

The Forum Companion Document
For use with ANSI ASC X12N
Benefit Enrollment and Maintenance
Implementation Guide

Benefit Enrollment and Maintenance

834

ANSI ASC X12N 834 (004010X095A1)

Version:
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Introduction

Washington Healthcare Forum Services (The Forum) is a statewide consortium of health care payer and provider organizations in the Pacific Northwest region. The Forum focuses its efforts on simplifying administrative processes between health plans, hospitals and medical groups.

An electronic version of this and other companion documents can be found at www.wahealthcareforum.org. From the home page, the path is HIPAA Services, Work Products, Companion Documents

For additional information about The Forum see www.wahealthcareforum.org.

Objective of Companion Document

The Forum is publishing this the Implementation Guide Companion Document to accompany the ASC X12N implementation guide for the ASC X12N Benefit Enrollment and Maintenance (834) Transaction. This Companion Document should be used in conjunction with the Implementation Guide and nationally standard code sets referenced in that Guide.

The primary purpose of the Companion Document is to document understandings, assumptions and conventions agreed upon by commercial health plans in Washington State in order to minimize possible variability in how the transaction may be interpreted and implemented. Minimizing variability should help to reduce time and cost investments that all healthcare organizations, providers as well as health plans need to make in order to implement this transaction. Health plans participating in this initiative include First Choice Health Plan, Group Health Cooperative, Premera Blue Cross and Regence BlueShield.

This document does not mandate the format or content of the transaction that is exchanged between trading partners. This Companion Document is intended to convey information that *may* make it easier for provider organizations to understand and implement a compliant transaction that is received from a health plan.

The Companion Document was developed to guide organizations through the implementation process so that the resulting transaction will meet the following business objectives:

1. *Convey all required business information:* The transaction will convey the comprehensive set of information that is required for health plans to conduct their business.
2. *Interpret information in the same way:* The definition of the transaction will be specific so that trading partners can correctly interpret, from a business perspective, the information that is received from each other.

3. *Simplify the communication*: The transaction will be standard to simplify communication between trading partners and to comply with HIPAA regulation.

Intended Use as Part of Trading Partner Agreements

This Companion Document is likely to be a part of any *trading partner agreement* between a health plan and an electronic trading partner, such as an intermediary, a hospital, a physician group, etc. The term '*trading partner agreement*' is used to refer to a verbal or documented understanding between organizations. It is not intended to imply any type of contractual commitment. Organizations may refer to this documented understanding by other names.

Trading partners will be encouraged to follow the Conventions and Codes outlined in this Companion Document. These conventions are suggestions and not mandates. Adherence to these Conventions and Codes will be assumed unless otherwise stated and specifically described in the *trading partner agreement*.

Trading partners should review these conventions before implementing the transaction and should agree on which ones will be followed. These conventions provide a focused starting point for trading partner discussions. Trading partner discussions may lead to modifying, deleting and/or adding conventions. Any and all modifications should comply with the HIPAA Implementation Guide. All conventions should be clearly stated in *trading partner agreements* so that implementation and operations expectations are clearly defined. Conventions that are established in a *trading partner agreement* will take precedence over any conventions that are contained in this document.

Caution should be exercised when changing conventions for a single trading partner. Differences in conventions between trading partners will introduce additional complexity into the process of exchanging the transaction with multiple, different trading partners.

This document assumes that the following data elements will be specifically described in a trading partner agreement.

- Identifying information about the sender and the receiver of this transaction. This information is contained in a number of fields including fields ISA05-ISA08 of the ISA segment and fields GS02-GS03 of the GS segment.

The *trading partner agreements* will also describe how telecommunication connections will be made for the purpose of conducting these transactions.

Purpose of Assumptions & Conventions

The underlying premise of this Forum Companion Document is that the ASC X12N Benefit Enrollment and Maintenance (834) Implementation Guide defines the superset of business functionality. That ASC X12N Guide also provides general information about EDI transmission, such as delimiters, enveloping, and related topics, and the Forum Companion Document will not duplicate these efforts.

In order to establish a simplified implementation environment, the Forum Health Care Benefit Enrollment and Maintenance Companion Document describes a set of understandings, assumptions and conventions that will be followed by provider and health plan trading partners as they implement the transaction and interpret the information that is contained within it. These conventions provide additional clarity about data structures and the data elements ('what they mean') and describe how these data elements relate to information contained in the information systems belonging to each trading partner ('how they will be used').

Note: These conventions apply to transaction exchange between commercial health plans and providers and *may* not apply to:

- **Exchanges between providers and public programs such as Medicare and Medicaid. For more information about these programs, providers should check with www.cms.gov.**
- **Exchanges between clearinghouses and providers. For more information providers should check with their clearinghouse.**
- **Cross-over exchanges within a health plan and between health plans**

This Companion Document does not add, delete or change the name of any data element that is specified in the Implementation Guide. However, in order to meet the business objectives outlined above, it does recommend a number of conventions that are intended to clarify and standardize the usage of specific data elements, including:

- The Implementation Guide identifies some data segments and data elements that do not apply to typical and likely business scenarios. These data segments and data elements are highlighted in the System Interface Map section of this Companion Document so that providers and intermediaries will not waste time determining how to process them. These situations will be designated on the System Interface Map with the following note:
 - *'Not reviewed by health plan'* - This note may be associated with situational data elements in the 834 transaction. If one of these data elements is submitted on the 834, the information entered into it must comply with the Implementation Guide. However, the health plan will not use this data element to update their enrollment information
- The Implementation Guide identifies a number of data elements that have a broad range of possible values. In some cases, many of these values are not relevant to a health plan. In other cases, values that are listed do not clearly relate to relevant business situations. In still other cases, the description of a value is confusing. In these situations,

- Values that are not meaningful to health plans will be designated on the System Interface Map of this Companion Document with a strikethrough (e.g. ~~value~~).
- A clarifying comment may be enclosed in brackets and added after the description (e.g. 01 – Value Description [Clarifying Comment]). The comment is not intended to change the meaning of the value, but to add information about the conditions under which it will be used.
- If a health plan, provider or intermediary intends to use the message text for any reason which is not defined within the Companion Document, that intent should be discussed with all trading partners and highlighted in the Trading Partner agreements.

Intent and Scope of the Benefit Enrollment and Maintenance Transaction

The Benefit Enrollment and Maintenance transaction may be used by employers (and other types of benefit providers) to advise a health plan about changes in coverage/benefits for their employees. The intent of the HIPAA legislation encourages the use of the 834 transaction but does not require non-covered entities, such as employers, to submit it. Health plans are required to process the 834 if it is submitted.

The transaction can be used in one of two ways:

1. To provide the health plan with a complete list of all information for all covered employees and their dependents
2. To provide the health plan with updates/changes to information for one or more covered employees and their dependents.

If the report is used to provide updates/changes, a tracking/verification process should be established between the employer and the health plan to make sure that all updates/changes have been received. The process should catch any situation when an 834 was sent but was lost in transmission.

Transaction Structure & Processing -- Batch Mode

The X12 structure allows for either one transaction type or for multiple transaction types to be transmitted in an ISA-IEA envelope. By convention, it is preferred that each transaction type be transmitted within its own ISA-IEA set. For example, if an electronic transmission between two trading partners contains benefit enrollment and premium payment information, there will be two ISA-IEA sets; one for the benefit enrollment (834) and one for the premium payment information (820).

This Companion document reflects conventions for **batch** implementation of the ANSI X12 835 Health Care Claim Payment/Advice transaction.

Structure of Transaction: GS-GE & ST-SE

It is anticipated that there will be only one GS-GE and one ST-SE within an 834 from an employer.

The Transaction Set Control Numbers in ST02 and SE02 must be identical. If the 834 contains more than one ST-SE, submitters should begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.

Batch Mode Processing

- The 834 transaction will be implemented in batch mode. The employer will send the 834 transaction to an electronic intermediary or to the health plan through some means of telecommunications and will not remain connected while the receiver processes the transaction.
- Health plan will acknowledge receipt of each 834 transaction that they receive, under the following conditions.
 - If some or all of the ISA segment is unreadable or does not comply with the Implementation Guide AND if there is sufficient routing information that can be extracted from the ISA, the health plan will respond with an appropriate TA1 transaction or will contact the employer via phone/fax. Otherwise, the health plan will be unable to respond. In either case, the batch will not be processed.
 - Otherwise, the health plan may/may not respond with a 997 – see table below. The 997 transaction will indicate whether or not the batch can be processed. If the GS segment of the batch does not comply with the Implementation Guide, the health plan may not be able to process the transaction.

| Conditions for sending a 997 | First Choice | Group Health | Premera | Regence |
|--|--------------|--------------|---------|---------|
| Will respond with a 997 to every 834 received. | | X | X | |
| Will only respond with a 997 if something is wrong with the 834 that was received. | X | | | X |

- **Per HIPAA regulations, if the information associated with any of the covered employers or their dependants in the 834 ST-SE batch is not correctly formatted from a syntactical perspective, all records between the ST-SE will be rejected. The health**

plan will notify the submitting organization of the file rejection via a 997 transaction, or other method agreed upon in the trading partner agreement.

