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**WV Medicaid & CHIP**

**HIPAA Transaction  
Standard Companion Guide**

**Refers to the Implementation Guides  
Based on ASC X12N version 5010**

**Encounter 835 Claim Payment Advice**

December 2023

**gainwell**

## **Preface**

This Companion Guide to the X12N Implementation Guides clarifies and specifies the data content when exchanging electronically with Gainwell Technologies. Transmissions based on this companion guide, used in tandem with the X12 Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the X12 Implementation Guides. 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

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# 1. INTRODUCTION

This section describes how 5010 X12 Type 3 Technical Reports (TR3) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Gainwell Technologies 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 Gainwell

In addition to the row for each segment, one or more additional rows are used to describe Gainwell Technologies' 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 comments 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 Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Gainwell.
			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 three columns makes it clear that the code value belongs to the row immediately above it.

## **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 WV Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications. Refer to the ASC X12N Implementation Guides or 5010 TR3 for information not supplied in this document, such as code lists, definitions, and edits.

- Healthcare Claim Payment/Advice ASC X12N 835 (005010X221) – April 2006
- Addenda Healthcare Claim Payment Advice ASC X12N 835 (005010X221A1) – June 2010

## **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 5010A2 format.

## **REFERENCES**

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

<https://x12.org/products>

## **ADDITIONAL INFORMATION**

- Assumptions regarding the reader
  - The reader is interested in reducing errors and maximizing efficiency.
  - WV Medicaid Trading Partners submit the standard HIPAA 5010 837 Healthcare Claim formats and can receive the standard HIPAA 5010 835.
- Advantages / Benefits of EDI
  - The 835 Healthcare Claim Payment Advice allows for automated matchup of claims payment data sent to the Trading Partner from WV Medicaid using computer software.

## **2. GETTING STARTED**

### **WORKING WITH GAINWELL**

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

For any questions, or to begin testing, contact the Gainwell 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@gainwelltechnologies.com](mailto:edihelpdesk@gainwelltechnologies.com).

### **TRADING PARTNER REGISTRATION**

A trading partner is defined as any entity with which Gainwell exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. Gainwell's Claims, Encounters, and Financial (CEF) Solution supports the following categories of trading partner:

- Provider

- Billing Agency
- Clearinghouse
- Health Plan

To obtain a trading partner Identifier (ID) visit <https://www.wvmmis.com> or contact Gainwell 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**

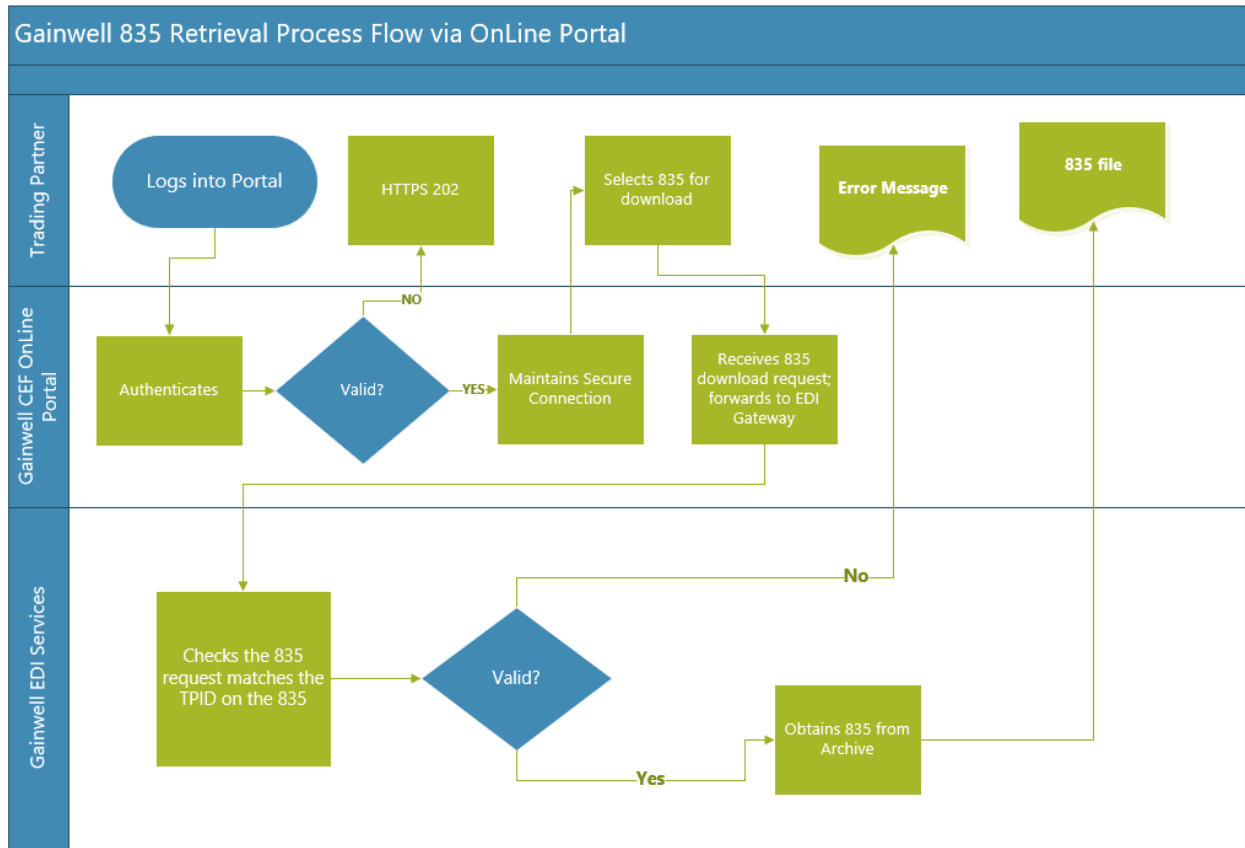
Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via email and the Trading Partner Status page of Health PAS Website when 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](http://www.wvmmis.com)).

