

ASC X12N/005010X220A1

Based on Version 5, Release 1

ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3

TYPE 1

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Benefit Enrollment and Maintenance (834)

JUNE 2010

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1 Introduction to Modified Pages

This document is Type 1 Errata to the X12N Benefit Enrollment and Maintenance Implementation Guide, originally published August 2006 as 005010X220. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

This Type 1 Errata is the result of X12N's review processes. When using the X12N Benefit Enrollment and Maintenance Implementation Guide, originally published August 2006 as 005010X220 and incorporating the changes identified in this Type 1 Errata, the value used in GS08 must be 005010X220A1.

Each of the changes made to the 005010X220 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. No segments or loops have been inserted or deleted. For convenience, the affected 005010X220 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material Type 1 Errata pages may not begin or end at the same place as the original referenced page. Because of this, Type 1 Errata pages are not page for page replacements and the original pages should be retained.

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**897 - International
 Classification of Diseases,
 10th Revision, Clinical
 Modification (ICD-10-CM)**



1 Purpose and Business Information

1.1 Implementation Purpose and Scope

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content to users of Version 005010 of ANSI ASC X12, Benefit Enrollment and Maintenance (834). The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of health care products only. One or more separate guides may be developed for life, flexible spending, and retirement products.

1.2 Version Information

This implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010).

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is ~~005010X220~~.

005010X220A1



The two-character Functional Identifier Code for the transaction set included in this implementation guide:

- **BE Benefit Enrollment and Maintenance (834)**

The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. For more information, see the descriptions of GS01 and GS08 in Appendix C, EDI Control Directory.

1.4.4 Termination

The content of transactions intended to terminate coverage for subscribers and/or related members was the subject of extensive discussion during development of this implementation guide. The work group attempted to strike a balance between the systemic and operational benefits of highly detailed, rich data content and the reality of a current practice in which many plan sponsors and other originators of this transaction may have less than complete data on hand.

To accommodate the greatest possible number of users, the work group adopted a guiding principle that only the minimum necessary data would be required for a given type of termination, but that additional data could be sent at the sender's discretion. Trading partners should agree on their approach to communicating terminations in their trading partner agreement. Regardless of additional data and trading partner agreements, transactions of certain format and content must cause very specific outcomes in receiver systems. ~~The following paragraphs describe the actions that must be taken by receivers of specific termination transactions.~~

 Delete last sentence

A termination date passed at the INS level for an individual who is the subscriber (That is, a termination date passed in the DTP segment in position 0250 in the 2000 loop for an INS segment with INS01 = 'Y') indicates that all coverages for that subscriber and any associated dependants are to be terminated in the receiver's system on the indicated date. Said another way, if a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, an "Eligibility End" date passed in that DTP segment for the subscriber must cause the termination of all three coverages for all four individuals in the receiver's system on the date provided in DTP03.

A termination date passed at the INS level for an individual who is not the subscriber (That is, a termination date passed in the DTP segment in position 0250 in the 2000 loop for an INS segment with INS01 = 'N') indicates that all coverages for that individual are to be terminated in the receiver's system on the indicated date. If a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, an "Eligibility End" date passed in that DTP segment for the spouse must cause the termination of all three coverages for one individual (the spouse).

A termination date passed at the HD level (that is, a termination date passed in the DTP segment in position 2700 in the 2300 loop for an HD loop of any coverage type) applies singly to an individual and a coverage. If a subscriber, spouse and two children are all enrolled in medical, prescription and vision coverages in the receiver's system, a "Benefit End" date passed in the DTP segment subordinate to the vision coverage for the spouse

indicates that the last day of the spouse's vision coverage is the date provided in that segment's DTP03. Coverage for other lines of coverage for the member will not be affected, nor will any coverage for any other member linked to the same subscriber.

Termination dates are not to be sent at both the HD and INS levels for a particular occurrence of loop 2000.

For an individual who is not the subscriber, terminating all lines of coverage at the HD level is the equivalent of terminating that dependent at the INS level. For a subscriber, terminating all insurance products at the HD level is not equivalent to passing the termination at the INS level. Passing terminations at the INS level for a subscriber causes all coverages for all linked dependants to be terminated. Passing terminations at the HD level for a subscriber does not affect the coverages of other individuals linked to that subscriber - dependants may continue to be covered in dependant-only coverage.

~~In the case of transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage. This means that multiple coverage loops (HD loops) for the same individual for the same line of coverage will be present in the same transaction to indicate movement between coverages and/or eligibility groups.~~

~~In the case of a full file replacement, member records that were previously reported as covered and subsequently omitted from the full file replacement can be processed in various ways by the receiver as described in their trading partner agreement.~~

1.4.5 Updates, Versus Full File Audits, Versus Full File Replacements

The 834 transaction can be used to provide either updates to the enrollment database, full file audits of the 834 enrollment process, or full file replacements.

An update is either an "add", "terminate" or "change" request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of '2', Change (Update). ~~This is the most efficient and preferred method for regular maintenance of enrollment files.~~

Delete last sentence

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. The full file audit is intended to identify all active members, at a given point in time and may or may not include terminated members

A change of coverage or an addition of coverage may not automatically result in the termination of existing coverage unless this is clearly agreed upon in the Trading Partner Agreement.

Member records that were previously reported as covered and subsequently omitted from the full file replacement can be terminated by the receiver if the process is clearly agreed upon in the Trading Partner Agreement.

A full file identified in BGN08 by a code value of 'RX', Replace, is intended to identify all active members, at a given point in time and may or may not include terminated members based on your Trading Partner Agreement. This transaction allows a payer to identify additions, terminations, and changes that need to be applied to the payer's system.

based on your Trading Partner Agreement. The full file audit is not intended to be used to make any changes to the enrollment database. This type of transaction is identified by a BGN08 code value of '4', Verify. Any response back to the sponsor from the received transactions are outside the scope of the 834 and are the responsibility of the sponsor and payer. In addition, INS03 in Loop 2000 and HD01 in Loop 2300 must be set to a value of '030', Audit or Compare.

~~A full file replacement can be used to report all enrollees, if the sponsor's system limitations prevent them from being able to use the preferred update method. The full file replacement is intended to identify all active members, at a given point in time and may or may not include terminated members based on your Trading Partner Agreement. This is identified in BGN08 by a code value of 'RX', Replace. Because this model is more costly and requires more resources to process, it is not recommended. 'Replace' should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.~~

~~The most efficient and preferred method for regular maintenance of enrollment files is to use 'Change (Update)' transactions. Periodic audit files can be used to verify the update process. Full file replacement files can be used if the sponsor's system limitations prevent them from sending an update file. This is intended to identify all active members at a given point in time and may or may not include terminated members based on your trading partner agreement.~~

Delete paragraph

1.4.6 Coverage Levels and Dependents

Differences exist in how Payers handle dependents. Some Payers identify a coverage level (HD05) for the subscriber which defines the coverage for eligible dependents as well. Other Payers need detailed information on each dependent in order to maintain their databases. Still other Payers require both types of information.

The trading partner agreement between the Payer and the Sponsor must identify the member reporting requirements for the Enrollment transaction.

When the insurance contract requires the Coverage Level code and no dependent information, HD05 is Required for all initial enrollment or changes to the Coverage Level Code.

When Dependent information is required without the Coverage Level Codes, separate INS loops are Required for enrollment or change for each dependent. See the Termination section for more information. HD05 is NOT USED for any dependent.

