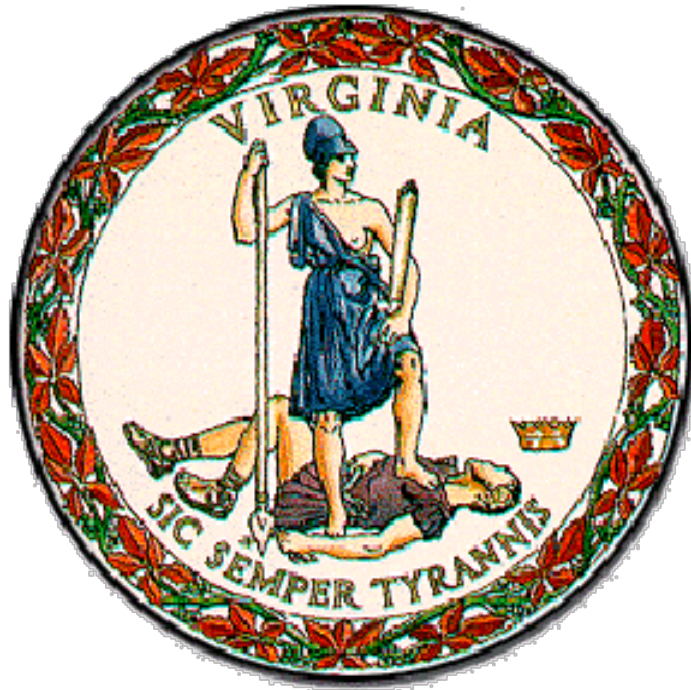


# COMMONWEALTH OF VIRGINIA



## Medicaid Enterprise System (MES) MMIS Companion Guide

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## Health Care Claim Payment/Advice (835)

ASC X12N 835  
VERSION 005010X221A1

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January 31, 2022  
Document Version 2.1

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Department of Medical Assistance Services (DMAS)



## Disclaimer

### ***Purpose of the ANSI ASC X12N 5010 835 Health Care Claim Payment/Advice (835) Virginia Medicaid Companion Guide***

*This companion guide is for use along with the ANSI ASC X12N 5010 Health Care Claim Payment/Advice (835) Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the Virginia Medicaid program.*

*Submitters are encouraged to check the Virginia Department of Medical Assistance Services website periodically for updates to the companion guides at the following website:*

<http://www.dmas.virginia.gov/>



## **Preface**

This Companion Guide to the v5010 ASC X12N 835 Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Conduent EDI Gateway. Transmissions based on this companion guide, used in tandem with the v5010ASC X12N 835 Implementation Guide, 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 835 Implementation Guide adopted for use under HIPAA. The Companion Guide is not intended to be stand-alone requirements documents. This companion guide conforms to all requirements of data expressed in the Implementation Guide.



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# 1.0 Introduction

## 1.1 Scope

This Companion Guide is intended for use by Virginia Medicaid Trading Partners for the submission of the ASC X12N 835 transaction to Conduent. This document is to be used in conjunction with the 835 Implementation Guide. Conduent is the Fiscal Agent for Virginia Department of Medical Assistance Services (DMAS). Conduent will accept and process X12N transactions on behalf of Virginia Medicaid.

Conduent provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, clearinghouses and the Virginia Medicaid Management Information System (MMIS). Beyond the receipt and delivery of this data, Virginia MMIS provides translation to and from ASC X12N standard formats.

The 835 Remittance Advice transaction data transmitted in the ASC X12N format. Please refer to [Section 4 Connectivity with the Virginia MMIS](#) for more information regarding transmission methods.

## 1.2 Overview

The 835 Claims Payment Advice transaction set is used to communicate the results of claim adjudication and/or claim predetermination for benefits. It is used to send an Explanation of Benefits (EOB) remittance advice in the VAMMIS System.

An 835 is used by DMAS to convey an Explanation of Benefits (EOB) information which explains what is or is not being paid on the claim that has been submitted, and why to the provider. DMAS will make a payment with an electronic funds transfer (EFT) or check for a claim that has been submitted by a provider (typically by using an 837 Health Care Claim Transaction Set). The payment detail is electronically posted to the provider's account receivables using the 835.

When payment is due, multiple 835 transactions may be used to fulfill the obligation. In addition to the 835 the provider will receive an unsolicited 277 Claims Status Response for the notification of pending claims. The 276/277



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Claims Inquiry/Response transaction set will be used by VAMMIS to respond to customers requesting status on pending claims.

