

PRESBYTERIAN HEALTHCARE SERVICES

EDI COMPANION GUIDE

(Refers to the Implementation Guides based on ASC X12 N 834 Version 005010X220A1)

Health Care Benefit Enrollment and Maintenance **(834)**

(Companion Guide v1)

Disclosure Statement:

This Companion Guide has been prepared for Presbyterian Healthcare Services partners who are ready to participate in 834 Request for Authorization Review and Response transactions. It is in conjunction with the ASC X12 5010 version of HIPAA Technical Report Type 3.

If there are any changes to this document, it will be incorporated and published as a newer version at <https://www.phs.org/EDI>

Preface:

Presbyterian Healthcare Services offers EDI 834 Benefit Enrollment and Maintenance as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010.

This Companion Guide to the v5010 ASC X12N Implementation Guides clarifies and specifies the data content when exchanging electronically with Presbyterian Healthcare Services. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

SCOPE

This companion guide has been prepared for Presbyterian Healthcare Services trading partners who are submitting the healthcare benefit enrollment and maintenance 834 ASC X12 electronically. It provides all necessary information regarding inquiry submission to Presbyterian. It can be used to clarify and get relevant information about transactions and operating rules.

OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) from 1996 contains provisions for administrative simplification. This required the HHS (Department of Health and Human Services) to create and adopt standards for EDI (Electronic Data Interchange) for transactions between covered entities. The ANSI standard spells out the segments and valid values for fields that are to be used for a EDI transaction to be compliant.

This Companion Guide covers the following topics.

- Connection and Exchange of Data
- 834 Benefit Enrollment and Maintenance Configuration Details
- File Testing and Validation
- Support

Please refer to the full ASC X12 004010X095 guide for the full collection of industry standard details for an 834 file.

<http://www.x12.org>

2. SUPPORT CONTACT INFORMATION

For all technical and support related questions concerning file trade, existing partners may contact the Presbyterian Healthcare Services EDI Team via email at edi@phs.org.

3. TESTING WITH PRESBYTERIAN HEALTHCARE SERVICES

Testing Process

The following process can be followed to perform testing with a Presbyterian Healthcare Services representative.

1. Ensure all appropriate agreements are in place before the exchange of data
2. Exchange all required details between PHP and your organization to configure SFTP connection.
3. Configure your 834 Benefit Enrollment and Maintenance file based on this Companion Guide and the X12 834 Standards.
4. Create and exchange the established 834 Testing Scenarios included in this guide below.
5. A Presbyterian Healthcare Services developer will review the exchanged 834 files submitted and validate a successful data load. If there are any issues, the trading partner will be contacted and asked to correct the file and resubmit.
6. PHP related business teams will review the loaded 834 file for business validation.
7. Once both parties approve production readiness, file trade in production will be implemented.

834 Testing Scenarios

To ensure a seamless implementation please provide Benefit Enrollment and Maintenance examples for the following test scenarios:

1. Create a new sale with a family of 4 enrollment, as this is the most common scenario for families.
2. Set up a family of 6 enrollment to validate the family rating rule when there are 3 dependents under age 21.
3. Complete a single enrollment, which is the most common scenario for individuals.
4. Add a child to an existing enrollment, which frequently occurs as a child-only addition.
5. Cancel a spouse from a policy, a routine day-to-day scenario.
6. Remove a child from a policy, another frequent scenario encountered daily.
7. Cancel an entire family's enrollment, reflecting common day-to-day operations.
8. Terminate a child from the policy, which is a typical occurrence.
9. Terminate the entire family from the policy, a scenario often faced in daily processing.
10. Add a dependent during Open Enrollment to capture changes affecting eligibility or rating.
11. Make basic enrollment maintenance updates, such as changes to email or phone information.
12. Update demographic information by processing a common address change request.
13. Process a change in demographic information by updating the date of birth (DOB).
14. Handle scenarios where same family attempts to enroll more than once, ensuring proper cancellation or termination based on policy status.
15. Attempt to enroll a family member with an unsupported relationship code to confirm the issuer's error handling.
16. Reinstate a subscriber to restore an entire contract.
17. Reinstate a subscriber to reactivate a dependent under an existing contract.

4. CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTHCARE SERVICES

PROCESS FLOW

1. Trading Partner submits 834 to Presbyterian Healthcare Services via SFTP.
2. PHP EDI Receives the 834 file and will be processed sequentially in the order received.
3. SNIP Level 2 Validation Map Invoked
4. PHP EDI generates an *optional* response file (999)

RETRANSMISSION PROCEDURE

Retransmissions should be made on the following occasions:

- Connectivity failure
- A 999 response is not received.
- If partner needs to submit inquiry again

SYSTEM MAINTENANCE

In the case that Maintenance is required, the Presbyterian Healthcare Services Maintenance Window schedule begins on Saturdays at 6 PM and ends on Sundays by 10 PM. SFTP will be unavailable periodically during this time.

5. CONTROL SEGMENTS/ENVELOPES

General Notes

- All data must be submitted in UPPER CASE.
- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.

The 834 files are expected to follow the above standard and values for the ISA-IEA, GS-GE, and ST-SE control segment values. All the other standard EDI segments that are specific to the transaction should be used as per X12 ASC 5010 Guide.

Control Segment Hierarchy

ISA - Interchange Control Header segment

GS - Functional Group Header segment

ST - Transaction Set Header segment

First 834 Transaction

SE - Transaction Set Trailer segment

ST - Transaction Set Header segment

Second 834 Transaction

SE - Transaction Set Trailer segment

ST - Transaction Set Header segment

Third 834 Transaction

SE - Transaction Set Trailer segment

GE - Functional Group Trailer segment

IEA - Interchange Control Trailer segment

Delimiters

It is recommended that the following delimiters be used when an 834 transaction is submitted.

LOCATION	CHAR	TYPE
Segment Terminator	~	Tilde
Data Element Separator	*	Asterisk
Component Element Separator	:	Colon
Value Type - Value	;	Semi-Colon
Repetition Separator	^	Carat

6. PRESBYTERIAN HEALTHCARE SERVICES SPECIFIC BUSINESS RULES AND LIMITATIONS

File Names

PHP will establish file naming conventions directly with the trading partners.

Example: <TRADINGPARTNER>_PHP_<YYYYMMDD>.834.i.g

7. TRANSACTION SPECIFIC INFORMATION

Presbyterian has created the following grid to assist in the design of the specific segments and values accepted by our organization. This table includes only those fields that Presbyterian has a specific value set or provides additional guidance on the value sent. This table does not include all of the necessary fields to submit a successful transaction.

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Header	ISA	Interchange Control Header		
Header	ISA01	Authorization Information Qualifier	00 – No Authorization Info Present	
Header	ISA03	Security Information Qualifier	00 – No Security Info Present	
Header	ISA05	Interchange ID Qualifier	ZZ – Mutually Defined	Based on mutually agreement.
	ISA07	Interchange ID Qualifier	ZZ – Mutually Defined	
Header	ISA08	Interchange Receiver ID	PRESBYTERIANHP	Receiver ID. Left justify and pad with spaces to 15 characters
Header	ISA11	Repetition Separator	^	The delimiter in ISA 11 must be ^ (caret)
Header	ISA16	Component Element Separator	:	The delimiter in ISA 16 must be : (colon)
Header	GS	Functional Group Header		
Header	GS03	Application Receiver Code	PRESBYTERIANHP	This is the same value as the Receiver's Interchange ID from ISA08 (do not pad with spaces).
Header	GS08	Version Identifier Code	005010X220A1	
Header	ST	Transaction Set Header		
Header	ST03	Implementation Guide Version Name	005010X220A1	Needs to match GS08
Trailer	SE	Transaction Set Trailer		
Trailer	SE01	Number of Included Segments		Number of segment loops including the ST and SE.
Trailer	SE02	Transaction Set Control Number		Must match the corresponding ST02
Trailer	GE	Functional Group Trailer		
Trailer	GE01	Number of Transaction Sets Included		
Trailer	GE02	Group Control Number		Must match GS06
Trailer	IEA	Interchange Control Trailer		
Trailer	IEA01	Number of Included Functional Groups		
Trailer	IEA02	Interchange Control Number		Must match ISA13