IMPLEMENTATION

834 Benefit Enrollment and Maintenance

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
31	0100	ST	Transaction Set Header	R	1	
32	0200	BGN	Beginning Segment	R	1	
36	0300	REF	Transaction Set Policy Number	S	1	
37	0400	DTP	File Effective Date	S	>1	
38	0600	QTY	Transaction Set Control Totals	S	3	
LOOP ID - 1000A SPONSOR NAME						1
39	0700	N1	Sponsor Name	R	1	
LOOP ID - 1000B PAYER						1
41	0700	N1	Payer	R	1	
LOOP ID - 1000C TPA/BROKER NAME						2
43	0700	N1	TPA/Broker Name	S	1	
LOOP ID - 1100C TPA/BROKER ACCOUNT INFORMATION						1
45	1200	ACT	TPA/Broker Account Information	S	1	

Table 2 - Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000 MEMBER LEVEL DETAIL						>1
47	0100	INS	Member Level Detail	R	1	
55	0200	REF	Subscriber Identifier	R	1	
56	0200	REF	Member Policy Number	S	1	
57	0200	REF	Member Supplemental Identifier	S	13	
59	0250	DTP	Member Level Dates	S	24	
LOOP ID - 2100A MEMBER NAME						1
62	0300	NM1	Member Name	R	1	
65	0400	PER	Member Communications Numbers	S	1	
68	0500	N3	Member Residence Street Address	S	1	
69	0600	N4	Member City, State, ZIP Code	R	1	
71	0800	DMG	Member Demographics	S	1	
76	1000	EC	Employment Class	S	>1	
79	1100	ICM	Member Income	S	1	
81	1200	AMT	Member Policy Amounts	S	7	
82	1300	HLH	Member Health Information	S	1	
84	1500	LUI	Member Language	S	>1	
LOOP ID - 2100B INCORRECT MEMBER NAME						1
86	0300	NM1	Incorrect Member Name	S	1	
89	0800	DMG	Incorrect Member Demographics	S	1	
LOOP ID - 2100C MEMBER MAILING ADDRESS						1
92	0300	NM1	Member Mailing Address	S	1	
94	0500	N3	Member Mail Street Address	R	1	
95	0600	N4	Member Mail City, State, ZIP Code	R	1	

Change to "S" 

LOOP ID - 2100D MEMBER EMPLOYER						3
97	0300	NM1	Member Employer	S	1	
100	0400	PER	Member Employer Communications Numbers	S	1	
103	0500	N3	Member Employer Street Address	S	1	
104	0600	N4	Member Employer City, State, ZIP Code	R	1	
LOOP ID - 2100E MEMBER SCHOOL						3
106	0300	NM1	Member School	S	1	
108	0400	PER	Member School Communications Numbers	S	1	
111	0500	N3	Member School Street Address	S	1	
112	0600	N4	Member School City, State, ZIP Code	R	1	
LOOP ID - 2100F CUSTODIAL PARENT						1
114	0300	NM1	Custodial Parent	S	1	
117	0400	PER	Custodial Parent Communications Numbers	S	1	
120	0500	N3	Custodial Parent Street Address	S	1	
121	0600	N4	Custodial Parent City, State, ZIP Code	R	1	
LOOP ID - 2100G RESPONSIBLE PERSON						13
123	0300	NM1	Responsible Person	S	1	
126	0400	PER	Responsible Person Communications Numbers	S	1	
129	0500	N3	Responsible Person Street Address	S	1	
130	0600	N4	Responsible Person City, State, ZIP Code	R	1	
LOOP ID - 2100H DROP OFF LOCATION						1
132	0300	NM1	Drop Off Location	S	1	
134	0500	N3	Drop Off Location Street Address	S	1	
135	0600	N4	Drop Off Location City, State, ZIP Code	R	1	
LOOP ID - 2200 DISABILITY INFORMATION						>1
137	2000	DSB	Disability Information	S	1	
139	2100	DTP	Disability Eligibility Dates	S	2	
LOOP ID - 2300 HEALTH COVERAGE						99
140	2600	HD	Health Coverage	S	1	
143	2700	DTP	Health Coverage Dates	R	6	
145	2800	AMT	Health Coverage Policy	S	9	
146	2900	REF	Health Coverage Policy Number	S	14	
148	2900	REF	Prior Coverage Months	S	1	
150	3000	IDC	Identification Card	S	3	
LOOP ID - 2310 PROVIDER INFORMATION						30
152	3100	LX	Provider Information	S	1	
153	3200	NM1	Provider Name	R	1	
156	3500	N3	Provider Address	S	2	
157	3600	N4	Provider City, State, ZIP Code	R	1	
159	3700	PER	Provider Communications Numbers	S	2	
162	3950	PLA	Provider Change Reason	S	1	
LOOP ID - 2320 COORDINATION OF BENEFITS						5
164	4000	COB	Coordination of Benefits	S	1	
166	4050	REF	Additional Coordination of Benefits Identifiers	S	4	
168	4070	DTP	Coordination of Benefits Eligibility Dates	S	2	
LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY						3
169	4100	NM1	Coordination of Benefits Related Entity	S	1	
171	4300	N3	Coordination of Benefits Related Entity Address	S	1	

Change to "S"

Change to "S"

172	4400	N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R	1			
174	4500	PER	Administrative Communications Contact	S	1			
176	6880	LS	Additional Reporting Categories	S	1			
LOOP ID - 2700			LOOP ID - 2710 MEMBER REPORTING CATEGORIES					>1
177	6881	LX	Member Reporting Categories	S	1			
			LOOP ID - 2750 REPORTING CATEGORY					1
178	6882	N1	Reporting Category	S	1			
179	6883	REF	Reporting Category Reference	S	16			
181	6884	DTP	Reporting Category Date	S	1			
183	6885	LE	Additional Reporting Categories Loop Termination	S	1			
184	6900	SE	Transaction Set Trailer	R	1			

Change to "S"

LOOP ID - 2700

Change to "1"

SEGMENT DETAIL

ST - TRANSACTION SET HEADER

X12 Segment Name: Transaction Set Header

X12 Purpose: To indicate the start of a transaction set and to assign a control number

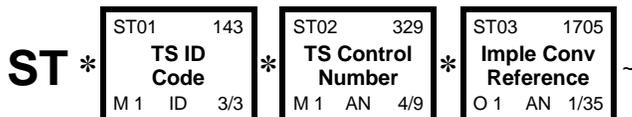
Segment Repeat: 1

Usage: REQUIRED

TR3 Example: ST*834*0001*~~005010X220~~

005010X220A1

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set	M 1 ID 3/3
<p>SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).</p>				
			834 Benefit Enrollment and Maintenance	
REQUIRED	ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M 1 AN 4/9
<p>The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.</p>				
REQUIRED	ST03	1705	Implementation Convention Reference Reference assigned to identify Implementation Convention	O 1 AN 1/35
<p>SEMANTIC: The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.</p>				
<p>This element must be populated with the guide identifier named in Section 1.2.</p>				
<p>This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (STSE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is utilized at translation time.</p>				

SEGMENT DETAIL

REF - MEMBER POLICY NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Set Notes: 1. The REF segment is required to link the dependent(s) to the subscriber.

X12 Syntax: 1. **R0203**
At least one of REF02 or REF03 is required.