Transaction Processing – Version Control in Production Systems (not testing)

Per HIPAA regulations, health plans will only generate the version of the transaction (e.g. 4010, 4050, etc) that is valid at the time that the transaction is generated. HIPAA regulations do not allow health plans to process earlier or future versions of a transaction in their production systems.

Privacy and Security Protection

The Implementation Guide and the Companion Document DO NOT specifically address privacy and security protection regarding the use of system or application technology to send and receive this transaction set. For example, registration and management of users, assignment and exchange of passwords, ID, digital certificates, etc., authentication, authorization and other access restrictions are not addressed in either of these documents. Information about those protections will typically be contained in a Trading Partner Agreement or a Business Associate Agreement. This document assumes that the exchange of this transaction will take place in a processing and communication environment that is secure at both ends – sender and receiver.

General Usage

Technical

1. Any character that is used in a data field cannot be used as a delimiter, separator or terminator. Ideally, the following characters will not be contained in data fields; asterisks, double quotes, colon, and tilde.
2. By convention, preferred field delimiters will be: '*' – for data element separator, ':' for sub element separator and '~' for segment terminator.
3. If a person's name cannot be parsed into individual components (e.g. lastname, firstname, MI) in an NM segment, then NM102 should contain a '2' to indicate a non-person entity. This will indicate that work is required to process the field.
4. The NM107 field in the NM segment (Name Suffix) may contain suffix (Sr. Jr. or III) or degree (MD, Ph.D.) or credential.

System Interface Mapping

The following matrix identifies the recommended usage of the data elements when the 834 Benefit Enrollment and Maintenance is being interfaced with an information system. Where coded values for data elements are appropriate, codes are provided when the value set is small. Expanded codes for data elements can be found in the *ASC X12N Benefit Enrollment and Maintenance Implementation Guide*.

The columns for the matrix are:

- Page#: The page number from the Implementation Guide ASC X12N 834 (004010X095A1) Rev Oct. 2002.
- Name: Industry Name (from Implementation Guide) where available. If there is no industry name available, the standard name is used. Any aliases shown in the Implementation Guide are not always listed.
- Seg. Reqmt: (Segment Requirement): 'R' - Required, 'S' – Situational
- Pos#: Position Number (from Implementation Guide)
- Seg. ID: Segment ID (from Implementation Guide)
- Data Element Usage: A 'Not Used' in this column means that the Implementation Guide dictates this data field is not to be used.
- Data Element ID: (from Implementation Guide)
- Qualifier: A value appearing in this column will indicate that the value is the preferred value. (Only single values for a data element will appear in this column.)
- Qualifier Description: List of possible values. Values that are not meaningful to health plans will be designated with a strikethrough (e.g. ~~value~~). When and as appropriate, comments and conventions about usage will appear in this column.

The Implementation Guide identifies some data segments and data elements that do not apply to typical and likely business scenarios. These data segments and data elements are highlighted in the System Interface Map section of this Companion Document so that providers and intermediaries will not waste time determining how to process them. These situations will be designated on the System Interface Map with the following note:

'Not reviewed by health plan' - This note may be associated with situational data elements in the 834 transaction. If one of these data elements is submitted on the 834, the information entered into it must comply with the Implementation Guide. However, the health plan will not use this data element to update their enrollment information

Description of the layout of the data

The data in the Implementation Guide is grouped in what it calls “segments”, “loops”, and “levels”. A “loop” is made up of one or more segments. A “level” is made up of one or more loops.

A non-real example; a name and address would be made up of various segments of data. The name would be broken into first, middle, and last names along with suffix or prefix and some codes pertaining to the name. These fields would be organized into a segment. The address would go through a similar process and be organized into a separate segment. Together, these could be organized into a “loop”. However, there are many names and addresses needed throughout a system and the one just described in the loop is very generic.

| | |
|------------|-----------------------------------|
| ISA | INTERCHANGE CONTROL HEADER |
| GS | FUNCTIONAL GROUP HEADER |

Table 1 - Header

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--|--------|---------|--------------------------------|-------|--------|-------------|
| 27 | 010 | ST | Transaction Set Header | R | 1 | |
| 28 | 020 | BGN | Beginning Segment | R | 1 | |
| 32 | 030 | REF | Transaction Set Policy Number | S | 1 | |
| 34 | 040 | DTP | File Effective Date | S | >1 | |
| LOOP ID - 1000A SPONSOR NAME | | | | | | 1 |
| 35 | 070 | N1 | Sponsor Name | R | 1 | |
| LOOP ID - 1000B PAYER | | | | | | 1 |
| 37 | 070 | N1 | Payer | R | 1 | |
| LOOP ID - 1000C TPA/BROKER NAME | | | | | | 2 |
| 39 | 070 | N1 | TPA/Broker Name | S | 1 | |
| LOOP ID - 1100C TPA/BROKER ACCOUNT INFORMATION | | | | | | 1 |
| 41 | 120 | 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 |
| 43 | 010 | INS | Member Level Detail | R | 1 | |
| 51 | 020 | REF | Subscriber Number | R | 1 | |
| 53 | 020 | REF | Member Policy Number | S | 1 | |
| 55 | 020 | REF | Member Identification Number | S | 5 | |
| 57 | 020 | REF | Prior Coverage Months | S | 1 | |
| 59 | 025 | DTP | Member Level Dates | S | 20 | |
| LOOP ID - 2100A MEMBER NAME | | | | | | 1 |
| 61 | 030 | NM1 | Member Name | R | 1 | |
| 64 | 040 | PER | Member Communications Numbers | S | 1 | |
| 67 | 050 | N3 | Member Residence Street Address | S | 1 | |
| 68 | 060 | N4 | Member Residence City, State, ZIP Code | S | 1 | |
| 70 | 080 | DMG | Member Demographics | S | 1 | |
| 73 | 110 | ICM | Member Income | S | 1 | |
| 75 | 120 | AMT | Member Policy Amounts | S | 4 | |
| 76 | 130 | HLH | Member Health Information | S | 1 | |
| 78 | 150 | LUI | Member Language | S | 5 | |
| LOOP ID - 2100B INCORRECT MEMBER NAME | | | | | | 1 |
| 80 | 030 | NM1 | Incorrect Member Name | S | 1 | |
| 83 | 080 | DMG | Incorrect Member Demographics | S | 1 | |
| LOOP ID - 2100C MEMBER MAILING ADDRESS | | | | | | 1 |
| 85 | 030 | NM1 | Member Mailing Address | S | 1 | |
| 87 | 050 | N3 | Member Mail Street Address | S | 1 | |

