
	HI02-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI02-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI02-4	Date Time Period	CCYYMMDD-CCYYMMDD	1/35	
	HI03-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code		1/30	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI03-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI03-4	Date Time Period	CCYYMMDD-CCYYMMDD	1/35	
	HI04-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI04-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI04-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI04-4	Date Time Period	CCYYMMDD-CCYYMMDD	1/35	
	HI05-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI05-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI05-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI05-4	Date Time Period		1/35	
	HI06-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI06-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI06-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	HI06-4	Date Time Period		1/35	
	HI07-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI07-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI07-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI07-4	Date Time Period		1/35	
	HI08-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI08-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI08-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI08-4	Date Time Period		1/35	
	HI09-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI09-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI09-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI09-4	Date Time Period	CCYYMMDD-CCYYMMDD	1/35	
	HI10-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI10-2	Industry Code		1/30	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI10-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI10-4	Date Time Period		1/35	
	HI11-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI11-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI11-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI11-4	Date Time Period		1/35	
	HI12-1	Code List Qualifier Code	BI	1/3	
		Component Element Separator	:	1	
	HI12-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI12-3	Date Time Period Format Qualifier	RD8	2/3	
		Component Element Separator	:	1	
	HI12-4	Date Time Period		1/35	
2300	HI	Occurrence Information	HI	2	
	HI01-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI01-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	HI01-4	Date Time Period	CCYYMMDD	1/35	
	HI02-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI02-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI02-4	Date Time Period		1/35	
	HI03-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI03-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI03-4	Date Time Period	CCYYMMDD	1/35	
	HI04-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI04-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI04-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI04-4	Date Time Period	CCYYMMDD	1/35	
	HI05-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI05-2	Industry Code		1/30	
		Component Element Separator	:	1	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	HI05-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI05-4	Date Time Period	CCYYMMDD	1/35	
	HI06-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI06-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI06-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI06-4	Date Time Period	CCYYMMDD	1/35	
	HI07-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI07-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI07-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI07-4	Date Time Period	CCYYMMDD	1/35	
	HI08-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI08-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI08-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI08-4	Date Time Period	CCYYMMDD	1/35	
	HI09-1	Code List Qualifier Code	BH	1/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI09-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI09-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI09-4	Date Time Period	CCYYMMDD	1/35	
	HI10-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI10-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI10-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI10-4	Date Time Period	CCYYMMDD	1/35	
	HI11-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI11-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI11-3	Date Time Period Format Qualifier	D8	2/3	
		Component Element Separator	:	1	
	HI11-4	Date Time Period	CCYYMMDD	1/35	
	HI12-1	Code List Qualifier Code	BH	1/3	
		Component Element Separator	:	1	
	HI12-2	Industry Code		1/30	
		Component Element Separator	:	1	
	HI12-3	Date Time Period Format Qualifier	D8	2/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI12-4	Date Time Period	CCYYMMDD	1/35	
2300	HI	Value Information Codes			
	HI01-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code		1/30	
	HI01-5	Monetary Amount		1/18	
	HI02-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code		1/30	
	HI03-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code		1/30	
	HI04-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI04-2	Industry Code		1/30	
	HI05-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI05-2	Industry Code		1/30	
	HI06-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI06-2	Industry Code		1/30	
	HI07-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI07-2	Industry Code		1/30	
	HI08-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI08-2	Industry Code		1/30	
	HI09-1	Code List Qualifier Code	BE	1/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI09-2	Industry Code		1/30	
	HI10-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI10-2	Industry Code		1/30	
	HI11-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI11-2	Industry Code		1/30	
	HI12-1	Code List Qualifier Code	BE	1/3	
		Component Element Separator	:	1	
	HI12-2	Industry Code		1/30	
2300	HI	Condition Information			
	HI01-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI01-2	Industry Code		1/30	
	HI02-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI02-2	Industry Code		1/30	
	HI03-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI03-2	Industry Code		1/30	
	HI04-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI04-2	Industry Code		1/30	
	HI05-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI05-2	Industry Code		1/30	
	HI06-1	Code List Qualifier Code	BG	1/3	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	
	HI06-2	Industry Code		1/30	
	HI07-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI07-2	Industry Code		1/30	
	HI08-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI08-2	Industry Code		1/30	
	HI09-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI09-2	Industry Code		1/30	
	HI10-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI10-2	Industry Code		1/30	
	HI11-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI11-2	Industry Code		1/30	
	HI12-1	Code List Qualifier Code	BG	1/3	
		Component Element Separator	:	1	
	HI12-2	Industry Code		1/30	
2310A	NM1	Attending Physician Name			
	NM101	Entity Identifier Code	71	2/3	
	NM102	Entity Type Qualifier	1 – Person	1	
	NM103	Name Last or Organization Name		1/60	
	NM104	Name First		1/35	
	NM108	Identification Code Qualifier	XX = National Provider ID (NPI)	1/2	XX = National Provider ID (NPI)
	NM109	Identification Code	NPI	2/80	NPI

