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# **Delta Dental of Oklahoma**

## **HIPAA Transaction Standard Companion Guide**

### **Refers to the Implementation Guides Based on ASC X12 version 005010**

V5010 Companion Guide

November, 2015

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## **PREFACE**

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Delta Dental of Oklahoma.

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.

## EDITOR'S NOTE:

Delta Dental of Oklahoma's Companion Guide is a working document and information found here may change as processes and procedures evolve. Delta Dental of Oklahoma reserves the right to make changes to this Companion Guide.

## Table of Contents

<b>1 INTRODUCTION.....</b>	<b>4</b>
Overview.....	4
References .....	4
General EDI Terminology .....	5
Function of 834 (full file).....	6
<b>2 GETTING STARTED .....</b>	<b>8</b>
Trading Partner Registration.....	8
<b>3 TESTING WITH DDOK.....</b>	<b>8</b>
Testing Overview.....	8
Testing Process .....	8
<b>4 CONNECTIVITY WITH DDOK/COMMUNICATIONS .....</b>	<b>9</b>
<b>5 CONTACT INFORMATION .....</b>	<b>9</b>
<b>6 CONTROL SEGMENTS/ENVELOPES .....</b>	<b>10</b>
Segments Overview.....	10
Header Segments.....	12
Member Level Detail Segments.....	19
Trailer Segments.....	38
<b>7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS .....</b>	<b>41</b>
<b>8 ACKNOWLEDGEMENTS AND/OR REPORTS.....</b>	<b>42</b>
<b>9 TRADING PARTNER AGREEMENTS.....</b>	<b>43</b>
<b>10 TRANSACTION SPECIFIC INFORMATION.....</b>	<b>44</b>
<b>APPENDICES .....</b>	<b>45</b>
<b>1. Implementation Checklist .....</b>	<b>46</b>
<b>2. Business Scenarios and Transaction Example.....</b>	<b>47</b>
<b>2. US State / Territory Codes .....</b>	<b>52</b>



# 1. Introduction

## 1.1. Overview

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Delta Dental of Oklahoma (DDOK) has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Acme Health Plan

In addition to the row for each segment, one or more additional rows are used to describe DDOK's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

## 1.2. Reference

This document is the property of Delta Dental of Oklahoma and is intended to provide guidance in implementing the ANSI ASC X12N Version 5010 Benefit Enrollment and Maintenance – 834 transaction. This ASC X12N 834 format is mandated by the Health Insurance Portability and Accountability Act (HIPAA). This transaction is used to transfer enrollment information electronically from the sponsor of the insurance coverage to a healthcare payer. Use of the 5010 version of the X12 standard is required by federal law. The compliance date for use of this standard is January 1, 2012.

There are required, as well as situational loops that each user must take into consideration in determining the appropriate use for their transactions. It is recommended that each user develop relevant business scenarios for their business uses of the 834, as the use of this transaction can vary from user to user. As guidance, please refer to the Business Scenarios developed by ASC X12N Insurance Subcommittee for the 834 transaction. These are located at:

[www.wpc-edi.com](http://www.wpc-edi.com)

This document is based on the implementation standard of the ASC X12N Benefit Enrollment and Maintenance – 834. It is meant to be a companion document and not a replacement for the ASC X12 834 implementation guide. Specific instructions contained in this document are

provided for clarification purposes only and should be used in conjunction with the applicable HIPAA Implementation Guides published by Washington Publishing Company.

If you would like to view the implementation guide and the ASC X12 standards, please refer to the documents published by the Washington Publishing Company for the ASC X12N Insurance Subcommittee. The website for purchasing these documents is:

[Store.x12.org](http://Store.x12.org)

HIPAA regulations allow users to submit changes to the electronic transactions formats. To request changes for consideration to the ASC X12 standards, please contact the HIPAA Designated Standards Maintenance Organizations website at:

[www.hipaa-dsmo.org](http://www.hipaa-dsmo.org)

### 1.3. General EDI Terminology

A listing of terms commonly used throughout the HIPAA regulations and the EDI transactions is available from WEDI. The website is:

[www.wedi.org](http://www.wedi.org)

Go to the Resources, Select HIPAA Resources and it will be found under the other HIPAA resources section.

- **ANSI X12 834 v5010** – HIPAA standardized ANSI X12 transaction format for benefit enrollment and maintenance.
- **Basic Character Set** – The basic character set includes those characters selected from the uppercase letters, digits, space, and specified characters such as: **A...Z | 0...9 | ! | “ | & | ‘ | ( | ) | \* | + | , | - | . | / | : | ; | ? | = | space.**
- **Data Segment** – Corresponds to a record in data processing terminology. Consists of logically related data elements in a defined sequence (defined by X12). Each segment begins with a segment identifier, which is not a data element and one or more related data elements, which are preceded by a data element separator. Each segment ends with a segment terminator.

- **Data Element** – Corresponds to a field in data processing. They are assigned a unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used.
- **EDI** – An acronym for Electronic Data Interchange.
- **Electronic Data Interchange** – the application-to-application transfer of key business information transacted in a standard format using a computer-to-computer communications link.
- **Implementation guides** – Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. HIPAA implementation guides are published by the Washington Publishing Company on their website: [www.wpc-edi.com](http://www.wpc-edi.com).
- **Interface** – The point at which two systems connect to pass data.
- **Loops** – Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.
- **Trading partners** – Entities that exchange electronic data files. Agreements are sometimes made between the partners to define the parameters of the data exchange and simplify the implementation process.
- **X12 Transaction Set** – A transaction set is considered one business document which is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment.
- **X12N** – An Accredited Standards Committee (ASC) commissioned by the American National Standards Institute (ANSI) to develop standards for Electronic Data Interchange (EDI). While X12 indicates EDI, the N identifies the Insurance Subcommittee that is responsible for developing EDI standards for the insurance industry.
- **ASC X12 Nomenclature** - The ASC X12 Nomenclature guide is a useful reference in understanding the details of the ASC X12 transactions. This includes hierarchical structure of the ASC X12 transactions, general definitions and concepts, relations among control segments, functional groups, and HL structures. The ASC X12 Nomenclature guide is the same for all transactions. To review this guide, please refer to the website:

[www.wpc-edi.com](http://www.wpc-edi.com)

## 1.4. General Delta Dental of Oklahoma EDI Terminology

A listing of terms commonly used by Delta Dental of Oklahoma in regards to EDI transactions.

