**834 Electronic Eligibility Implementation Guide**

**Delta Dental of Washington**

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DDWA – Electronic Implementation Guide

Last Updated: Aug 2021

Layouts

ANSI 834 Companion Guide

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DDWA ANSI 834 Companion Guide

This companion guide is intended to only act as a supplement to the ASC X12N 834 5010 version of the Benefit Enrollment and Maintenance guide as mandated under HIPAA. Its main objective is to provide assistance to our clients in reporting their eligibility to DDWA accurately, according to our requirements.

| **LOOP**  **ID** | **SEG**  **ID** | **ELEMENT ID** | **ELEMENT**  **DESCRIPTION** | **ELEMENT VALUES** | **ELEMENT**  **DESCRIPTION** | **REQUIRED OR**  **SITUATIONAL** |
| --- | --- | --- | --- | --- | --- | --- |
|  | ISA | 01 | Authorization Info  Qualifier | **00**=No Auth. Info present | Min/Max=2/2 | R |
|  | ISA | 02 | Authorization Info | BLANK | Space filled value=spaces Min/Max=10/10 | R |
|  | ISA | 03 | Security Info Qualifier | **01** | Password Min/Max=2/2 | R |
|  | ISA | 04 | Security Info | ET**XXXXX** | Value Assigned by DDWA  (Value assigned will be 7 or 8 digits, please pad with spaces or periods to reach 10 total characters) Min/Max=10/10  **Please see body of Initial Implementation email for this value.** | R |
|  | ISA | 05 | Sender ID Qualifier | **ZZ** | Mutually Defined Min/Max=2/2 | R |
|  | ISA | 06 | Sender ID |  | Agreed Upon Value (Group Name)  Min/Max=15/15  **Please see body of Initial Implementation email for this value.** | R |
|  | ISA | 07 | Receiver ID Qualifier | **ZZ** | Mutually Defined Min/Max=2/2 | R |
|  | ISA | 08 | Receiver ID | **DELTADENTALOFWA** | Min/Max=15/15 | R |
|  | ISA | 09 | Interchange Date | YYMMDD | Min/Max=6/6 | R |
|  | ISA | 10 | Interchange Time | HHMM | Min/Max=4/4 | R |
|  | ISA | 11 | Repetition Separator | “^” | Min/Max=1/1 | R |
|  | ISA | 12 | Interchange Control  Version # | 00501 | Min/Max=5/5 | R |
|  | ISA | 13 | Interchange Control # |  | The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02  Min/Max=9/9 | R |
|  | ISA | 14 | Acknowledgement  Requested | **0**=No Acknowledgement Requested | Min/Max=1/1 | R |
|  | ISA | 15 | Usage Indicator | **P**=Production Data  **T=**Test Data | Min/Max=1/1 | R |
|  | ISA | 16 | Component Element Separator | ":" | 1. The ISA is a fixed record length segment and all positions within each of the data elements must be filled.  2. The first element separator defines the element separator to be used through the entire interchange. Min/Max=1/1 | R |
|  |  |  | Segment Terminator | " **~** " | The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Segment terminator may not be a Carriage Return, Line Feed, New Line or any combination thereof. Min/Max=1/1 | R |
|  | GS | 01 | Functional ID Code | **BE** | Benefit Enrollment & Maintenance (834)  Min/Max=2/2 | R |
|  | GS | 02 | Sender ID | **SAME AS ISA06** | Client/TPA Tax ID or unique value Min/Max=2/15 | R |
|  | GS | 03 | Receiver ID | **DDWA\_GRP\_ADMIN** | Min/Max=2/15 | R |
|  | GS | 04 | Date | CCYYMMDD | CC represents the first two digits of the calendar year Min/Max=8/8 | R |
|  | GS | 05 | Time | HHMM | Min/Max=4/8 | R |
|  | GS | 06 | Group Control Number |  | The GS06 must be identical to the value in GE02. Min/Max=1/9 | R |
|  | GS | 07 | Responsible Agency  Code | **X** | Accredited Standards Committee X12 Min/Max=1/2 | R |
|  | GS | 08 | Version/Release Code | **005010X220A1** | Min/Max=1/12 | R |
|  | ST | 01 | Transaction ID Code | **834** | Benefit Enrollment and Maintenance Min/Max=3/3 | R |
|  | ST | 02 | Transaction Set Control# |  | The Transaction Set Control number in ST02 and SE02 must be identical. Min/Max=4/9 | R |
