WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

WV Medicaid & CHIP

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12N version 5010

835 Claim Payment Advice

April 2019

DXC.technology

Preface

This Companion Guide to the 5010 standard that regulates the electronic transmission of certain health care transactions (X12) Type 3 Technical Reports (TR3) and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with DXC Technology. 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 in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:
This page is blank because major sections of a book should begin on a right hand page.

Table of Contents

1. INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DXC Technology has something additional, over and above, the information in the TR3s.

That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3s internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with DXC Technology

In addition to the row for each segment, one or more additional rows are used to describe DXC Technology's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. Please note that the table reflects sample data and not actual data.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by DXC Technology.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

SCOPE

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing 835 healthcare claim payment advice for programs administered by West Virginia (WV) Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications. Refer to the ASC X12N Implementation Guides or 5010 TR3s for information not supplied in this document, such as code lists, definitions, and edits.

- Healthcare Claim Payment/Advice ASC X12N 835 (005010X221)
- Addenda Healthcare Claim Payment Advice ASC X12N 835 (005010X221A1)

OVERVIEW

Data elements, segments, and loops not included in this guide are not used for processing claims by WV Medicaid, but will still be sent if the information is required for compliance with the ASC X12N version 5010A1 format.

REFERENCES

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

ADDITIONAL INFORMATION

- Assumptions regarding the reader
    - The reader is interested in reducing error, maximizing efficiency, and saving money.
    - WV Medicaid encourages all providers to receive and make use of the standard HIPAA 835 Healthcare Claim payment Advice.

- Advantages / Benefits of EDI
    - The 835 Healthcare Claim payment Advice allows for automated matchup of claims payment data sent to the receiver from WV Medicaid using computer software.

If the user does not already receive the 835 Healthcare Claim Payment Advice (electronically), contact the DXC EDI Helpdesk at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email at edihelpdesk@molinahealthcare.com.

2. GETTING STARTED

WORKING WITH DXC TECHNOLOGY

Visit http://www.wvmmis.com for information.

For any questions, or to begin testing, contact the DXC EDI Helpdesk at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email at edihelpdesk@molinahealthcare.com.

TRADING PARTNER REGISTRATION

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. WV Medicaid's Healthcare Payer Administration Solution (Health PAS) supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

To obtain a trading partner Identifier (ID) visit http://www.wvmmis.com or contact DXC at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI.

CERTIFICATION AND TESTING OVERVIEW

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

3. TESTING WITH THE PAYER

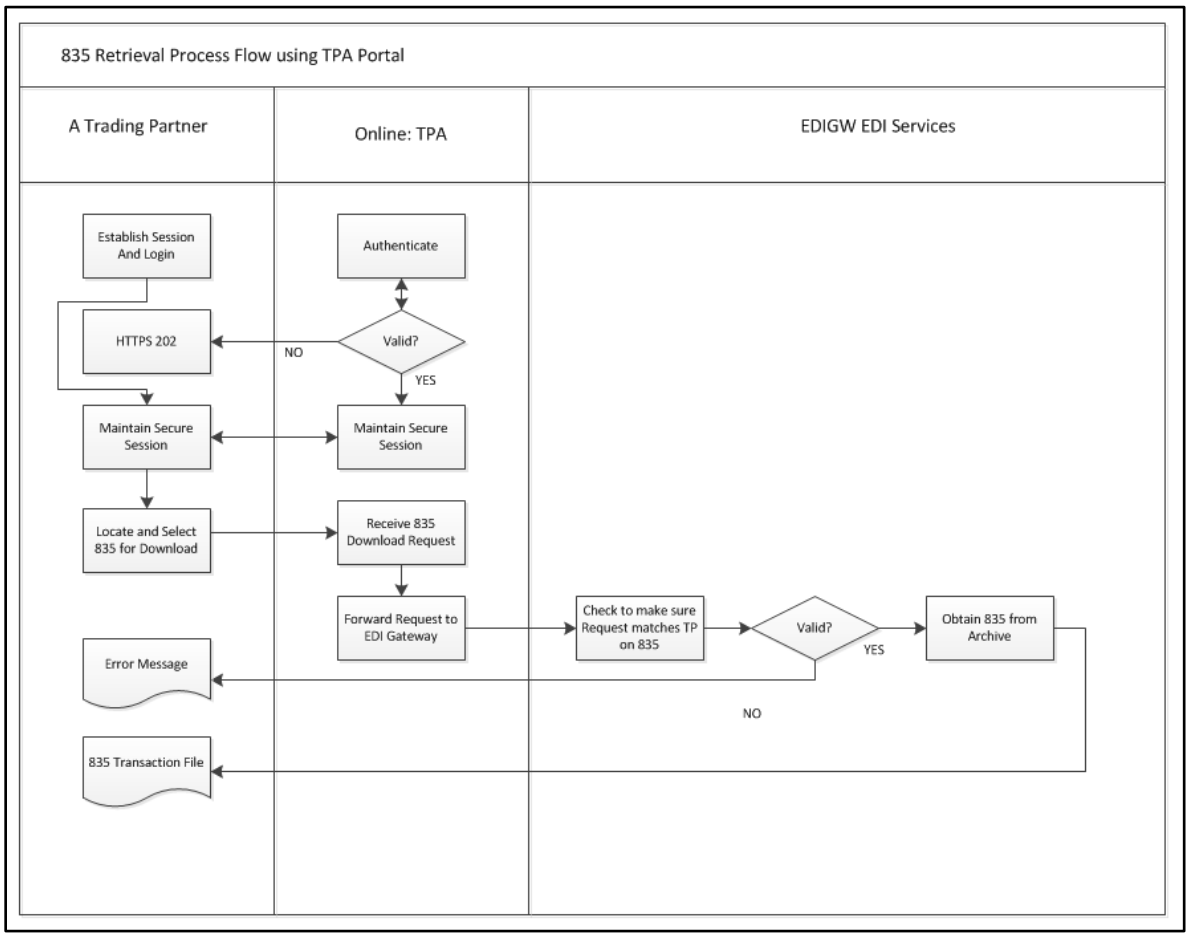
Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via E-mail and the Trading Partner Status page of Health PAS Website when testing for a particular transaction has been completed.