- **Benefit Dates-** The start date (and end date if applicable) of an enrollee's actual benefit coverage. This may be different than the Employment/Hire Date.
- **Employment/Hire Date-** The date the primary subscriber began employment.
- **Late Enrollee-** Any eligible Subscriber and/or eligible Dependent waiving coverage or failing to enroll in the plan within thirty (30) days of his/her initial enrollment eligibility, or any enrolled Subscriber or Dependent who voluntarily terminates coverage and subsequently re-enrolls, who may be subject to limited benefits during his/her term of coverage.
- **Location Code-** A five (5) digit code used to identify departments and/or divisions within a group or agency. Also used to identify COBRA enrollees.
- **Rate Code-** A category used to determine the fixed amount a member of a specific benefit plan within an eligibility organization is charged for their dental plan premiums. (Also referred to as a group & subgroup.)

## 1.5. Function of 834 (Full files)

An 834 full file must contain members that are currently eligible on the sponsor's system. In addition, terminations are sent for those members that have terminated since the last full file was sent to the payer. The full file differs from an audit file in that an audit file does not contain terminations.

## 2. Getting Started

In order to send and/or receive transactions between DDOK and the group/TPA, the group/TPA and DDOK must complete a trading partner agreement, exchange profiler information and establish connectivity. The following sections outline the steps.

### 2.1. Trading Partner Profile

Establishing a Trading Partner Profile is a simple process. The Group and DDOK signs a Trading Partner Agreement form. If a TPA represents multiple groups, DDOK must acquire multiple Trading Partner Profiles.

## 3. Testing with the DDOK

Syntax Integrity and Syntax Requirement specifications must be met in order for 834 transactions to be processed in a production mode. DDOK will work with the group/TPA throughout the testing process.

### 3.1. Testing Overview

Testing is conducted to ensure compliance with HIPPA guidelines as related to:

- Syntactical integrity: EDI files must pass verification checks related to valid segment use, segment order, element attributes, proper transmission of numeric values, validation of ASC X12 syntax, and compliance with ACS X12 rules.
- Syntactical requirements: EDI files must be validated for compliance with HIPPA Implementation Guide-specific syntac requirements, such as limits on repeat counts and the use if qualifier, codes, elements segments. Testing will also verify intra-segment situational data elements.

It's important to know additional testing may be required when the system is upgraded, when business requirements change, or when new versions of the ASC X12 implementation guide are implemented.

### 3.2. Testing Process

Testing process is outline below.

1. DDOK and the group/TPA completes and signs the Trading Partner Agreements.
2. DDOK provides the 834 Companion Guide.
3. The group/TPA provides a test file to DDOK for processing. DDOK downloads the file via a secured source (specified in the next session).

4. DDOK sets up the group in the EDI processor test environment.
5. If the test file passes the validation process, DDOK will send a report to the group/TPA for review and confirmation.
6. If the confirmation is validated, the test is considered successful and DDOK is approved to begin processing in the production environment.
7. If issues or errors are identified in steps 4, 5 or 6, the test is not considered successful and DDOK will work with the group/TPA until the issues are resolved and a successful test is completed.

## 4. Connectivity with the DDOK/Communications

Once we are ready to begin testing the EDI file exchange process. Please use the following steps for transmission of all test and production files:

1. Download FileZilla (or a similar ftp client program) at [http://downloads.sourceforge.net/filezilla/FileZilla\\_3.3.5.1\\_win32-setup.exe](http://downloads.sourceforge.net/filezilla/FileZilla_3.3.5.1_win32-setup.exe)
2. Name your file: #####\_MMDDYYYY (#####\_MMDDYYYYtest for test files, #####\_MMDDYYYYOE for Open Enrollment files)
3. Encrypt your file with the DDOK encryption key. (Please ensure that the file extension changes to pgp or gpg when encrypted.)
4. Connect to [ftps.deltadentalok.org](https://ftps.deltadentalok.org) via Filezilla (or similar program). Please note: DDOK's preferred method of sending files is using an ftps connection.
5. Enter your credentials:  
Username: XXXXX  
Password: XXXXX (Please be advised, it is your responsibility to protect these credentials. Delta Dental may periodically change your ftp account password as a routine security precaution and notify you of the change.)
6. Upload your file to the **IN** folder
7. Email [ElectronicServices@deltadentalok.org](mailto:ElectronicServices@deltadentalok.org) when your TEST file is uploaded. (Please note, emails are not required for production files)

~~—As a reminder, please allow up to 60 days for testing of new file transmissions.~~

## 5. Contact Information

Telephone: 1-405-607-4701 (Local); 1-844-757-9030 (Toll Free)

Email: [ElectronicServices@deltadentalok.org](mailto:ElectronicServices@deltadentalok.org)

Hours of Operation: 8:00 am – 5:00 pm Central Standard Time (Any correspondence received outside of business hours will be addressed the following business day.)

## 6. Control Segment/Envelopes

DDOK will use the segments specified below to transact Enrollment and Maintenance data:

### 834 Benefit Enrollment and Maintenance

Seg ID	Name	Usage	Repeat	Loop Repeat
ISA	Interchange Control Header	M	0	None
GS	Function Group Header	M	0	None

#### Table 1 - Header

Seg ID	Name	Usage	Repeat	Loop Repeat
ST	Transaction Set Number	M	1	None
BGN	Beginning Segment	M	1	None
<b>LOOP ID – 1000A SPONSOR NAME</b>				<b>1</b>
N1	Sponsor Name	M	1	
<b>LOOP ID – 1000B PAYER NAME</b>				<b>1</b>
N1	Payer Name	M	1	
<b>LOOP ID – 1000C TPA/BROKER NAME</b>				<b>1</b>
N1	TPA/Broker Name	C	1	

