

**American National Standards Institute (ANSI) X12N 834 V4010**  
**Companion Document**  
**Advance Insurance Company (AIC)**  
**Last Updated 07/24/2003**

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 834 implementation guide has been established as the standards of compliance for health plan enrollment/disenrollment transactions. The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 834 implementation guide. The use of this document is solely for the purpose of clarification.

This document is subject to change as new information is available. Please check the Administrative Services of Kansas, Inc. (ASK) Web Site at [www.ask-edi.com](http://www.ask-edi.com) for updated documents.

This companion document supplements, but does not contradict any requirements in the X12N 834 implementation guide. Additional companion documents will be developed for use with other HIPAA standards, as they become available.

**File Identification**

The following should be submitted in ISA08 – Interchange Receiver ID and GS03 – Application Receivers Code. A value of 'ZZ' should be submitted in ISA07 – Interchange ID Qualifier.

ASK INC (Note: A space should be entered between ASK and INC)

The appropriate trading partner number assigned by ASK, Inc. should be submitted in ISA06 – Interchange Sender ID and GS02 – Application Sender's Code. A value of 'ZZ' should be submitted in ISA05 – Interchange ID Qualifier.

Until assignment of National Plan ID's, the appropriate Payer Federal Tax ID number should be submitted in 1000B-N104 (Identification Code) with a value of 'FI' in 1000B-N103 (Identification Code Qualifier).

Advance Insurance Company

86-0269558

### Information for All Payers

1	ASK will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic enrollment/disenrollment submission.
2	All dates that are submitted on an incoming 834 transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in a rejection of the applicable interchange (transmission).
3	ASK will only process one transaction type (records group) per interchange (transmission); a submitter must only submit one GS-GE (Functional Group) within an ISA –IEA (Interchange).
4	ASK will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Institutional or Professional Implementation Guides.
5	Only loops, segments, and data elements valid for the 834 Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
6	Compression of files using PKZIP or Unix compression is supported for transmissions between the submitter and ASK. Other compression software compatible with these may also be supported.
7	We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the claim file is submitted, but no later than five days after the file submission.
8	ASK will reject an interchange (transmission) that is not submitted with a valid payer identifier.
9	ASK will convert all lower case characters submitted on an inbound 834 file to upper case when sending data to the payer.
10	You must submit incoming 834 enrollment/disenrollment data using the basic character set as defined in Appendix A of the 834 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the translator.
11	The incoming 834 transactions utilize delimiters from the following list: >, *, ~, ^,  , and :. Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected.
12	ASK may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.
13	ASK will return the version of the 834 inbound transaction in GS08 (Versions/Release/Industry/Identifier Codes) of the 997.

### Additional Information

Response reports provide very important information regarding your submissions. Please review the Reading Reports manual available from ASK for more information on the various reports and instructions for reading.

ASK, Inc. encourages the use of PPP (point to point protocol) dialer in your submissions. The support of X and Z modem are being phased out with the migration to the EDI System for HIPAA transactions. Please refer to the Telecommunications Requirements for Transmitting Electronic Data File to the ASK, Inc EDI System for more information.

## Transaction Records/Definitions

### ISA Record

**ISA01**  
**ISA02**  
**ISA03**  
**ISA04**  
**ISA05** ZZ  
**ISA06** Trading Partner number assigned by ASK, Inc.  
**ISA07** ZZ  
**ISA08** ASK INC  
**ISA09**  
**ISA10**  
**ISA11**  
**ISA12**  
**ISA13**  
**ISA14**  
**ISA15**  
**ISA16**

### GS Record

**GS01**  
**GS02** Trading Partner number assigned by ASK, Inc.  
**GS03** ASK INC  
**GS04**  
**GS05**  
**GS06**  
**GS07**  
**GS08**

### ST - Transaction Set Header Record

**ST01:** 834 – Benefit Enrollment and Maintenance  
**ST02:** Transaction Set Control Number  
-must be identical to SE02 in Transaction Set Trailer.  
Ex: ST\*834\*12345~