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Envelope	BGN	Beginning Segment		Only one per ST-SE segment set.
	BGN01	Transaction Set Purpose Code	<p>00 - Original If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact. The "00" indicates the first time the transaction is sent.</p> <p>15 - Re-Submission Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review.</p> <p>22 - Information Copy Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.</p>	
	BGN02	Reference Identification		Unique value to the file
	BGN03	Transaction Date	CCYYMMDD	
	BGN04	Transaction time	HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD	
	BGN05	Time Code	<p>CS - Central Standard Time MS - Mountain Standard Time PS - Pacific Standard Time UT - Universal Time Coordinate</p>	
	BGN06	Reference Identification		
	BGN08	Action Code	<p>2 - Change (Update) - Used to identify a transaction of additions, terminations and changes to the current enrollment.</p> <p>4 - Verify - Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</p> <p>RX - Replace - Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.</p>	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Envelope	REF	TRANSACTION SET POLICY NUMBER		Up to 1 per ST – SE loop
	REF01	Reference Identification Qualifier	38	Master Policy Number
	REF02	Reference Identification		
2000E	DTP	Certification Effective Date		Up to 6 per ST – SE loop
	DTP01	Certification Effective Date Qualifier	007 - Effective	
	DTP02	Certification Effective Date Format Qualifier	D8 - CCYYMMDD RD8 - Range of Dates in CCYYMMDD format	
	DTP03	Certification Effective Date	Service Effective Date or Service Effective Date - Service Term Date	
Envelope	QTY	TRANSACTION SET CONTROL TOTALS		Up 1 per ST – SE loop
	QTY01	Quantity Qualifier	DT - Dependent Total ET - Employee Total TO - Total	
	QTY02	Quantity		
1000A	N1	SPONSOR NAME	1000A Sponsor	1 per ST-SE loop
1000A	N101	Entity Identifier Code	P5	Plan Sponsor
1000A	N102	Name	Name of the Sponsor	
1000A	N103	Identification Code Qualifier	24 - Employer's Identification Number The identifier is the Employer Identification Number (EIN) issued by the IRS. The EIN has been adopted as the HIPAA Standard Unique Employer Identifier. 94 - Code assigned by the organization that is the ultimate destination of the transaction set FI - Federal Taxpayer's Identification Number ZZ – Mutually Defined	
1000A	N104	Identification Code		
1000B	N1	Payer	1000B Payer	1 per ST-SE loop
1000B	N101	Entity Identifier Code	IN	Insurer
1000B	N102	Name	PRESBYTERIAN HEALTH PLAN	
1000B	N103	Identification Code Qualifier	FI - Federal Taxpayer's Identification Number	
1000B	N104	Identification Code	943037165	
1000C	N1	TPA/BROKER NAME	1000c Broker/TPA	1 per ST-SE loop
1000C	N101	Entity Identifier Code	BO - Broker or Sales Office TV - Third Party Administrator (TPA)	
1000C	N102	Name	Name of the Broker	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
1000C	N103	Identification Code Qualifier	94 - Code assigned by the organization that is the ultimate destination of the transaction set FI - Federal Taxpayer's Identification Number XV - Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	
1000C	N104	Identification Code		
1100C	ACT	TPA/BROKER ACCOUNT INFORMATION		Up to 1 per ST-SE loop
1100C	ACT01	Account Number		
	ACT06	Account Number		
2000	INS	MEMBER LEVEL DETAIL	2000 Member Level	At least one per ST-SE loop Each individual member should only be present in the file once.
2000	INS01	Subscriber Indicator	Y – Subscriber N – Dependent	
2000	INS02	Individual Relationship Code	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 16 - Stepparent 17 - Stepson or Stepdaughter 18 - Self 19 - Child 23 - Sponsored Dependent Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy. 24 - Dependent of a Minor Dependent 25 - Ex-spouse 26 - Guardian 31 - Court Appointed Guardian 32 – Mother 33 - Father 38 - Collateral Dependent	

			<p>Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.</p> <p>48 – Step Father 49 – Step Mother 53 - Life Partner - This is a partner that acts like a spouse without a legal marriage commitment. 60 - Annuitant D2 - Trustee G8 - Other Relationship G9 - Other Relative</p>	
2000	INS03	Maintenance Type Code	<p>001 - Change Use this code to indicate a change to an existing subscriber/dependent record.</p> <p>021 - Addition Use this code to add a subscriber or dependent.</p> <p>024 - Cancellation or Termination Use this code for cancellation, termination, or deletion of a subscriber or dependent.</p> <p>025 - Reinstatement Use this code for reinstatement of a cancelled subscriber/dependent record.</p> <p>030 Audit or Compare</p>	
2000	INS04	Maintenance Reason Code	<p>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</p>	