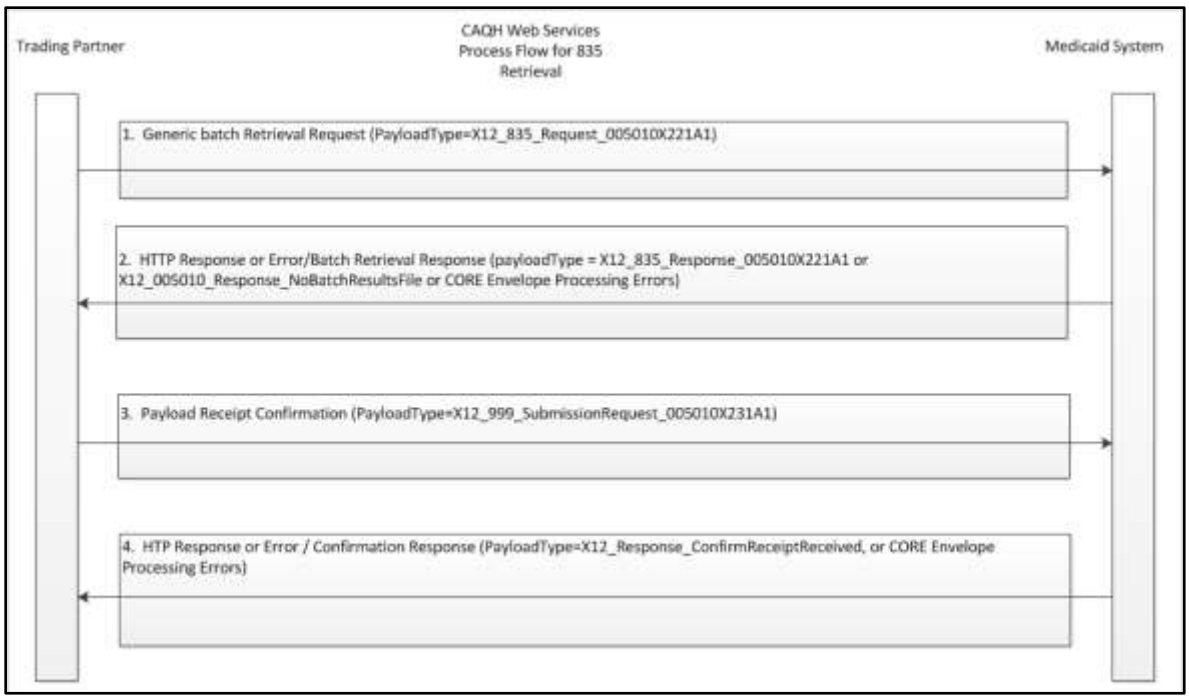
The EDI Certification Status page is found by logging into the users trading partner account on the Health PAS Website (www.wvmmis.com).
Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS PROCESS FLOWS

PROCESS FLOWS

The following is a simplified diagram of the flow of EDI data through the DXC Technology system.