Loop: 2000 — MEMBER LEVEL DETAIL

Segment Repeat: 1

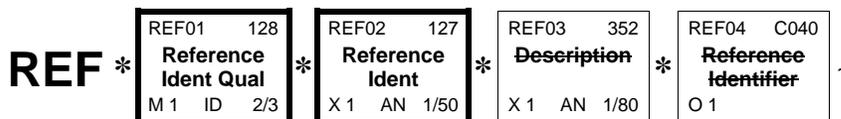
Usage: SITUATIONAL

Situational Rule: Required when the policy or group number applies to all coverage data (all 2300 loops for this member). If not required by this implementation guide, do not send.

TR3 Notes: 1. The policy number passed in this segment is an attribute of the contract relationship between the plan sponsor (sender) and the payer (receiver) and not an attribute of an individual's participation in any coverage passed in an HD loop.

TR3 Example: REF*1L*9CC4123~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3				
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1L</td> <td>Group or Policy Number</td> </tr> </tbody> </table>	CODE	DEFINITION	1L	Group or Policy Number	
CODE	DEFINITION							
1L	Group or Policy Number							
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50				
			SYNTAX: R0203 IMPLEMENTATION NAME: Member Group or Policy Number					
NOT USED	REF03	352	Description	X 1 AN 1/80				
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1				

The submitter sends the payer's pre-assigned Group or Policy Number.

The payer is responsible for making the assignment of the Group or Policy Number.

SEGMENT DETAIL

N4 - MEMBER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Situational Rule: Required when enrolling subscribers, dependents with different address information, or when changing a member's address. If not required by this implementation guide, do not send.

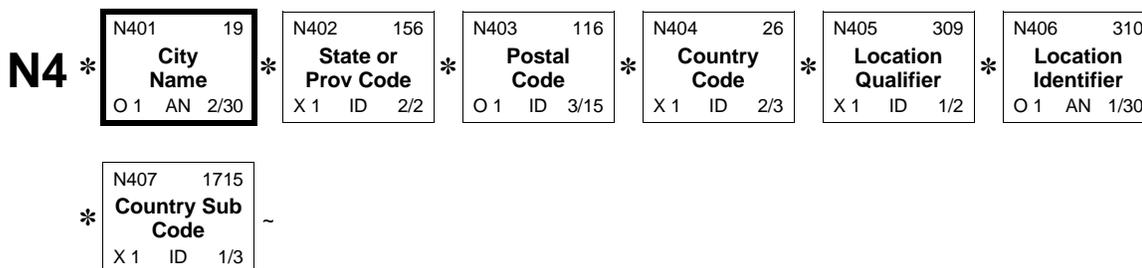
Loop: 2100A — MEMBER NAME

Segment Repeat: 1 **SITUATIONAL**

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Member City Name	O 1 AN 2/30
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Member State Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2

SITUATIONAL DMG02 1251 **Date Time Period** X 1 AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

SYNTAX: P0102

SEMANTIC: DMG02 is the date of birth.

SITUATIONAL RULE: *Required when the members birth date is being corrected. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prior Incorrect Insured Birth Date

Add codes: **SITUATIONAL** DMG03 1068

B - Registered Domestic Partner

D - Divorced

I - Single

M - Married

R - Unreported

S - Separated

U - Unmarried (Single or Divorced or Widowed)

This code should be used if the previous status is unknown.

W - Widowed

X - Legally Separated

Gender Code O 1 ID 1/1

Code indicating the sex of the individual

SITUATIONAL RULE: *Required when the members gender is being corrected. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Prior Incorrect Insured Gender Code

CODE	DEFINITION
------	------------

F	Female
---	--------

M	Male
---	------

U	Unknown
---	---------

SITUATIONAL DMG04 1067 **Marital Status Code** O 1 ID 1/1

Code defining the marital status of a person

SITUATIONAL RULE: *Required when the members Marital Status Code is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL DMG05 C056 **COMPOSITE RACE OR ETHNICITY INFORMATION** X 10

To send general and detailed information on race or ethnicity

SYNTAX:
P0203

If either C05602 or C05603 is present, then the other is required.

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL DMG05 - 1 1109 **Race or Ethnicity Code** O ID 1/1

Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

Add codes:

7 - Not Provided

8 - Not Applicable

A - Asian or Pacific Islander

B - Black

C - Caucasian

D - Subcontinent Asian American

E - Other Race or Ethnicity

F - Asian Pacific American

G - Native American

H - Hispanic

I - American Indian of Alaskan Native

J - Native Hawaiian

N - Black (Non-Hispanic)

O - White (Non-Hispanic)

P - Pacific Islander

Z - Mutually Defined

SITUATIONAL DMG05 - 2 1270 **Code List Qualifier Code** X ID 1/3

Code identifying a specific industry code list

SYNTAX:
P0203

SEMANTIC:

C056-02 and C056-03 are used to specify detailed information about race or ethnicity.

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

SITUATIONAL DMG05 - 3 1271 **Industry Code** X AN 1/30
 Code indicating a code from a specific industry code list

SYNTAX: P0203

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Code

- Add codes:
 1 - U.S. Citizen
 2 - Non-Resident Alien
 3 - Resident Alien
 4 - Illegal Alien
 5 - Alien
 6 - U.S. Citizen - Non-Resident
 7 - U.S. Citizen - Resident

SITUATIONAL DMG06 1066 **Citizenship Status Code** O 1 ID 1/2
 Code indicating citizenship status

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

NOT USED DMG07 26 **Country Code** O 1 ID 2/3

NOT USED DMG08 659 **Basis of Verification Code** O 1 ID 1/2

NOT USED DMG09 380 **Quantity** O 1 R 1/15

SITUATIONAL DMG10 1270 **Code List Qualifier Code** X 1 ID 1/3
 Code identifying a specific industry code list

SYNTAX: P1011

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

- Add code:
REC - Race or Ethnicity Collection Code
 Code Source 860:
 Race or Ethnicity Collection Code

SITUATIONAL DMG11 1271 **Industry Code** X 1 AN 1/30
 Code indicating a code from a specific industry code list

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

SITUATIONAL RULE: *Required when the members Race or Ethnicity is being corrected. If not required this implementation guide, do not send.*

IMPLEMENTATION NAME: Race or Ethnicity Collection Code

SEGMENT DETAIL

N4 - MEMBER EMPLOYER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

Situational Rule: Required when the member's employer is not the sponsor and the employer address is provided to the sponsor by the member. If not required by this implementation guide, do not send.

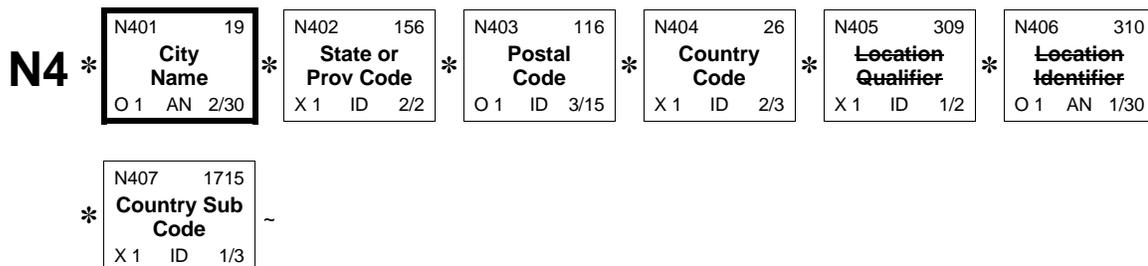
Loop: 2100D — MEMBER EMPLOYER

Segment Repeat: 1 **SITUATIONAL**

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
<p>COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.</p> <p>IMPLEMENTATION NAME: Member Employer City Name</p>				

SEGMENT DETAIL

N4 - MEMBER SCHOOL CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

Situational Rule: Required when the member is enrolled in school and the school address is provided to the sponsor by the member. If not required by this implementation guide, do not send.

