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National Electronic Data Interchange Transaction Set Implementation Guide

Benefit Enrollment and Maintenance

834

ASC X12N 834 (004010X095A1)

October 2001 ● NPRM Draft

Contact **Washington Publishing Company** for more Information.

1.800.972.4334
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1 | Introduction to Modified Pages

This document is addenda to the X12N Benefit Enrollment and Maintenance Implementation Guide, originally published May 2000 as 004010X095. 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.

Appropriate modifications make up the contents of this Draft Addenda to the X12N 004010X095 Implementation Guide published in May 2000. Since this guide is named for use under HIPAA, this is a Draft Addenda that will go through a Notice of Proposed Rule Making (NPRM) process, just as the original Implementation Guide did, before becoming a final addenda to the guide published by X12N. Only the modifications noted in this Draft Addenda will be considered in the NPRM. Once this Draft addenda is approved for publication by X12N, the value used in GS08 will be "004010X095A1".

Each of the changes made to the 004010X095 Implementation Guide have been annotated with a note in red and a line pointing to the location of the change. For convenience, the affected 004010X095 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material each addenda page may not begin or end at the same place as the original referenced page. Because of this, addenda pages are not page for page replacements and the original pages should be retained.

Please note that changes in the addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but are not identified in these draft addenda. Changes in the addenda may also have caused changed to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), but are not identified in these draft addenda.

If the termination date is passed at the HD level for any member; the DTP segment in position 270, loop 2300; then coverage for that specific insurance product for that member will be terminated, effective on that date. Coverage for other insurance products for that member will not be affected nor will coverage for other members linked to the same subscriber.

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

Terminating all covered insurance products for a dependent at the HD level is the equivalent of terminating that dependent at the INS level. Terminating all insurance products for a subscriber at the HD level is different, in that there may be dependents that continue to be covered, i.e. - dependent only plans. A subscriber with all insurance product coverages terminated will be terminated as a member only if there are no dependents linked to that subscriber.

In the case of a 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.

2.6   Updates Versus Full File Audits

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

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).

Paragraph revised

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 based on your Trading Partner Agreement. 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.

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 synchronization.

When required by sponsor's system limitations, full replacement files can be used to report all enrollees. Because this model is more costly and requires more resources to process, it is not recommended. 'Verify' should not be used for regular, daily, processing. It is recommended that this be used no more frequently than monthly.

2.7   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.

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	M	ID	2/3

	CODE	DEFINITION
New note added to code ——	**0F**	**Subscriber Number** **The assignment of the Subscriber Number is designated within the Insurance Contract.**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X	AN	1/30

INDUSTRY: **Subscriber Identifier**

SYNTAX: R0203

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
NOT USED	**REF03**	**352**	**Description**	X	AN	1/80
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	O		

IMPLEMENTATION

MEMBER POLICY NUMBER

Loop: 2000 — MEMBER LEVEL DETAIL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.

2. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.

Example: REF✻1L✻9CC4123~

STANDARD

REF Reference Identification

Level: Detail

Position: 020

Loop: 2000
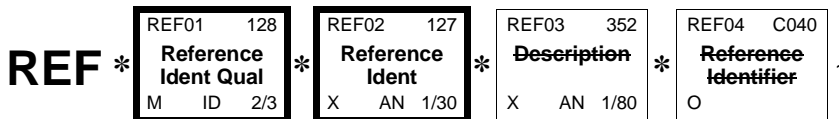
Requirement: Mandatory

Max Use: >1

Purpose: To specify identifying information

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

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

DIAGRAM

| REF ✻ | REF01 128 Reference Ident Qual M ID 2/3 | ✻ | REF02 127 Reference Ident X AN 1/30 | ✻ | REF03 352 ~~Description~~ X AN 1/80 | ✻ | REF04 C040 ~~Reference Identifier~~ O | ~ |

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	**Reference Identification Qualifier** Code qualifying the Reference Identification	M	ID	2/3

CODE	DEFINITION
1L	**Group or Policy Number** *New note added to code* ——— **The payer is responsible for making the assignment of the Group or Policy Number.**

23	**Client Number**	
	To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.	
3H	**Case Number**	
6O	**Cross Reference Number**	
	This number is used to tie the Surviving Insured back to the original Subscriber ID.	
DX	**Department/Agency Number**	
	Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.	
F6	**Health Insurance Claim (HIC) Number**	
	Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.	
Q4	**Prior Identifier Number**	
	Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.	
ZZ	**Mutually Defined**	
	Use this code to transmit the title of the members employment position.	