Loop ID	Reference	Name	Codes	Length	Notes/Comments
2310B	NM1	Operating Physician Name			
	NM101	Entity Identifier Code	72	2/3	
	NM102	Entity Type Qualifier	1 = person	1	
	NM103	Name Last or Organization Name		1/60	
	NM104	Name First		1/35	
	NM105	Name Middle		1/25	
	NM108	Identification Code Qualifier	XX = National Provider ID (NPI)	2	XX = National Provider ID (NPI)
	NM109	Identification Code		2/80	Operating Physician NPI
2310C	NM1	Other Operating Physician Name		3	
	NM101	Entity Identifier Code		2/3	ZZ
	NM102	Entity Type Qualifier		1	1 = person
	NM103	Name Last or Organization Name		1/60	
	NM104	Name First		1/35	
	NM105	Name Middle		1/25	
	NM108	Identification Code Qualifier		1/2	XX = National Provider ID (NPI)
	NM109	Identification Code		2/80	Other Operating Physician NPI
2310E	NM1	Service Facility Name			
	NM101	Entity Identifier Code		2/3	77
	NM102	Entity Type Qualifier		1	2
	NM103	Name Last or Organization Name		1/60	Service Location Name

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	NM108	Identification Code Qualifier		½	XX = National Provider ID (NPI)
	NM109	Identification Code		2/80	Service Facility NPI
2310E	N3	Service Facility Location Address			
	N301	Address Information		1/55	
	N302	Address Information		1/55	
2310E	N4	Service Facility City/State/Zip			
	N401	City		2/30	
	N402	State		2	
	N403	Zip Code		3/15	
2310E	REF	Service Facility Secondary Identification			Reserved for DC Medicaid Provider ID usage
	REF01	Reference Identification Qualifier	LU – Location Number	2/3	LU – Location Number
	REF02	Reference Identification		1/50	Service Facility DC Medicaid Provider ID
2320	SBR	Other Subscriber Information			
	SBR01	Payer Responsibility Sequence Number Code		1	P = Primary
	SBR02	Individual Relationship Code	18	2	
	SBR03	Reference Identification		1/50	Insured Group or Policy Number
	SBR04	Name		1/60	
	SBR09	Claim Filing Indicator Code	Valid values are: 11 = Other Non-Federal Programs 12 = Preferred Provider Organization (PPO) 13 = Point of Service (POS)	1/2	Do not send ‘MC’ in this Position/Segment for secondary or tertiary claims. Medicare HMO must be billed as Medicare (MA’ or ‘MB’).