The 835 is designed so the electronic remittance can automatically be posted to a provider's accounts receivable. Standard HIPAA Claims Adjustment Codes and Remarks Codes will replace DMAS Edit and EOB codes on the 835 transaction but both will appear on the paper remittance (RA). The paper RA will continue to include pending claims but will not be included on the 835 transaction. A (full) paper RA will be provided for the first 30 days of operation to assist providers in determining that the 835 matches the paper RA. The 'RA Message' will be retained on the paper RA. A cross reference of the DMAS Edit and EOB codes to the Standard HIPAA Claims Adjustment Codes and Remarks Codes is available on the DMAS Web Page.

An 835 is initiated by DMAS and may be sent as follows:

- DMAS to provider
- DMAS to a service center to provider
- DMAS to value added network (VAN) to provider
- DMAS to billing service to provider
- DMAS to independent practice association to provider

The basic business flow of the 835 is from the payer to the health care provider that provided the health care service. Both the DMAS and the provider may contract with other parties for the performance of various administrative services. VAN/clearinghouses may perform either value added services or simply a service as a communications pipeline.

### **What is contained in the 835 transaction:**

The 835 file contains claims information for fee-for-service claims only. The universe of claims reported includes:

- paid claims
- denied claims
- adjusted claims
- coordination of benefit claims
- pharmacy claims
- financial transactions

The X12N 835 transaction does NOT include information on:

- rejected claims (these are reported on the 999 transaction)
- suspended claims (these claims have not yet been fully adjudicated)



- managed care capitations and financial transactions (these are reported on the 820 transaction)
- history-only adjustments (these do not affect the provider's payment)

Please see the ANSI ASC X12N 835 TR3 Implementation Guide for details on the ANSI ASC X12N 835.

### How many 835 files you will receive:

The X12N 835 is not designed to handle the bundling of remittances for numerous payments made to multiple providers into one remittance for a company. Clearinghouses or companies which receive 835s for multiple billing providers will receive one X12N 835 transaction file.

Following is the example for the naming convention of X12N 835:

9999\_835\_1111111\_08252013\_22222222.zip

*9999 = Service Center Number*

*835 = Transaction type*

*1111111 = Run ID generated by Sybase*

*08252013 = File Date in MMDDCCYY format*

*22222222 = System generated sequence number*

### When the 835 transaction is available:

The X12N 835 files are available for trading partners to retrieve by Wednesday morning for claims adjudicated in the prior week. (Claims adjudication and payment processes occur on Friday night.)

If no claims for a provider were adjudicated in the prior week, an 835 will not be generated.

## 1.3 References

This document serves as a companion to the Accredited Standards Committee (ASC) X12N Implementation Guides as adopted under HIPAA.

The HIPAA Implementation Guides can be accessed at <http://store.x12.org/store>.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>.





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## 1.4 Additional Information

For more information on Virginia Medicaid EDI services for providers, including provider enrollment and claim transaction information, please visit:

<https://www.viriniamedicaid.dmas.virginia.gov/>

## 2.0 Getting Started

### 2.1 Working with Virginia Medicaid

All entities that send electronic transactions to Virginia Medicaid for processing, as well as retrieve reports and responses, must complete an enrollment package. This package provides Virginia Medicaid with necessary information to assign a Trading Partner ID, which is required to send and retrieve electronic transactions.

### 2.2 Trading Partner Registration

All entities that send electronic transactions to Virginia Medicaid for processing and retrieve reports and responses must enroll as EDI TradingPartners. For initial enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial EDI online enrollment can be accessed from this web page: <https://vamedicaid.dmas.virginia.gov/form/edi-enrollment>. After completing the enrollment, you will receive your credentials along with a unique Service Center or Trading Partner ID assigned by Virginia Medicaid via email from [no-reply@va.healthinteractive.net](mailto:reply@va.healthinteractive.net). The Virginia EDI test coordinator at Conduent will reach out with testing instructions after the Trading Partner Agreement is signed and approved.

The MES EDI web portal allows Service Centers or Trading Partners to:

- Enroll to submit healthcare transactions electronically
- Authorize trading partners or service centers to retrieve and/or modify electronic X12 transactions
- Self-service for password updates

Use the following link to access the MES EDI Portal FAQs:

<https://login.vamedicaid.dmas.virginia.gov/Secure/SS/faqLoginPage>

The EDI Department can be contacted by email at [Virginia.EDISupport@Conduent.com](mailto:Virginia.EDISupport@Conduent.com), by phone at 1-866-352-0766, or by fax at 1-888-335-8460 for confirmation of receipt.

## 2.3 Certification and Testing Overview

Virginia Medicaid requires all entities (providers, clearing houses and vendors) that submit X12 transactions to Conduent to test and meet requirements through Level 2. Once they have met this requirement, any of these entities can submit transactions.