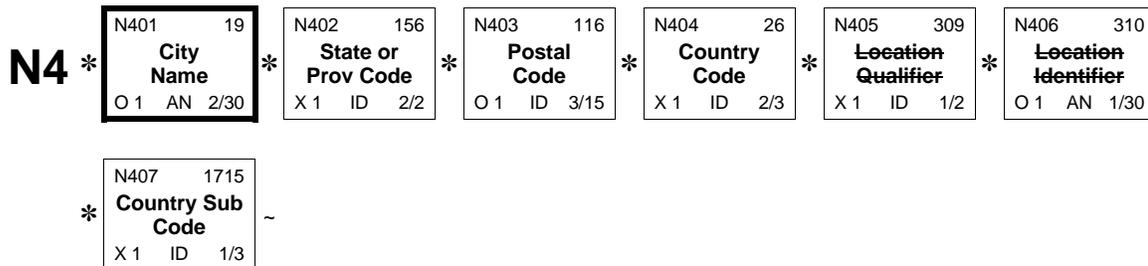
Loop: 2100E — MEMBER SCHOOL

Segment Repeat: 1 **SITUATIONAL**

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
<p>COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.</p> <p>IMPLEMENTATION NAME: Member School City Name</p>				

SEGMENT DETAIL

N4 - CUSTODIAL PARENT CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
1. **E0207**
Only one of N402 or N407 may be present.
 2. **C0605**
If N406 is present, then N405 is required.
 3. **C0704**
If N407 is present, then N404 is required.

Situational Rule: Required when the custodial parent of a minor dependent is someone other than the subscriber and the information is provided to the sponsor. If not required by this implementation guide, do not send.

Loop: 2100F — CUSTODIAL PARENT

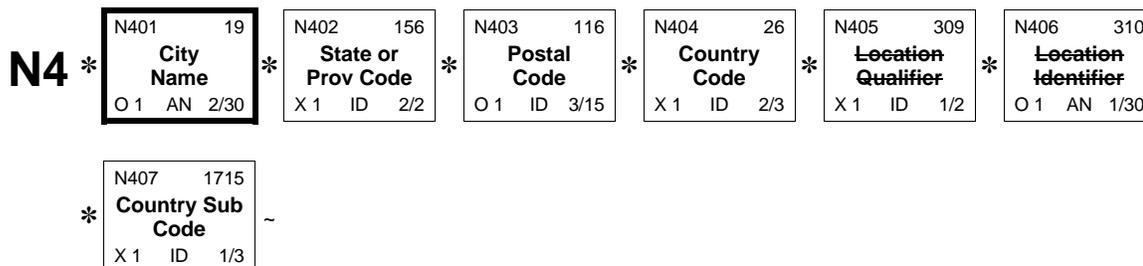
Segment Repeat: 1

SITUATIONAL

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
<p>COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.</p> <p>IMPLEMENTATION NAME: Custodial Parent City Name</p>				

SEGMENT DETAIL

N4 - RESPONSIBLE PERSON CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
1. **E0207**
 Only one of N402 or N407 may be present.
 2. **C0605**
 If N406 is present, then N405 is required.
 3. **C0704**
 If N407 is present, then N404 is required.

Situational Rule: Required when there is a person other than the subscriber who is responsible for the member and the responsible person's address is provided to the sponsor. If not required by this implementation guide, do not send.

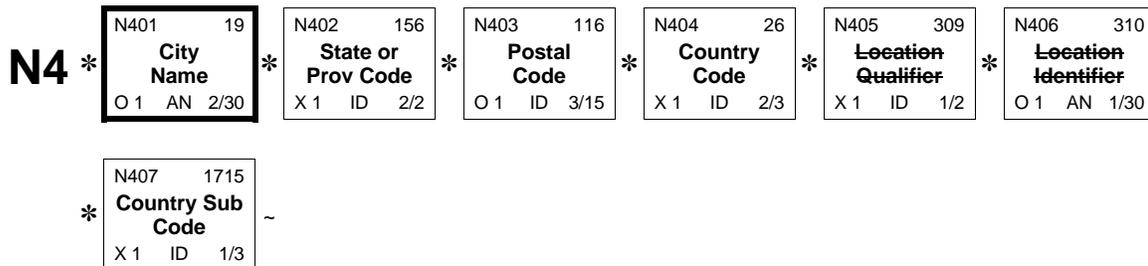
Loop: 2100G — RESPONSIBLE PERSON

Segment Repeat: 1 **SITUATIONAL**

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
<p>COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.</p> <p>IMPLEMENTATION NAME: Responsible Person City Name</p>				

SEGMENT DETAIL

N4 - DROP OFF LOCATION CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

- X12 Syntax:**
1. **E0207**
 Only one of N402 or N407 may be present.
 2. **C0605**
 If N406 is present, then N405 is required.
 3. **C0704**
 If N407 is present, then N404 is required.

Situational Rule: Required when member has requested shipments to be sent to an address other than their residence or mailing. If not required by this implementation guide, do not send.

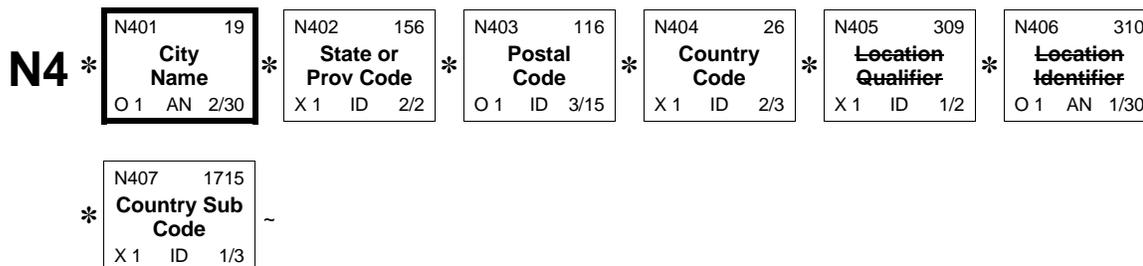
Loop: 2100H — DROP OFF LOCATION

Segment Repeat: 1 **SITUATIONAL**

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
<p>COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.</p> <p>IMPLEMENTATION NAME: Drop Off Location City Name</p>				

SITUATIONAL **DSB07** **235** **Product/Service ID Qualifier** **X 1 ID 2/2**
 Code identifying the type/source of the descriptive number used in Product/Service ID (234)

SYNTAX: P0708

SITUATIONAL RULE: *Required when a value is being reported in the DSB08 element. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Product or Service ID Qualifier

CODE	DEFINITION
------	------------

DX	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
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ZZ	Mutually Defined To be used for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) - Diagnosis.
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CODE SOURCE: 897 International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

~~CODE SOURCE: 896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)~~

SITUATIONAL **DSB08** **1137** **Medical Code Value** **X 1 AN 1/15**
 Code value for describing a medical condition or procedure

SYNTAX: P0708

SEMANTIC: DSB08 is the functional status code for the disability.