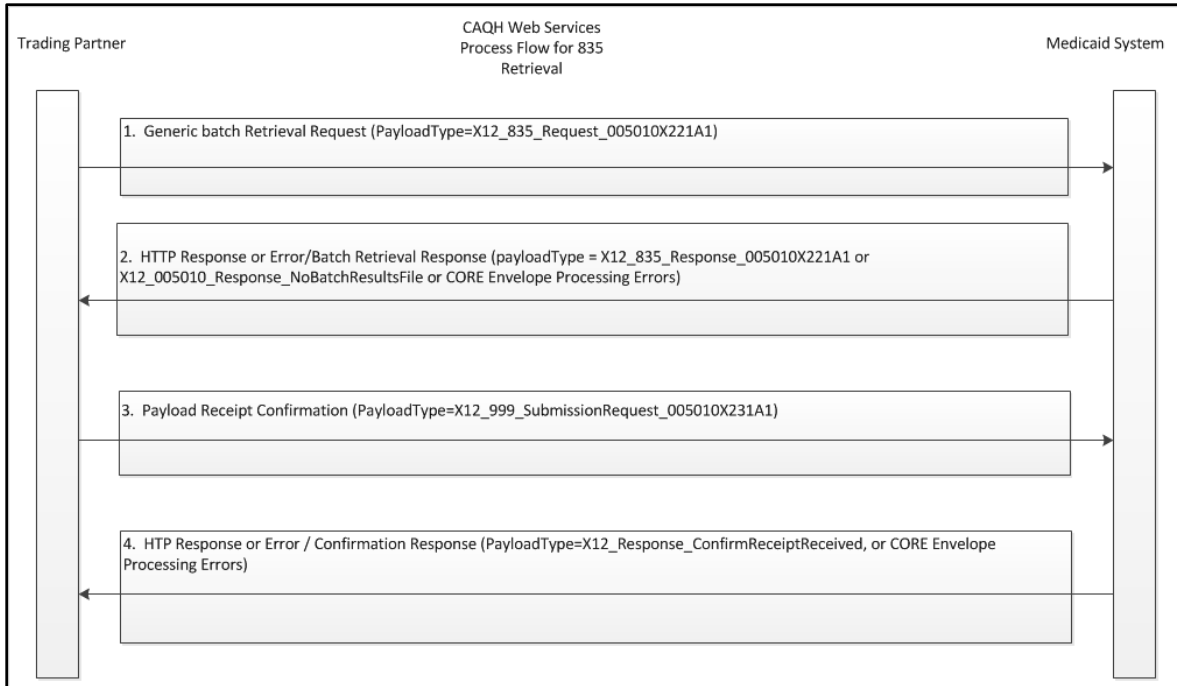
Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.