			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 w/out Benefits 39 - Lay Off with Benefits 40 - Lay Off without Benefits 41 - Re-enrollment 43 - Change of Location 59 - Non Payment 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 to Other Patients AH - Patient Moved to a New Location AI - No Reason Given AJ - Appointment Times not Met in a Timely Manner AL - Algorithm Assigned Benefit Selection EC - Member Benefit Selection XN - Notification Only XT - Transfer	
2000	INS05	Benefit Status Code	A - Active C - Consolidated Omnibus Budget Reconciliation Act (COBRA) S - Surviving Insured T - Tax Equity and Fiscal Responsibility Act (TEFRA)	
2000	INS06-01	Medicare Plan Code	A - Medicare Part A B - Medicare Part B C - Medicare Part A and B D - Medicare E - No Medicare	
2000	INS06-2	Eligibility Reason Code	0 - Age 1 - Disability 2 - End Stage Renal Disease (ESRD)	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2000	INS07	COBRA Qualifying Event	1 - Termination of Employment 2 - Reduction of work hours 3 - Medicare 4 - Death 5 - Divorce 6 - Separation 7 - Ineligible Child 8 - Bankruptcy of Retiree's Former Employer (26 U.S.C. 4980B (f)(3)(F)) 9 - Layoff 10 - Leave of Absence ZZ - Mutually Defined	
2000	INS08	Employment Status Code	AC - Active 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	
2000	INS09	Student Status Code	F - Full-time N - Not a Student P - Part-time	
2000	INS10	Handicapped Status	N – No Y – Yes	
2000	INS11	Date Time Period Format Qualifier	D8	CCYYMMDD
2000	INS12	Date of Death		CCYYMMDD
2000	INS13	Birth Order		
2000	REF	Subscriber Identifier		Up to 1 per 2000 loop
2000	REF01	Reference Identification Qualifier	0F – Subscriber Id	Subscribers SSN or Subscribers Fluent Assigned Id number. Same Id should be used for the entire family on the same contract.
2000	REF02	Reference Identification		
2000	REF	MEMBER POLICY NUMBER		Up to 1 per 2000 loop
2000	REF01	Reference Identification Qualifier	1L - Group or Policy Number	Fluent Assigned Group ID.
2000	REF02	Reference Identification		
2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER		Up to 9 per 2000 loop
2000	REF01	Reference Identification Qualifier	17 - Client Reporting Category 23 Client Number 3H - Case Number 4A - Personal Identification Number (PIN) 6O - Cross Reference Number ABB - Personal ID Number	

			D3 - National Council for Prescription Drug Programs Pharmacy Number DX - Department/Agency Number F6 Health Insurance Claim (HIC) Number P5 - Position Code Q4 - Prior Identifier Number QQ - Unit Number ZZ - Mutually Defined	
2000	REF02	Reference Identification		
2000	DTP	MEMBER LEVEL DATES		
2000	DTP01	Date/Time Qualifier	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 356 - Eligibility Begin 357 - Eligibility End 385 - Credited Service Begin 386 - Credited Service End 473 - Medicaid Begin 474 - Medicaid End	
2000	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
2000	DTP03	Date Time Period	CCYYMMDD	
2100A	NM1	MEMBER NAME	2100A Member Information	
2100A	NM101	Entity Identifier Code	74 - Corrected Insured IL - Insured or Subscriber	
2100A	NM102	Entity Type Qualifier	1	Person
2100A	NM103	Last Name		
2100A	NM104	First Name		
2100A	NM105	Middle Initial		
2100A	NM106	Name Prefix		
2100A	NM107	Name Suffix		
2100A	NM108	Identification Code Qualifier	34 - Social Security ZZ - Mutually Defined	SSN is requested if ID for the member is not sent in NM109 for code ZZ to increase accuracy on member matching.
2100A	NM109	Identification Code		

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Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100A	PER	MEMBER COMMUNICATIONS NUMBERS		
2100A	PER01	Contact Function Code		
2100A	PER03	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100A	PER04	Communication Number		
2100A	PER05	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100A	PER06	Communication Number		
2100A	PER07	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100A	PER08	Communication Number		
2100A	N3	MEMBER RESIDENCE STREET ADDRESS		
2100A	N301	Address Information		
2100A	N302	Address Information		
2100A	N4	MEMBER CITY, STATE, ZIP CODE		
2100A	N401	City Name		
2100A	N402	State or Province Code		
2100A	N403	Postal Code		
2100A	N404	Country Code		
2100A	N405	Location Qualifier	60 Area CY County/Parish	
2100A	N406	Location Identifier		
2100A	N407	Country Subdivision Code		
2100A	DMG	MEMBER DEMOGRAPHICS		1 per 2100A loop
2100A	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100A	DMG02	Date of Birth		CCYYMMDD
2100A	DMG03	Gender	F - Female M - Male U - Unknown X - Unspecified	
2100A	DMG04	Marital Status Code	B - Registered Domestic Partner D - Divorced I - Single M - Married R - Unreported S - Separated U - Unmarried W - Widowed X - Legally Separated	
2100A	DMG05	Composite Race or Ethnicity Information		
2100A	DMG05-01	Race or Ethnicity Code	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	
2100A	DMG05-02	Code List Qualifier Code	RET	Classification of Race or Ethnicity
2100A	DMG05-03	Industry Code		
2100A	DMG06	Citizenship Status 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	
2100A	DMG10	Code List Qualifier Code	REC	
2100A	DMG11	Industry Code		
2100A	HLH	MEMBER HEALTH INFORMATION		
2100A	HLH01	Health-Related Code	N - None S - Substance Abuse T - Tobacco Use U - Unknown X - Tobacco Use / Substance Abuse	