SITUATIONAL RULE: *Required when called for in the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Diagnosis Code

SEGMENT DETAIL

HD - HEALTH COVERAGE

X12 Segment Name: Health Coverage

X12 Purpose: To provide information on health coverage

Loop: 2300 — HEALTH COVERAGE **Loop Repeat:** 99

Segment Repeat: 1

Usage: SITUATIONAL

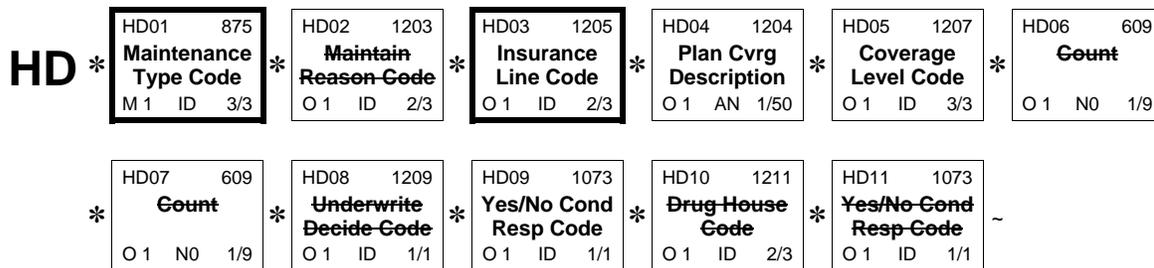
Situational Rule: Required when enrolling a new member or when adding, updating, removing coverage or auditing an existing member. If not required by this implementation guide, do not send.

Refer to section 1.4.4 "Termination" for additional information relative to removing a member's coverage.

TR3 Notes: 1. ~~Refer to section 1.10.5 "Termination" for additional information relative to removing a member's coverage.~~

TR3 Example: HD*021**HLT*PLAN A BCD*FAM~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HD01	875	Maintenance Type Code Code identifying the specific type of item maintenance Required to identify the specific type of item maintenance.	M 1 ID 3/3
			CODE	DEFINITION
			001	Change
			002	Delete
				Use this code for deleting an incorrect coverage record.
			021	Addition
			024	Cancellation or Termination
				Use this code for cancelling/terminating a coverage.
			025	Reinstatement
			026	Correction
				This code is used to correct an incorrect record.

SITUATIONAL HD05 1207 **Coverage Level Code** O 1 ID 3/3
Code indicating the level of coverage being provided for this insured

SITUATIONAL RULE: *Required when called for in the insurance contract between the sponsor and payer and allowed by federal and state regulations. If not required by this implementation guide, do not send.*

See section 1.4.6, Coverage Levels and Dependents, for additional information.

CODE	DEFINITION
CHD	Children Only
DEP	Dependents Only
E1D	Employee and One Dependent
	For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP.
E2D	Employee and Two Dependents
E3D	Employee and Three Dependents
E5D	Employee and One or More Dependents
E6D	Employee and Two or More Dependents
E7D	Employee and Three or More Dependents
E8D	Employee and Four or More Dependents
E9D	Employee and Five or More Dependents
ECH	Employee and Children
EMP	Employee Only
ESP	Employee and Spouse
FAM	Family
IND	Individual
SPC	Spouse and Children
SPO	Spouse Only
TWO	Two Party

NOT USED HD06 609 **Count** O 1 N0 1/9

NOT USED HD07 609 **Count** O 1 N0 1/9

NOT USED HD08 1209 **Underwriting Decision Code** O 1 ID 1/1

SITUATIONAL HD09 1073 **Yes/No Condition or Response Code** O 1 ID 1/1
Code indicating a Yes or No condition or response

SEMANTIC: HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.

SITUATIONAL RULE: *Required when there is a need to designate a member as a late enrollee. If not required by this implementation guide, do not send.*

IMPLEMENTATION NAME: Late Enrollment Indicator

Add codes:
N - No
Y - Yes

NOT USED HD10 1211 **Drug House Code** O 1 ID 2/3

NOT USED HD11 1073 **Yes/No Condition or Response Code** O 1 ID 1/1

SEGMENT DETAIL

REF - HEALTH COVERAGE POLICY NUMBER

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Required when such transmission is required under the Trading Partner Agreement between the sponsor and the payer. If not required by this implementation guide, do not send.

Loop: 2300 — HEALTH COVERAGE

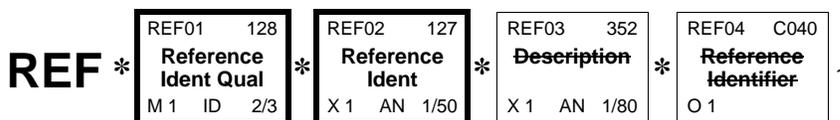
Segment Repeat: 14

Usage: SITUATIONAL

Situational Rule: ~~Required when such transmission is required under the insurance contract between the sponsor and the payer. If not required by this implementation guide, do not send.~~

TR3 Example: REF*1L*123456~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			CODE	DEFINITION
			17	Client Reporting Category
			1L	Group or Policy Number
				Required when a group number that applies to this individual's participation in the coverage passed in this HD loop is required by the terms of the contract between the sponsor (sender) and payer (receiver); if not required may be sent at the sender's discretion.
			9V	Payment Category
			CE	Class of Contract Code
			E8	Service Contract (Coverage) Number
			M7	Medical Assistance Category
			PID	Program Identification Number
			RB	Rate code number
			X9	Internal Control Number
			XM	Issuer Number
			XX1	Special Program Code

SEGMENT DETAIL

N4 - PROVIDER CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

Situational Rule: Required when the location of the named provider needs to be reported. If not required by this implementation guide, do not send.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Loop: 2310 — PROVIDER INFORMATION

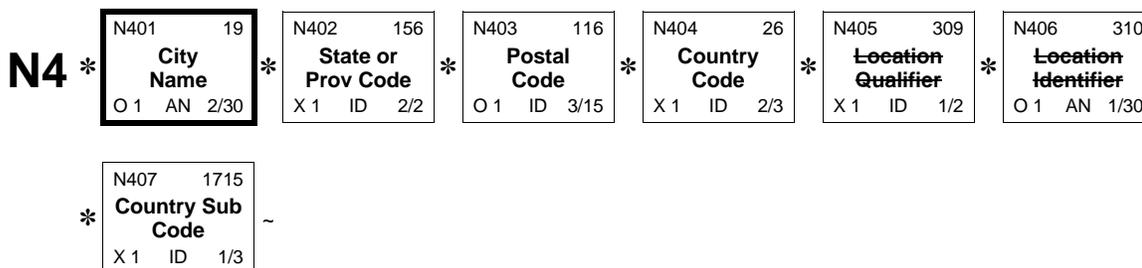
Segment Repeat: 1

SITUATIONAL

Usage: **REQUIRED**

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Provider City Name	O 1 AN 2/30
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Provider State Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2

SEGMENT DETAIL

N4 - COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE

X12 Segment Name: Geographic Location

X12 Purpose: To specify the geographic place of the named party

X12 Syntax: 1. **E0207**

Only one of N402 or N407 may be present.

2. **C0605**

If N406 is present, then N405 is required.

3. **C0704**

If N407 is present, then N404 is required.

Situational Rule: Required when detailed COB coverage information is agreed to be exchanged. If not required by this implementation guide, do not send.