TRANSMISSION ADMINISTRATIVE PROCEDURES

X12 files can be uploaded via the Health PAS-On-Line website File Exchange X12 Upload.

835 Healthcare Claim payment Advice transaction files, acknowledgments, and responses to transactions submitted via the Health PAS Website can be accessed by selecting ***Finance (835, 820)*** under the File Exchange menu.

Refer to the *Health PAS_OnLine_File_Exchange* user guide for more information. The user guide can be found at https://www.wvmmis.com/SitePages/User-Guides.aspx.

Trading Partners who have submitted X12 transactions via secure File Transfer Protocol (sFTP) may retrieve 835 Healthcare Claim payment Advice transaction files from their designated secured FTP Pickup location.

COMMUNICATION PROTOCOL SPECIFICATIONS

The following communications protocols are available for receiving the ASC X12N 835 transaction Files.

Refer to the "Health Care Claim Payment/Advice (835)" ASC X12N Implementation Guide for more information on submitting Batch and Real-time transactions.

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

Batch Mode:

- Hyper Text Transfer Protocol (HTTPS) download via the Health PAS Website.

- FTP though a secure, dedicated Virtual Private Network (VPN) connection.

Real-time:

- HTTP MIME
- WSDL SOAP

CAQH Web service:

Authorized trading partners can now request 835 transactions through Council for Affordable Quality Healthcare (CAQH) Web services. CAQH Phase III has required that a 999 be returned to the issuer of the 835 to acknowledge receipt and, if appropriate, report errors encountered with the 835 data[1]. The DXC CAQH Web Services have been enhanced to support this functionality. The CAQH Web Services supports two types of transaction protocols. Simple Object Access Protocol (SOAP), and Multipurpose Internet Mail Extensions (MIME).

Transactions can be sent in the following links:

- SOAP Transactions: https://www.wvmmis.com/CAQH_SOAPService/SOAPService.svc
- MIME Transactions: https://www.wvmmis.com/CAQH_MIMEService/MIMEService.svc

When requesting an 835 using the CAQH Web services:

- The PayloadID needs to be set to the Check/ Electronic Funds Transfer (EFT) Payment ID for the desired 835.
- The PayloadType needs to be specified as X12_835_Request_005010X221A1.
- The ProcessingMode needs to be set to Batch.
- The requesting Trading Partner ID must match the Receiver ID of the 835 transaction requested.

When sending a 999 response using the CAQH Web services:

- Set the 999 AK102 to the value of the GS06 value for the 835 that the 999 is in response to.
- The PayloadType should be set to X12_999_SubmissionRequest_005010X231A1.
- The ProcessingMode needs to be set to Batch**.**

The following new operations and messages are now supported:

Operation	Request	Response
GenericBatchRetrievalRequest	GenericBatchRetrievalRequestMessage	GenericBatchRetrievalResponseMessage
PayloadReceiptConfirmation	PayloadReceiptConfirmationRequestMessage	PayloadReceiptConfirmationResponseMessage

[1] ***Note: CAQH has ruled that it is not mandatory for the receiver of an 835 to send a 999. If a 999 is sent however, the system will accept it for processing.***

PASSWORDS

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the Health PAS-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. CONTACT INFORMATION

DXC EDI HELP DESK

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

EDI TECHNICAL ASSISTANCE

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

PROVIDER SERVICE NUMBER

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID, or email wvmmis@molinahealthcare.com.

APPLICABLE WEBSITES/EMAIL

The email addresses below can be used in contacting WV Medicaid's EDI Support, Provider Services, and Provider Enrollment departments. These groups can provide assistance and answer questions relating to EDI file submissions, provider enrollment, and services.

Website: http://www.wvmmis.com

EDI Support: edihelpdesk@molinahealthcare.com

Provider Services: wvmmis@molinahealthcare.com

Provider Enrollment: wvproviderenrollment@molinahealthcare.com

6. CONTROL SEGMENTS AND ENVELOPES

DELIMITERS

WV Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the following specifications.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

ISA-IEA

The following ISA/IEA fields are the sender and receiver specific information listed in the 835 transactions. For all other fields, refer to the transaction specific information table in section 10.

ISA06 – Interchange Sender ID will contain WV_MMIS_4_DXCMS.
ISA08 – Interchange Receiver ID will contain the DXC assigned trading partner ID.
ISA13 – Sender generated Interchange Control Number must match the number in IEA02.

GS-GE

The following GS/GE fields are the sender and receiver specific information listed in the 835 transactions. For all other fields, refer to the transaction specific information table in section 10.