| | | | | | | |
|---|-----|-----|---|---|----|----|
| 88 | 060 | N4 | Member Mail City, State, Zip | S | 1 | |
| | | | | | | 3 |
| LOOP ID - 2100D MEMBER EMPLOYER | | | | | | |
| 90 | 030 | NM1 | Member Employer | S | 1 | |
| 92 | 040 | PER | Member Employer Communications Numbers | S | 1 | |
| 95 | 050 | N3 | Member Employer Street Address | S | 1 | |
| 96 | 060 | N4 | Member Employer City, State, Zip | S | 1 | |
| | | | | | | 3 |
| LOOP ID - 2100E MEMBER SCHOOL | | | | | | |
| 98 | 030 | NM1 | Member School | S | 1 | |
| 100 | 040 | PER | Member School Communications Numbers | S | 1 | |
| 103 | 050 | N3 | Member School Street Address | S | 1 | |
| 104 | 060 | N4 | Member School City, State, Zip | S | 1 | |
| | | | | | | 1 |
| LOOP ID - 2100F CUSTODIAL PARENT | | | | | | |
| 106 | 030 | NM1 | Custodial Parent | S | 1 | |
| 109 | 040 | PER | Custodial Parent Communications Numbers | S | 1 | |
| 112 | 050 | N3 | Custodial Parent Street Address | S | 1 | |
| 113 | 060 | N4 | Custodial Parent City, State, Zip | S | 1 | |
| | | | | | | 1 |
| LOOP ID - 2100G RESPONSIBLE PERSON | | | | | | |
| 115 | 030 | NM1 | Responsible Person | S | 1 | |
| 118 | 040 | PER | Responsible Person Communications Numbers | S | 1 | |
| 121 | 050 | N3 | Responsible Person Street Address | S | 1 | |
| 122 | 060 | N4 | Responsible Person City, State, Zip | S | 1 | |
| | | | | | | 1 |
| LOOP ID - 2200 DISABILITY INFORMATION | | | | | | |
| 124 | 200 | DSB | Disability Information | S | 1 | |
| 126 | 210 | DTP | Disability Eligibility Dates | S | 2 | |
| | | | | | | 99 |
| LOOP ID - 2300 HEALTH COVERAGE | | | | | | |
| 128 | 260 | HD | Health Coverage | S | 1 | |
| 132 | 270 | DTP | Health Coverage Dates | R | 4 | |
| 134 | 280 | AMT | Health Coverage Policy | S | 4 | |
| 135 | 290 | REF | Health Coverage Policy Number | S | 2 | |
| 137 | 300 | IDC | Identification Card | S | 10 | |
| | | | | | | 30 |
| LOOP ID - 2310 PROVIDER INFORMATION | | | | | | |
| 139 | 310 | LX | Provider Information | S | 1 | |
| 140 | 320 | NM1 | Provider Name | R | 1 | |
| 143 | 360 | N4 | Provider City, State, ZIP Code | S | 1 | |
| 145 | 370 | PER | Provider Communications Numbers | S | 2 | |
| 148 | 395 | PLA | PCP Change Reason | S | 1 | |
| | | | | | | 5 |
| LOOP ID - 2320 COORDINATION OF BENEFITS | | | | | | |
| 150 | 400 | COB | Coordination of Benefits | S | 1 | |
| 152 | 405 | REF | Additional Coordination of Benefits Identifiers | S | 5 | |
| 154 | 410 | N1 | Other Insurance Company Name | S | 1 | |
| 156 | 450 | DTP | Coordination of Benefits Eligibility Dates | S | 2 | |
| 158 | 690 | SE | Transaction Set Trailer | R | 1 | |

ENVELOPE - Open

| B.3 | INTERCHANGE CONTROL HEADER | R | 010 | ISA | | | |
|-----|-------------------------------------|---|-----|-----|---|-------|---|
| B.3 | Authorization Information Qualifier | | | | R | ISA01 | 00 = No Authorization Information Present (ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.) 03 = Additional Date Identification |
| B.3 | Authorization Information | | | | R | ISA02 | |
| B.4 | Security Information Qualifier | | | | R | ISA03 | 00 = No Security Information Present (ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.) 01 = Password |
| B.4 | Security Information | | | | R | ISA04 | |
| B.4 | Interchange ID Qualifier | | | | R | ISA05 | 01 = Duns (Dun & Bradstreet) 14 = Duns Plus Suffix 20 = Health Industry Number (HIN) 27 = Carrier Identification Number as assigned by HCFA 28 = Fiscal Intermediary Identification Number as assigned by HCFA 29 = Medicare Provider and Supplier Identification Number as assigned by HCFA 30 = U.S. Federal Tax Identification Number 33 = National Association of Insurance Commissioners Company Code (NAIC) ZZ = Mutually Defined |
| B.4 | Interchange Sender ID | | | | R | ISA06 | ID Code of Sender |
| B.4 | Interchange ID Qualifier | | | | R | ISA07 | 01 = Duns (Dun & Bradstreet) 14 = Duns Plus Suffix 20 = Health Industry Number (HIN) 27 = Carrier Identification Number as assigned by HCFA 28 = Fiscal Intermediary Identification Number as assigned by HCFA 29 = Medicare Provider and Supplier Identification Number as assigned by HCFA 30 = U.S. Federal Tax Identification Number 33 = National Association of Insurance Commissioners Company Code (NAIC) ZZ = Mutually Defined |

| | | | | | | | | |
|------------|--|--|--|--|---|-------|------------------|--|
| | | | | | | | | |
| B.5 | Interchange Receiver ID | | | | R | ISA08 | | ID Code of Receiver FCH = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer |
| B.5 | Interchange Date | | | | R | ISA09 | | Date format is: YYMMDD |
| B.5 | Interchange Time | | | | R | ISA10 | | Time format is: HHMM |
| B.5 | Interchange Control Standards Identifier | | | | R | ISA11 | U | U = U.S. EDI Community of ASC x12, TCDD, and UCS |
| B.5 | Interchange Control Version Number | | | | R | ISA12 | 00401 | 00401 = Draft Standards for Trial Use Approved for Publication by ASCx12 Procedures Board through October 1997 |
| B.5 | Interchange Control Number | | | | R | ISA13 | | A control number assigned by the interchange sender |
| B.6 | Acknowledgment Requested | | | | R | ISA14 | | 0 = No acknowledgment requested 1 = Interchange Acknowledgment Requested |
| B.6 | Usage Indicator | | | | R | ISA15 | | P = Production Data T = Test Data |
| B.6 | Component Element Separator | | | | R | ISA16 | : | This is the delimiter used to separate component data elements within a composite data structure |
| B.8 | FUNCTIONAL GROUP HEADER | | | | | | | GS |
| B.8 | Functional Identifier Code | | | | R | GS01 | BE | BE = Benefit Enrollment and Maintenance |
| B.8 | Application Sender's Code | | | | R | GS02 | | Code identifying party sending transmission, codes agreed to by trading partners |
| B.8 | Application Receiver's Code | | | | R | GS03 | | Code identifying party receiving transmission. Codes agreed to by trading partners FCH = Contact Payer GHC = 91-0511770 Premera = Contact Payer Regence = Contact Payer Asuris = Contact Payer |
| B.8 | Date | | | | R | GS04 | | Creation Date Date format is: CCYYMMDD |
| B.9 | Time | | | | R | GS05 | | Creation Time Time format is: HHMM |
| B.9 | Group Control Number | | | | R | GS06 | | Assigned number originated and maintained by the sender |
| B.9 | Responsible Agency Code | | | | R | GS07 | X | X = Accredited Standards Committee X12 |
| B.9 | Version/Release/Industry Identifier Code | | | | R | GS08 | 004010X095 A1 | |

TABLE 1 - Header

| 27 | TRANSACTION SET HEADER | R | 010 | ST | | | | |
|----|--------------------------------------|---|-----|-----|----------|-------|-----|---|
| 27 | Transaction Set ID Code | | | | R | ST01 | 834 | 834 = Benefit Enrollment and Maintenance |
| 27 | Transaction Set Control Number | | | | R | ST02 | | Assigned by sender |
| 28 | BEGINNING SEGMENT | R | 020 | BGN | | | | |
| 28 | Transaction Set Purpose Code | | | | R | BGN01 | 00 | 00 = Original 15 = Re-submission 22 = Information Copy |
| 29 | Transaction Set Identifier Code | | | | R | BGN02 | | Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference. |
| 29 | Transaction Set Creation Date | | | | R | BGN03 | | Creation Date Date Format is: CCYYMMDD |
| 29 | Transaction Set Creation Time | | | | R | BGN04 | | Creation Time Time Format is: HHMM |
| 29 | Time Zone Code | | | | S | BGN05 | | |
| 31 | Transaction Set Identifier Code | | | | S | BGN06 | | If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction. |
| 31 | Transaction Type Code | | | | Not Used | BGN07 | | |
| 31 | Action Code | | | | R | BGN08 | | 2 = Change (Update) 4 = Verify (for complete file synch) |
| 31 | Security Level Code | | | | Not Used | BGN09 | | |
| 32 | TRANSACTION SET POLICY NUMBER | S | 030 | REF | | | | |
| 32 | Reference Identification Qualifier | | | | R | REF01 | 38 | 38 = Master Policy Number |
| 33 | Master Policy Number | | | | R | REF02 | | |
| 33 | Description | | | | Not Used | REF03 | | |
| 33 | Reference Identifier | | | | Not Used | REF04 | | |
| 34 | FILE EFFECTIVE DATE | S | 040 | DTP | | | | To be sent when required by contract terms. |
| 34 | Date/Time Qualifier | | | | R | DTP01 | | 007 = Effective 303 = Maintenance Effective 382 = Enrollment 388 = Payment Commencement |
| 34 | Date Time Period Format Qualifier | | | | R | DTP02 | D8 | D8 = CCYYMMDD |
| 34 | Date Time Period | | | | R | DTP03 | | |