Loop: 2330 — COORDINATION OF BENEFITS RELATED ENTITY

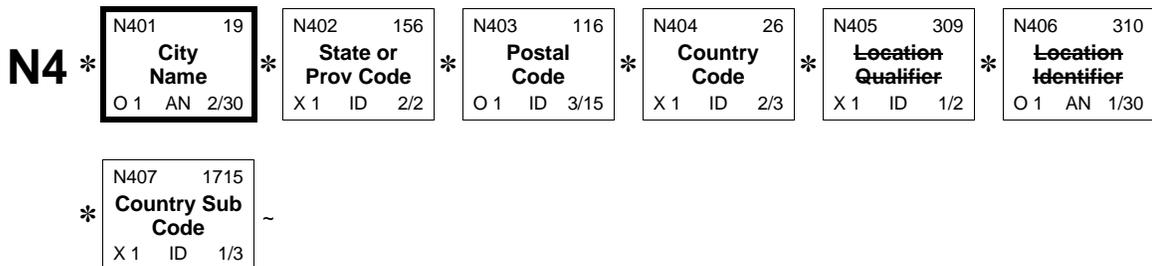
Segment Repeat: 1

SITUATIONAL

Usage: ~~REQUIRED~~

TR3 Example: N4*KANSAS CITY*MO*64108~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N401	19	City Name Free-form text for city name	O 1 AN 2/30
<p>COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.</p> <p>IMPLEMENTATION NAME: Coordination of Benefits Other Insurance Company City Name</p>				

SEGMENT DETAIL

LS - ADDITIONAL REPORTING CATEGORIES

X12 Segment Name: Loop Header

X12 Purpose: To indicate that the next segment begins a loop

X12 Semantic: 1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Loop: 2000 - Member Level Detail



Loop: ~~2700~~ **ADDITIONAL REPORTING CATEGORIES LOOP**

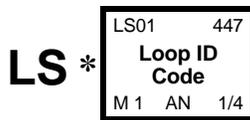
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when needed to provide additional reporting categories about the member. If not required by this implementation guide, do not send.

TR3 Example: LS*2700~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LS01	447	Loop Identifier Code The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	M 1 AN 1/4
Use the value 2700.				

SEGMENT DETAIL

LX - MEMBER REPORTING CATEGORIES

X12 Segment Name: Transaction Set Line Number

X12 Purpose: To reference a line number in a transaction set

Loop: 2700 → ~~Loop: 2710~~ — MEMBER REPORTING CATEGORIES Loop Repeat: >1

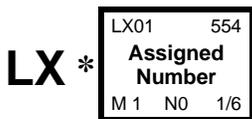
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when needed to provide additional reporting categories about the member. If not required by this implementation guide, do not send.

TR3 Example: LX*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LX01	554	Assigned Number Number assigned for differentiation within a transaction set	M 1 NO 1/6
Use this sequential non-negative integer for LX loops for this member's additional reporting categories.				

SEGMENT DETAIL

REF - REPORTING CATEGORY REFERENCE

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

1 → **Loop:** 2750 — REPORTING CATEGORY

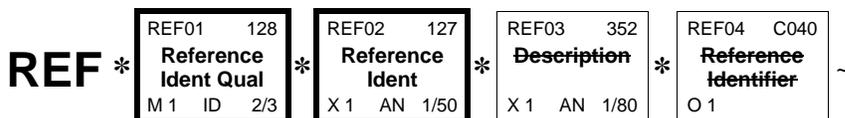
Segment Repeat: ~~16~~

Usage: SITUATIONAL

Situational Rule: Required to specify the reference identifier associated with the reporting category of the member's participating entity.

TR3 Example: REF*26*442~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3
			<u>CODE</u>	<u>DEFINITION</u>
			00	Contracting District Number
			17	Client Reporting Category
			18	Plan Number
			19	Division Identifier
			26	Union Number
			3L	Branch Identifier
			6M	Application Number
			9V	Payment Category
			9X	Account Category
			GE	Geographic Number
			LU	Location Number
			PID	Program Identification Number
			XX1	Special Program Code
			XX2	Service Area Code
			YY	Geographic Key
			ZZ	Mutually Defined

SEGMENT DETAIL

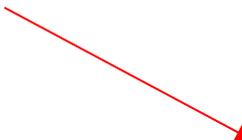
LE - ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION

X12 Segment Name: Loop Trailer

X12 Purpose: To indicate that the loop immediately preceding this segment is complete

X12 Semantic: 1. One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Loop: 2000 - Member Level Detail



~~Loop: 2700 - ADDITIONAL REPORTING CATEGORIES LOOP~~

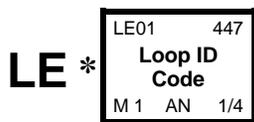
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the LS segment in position 6880 is sent. If not required by this implementation guide, do not send.

TR3 Example: LE*2700~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	LE01	447	Loop Identifier Code The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	M 1 AN 1/4
Use the value 2700.				

3 Examples

3.1 Business Case Scenario 1 -- Enroll an Employee in Multiple Health Care Insurance Products

John Doe is enrolling in three health care products -- health, dental, and vision. He also has Coordination of Benefits (COB) with another insurance company.

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ^{005010X220A1} ~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is adding coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*356*D8*19960523~	The eligibility date for this transaction is 5/23/1996.
NMI*IL*1*DOE*JOHN*P***34* 123456789~	Subscriber's name.
PER*IP**HP*7172343334*WP* 7172341240~	John's home phone number is (717)234-3334 and his work number is (717)234-1240
N3*100 MARKET ST*APT 3G~	This is John's street address.
N4*CAMP HILL*PA*17011**CY*CUMBERLAND~	This is John's city, state zip code and county.
DMG*D8*19400816*M~	This is John's date of birth and gender

X12 SYNTAX	COMMENTS
HD*021**HLT~	John is enrolling in a health benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
COB*P*890111*5~	This lets the carrier know that John has COB with another company.
HD*021**DEN~	John is enrolling in the Dental benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
HD*021**VIS~	John is enrolling in the Vision benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
SE*21*12345~	End of transaction set. 21 segments were sent and the control number in the ST segment is 12345.

3.2 Business Case Scenario 2 -- Add a Dependent (Full-time Student) to an Existing Enrollment

James E. Doe, the son of John Doe, is being enrolled under John Doe's medical coverage. James is enrolled at Penn State and expects to graduate on 5/15/1998. His Social Security Number is 103229876. The enrollment for the subscriber, John Doe, had to be submitted before his dependents can be enrolled.

005010X220A1

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.

X12 SYNTAX	COMMENTS
INS*N*19*021*28*A***F~	Beginning of Table 2. Indicates that the dependent (James Doe) is adding coverage as a full time student.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*351*D8*19980515~	The expected graduation date from Penn State is 5/15/1998
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Dependents name and ssn.
DMG*D8*19770816*M~	This is James date of birth and gender
NM1*M8*2*PENN STATE UNIVERSITY~	This is the school that James attends.
HD*021*HLT~	James is enrolling in a health benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
SE*15*12345~	End of transaction set. 15 segments were sent and the control number in the ST segment is 12345.

3.3 Business Case Scenario 3 -- Enroll an Employee in a Managed Care Product

William Smith is enrolling in the HMO product effective 6/1/1996. He has selected Dr. Bernard Brown as his primary care physician for the program. Mr. Smith is already Dr. Brown's patient. Dr. Brown's provider number is 143766.