Completion of the testing process is required prior to electronic submission of production data to Virginia Medicaid. Assistance from the EDI Coordinator is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present.

Virginia Medicaid only tests with Trading Partners. Once a Trading Partner is approved and in production for a transaction, they can send that transaction for any provider number that is registered to them.

## 3.0 Testing with the Virginia MMIS

Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transaction data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Also, changes to the X12N formats may require additional testing.

### 3.1 Trading Partner Testing Procedures

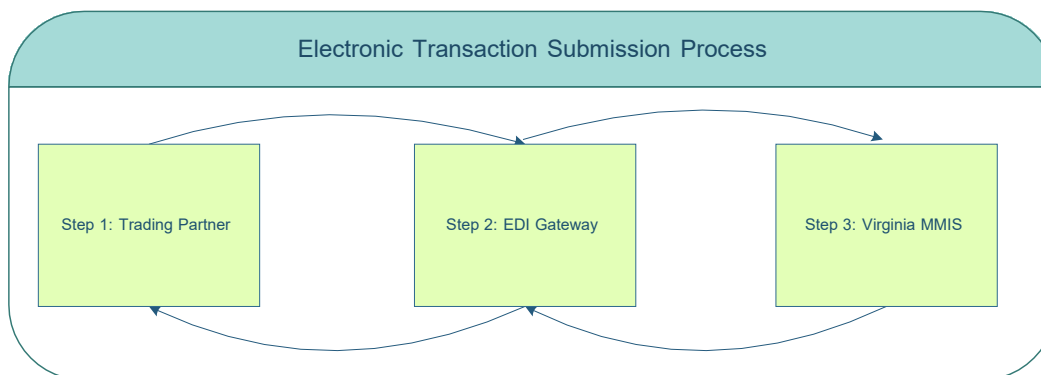
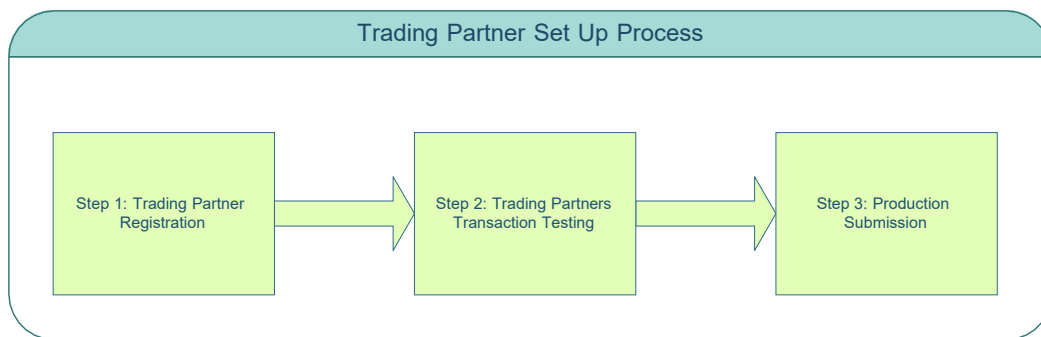
1. The Trading Partner contacts the Conduent EDI Coordinator to arrange a testing schedule.
2. The Trading Partner executes test cases and sends the data to the EDI Department.
3. The EDI Coordinator evaluates the flow of test data.
4. If testing is completed successfully, the EDI Coordinator contacts the Trading Partner and the Trading Partner is approved for placement into the production environment.
5. If testing is unsuccessful, the EDI Coordinator will contact the Trading Partner. The Trading Partner will remain in the testing environment until testing is completed successfully.

## 4.0 Connectivity with the Virginia MMIS/ Communications

This section describes the process to receive 835 transactions.

### 4.1 Process Flows

**Trading Partner Set Up Process and Electronic Transaction Submission Process diagrams.**



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## 4.2 Transmission Administrative Procedures

### **Authentication**

Virginia Medicaid Electronic Data Interchange is available only to authorized Trading Partners. Submitters must be a Virginia Trading Partner and have a Trading Partner Agreement on file with Virginia Medicaid EDI Department. A submitter is authenticated using a User Name and Password assigned by the Virginia Medicaid EDI Department.

After a submitter account has been created by the Virginia Medicaid EDI department, the User Name will be sent to the registered contact via e-mail. The e-mail will contain a link that will present a Web page that prompts for User Name; after entering the User Name, additional instructions will be provided.

Passwords will be sent to the registered contact via separate e-mail; Virginia Medicaid personnel are not able to view your password. New users will receive an e-mail with instructions for creating a password for their account.

Passwords will expire every ninety days. A courtesy e-mail will be sent to the registered contact as a reminder to change the password; this reminder will be sent out five days before the actual expiration.