GS02 – Interchange Sender ID will contain WV_MMIS_4_DXCMS .
GS03 – Interchange Receiver ID will contain the DXC assigned trading partner ID.
GS06 – Sender generated Group Control Number must match the number in GE02.

ST-SE

The following GS/GE fields are the sender and receiver specific information listed in the 835 transactions. For all other fields, refer to the transaction specific information table in section 10.

ST02 – Sender generated Transaction Set Control Number must match the number in SE02.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

For DXC Technology specific business rules and limitation in association with the ASC X12N 835 Healthcare Claim payment Advice transaction, refer to section 0.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

REPORT INVENTORY

The 835 Healthcare Claim payment Advice transaction files are generated once a week and report claims that are in their finalized status (paid, denied, and reversed). Once generated, the 835 file(s) can be downloaded via the Health PAS-OnLine Web portal, or through FTP for those providers that submit transactions from an FTP connection.

9. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. WV Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency

- Clearinghouse
- Health Plan

DXC will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I Institutional claim files.

10. TRANSACTION SPECIFIC INFORMATION

The following table lists the specific requirements for reading and processing an ASC X12N 835 Healthcare Claim payment Advice transaction file returned by DXC Technology.

Use these guidelines in conjunction with the official ASC X12N 835 TR3 document to read and process the downloaded 835 Healthcare Claim payment Advice transaction files.

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.3	Header	ISA	Interchange Control Header	ISA	3	
C.4		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	[Filled with Spaces]	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	[Filled with Spaces]	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	WV_MMIS_4_DXCMS	15	
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID		15	DXC assigned Trading Partner ID
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separator	^	1	
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number		9	Assigned by Sender (must be identical to interchange trailer IEA02)