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.

X12 SYNTAX	COMMENTS
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is receiving benefits as an active fulltime employee.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*356*D8*19960112~	William first became eligible for coverage on 1/12/96.
NM1*IL*1*SMITH*WILLIAM**** 34*202443307~	Subscriber's name and SSN.
PER*IP**HP*7172343334*WP* 7172341240~	William's home phone number is (717)234-3334 and his work number is (717)234-1240
N3*1715 SOUTHWIND AVENUE~	This is William's street address.
N4*ANYTOWN*PA*171110000~	This is Williams's city, state zip code and county.
DMG*D8*19700614*M~	This is William's date of birth and gender
HD*021**HMO~	William is enrolling in a HMO benefit.
DTP*348*D8*19960601~	The benefits under this plan begin 6/01/1996
LX*01~	This starts the provider information.
NM1*P3*1*BROWN*BERNARD**DR** SV*143766*25~	This gives the provider name, ID number and indicates William is a previous patient of Dr. Brown.
SE*18*12345~	End of transaction set. 18 segments were sent and the control number in the ST segment is 12345.

3.4 Business Case Scenario 4 -- Add Subscriber Coverage

William Smith is adding dental coverage as a benefit, which will be effective on 7/1/2002.

005010X220A1

X12 SYNTAX	COMMENTS
ST*834*0001*005010X220~	Used to indicate the start of a transaction set and to specify a transaction set control number.

X12 SYNTAX	COMMENTS
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/1/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*001*22*A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is updating coverage as an active employee.
REF*0F*202443307~	Williams subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*SMITH*WILLIAM**** ZZ*2024433307~	Subscriber's name.
HD*021**DEN~	William is enrolling in the Dental benefit.
DTP*348*D8*20020701~	The benefits under this plan begin 7/1/2002.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

NOTE

In the previous example, to remove coverage do the following: change the maintenance type code (HD01) from 021 (addition) to 024 (cancellation/termination), and change the date/time qualifier (DTP01) from 348 (benefit begin) to 349 (benefit end).

3.5 Business Case Scenario 5 -- Change subscriber information

John Doe is correcting his date of birth.

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ^{005010X220A1} ~	Used to indicate the start of a transaction set and to specify a transaction set control number.

X12 SYNTAX	COMMENTS
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5*GENERIC INC~	Specifies the sponsor/sender's tax ID number.
N1*IN*ABC INSURANCE*FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*001*25*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is updating coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NM1*IL*1*DOE*JAMES*E***34*103229876~	Members name and ssn.
DMG*D8*19500415*M~	This is John's date of birth and gender
NM1*70*1*DOE*JAMES*E~	Subscriber's name. The NM101 = 70 indicates that this is a change to information previously sent.
DMG*D8*19500416*M~	This is John's incorrect date of birth.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

3.6 Business Case Scenario 6 -- Cancel a dependent

John Doe is canceling coverage for his over-age dependent, James, to be effective 8/1/1996.

005010X220A1

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).

X12 SYNTAX	COMMENTS
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*N*19*024*07*A~	Beginning of Table 2. Indicates that the dependent (James Doe) is terminating all coverage's.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*357*D8*19960801~	The benefits under this plan are terminating 8/01/1996.
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Dependent's name and SSN.
DMG*D8*19770816*M~	This is James' date of birth and gender.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

3.7 Business Case Scenario 7 -- Terminate Eligibility for a Subscriber

The eligibility for John Doe is being canceled because he terminated employment on 10/1/1996.

005010X220A1

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*024*08*A***TE~	Beginning of Table 2. Indicates that the subscriber (John Doe) is terminating all coverage.
REF*0F*123456789~	John's subscriber ID number.

X12 SYNTAX	COMMENTS
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*357*D8*19961001~	The benefits under this plan are terminating 10/01/1996.
NM1*IL*1*DOE*JOHN*E***34* 103229876~	Subscriber's name.
SE*10*12345~	End of transaction set. 10 segments were sent and the control number in the ST segment is 12345.

3.8 Business Case Scenario 8 -- Reinstate an Employee

John Doe's contract was incorrectly canceled and is being reinstated.

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*19980520*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025*20*A***FT~	Beginning of Table 2. Indicates that the subscriber (John Doe) is reinstating all coverages.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
DTP*303*D8*19961001~	The benefits under this plan are reinstated as of 6/01/1996.
NM1*IL*1*DOE*JAMES*E***34* 103229876~	Subscriber's name.
SE*11*12345~	End of transaction set. 11 segments were sent and the control number in the ST segment is 12345.

3.9 Business Case Scenario 9 -- Reinstate the Employee at the Coverage (HD) Level

William Smith is reinstating his dental coverage.

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ^{005010X220A1} ~	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/01/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025**A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is submitting a reinstate to an his existing record.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
NMI*IL*1*SMITH*WILLIAM**** ZZ*202443307~	William's subscriber ID number.
HD*025**DEN~	William is reinstating in the Dental benefit.
DTP*348*D8*20020701~	The reinstate of coverage begins 7/1/2002.
SE*12*12345~	End of transaction set. 12 segments were sent and the control number in the ST segment is 12345.

3.10 Business Case Scenario 10 -- Reinstate member eligibility (INS)

This example illustrates the reinstatement of the person as eligible without reinstatement of coverage in a particular benefit.

X12 SYNTAX	COMMENTS
ST*834*0001* 005010X220 ~ 005010X220A1 	Used to indicate the start of a transaction set and to specify a transaction set control number.
BGN*00*12456*20020601*1200****2~	This is an original transaction uniquely identified by the sender with reference #12456. The transaction was created on 6/01/2002 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*654456654~	Specifies the insurance company/receiver's tax ID number.
INS*Y*18*025**A***FT~	Beginning of Table 2. Indicates that the subscriber (William Smith) is submitting a change to his existing record.
REF*0F*202443307~	William's subscriber ID number.
REF*1L*123456001~	This is the group number assigned by the carrier.
N1*IL*1*SMITH*WILLIAM**** ZZ*202443307~	Subscriber's name.
SE*10*12345~	End of transaction set. 10 segments were sent and the control number in the ST segment is 12345.

SEGMENT DETAIL

ISA - INTERCHANGE CONTROL HEADER

X12 Segment Name: Interchange Control Header

X12 Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

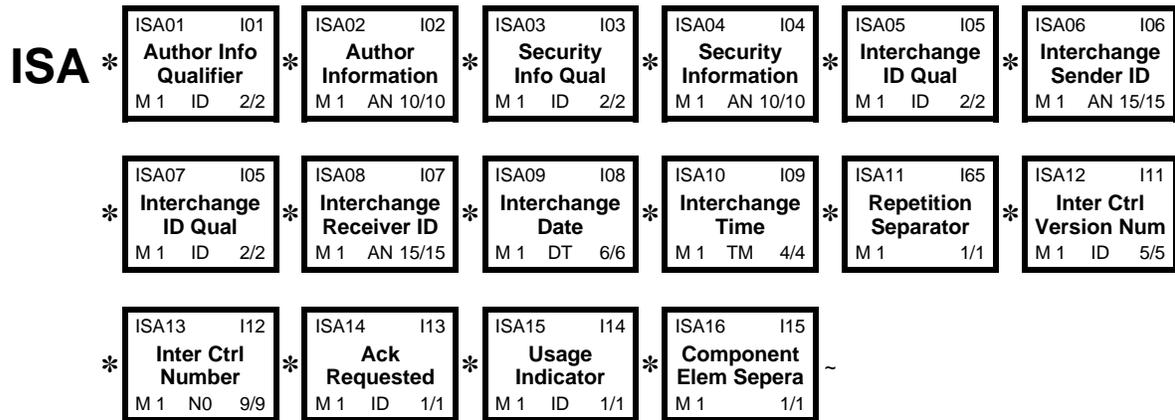
~~Segment Repeat: 1~~

Usage: REQUIRED

- TR3 Notes:**
1. All positions within each of the data elements must be filled.
 2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment.
 3. The first element separator defines the element separator to be used through the entire interchange.
 4. The first element separator defines the element separator to be used through the entire interchange.
 5. Spaces in the example interchanges are represented by “.” for clarity.