|  | ST | 03 | Implementation  Convention Reference | **005010X220A1** | Min/Max=1/35 | R |
|  | BGN | 01 | Transaction Set  Purpose Code | **00**=Original | 00=Original is the only value accepted by DDWA. Min/Max=2/2 | R |
|  | BGN | 02 | Reference Number |  | Unique Reference ID code – assigned by Client/TPA Min/Max=1/50 | R |
|  | BGN | 03 | Date | CCYYMMDD | Transaction set creation date.  CC represents the first two digits of the calendar year Min/Max=8/8 | R |
|  | BGN | 04 | Time | HHMM | Transaction set creation time Min/Max=4/8 | R |
|  | BGN | 05 | Time Code | AD Alaska Daylight Time  AS Alaska Standard Time  AT Alaska Time  CD Central Daylight Time  CS Central Standard Time  CT Central Time  ED Eastern Daylight Time  ES Eastern Standard Time  ET Eastern Time  HD Hawaii-Aleutian Daylight  HS Hawaii-Aleutian Standard  HT Hawaii-Aleutian Time  MD Mountain Daylight Time  MS Mountain Standard Time  MT Mountain Time  PD Pacific Daylight Time  PS Pacific Standard Time  PT Pacific Time | Min/Max=2/2 | S |
|  | BGN | 08 | Action Code | **2**=Changes (update)  **4**=Verify (full file)  **RX***=*Replace (this will be mapped to ‘4’ for DDWA Processing) | DDWA prefers to receive action code 4 (full file) Min/Max=1/2 | R |
|  | REF | 01 | Reference Number  Qualifier | **38**=Master Policy Number | DDWA File ID (ET**XXXXX**) must be submitted in ISA04 or REF\*38 Min/Max=2/3  **Please see body of Initial Implementation email for this value.** | R |
|  | REF | 02 | Reference Number | ET**XXXXX** | DDWA Assigned File ID Min/Max=1/50  **Please see body of Initial Implementation email for this value.** | R |
|  | DTP | 01 | Date/Time Qualifier | **007=**Effective | Min/Max=3/3 | R |
|  | DTP | 02 | Date/Time Period Format Qualifier | **D8** | Date Expressed in Format CCYYMMDD Min/Max=2/3 | R |
|  | DTP | 03 | Date Time Period | YYYYMMDD | Eligibility Period Effective/Control Date  Identifies the group’s eligibility status as of this date. Min/Max=1/35 | R |
| **1000A** | N1 | 01 | Entity Identifier  Code/Sponsor | **P5**=Plan Sponsor/Client | Sponsor is the party that ultimately pays for the coverage Min/Max=2/3 | R |
|  | N1 | 02 | Name | Client name | Min/Max=1/60 | S |
|  | N1 | 03 | Identification Code  Qualifier | **FI**=Federal Tax ID | Min/Max=1/2 | R |
|  | N1 | 04 | Identification Code | Sponsor/Client Identifier | Sponsor/Client Federal Tax ID Min/Max=2/80 | R |
| **1000B** | N1 | 01 | Entity Identifier Code | **IN** = Insurer | Insurer/payer is the party that pays claims and/or administers the  Insurance benefit. Min/Max=2/3 | R |
|  | N1 | 02 | Name | **DELTA DENTAL OF WA** | Free Form Name all CAPS Min/Max=1/60 | S |
|  | N1 | 03 | Identification Code  Qualifier | **FI**=Federal Tax ID | Min/Max=1/2 | R |
|  | N1 | 04 | Identification Code | **910621480** | DDWA Tax ID Min/Max=2/80 | R |
| **1000C** | N1 | 01 | Entity Identifier Code | **BO** = Broker  **TV**=TPA | TPA or Brokers Name Min/Max=2/3 | R |
|  | N1 | 02 | Name | Broker or TPA name | Free-Form Name all CAPS Min/Max=1/60 | R |
|  | N1 | 03 | Identification Code  Qualifier | **FI**=Federal Tax ID | Min/Max=1/2 | R |
|  | N1 | 04 | Identification Code | TPA or Broker Identification Code | Brokers or TPA's Federal Taxpayer's  Identification Min/Max=2/80 | R |
| **2000** | INS | 01 | Yes/No Condition | **Y**=Yes  **N**=No | Subscriber Indicator Min/Max=1/1 | R |
|  | INS | 02 | Individual Relationship  Code | **01**=Spouse  **18**=Self  **19**=Child  **53**=Life Partner/Domestic Partner | Individual Relationship Code Min/Max=2/2 | R |