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Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100A	HLH02	Height		
2100A	HLH03	Weight		
2100A	LUI	MEMBER LANGUAGE		0 or more 2100A loop
2100A	LUI01	Identification Code Qualifier		
2100A	LUI02	Identification Code		
2100A	LUI03	Description		
2100A	LUI04	Use of Language Indicator	5 - Language Reading 6 - Language Writing 7 - Language Speaking 8 - Native Language	
2100C	NM1	MEMBER MAILING ADDRESS	2100C Mailing Address	1 per 2100A loop
2100C	NM101	Entity Identifier Code	31	Postal Mailing Address
2100C	NM102	Entity Type Qualifier	1	Person
2100C	N3	MEMBER MAIL STREET ADDRESS		1 per 2100C loop
2100C	N301	Address Information		
2100C	N302	Address Information		
2100C	N4	MEMBER MAIL CITY, STATE, ZIP CODE		1 per 2100C loop
2100C	N401	City Name		
2100C	N402	State or Province Code		
2100C	N403	Postal Code		
2100C	N404	Country Code		
2100C	N407	Country Subdivision Code		
2100F	NM1	CUSTODIAL PARENT	2100F Custodial Parent	1 per 2100A loop
2100F	NM101	Entity Identifier Code	S3	Custodial Parent
2100F	NM102	Entity Type Qualifier	1 Person	
2100F	NM103	Name Last or Organization Name		
2100F	NM104	Name First		
2100F	NM105	Name Middle		
2100F	NM106	Name Prefix		
2100F	NM107	Name Suffix		
2100F	NM108	Identification Code Qualifier	34 Social Security Number ZZ Mutually Defined	
2100F	NM109	Identification Code		
2100F	PER	MEMBER CUSTODIAL PARENT COMMUNICATIONS NUMBERS		1 per 2100F Loop
2100F	PER01	Contact Function Code	PQ - Parent or Guardian	
2100F	PER02	Name		
2100F	PER03	Communication Number Qualifier	CP - Cellular Phone EM - Electronic Mail FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100F	PER04	Communication Number		
2100F	PER05	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100F	PER06	Communication Number		
2100F	PER07	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100F	PER08	Communication Number		
2100F	N3	MEMBER CUSTODIAL PARENT STREET ADDRESS		1 per 2100F loop
2100F	N301	Address Information		
2100F	N302	Address Information		
2100F	N4	MEMBER CUSTODIAL PARENT CITY, STATE, ZIP CODE		1 per 2100F loop
2100F	N401	City Name		
2100F	N402	State or Province Code		
2100F	N403	Postal Code		
2100F	N404	Country Code		
2100F	N407	Country Subdivision Code		
2100G	NM1	RESPONSIBLE PERSON	2100G Responsible Person	1 per 2100A loop
2100G	NM101	Entity Identifier Code	6Y - Case Manager 9K - Key Person E1 - Person or Other Entity Legally Responsible for a Child EI - Executor of Estate EXS - Ex-spouse GB - Other Insured GD - Guardian J6 - Power of Attorney LR - Legal Representative QD - Responsible Party S1 - Parent TZ - Significant Other X4 - Spouse	
2100G	NM102	Entity Type Qualifier	1 Person	
2100G	NM103	Name Last or Organization Name		

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100G	NM104	Name First		
2100G	NM105	Name Middle		
2100G	NM106	Name Prefix		
2100G	NM107	Name Suffix		
2100G	NM108	Identification Code Qualifier	34 Social Security Number ZZ Mutually Defined	
2100G	NM109	Identification Code		
2100G	PER	MEMBER RESPONSIBLE PERSON COMMUNICATIONS NUMBERS		1 per 2100G Loop
2100G	PER01	Contact Function Code	RP - Responsible Person	
2100G	PER02	Name		
2100G	PER03	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100G	PER04	Communication Number		
2100G	PER05	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100G	PER06	Communication Number		
2100G	PER07	Communication Number Qualifier	AP - Alternate Telephone BN - Beeper Number CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2100G	PER08	Communication Number		
2100G	N3	MEMBER RESPONSIBLE PERSON STREET ADDRESS		1 per 2100G loop
2100G	N301	Address Information		
2100G	N302	Address Information		
2100G	N4	MEMBER RESPONSIBLE PERSON CITY, STATE, ZIP CODE		1 per 2100G loop
2100G	N401	City Name		