New code value ————————— 6O

REQUIRED	**REF02**	**127**	**Reference Identification**	X	AN	1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: **Subscriber Supplemental Identifier**

SYNTAX: R0203

NOT USED	**REF03**	**352**	**Description**	X	AN	1/80
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	O		

IMPLEMENTATION

MEMBER NAME

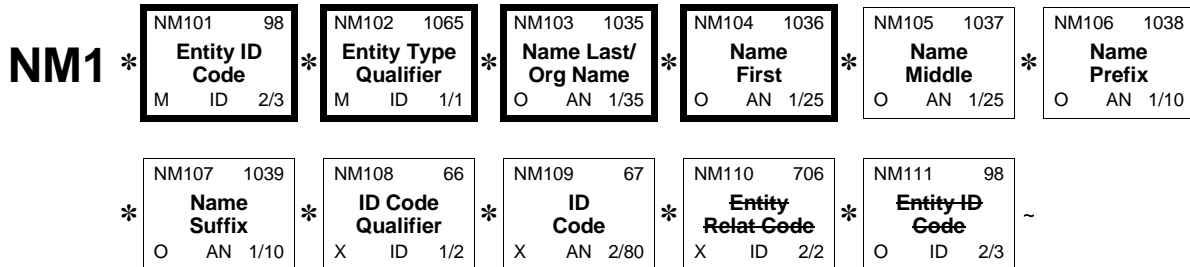|	
Loop:	2100A — MEMBER NAME **Repeat:** 1
Usage:	**REQUIRED**
Repeat:	1
Notes:	1. **REQUIRED when enrolling a new member, changing a member's demographic information, or terminating a member.**

Note changed

Example:	NM1✶IL✶1✶SMITH✶JOHN✶M✶✶SR~

STANDARD

NM1 Individual or Organizational Name

Level:	Detail
Position:	030
Loop:	2100 **Repeat:** >1
Requirement:	Optional
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax:	1. **P0809** If either NM108 or NM109 is present, then the other is required.
	2. **C1110** If NM111 is present, then NM110 is required.

DIAGRAM

NM101 98	NM102 1065	NM103 1035	NM104 1036	NM105 1037	NM106 1038
Entity ID Code	**Entity Type Qualifier**	**Name Last/ Org Name**	**Name First**	**Name Middle**	**Name Prefix**
M ID 2/3	M ID 1/1	O AN 1/35	O AN 1/25	O AN 1/25	O AN 1/10

NM107 1039	NM108 66	NM109 67	NM110 706	NM111 98
Name Suffix	**ID Code Qualifier**	**ID Code**	~~**Entity Relat Code**~~	~~**Entity ID Code**~~
O AN 1/10	X ID 1/2	X AN 2/80	X ID 2/2	O ID 2/3

IMPLEMENTATION

MEMBER DEMOGRAPHICS

Loop: 2100A — MEMBER NAME

Usage: SITUATIONAL

Repeat: 1

Note changed

Notes: 1. **REQUIRED when enrolling a new member, changing a member's demographic information, or terminating a member.**

2. **This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.**
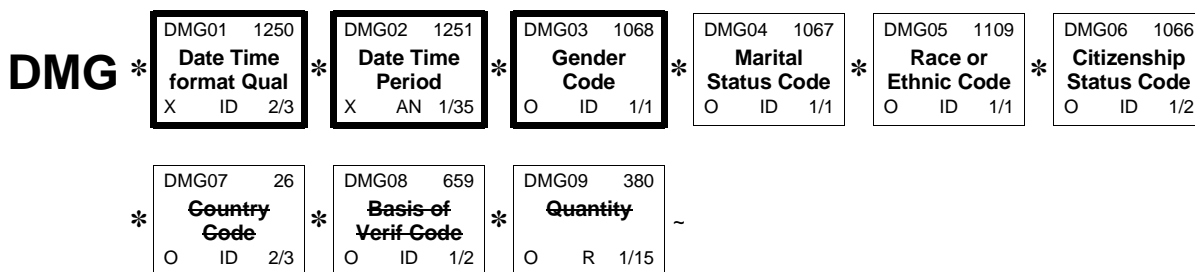
Example: **DMG✳D8✳19450915✳F✳M~**