## 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### PROCESS FLOWS







**TRANSMISSION ADMINISTRATIVE PROCEDURES**

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

The outbound 835 Healthcare Claim Payment Advice transaction files, as well as acknowledgments and responses to other inbound transactions exchanged via the Health PAS-OnLine website can be accessed by selecting X12 Responses under the File Exchange menu.

Refer to the *WV Medicaid TPA – EDI 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.

**RE-TRANSMISSION PROCEDURE**

The data element ISA13 – Interchange Control Number needs to be unique to each file and Trading Partner ID.

**COMMUNICATION PROTOCOL SPECIFICATIONS**

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

- Batch Mode
- Hyper Text Transfer Protocol (HTTPS) download via the Health PAS-OnLine website
- Council for Affordable Quality Healthcare (CAQH) Web service

Authorized trading partners can request 835 transactions through 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. The 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](https://www.wvmmis.com/CAQH_SOAPService/SOAPService.svc)
- MIME Transactions: [https://www.wvmmis.com/CAQH\\_MIMEService/MIMEService.svc](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:

<b>Operation</b>	<b>Request</b>	<b>Response</b>
GenericBatchRetrievalRequest	GenericBatchRetrievalRequestMessage	GenericBatchRetrievalResponseMessage
PayloadReceiptConfirmation	PayloadReceiptConfirmationRequestMessage	PayloadReceiptConfirmationResponseMessage

## **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 website 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

### EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service.

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@gainwelltechnologies.com](mailto:edihelpdesk@gainwelltechnologies.com).

### EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning 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@gainwelltechnologies.com](mailto:edihelpdesk@gainwelltechnologies.com).

### PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims.

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

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@gainwelltechnologies.com](mailto:edihelpdesk@gainwelltechnologies.com)

Provider Services: [wvmmis@gainwelltechnologies.com](mailto:wvmmis@gainwelltechnologies.com)

Provider Enrollment: [wvproviderenrollment@gainwelltechnologies.com](mailto:wvproviderenrollment@gainwelltechnologies.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\_MES\_4\_MMS\_IG.
- ISA08 – Interchange Receiver ID will contain the Gainwell 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\_MES\_4\_MMS\_IG.
- GS03 – Interchange Receiver ID will contain the Gainwell assigned trading partner ID.
- GS06 – Sender generated Group Control Number must match the number in GE02.

## **ST-SE**

ST02 – Sender generated Transaction Set Control Number. This value must match the number in SE02. For all other fields, refer to the transaction specific information table in section 10.

## **7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

For Gainwell Technologies specific business rules and limitation in association with the ASC X12N 835 Healthcare Claim Payment Advice transaction, refer to section 10.

## **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 web portal or through FTP for those providers that submit transactions from an FTP connection.

## **9. TRADING PARTNER AGREEMENTS**

### **TRADING PARTNERS**

An EDI trading partner is defined as any entity with which Gainwell 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

Gainwell Technologies will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies, clearinghouses, and other health plans. A Trading Partner Agreement (TPA) is electronically generated and signed during trading partner registration. A copy of the trading partner's TPA can be downloaded by the trading partner from the CEF OnLine Provider Portal.

## 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 provided by Gainwell Technologies.

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

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.3	HEADER	ISA	Interchange Control Header	ISA		
		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	Space Fill	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	Space Fill	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	WV_MES_4_MMS_IG	15	
		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID	THP5010 or UNICARE5010 or CARELINK50100 (+ spaces to equal 15 characters)	15	Spaces are added after the Receiver ID as the total characters count must equal 15 for the segment
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separator	^	1	
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number	Assigned by Sender	9	Must match IEA02