| | | | | | | | |
|-----------|---|----------|------------|-----------|----------|------|---|
| 35 | Loop ID: 1000A SPONSOR NAME | R | 070 | N1 | | | |
| 35 | Entity Identifier Code | | | | R | N101 | P5 = Plan Sponsor |
| 36 | Plan Sponsor Name | | | | S | N102 | |
| 36 | Identification Code Qualifier | | | | R | N103 | FI = Federal Taxpayer's Identification Number. The developers recommend that this code be used until the HIPAA standard identifier is implemented. ZZ = Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Employer Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard employer identifier for use in this transaction. |
| 36 | Sponsor Identifier | | | | R | N104 | |
| 36 | Entity Relationship Code | | | | Not Used | N105 | |
| 36 | Entity Identifier Code | | | | Not Used | N106 | |
| 37 | Loop ID: 1000B PAYER | R | 070 | N1 | | | |
| 37 | Entity Identifier Code | | | | R | N101 | IN = Insurer |
| 38 | Insurer Name | | | | S | N102 | |
| 38 | Identification Code Qualifier | | | | R | N103 | FI = Federal Taxpayer's Identification Number XV = Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. ADVISED |
| 38 | Insurer Identification Code | | | | R | N104 | |
| 38 | Entity Relationship Code | | | | Not Used | N105 | |
| 38 | Entity Identifier Code | | | | Not Used | N106 | |
| 39 | Loop ID: 1000C TPA/BROKER NAME | S | 070 | N1 | | | |
| 39 | Entity Identifier Code | | | | R | N101 | BO = Broker or Sales Office TV = Third Party Administrator (TPA) |
| 40 | TPA or Broker Name | | | | R | N102 | |

| | | | | | | | | |
|----|---|---|-----|-----|----------|-------|--|---|
| 40 | Identification Code Qualifier | | | | R | N103 | | 94 = Code assigned by the organization that is the ultimate destination of the transaction set FI = Federal Taxpayer's Identification Number XV = Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. |
| 40 | TPA or Broker Identification Code | | | | R | N104 | | |
| 40 | Entity Relationship Code | | | | Not Used | N105 | | |
| 40 | Entity Identifier Code | | | | Not Used | N106 | | |
| 41 | Loop ID: 1100C TPA/BROKER ACCOUNT INFORMATION | S | 120 | ACT | | | | This segment is REQUIRED if the account number of the TPA or Broker is different than the account number for the sponsor. |
| 41 | TPA or Broker Account Number | | | | R | ACT01 | | |
| 41 | Name | | | | Not Used | ACT02 | | |
| 41 | Identification Code Qualifier | | | | Not Used | ACT03 | | |
| 42 | Identification Code | | | | Not Used | ACT04 | | |
| 42 | Account Number Qualifier | | | | Not Used | ACT05 | | |
| 42 | TPA or Broker Account Number | | | | S | ACT06 | | |
| 42 | Description | | | | Not Used | ACT07 | | |
| 42 | Payment Method Code | | | | Not Used | ACT08 | | |
| 42 | Benefit Status Code | | | | Not Used | ACT09 | | |

TABLE 2 - Detail

| 43 | LOOP ID: 2000 MEMBER LEVEL DETAIL | R | 010 | INS | | | | |
|----|--------------------------------------|---|-----|-----|---|-------|--|--|
| 44 | Insured Indicator | | | | R | INS01 | | Y = Yes N = No INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependant. |
| 44 | Individual Relationship Code | | | | R | INS02 | | This value should be 18 for the subscriber. For dependants, use this value to identify the relationship to the subscriber. 01 = Spouse 03 = Father or Mother 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 06 = Uncle or Aunt 07 = Nephew or Niece 08 = Cousin 09 = Adopted Child 10 = Foster Child 11 = Son-in-law or Daughter-in-law 12 = Brother-in-law or Sister-in-law 13 = Mother-in-law or Father-in-law 14 = Brother or Sister 15 = Ward 17 = Stepson or Stepdaughter 18 = Self 19 = Child 23 = Sponsored Dependand – Dependants between the ages of 19 and 25 not attending school age qualifications may vary depending on policy 24 = Dependand of a Minor Dependand 25 = Ex-spouse 26 = Guardian 31 = Court Appointed Guardian 32 = Mother 33 = Father 38 = Collateral Dependand – Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support 48 = Stepfather 49 = Stepmother |

| | | | | | | | 53 = Life Partner – This is a partner that acts like a spouse without a legal marriage commitment |
|----|-------------------------|--|--|--|---|-------|---|
| 45 | Maintenance Type Code | | | | R | INS03 | 001 = Change 021 = Addition 024 = Cancellation or Termination 025 = Reinstatement 030 = Audit or Compare |
| 46 | Maintenance Reason Code | | | | S | INS04 | 01 = Divorce 02 = Birth 03 = Death 04 = Retirement 05 = Adoption 06 = Strike 07 = Termination of Benefits 08 = Termination of Employment 09 = Consolidation Omnibus Budget Reconciliation Act (COBRA) 10 = Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid 11 = Surviving Spouse 14 = Voluntary Withdrawal 15 = Primary Care Provider (PCP) Change 16 = Quit 17 = Fired 18 = Suspended 20 = Active 21 = Disability 22 = Plan Change 25 = Change in Identifying Data Elements 26 = Declined Coverage 27 = Pre-Enrollment 28 = Initial Enrollment 29 = Benefit Selection 31 = Legal Separation 32 = Marriage 33 = Personnel Data 37 = Leave of Absence with Benefits 38 = Leave of Absence without Benefits 39 = Lay Off with Benefits 40 = Lay Off without Benefits 41 = Re-enrollment 43 = Change of Location AI = No Reason Given XN = Notification Only XT = Transfer |

| 47 | Benefit Status Code | | | | R | INS05 | A = Active C = COBRA S = Surviving Insured T = TEFRA |
|----|---|--|--|--|----------|-------|---|
| 48 | Medicare Plan Code | | | | S | INS06 | This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment. A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare – Part Unknown E = No Medicare |
| 48 | Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying | | | | S | INS07 | This element is REQUIRED if a member is being enrolled in or is enrolled for a benefit covered by COBRA. 1 = Termination of Employment 2 = Reduction of work hours 3 = Medicare 4 = Death 5 = Divorce 6 = Separation 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee |
| 49 | Employment Status Code | | | | S | INS08 | AO = Active Military - Overseas AU = Active Military - USA FT = Full-time L1 = Leave of Absence PT = Part-time RT = Retired TE = Terminated |
| 49 | Student Status Code | | | | S | INS09 | F = Full-time N = Not a student P = Part-time |
| 49 | Handicap Indicator | | | | S | INS10 | N = No Y = Yes |
| 50 | Date Time Period Format Qualifier | | | | S | INS11 | D8 |
| 50 | Insured Individual Death Date | | | | S | INS12 | Use this date for the date of death of the subscriber/dependant. |
| 50 | Confidentiality Code | | | | Not Used | INS13 | |
| 50 | City Name | | | | Not Used | INS14 | |
| 50 | State or Province Code | | | | Not Used | INS15 | |
| 50 | Country Code | | | | Not Used | INS16 | |
| 50 | Birth Sequence Number | | | | S | INS17 | |

| 51 | SUBSCRIBER NUMBER | R | 020 | REF | | | | |
|-----------|-------------------------------------|----------|------------|------------|----------|-------|----|---|
| 51 | Reference Identification Qualifier | | | | R | REF01 | 0F | 0F = Subscriber Number |
| 52 | Subscriber Identifier | | | | R | REF02 | | |
| 52 | Description | | | | Not Used | REF03 | | |
| 52 | Reference Identifier | | | | Not Used | REF04 | | |
| 53 | MEMBER POLICY NUMBER | S | 020 | REF | | | | |
| 53 | Reference Identification Qualifier | | | | R | REF01 | 1L | 1L = Group or Policy Number |
| 53 | Insured Group or Policy Number | | | | R | REF02 | | |
| 54 | Description | | | | Not Used | REF03 | | |
| 54 | Reference Identifier | | | | Not Used | REF04 | | |
| 55 | MEMBER IDENTIFICATION NUMBER | S | 020 | REF | | | | |
| 55 | Reference Identification Qualifier | | | | R | REF01 | | 17 = Client Reporting Category 23 = Client Number 3H = Case Number 6O = Cross Reference Number DX = Department/Agency Number F6 = Health Insurance Claim (HIC) Number Q4 = Prior Identifier Number ZZ = Mutually Defined |
| 56 | Subscriber Supplemental Indicator | | | | R | REF02 | | |
| 56 | Description | | | | Not Used | REF03 | | |
| 56 | Reference Identifier | | | | Not Used | REF04 | | |
| 57 | PRIOR COVERAGE MONTHS | S | 020 | REF | | | | |
| 57 | Reference Identification Qualifier | | | | R | REF01 | QQ | QQ = Unit Number |
| 58 | Prior Coverage Month Count | | | | R | REF02 | | |
| 58 | Description | | | | Not Used | REF03 | | |
| 58 | Reference Identifier | | | | Not Used | REF04 | | |