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Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100G	N402	State or Province Code		
2100G	N403	Postal Code		
2100G	N404	Country Code		
2100G	N407	Country Subdivision Code		
2200	DSB	DISABILITY INFORMATION	2200 Disability Info	0 or more per 2100C
2200	DSB01	Disability Type Code	1 - Short Term Disability 2 - Long Term Disability 3 - Permanent or Total Disability 4 - No Disability	
2200	DSB07		DX International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Diagnosis ZZ Mutually Defined	
2200	DSB08	Medical Code Value		
2200	DTP	DISABILITY ELIGIBILITY DATES		
2200	DTP01	Date/Time Qualifier	360 - Initial Disability Period Start 361 - Initial Disability Period End	
2200	DTP02	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD
2200	DTP03	Date Time Period		
2300	HD		2300 Coverage	1 to 99 per 2100C loop. There should be an HD segment for each span and each coverage being communicated.
2300	HD01	Maintenance Type Code	001 - Change 002 - Delete 021 - Addition 024 - Cancellation or Termination 025 - Reinstatement 026 - Correction 030 - Audit or Compare 032 - Employee Information Not Applicable	
2300	HD03	Insurance Line Code	HMO - Health Maintenance Organization POS - Point of Service PPO - Preferred Provider Organization	
2300	HD04	Plan Coverage Description		Coverage Description as directed by PHS for coverage plans.
2300	HD05	Coverage Level Code	CHD - Children Only DEP - Dependents Only E1D - Employee and One Dependent 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	
2300	HD09	Late Enrollment Indicator	Y – Yes N – No	
2300	DTP	HEALTH COVERAGE DATES		1 to 6 per 2300 Loop. 348 or 349 is required.
2300	DTP01	Date/Time Qualifier	300 - Enrollment Signature Date 303 - Maintenance Effective 343 -Premium Paid to Date End 348 - Benefit Begin 349 - Benefit End 543 - Last Premium Paid Date 695 - Previous Period This value is only to	
2300	DTP02	Date Time Period Format Qualifier	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	
2300	DTP03	Date Time Period		
2300	REF	HEALTH COVERAGE POLICY NUMBER		Up to 14 per 2300 Loop
2300	REF01	Reference Identification Qualifier	17 - Client Reporting Category 1L - Group or Policy Number 9V - Payment Category CE Class of Contract Code E8 - Service Contract (Coverage) Number M7 - Medical Assistance Category PID - Program Identification Number RB - Rate code number X9 - Internal Control Number XM - Issuer Number XX1 - Special Program Code XX2 - Service Area Code ZX - County Code ZZ - Mutually Defined	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2300	REF02	Reference Identification		
2310	LX	PROVIDER INFORMATION	2310 Provider	
2310	LX01	Assigned Number		Sequential number starting at 1 for the 2300 loop
2310	NM1	PROVIDER NAME		1 Per 2310 Loop
2310	NM101	Entity Identifier Code	1X - Laboratory 3D - Obstetrics and Gynecology Facility 80 - Hospital FA - Facility OD - Doctor of Optometry P3 - Primary Care Provider QA - Pharmacy QN - Dentist Y2 - Managed Care Organization	
2310	NM102	Entity Type Qualifier	1 Person 2 Non-Person Entity	
2310	NM103	Name Last or Organization Name		
2310	NM104	Name First		
2310	NM105	Name Middle		
2310	NM106	Name Prefix		
2310	NM107	Name Suffix		
2310	NM108	Identification Code Qualifier	34 - Social Security Number FI - Federal Taxpayer's Identification Number SV - Service Provider Number XX - Centers for Medicare and Medicaid Services National Provider Identifier	
2310	NM109	Identification Code		
2310	NM110	Entity Relationship Code	25 - Established Patient 26 - Not Established Patient 72 - Unknown	
2310	N3	PROVIDER ADDRESS		Up to 2 Per 2310 Loop
2310	N301	Address Information		
2310	N302	Address Information		
2310	N4	PROVIDER CITY, STATE, ZIP CODE		1 per 2310 loop
2310	N401	City Name		
2310	N402	State or Province Code		
2310	N403	Postal Code		
2310	N404	Country Code		
2310	N407	Country Subdivision Code		
2310	PER	PROVIDER COMMUNICATIONS NUMBERS		
2310	PER01	Contact Function Code	IC - Information Contact	
2310	PER03	Communication Number Qualifier	AP - Alternate Telephone CP - Cellular Phone	

			EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2310	PER04	Communication Number		
2310	PER05	Communication Number Qualifier	AP - Alternate Telephone CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2310	PER06	Communication Number		
2310	PER07	Communication Number Qualifier	AP - Alternate Telephone CP - Cellular Phone EM - Electronic Mail EX - Telephone Extension FX - Facsimile HP - Home Phone Number TE - Telephone WP - Work Phone Number	
2310	PER08	Communication Number		
2310	PLA	PROVIDER CHANGE REASON		
2310	PLA01	Action Code	2 - Change (Update)	
2310	PLA02	Entity Identifier Code	1P - Provider	
2310	PLA03	Effective Date of the Change		CCYYMMDD
2310	PLA05	Maintenance Reason Code	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 to Other Patients AH - Patient Moved to New Location AI - No Reason Given AJ - Appointment Times not Met in a Timely Manner	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2320	COB	COORDINATION OF BENEFITS	2320 COB	Up to 5 per 2300
2320	COB01	Payer Responsibility Sequence Number Code	P - Primary S - Secondary T - Tertiary U - Unknown	
2320	COB02	Reference Identification		
2320	COB03	Coordination of Benefits Code	1 - Coordination of Benefits 5 - Unknown 6 - No Coordination of Benefits	
2320	COB04	Service Type Code	1 - Medical Care 35 - Dental Care 48 - Hospital - Inpatient 50 - Hospital - Outpatient 54 - Long Term Care 89 - Free Standing Prescription Drug 90 - Mail Order Prescription Drug A4 - Psychiatric AG - Skilled Nursing Care AL - Vision (Optometry) BB - Partial Hospitalization (Psychiatric)	
2320	REF	ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS		Up to 4 per 2320 loop.
2320	REF01	Reference Identification Qualifier	60 - Account Suffix Code 6P - Group Number SY - Social Security Number ZZ - Mutually Defined	
2320	REF02	Reference Identification		
2320	N1	OTHER INSURANCE COMPANY NAME		Up to 1 per 2320 loop.
2320	N101	Entity Identifier Code	IN - Insurer	
2320	N102	Name		
2320	N103	Identification Code Qualifier	FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification 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.	
2320	N104	Identification Code		
2320	DTP	COORDINATION OF BENEFITS ELIGIBILITY DATES		Up to 2 per 2320 Loop
2320		Date/Time Qualifier	344 - Coordination of Benefits Begin 345 - Coordination of Benefits End	

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2320		Date Time Period Format Qualifier	Date Expressed in Format CCYYMMDD	
2320		Date Time Period		
2330	NM1	COORDINATION OF BENEFITS RELATED ENTITY		1 to 3 per 2330 Loop
2330	NM101	Entity Identifier Code	36 - Employer GW - Group IN - Insurer	
2330	NM102	Entity Type Qualifier	2 - Non-Person Entity	
2330	NM103	Name Last or Organization Name		
2330	NM108	Identification Code Qualifier	FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification XV - Centers for Medicare and Medicaid Services PlanID	
2330	NM109	Identification Code		
2330	N3	COORDINATION OF BENEFITS RELATED ENTITY ADDRESS		Up to 1 per 2330 Loop
2330	N301	Address Information		
2330	N302	Address Information	Required if a second address line exists	
2330	N4	COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE		Up to 1 per 2330 Loop
2330	N401	City Name		
2330	N402	State or Province Code		
2330	N403	Postal Code		
2330	N404	Country Code		
2330	N407	Country Subdivision Code		
2330	PER	ADMINISTRATIVE COMMUNICATIONS CONTACT		Up to 1 per 2330 Loop
2330	PER01	Contact Function Code	CN - General Contact	
2330	PER03	Communication Number Qualifier	TE - Telephone	
2330	PER04	Communication Number		
2330	LS	ADDITIONAL REPORTING CATEGORIES	2330 Reporting Categories	Up to 1 per 2330 Loop
2330	LS01	Loop Identifier Code	2700	The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE Use the value 2700.