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.6		ISA14	Acknowledgement Requested	0 = No Ack. Requested	1	
		ISA15	Usage Indicator	P	1	
		ISA16	Component Element Separator	:	1	
			Segment End	~	1	
C.7		GS	Functional Group Header	GS	2	
		GS01	Functional Identifier Code	HP	2	
		GS02	Application Sender's Code	Must be identical to the value in the ISA06	6	
		GS03	Application Receiver's Code		2/15	DXC assigned Trading Partner ID
C.8		GS04	Date	CCYYMMDD	8	
		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number		1/9	Assigned by Sender (must be identical to the value in the GS02)
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X221A1	1/12	
			Segment End	~	1	
68		ST	Transaction Set Header	ST	2	
		ST01	Transaction Set Identification Code	835	3	
		ST02	Transaction Set Control Number		4/9	Sequential number Assigned by Sender (must be identical to value in SE02)
			Segment End	~	1	
69	Header	BPR	Financial Information	BPR	3	
70		BPR01	Transaction Handling Code	I = Remittance information only	1/2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
71		BPR02	Monetary Amount		1/18	Payment amount
		BPR03	Credit/Debit Flag code	C = Credit	1	Payment to receiver's account
72		BPR04	Payment Method Code	CHK = Check BOP = Financial Institution Option	3	
		BPR05	Payment Format Code	CCP	1/10	
73		BPR06	(DFI)ID Number Qualifier	01 when BPR04 = BOP	2	
		BPR07	(DFI) Identification Number		3/12	Required when BPR04 = BOP
74		BPR08	Account Number Qualifier	DA = Demand Deposit when BPR04 = BOP	1/3	
		BPR09	Account Number			Required when BPR04 = BOP
		BPR10	Originating Company Identifier		10	Required when BPR04 = BOP
75		BPR12	(DFI) ID Number Qualifier	01 = ABA Transit Routing Number	2	Including Check Digits when BPR04 = BOP
		BPR13	(DFI) Identification Number		3/12	Bank Number
76		BPR14	Account Number Qualifier		1/3	Account Type
		BPR15	Account Number		1/35	Bank Account Number
		BPR16	Date	CCYYMMDD	8	EFT or Check Issue Date
			Segment End	~	1	
77	HEADER	TRN	Reassociation Trace Number	TRN	3	
		TRN01	Trace Type Code	1 = Current Transaction Trace Number	1/2	
		TRN02	Reference Identification		1/50	Check or EFT Trace Number
		TRN03	Originating Company Identifier		10	Payer Identifier
			Segment End	~	1	
85	HEADER	DTM	Production Date	DTM	3	
		DTM01	Date/Time Qualifier	405 = Production	3	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
86		DTM02	Date	CCYYMMDD	8	Production Date
			Segment End	~	1	
87	1000A	N1	Payer Identification	N1	2	
		N101	Entity Identifier Code	PR = Payer	2/3	
		N102	Name		1/60	Payer Name
			Segment End	~	1	
89	1000A	N3	Payer Address	N3	2	
		N301	Address Information	Payer Address	1/55	Payer Address
			Segment Terminator	~	1	
90	1000A	N4	Payer City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
91		N402	State or Province Code		2	State - Required if address is in the United States
		N403	Postal Code		3/15	Zip Code - Required if address is in the United States
			Segment Terminator	~	1	
94	1000A	PER	Payer Business Contact Information	PER	3	
95		PER01	Contact Function Code	CX = Payers Claim Office	2	
		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE = Telephone	2	
		PER04	Communication Number	AAABBBCCCC	1/256	Contact Number
			Segment End	~	1	
97	1000A	PER	Payer Technical Contact Information	PER	3	
		PER01	Contact Function Code	BL = Technical Department	2	
98		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE = Telephone	2	
		PER04	Communication Number	AAABBBCCCC	1/256	Contact Number
			Segment Terminator	~	1	
102	1000B	N1	Payee Identification	N1	2	
		N101	Entity Identifier Code	PE = Payee	2/3	
		N102	Name		1/60	Provider Name
103		N103	Identification Code Qualifier	FI = Federal Taxpayer's Identification Number	1/2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
				XX = Health Care Financing Administration National Provider ID		
		N104	Identification Code		2/80	Identification Code - NPI or Tax ID
			Segment Terminator	~	1	
104	1000B	N3	Payee Address	N3	2	
		N301	Address Information		1/55	Payee Address Line 1 – Street, PO
		N302	Address Information		1/55	Address Line 2 - Suite
			Segment Terminator	~	1	
105	1000B	N4	Payee City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
106		N402	State or Province Code		2	Required if address is in the United States
		N403	Postal Code		3/15	Required if address is in the United States
			Segment Terminator	~	1	
107	1000B	REF	Payee Additional identification	REF	3	Reference Identification
		REF01	Reference Identification Qualifier	TJ = SSN FEIN Qualifier, If N103 = XX, PQ = Payee Identification = DXC	2/3	
108		REF02	Reference Identification		1/50	SSN FEIN (Tax ID) if REF01(1) = TJ
			Segment Terminator	~	1	
111	2000	LX	Header Number	LX	2	
		LX01	Assigned Number		1/6	Sequential Number
			Segment Terminator	~	1	
123	2100	CLP	Claim Payment Information	CLP	3	Claim Level Data CLP01 is from CLM01 of the original claim (generated by provider)
		CLP01	Claim Submitter's Identifier		1/38	Provider Claim ID (also known as the Patient Control Number)
124		CLP02	Claim Status Code	1 = Paid Primary 2 = Paid Secondary 3 = Paid Tertiary 4 = Denied 22 = Reversal	1/2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
125		CLP03	Monetary Amount		1/18	Billed Amount – Billed amount for each claim
125		CLP04	Monetary Amount		1/18	Paid Amount – The dollar amount included in the payment for the claim
		CLP05	Monetary Amount		1/18	Co-Pay Amount
126		CLP06	Claim Filing Indicator Code	MC = Medicaid	1/2	Code Identifying the type of claim
127		CLP07	Reference Identification		1/50	Claim Internal Control Number (ICN)
		CLP08	Facility Code Value		1/2	Place of Service. Facility Service Code and Claim Frequency Type Code come from CLM05-1 and -2 of 837 Claim
		CLP09	Claim Frequency Type Code		1	Claim Frequency Type Code. Facility Service Code and Claim Frequency Type Code come from CLM05-1 and -2 of 837 Claim
			Segment Terminator	~	1	
129	2100	CAS	Claims Adjustment	CAS	3	Claim Adjustment (see note at end of CAS segment)
131		CAS01	Claim Adjustment Group Code	CO = Contractual Obligations OA = Other Adjustments PI = Payer Initiated Reduction PR = Patient Responsibility	1/2	
		CAS02	Claim Adjustment Reason Code		1/5	First claim adjustment reason code
132		CAS03	Monetary Amount		1/18	First claim adjustment amount
		CAS04	Quantity		1/15	
		CAS05	Claim Adjustment Reason Code		1/5	Second claim adjustment reason code
133		CAS06	Monetary Amount		1/18	Second claim adjustment amount
		CAS07	Quantity		1/18	
		CAS08	Claim Adjustment Reason Code		1/5	Third claim adjustment reason code
		CAS09	Monetary Amount		1/18	Third claim adjustment amount
134		CAS10	Quantity		1/15	
		CAS11	Claim Adjustment Reason Code		1/5	Fourth claim adjustment reason code
		CAS12	Monetary Amount		1/18	Fourth claim adjustment amount
		CAS13	Quantity		1/15	
135		CAS14	Claim Adjustment Reason Code		1/5	Fifth claim adjustment reason code