| 59 | MEMBER LEVEL DATES | S | 025 | DTP | | | |
|-----------|---------------------------------------|----------|------------|------------|----------|-------|--|
| 59 | Date/Time Qualifier | | | | R | DTP01 | 286 = Retirement 296 = Return to Work 297 = Date Last Worked 300 = Enrollment Signature Date 301 = Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event 303 = Maintenance Effective 336 = Employment Begin 337 = Employment End 338 = Medicare Begin 339 = Medicare End 340 = Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 = Consolidated Omnibus Budget Reconciliation Act (COBRA) End 350 = Education Begin 351 = Education End 356 = Eligibility Begin 357 = Eligibility End 383 = Adjusted Hire 393 = Plan Participation Suspension 394 = Rehire 473 = Medicaid Begin 474 = Medicaid End |
| 60 | Date Time Period Format Qualifier | | | | R | DTP02 | D8 |
| 60 | Status Information Effective Date | | | | R | DTP03 | |
| 61 | Loop ID: 2100A MEMBER NAME | R | 030 | NM1 | | | |
| 62 | Entity Identifier Code | | | | R | NM101 | 74 = Corrected Insured IL = Insured or Subscriber |
| 62 | Entity Type Qualifier | | | | R | NM102 | 1 = Person |
| 62 | Subscriber last Name | | | | R | NM103 | |
| 62 | Subscriber First Name | | | | R | NM104 | |
| 62 | Subscriber Middle Name | | | | S | NM105 | |
| 62 | Subscriber Name Prefix | | | | S | NM106 | |
| 62 | Subscriber Name Suffix | | | | S | NM107 | |
| 63 | Identification Code Qualifier | | | | S | NM108 | 34 = SSN ZZ = Mutually Defined |
| 63 | Subscriber Identifier | | | | S | NM109 | |
| 63 | Entity Relationship Code | | | | Not Used | NM110 | |
| 63 | Entity Identifier Code | | | | Not Used | NM111 | |

| 64 | MEMBER COMMUNICATIONS NUMBERS | S | 040 | PER | | | | |
|----|---|----------|------------------------------|------------|----------|-------|----|--|
| 65 | Contact Function Code | | | | R | PER01 | IP | IP = Insured Party |
| 65 | Name | | | | Not Used | PER02 | | |
| 65 | Communication Number Qualifier | | | | R | PER03 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 65 | Communication Number | | | | R | PER04 | | |
| 65 | Communication Number Qualifier | | Not Reviewed by Health Plans | | S | PER05 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 66 | Communication Number | | | | S | PER06 | | |
| 66 | Communication Number Qualifier | | | | S | PER07 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 66 | Communication Number | | | | S | PER08 | | |
| 66 | Contact Inquiry Reference | | | | Not Used | PER09 | | |
| 67 | MEMBER RESIDENCE STREET ADDRESS | S | 050 | N3 | | | | REQUIRED when enrolling subscriber, when enrolling a dependant and the dependant's address is different from the subscriber and when changing a member's address. |
| 67 | Subscriber Address Line | | | | R | N301 | | |
| 67 | Subscriber Address Line | | | | R | N302 | | |
| 68 | MEMBER RESIDENCE CITY, STATE, ZIP CODE | S | 060 | N4 | | | | |
| 68 | Subscriber City Name | | | | R | N401 | | |
| 68 | Subscriber State Code | | | | R | N402 | | |
| 69 | Subscriber Postal Zone or ZIP Code | | | | R | N403 | | |
| 69 | Country Code | | | | S | N404 | | |
| 69 | Location Qualifier | | | | S | N405 | | 60 = Area CY = County/Parish |
| 69 | Location Identification Code | | | | S | N406 | | |
| 70 | MEMBER DEMOGRAPHICS | S | 080 | DMG | | | | |
| 70 | Date Time Period Format Qualifier | | | | R | DMG01 | D8 | D8 = CCYYMMDD |

| 71 | Member Birth Date | | | | R | DMG02 | |
|----|----------------------------|--|--|--|----------|-------|--|
| 71 | Gender Code | | | | R | DMG03 | F = Female M = Male U = Unknown |
| 71 | Marital Status Code | | | | S | DMG04 | B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported S = Separated U = Unmarried W = Widowed X = Legally Separated |
| 72 | Race or Ethnicity Code | | | | S | DMG05 | 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 |
| 72 | Citizenship Status Code | | | | S | DMG06 | 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 |
| 72 | Country Code | | | | Not Used | DMG07 | |
| 72 | Basis of Verification Code | | | | Not Used | DMG08 | |
| 72 | Quantity | | | | Not Used | DMG09 | |

| 73 | MEMBER INCOME | S | 110 | ICM | | | This segment should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer. |
|-----------|----------------------------------|----------|------------------------------|------------|----------|-------|---|
| 73 | Frequency Code | | | | R | ICM01 | 1 = Weekly 2 = Biweekly 3 = Semimonthly 4 = Monthly 6 = Daily 7 = Annual 8 = Two Calendar Months 9 = Lump-Sum Separation Allowance B = Year-to-Date C = Single H = Hourly Q = Quarterly S = Semiannual U = Unknown |
| 74 | Wage Amount | | | | R | ICM02 | |
| 74 | Hours Worked Count | | | | S | ICM03 | |
| 74 | Location Identification Code | | | | S | ICM04 | |
| 74 | Salary Grade Code | | | | S | ICM05 | |
| 74 | Currency Code | | | | Not Used | ICM06 | |
| 75 | MEMBER POLICY AMOUNTS | S | 120 | AMT | | | |
| 75 | Amount Qualifier Code | | Not Reviewed by Health Plans | | R | AMT01 | B9 = Co-insurance - Actual C1 = Co-Payment Amount D2 = Deductible Amount P3 = Premium Amount |
| 75 | Contract Amount | | | | R | AMT02 | |
| 75 | Credit/Debit Flag Code | | | | Not Used | AMT03 | |
| 76 | MEMBER HEALTH INFORMATION | S | 130 | HLH | | | |
| 76 | Health-Related Code | | | | S | HLH01 | N = None S = Substance Abuse T = Tobacco Use U = Unknown X = Tobacco Use and Substance Abuse |
| 77 | Member Height | | | | S | HLH02 | |
| 77 | Member Weight | | | | S | HLH03 | |
| 77 | Weight | | | | Not Used | HLH04 | |
| 77 | Description | | | | Not Used | HLH05 | |
| 77 | Current Health Condition | | | | Not Used | HLH06 | |
| 77 | Description | | | | Not Used | HLH07 | |
| 78 | MEMBER LANGUAGE | S | 150 | LUI | | | |

| | | | | | | | | |
|-----------|--|----------|------------|------------|----------|-------|----|--|
| 79 | Identification Code Qualifier | | | | S | LUI01 | | LD = NISO Z39.53 Language Codes LE = ISO 639 Language Codes |
| 79 | Language Code | | | | S | LUI02 | | |
| 79 | Language Description | | | | S | LUI03 | | |
| 79 | Language Use Indicator | | | | S | LUI04 | | 5 = Language Reading 6 = Language Speaking 7 = Native Language |
| 79 | Language Proficiency Indicator | | | | Not Used | LUI05 | | |
| 80 | Loop ID: 2100B INCORRECT MEMBER NAME | S | 030 | NM1 | | | | |
| 81 | Entity Identifier Code | | | | R | NM101 | 70 | 70 = Prior Incorrect Insured |
| 81 | Entity Type Qualifier | | | | R | NM102 | 1 | 1 = Person |
| 81 | Prior Incorrect Insured Last Name | | | | R | NM103 | | |
| 81 | Prior Incorrect Insured First Name | | | | R | NM104 | | |
| 81 | Prior Incorrect Insured Middle Name | | | | S | NM105 | | |
| 81 | Prior Incorrect Insured Name Prefix | | | | S | NM106 | | |
| 81 | Prior Incorrect Insured Name Suffix | | | | S | NM107 | | |
| 82 | Identification Code Qualifier | | | | S | NM108 | 34 | 34 = Social Security Number ZZ = Mutually Defined |
| 82 | Prior Incorrect Insured Identifier | | | | S | NM109 | | |
| 82 | Entity Relationship Code | | | | Not Used | NM110 | | |
| 82 | Entity Identifier Code | | | | Not Used | NM111 | | |
| 83 | INCORRECT MEMBER DEMOGRAPHICS | S | 080 | DMG | | | | |
| 83 | Date Time Period Format Qualifier | | | | R | DMG01 | D8 | D8 = CCYYMMDD |
| 84 | Prior Incorrect Insured Birth Date | | | | R | DMG02 | | |
| 84 | Prior Incorrect Insured Gender Code | | | | R | DMG03 | | F = Female M = Male U = Unknown |
| 84 | Marital Status Code | | | | Not Used | DMG04 | | |
| 84 | Race or Ethnicity Code | | | | Not Used | DMG05 | | |
| 84 | Citizenship Status Code | | | | Not Used | DMG06 | | |
| 84 | Country Code | | | | Not Used | DMG07 | | |
| 84 | Basis of Verification Code | | | | Not Used | DMG08 | | |
| 84 | Quantity | | | | Not Used | DMG09 | | |
| 85 | Loop ID: 2100C MEMBER MAILING ADDRESS | S | 030 | NM1 | | | | |
| 86 | Entity Identifier Code | | | | R | NM101 | 31 | 31 = Postal Mailing Address |
| 86 | Entity Type Qualifier | | | | R | NM102 | 1 | 1 = Person |
| 86 | Name Last or Org Name | | | | Not Used | NM103 | | |
| 86 | Name First | | | | Not Used | NM104 | | |
| 86 | Name Middle | | | | Not Used | NM105 | | |
| 86 | Name Prefix | | | | Not Used | NM106 | | |
| 86 | Name Suffix | | | | Not Used | NM107 | | |