STANDARD

DMG Demographic Information

Level: Detail

Position: 080

Loop: 2100

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. **P0102**
If either DMG01 or DMG02 is present, then the other is required.

DIAGRAM

DMG01 1250 Date Time format Qual X ID 2/3	DMG02 1251 Date Time Period X AN 1/35	DMG03 1068 Gender Code O ID 1/1	DMG04 1067 Marital Status Code O ID 1/1	DMG05 1109 Race or Ethnic Code O ID 1/1	DMG06 1066 Citizenship Status Code O ID 1/2

DMG ✳ ✳ ✳ ✳ ✳ ✳

DMG07 26 ~~Country Code~~ O ID 2/3	DMG08 659 ~~Basis of Verif Code~~ O ID 1/2	DMG09 380 ~~Quantity~~ O R 1/15

✳ ✳ ✳ ~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**DMG01**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

SYNTAX: P0102

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

12   Original Page Number 70 dated May 2000

REQUIRED	DMG02	1251	Date Time Period	X	AN	1/35

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

INDUSTRY: **Member Birth Date**

SYNTAX: P0102

SEMANTIC: DMG02 is the date of birth.

REQUIRED	DMG03	1068	Gender Code	O	ID	1/1

Code indicating the sex of the individual

CODE	DEFINITION
F	Female
M	Male
U	Unknown
	This code is to be used when the gender is unknown or when it can not be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.

SITUATIONAL	DMG04	1067	Marital Status Code	O	ID	1/1

Code defining the marital status of a person

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
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

| SITUATIONAL | DMG05 | 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

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
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 or Alaskan Native
J	Native Hawaiian
N	Black (Non-Hispanic)
O	White (Non-Hispanic)
P	Pacific Islander
Z	Mutually Defined

New code values

| SITUATIONAL | DMG06 | 1066 | Citizenship Status Code | O | ID | 1/2 |

Code indicating citizenship status

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

CODE	DEFINITION
1	U.S. Citizen
2	Non-Resident Alien
3	Resident Alien

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	**Entity Identifier Code**	M	ID	2/3

Code identifying an organizational entity, a physical location, property or an individual

CODE	DEFINITION
E1	**Person or Other Entity Legally Responsible for a Child**

Used to identify a legal indemnity situation.

New text added to note ————

This code should be used when a Qualified Medical Child Support Order (QMSCO) is present.

EI	**Executor of Estate**

This is used when the subscriber is deceased and the executor/responsible party is other than a surviving spouse.

EXS	**Ex-spouse**

This is used to identify a separated spouse under a separation agreement, or that the member is the divorced spouse and self responsible. This is NOT USED to identify the custodial parent for dependent children after a divorce.

GD	**Guardian**
J6	**Power of Attorney**
QD	**Responsible Party**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM102	1065	**Entity Type Qualifier**	M	ID	1/1

Code qualifying the type of entity

SEMANTIC: NM102 qualifies NM103.

CODE	DEFINITION
1	**Person**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM103	1035	**Name Last or Organization Name**	O	AN	1/35

Individual last name or organizational name

INDUSTRY: *Responsible Party Last or Organization Name*

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM104	1036	**Name First**	O	AN	1/25

Individual first name

INDUSTRY: *Responsible Party First Name*

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	NM105	1037	**Name Middle**	O	AN	1/25

Individual middle name or initial

INDUSTRY: *Responsible Party Middle Name*

Send if supplied by the subscriber.

SITUATIONAL	NM107	1039	Name Suffix	O	AN	1/10

Suffix to individual name

INDUSTRY: **Provider Name Suffix**

The name should only be used when the sponsor is not able to provide the standard ID number.