#### Table 2 – Detail

Seg ID	Name	Usage	Repeat	Loop Repeat
<b>LOOP ID – 2000 MEMBER LEVEL DETAIL</b>				<b>&gt; 1</b>
INS	Member Level Detail	M	1	
REF	Member SSN	M	1	
REF	Member Group Number	C	1	
REF	Member Subgroup ID	C	1	
REF	Member Carrier ID	C	1	
DTP	Eligibility End Date	C	1	
DTP	Employment Date	C	1	
<b>LOOP ID – 2100A MEMBER NAME DETAIL</b>				<b>1</b>
NM1	Member Name	M	1	
N3	Member Street Address	M	1	
N4	Member City, State, ZIP Code	M	1	
DMG	Member Demographic Information	M	1	
<b>LOOP ID – 2100B INCORRECT MEMBER NAME</b>				<b>1</b>
NM1	Member Name	C	1	
<b>LOOP ID – 2300 HEALTH COVERAGE</b>				<b>1</b>
HD	Health Coverage	M	1	
DTP	Benefit Begin	C	1	
DTP	Benefit End	C	1	
REF	Benefit Group Number	C	1	

<b>REF</b>	Benefit Subgroup ID	C	1	
<b>SE</b>	Transaction Set Trailer	M	1	
<b>GE</b>	Function Group Trailer	M	1	None
<b>IEA</b>	Interchange Control Trailer	M	1	None

In the following sections, we will provide detailed definitions for each segment that is used in DDOK's 834 Benefit Enrollment and Maintenance transactions.

## Header Segments

**ISA – Interchange Control Header** - The ISA segment is the Interchange Header Segment. This segment identifies the sender and receiver for each transaction. This segment also identifies the delimiters used throughout the file.

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : NONE  
**Loop ID** : NONE

Example:

ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*01\*123456789bbbb\*01\*076334622bbbb\*010801\*1452\*U\*00501\*000000001\*0\*P\*::~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
ISA01	M	Authorization Information Qualifier	“00”	No Authorization information present.	2/2
ISA02	M	Authorization Information		Field should consist of 10 spaces	10/10
ISA03	M	Security Info Qualifier	“00”	No Security info present.	2/2
ISA04	M	Security Info		field should consist of 10 spaces	10/10
ISA05	M	Sender Interchange ID Qualifier	“30” “ZZ”	Duns (Dun & Bradstreet) Mutually Defined	2/2
ISA06	M	Interchange Sender ID		Field must be space filled to the right To a length of 15	15/15
ISA07	M	Receiver Interchange ID Qualifier	“30”	Duns (Dun & Bradstreet) Mutually Defined	2/2.
ISA08	M	Interchange receiver ID	“237322578 “		15/15
ISA09	M	Interchange Date		YYMMDD	6/6
ISA10	M	Interchange Time		HHMM	4/4
ISA11	M	Interchange control and ID	“^”	U.S. EDI Community of ASC X12, TDCC, and UCS	1/1
ISA12	M	Interchange control Version	“00501”		5/5
ISA13	M	Interchange control number		9 digit control number must match the control number of the IEA02 element	9/9
ISA14	M	Acknowledgment Requested	“0”	No Acknowledgment Requested	1/1
ISA15	M	Usage Indicator	“P” “T”	Production Test	1/1
ISA16	M	Component element separator	“: “		1/1

**GS - Functional Group Header** - The GS segment indicates the beginning of a functional group and provides control information.

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : NONE  
**Loop ID** : NONE

Example:

GS\*BE\*123456789\*076334622\*20010801\*1452\*000000001\*X\*005010X095A1~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
GS01	M	Functional Identifier Code	“BE”	Benefit Enrollment and Maintenance	2/2.
GS02	M	Application Senders Code		Senders ID, same value as ISA06	2/15
GS03	M	Application Receiver’s Code	“237322578 “		2/15
GS04	M	Date		CCYYMMDD	8/8
GS05	M	Time		HHMM	4/4
GS06	M	Group Control Number		Must match the control number of the GE02 element	1/9
GS07	M	Responsibility Agency Code	“X”	Accredited Standards Committee X12	1/2
GS08	M	Version/Release/Industry Identifier Code		“005010X220A1”	1/12

**ST - Transaction Set Header** - The ST segment indicates the start of a transaction set and assigns a control number.

**Usage** : Mandatory

**Segment Max Use**

**Within Loop** : 1

**Loop Repeat** : NONE

**Loop ID** : NONE

Example:

ST\*834\*0001~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
ST01	M	Transaction Set Identifier Code	“834”	Eligibility coverage or benefit inquiry	3/3
ST02	M	Transaction Set Control Number		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.	4/9
ST03	M	Version/Release/ Industry Identifier Code		005010X220A1, same value as GS08	

**COMMENT:** The transaction set control numbers in **ST02** and **SE02** must be identical. This unique number also aids in error resolution research. Start with the number, for example “0001”, and increment from there. This number must be unique within the specific group and interchanges, but can repeat in other groups and interchanges.

**BGN – Beginning Segment****Usage : Mandatory****Segment Max Use****Within Loop : 1****Loop Repeat : NONE****Loop ID : NONE**

Example:

BGN\*00\*54321\*20000820\*1200\*\*\*\*4~

<b><u>Segment</u></b>	<b><u>Usage</u></b>	<b><u>Name</u></b>	<b><u>Values</u></b>	<b><u>Description</u></b>	<b><u>Min/Max Length</u></b>
BGN01	M	Purpose Code	“00”	Original Transmission	2/2
BGN02	M	Reference Number		Same value as ISA13	1/30
BGN03	M	Date		CCYYMMDD	8/8
BGN04	M	Time		HHMMSSUU/ HHMMSS/ HHMM	4/8
BGN05				NOT USED	
BGN06				NOT USED	
BGN07				NOT USED	
BGN08	M	Action Code	“4” “2”	Full Verify	1/1
BGN09				NOT USED	

**N1 - Sponsor Name** - This segment identifies the sponsor.

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 1000A

Example:

N1\*P5\*ABC CORPORATION\*FI\*919191919~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
N101	M	Entity Identifier Code	"P5"	Plan Sponsor	2/2
N102	M	Name		Plan Name	01/35
N103	M	Identifier Code	"FI" "ZZ"	Fed Tax ID Mutually Defined	2/2
N104	M	Identifier		Organizational Id	2/80
N105				NOT USED	
N106				NOT USED	