TR3 Example: ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*
 RECEIVERS.ID... *030101*1253*^*00501*000000905*0*T*::~~

DIAGRAM



SEGMENT DETAIL

GS - FUNCTIONAL GROUP HEADER

X12 Segment Name: Functional Group Header

X12 Purpose: To indicate the beginning of a functional group and to provide control information

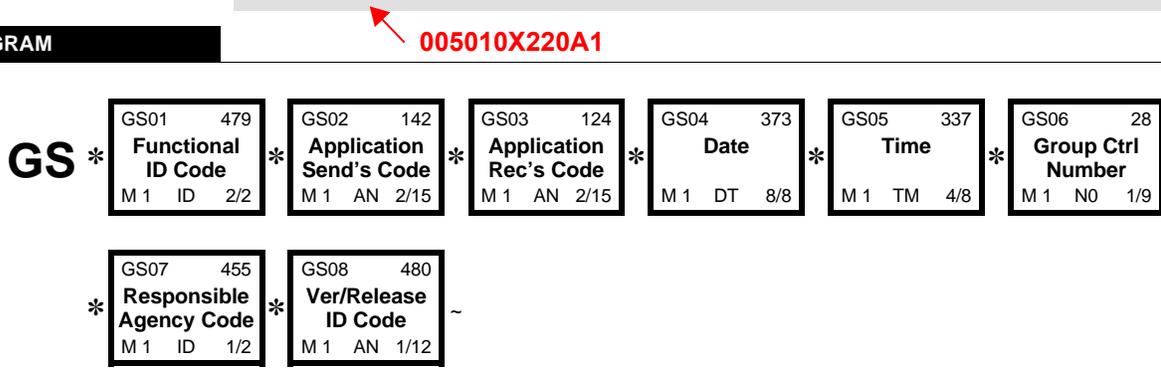
X12 Comments: 1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

~~Segment Repeat: 1~~

Usage: REQUIRED

TR3 Example: GS*BE*SENDER CODE*RECEIVER CODE*19991231*0802*
 1*X*005010X220~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets	M 1 ID 2/2
This is the 2-character Functional Identifier Code assigned to each transaction set by X12. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.				
REQUIRED	GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners	M 1 AN 2/15
Use this code to identify the unit sending the information.				
REQUIRED	GS03	124	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners	M 1 AN 2/15
Use this code to identify the unit receiving the information.				
REQUIRED	GS04	373	Date Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year	M 1 DT 8/8
SEMANTIC: GS04 is the group date.				
Use this date for the functional group creation date.				

CONTROL SEGMENTS

REQUIRED GS05 337 **Time** M 1 TM 4/8
Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

SEMANTIC: GS05 is the group time.

Use this time for the creation time. The recommended format is HHMM.

REQUIRED GS06 28 **Group Control Number** M 1 N0 1/9
Assigned number originated and maintained by the sender
SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.

REQUIRED GS07 455 **Responsible Agency Code** M 1 ID 1/2
Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480

CODE	DEFINITION
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X Accredited Standards Committee X12

REQUIRED GS08 480 **Version / Release / Industry Identifier Code** M 1 AN 1/12
Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

CODE SOURCE 881: Version / Release / Industry Identifier Code

This is the unique Version/Release/Industry Identifier Code assigned to an implementation by X12N. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.

CODE	DEFINITION
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005010X220	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
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005010X220A1

SEGMENT DETAIL

GE - FUNCTIONAL GROUP TRAILER

X12 Segment Name: Functional Group Trailer

X12 Purpose: To indicate the end of a functional group and to provide control information

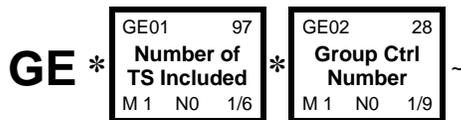
X12 Comments: 1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

~~Segment Repeat:~~ 1

Usage: REQUIRED

TR3 Example: GE*1*1~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GE01	97	Number of Transaction Sets Included Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M 1 NO 1/6
REQUIRED	GE02	28	Group Control Number Assigned number originated and maintained by the sender	M 1 NO 1/9

SEMANTIC: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

The value in GE02 must be identical to the value in GS06.

SEGMENT DETAIL

IEA - INTERCHANGE CONTROL TRAILER

X12 Segment Name: Interchange Control Trailer

X12 Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

~~Segment Repeat:~~ 1

Usage: REQUIRED

TR3 Example: IEA*1*00000905~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	IEA01	I16	Number of Included Functional Groups A count of the number of functional groups included in an interchange	M 1 NO 1/5
REQUIRED	IEA02	I12	Interchange Control Number A control number assigned by the interchange sender	M 1 NO 9/9

The value in IEA02 must be identical to the value in ISA13.

ABSTRACT

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.

860 Race or Ethnicity Collection Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/REC

SOURCE

Race or Ethnicity Collection Code

AVAILABLE FROM

Health Information and Surveillance Systems Board
Centers for Disease Control and Prevention
Mailstop C08
1600 Clifton Road, NE
Atlanta, Georgia 30333

ABSTRACT

The Race or Ethnicity Collection code provides a method of describing how information on race or ethnicity is collected in various data gathering systems.

~~**896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)**~~

~~**SIMPLE DATA ELEMENT/CODE REFERENCES**~~

~~235/IP, 1270/BBQ, 1270/BBR~~

~~**SOURCE**~~

~~International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)~~

~~**AVAILABLE FROM**~~

~~GMM, HAPG, Division of Acute Care
Centers for Medicare and Medicaid Services
7500 Security Boulevard~~

~~Baltimore, MD 21244~~

ABSTRACT

~~The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), describes the classification of inpatient procedures for statistical purposes and for the indexing of healthcare records by procedures.~~

932 Universal Postal Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

116

SOURCE

Universal Postal Union website

AVAILABLE FROM

International Bureau of the Universal Postal Union

POST*CODE

Case postale 13

3000 BERNE 15 Switzerland

ABSTRACT

The postcode is the fundamental, essential element of an address. A unique, universal identifier, it unambiguously identifies the addressee's locality and assists in the transmission and sorting of mail items. At present, 105 UPU member countries use postcodes as part of their addressing systems.

897

New code source added
to Appendix A - External
Code Sources.



International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/I10, 235/DC, 1270/ABF, 1270/ABJ, 1270/ABK, 1270/ABN, 1270/ABU, 1270/ABV, 1270/ADD, 1270/APR, 1270/ASD, 1270/ATD

SOURCE

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

AVAILABLE FROM

OCD/Classifications and Public Health Data Standards
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

ABSTRACT

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases.