

## Version 2

Utah State Dept. of Health  
Division of Health Care Financing

834 COMPANION GUIDE

### Utah Specific Transaction Instructions

834 Benefit Enrollment and Maintenance  
ASCX12N 820 (004010X095A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 834 Version 4010 implementation guide has been established as the standard of compliance. Utah Medicaid will implement the Addenda corrections for Benefit Enrollment and Maintenance (004010X095A1). The implementation guide is available electronically at [www.wpc-edi.com](http://www.wpc-edi.com). The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

#### Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at [www.UHIN.com](http://www.UHIN.com).
2. A Utah Medicaid EDI Enrollment application must be completed and on file prior to Medicaid generating an 834 Benefit Enrollment and Maintenance. The form is available at [http://health.utah.gov/hipaa/medicaid\\_pcn.htm](http://health.utah.gov/hipaa/medicaid_pcn.htm)

Page	Loop	Segment	Element No.	Data Element	Values / Comments
Header					
31		BGN08	306	Action Code	"2" – Update "4" – Synchronize file
33		REF02	127	Master Policy Number	Contract number
36	1000A	N102	93	Plan Sponsor Name	"Health Care Financing"

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
Detail					
45	2000	INS03	875	Maintenance Type Code	“001” – Change “021” – Addition “024” – Termination “025” – Reinstate “030” – Sync File
48	2000	INS06	1219	Medicare Plan Code	D – Medicare E – Medicare eligible but not enrolled
50	2000	INS12	1251	Insured Individual Death Date	
51	2000	REF02	128	Subscriber Number	“0F” – Subscriber Number
52	2000	REF02	127	Subscriber ID	Medicaid “PACMIS” ID
62	2100A	NM103	1035	Subscriber Last Name	
62	2100A	NM104	1036	Subscriber First Name	
62	2100A	NM105	1037	Subscriber Middle Name	
62	2100A	NM109	66	ID Code Qualifier	“34” – SSN
63	2100A	NM109	67	Subscriber Identifier	Social Security Number of client.
65	2100A	PER03	365	Communication Number Qualifier	“TE” – Telephone
65	2100A	PER04	364	Communication Number	Client Phone Number
67	2100A	N301	166	Subscriber Address Line	Residential Address (line 1)
67	2100A	N302	166	Subscriber Address Line	Residential Address (line 2, if needed)

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
68	2100A	N401	19	Subscriber City Name	Residential Address
68	2100A	N402	156	Subscriber State Code	Residential Address
69	2100A	N403	116	Subscriber ZIP Code	Residential Address
69	2100A	N405	309	Location Qualifier	“CY” – County/Parish
69	2100A	N406	310	Location ID Code	County of residential address.
71	2100A	DMG02	1251	Member Birth Date	Client date of birth
71	2100A	DMG03	1068	Gender Code	“M” – Male “F” – Female “U” – Unknown
72	2100A	DMG05	1109	Race or Ethnicity Code	
72	2100A	DMG06	1066	Citizenship Status Code	
76	2100A	HLH01	1212	Health Related Code	“T” – Tobacco Use
79	2100A	LU102	67	Language Code	
87	2100C	N301	166	Subscriber Address Line	Mailing Address (line 1)
87	2100C	N302	166	Subscriber Address Line	Mailing Address (line 2, if needed)
88	2100C	N401	19	Subscriber City Name	Mailing Address
88	2100C	N402	156	Subscriber State Code	Mailing Address
88	2100C	N403	116	Subscriber ZIP Code	Mailing Address

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
116	2100G	NM103	1035	Responsible Party Last or Org Name	Case head last name.
116	2100G	NM104	1036	Responsible Party First Name	Case head first name.
118	2100G	NM105	1037	Responsible Party Middle Name	Case head middle name.
129	2300	HD03	1205	Insurance Line Code	“AK” – Mental Health “HMO” – Health Maintenance Organization
130	2300	HD04	1204	Plan Coverage Description	Rate code, PG indicator, Co-pay.
133	2300	DTP01	374	Date Time Qualifier	“348” – Benefit Begin “349” – Benefit End
133	2300	DTP03	1251	Coverage Period	CCYYMMDD
141	2310	NM101	98	Entity ID Code	“P3” – Primary Care Provider or Lock-in Physician “QA” – Lock-in Pharmacy “Y2” – Managed Care Organization
141	2310	NM103	1035	Provider Last or Organization Name	Name relating to entity ID code
151	2320	COB02	127	Insured Group or Policy Number	
154	2320	N102	93	Other Insurance Name	
156	2320	DTP01	374	Date Time Qualifier	“344” – Coordination of Benefits Begin “345” – Coordination of Benefits End

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
157	2320	DT03	1251	Coordination of Benefits Date	CCYYMMDD