### BGN - Beginning Segment Record

**BGN01:** Transaction Purpose Code  
00: Original – first time transaction is sent  
**BGN02:** Reference Identification – Transaction Set Identification Code.  
**BGN03:** Date – Transaction Set Creation Date, CCYYMMDD  
**BGN04:** Transaction Set Creation Time, 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.  
**BGN08:** Action Code  
2: Change (update)

### REF: Transaction Set Policy Number

**REF01:** 38 Master Policy Number  
**REF02:** Master Policy Number – Group Number

### DTP: File Effective Date

**DTP01:** Date/Time Qualifier for transactions  
007 = Effective Date

303 = Maintenance Effective Date  
382 = Enrollment Date

**DTP02:** Date Expressed in format CCYYMMDD of indicated Date/Time Qualifier

**DTP03:** Date Time Period in format HHMMSSDD of indicated Date/Time Qualifier

#### **N1 – Sponsor Name**

**N101:** P5 – Plan Sponsor

**N102:** Name – Group or Division Name

**N103:** Identification Code Qualifier  
ZZ – Mutually defined code  
F1 – Federal Taxpayer's ID

**N104:** Group and Division Number

#### **N1 - Payer**

**N101:** IN – Insurer

**N102:** Name – Advance Insurance Company

**N103:** Identification Code Qualifier  
FI – Federal Tax ID  
XV – Health Care Financing Administration National Plan ID

**N104:** Identification Code

#### **N1 – Broker Name**

**N101:** BO – Broker

**N102:** Broker Name

**N103:** Broker Identification Code Qualifier  
FI – Federal Tax ID  
XV – Health Care Financing Administration National Plan ID

**N104:** Broker Identification Code

#### **INS - Member Level Detail**

**INS01:** Yes/No Condition or Response Code. If INS02 Relationship code = 18 INS01 must be equal to "Y", use "N" for all other INS02 codes.

**INS02:** Individual Relationship Code. Any invalid codes used will be reported back to the Group. Valid codes:

01 – Spouse  
09 – Adopted Child  
17 – Stepson or Stepdaughter  
18 – Self (INS01 must be "Y" if 18 is used)  
19 – Child  
23 – Sponsored Dependent  
53 – Life Partner

**INS03:** Maintenance Type Code. Valid codes:

001 – Change. Used to change an existing subscriber/dependent's record.  
021 – Addition. Used to add new subscriber/dependent.  
024 – Cancellation or Termination. Used to Cancel or Terminate subscriber/Dependent.  
025 – Reinstatement. Used to reinstate a subscriber/dependent.

**INS04:** Maintenance Reason Code.

01 – Divorce

02 – Birth  
03 – Death  
04 – Retirement  
07 – Termination of Benefits  
08 – Termination of Employment  
09 – Consolidation Omnibus Budget Reconciliation Act (COBRA)  
16 – Quit  
17 – Fired  
18 – Suspended  
20 – Active  
21 – Disability  
25 – Change in Identifying Data Elements  
28 – Initial Enrollment  
32 – Marriage  
38 – Leave of Absence without any Benefits  
40 – Lay Off without Benefits  
41 – Re-enrollment  
AI – No Reason Given  
XT – Transfer

**INS05:** Benefit Status Code.

If INS05 = C, then INS07 mandatory.

A – Active  
C – COBRA

**INS07:** COBRA Qualifying Event Code

1 – Termination  
2 – Reduction of work hours  
3 – Medicare  
4 – Death  
5 – Divorce  
6 – Separation  
7 – Ineligible Child

**INS08:** Employment Status Code

AO – Active Military – Overseas  
Au – Active Military – USA  
FT – Full Time, Full Time Active Employee  
L1 – Leave of Absence  
PT – Part Time, Part Time Active Employee  
RT – Retired  
TE - Terminated

**INS09:** Student Status Code

F- Full Time student

**INS10:** Handicap Indicator

N - No  
Y - Yes

**INS11:** Date Time Period Format Qualifier

D8 – CCYYMMDD

**INS12:** Insured Individual Death Date, CCYYMMDD. Use this date for death of the subscriber/dependent; or for termination of all benefits.