| 86 | ID Code Qualifier | | | | Not Used | NM108 | | |
|-----------|---|----------|------------------------------|------------|----------|-------|----|--|
| 86 | ID Code | | | | Not Used | NM109 | | |
| 86 | Entity Relationship Code | | | | Not Used | NM110 | | |
| 86 | Entity Identifier Code | | | | Not Used | NM111 | | |
| 87 | MEMBER MAIL STREET ADDRESS | S | 050 | N3 | | | | |
| 87 | Subscriber Address Line | | | | R | N301 | | |
| 87 | Subscriber Address Line | | | | S | N302 | | |
| 88 | MEMBER MAIL CITY, STATE, ZIP | S | 060 | N4 | | | | |
| 88 | Subscriber City Name | | | | R | N401 | | |
| 88 | Subscriber State Code | | | | R | N402 | | |
| 88 | Subscriber Postal Zone or ZIP Code | | | | R | N403 | | |
| 89 | Country Code | | | | S | N404 | | |
| 89 | Location Qualifier | | | | Not Used | N405 | | |
| 89 | Location Identifier | | | | Not Used | N406 | | |
| 90 | Loop ID: 2100D MEMBER EMPLOYER | S | 030 | NM1 | | | | |
| 90 | Entity ID Code | | Not Reviewed by Health Plans | | R | NM101 | ES | |
| 91 | Entity Type Qualifier | | | | R | NM102 | | ES = Employer Name 1 = Person 2 = Non-Person Entity |
| 91 | Insured Employer Name | | | | S | NM103 | | |
| 91 | Insured Employer First Name | | | | S | NM104 | | |
| 91 | Insured Employer Name Middle | | | | S | NM105 | | |
| 91 | Name Prefix | | | | Not Used | NM106 | | |
| 91 | Insured Employer Name Suffix | | | | S | NM107 | | |
| 91 | ID Code Qualifier | | | | S | NM108 | ZZ | ZZ = Mutually Defined |
| 91 | ID Code | | | | S | NM109 | | |
| 91 | Entity Relationship Code | | | | Not Used | NM110 | | |
| 91 | Entity Identifier Code | | | | Not Used | NM111 | | |
| 92 | MEMBER EMPLOYER COMMUNICATIONS NUMBERS | S | 040 | PER | | | | |
| 93 | Contact Function Code | | Not Reviewed by Health Plans | | R | PER01 | EP | EP = Employer Contact |
| 93 | Name | | | | Not Used | PER02 | | |
| 93 | Communication Number Qualifier | | | | R | PER03 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile TE = Telephone |
| 93 | Communication Number | | | | R | PER04 | | |
| 93 | Communication Number Qualifier | | | | S | PER05 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile TE = Telephone |
| 94 | Communication Number | | | | S | PER06 | | |

| | | | | | | | | |
|-----------|--|----------|------------------------------|------------|----------|-------|----|--|
| 94 | Communication Number Qualifier | | | | S | PER07 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile TE = Telephone |
| 94 | Communication Number | | | | S | PER08 | | |
| 94 | Contact Inquiry Ref | | | | Not Used | PER09 | | |
| 95 | MEMBER EMPLOYER STREET ADDRESS | S | 050 | N3 | | | | |
| 95 | Insured Employer Address Line | | Not Reviewed by Health Plans | | R | N301 | | |
| 95 | Insured Employer Address Line | | Not Reviewed by Health Plans | | S | N302 | | |
| 96 | MEMBER EMPLOYER CITY, STATE, ZIP | S | 060 | N4 | | | | |
| 96 | Insured Employer City Name | | Not Reviewed by Health Plans | | R | N401 | | |
| 96 | Insured Employer State Code | | Not Reviewed by Health Plans | | R | N402 | | |
| 97 | Insured Employer Postal Zone or ZIP Code | | Not Reviewed by Health Plans | | R | N403 | | |
| 97 | Country Code | | Not Reviewed by Health Plans | | S | N404 | | |
| 97 | Location Qualifier | | Not Reviewed by Health Plans | | Not Used | N405 | | |
| 97 | Location Identifier | | Not Reviewed by Health Plans | | Not Used | N406 | | |
| 98 | Loop ID: 2100E MEMBER SCHOOL | S | 030 | NM1 | | | | |
| 98 | Entity Identifier Code | | Not Reviewed by Health Plans | | R | NM101 | M8 | M8 = Educational Institution |
| 99 | Entity Identifier Qualifier | | Not Reviewed by Health Plans | | R | NM102 | 2 | 2 = Non-Person Entity |
| 99 | School Name | | Not Reviewed by Health Plans | | R | NM103 | | |
| 99 | Name First | | Not Reviewed by Health Plans | | Not Used | NM104 | | |
| 99 | Name Middle | | Not Reviewed by Health Plans | | Not Used | NM105 | | |
| 99 | Name Prefix | | Not Reviewed by Health Plans | | Not Used | NM106 | | |
| 99 | Name Suffix | | Not Reviewed by Health Plans | | Not Used | NM107 | | |
| 99 | Identification Code Qualifier | | Not Reviewed by Health Plans | | Not Used | NM108 | | |
| 99 | Identification Code | | Not Reviewed by Health Plans | | Not Used | NM109 | | |
| 99 | Entity Code Qualifier | | Not Reviewed by Health Plans | | Not Used | NM110 | | |
| 99 | Entity Identifier Code | | Not Reviewed by Health Plans | | Not Used | NM111 | | |

| 100 | MEMBER SCHOOL COMMUNICATIONS NUMBERS | S | 040 | PER | | | |
|------------|---|----------|------------------------------|------------|-------|----|--|
| 101 | Contact Function Code | | Not Reviewed by Health Plans | R | PER01 | SK | SK = School Clerk |
| 101 | Name | | | Not Used | PER02 | | |
| 101 | Communication Number Qualifier | | | R | PER03 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile TE = Telephone |
| 101 | Communication Number | | | R | PER04 | | |
| 101 | Communication Number Qualifier | | | S | PER05 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile TE = Telephone |
| 102 | Communication Number | | | S | PER06 | | |
| 102 | Communication Number Qualifier | | | S | PER07 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile TE = Telephone |
| 102 | Communication Number | | | S | PER08 | | |
| 102 | Contact Inquiry Ref | | | Not Used | PER09 | | |
| 103 | MEMBER SCHOOL STREET ADDRESS | S | 050 | N3 | | | |
| 103 | School Address Line | | Not Reviewed by Health Plans | R | N301 | | |
| 103 | School Address Line | | | S | N302 | | |
| 104 | MEMBER SCHOOL CITY, STATE, ZIP | S | 060 | N4 | | | |
| 104 | School City Name | | Not Reviewed by Health Plans | R | N401 | | |
| 104 | School State Code | | | R | N402 | | |
| 105 | School Postal Zone or ZIP Code | | | R | N403 | | |
| 105 | Country Code | | | S | N404 | | |
| 105 | Location Qualifier | | | Not Used | N405 | | |
| 105 | Location ID | | | Not Used | N406 | | |
| 106 | Loop ID: 2100F CUSTODIAL PARENT | S | 030 | NM1 | | | |
| 107 | Entity ID Code | | Not Reviewed by Health Plans | R | NM101 | S3 | S3 = Custodial Parent |
| 107 | Entity Type Qualifier | | | R | NM102 | 1 | 1 = Person |
| 107 | Custodial Parent Last Name | | | R | NM103 | | |
| 107 | Custodial Parent First Name | | | R | NM104 | | |
| 107 | Custodial Parent Middle Name | | | S | NM105 | | |
| 107 | Custodial Parent Name Prefix | | | S | NM106 | | |
| 107 | Custodial Parent Name Suffix | | | S | NM107 | | |
| 107 | ID Code Qualifier | | | S | NM108 | | 34 = SSN ZZ = Mutually Defined |