A registered contact may request a password reset using the “Request a password change” link on the home screen of the web site.

If an account becomes locked, the registered contact will need to contact the Conduent Helpdesk at 1-866-352-0766 for further assistance.

### **Scheduled Maintenance Window**

Virginia Medicaid’s standard scheduled maintenance window for electronic data submission occurs daily from 11:00 a.m. – 2:00 a.m. ET and Sunday from 4:00 p.m. to 7:00 p.m.

We advise our trading partners/providers regarding any other outages via email notifications and/or Web portal banner messages.

Non-routine downtimes will be published on the Provider Web Portal a week in advance and trading partners will be notified via email.



Any unscheduled / emergency downtimes will be communicated to the Trading Partners via email within one hour of realizing the downtime. The details of the downtime will be posted to the Provider Web Portal:

<http://www.viriniamedicaid.dmas.virginia.gov/wps/portal>

## 4.3 Re-Transmission Procedure

If the HTTP Post Reply Message is not received within the 60 second response period, a duplicate transaction should be sent no sooner than 90 seconds after the original attempt was sent.

If no response is received after the second attempt, submit no more than 5 duplicate transactions within the next 15 minutes.

If the additional attempts result in the same timeout termination, contact the Virginia Medicaid EDI Department to determine if system availability problems exist or if there are known internet traffic constraints causing the delay. Trading Partners should use caution to avoid duplication when resubmitting requests.

When file transmission or technical production issues occur, which could require the re-submission of files, please contact the Virginia Medicaid EDI Department at

Email: [Virginia.EDISupport@Conduent.com](mailto:Virginia.EDISupport@Conduent.com)

Phone: 1-866-352-0766.

Please have the Trading Partner ID information available when calling the Virginia Medicaid EDI Department regarding transmission and production issues.

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## 4.4 Communication Protocol Specifications

### **MOVEit® DMZ Protocol**

The MOVEit® DMZ application is used to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the Virginia EDI Coordinators office before using MOVEit® DMZ.

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the [MOVEit® family](#) of secure file processing, storage, and transfer products developed by [Ipswitch, Inc.](#)

These products provide comprehensive, integrated, standards-based solutions for secure handling of sensitive information, including financial files, medical records, legal documents, and personal data.

More information or additional help regarding MOVEit® DMZ can be located on this web page: <https://vammis-filetransfer.com/doc/en/help.htm>.

### **HTTPS Protocol**

The HTTPS Version 1.1 protocol allows a Trading Partner to utilize the public internet as a transport for transactions. HTTPS provides secure, encrypted communications between client and server systems. HTTPS support a request-response pattern, meaning the client (Trading Partner) submits a message and then waits for a response.

The Trading Partner must be an authenticated EDI user. All messages must meet the ASCX12 standard.





## Secure FTP

For submitting and retrieving files via Secure FTP Server, Trading Partners will access the Virginia Medicaid VFTS (VAMMIS File Transfer System) at [vammis-filetransfer.com](http://vammis-filetransfer.com). Trading partners may use the separate secured Web site for submission and retrieval of files.

## Secure FTP Setup and Support

Secure FTP setup will usually occur during Trading Partner Enrollment. If the Trading Partner wishes to create a Secure FTP account, or requires additional support (i.e. account becomes locked or experiences connectivity issues), the Trading Partner should contact the Virginia Medicaid EDI Department at 1-866-352-0766.

**Note:** Secure FTP setup is separate from Trading Partner Enrollment, but still coordinated through the Virginia Medicaid EDI Department.

Trading Partners set up for submission and/or retrieval of files via the secure FTP mechanism will receive connectivity details from the Virginia Medicaid EDI Coordinator once setup is complete.

There are two methods for accessing the Secure FTP Server:

1. Point a web browser to <http://vammis-filetransfer.com> and follow the web interface prompts to perform the desired task.
2. Use an SFTP Client application that references the [vammis-filetransfer.com](http://vammis-filetransfer.com) domain to perform the desired task.

## Special Notes:

More information or additional help regarding MOVEit® DMZ can be located on this web page: <https://vammis-filetransfer.com/doc/en/help.htm>

Next you will have to make sure and use the correct port depending on the protocol your company uses. The following table will help identify the port required based on the protocol being used by your company.

IF	THEN
SFTP over SSH	use port 22
SFTP over TLS-P*	use ports 21 and 20
SFTP over TLS-Implicit*	use port 990
SFTP over SSL	use port 443

## 4.5 Passwords

**Log in Credentials:** In order to receive authorized user log in credentials all Trading Partners, regardless of submission method, must be enrolled with Virginia Medicaid and approved as Trading Partners. Log in credentials include user names and passwords, that will be required for the submission of transactions to Virginia Medicaid and the retrieval of response transactions or reports.