**REF – Subscriber Number – Member Level Detail**

**REF01:** Reference Identification Qualifier

OF – Subscriber Number (Employee)

**REF02:** Reference Identification

SSN

**REF – Member Policy Number – Member Level Detail**

**REF01:** Reference Identification Qualifier  
IL – Group or Policy Number

**REF02:** Reference Identification  
Group and Division Number

**DTP - Member Level Dates**

**DTP01:** Date/Time Qualifier, code specifying the type of date/time or both date/time.

- 286 – Retirement
- 296 – Return to Work
- 297 – Date last Worked
- 301 – COBRA Qualifying Event
- 303 - Maintenance Effective
- 336 – Employment Begin
- 337 – Employment End
- 340 – COBRA Begin
- 341 – COBRA End
- 394 – Rehire

**DTP02:** Date Time Period Format Qualifier  
D8

**DTP03:** Date Time Period –  
Status Information Effective Date (CCYYMMDD)

**NM1 - Member Name: This segment is required when enrolling a new member, changing a member's demographic information or terminating a member.**

**NM101:** Entity Identifier Code  
74 – Corrected Insured. Use this code if data being sent is to correct the member name or correcting identifying information on a member already enrolled.  
IL – Insured or Subscriber. Use this code for enrolling a new member or updating a member with no change in identifying information.

**NM102:** Entity Type Qualifier  
1 – Person

**NM103:** Last Name of Individual

**NM104:** First Name of Individual

**NM105:** Middle Name of Individual

**NM106:** Prefix Name

**NM107:** Suffix Name

**NM108:** Identification Code Qualifier  
34 – Social Security Number, use this code when NM109 will be SSN  
ZZ – Mutually Defined, use this code when NM109 will be a code other than SSN.

**NM109:** Identification Code – see NM108.

**PER - Member Communications Number: use this segment when contact information is provided during enrollment or if changes are necessary.**

**PER01:** Contact Function Code  
IP – Insured Party

**PER03:** Communication Number Qualifier. If PER03 is used PER04 must also be sent.

HP – Home Phone Number

**PER04:** Communication Number, complete communication number including country or area code when applicable. If either PER04 is sent, PER03 must also be sent.

**N3 - Member Residence Street Address:** required when enrolling a subscriber, or when changing a member's address.

**N301:** Address Information

**N302:** 2<sup>nd</sup> Address line required if second address line exists.

**N4 - Member Residence City, State, Zip Code:** required when enrolling a subscriber, or when changing a member's address.

**N401:** City Name

**N402:** State or Province Code.

**N403:** Postal Code, code defining postal zip code excluding punctuation and blanks.

**N3 - Member Postal Street Address:** required when enrolling a subscriber, or when changing a member's address.

**N301:** Address Information

**N302:** 2<sup>nd</sup> Address line required if second address line exists.

**N4 - Member Postal City, State, Zip Code:** required when enrolling a subscriber, or when changing a member's address.

**N401:** City Name

**N402:** State or Province Code.

**N403:** Postal Code, code defining postal zip code excluding punctuation and blanks.

**DMG - Member Demographics:** required when enrolling a new member, changing a member's demographic information or terminating a member.

**DMG01:** Date Time Period Format Qualifier  
D8

**DMG02:** Date Time Period  
Member Birth date - CCYYMMDD.

**DMG03:** Gender Code  
F – Female  
M - Male

**DMG04:** Marital Status Code  
B – Registered Domestic Partner  
D – Divorced  
I – Single  
M – Married

**DMG06:** Citizenship Code  
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

**ICM - Member Income:** required when enrolling a subscriber in disability benefits, or changing a member's income information.