| 108 | Custodial Parent Identifier | | | | S | NM109 | | |
|------------|--|----------|------------------------------|------------|----------|-------|----|--|
| 108 | Entity Relationship Code | | | | Not Used | NM110 | | |
| 108 | Entity ID Code | | | | Not Used | NM111 | | |
| 109 | CUSTODIAL PARENT COMMUNICATIONS NUMBERS | S | 040 | PER | | | | |
| 110 | Contact Function Code | | Not Reviewed by Health Plans | | R | PER01 | PQ | |
| 110 | Name | | | | Not Used | PER02 | | |
| 110 | Communication Number Qualifier | | | | R | PER03 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 110 | Communication Number | | | | R | PER04 | | |
| 110 | Communication Number Qualifier | | | | S | PER05 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 111 | Communication Number | | | | S | PER06 | | |
| 111 | Communication Number Qualifier | | | | S | PER07 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 111 | Communication Number | | | | S | PER08 | | |
| 111 | Contact Inquiry Ref | | | | Not Used | PER09 | | |
| 112 | CUSTODIAL PARENT STREET ADDRESS | S | 050 | N3 | | | | |
| 112 | Custodial Parent Address Line | | Not Reviewed by Health Plans | | R | N301 | | |
| 112 | Custodial Parent Address Line | | | | S | N301 | | |
| 113 | CUSTODIAL PARENT CITY, STATE, ZIP | S | 060 | N4 | | | | |
| 113 | Custodial Parent City Name | | Not Reviewed by Health Plans | | R | N401 | | |
| 113 | Custodial Parent State Code | | | | R | N402 | | |
| 114 | Custodial Parent Postal Zone or ZIP Code | | | | R | N403 | | |
| 114 | Country Code | | | | S | N404 | | |
| 114 | Location Qualifier | | | | Not Used | N405 | | |
| 114 | Location ID | | | Not Used | N406 | | | |

| 115 | Loop ID: 2100G RESPONSIBLE PERSON | S | 030 | NM1 | | | | |
|------------|--|----------|------------------------------|------------|----------|-------|----|--|
| 115 | Entity ID Code | | Not Reviewed by Health Plans | | R | NM101 | | E1 = Person or Other Entity Legally Responsible for a Child E1 = Executor of Estate EXS = Ex-spouse GD = Guardian J6 = Power of Attorney QD = Responsible Party |
| 116 | Entity Type Qualifier | | | | R | NM102 | 1 | 1 = Person |
| 116 | Responsible Party Last or Organization Name | | | | R | NM103 | | |
| 116 | Responsible Party First Name | | | | R | NM104 | | |
| 116 | Responsible Party Middle Name | | | | S | NM105 | | |
| 116 | Responsible Party Name Prefix | | | | S | NM106 | | |
| 116 | Responsible Party Name Suffix | | | | S | NM107 | | |
| 117 | ID Code Qualifier | | | | S | NM108 | | 34 = Social Security Number ZZ = Mutually Defined |
| 117 | Responsible Party Identifier | | | | S | NM109 | | |
| 117 | Entity Relationship Code | | | | Not Used | NM110 | | |
| 117 | Entity ID Code | | | | Not Used | NM111 | | |
| 118 | RESPONSIBLE PERSON COMMUNICATIONS NUMBERS | S | 040 | PER | | | | |
| 119 | Contact Function Code | | Not Reviewed by Health Plans | | R | PER01 | RP | RP = Responsible Person |
| 119 | Name | | | | Not Used | PER02 | | |
| 119 | Communication Number Qualifier | | | | R | PER03 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 119 | Communication Number | | | | R | PER04 | | |
| 119 | Communication Number Qualifier | | | | S | PER05 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 120 | Communication Number | | | | S | PER06 | | |
| 120 | Communication Number Qualifier | | | | S | PER07 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 120 | Communication Number | | | | S | PER08 | | |

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|-----|---|----------|------------------------------|------------|----------|-------|----|---|
| 120 | Contact Inquiry Ref | | | | Not Used | PER09 | | |
| 121 | RESPONSIBLE PERSON STREET ADDRESS | S | 050 | N3 | | | | |
| 121 | Responsible Party Address Line | | Not Reviewed by Health Plans | | R | N301 | | |
| 121 | Responsible Party Address Line | | | | S | N301 | | |
| 122 | RESPONSIBLE PERSON CITY, STATE, ZIP | S | 060 | N4 | | | | |
| 122 | Responsible Party City Name | | Not Reviewed by Health Plans | | R | N401 | | |
| 123 | Responsible Party State Code | | | | R | N402 | | |
| 123 | Responsible Party Postal Zone or ZIP Code | | | | R | N403 | | |
| 123 | Country Code | | | | S | N404 | | |
| 123 | Location Qualifier | | | | Not Used | N405 | | |
| 123 | Location ID | | | | Not Used | N406 | | |
| 124 | Loop ID: 2200 DISABILITY INFORMATION | S | 200 | DSB | | | | |
| 124 | Disability Type Code | | | | R | DSB01 | | 1 = Short Term Disability 2 = Long Term Disability 3 = Permanent or Total Disability 4 = No Disability |
| 125 | Qty | | | | Not Used | DSB01 | | |
| 125 | Occupation Code | | | | Not Used | DSB02 | | |
| 125 | Work Intensity Code | | | | Not Used | DSB04 | | |
| 125 | Product Option Code | | | | Not Used | DSB05 | | |
| 125 | Monetary Amt | | | | Not Used | DSB06 | | |
| 125 | Product/Service ID Qualifier | | | | S | DSB07 | DX | DX = International Classification of Diseases Clinical Modification (ICD-9-CM) – Diagnosis |
| 125 | Diagnosis Code | | | | S | DSB08 | | |
| 126 | DISABILITY ELIGIBILITY DATES | S | 210 | DTP | | | | |
| 126 | Date/Time Qualifier | | | | R | DTP01 | | 360 = Disability Begin 361 = Disability End |
| 126 | Date Time Period Format Qualifier | | | | R | DTP02 | D8 | D8 = CCYYMMDD |
| 127 | Disability Eligibility Date | | | | R | DTP03 | | |
| 128 | Loop ID: 2300 HEALTH COVERAGE | S | 260 | HD | | | | |
| 128 | Maintenance Type Code | | | | R | HD01 | | 001 = Change 002 = Delete 021 = Addition 024 = Cancellation or Termination 025 = Reinstatement 026 = Correction 030 = Audit or Compare 032 = Employee Information Not Applicable |

| 129 | Maintenance Reason Code | | | | Not Used | HD02 | |
|-----|-----------------------------------|--|--|--|----------|------|---|
| 129 | Insurance Line Code | | | | R | HD03 | AG = Preventative Care/Wellness AH = 24 Hour Care AJ = Medicare Risk AK = Mental Health DCP = Dental Capitation DEN = Dental EPO = Exclusive Provider Organization FAC = Facility HE = Hearing HLT = Health HMO = Health Maintenance Organization LTC = Long-Term Care LTD = Long-Term Disability MM = Major Medical MOD = Mail Order Drug PDG = Prescription Drug POS = Point of Service PPO = Preferred Provider Organization PRA = Practitioners STD = Short-Term Disability UR = Utilization Review VIS = Vision |
| 130 | Plan Coverage Description | | | | S | HD04 | |
| 130 | Coverage Level Code | | | | S | HD05 | CHD = Children Only DEP = Only E1D = Employee and One Dependant 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 |
| 131 | Count | | | | Not Used | HD06 | |
| 131 | Count | | | | Not Used | HD07 | |
| 131 | Underwriting Decision Code | | | | Not Used | HD08 | |
| 131 | Yes/No Condition or Response Code | | | | Not Used | HD09 | |
| 131 | Drug House Code | | | | Not Used | HD10 | |