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		ISA14	Acknowledgement Requested	0 - No Ack Requested	1	
		ISA15	Usage Indicator	P	1	
		ISA16	Component Element Separator	:	1	
C.7		GS	Functional Group Header	GS		
		GS01	Functional Identifier Code	HP	2	
		GS02	Application Sender's Code	WV_MES_4_MMS_IG	15	
		GS03	Application Receiver's Code	THP5010 or UNICARE5010 or CARELINK5010 (+ spaces to equal 15 characters)	2/15	Spaces are added after the Receiver ID as the total characters count must equal 15 for the segment
		GS04	Date	CCYYMMDD	8	
		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number	Assigned by Sender	1/9	Must match GE02
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X221A1	1/12	
68	HEADER	ST	Transaction Set Header	ST		
		ST01	Transaction Set Identifier Code	835	3	
		ST02	Transaction Set Control Number	Sequential number assigned by sender	4/9	Must match SE02
69	HEADER	BPR	Financial Information	BPR		
		BPR01	Transaction Handling Code	H – notification only	1/2	
		BPR02	Monetary Amount	0	1/18	
		BPR03	Credit/Debit Flag code	C – Credit	1	
		BPR04	Payment Method Code	NON – Non-payment data	3	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		BPR05 – BPR15	Payment Format Code		1/10	N/A for Encounter 835
		BPR16	Date	CCYYMMDD	8	Payment Date
77	HEADER	TRN	Reassociation Trace Number	TRN		
		TRN01	Trace Type Code	1 – Current Transaction Trace Numbers	1/2	
		TRN02	Reference Identification	Unique ID for the transaction	1/50	Unique ID for the transaction
		TRN03	Originating Company Identifier	Payer's EIN	10	Payer Identifier
85	HEADER	DTM	Production Date	DTM		
		DTM01	Date/Time Qualifier	405 – Production	3	
		DTM02	Date	CCYYMMDD	8	
87	1000A	N1	Payer Identification	N1		
		N101	Entity Identifier Code	PR – Payer	2/3	
		N102	Name		1/60	Payer Name
89	1000A	N3	Payer Address	N3		
		N301	Address Line 1		1/55	Payer Address
90	1000A	N4	Payer City, State, ZIP Code	N4		
		N401	City Name		2/30	City
		N402	State or Province Code		2	State
		N403	Postal Code		3/15	Zip Code
94	1000A	PER	Payer Business Contact Information	PER		
		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		1/256	Contact Number
97	1000A	PER	Payer Technical Contact Information	PER		
		PER01	Contact Function Code	BL – Technical Department	2	
		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE – Telephone	2	
		PER04	Communication Number		1/256	Contact Number
102	1000B	N1	Payee Identification	N1		MCO or Transportation Broker info
		N101	Entity Identifier Code	PE – Payee	2/3	
		N102	Name		1/60	Name
		N103	Identification Code Qualifier	FI = Federal Taxpayer's Identification Number	1/2	

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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
104	1000B	N3	Payee Address	N3		
		N301	Address Information		1/55	Address Line 1
		N302	Address Information		1/55	Address Line 2
105	1000B	N4	Payee City, State, ZIP Code	N4		
		N401	City Name		2/30	City
		N402	State or Province Code		2	State
		N403	Postal Code		3/15	Zip Code
107	1000B	REF	Payee Additional Identification	REF		
		REF01	Reference Identification Qualifier	TJ –FEIN Qualifier	2/3	
		REF02	Reference Identification	FEIN (Tax ID)	1/50	
111	2000	LX	Header Number	LX		
		LX01	Assigned Number		1/6	Sequential Number
123	2100	CLP	Claim Payment Information	CLP		
		CLP01	Claim Submitter's Identifier		1/38	Patient Control Number – For Medical Encounters CLP01 is from CLM01 of the original 837
		CLP02	Claim Status Code	1 – Processed as Primary 2 – Processed as Secondary 4 – Denied 22 – Reversal of Previous Payment	1/2	
		CLP03	Monetary Amount		1/18	Billed amount for the claim
		CLP04	Monetary Amount	0	1/18	Paid amount for the claim
		CLP05	Monetary Amount	N/A for Enc 835	1/18	Co-Pay Amount
		CLP06	Claim Filing Indicator Code	MC - Medicaid	1/2	
		CLP07	Reference Identification		1/50	Payer's Claim Internal Control Number (ICN)



