COLORADO
Department of Health Care Policy & Financing

gainwell

Colorado Medical Assistance Program

Health Care Claim Payment/Advice (835) Transaction Standard Companion Guide

Companion to Health Care Claim Payment/Advice ASC X12N 835 005010X221 Implementation Guide

November 2025

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1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into transaction partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

The companion guide is to be used with and to supplement the requirements in the HIPAA Accredited Standard Committee (ASC) X12 implementation guides and CORE Rules, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guide is to provide trading partners with a guide to communicate information specific to the Colorado Medical Assistance Program that is required to successfully exchange transactions.

The companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to the fiscal agent on behalf of the Department.

OVERVIEW

This section of the companion guide will provide guidance for establishing a relationship with the Department for the business purpose of receiving the electronic Health Care Claim Payment/Advice (835) transaction.

ADDITIONAL INFORMATION

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this companion guide. TR3s can be purchased from the ASC X12 store.

2. GETTING STARTED

TRADING PARTNER REGISTRATION

Any entity intending to exchange electronic transactions with the Department must agree to the Department Trading Partner Agreement at the end of the trading partner profile process.

The Secure File Transfer Protocol (SFTP) will include the ability for file and report retrieval. Billing agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves. The trading partner will access the SFTP system using the assigned login and password.

Refer to the File Delivery and Retrieval System Vendor Interface Specifications on the Electronic Data Interchange (EDI) Support web page for more information.

3. TESTING WITH THE PAYER

No testing is required for outbound 835 transactions.

4. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 9 Transaction-Specific Information below.)

GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how the Department expects functional groups to be sent and how the Department will send functional groups. These discussions will describe how similar transaction sets will be packaged and the use of functional group control numbers. (See Section 9 Transaction Specific Information below.)

ST-SE

This section describes the use of transaction set control numbers. (See Section 9 Transaction-Specific Information below.)

5. ACKNOWLEDGEMENTS AND/OR REPORTS

No acknowledgements are expected for the Health Care Claim Payment/Advice (835) transactions.

6. TRADING PARTNER AGREEMENTS

An Electronic Data Interchange (EDI) trading partner is defined as any customer of the Department (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from the EDI vendor on behalf of the Department.

Payers have EDI Trading Partner Agreements (TPA) that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

7. TRANSACTION SPECIFIC INFORMATION

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 contains additional information not found in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings

4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Department

In addition to the row for each segment, one or more additional rows are used to describe the 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.

All clients of the Department are considered “subscribers,” so they all have individual loops. See the implementation guide for additional information.

The Trading Partner ID (TPID) is the number that is assigned to the Trading Partner/Submitter to uniquely identify their electronic transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or TPID.

8. CONTACT INFORMATION

For contact information, visit the Electronic Data Interchange (EDI) Support web page.

Health Care Claim Payment/Advice (835)

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	**ISA**	**Interchange Control Header**		**The ISA is a fixed-length record with fixed-length elements.** **Note: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.**
	ISA06	Interchange Sender ID	COMEDASSISTPROG	
	ISA08	Interchange Receiver ID		The Trading Partner ID (TPID)assigned by the Colorado Medical Assistance Program.
	ISA11	Repetition Separator	^	Caret
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS02	Application Sender's Code	COMEDASSISTPROG	
	GS03	Application Receiver's Code		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program.
	GS08	Version/Release/Industry Identifier Code	005010X221A1	Standards Approved for Publication by ASC X12 Procedures Review Board.
	BPR	**Financial Information**		
	BPR07	Sender DFI Identifier	053101561, 075911603	Colorado Medical Assistance Program will use one of the following routing numbers: 053101561 for Paper Checks 075911603 for EFT. Not sent for BHA.
	BPR10	Payer Identifier	81-1725341 (TXIX) 84-0644739 (BHA)	Colorado Medical Assistance Program Tax ID. Colorado BHA Funded Services Tax ID
	TRN	**Reassociation Trace Number**		
	TRN03	Payer Identifier	81-1725341 (TXIX) 84-0644739 (BHA)	Colorado Medical Assistance Program Tax ID. Colorado BHA Funded Services Tax ID
1000A	**N1**	**Payer Identification**		

Loop ID	Reference	Name	Codes	Notes/Comments
	N102	Payer Name	CO_TXIX or CO_BHA	
	N104	Payer Identifier	7912900843	Colorado Medical Assistance Program Health Plan ID. Not sent for BHA.
	PER04	Communication Number	hcpf.colorado.gov/provider-resources	Payer policy and other information website URL.
2100	**REF**	**Other Claim Related Identification**		
	REF02	Reference Identification	Benefit Plan	With a qualifier (REF01) of CE, this field will display the benefit plan that the claim was paid if at the header level.
	QTY02	Quantity	Per-Diem Quantity	With a qualifier (QTY01) of CA (Covered – Actual), this field will display the Per-Diem Covered Days.
2110	**REF**	**Healthcare Policy Identification**		
	REF02	Reference Identification	Benefit Plan	With a qualifier (REF02) of 0K, this field will display the benefit plan that the claim was paid if at the service line level.

APPENDIX 1: Change Summary

Date	Change	Responsible Party
March 2017	Original Document	EDI Department
3/31/2017	Added New EDI Service Telephone Number	EDI Helpdesk
8/1/2017	Rebranding to DXC Technology	DXC, formerly HPE
7/14/2022	Rebranding to Gainwell Technologies. Updated hyperlinks. Added segments related to benefit plans.	Gainwell Technologies, formerly DXC.
10/26/2022	Added CO and Gainwell branding, updated hyperlinks and general cleanup	Gainwell Technologies
3/2/2023	Added BHA Payer information; updated Provider Web Portal links	Gainwell Technologies
9/25/2023	Added 2100 QTY02 for Per Diem Covered Days	Gainwell Technologies
11/17/2025	Updated document for portal changes and transition to new EDI vendor	Gainwell Technologies

Disclosure Statement