**N1 - Payer** - This segment identifies the payer.

**Usage** : **Mandatory**

**Segment Max Use**

**Within Loop** : **1**

**Loop Repeat** : **1**

**Loop ID** : **1000B**

Example:

N1\*IN\*Delta Dental of Oklahoma\*FI\*237322578~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
N101	M	Entity Identifier Code	"IN"	Insurer	2/2
N102	M	Name	"Delta Dental Of Oklahoma"		29/29
N103	M	Identifier Code	"FI"	Fed Tax ID	2/2
N104	M	Identifier	"237322578"		2/80
N105			NOT USED		
N106			NOT USED		

**N1 - TPA/Broker Name** - This segment identifies the TPA/Broker, if involved.

### **N1 – Name (TPA/Broker Name)**

**Usage** : Conditional

**Segment Max Use**

**Within Loop** : 1

**Loop Repeat** : 1

**Loop ID** : 1000C

Example: N1\*TV\*XYZTPA \*FI\*3784~

<b><u>Segment</u></b>	<b><u>Usage</u></b>	<b><u>Name</u></b>	<b><u>Values</u></b>	<b><u>Description</u></b>	<b><u>Min/Max Length</u></b>
N101	M	Entity Identifier Code	“BO” “TV”	Broker/ Sales Office Third Party Administrator (TPA)	2/2
N102	M	Name		TPA Broker Name	1/60
N103	M	Identifier Code	“94” “FI” “XV”	Organization Code Fed Tax ID HFCA Plan ID	2/2
N104	M	Identifier		Organizational ID	2/80
N105				NOT USED	
N106				NOT USED	

## Member Lever Detail Segments

Seg ID	Name	Usage	Loop	
			Repeat	Repeat
<b>LOOP ID – 2000 MEMBER LEVEL DETAIL</b>				<b>&gt; 1</b>
<b>INS</b>	Member Level Detail	M	1	
<b>REF</b>	Member SSN	M	1	
<b>REF</b>	Member Group Number	C	1	
<b>REF</b>	Member Subgroup ID	C	1	
<b>REF</b>	Member Carrier ID	C	1	
<b>DTP</b>	Eligibility End Date	C	1	
<b>DTP</b>	Employment Date	C	1	
<b>LOOP ID – 2100A MEMBER NAME DETAIL</b>				<b>1</b>
<b>NM1</b>	Member Name	M	1	
<b>N3</b>	Member Street Address	M	1	
<b>N4</b>	Member City, State, ZIP Code	M	1	
<b>DMG</b>	Member Demographic Information	M	1	
<b>LOOP ID – 2100B INCORRECT MEMBER NAME</b>				<b>1</b>
<b>NM1</b>	Member Name	C	1	
<b>LOOP ID – 2300 HEALTH COVERAGE</b>				<b>1</b>
<b>HD</b>	Health Coverage	M	1	
<b>DTP</b>	Benefit Begin	C	1	
<b>DTP</b>	Benefit End	C	1	
<b>REF</b>	Benefit Group Number	C	1	
<b>REF</b>	Benefit Subgroup ID	C	1	
<b>SE</b>	Transaction Set Trailer	M	1	
<b>GE</b>	Function Group Trailer	M	1	None
<b>IEA</b>	Interchange Control Trailer	M	1	None

**INS – Insured Benefit (Subscriber or Dependent)**

**Usage : Mandatory**  
**Segment Max Use**  
**Within Loop : 1**  
**Loop Repeat : > 1**  
**Loop ID : 2000**

Example:

INS\*Y\*18\*021\*\*A~

INS\*N\*19\*001\*AI\*A\*\*\*\*F~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
INS01	M	Yes/No Condition	“Y” “N”	Subscriber Dependent	1/1
INS02	M	Individual Relationship Code	“01” “09” “18” “19” “25” “23” “53”	Spouse Adopted Child Self Child Ex-Spouse Sponsored Dependent Life Partner	2/2
INS03	M	Maintenance Type Code	“021” “024” “030”	Addition Termination Audit/No Change	3/3
INS04	O	Maintenance Reason Code	“03” “04” “11” “AI”	Death Retirement Surviving Spouse No Reason Given	2/2
INS05	M	Benefit Status Code	“A” “C”	Active COBRA	1/1
INS06			NOT USED		
INS07			NOT USED		
INS08			NOT USED		
INS09	O	Student Status Code	“F” “N” “P”	Full-time Not a Student Part-time	1/1
INS10	O	Handicap indicator	“Y” “N”	Yes No	1/1
<b>COMMENT:</b> INS10 should only be used to report permanently disabled dependent children. It is not necessary to submit this indicator on a spouse.					
INS11			NOT USED		
INS12			NOT USED		
INS13			NOT USED		

**INS – Insured Benefit (Subscriber or Dependent) (continued)**

INS14	NOT USED
INS15	NOT USED
INS16	NOT USED
INS17	NOT USED

**REF – Reference Identification (Subscriber SSN)**

Usage : Mandatory  
 Segment Max Use  
 Within Loop : 1  
 Loop Repeat : 1  
 Loop ID : 2000

Example:  
 REF\*0F\*0000xxxxx~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
REF01	M	Reference ID Qualifier	“0F”	Subscriber Number Qualifier	2/2
REF02	M	Reference Identification		Subscriber Social Security Number	9/9
<b>COMMENT:</b> The social security must be 9 numeric digits. Alpha characters are not expected within the social security number REF02 field.					
REF03				NOT USED	
REF04				NOT USED	

**REF – Reference Identification (Subscriber Group Number)**

**Usage** : Conditional (This segment is required if the REF\*1L segment is not sent in the HD loop)  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2000

Example:  
 REF\*1L\*000xxxx~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
REF01	M	Reference ID Qualifier	“1L”	Group Number	2/2
REF02	M	Reference Identification		Group Number	7/7

**COMMENT:** The Group number must be 7 numeric digits. Alpha characters are not expected within the group number REF02 field.

**COMMENT:** The subgroup number may also be concatenated to the end of the group number or delimited with an agreed upon character which separates the group and subgroup number.

REF03 NOT USED  
 REF04 NOT USED

**REF – Reference Identification (Subscriber Subgroup Number)**

**Usage** : Conditional (This segment is required if the REF\*17 segment is not sent in the HD loop)  
 (The Subgroup number may also be sent on the REF\*1L group number segment)

**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2000

Example:  
 REF\*17\*xxxx

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
REF01	M	Reference ID Qualifier	“17”	Client Reporting Category	2/2
REF02	M	Reference Identification		Subgroup Number	4/4
<b>COMMENT:</b> The Sub-Group number must be 4 numeric digits. Alpha characters are not expected within the sub-group number REF02 field.					
REF03			NOT USED		
REF04			NOT USED		

**REF – Reference Identification (Location Code/Department/Agency Number)**

Usage : Conditional(see comment)  
 Segment Max Use  
 Within Loop : 1  
 Loop Repeat : 1  
 Loop ID : 2000

Example:  
 REF\*DX\*AAAA~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
REF01	M	Reference ID Qualifier	“DX”		2/2
REF02	M	Reference Identification		Department/Agency Number /Location Code	1/5
REF03			NOT USED		
REF04			NOT USED		

**COMMENT:** If the group has a Location Code/Department/Agency Number, then DDOK requires to use REF\*DX segment. The value can be up to 5 characters. Sample Code: REF\*DX\*12345~  
 If the group does not have a Location Code/Department/Agency Number, this segment can be removed from the 834 transaction file.

**DTP – Member Level Dates (Eligibility Start/End)**

**Usage** : **Conditional** (see comment)  
**Segment Max Use**  
**Within Loop** : **1**  
**Loop Repeat** : **1**  
**Loop ID** : **2000**

Example:

DTP\*357\*D8\*20020301~

<b>Segment</b>	<b>Usage</b>	<b>Name</b>	<b>Values</b>	<b>Description</b>	<b>Min/Max Length</b>
DTP01	M	Date/Time Qualifier	“356”	Eligibility Start	3/3
			“357”	Eligibility End	3/3
DTP02	M	Date Time Period Format Qualifier “D8”		Date expressed in Format CCYYMMDD	2/2
DTP03	M	Date Time Format		Expression of Date as CCYYMMDD	8/8

**COMMENT:** If a termination is being sent and a 2300 loop is not provided with a benefit end date, this segment date is required. If a benefit end date is provided in the 2300 loop, the term date in the 2000 will be ignored. If a coverage is not specified in a 2300 loop, the termination date in the 2000 loop will be for all coverages.

**DTP – Member Level Dates (Employment Date/Hire Date)****Usage** : **Conditional** (see comment)**Segment Max Use****Within Loop** : **1****Loop Repeat** : **1****Loop ID** : **2000**

Example:

DTP\*336\*D8\*19980301~

<b><u>Segment</u></b>	<b><u>Usage</u></b>	<b><u>Name</u></b>	<b><u>Values</u></b>	<b><u>Description</u></b>	<b><u>Min/Max Length</u></b>
DTP01	M	Date/Time Qualifier	“336”	Employment Begin	3/3
DTP02	M	Date Time Period Format Qualifier “D8”		Date expressed in Format CCYYMMDD	2/2
DTP03	M	Date Time Format		Expression of Date as CCYYMMDD	8/8

**COMMENT:** Segment is suggested if **INS02 = “018”**, the segment is not sent for non-subscriber INS loops.

**NM1 – Member Name (Subscriber or Dependent Name and SSN)**

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2100A

Example: NM1\*IL\*1\*LN\*FN\*MN\*\*\*34\*0000xxxxx~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
NM101	M	Entity Identifier Code	“IL” “74”	Subscriber / Dependent Corrected Insured	2/2
NM102	M	Entity Type Qualifier	“1”	Person (signifies this is a person)	1/1
NM103	M	Last Name			1/35
NM104	M	First Name			1/25
NM105	O	Middle Name			1/25
NM106		NOT USED			
NM107		NOT USED			
NM108	O	Identification Code Qualifier	“34”	SSN Qualifier	2/2
NM109	O	Identification Code		Dependent SSN	9/9
<p><b>COMMENT:</b> NM108 and NM109 should only be populated if this is a dependent INS loop. The subscriber’s SSN was supplied in the earlier REF*0F segment. If the SSN is available for dependents, the SSN should be supplied.</p> <p><b>COMMENT:</b> The social security must be 9 numeric digits. Alpha characters are not expected within the social security number REF02 field.</p>					
NM110				NOT USED	
NM111				NOT USED	

### N3 – Address Information (Subscriber Address)

Usage : Mandatory  
Segment Max Use  
Within Loop : 1  
Loop Repeat : 1  
Loop ID : 2100A

Example:

N3\*123 Main St\*APT A~

---

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
N301	M	Address Information		Address Line 1	1/55
N302	O	Address Information		Address Line 2	1/55

**COMMENT:** The segment is mandatory for subscribers and Optional for dependents.

**N4 – Geographic Location (Subscriber City, State, Zip)**

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2100A

Example:

N4\*Townville&\*OK\*00000~  
 N4\*TORONTO\*ON\*M2J4V2\*CAN~

<b>Segment</b>	<b>Usage</b>	<b>Name</b>	<b>Values</b>	<b>Description</b>	<b>Min/Max Length</b>
N401	M	City Name		Free Form Text of City	2/30
N402	M	State or Province Code		Code (Standard State/Province) as defined by appropriate government agency. See <b>Appendix A</b> .	2/2
N403	M	Postal Code		Zip Code	5/9
N404	O	Country Code	“CAN”	Canada	3/3
<b>COMMENT:</b> The segment is mandatory for subscribers and Optional for dependents.					
<b>COMMENT:</b> N404 is required if the N3 and N4 segments designate a Canadian address.					
N405	O	Location Qualifier	“CY”	County/Parish	2/2
N406	O	Location Identifier		County code	1/3
<b>COMMENT:</b> DDOK currently only supports a County Code with a maximum of 3 digits.					