Loop ID	Reference	Name	Codes	Length	Notes/Comments
			14 = Exclusive Provider Organization (EPO) 15 = Indemnity Insurance 16 = Health Maintenance Organization (HMO) Medicare Risk 17 = Dental Maintenance Organization AM = Automobile Medical BL = Blue Cross/Blue Shield CH = Champus CI = Commercial Insurance Co DS = Disability FI = Federal Employees Program HM = Health Maintenance Organization LM = Liability Medical MA = Medicare Part A MB = Medicare Part B OF = Other Federal Program TV = Title V VA = Veterans Affairs Plan WC = Workers' Compensation health Claim ZZ = Mutually Defined		
2320	CAS	Claim Level Adjustments			
	CAS01	Claim Adjustment Group Code		1/2	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	CAS02	Claim Adjustment Reason Code		1/5	
	CAS03	Monetary Amount		1/18	
	CAS04	Quantity		1/15	Use CAS05-CAS019 to report additional adjustment reason codes under the same claim adjustment group code. Repeat segment(s) for different group(s) used.
2320	AMT	Coordination of Benefits (COB) Allowed Amount			
	AMT01	Amount Qualifier Code	D = Payer Paid Amount	1/3	D = Payer Paid Amount
	AMT02	Monetary Amount	Paid Amount	1/18	Paid Amount
2320	AMT	Remaining Patient Amount			
	AMT01	Amount Qualifier Code	EAF	1/3	EAF - Remaining
	AMT02	Monetary Amount	Amount	1/18	Amount
2320	AMT	Coordination of Benefits (COB) Total Non-Covered Amount		3	
	AMT01	Amount Qualifier Code	A8	1/3	A8 – Non-Covered Amount
	AMT02	Monetary Amount	Amount	1/18	Amount
2320	OI	Other Insurance Coverage Information			
	OI03	Yes/No Condition or Response Code	Y = Yes	1	Y = Yes
	OI06	Release of Information Code	Y = Yes	1	Y = Yes
2330A	NM1	Other Subscriber Name			
	NM101	Entity Identifier Code	IL	2/3	IL - Subscriber
	NM102	Entity Type Qualifier	1 – Person	1	1 – Person
	NM103	Name Last or Organization Name		1/60	
	NM104	Name First		1/35	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	NM105	Name Middle		1/25	
	NM108	Identification Code Qualifier	MI	1/2	MI – Member Identification
	NM109	Identification Code	Member ID	2/80	DC Medicaid Recipient Member ID
2330B	NM1	Other Payer Name			
	NM101	Entity Identifier Code	PR	2/3	a. PR
	NM102	Entity Type Qualifier	2	1	b. 2
	NM103	Name Last or Organization Name		1/60	c.
	NM108	Identification Code Qualifier	MI	1/2	d. MI
	NM109	Identification Code		2/80	e.
2330B	DTP	Claim Adjudication Date			f.
	DTP01	Date/Time Qualifier	573	3	g.
	DTP02	Date Time Period Format Qualifier	D8	2/3	h.
	DTP03	Date Time Period	Paid Date CCYYMMDD	1/35	i.
2400	LX			2	j.
	LX01	Assigned Number		1/6	k.
2400	SV2	Institutional Service Line			l.
	SV201	Product/Service ID	[Revenue Code]	1/48	m.
	SV202-1	Product/Service ID Qualifier	HC	2	n.
		Component Element Separator	:	1	o.
	SV202-2	Product/Service ID		1/48	p.
		Component Element Separator	:	1	q.
	SV202-3	Procedure Modifier		2	r.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
		Component Element Separator	:	1	s.
	SV202-4	Procedure Modifier		2	t.
		Component Element Separator	:	1	u.
	SV202-5	Procedure Modifier		2	v.
		Component Element Separator	:	1	w.
	SV202-6	Procedure Modifier		2	x.
	SV203	Monetary Amount		1/18	y.
	SV204	Unit or Basis for Measurement Code		2	z.
	SV205	Quantity		1/15	aa.
	SV207	Monetary Amount		1/18	bb.
2400	DTP	Service Line Date			cc.
	DTP01	Date/Time Qualifier	472	3	dd.
	DTP02	Date Time Period Format Qualifier	D8 or RD8	2/3	ee.
	DTP03	Date Time Period	CCYYMMDD or CCYYMMDD-CCYYMMDD	1/35	ff.
2410	LIN	Drug Identification			gg. When billing a prescribed drug procedure code in Loop 2400, this Loop is required.
	LIN02	Product/Service ID Qualifier	N4	2	hh.
	LIN03	Product/Service ID	National Drug Code	1/48	ii.