**ICM01:** Frequency Code – indicates frequency of payment

- 1 – Weekly
- 2 – Biweekly
- 3 – Semimonthly
- 4 – Monthly
- 7 – Annual
- H – Hourly

**ICM02:** Monetary Amount

**ICM03:** Quantity – Number of Hours worked

**ICM05:** Salary Grade – the salary grade assigned by the employer.

**NM1 – Incorrect Member Name:** this segment is only used if a corrected name is sent using a NM1 record or if the previously supplied demographics are being corrected. If only identifying or demographic information is being corrected, the code in NM101 will be IL and the code in this NM101 will be 70.

**NM101:** Entity Identifier Code

- 70 – Prior Incorrect Insured

**NM102:** Entity Type Qualifier

- 1 – Person

**NM103:** Last Name or Organizational Name – prior incorrect last name

**NM104:** First Name – prior incorrect first name

**NM105:** Middle Name – prior incorrect middle name

**NM106:** Prefix – prior incorrect prefix name

**NM107:** Suffix Name – prior incorrect suffix name

**NM108:** Identification Code Qualifier

- 34 – Social Security Number
- ZZ – Mutually Defined Number

**NM109:** Identification Code

**DMG – Incorrect Member Demographics:** this segment is required when there is a change to the previously supplied demographic information.

**DMG01:** Date Time Period Format Qualifier

- D8

**DMG02:** Date Time Period – Prior Incorrect Insured Member Birth date - CCYYMMDD.

**DMG03:** Gender Code - Prior Incorrect Gender Code

- F – Female
- M - Male

**DMG04:** Marital Status Code

- B – Registered Domestic Partner
- D – Divorced
- I – Single
- M – Married

**DMG06:** Citizenship Code

- 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

**HD – Health Coverage:** this segment is required when enrolling a new member or when adding, changing or removing coverage from an existing member

**HD01:** Maintenance Type Code

- 001 – Change
- 002 – Delete
- 021 – Addition
- 024 – Cancellation or Termination
- 025 – Reinstatement
- 026 – Correction

**HD03:** Insurance Line Code

- DEN – Dental
- LTD – Long Term Disability
- PPO – Preferred Provider Organization
- STD – Short Term Disability

**HD05:** Coverage Level Code – this information is only needed if the member identified in the INS segment is the member.

- E1D – Employee and One Dependent
- ECH – Employee and Children
- EMP – Employee Only
- ESP – Employee and Spouse
- FAM – Family
- SPC – Spouse and Children
- SPO – Spouse Only

**DTP – Health Coverage Dates:** this segment contains the date that maintenance was performed, effective date, or the begin and end dates for the coverage or line of business.

**DTP01:** Date/Time Qualifier

- 303 – Maintenance Effective date. This is the effective date of change to a member's coverage.
- 348 – Benefit Begin – effective date of coverage being added. Required when new coverage added.
- 349 – Benefit End – date the coverage specified in the HD record is terminated. If HD01 = 024 (Cancellation or Termination), DTP01 must equal 349 to remove coverage for a member. This code should not be used when a member is terminating all eligible coverage. If terminating all benefits for an employee, send an INS record only.

**DTP02:** Date Time Period Format Qualifier

D8

**DTP03:** Date Time Period

Expression of a date, time, range of dates or dates and times - CCYYMMDD.

**IDC – Identification Card:** this segment is used to request a replacement card.

**IDC01:** Plan Coverage Description – a description or number that identifies the plan or coverage.

Group, Division and Employee SSN

**IDC02:** Identification Card Type – Code identifying the type of card.

D – Dental Insurance

**IDC03:** Quantity – number of cards requested

**IDC04:** Action Code

RX – Replace – use when requesting cards with no change to data.

**SE – Transaction Set Trailer:** this segment indicates the end of the transaction set and provides a count of transmitted segments including the beginning ST and ending SE segments.

**SE01:** Number of included segments – total number of segments included in a transaction set including ST and SE.

**SE02:** Transaction Set Control Number - identifying control number that must be unique within the transaction set. Must be identical to the control number sent in field ST02.

**GE Record**

**GE01**

**GE02**

**IEA Record**

**IEA01**

**IEA02**