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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		CLP08	Facility Code Value		1/2	Place of Service comes from the 837 claim CLM05-1
		CLP09	Claim Frequency Type Code		1	Claim Frequency Code comes from the 837 claim CLM05-3
		CLP11	DRG Code		1/4	Populated with the MMIS-determined DRG code for inpatient claims
159		MIA	Inpatient Adjudication Information	MIA		Situational: used when there is a remark code at the claim level for inpatient claims
		MIA01	Quantity		1/15	Covered Days
		MIA02-MIA04	N/A for Enc 835			N/A for Enc 835
		MIA05	Claim Payment Remark Code		1/18	Remark code for claim-level
		MIA06-MIA19	N/A for Enc 835			N/A for Enc 835
		MIA20-MIA23	Claim Payment Remark Code(s)			Additional remark codes, if needed
166		MOA	Outpatient Adjudication Information	MOA		Situational: used when there is a remark code at the claim level for outpatient/professional claims
		MOA01-MOA02	N/A for Enc 835			N/A for Enc 835
		MOA03-MOA07	Claim Payment Remark Code			Remark Code(s)
137	2100	NM1	Patient Name	NM1		
		NM101	Entity Identifier Code	QC – Patient Name	2	
		NM102	Entity Type Qualifier	1 – Person	1	
		NM103	Name, Last	Member's Last Name	1/60	
		NM104	Name, First	Member's First Name	1/35	
		NM105	Name, Middle		1/25	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		NM107	Name, Suffix	Member's Name Suffix	1/10	
		NM108	Identification Code Qualifier	MI – Member Identification Number	1/2	
		NM109	Identification Code		2/80	Member's Medicaid ID
146	2100	NM1	Service Provider Name	NM1		
		NM101	Entity Identifier Code	82	2/3	
		NM102	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	1	
		NM103	Name, Last or Organization Name		1/60	Rendering Provider from the Encounter claim; if no Rendering is applicable, then the Billing Provider will be populated
		NM104	Name, First		1/35	
		NM105	Name, Middle			
		NM107	Name, Suffix			
		NM108	Identification code Qualifier	XX – National Provider ID MC – Provider's Medicaid ID (used for atypical only)	1/2	
		NM109	Identification Code		2/80	NPI or Medicaid ID (for atypical only)
169		REF	Other Claim Related Identification			
		REF01	Reference Identification Qualifier	F8 – Original Reference Number	2/3	
		REF02	Reference Identification		1/50	Original Gainwell ICN for reversals or adjustments
169		REF	Other Claim Related Identification			
		REF01	Reference Identification Qualifier	EA	2/3	EA represents Original MCO or Transportation Broker Encounter Claim ID

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		REF02	Reference Identification		1/50	MCO or Transportation Broker Claim ID
173	2100	DTM	Statement From or To Date	DTM		
		DTM01	Date/Time Qualifier	232 233	3	
		DTM02	Date	CCYYMMDD	8/8	
177	2100	DTM	Claim Received Date	DTM		
		DTM01	Date/Time Qualifier	050 - Received	3	Encounter claim received date
		DTM02	Date	CCYYMMDD	8	
184	2100	QTY	Claim Supplemental Information Quantity	QTY		
		QTY01	Quantity Qualifier	CA – covered actual	2	Used to report covered days for Institutional claims if non-zero
		QTY02	Quantity		1/15	
186	2110	SVC	Service Payment Information	SVC		
		SVC01-1	Product/Service ID Qualifier	AD – American Dental Association Codes HC – HCPCS Codes N4 – National Drug code NU – NUBC Revenue codes	2	
		SVC01-2	Product/Service ID		1/48	Product/Service Drug code
		SVC01-3	Procedure Modifier		2	Modifier-1
		SVC01-4	Procedure Modifier		2	Modifier-2
		SVC01-5	Procedure Modifier		2	Modifier-3
		SVC01-6	Procedure Modifier		2	Modifier-4
		SVC02	Monetary Amount		1/18	Line Item Billed Charge Amount
		SVC03	Monetary Amount	0	1/18	Line Item Paid Amount
		SVC04	Product/Service ID		1/48	Revenue Code
		SVC05	Quantity		1/15	Paid Quantity (units)
		SVC07	Quantity		1/15	Billed Quantity (units), if different from SVC05
194	2110	DTM	Service Date	DTM		