|  | INS | 03 | Maintenance Type Code | **001** = Change  **021** = Add  **024** = Termination  **025 =** Reinstatement  **030** = Full Replace File | When BGN08 = **4**, 030 should be used in all INS03 elements in the file, to indicate a full replace/audit file.  When BGN08 = **2**, INS03 can be 001, 021 or 024 to indicate the proper maintenance type. Min/Max=3/3 | R |
|  | INS | 04 | Maintenance Reason Code | **03**=Death  **04**=Retirement  **08**=Termination of Employment  **59**=Non Payment (Typically Cobra)  **XN**=Notification Only |  | S |
|  | INS | 05 | Benefit Status Code | **A**=Active  **C**=Cobra  **S**=Surviving Insured  **T=** Tax Equity & FiscalResponsibility ACT | Benefit Status Code Min/Max=1/1 | R |
|  | INS | 07 | COBRA Qualifying Event Code | **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  **9** = Layoff  **10** = Leave of Absence  **ZZ** = Mutually Defined |  | S |
|  | INS | 08 | Employment Status  Code | **FT**=Full-time  **L1**=Leave of Absence  **PT=** Part-time  **RT**=Retired  **TE**=Terminated | Min/Max=2/2 | S |
|  | INS | 10 | Yes/No Condition | **N** = No  **Y** = Yes | Handicap indicator Min/Max=1/1 | S |
|  | INS | 11 | Date Time Period Format Qualifier | **D8** | Date Expressed in Format CCYYMMDD Min/Max=2/3 | S |
|  | INS | 12 | Date Time Period |  | Min/Max=1/35 | S |
|  | INS | 13 | Confidentiality Code | **R**= Restricted Access  **U**= Unrestricted Access | Min/Max=1/1 | S |
|  | INS | 17 | Number |  | Min/Max=1/9 | S |
|  | REF | 01 | Reference Number  Qualifier | **0F**=Subscriber Number | Min/Max=2/3 | R |
|  | REF | 02 | Reference Number | Subscriber’s Member ID | Subscriber’s SSN or Universal ID Min/Max=1/50 | R |
|  | REF | 01 | Reference Number Qualifier | 1L | Group or Policy Number Min/Max=2/3 | R |
|  | REF | 02 | Reference Number | **XXXXX-XXXXX = Use values sent in Implementation email** | Group and SubGroup information  Min/Max=1/50  **Please see body of Initial Implementation email for these values.**  1st five digits are the Group Number assigned by DDWA.  ‘-‘ (Dash):  Next 5 digits are SubGroup number assigned by DDWA.    **Use values sent in Implementation email** | R |
|  | REF | 01 | Reference Number  Qualifier | 17 | Client Reporting Min/Max=2/3 | S |
|  | REF | 02 | Reference Numbers |  | Mutually Defined Min/Max=1/50 | S |
|  | REF | 01 | Reference Identification | **23**=Client number (DDWA uses this code as the Employee ID number) | Subscriber Number other than SSN Min/Max=2/3 | S |
|  | REF | 02 | Reference Number | Employee ID number | Employee ID number Min/Max=1/50 | S |
|  | REF | 01 | Reference Number Qualifier | **ZZ**=TPA Subscriber ID | Mutually Defined Min/Max=2/3 | S |
|  | REF | 02 | Reference Number | TPA Subscriber ID | TPA Subscriber ID number Min/Max 1/50 | S |
| **2100A** | NM1 | 01 | Entity Identifier Code | **IL**=Insured or Subscriber | Min/Max=2/3 | R |
|  | NM1 | 02 | Entity Type Qualifier | **1**=Person | Min/Max=1/1 | R |
|  | NM1 | 03 | Name Last |  | Last Name – Hyphen and apostrophe ok to include. Min/Max=1/60 | R |
|  | NM1 | 04 | Name First |  | First Name Min/Max=1/35 | R |
|  | NM1 | 05 | Name Middle or Initial |  | Middle Name or Initial Min/Max=1/25 | S |
|  | NM1 | 08 | Identification Code  Qualifier | **34**=Social Security Number | Min/Max=1/2 | S |
|  | NM1 | 09 | Identification Code |  | Member/Dependent Social Security Number Min/Max=2/80 | S |
|  | PER | 01 | Contact Function Code | **IP**=Insured Party | Min/Max=1/2 | S |
|  | PER | 03 | Communication  Number Qualifier | **HP**=Home Phone Number  **WP**=Work Phone Number  **EM**=Email Address (DDWA requires email addresses if they are available) | Provide a Home Phone and/or Work  Phone and/or Email Address or any combination of the above. Min/Max=2/2 | S |
|  | PER | 04 | Communication  Number |  | Phone Number (Do not include hyphens)/Email Address. Min/Max=1/256 | S |