**The following login credentials are issued depending on the chosen communication method.**

**Secure FTP ID/Password:** These are the login credentials for the Secure FTP Server. These allow FTP Trading Partners to access assigned folders for file submission or to retrieve responses.

**HTTP ID/Password:** These are the login credentials for the HTTP service to allow Trading Partners to utilize services for transaction submission / retrieval. These will be embedded in the headers.

## 5.0 Contact Information

### 5.1 EDI Customer Service

The Virginia Medicaid EDI Department assists users with questions about electronic submission. EDI Support is available to all Virginia Medicaid providers Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Time at 1-866-352-0766 (not including holidays). The Virginia Medicaid EDI Department performs the following functions:

- Provides information on available services
- Enrolls users for claims submission
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

### 5.2 EDI Technical Assistance

Please have the following information available when calling the Virginia Medicaid EDI Department regarding transmission and production issues.

**Trading Partner ID:** Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the Virginia Medicaid EDI Support Unit.

### 5.3 Provider Service Number

The Virginia Medicaid EDI Department is available to all Virginia Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Eastern Time (not including holidays) at 1-866-352-0766.



## 5.4 Applicable Websites/E-mails

Please visit <https://www.virginiamedicaid.dmas.virginia.gov/> for Virginia Medicaid provider and Trading Partner services information, including Trading Partner enrollment information, FAQs, manuals and related documentation.

The EDI Department can be contacted by email at [Virginia.EDISupport@Conduent.com](mailto:Virginia.EDISupport@Conduent.com).

## 6.0 Control Segments/ Envelopes

### 6.1 Virginia Medicaid Specific Data

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned a four-digit Trading Partner ID.
- Passwords must be a minimum of eight characters and must contain both upper and lower case letters.
- All dates are in the CCYYMMDD format.
- All times must be a minimum of 6-digits (HHMMSS).
- All date/times are in the CCYYMMDDHHMM format.
- The Receiver ID and Payer ID for Virginia Medicaid is VAMMIS FA. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Enrollment Form determines where reports and responses will be delivered.

## 6.2 ISA-IEA

The Virginia Medicaid EDI process will read the Interchange Control segments to validate the Interchange Envelope of Each ASC X12 file received for processing. The ISA table provides sender and receiver codes, authorization and delimiter information.

Virginia Medicaid EDI requires the following information be present in the ISA:

*Page	Loop	Segment	Data Element	Comments
Interchange Control Header (ISA)				
C.3	Envelope	ISA	1	Please use '00'.
C.3	Envelope	ISA	2	Please use 10 spaces
C.3	Envelope	ISA	3	Please use '00'.
C.3	Envelope	ISA	4	Please use 10 spaces
C.3	Envelope	ISA	5	Please use 'ZZ'.
C.3	Envelope	ISA	6	Please use the 4 digit code assigned by Virginia Medicaid
C.3	Envelope	ISA	7	Please use 'ZZ'.
C.3	Envelope	ISA	8	Please use 'VAMMIS FA'

## 6.3 GS-GE

The functional group segments (GS/GE) identifies one or more related transaction sets and provides a sender code and application receiver code. The following table includes the sender code and application receiver's code for the MMIS.

*Page	Loop	Segment	Data Element	Comments
Functional Group Header (GS)				
C.7	Envelope	GS	2	Please use the 4 digit code assigned by Virginia Medicaid
C.7	Envelope	GS	3	Please use ' <b>VAMMIS FA</b> '

## 6.4 ST-SE

The ST transaction set header and trailer (ST/SE) is used to identify the start of a transaction set. It also specifies the transaction set control number (ST02), which is unique to each transaction set. The transaction set control number is generated by the MMIS and aids in error resolution research. Virginia Medicaid EDI will require a Unique Transaction Set Control Number in the ST02. The ST02 value should match the SE02 Value.

## 7.0 Virginia Medicaid Specific Business Rules and Limitations

The following are Virginia MMIS specific business rules or limitations surrounding the X12N 835 transaction.