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Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2710	LX	MEMBER REPORTING CATEGORIES		0 or more per 2300 Loop
2710	LX01	Assigned Number		Sequential number starting at 1 for the 2300 loop.
2750	N1	REPORTING CATEGORY		
2750	N101	Entity Identifier Code	75 - Participant	
2750	N102	Name		
2750	REF	REPORTING CATEGORY REFERENCE		Up to 16 per 2710 Loop
2750	REF01	Reference Identification Qualifier	00 - Contracting District Number 17 - Client Reporting Category 18 - Plan Number 19 - Division Identifier 26 - Union Number 3L - Branch Identifier 6M - Application Number 9V - Payment Category 9X - Account Category GE - Geographic Number LU - Location Number PID - Program Identification Number XX1 - Special Program Code XX2 - Service Area Code YY - Geographic Key ZZ - Mutually Defined	
2750	REF02	Reference Identification		
2750	DTP	REPORTING CATEGORY DATE		Up to 1 per 2750 Loop
2750	DTP01	Date/Time Qualifier	007 - Effective	
2750	DTP02	Date Time Period Format Qualifier	D8 - Date Expressed in Format CCYMMDD RD8 - Range of Dates Expressed in Format CCYMMDDCCYMMDD	
2750	DTP03	Date Time Period		
2750	LE	ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION		
2750	LE01	Loop Identifier Code	2700	Must match 23300 LS01.

APPENDICES

Transmission Examples

Scenario 1: Enroll an Employee in Multiple Health Care Insurance Products

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

Segment	Description
ST*834*0001*005010X220~	Indicates the start of a transaction set and specifies a transaction set control number.
BGN*00*12456*19980520*1200****2~	Original transaction uniquely identified by the sender with reference #12456, created on 5/20/1998 at 12:00 Noon.
N1*P5**F1*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**F1*943037165~	Specifies PHP's tax ID number.
INS*Y*18*021*20*A***FT~	Beginning of Table 2. Subscriber (John Doe) is adding coverage as an active employee.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	Group number assigned by the carrier.
DTP*356*D8*19960523~	Eligibility date for this transaction is 5/23/1996.
NM1*IL*1*DOE*JOHN*P***34*123456789~	Subscriber's name: John Doe.
PER*IP**HP*7172343334*WP*7172341240~	John's home phone number is (717)234-3334 and his work number is (717)234-1240.
N3*100 MARKET ST*APT 3G~	John's street address.
N4*CAMP HILL*PA*17011**CY*CUMBERLAND~	John's city, state, zip code, and county.
DMG*D8*19400816*M~	John's date of birth (8/16/1940) and gender (Male).
HD*021**HLT~	John is enrolling in a health benefit.
DTP*348*D8*19960601~	Benefits under this plan begin on 6/01/1996.
COB*P*890111*5~	Indicates John has COB (Coordination of Benefits) with another company.
HD*021**DEN~	John is enrolling in the Dental benefit.
DTP*348*D8*19960601~	Benefits under this plan begin on 6/01/1996.
HD*021**VIS~	John is enrolling in the Vision benefit.
DTP*348*D8*19960601~	Benefits under this plan begin on 6/01/1996.
SE*21*0001~	End of transaction set. 21 segments were sent, and the control number in the ST segment is 12345.

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

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

Segment	Description
ST*834*0001*005010X220~	Indicates the start of a transaction set and specifies a transaction set control number.
BGN*00*12456*19980520*1200****2~	Original transaction uniquely identified by the sender with reference #12456, created on 5/20/1998 at 12:00 Noon.
REF*38*ABCD012354~	Master policy number (group ID).
N1*P5**FI*999888777~	Specifies the sponsor/sender's tax ID number.
N1*IN**FI*943037165~	Specifies PHP's tax ID number.
INS*N*19*021*28*A****F~	Beginning of Table 2. Indicates that the dependent (James Doe) is adding coverage as a full-time student.
REF*0F*123456789~	John's subscriber ID number.
REF*1L*123456001~	Group number assigned by the carrier.
DTP*351*D8*19980515~	The expected graduation date from Penn State is 5/15/1998.
NM1*IL*1*DOE*JAMES*E***34*103229876~	Dependent's name (James Doe) and Social Security Number (103-22-9876).
DMG*D8*19770816*M~	James' date of birth (8/16/1977) and gender (Male).
NM1*M8*2*PENN STATE UNIVERSITY~	Specifies the name of the school that James attends (Penn State University).
HD*021**HLT~	James is enrolling in a health benefit.
DTP*348*D8*19960601~	Benefits under this plan begin on 6/01/1996.
SE*15*0001~	End of transaction set. 15 segments were sent, and the control number in the ST segment is 12345.