SITUATIONAL	NM108	66	Identification Code Qualifier	X	ID	1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

Send when required by X12 syntax.

CODE	DEFINITION
34	**Social Security Number**
	The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.
FI	**Federal Taxpayer's Identification Number**
SV	**Service Provider Number**
	This is a number assigned by the payer used to identify a provider.
XX	**Health Care Financing Administration National Provider Identifier** *Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.*

New code value ——————— (points to SV)

SITUATIONAL	NM109	67	Identification Code	X	AN	2/80

Code identifying a party or other code

INDUSTRY: **Provider Identifier**

SYNTAX: P0809

Required when available to the sponsor and transmission is not prohibited by local, state, or Federal law.

REQUIRED	NM110	706	Entity Relationship Code	X	ID	2/2

Code describing entity relationship

SYNTAX: C1110

COMMENT: NM110 and NM111 further define the type of entity in NM101.

This element indicates whether or not the member is an existing patient of the provider.

CODE	DEFINITION
25	**Established Patient**
26	**Not Established Patient**
72	**Unknown**

NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1   Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

> **EXAMPLE**
> A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2   Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

New note —————

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

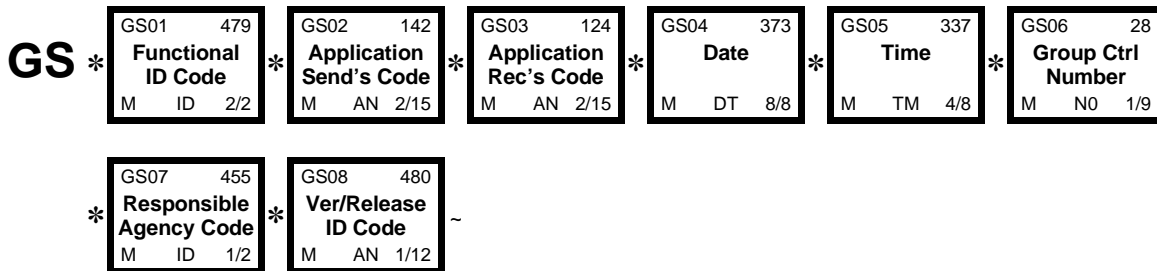**IMPLEMENTATION**

FUNCTIONAL GROUP HEADER

Example: GS✳BE✳SENDER CODE✳RECEIVER
CODE✳19940331✳0802✳1✳X✳004010X095A1~ ———— Changed example

STANDARD

GS Functional Group Header

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

DIAGRAM

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	GS01	479	**Functional Identifier Code**	M	ID	2/2
			Code identifying a group of application related transaction sets			

CODE	DEFINITION
BE	**Benefit Enrollment and Maintenance (834)**

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	GS02	142	**Application Sender's Code**	M	AN	2/15
			Code identifying party sending transmission; codes agreed to by trading partners			

Use this code to identify the unit sending the information.

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	GS03	124	**Application Receiver's Code**	M	AN	2/15
			Code identifying party receiving transmission. Codes agreed to by trading partners			

Use this code to identify the unit receiving the information.

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	GS04	373	**Date**	M	DT	8/8
			Date expressed as CCYYMMDD			

SEMANTIC: GS04 is the group date.

Use this date for the functional group creation date.

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	GS05	337	**Time**	M	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	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.

REQUIRED	GS07	455	Responsible Agency Code	M	ID	1/2

Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
X	Accredited Standards Committee X12

REQUIRED	GS08	480	Version / Release / Industry Identifier Code	M	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	DEFINITION

New code value ——————

004010X095A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide. This is a Draft Addenda to the X12N 004010X095 Implementation Guide published in May 2000 and not yet intended for implementation. Since the 004010X095 guide is named for use under HIPAA, this Draft Addenda must go through a Notice of Proposed Rule Making (NPRM) process, just as the original Implementation Guide did, before becoming a final addenda to the guide published by X12N. Only the modifications noted in this Draft Addenda will be considered in the NPRM. Once this Draft addenda is approved for publication by X12N, the value used in GS08 will be "004010X095A1".