1. Financial Adjustment Reason Codes - A composite reference identifier in the PLB03-02 (PLB05-02 and etc) segments describe a provider level Financial Adjustment Transaction. A component of this identifier is referred to as the DMAS Financial Adjustment Reason Codes. These reason codes and their descriptions are available on the DMAS Web Page at: <http://www.dmas.virginia.gov/Default.htm>.
2. As of 05/23/08 only the NPI or Atypical Provider Identifier (API) will be used to adjudicate claims. All claims received on or after that date will be processed using the NPI or API. **The compliance date is based on the date of receipt and not the date of service.**
3. If the NPI was used to adjudicate the claim then it will be returned on the 835 as the Primary Identifier in N104 (Loop 1000B). The Tax ID will be moved to the secondary REF segment in Loop 1000B. The Tax ID will continue to be returned after the end of the NPI Contingency Dual Use Period.
4. Non-healthcare providers that are not eligible to obtain an NPI will receive a new 10-digit Virginia Medicaid Atypical Provider ID (API) assigned by DMAS. The API will be returned on the 835 in the REF segment in Loop 1000B with qualifier 1D. The Tax ID will remain in its current location as the Primary Identifier (N104 Loop 1000B).
5. Conduent uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the Virginia EDI Coordinators office before using MOVEit® DMZ.
6. Payer Technical Contact Information- PER segment in the 1000A Loop describes the contact information of the Payer. This is a newly added segment as per the changes for HIPAA 5010 implementation.



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## 8.0 Acknowledgements and/or Reports

The Virginia MMIS does not process acknowledgements (999) from the trading partner for receipt of the X12N 835.

## 9.0 Trading Partner Agreements

Prior to engaging in EDI with the Virginia Medicaid MMIS, prospective Trading Partners must complete a Trading Partner Agreement from DMAS MES EDI web portal. The DMAS MES EDI web portal can be accessed from this web page:

<https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>

For initial EDI Enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial online enrollment can be accessed from this web page: <https://vamedicaid.dmas.virginia.gov/form/edi-enrollment>. After completing the enrollment, you will receive your credentials along with a unique Service Center ID assigned by Virginia Medicaid via email from [no-reply@va.healthinteractive.net](mailto:no-reply@va.healthinteractive.net). The Virginia EDI test coordinator will reach out with Testing Instructions after the approval of the Transactions.

Please follow all enrollment instructions and send any other required documents to complete the enrollment and testing process. The email address is: [virginia.edisupport@Conduent.com](mailto:virginia.edisupport@Conduent.com)

### 9.1 Trading Partners

In simple terms, an EDI Trading Partner is defined as any provider or agent acting on behalf of a provider that transmits electronic transaction data to or receives electronic transaction data from a health plan.

There are two different types of Trading Partners for the Virginia Medicaid:

First, there are Vendors, Billing Agents, Clearinghouses and Switch Vendors who engage in Electronic Data Interchange (EDI) which may include claims and eligibility inquiries on behalf of enrolled Virginia Title XIX providers. These Trading Partners are not enrolled providers, their only interaction with the MMIS is to submit and retrieve electronic data files.

Second, there are providers re-enrolling under the Title XIX Program who use their own software programs to engage in Electronic Data Interchange (EDI) with the Virginia Medicaid.



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# **10.0 Transaction Specific Information – ASC 005010X221A1**

This section must be used in conjunction with the X12N 835 TR3 Implementation Guide. The X12N 835 Health Care Claim Payment/Advice transaction will only report paid and denied claims for one pay-to provider per transaction.

This table contains only those data elements that are considered business requirements and are not standardization-required elements.



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Page #	Loop ID	Reference	Name	Notes/Comments
C.3	N/A	ISA	ISA01 – Authorization Information Qualifier	00 – No authorization information present
C.4	N/A	ISA	ISA03 – Security Information Qualifier	00 – No security information present
C.4	N/A	ISA	ISA05 – Interchange ID Qualifier	ZZ – mutually defined
C.4	N/A	ISA	ISA06 - Interchange Sender ID	“VAMMIS FA”
C.4	N/A	ISA	ISA07 - Interchange ID Qualifier	ZZ – mutually defined
C.5	N/A	ISA	ISA08 – Interchange Receiver ID	Medicaid Service Center
C.5	N/A	ISA	ISA12 Interchange Control Version Number	“00501”
C.5	N/A	ISA	ISA14 – Acknowledgment Requested	“0” – No Interchange acknowledgment requested
C.6	N/A	ISA	ISA15 – Usage Indicator	P – Production or T – Test
C.6	N/A	ISA	ISA16 - Component Element Separator	>
C.7	N/A	GS	GS02 – Application Sender’s Code	“VAMMIS FA”
C.7	N/A	GS	GS03 – Application Receiver’s Code	4 digit Service Center ID assigned by Virginia Medicaid
C.8	N/A	GS	GS08 – Version/Release/Industry Identifier Code	“005010X221A1”
70	N/A	BPR	BPR01 - Transaction Handling	I - Remittance info only or H - Information Only if BPR02 = 0
72	N/A	BPR	BPR04 - Payment Method Code	ACH - Automated Clearing House if EFT is used, CHK if paper check, NON if no funds are transmitted; If BPR04 = CHK or NON then
74	N/A	BPR	BPR10 - Originating Company Identifier	If BPR04 = ACH, then this is required and will be 1+DMAS FEIN which is used by MMIS financial institution.
74	N/A	BPR	BPR11 – Originating Company Supplemental Code	RA Advice Number
77	N/A	TRN	TRN01 - Trace Type Code	1 - Current Transaction Trace Number