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		DTM01	Date/Time Qualifier	150 – Service Period Start 151 – Service Period End 472 – Service (for single day service)	3	Dates of Service for Encounter claims are reported at 2100 level
		DTM02	Date	CCYYMMDD	8	
196	2110	CAS	Service Adjustment	CAS		
		CAS01	Claim Adjustment Group Code	CO – Contractual Obligations OA – Other Adjustments	1/2	Note: one “primary” claim adjustment reason code is reported in the CAS segment
		CAS02	Claim Adjustment Reason Code		1/5	Claim adjustment reason code
		CAS03	Monetary Amount		1/18	Claim adjustment amount
		CAS04	Quantity		1/15	Claim adjustment quantity amount (only used if units are adjusted)
204	2110	REF	Service Identification	REF		
		REF01	Reference Identification Qualifier	BB - Category of Service (COS)	2/3	
		REF02	Reference Identification		1/50	Category of Service code
206	2110	REF	Line Item Control Number	REF		
		REF01	Reference Identification Qualifier	6R – Provider Control Number	2/3	
		REF02	Reference Identification		1/50	Line Item Control Number from the MCO or Transportation Broker’s 837 Encounter
215	2110	LQ	Industry Code – Health Care Remark Codes	LQ		
		LQ01	Code List Qualifier Code	HE – Claim Payment Remark Codes RX – NCPDP Reject/Payment Codes	1/3	
		LQ02	Industry Code		1/30	Remark Code

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
228	TRAILER	SE	Transaction Set Trailer	SE		
		SE01	Number of Included Segments		1/10	Total number of ST thru SE segments
		SE02	Transaction Set Control Number		4/9	Must match ST02
C.9		GE	Functional Group Trailer	GE		
		GE01	Number of Transaction Sets Included	1	1/6	
		GE02	Group Control Number		1/9	Must match GS06
C.10		IEA	Interchange Control Trailer	IEA	3	
		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number		9	Must match ISA13

**\*\*Gainwell Claim ID formats for Encounters:**

**Medical/Dental Encounters**

1st character = "E" for encounter

2-digit year

3-digit Julian date

7-digit number

Example: E23166000001

**Note:** Reversal claims are represented with an "R", example E23166000001R1; Adjustment (replacement) claims are represented with an "A", example E23166000001A1.

## APPENDICES

### 1. Implementation Checklist

The Health PAS-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 835.

The user guides also cover the following categories:

- Register for a Trading Partner ID
- Test with Gainwell Technologies

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

### 2. Transmission examples

#### *Retrieving Outbound Transactions via Secured FTP Submission*

Trading Partners who receive X12 transactions via Secured FTP (file transfer protocol) may retrieve the 835 Encounter outbound transaction from their designated secured FTP Pickup location. Gainwell's internal file naming convention is as follows:

<Transaction Class>-<SenderID>-<ReceiverTPID>-<TransactionDate>-<TransactionTime>-<File ID>-<TransactionType>-<Prod or Test Indicator>

For example:

The outbound transaction would appear in this trading partner's FTP pickup location named:

**Encounter-WV\_MES\_4\_MMS\_IG -THP5010-CCYYMMDD- HHMMSS-<FileID>-005010X221A1-P**

**Encounter-WV\_MES\_4\_MMS\_IG -UNICARE5010-CCYYMMDD- HHMMSS-<FileID>-005010X221A1-P**

**Encounter-WV\_MES\_4\_MMS\_IG -THP5010-CCYYMMDD- HHMMSS-<FileID>-005010X221A1-P**

### 3. Frequently Asked Questions

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

See <https://www.wvmmis.com/FAQs/Forms/AllPages.aspx> for answers to frequently asked questions.

## 4. Change Summary

Version	Date	Author	Action/Summary of Changes
0.1	11/30/2023	Katie Banik	Initial version of X12 Encounter 835 Companion Guide
0.2	12/14/2023	Kim Stoudenmire	QA of X12 Encounter 835 Companion Guide
0.3	01/16/2024	Armando Gurrola	WVDHHR to WVDoHS Rebranding - CR 46681
0.4	01/29/2024	Kim Stoudenmire	QA of WVDHHR to WVDoHS Rebranding - CR 46681