**DMG – Demographic Information (Subscriber or Dependent)**

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2100A

Example:  
 DMG\*D8\*19500101\*M~

<b>Segment</b>	<b>Usage</b>	<b>Name</b>	<b>Values</b>	<b>Description</b>	<b>Min/Max Length</b>
DMG01	M	Date Time Period Format Qualifier "D8"		Date expressed in Format CCYYMMDD	2/2
DMG02	M	Date Time Period		Birth Date expressed as CCYYMMDD	8/8
DMG03	M	Gender Code	"F" "M"	Female Male	1/1

**COMMENT:** The segment is mandatory for subscribers and dependents.

DMG04		NOT USED
DMG05		NOT USED
DMG06		NOT USED
DMG07		NOT USED
DMG08		NOT USED
DMG09		NOT USED

**NM1 – Incorrect Member Name (Subscriber or Dependent Name and SSN)**

**Usage** : **Conditional** (Only required by DDOK if the Subscriber SSN is being changed)  
**Segment Max Use**  
**Within Loop** : **1**  
**Loop Repeat** : **1**  
**Loop ID** : **2100B**

Example: NM1\*70\*1\*LN\*FN\*MN\*\*\*34\*0000xxxxx~

**COMMENT:** This segment should only be sent if the subscriber’s SSN is being changed. The prior incorrect SSN is sent on the NM109 element. This segment should only be sent on the subscriber INS loop.

<b>Segment</b>	<b>Usage</b>	<b>Name</b>	<b>Values</b>	<b>Description</b>	<b>Min/Max Length</b>
NM101	M	Entity Identifier Code	“70”	Prior Incorrect Insured	2/2
NM102	M	Entity Type Qualifier	“1”	Person (signifies this is a person)	1/1
NM103	M	Last Name			1/35
NM104	M	First Name			1/25
NM105	O	Middle Name			1/25
NM106		NOT USED			
NM107		NOT USED			
NM108	M	Identification Code Qualifier	“34”	SSN Qualifier	2/2
NM109	M	Identification Code		Subscriber SSN	9/9
NM110			NOT USED		
NM111			NOT USED		

**HD – Health Coverage****Usage** : Mandatory (see comment)**Segment Max Use****Within Loop** : 1**Loop Repeat** : 1**Loop ID** : 2300

Example:

HD\*021\*\*DEN\*30\*FAM~

<b>Segment</b>	<b>Usage</b>	<b>Name</b>	<b>Values</b>	<b>Description</b>	<b>Min/Max Length</b>
HD01	M	Maintenance Type Code	“021” “024” “030”	Addition Cancellation or Termination No change	3/3
HD02		NOT USED			
HD03	M	Insurance Line Code	“DEN”	Dental	3/3
HD04	O	Plan Coverage Desc	“00” thru “99” “L” “M”	Group Program Type Info OR Late Enrollee Information <b>Late Enrollee</b> <b>Late Enrollee Student</b>	2/2
<b>*** COMMENT: No longer mandatory for multiple program types within a single group number. Alternate HD04 usage: For groups wanting to send late enrollee (L) or late enrollee student (M), they would be sent here, appended to the program type if the program type is required.</b>					
HD05	O	Coverage Level Detail	“E1D” “E5D” “EMP” “ESP” “FAM”	<b>Employee and 1 dependent</b> <b>Employee and more than 1 dependent</b> Employee Only Employee and Spouse Employee, Spouse, and dependent(s)	3/3
<b>COMMENT: HD05 is Mandatory for subscriber, Optional for dependents.</b>					
HD06		NOT USED			
HD07		NOT USED			
HD08		NOT USED			
HD09		NOT USED			
HD10		NOT USED			
HD11		NOT USED			

**DTP – Member Level Dates (Benefit Begin)**

**Usage** : Conditional(see comment)  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2300

Example:  
DTP\*348\*D8\*20000815~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
DTP01	M	Date/Time Qualifier	“348”	Benefit Begin	3/3
DTP02	M	Date Time Period Format Qualifier	“D8”	Date expressed in Format CCYYMMDD	2/2
DTP03	M	Date Time Format		Expression of Date as CCYYMMDD	8/8

**COMMENT:** Segment is required if HD01 = “021” or “030”

**DTP – Member Level Dates (Benefit End)**

Usage : Conditional(see comment)  
 Segment Max Use  
 Within Loop : 1  
 Loop Repeat : 1  
 Loop ID : 2300

Example:  
 DTP\*349\*D8\*20000815~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
DTP01	M	Date/Time Qualifier	“349”	Benefit End	3/3
DTP02	M	Date Time Period Format Qualifier “D8”		Date expressed in Format CCYYMMDD	2/2
DTP03	M	Date Time Format		Expression of Date as CCYYMMDD	8/8

**COMMENT:** Segment is required if HD01 = “024”

**COMMENT:** DTP03 should be the last date of Actual Coverage

**REF – Health Coverage Policy (Subscriber Group Number) Usage :**

**Usage: Conditional (This segment is required if the REF\*1L segment is not sent in the INS loop)**

**Segment Max Use**  
**Within Loop : 1**  
**Loop Repeat : 1**  
**Loop ID : 2300**

Example:  
 REF\*1L\*000xxxx~ (this is group number only)  
 REF\*1L\*000xxxx-0001~ (this is group and subgroup number)

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
REF01	M	Reference ID Qualifier	“1L”	Group Number	2/2
REF02	M	Reference Identification		Group Number	7/12
<b>COMMENT:</b> The Group number must be 7 numeric digits. Alpha characters are not expected within the group number REF02 field.					
<b>COMMENT:</b> The Subgroup number may also be concatenated to the end of the group number or delimited with an agreed upon character which separates the group and subgroup number.					
REF03			NOT USED		
REF04			NOT USED		

**REF – Health Coverage Policy (Subscriber Subgroup Number)**

**Usage** : Conditional (This segment is required if the REF\*17 segment is not sent in the INS loop) (The subgroup number may also be sent on the REF\*1L group number segment)

**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : 2300

Example:  
 REF\*17\*0001~

<b><u>Segment</u></b>	<b><u>Usage</u></b>	<b><u>Name</u></b>	<b><u>Values</u></b>	<b><u>Description</u></b>	<b><u>Min/Max Length</u></b>
REF01	M	Reference ID Qualifier	“17”	Client Reporting Category	2/2
REF02	M	Reference Identification		Subgroup Number	4/4
<b>COMMENT:</b> The Sub-Group number must be 4 numeric digits. Alpha characters are not expected within the sub-group number REF02 field.					
REF03				NOT USED	
REF04				NOT USED	