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Page #	Loop ID	Reference	Name	Notes/Comments
77	N/A	TRN	TRN02 – Reference Identification	Check or EFT trace number
78	N/A	TRN	TRN03 - Originating Company	1 plus Fed Tax ID - 546116277 DMAS
78	N/A	TRN	TRN04 - Reference ID	RA Advice Number
82	N/A	REF	REF01 - Reference ID Qualifier	EV - Receiver Id
82	N/A	REF	REF02 - Reference ID	Medicaid Service Center
85	N/A	DTM	DTM01 - Date/Time Qualifier	405 – Production
86	N/A	DTM	DTM02 – Date	Weekly End Date
87	1000A	N1	N101 - Entity Identifier Code	PR - Payer
87	1000A	N1	N102 – Name	DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
89	1000A	N3	N301 - Address Information	P.O. Box 26228
90	1000A	N4	N401 - City Name	RICHMOND
91	1000A	N4	N402 - State or Province Code	VA
91	1000A	N4	N403 - Postal Code	23261-6228
95	1000A	PER	PER01 - Contact Function Code	IC - Information Contact
95	1000A	PER	PER02 – Name	Provider Help Line
95	1000A	PER	PER04 – Communication Number	Telephone Number – 8005528627
97	1000A	PER	PER01-Contact Function Code	BL-Technical Department
98	1000A	PER	PER02-Payer Technical Contact Name	EDI Coordinator
98	1000A	PER	PER03-Communication # Qualifier	TE
98	1000A	PER	PER04-Payer Contact Communication	'8663520766'
103	1000B	N1	N103- Identification Code Qualifier	XX – NPI FI – Federal Tax ID
103	1000B	N1	N104 - Payee ID Code	NPI or Federal Tax ID depending on qualifier in N103.
107	1000B	REF	REF01	TJ – Federal Tax ID 1D – Medicaid Provider Number



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Page #	Loop ID	Reference	Name	Notes/Comments
108	1000B	REF	REF02	The Federal Tax ID will be returned in this segment if the NPI is returned
111	2000	LX	LX01 – Assigned Number	Unique number starting with ‘1’ and
113	2000	TS3	TS301 - Reference Identification	Servicing Provider Id Only the NPI or API will be
113	2000	TS3	TS302 - Facility Code Value	If Claim Types = 1 (UB92 Hospital Inpatient), 2 (UB92 SNF), 3 (UB92 Hospital Outpatient/Home Health), 10 (UB92 ICF) uses <b>Bill Type</b> ; If Claim Types = 4 (HCFA Personal Care), 5 (HCFA Practitioner), 8 (HCFA Lab), 14, 15 (Capitation Payment), uses <b>Place of Service</b> ; If Claim Types = 06 (Drug), 09 (Title 18), 11 (Dental), 13 (HFCA Transportation), 16 (Management
123	2100	CLP	CLP01 - Claim Submitter's Identifier	Claim Patient Account or RX Number returned from 837 CLM01. If no Patient Account Number or
126	2100	CLP	CLP06 - Claim Filing Indicator Code	Type of claim: MC = Medicaid, Assessments, and Medicaid Expansion; LM (Liability Medical) = TDO, SLH, HIV Premium Pay, Regular Assisted Living, and HJDP; OF (Other Federal Program) =
127	2100	CLP	CLP07 – Reference Identification	ICN CCYYDDD ICN media code ICN batch sequence ICN line no
127	2100	CLP	CLP08 - Facility Code Value	Bill type or Place of Service returned from 837 CLM05-1
127	2100	CLP	CLP09 - Claim Frequency Type Code	Claim frequency Note- returned from 837 CLM05-2 on the Institutional