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|------------|---|----------|------------------------------|------------|----------|-------|----|---|
| 131 | Yes/No Condition or Response Code | | | | Not Used | HD11 | | |
| 132 | Health Coverage Dates | R | 27 | DTP | | | | |
| 132 | Date/Time Qualifier | | | | R | DTP01 | | 303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End 543 = Last Premium Paid Date |
| 133 | Date Time Period Format Qualifier | | | | R | DTP02 | D8 | D8 = CCYYMMDD |
| 133 | Coverage Period | | | | R | DTP03 | | |
| 134 | Health Coverage Policy | S | 280 | AMT | | | | |
| 134 | Amount Qualifier Code | | Not Reviewed by Health Plans | | R | AMT01 | | B9 = Co-insurance - Actual C1 = Co-Payment Amount D2 = Deductible Amount P3 = Premium Amount |
| 134 | Contract Amount | | | | R | AMT02 | | |
| 134 | Credit/Debit Flag Code | | | | Not Used | AMT03 | | |
| 135 | Health Coverage Policy Number | S | 290 | REF | | | | |
| 135 | Reference Identification Qualifier | | | | R | REF01 | | 17 = Client Reporting Category 1L = Group or Policy Number ZZ = Mutually Defined |
| 136 | Insured Group or Policy Number | | | | R | REF02 | | |
| 136 | Description | | | | Not Used | REF03 | | |
| 136 | Reference Identifier | | | | Not Used | REF04 | | |
| 137 | ID Card | S | 300 | IDC | | | | |
| 137 | Plan Coverage Description | | | | R | IDC01 | | |
| 137 | Identification Card Type Code | | | | R | IDC02 | | D = Dental Insurance H = Health Insurance P = Prescription Drug Service Drug Insurance |
| 138 | Identification Card Count | | | | S | IDC03 | | |
| 138 | Action Code | | | | S | IDC04 | | 1 = Add 2 = Change RX = Replace |
| 139 | Loop ID: 2310 PROVIDER INFORMATION | S | 310 | LX | | | | |
| 139 | Assigned Number | | | | R | LX01 | | |
| 140 | PROVIDER NAME | R | 320 | NM1 | | | | |

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|------------|--|----------|------------------------------|------------|----------|-------|----|---|
| 141 | Entity ID Code | | | | R | NM101 | P3 | 3D = Obstetrics and Gynecology Facility OD = Doctor of Optometry P3 = Primary Care Provider QA = Pharmacy QN = Dentist Y2 = Managed Care Organization |
| 141 | Entity Type Qualifier | | | | R | NM102 | | 1 = Person 2 = Non-Person |
| 141 | Provider Last or Organization Name | | | | S | NM103 | | |
| 141 | Provider First Name | | | | S | NM104 | | |
| 141 | Provider Middle Name | | | | S | NM105 | | |
| 141 | Provider Name Prefix | | | | S | NM106 | | |
| 142 | Provider Name Suffix | | | | S | NM107 | | |
| 142 | ID Code Qualifier | | | | S | NM108 | | 34 = SSN FI = TIN SV = Service Provider Number XX = Health Care Financing Administration National Provider Identifier |
| 142 | Provider Identifier | | | | S | NM109 | | |
| 142 | Entity Relationship Code | | | | R | NM110 | | 25 = Established Patient 26 = Not Established Patient 72 = Unknown |
| 142 | Entity ID Code | | | | Not Used | NM111 | | |
| 143 | PROVIDER CITY, STATE, ZIP | S | 060 | N4 | | | | |
| 143 | Provider City Name | | Not Reviewed by Health Plans | | R | N401 | | |
| 143 | Provider State Code | | | | R | N402 | | |
| 144 | Provider Postal Zone or ZIP Code | | | | R | N403 | | |
| 144 | Country Code | | | | S | N404 | | |
| 144 | Location Qualifier | | | | S | N405 | | 60 = Area CY = County/Parish RJ = Region |
| 144 | Location ID | | | | S | N406 | | |
| 145 | PROVIDER COMMUNICATIONS NUMBERS | S | 040 | PER | | | | |
| 146 | Contact Function Code | | Not Reviewed by Health Plans | | R | PER01 | IC | IC = Information Contact |
| 146 | Name | | | | Not Used | PER02 | | |
| 146 | Communication Number Qualifier | | | | R | PER03 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 146 | Communication Number | | | | R | PER04 | | |

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|------------|---|----------|------------|------------|----------|-------|----|--|
| 146 | Communication Number Qualifier | | | | S | PER05 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 146 | Communication Number | | | | S | PER06 | | |
| 147 | Communication Number Qualifier | | | | S | PER07 | | EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number |
| 147 | Communication Number | | | | S | PER08 | | |
| 147 | Contact Inquiry Reference | | | | Not Used | PER09 | | |
| 148 | PCP CHANGE REASON | S | 395 | PLA | | | | |
| 148 | Action Code | | | | R | PLA01 | 2 | 2 = Change |
| 148 | Entity ID Code | | | | R | PLA02 | 1P | 1P = Provider |
| 148 | Provider Effective Date | | | | R | PLA03 | | |
| 149 | Time | | | | Not Used | PLA04 | | |
| 149 | Maintenance Reason Code | | | | R | PLA05 | | 14 = Voluntary Withdrawal 22 = Plan Change 46 = Current Customer Information File in Error AA = Dissatisfaction with Office Staff AB = Dissatisfaction with Medical Care/Services Rendered AC = Inconvenient Office Location AD = Dissatisfaction with Office Hours AE = Unable to Schedule Appointments in a Timely Manner AF = Dissatisfaction with Physician's Referral Policy AG = Less Respect and Attention Time Given than Other Patients AH = Patient Moved to a New Location AI = No Reason Given AJ = Appointment Times not Met in a Timely Manner |
| 150 | Loop ID: 2320 COORDINATION OF BENEFITS | S | 400 | COB | | | | |
| 150 | Payer Responsibility Sequence Number Code | | | | R | COB01 | | P = Primary S = Secondary T = Tertiary U = Unknown |
| 151 | Insured Group or Policy Number | | | | S | COB02 | | |

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|-----|-------------------------------------|----------|------------|------------|----------|-------|----|---|
| 151 | COB Code | | | | R | COB03 | | 1 = Coordination of Benefits 5 = Unknown 6 = No Coordination of Benefits |
| 152 | ADDITIONAL COB IDENTIFIERS | S | 405 | REF | | | | |
| 152 | Reference ID Qualifier | | | | R | REF01 | | 60 = Account Suffix Code 6P = Group Number A6 = Employee Identification Number SY = Social Security Number ZZ = Mutually Defined |
| 153 | Insured Group or Policy Number | | | | R | REF02 | | |
| 153 | Description | | | | Not Used | REF03 | | |
| 153 | Ref ID | | | | Not Used | REF04 | | |
| 154 | OTHER INSURANCE COMPANY NAME | S | 410 | N1 | | | | |
| 154 | Entity ID Code | | | | R | N101 | IN | IN = insurer |
| 154 | Insurer Name | | | | S | N102 | | |
| 155 | ID Code Qualifier | | | | S | N103 | | FI = Federal Taxpayer's Identification Number NI = National Association of Insurance Commissioners (NAIC) Identification XV = Health Care Financing Administration National PlanID |
| 155 | Insured Group or Policy Number | | | | S | N104 | | |
| 155 | Entity Relationship Code | | | | Not Used | N105 | | |
| 155 | Entity ID Code | | | | Not Used | N106 | | |
| 156 | COB ELIGIBILITY DATES | S | 450 | DTP | | | | |
| 156 | Date/Time Qualifier | | | | R | DTP01 | | 344 = Coordination of Benefits Begin 345 = Coordination of Benefits End |
| 156 | Date Time Period Format Qualifier | | | | R | DTP02 | D8 | D8 = CCYYMMDD |
| 157 | Coordination of Benefits Date | | | | R | DTP03 | | |

| 158 | TRANSACTION SET TRAILER | R | 690 | SE | | | To indicate the end of the transaction set. |
|------------|--------------------------------|----------|------------|-----------|---|------|--|
| 158 | Transaction Segment Count | | | | R | SE01 | Total number of segments included in a transaction set including ST and SE segments. |
| 158 | Transaction Set Control Number | | | | R | SE02 | The Transaction Set Control Numbers in ST02 and SE02 must be identical. The originator assigns the Transaction Set Control Number, which must be unique within a functional group (GS-GE). |

ENVELOPE - Close

| B.10 | FUNCTIONAL GROUP TRAILER | | | GE | | | |
|-------------|--------------------------------------|--|--|------------|---|-------|---|
| B.10 | Number of Transaction Sets Included | | | | R | GE01 | Total number of transaction sets included in the functional group or interchange group terminated by the trailer containing this data element |
| B.10 | Group Control Number | | | | R | GE02 | Assigned number originated and maintained by the sender |
| B.7 | INTERCHANGE CONTROL TRAILER | | | IEA | | | |
| B.7 | Number of Included Functional Groups | | | | R | IEA01 | A count of the number of functional groups included in an interchange |
| B.7 | Interchange Control Number | | | | R | IEA02 | Interchange Control Number |