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		CAS15	Monetary Amount		1/18	Fifth claim adjustment amount
		CAS16	Quantity		1/15	
		CAS17	Claim Adjustment Reason Code		1/5	Sixth claim adjustment reason code
136		CAS18	Monetary Amount		1/18	Sixth claim adjustment amount
			Segment Terminator	~	1	
						Note: Additional CAS segments (up to 99 total) will be mapped if there are more than six (6) EOB codes passed.
137	2100	NM1	Patient Name	NM1	3	Individual or Organizational Name
		NM101	Entity Identifier Code	QC = Patient Name	2	
138		NM102	Entity Type Qualifier	1 = Person	1	
		NM103	Name, Last or Organization Name		1/60	Client Last Name Required for all claims that are not retail pharmacy claims. Required for retail pharmacy claims when the information is known.
		NM104	Name, First		1/35	Client First Name Required when the patient has a first name and it is known.
		NM105	Name, Middle		1/25	Client Middle Name
		NM106	Not used		1	
		NM107	Name, Suffix		1/10	Client Name Suffix
139		NM108	Identification Code Qualifier	MI = Member Identification Number	1/2	
		NM109	Identification Code		2/80	Client Medicaid ID Number
			Segment Terminator	~	1	
146	2100	NM1	Service Provider Name	NM1	3	
147		NM101	Entity Identifier Code	82 = Rendering Provider	2/3	
		NM102	Entity Type Qualifier	1 = Person 2 = Non-Person	1	
		NM103	Name, Last or Organization Name		1/60	Rendering Provider Last Name
		NM104	Name, First		1/35	Rendering Provider First Name
		NM108	Identification code Qualifier	XX = National Provider ID MC = Medicaid Provider Number	1/2	
149		NM109	Identification Code		2/80	NPI or Provider ID
			Segment Terminator	~	1	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
						Note: For TPL Claims: Information for up to three (3) Insurance Companies may be transmitted in N1 segments. If the insurance company name is not available, there will be no NM1 segments for the company. If both the company name and policy holder numbers are not available, neither NM1 segment will be mapped.
153	2100	NM1	Corrected Priority Payer Name	NM1	3	
		NM101	Entity Identifier Code	PR = Payer	2/3	
154		NM102	Entity Type Qualifier	2 = Non-Person Entity	1	
		NM103	Name, Last or Organization Name		1/60	Corrected Priority Payer Name
		NM108	Identification code Qualifier	PI = Payer Identification	1/2	
		NM109	Identification Code		2/80	Payer Identification Number
			Segment Terminator	~	1	
173	2100	DTM	Statement From or To Date	DTM	3	Claim Date
174		DTM01	Date/Time Qualifier	232 = "From" Date of Service 233 = "To" Date of Service	3	
		DTM02	Date	CCYYMMDD	8/8	"From" Date of Service where DTM01 = 232 "To" Date of Service where DTM01 = 233
			Segment Terminator	~	1	
175	2100	DTM	Coverage Expiration Date	DTM	3	
		DTM01	Date/Time Qualifier	036 = Expiration	3	
		DTM02	Date	CCYYMMDD	8	
			Segment Terminator	~	1	
177	2100	DTM	Claim Receive Date	DTM	3	
		DTM01	Date/Time Qualifier	050 = Received	3	
		DTM02	Date	CCYYMMDD	8	
			Segment Terminator	~	1	
184	2100	QTY	Claim Supplemental Information Quantity	QTY	3	Quantity
		QTY01	Quantity Qualifier		2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
185		QTY02	Quantity		1/15	
			Segment Terminator	~	1	
186	2110	SVC	Service Payment Information	SVC	3	
187		SVC01-1	Product/Service ID Qualifier	AD = American Dental Association Codes HC = HCFA HCPCS Codes N4 = National Drug code 5-4-2 format	2	
			Component Separator	:	1	
188		SVC01-2	Product/Service ID		1/48	Product/Service Drug code
			Component Separator	:	1	
		SVC01-3	Procedure Modifier		2	Modifier-1
			Component Separator	:	1	
189		SVC01-4	Procedure Modifier		2	Modifier-2
			Component Separator	:	1	
		SVC01-5	Procedure Modifier		2	Modifier-3
			Component Separator	:	1	
		SVC01-6	Procedure Modifier		2	Modifier-4
		SVC02	Monetary Amount		1/18	Total Charges Billed
190		SVC03	Monetary Amount		1/18	Provider Payment Amount
		SVC04	Product/Service ID		1/48	Revenue Code
		SVC05	Quantity		1/15	Paid Quantity
		SVC06	Composite Medical Procedure Identifier		1	
191		SVC06-1	Product/Service ID Qualifier	AD = American Dental Association Codes HC = HCFA HCPCS Codes N4 = National Drug code 5-4-2 format	2	
			Component Separator	:	1	
192		SVC06-2	Product/Service ID		1/48	Product/Service Drug code
			Component Separator	:	1	
		SVC06-3	Procedure Modifier		2	Modifier-1
			Component Separator	:	1	
192		SVC06-4	Procedure Modifier		2	Modifier-2
			Component Separator	:	1	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		SVC06-5	Procedure Modifier		2	Modifier-3
			Component Separator	:	1	
		SVC06-6	Procedure Modifier		2	Modifier-4
193		SVC07	Quantity		1/15	Quantity Billed - if different from SVC05
			Segment Terminator	~	1	
196	2110	CAS	Service Adjustment	CAS	3	
198		CAS01	Claim Adjustment Group Code	CO = Contractual Obligations OA = Other Adjustments PR = Patient Responsibility	1/2	
		CAS02	Claim Adjustment Reason Code		1/5	First claim adjustment reason code
199		CAS03	Monetary Amount		1/18	First claim adjustment amount
		CAS04	Quantity		1	
		CAS05	Claim Adjustment Reason Code		1/5	Second claim adjustment reason code
		CAS06	Monetary Amount		1/18	Second claim adjustment amount
200		CAS07	Quantity		1/15	
		CAS08	Claim Adjustment Reason Code		1/5	Third claim adjustment reason code
		CAS09	Monetary Amount		1/18	Third claim adjustment amount
		CAS10	Quantity		1/15	
201		CAS11	Claim Adjustment Reason Code		1/5	Fourth claim adjustment reason code
		CAS12	Monetary Amount		1/18	Fourth claim adjustment amount
		CAS13	Quantity		1/15	
202		CAS14	Claim Adjustment Reason Code		1/5	Fifth claim adjustment reason code
		CAS15	Monetary Amount		1/18	Fifth claim adjustment amount
		CAS16	Quantity		1/15	
203		CAS17	Claim Adjustment Reason Code		1/5	Sixth claim adjustment reason code
		CAS18	Monetary Amount		1/18	Sixth claim adjustment amount
		CAS19	Quantity		1/15	
			Segment Terminator	~	1	
						Note: At a minimum, the Claim Detail CAS segment will contain the Claim Adjustment Group Code (CAS01), Claim Adjustment Code 1 (CAS02), and Adjustment Amount (CAS03). No