**SE – Transaction Set Trailer**

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : NONE  
**Loop ID** : NONE

Example:  
 SE\*19\*12345~

<b><u>Segment</u></b>	<b><u>Usage</u></b>	<b><u>Name</u></b>	<b><u>Values</u></b>	<b><u>Description</u></b>	<b><u>Min/Max Length</u></b>
SE01	M	Number of Segments Included		Total number of segments included in a transaction set including <b>ST</b> and <b>SE</b>	1/10
SE02	M	Transaction Set Control Number		4 to 9 digit control number. Must match Transaction Set Control Number in <b>ST02</b> .	4/9

**GE – Functional Group Trailer**

**Usage** : Mandatory  
**Segment Max Use**  
**Within Loop** : 1  
**Loop Repeat** : 1  
**Loop ID** : NONE

Example:

GE\*1\*000000001~

<b><u>Segment</u></b>	<b><u>Usage</u></b>	<b><u>Name</u></b>	<b><u>Values</u></b>	<b><u>Description</u></b>	<b><u>Min/Max Length</u></b>
GE01	M	Number of Transaction		Total number of transaction sets included in the functional group.	1/10
GE02	M	Transaction Set Control Number		1 to 9 digit control number. Must match Functional Group Control Number in <b>GS06</b> .	1/9

**IEA – Interchange Control Trailer**

**Usage** : **Mandatory**  
**Segment Max Use**  
**Within Loop** : **1**  
**Loop Repeat** : **1**  
**Loop ID** : **NONE**

Example:

IEA\*1\*000000001\*~

<u>Segment</u>	<u>Usage</u>	<u>Name</u>	<u>Values</u>	<u>Description</u>	<u>Min/Max Length</u>
IEA01	M	Number of Included Functional Groups		Total number of functional groups included in the Interchange.	1/10
IEA02	M	Interchange Control Number		9 digit control number. Must match Interchange 9/9 Control Number in <b>ISA13</b> .	

## 7. DDOK Specific Business Rules and Limitations

This section contains design rules and other helpful information used as transaction requirements were developed.

### 7.1. Identifying group number in REF\*1L segment, subgroup number in REF\*17 segment

DDOK assigns group and subgroup number(s) for each organization we insure. We prefer the group and subgroup number(s) are sent in REF\* segment in loop 2000

Sample code: REF\*1L\*000xxxx – group number 000xxxx  
REF\*17\*0001 - subgroup number 0001

DDOK requires group number and subgroup number(s) to be included on each member record.

Please note, DDOK does NOT use the REF\*38 segment for Policy Number (i.e. group number).  
**Please do not include REF\*38 segment in the 834 transaction file.**

### 7.2. Identifying Coverage Type in HD\* segment

DDOK requires HD05 (coverage type) for all subscriber records, but is optional for dependent records.

Sample code: HD\*021\*\*DEN\*30\*FAM~

### 7.3. Identifying Location Code in REF\*DX segment

If the group has a Location Code/Department/Agency Number, then DDOK requires to use REF\*DX segment. The value can be up to 5 characters.

Sample code: REF\*DX\*12345

COBRA members can be listed and identified with the REF\*DX segment.

Sample code: REF\*DX\*COBRA

If the group does not have a Location Code/Department/Agency Number or COBRA enrollees, this segment can be removed from the 834 transaction file.

## **8. Acknowledgements and/or Reports**

DDOK's preferred method of acknowledgement is by transaction report. Upon processing completion, DDOK generates a transaction report detailing the associated 834 file's transactions. The report is sent to the designated group/TPA contact each time an 834 file is processed on the group's behalf.

## 9. Trading Partner Agreements

Please contact [ElectronicServices@DeltaDentalOK.org](mailto:ElectronicServices@DeltaDentalOK.org) if you are providing EDI services and do not currently have a Trading Partner Agreement in place with Delta Dental Plan of Oklahoma.

## **10. Transaction Specific Information**

Not applicable at this time.

# 11. Appendices

## 1. Implementation Checklist

Below is the quick checklist before we implement the process in production environment:

- FTP connection has established
- Successful test has completed
- Group implementation approval has been received

## 2. Business Scenarios and Transmission Examples

### 834 Transaction Example for each Coverage Type

**Scenario #1 – coverage type is employee only (“EMP”)**

```
INS*Y*18*030**A***FT~  
REF*0F*0000xxxx~  
REF*1L*000xxxx~  
REF*17*0001~  
NM1*IL*1*LastName*FirstName*****34*0000xxxx~  
N3*123 Main St~  
N4*Townville&*OK*00000~  
DMG*D8*19500101*F~  
HD*030**DEN**EMP~  
DTP*336*D8*20100101~  
DTP*348*D8*20150601~
```

**Scenario #2 – coverage type is employee + spouse (“ESP”)**

```
INS*Y*18*030**A***FT~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0002~
NM1*IL*1*LastName*FirstName****34*0000xxxx~
N3*1234 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**ESP~
DTP*336*D8*20090101~
DTP*348*D8*20150101~
INS*N*01*030**A*****N~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0002~
NM1*IL*1*LastName2*FirstName2****34*0000xxxx~
N3*123 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*M~
HD*030**DEN**ESP ~
DTP*348*D8*20150101~
```

**Scenario #3 – coverage type is employee + spouse + child/children (“FAM”)**

```

INS*Y*18*030**A***FT~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0002~
NM1*IL*1*LastName*FirstName*****34*0000xxxxx~
N3*1234 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**FAM~
DTP*336*D8*20090101~
DTP*348*D8*20150101~
INS*N*01*030**A*****N~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0002~
NM1*IL*1*LastName2*FirstName2*****34*0000xxxxx~
N3*123 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*M~
HD*030**DEN**FAM~
INS*N*0119*030**A*****N~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0002~
NM1*IL*1*LastName3*FirstName3*****34*0000xxxxx~
N3*123 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*M~
HD*030**DEN**FAM~

INS*N*0119*030**A*****N~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0002~
NM1*IL*1*LastName4*FirstName4*****34*0000xxxxx~
N3*123 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*M~
HD*030**DEN**FAM~