2410	CTP	Drug Pricing	CTP	3	jj. When billing a prescribed drug procedure code in Loop 2400, this Loop is required.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	CTP04	Quality	Drug Unit Count	1/15	kk.
	CTP05-1	Unit or Basis from Measure Code	Unit of Measure Code	2	ll.
2430	SVD	Line Adjudication Information			mm.
	SVD01	Identification Code	Valid Value	2/80	nn.
	SVD02	Monetary Amount	Amount	1/18	oo.
	SVD03	Composite Medical Procedure Identifier			pp.
	SVD03-1	Product/Service ID Qualifier	HC	2	qq.
		Component Element Separator	:	1	rr.
	SVD03-2	Product/Service ID	[Procedure Code]	1/48	ss.
		Component Element Separator	:	1	tt.
	SVD03-3	Procedure Modifier	Modifier	2	uu.
		Component Element Separator	:	1	vv.
	SVD03-4	Procedure Modifier	Modifier	2	ww.
		Component Element Separator	:	1	xx.
	SVD03-5	Procedure Modifier	Modifier	2	yy.
		Component Element Separator	:	1	zz.
	SVD03-6	Procedure Modifier		2	aaa.
		Component Element Separator	:	1	bbb.
	SVD03-7	Description		1/80	ccc.
	SVD04	Product/Service ID	Revenue Code	1/48	ddd.
	SVD05	Quantity	Quantity/Units	1/15	eee.
2430	CAS	Line Adjustment			fff.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	CAS01	Claim Adjustment Group Code	CR = Correction and Reversals CO = Contractual Obligations OA = Other Adjustments PI = Payor Initiated Reductions PR = Patient Responsibility	1/2	ggg.
	CAS02	Claim Adjustment Reason Code	1 = Deductible	1/5	This includes Medicare HMO Copay For adjustment reason codes see hhh. http://wpc-edi.com
	CAS03	Monetary Amount	Amount	1/18	iii.
	CAS04	Quantity		1/15	jjj.
	CAS05	Claim Adjustment Reason Code		1/5	kkk.
	CAS06	Monetary Amount	Amount	1/18	lll.
	CAS07	Quantity		1/15	mmm.
	CAS08	Claim Adjustment Reason Code		1/5	nnn.
	CAS09	Monetary Amount		1/18	ooo.
	CAS10	Quantity		1/15	ppp.
2430	DTP	Line Adjudication Date			qqq.
	DTP01	Date/Time Qualifier	573	3/3	rrr.
	DTP02	Date Format Qualifier	D8	2/3	sss.
	DTP03	Payment Date	Paid Date CCYYMMDD	1/35	ttt.
TRAILER	SE	Transaction Set Trailer			uuu.
	SE01	Number of Included Segments		1/10	vvv.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	SE02	Transaction Set Control Number	Must be identical to the value in ST02.	4/9	www.

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 Technologies 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:

- *[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 Technologies 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 Institutional Healthcare claim file from Trading Partner ID DCTPIDXXXXXX, would be assigned an internal filename of:

- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X223A2-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-20230616-112750-1367-005010X223A21-P.edi-1367-TA1.edi
- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X223A2-P.edi-1367-999.edi
- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X223A2-P.edi-1367-824.edi
- VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X223A2-P.edi-1367-BRR.edi

A.3 EDI File Transmission Examples

A.4 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.5 999 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 Technical Report Type 3 (TR3).

A.6 824 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.7 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

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
PRV	Provider Specialty Information
PXC	Healthcare Provider Taxonomy Code
REF	Secondary Identification
SBR	Subscriber Information
SFTP	Secure File Transfer Protocol
SNIP	Strategic National Implementation Process
TPID	Trading Partner ID
VAN	Value Access Network/Data Aggregator
WPC	Washington Publishing Company