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
						other fields will be transmitted if there is no data.
						Note: A second CAS segment for the Claim Detail will be mapped if more than six (6) detail EOB codes are passed.
204	2110	REF	Service Identification	REF	3	
		REF01	Reference Identification Qualifier	BB = Authorization Number	2/3	
205		REF02	Reference Identification		1/50	Trace Service Line
			Segment Terminator	~	1	
206	2110	REF	Line Item Control Number	REF	3	
		REF01	Reference Identification Qualifier	6R = Provider Control Number	2/3	
		REF02	Reference Identification		1/50	Line Item Control Number
			Segment Terminator	~	1	
						Note: Second REF segment for Rendering or Attending Provider Information exists, and is populated with Medicaid Provider number, only when the REF01 value in the previous REF segment is 'BB' and its corresponding REF02 value is equal to a National Provider ID, and when a Rendering or Attending Provider Number exists.
209	2110	REF	Healthcare Policy Identification	REF	3	
210		REF01	Reference Identification Qualifier	0K = Policy Form Identifying Number	2/3	
		REF02	Reference Identification		1/50	Healthcare Policy Identification
			Segment Terminator	~	1	
211	2110	AMT	Service Supplemental Amount	AMT	3	
		AMT01	Amount Qualifier Code	B6 =Allowed Actual	1/3	
212		AMT02	Monetary Amount		1/18	Amount Allowed
			Segment Terminator	~	1	
215	2110	LQ	Industry Code – Health Care Remark Codes	LQ	2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		LQ01	Code List Qualifier Code	HE = Allowed Actual	1/3	
216		LQ02	Industry Code		1/30	Remark Code
			Segment Terminator			
217	Summary	PLB	Provider Adjustment	PLB	3	Transaction Set Trailer
218		PLB01	Reference Identification		1/50	Provider Number (If the Provider has an NPI, the NPI is used)
		PLB02	Date	CCYYMMDD	8	Last Day of Current Year
219		PLB03-1	Adjustment Reason Code		2	Reason Code 1
			Component Separator	:	1	
222		PLB03-2	Reference Identification		1/50	Reference Number 1 – May be a Cash Control Number (CCN) or Internal Control Number (ICN)
223		PLB04	Monetary Amount		1/18	Adjustment Amount 1 – This field may also be "NEGATIVE PAYMENT" due to insufficient positive cash flow
		PLB05-1	Adjustment Reason Code		2	Reason Code 2
			Component Separator	:	1	
		PLB05-2	Reference Identification		1/50	Reference number 2 – See Reference Number 1
224		PLB06	Monetary Amount		1/18	Adjustment Amount 2 – See Adjustment Amount 1
		PLB07-1	Adjustment Reason Code		2	Reason Code 3
			Component Separator	:	1	
		PLB07-2	Reference Identification		1/50	Reference number 3 – See Reference Number 1
		PLB08	Monetary Amount		1/18	Adjustment Amount 3 – See Adjustment Amount 1
225		PLB09-1	Adjustment Reason Code		2	Reason Code 4
			Component Separator	:	1	
		PLB09-2	Reference Identification		1/50	Reference number 4 – See Reference Number 1
		PLB10	Monetary Amount		1/18	Adjustment Amount 4 – See Adjustment Amount 1
		PLB11-1	Adjustment Reason Code		2	Reason Code 5
			Component Separator	:	1	