```

**Scenario #4 – coverage type is employee + child/children (example a. “E1D”, example b. “E5D” and example c. “ECH”)**

**a. E1D is for emp+ 1 child**

```

INS*Y*18*030**A***FT~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName*FirstName****34*0000xxxx~
N3*1234 Main St~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**E1D~
DTP*336*D8*20090101~
INS*N*19*030**A*****N~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName2*FiratName2****34*0000xxxx~
N3*123 Main St*~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**E1D~
DTP*348*D8*20150101~

```

**b. E5D is for emp + children**

```

INS*Y*18*030**A***FT~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName*FirstName*****34*0000xxxx~
N3*1234 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**E5D~
DTP*336*D8*20090101~
INS*N*19*030**A*****N~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName2*FirstName2*****34*0000xxxx~
N3*123 Main St*~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**E5D~
DTP*348*D8*20150101~
INS*N*19*030**A*****N~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName3*FirstName3*****34*0000xxxx~
N3*123 Main St*~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**E5D~
DTP*348*D8*20150101~

```

- c. **ECH** can be used for both emp+1child and emp + children. DDOK prefers to use **E1D** and **E5D** to separate them if possible.

```

INS*Y*18*030**A***FT~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName*FirstName****34*0000xxxx~
N3*1234 Main street~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**ECH~
DTP*336*D8*20090101~
INS*N*19*030**A*****N~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName2*FirstName2****34*0000xxxx~
N3*123 Main St*~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**ECH~
DTP*348*D8*20150101~
INS*N*19*030**A*****N~
REF*0F*0000xxxx~
REF*1L*000xxxx~
REF*17*0001~
NM1*IL*1*LastName3*FirstName3****34*0000xxxx~
N3*123 Main St*~
N4*Townville&*OK*00000~
DMG*D8*19500101*F~
HD*030**DEN**ECH~
DTP*348*D8*20150101~

```

**834 Full File Transaction Example****Scenario #1**

Company 1 is sending a full file of all covered Subscribers and dependents. For purposes of this example, company 1 has 1 employee with a spouse and a dependent who is being terminated under that 1 employee.

Shown in the example is the following;

- Subscriber is John Paul Doe, DOB June 10 1940, SSN = 111223333, benefit begin Date for Eligibility is August 1 1989
- Spouse is Jane M Doe, DOB July 15 1945, SSN=111224444, benefit begin Date for Eligibility is March 1 1999
- Dependent Mark Doe is being terminated effective July 1, 2002

```

ISA*00*                *00*                *ZZ*067999979          *01*076334622
*000821*0915*U*00501*000000745*0*P*:~
GS*BE*C1591*076334622*20020821*0916*2304*X*005010~
ST*834*12345~
BGN*00*ABCDE12456*20000815*0100****4~
N1*P5*ABC  CORP*FI*777777777~
N1*IN*DELTA DENTAL OF OKLAHOMA*FI*237322578~
INS*Y*18*021**A~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0001~
REF*DX*00~
DTP*336*D8*19890801~
NM1*IL*1*LastName*FirstName*MiddleName***34*0000xxxxx~
N3*123 Main St*Apt.A~
N4*AnyTown*OK*00000~
DMG*D8*19500101*M~
HD*021**DEN**FAM~
DTP*348*D8*19890801~
INS*N*01*021**A~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0001~
REF*DX*00~
NM1*IL*1*LN2*FN2*M2***34*0000xxxxx~
DMG*D8*19500101*F~
HD*021**DEN**FAM~
DTP*348*D8*19500101~
INS*N*19*024**A~
REF*0F*0000xxxxx~
REF*1L*000xxxx~
REF*17*0001~
REF*DX*00~
NM1*IL*1*LN3*FN3***34*0000xxxxx~
DMG*D8*19500101*M~
HD*024**DEN**FAM~
DTP*349*D8*20020701~
SE*35*12345~
GE*1*2304~
IEA*1*000000745~

```

## 12. US State / Territory Codes

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### APPENDIX A

#### US STATE/TERRITORY CODES

AK - ALASKA  
AL - ALABAMA  
AR - ARKANSAS  
AS - AMERICAN SAMOA  
AZ - ARIZONA  
CA - CALIFORNIA  
CO - COLORADO  
CT - CONNECTICUT  
DC - DISTRICT OF COLUMBIA  
DE - DELAWARE  
FL - FLORIDA  
FM - MICRONESIA  
GA - GEORGIA  
GU - GUAM  
HI - HAWAII  
IA - IOWA  
ID - IDAHO  
IL - ILLINOIS  
IN - INDIANA  
KS - KANSAS  
KY - KENTUCKY  
LA - LOUISIANA  
MA - MASSACHUSETTS  
MD - MARYLAND  
ME - MAINE  
MH - MARSHALL ISLANDS  
MI - MICHIGAN  
MN - MINNESOTA  
MO - MISSOURI  
MP - NORTHERN MARIANA ISLANDS  
MS - MISSISSIPPI  
MT - MONTANA  
NC - NORTH CAROLINA  
ND - NORTH DAKOTA  
NE - NEBRASKA  
NH - NEW HAMPSHIRE  
NJ - NEW JERSEY  
NM - NEW MEXICO  
NV - NEVADA  
NY - NEW YORK  
OH - OHIO  
OK - OKLAHOMA  
OR - OREGON  
PA - PENNSYLVANIA  
PR - PUERTO RICO  
PW - PALAU  
RI - RHODE ISLAND  
SC - SOUTH CAROLINA  
SD - SOUTH DAKOTA  
TN - TENNESSEE  
TX - TEXAS  
UT - UTAH  
VA - VIRGINIA  
VI - VIRGIN ISLANDS  
VT - VERMONT  
WA - WASHINGTON  
WI - WISCONSIN  
WV - WEST VIRGINIA  
WY - WYOMING

## **APPENDIX A (continued)**

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### **CANADIAN PROVINCE CODES**

AB – ALBERTA  
BC – BRITISH COLUMBIA  
LB – LABRADOR  
MB – MANITOBA  
NB – BRUNSWICK  
NF – NEWFOUNDLAND  
NS – NOVA SCOTIA  
NT – NORTHWEST TERRITORIES  
ON – ONTARIO  
PE – PRINCE EDWARD ISLAND  
QC – QUEBEC  
SK – SASKATCHEWAN  
YT – YUKON TERRITORY