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Page #	Loop ID	Reference	Name	Notes/Comments
129	2100	CAS	CAS - Adjustment Reason Codes	If multiple errors found with a claim or additional benefit explanations are needed, only the first Adjustment Reason Code encountered will be used in the CAS segment. The remaining error or benefit explanation codes
131	2100	CAS	CAS01-Claim Adjustment Group Code	“CO”(Contractual Obligations) “OA”(Other Adjustment) “PR”(Patient Responsibility)
138	2100	NM1	NM101 - Entity Identifier Code	QC – Patient
139	2100	NM1	NM108 - Identification Code Qualifier	MR = Medicaid Recipient ID, including Assessments MI (Member ID) = TDO, SLH, HIV Premium Pay, Regular Assisted
141	2100	NM1	NM101 - Entity Identifier Code	82 -Rendering Provider
142	2100	NM1	NM108 - Identification Code Qualifier	XX - NPI or MC – Medicaid
142	2100	NM1	NM109 - Identification Code	Servicing Provider ID, Only the NPI or API will be
164-165	2100	MIA	MIA20 – MIA24 - Reference Identification – Remark codes	If multiple errors found with a claim or additional benefit explanations are needed, only the first Adjustment Reason Code encountered will be used in the CAS segment. The remaining error or benefit explanation codes
167-168	2100	MOA		If multiple errors found with a claim or additional benefit explanations are needed, only the first Adjustment Reason Code encountered will be used in the CAS segment. The remaining
169	2100	REF	REF01 - Reference ID Qualifier	G1 - Service Authorization Number
170	2100	REF	REF02 - Reference ID	Service Authorization Number and SA
186	2110	SVC	SVC - Service Line	The service line loop will occur once for professional claims. For UB claims



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Page #	Loop ID	Reference	Name	Notes/Comments
186-190	2110	SVC	SVC01 – SVC03 - Procedure Modifier	As many as four Claim procedure modifiers will be reported
196-197	2110	CAS	CAS - Claim Adjustment	This segment will appear at the line level for Outpatient/Home Health claims only. If multiple errors found with a claim line or additional benefit explanations are needed, only the first Adjustment Reason Code encountered will be used in the CAS segment. The
198	2110	CAS	CAS01-Claim Adjustment Group Code	“CO”(Contractual Obligations) “OA”(Other Adjustment) “PR”(Patient Responsibility)
204	2110	REF	REF01 – Reference Identification Qualifer	1S – Ambulatory Patient Group (APG) number
205	2110	REF	REF02 – Reference Identification	EAPG Code
206	2110	REF	REF01 – Reference Identification Qualifier	6R - Provider Control number
206	2110	REF	REF02 – Reference Identification	Line item control from 837
213	2110	QTY	QTY01 – Quantity Qualifier	ZK – Quantity Qualifier
214	2110	QTY	QTY02 – Quantity	Service Supplemental Quantity Count (EAPG)
216	2110	LQ	LQ02 - Industry Code – Remark code	If multiple errors found with a claim or additional benefit explanations are needed, only the first Adjustment Reason Code encountered will be used in the CAS segment. The remaining
218	N/A	PLB	PLB01 – Billing Provider	The NPI or API will be returned.
223	N/A	PLB	PLB03-02 - Reference Identification	A composite of : benefit program code + financial control number + DMAS

# 11.0 Appendices

## Implementation Checklist

Conduent does not offer an Implementation Checklist for our Trading Partner EDI services with Virginia Medicaid. The Virginia Medicaid EDI Department assists new Trading Partners with enrollment and testing, so a formal implementation checklist is not necessary

## Business Scenarios

Please contact the Virginia Medicaid EDI Department to discuss your specific EDI related business needs with Virginia Medicaid, should they not be covered in this guide or other available Virginia Medicaid X12N transaction companion guides.

## Transmission Examples

Conduent does not offer Transmission Examples for our Trading Partner EDI services with Virginia Medicaid.

## Frequently Asked Questions

For current Provider and Trading Partner FAQs, please visit the following site:  
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.

### 11.1 Change Summary

Version	Date	Description	Description of Changes
1.0	06/10/2011	Original Implementation	Original Implementation of document and changes per DMAS Grid
1.1	11/04/2011	GS08 version	Document was updated with correct version number, "005010X221A1"
1.2	06/04/2012	Xerox Rebranding	Updated document to reflect Xerox instead of ACS.
1.3	09/24/2013	Updated to HIPAA Operating Rules standards.	As part of the HIPAA Operating Rules Phase III project, this Companion Guide has been updated to comply with the required template. For additional information, please refer to <a href="http://www.caqh.org/ORMandate_index.php">http://www.caqh.org/ORMandate_index.php</a>
1.4	11/03/2013	Updated for EAPG Outpatient Pricing	Added EAPG Code and Weight in the 2110 Loop - Service Payment Information REF-Service ID segment and QTY-Service Supplemental Quantity segment Pg. Reference (204 and 213)





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Version	Date	Description	Description of Changes
2.0	05/19/17	Conduent	Updated document to reflect Conduent instead of Xerox.
2.1	01/31/2022	MES	Effective February 14, 2022 in preparation for MMIS Rebranding to MES April 4, 2022 Updated front matter including: Introduction – updated links, Purpose – reworded section, and Special Notes – reworded the section and on page 5 information added – DMAS MES EDI web portal access