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
226		PLB11-2	Reference Identification		1/50	Reference number 5 – See Reference Number 1
		PLB12	Monetary Amount		1/18	Adjustment Amount 5 – See Adjustment Amount 1
		PLB13-1	Adjustment Reason Code		2	Reason Code 6
			Component Separator	:	1	
		PLB13-2	Reference Identification		1/50	Reference number 6 – See Reference Number 1
227		PLB14	Monetary Amount		1/18	Adjustment Amount 6 – See Adjustment Amount 1
			Segment Terminator	~	1	
228	TRAILER	SE	Transaction Set Trailer	SE	2/3	
		SE01	Number of Included Segments		1/10	Total number of ST thru SE segments
		SE02	Transaction Set Control Number		4/9	Assigned by Sender Must be identical to value in ST02
			Segment Terminator	~	1	
C.9		GE	Functional Group Trailer	GE	2	
		GE01	Number of Transaction Sets Included	1	1/6	
		GE02	Group Control Number		1/9	Assigned by Sender Must be identical to value in GS06
			Segment Terminator	~	1	
C.10		IEA	Interchange Control Trailer	IEA	3	
		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number		9	Assigned by Sender - Pad Left with Zeros Must be identical to value ISA13
			Segment Terminator	~	1	

APPENDICES

1. IMPLEMENTATION CHECKLIST

The Health PAS-OnLine web portal user guides contain all necessary steps for going live with DXC Technology in submitting specified EDI transactions, and receiving EDI responses, including the 5010 835.

The user guides also cover the following categories:

- Register for a Trading Partner ID
- Test with DXC Technology

The user guides can be found at https://www.wvmmis.com/SitePages/User-Guides.aspx

2. FREQUENTLY ASKED QUESTIONS

This appendix contains a compilation of questions and answers relative to DXC Technology and its providers. Typical questions would involve a discussion about code sets and their effective dates.

Refer to https://www.wvmmis.com/FAQs/Forms/AllItems.aspx for answers to frequently asked questions.

3. CHANGE SUMMARY

Version	Date	Author	Action/Summary of Changes
0.1	09/09/2013	Molina	Created to conform to CAQH/CORE standards
0.2	09/14/2015	Charmaine Hodge	Modified for 5.0
0.3	09/15/2015	Jenny Jacobson	QA Review
0.4	01/05/2016	Joseph White	Modified for CAQH formatting compliance and responded to State comments
0.5	01/07/2016	Lori Hoppe	QA review of document
1.0	01/17/2016	Lori Hoppe	Updated to the approved version after BMS approval
1.1	07/07/2017	Katie Banik	Updated phone options and email addresses
1.2	07/24/2017	Kim Stoudenmire	QA review of document after updates
1.3	11/14/2018	Katie Banik	DXC Rebranding
1.4	11/15/2018	Kim Stoudenmire	QA review of rebranding updates
1.5	04/08/2019	Katie Banik	Per CR 26776, Updated Receiver ID from WV_MMIS_4MOLINA to WV_MMIS_4_DXCMS Updated Contact information on page 9. Updated table in section 10.
1.6	04/10/2019	Kim Stoudenmire	Reviewed Receiver ID updates for CR26776 and annual updates