|  | PER | 05 | Communication  Number Qualifier | **HP**=Home Phone Number  **WP**=Work Phone Number  **EM**=Email Address (DDWA requires email addresses if they are available) | Provide a Home Phone and/or Work  Phone and/or Email Address or any combination of the above. Min/Max=2/2 | S |
|  | PER | 06 | Communication  Number |  | Phone Number (Do not include hyphens)/Email Address. Min/Max=1/256 | S |
|  | PER | 07 | Communication  Number Qualifier | **HP**=Home Phone Number  **WP**=Work Phone Number  **EM**=Email Address (DDWA requires email addresses if they are available) | Provide a Home Phone and/or Work  Phone and/or Email Address or any combination of the above. Min/Max=2/2 | S |
|  | PER | 08 | Communication  Number |  | Phone Number (Do not include hyphens)/Email Address. Min/Max=1/256 | S |
|  | N3 | 01 | Residence Address Line  1 |  | Residence Address Line 1 Min/Max=1/55 | R |
|  | N3 | 02 | Residence Address Line  2 |  | Residence Address Line 2 Min/Max=1/55 | S |
|  | N4 | 01 | Residence City |  | Residence Address City Min/Max=2/30 | R |
|  | N4 | 02 | Residence State or Province Code |  | Residence Address State or Province Code Min/Max=2/2 | R |
|  | N4 | 03 | Residence ZIP |  | ZIP or ZIP + 4 (Element must be 5 or 9 digits - do not include hyphens). Required if the Country Code element value is 'USA' or not provided ('USA' is assumed) | S |
|  | N4 | 04 | Country Code |  | Provide only if country is not USA Min/Max=2/3 | S |
|  | DMG | 01 | Date/Time Format  Qualifier | **D8**=CCYYMMDD |  |  |
|  | DMG | 02 | Date/Time Period |  | Date of Birth | R |
|  | DMG | 03 | Gender Code | **M**=Male  **F**=Female  **U**=Unspecified | Gender  Min/Max=1/1 | R |
|  | DMG | 04 | Marital Status Code | **B**=Registered Domestic Partner  **D**=Divorced  **I**=Single  **M**=Married  **R**=Unreported  **S**=Separated  **U**=Unmarried  **W**=Widowed  **X**=Legally Separated | Min/Max=1/1 | S |
|  | DMG | 05 | 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 | Min/Max=1/1 | S |
|  | DMG | 06 | 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 | Min/Max=1/1 | S |
| **2200** | DSB | 01 | Disability Type Code | **1**=Short Term Disability  **2**=Long Term Disability  **3**=Permanent or Total Disability  **4**=No Disability | Min/Max=1/1 | S |
|  | DTP | 01 | Date/Time Qualifier | **360** = Initial Disability Period Start  **361** = Initial Disability Period End |  | S |
|  | DTP | 02 | Date Time Format | **D8**=CCYYMMDD | Disability Start Date = CCYYMMDD  Disability End Date = CCYYMMDD | S |
|  | DTP | 03 | Date Time Period |  | Disability Start or End Date |  |
| **2300** | HD | 01 | Maintenance Type Code | **001**=Change  **021**=Add  **024**=Termination  **030**=Full Replace File | When BGN08 = **4**, 030 should be used in all HD01 segments in the file, to indicate a full replace/audit file. When BGN08 = **2**, HD01 can be 001, 021 or 024 to indicate the proper maintenance type. | R |
|  | HD | 03 | Insurance Line Code | **DEN** = Dental  **DCP** = Dental Capitation | Indicates Dental Plan | R |
|  | HD | 04 | Plan Coverage Description |  | Min/Max=1/50 | S |
|  | HD | 05 | Coverage Level Code | **XXX = Use values sent in Implementation email** | Coverage Level Code. Required when entity is the subscriber.  **Please see body of Initial Implementation email for these values.** | R |
|  | DTP | 01 | Date/Time Qualifier | **348**=Benefit Begin | Benefit Begin Date  New Benefit Begin Date required when Coverage Level Code (HD05), or Group-SubGroup value (REF\*1L) changes | R |
|  | DTP | 01 | Date/Time Qualifier | **349**=Benefit End | Benefit end date; indicates when benefits should end. | S |
|  | DTP | 02 | Date/Time Format | **D8**=CCYYMMDD |  | R |
|  | DTP | 03 | Date/Time Period |  | Coverage Begin Date = CCYYMMDD  Coverage End Date = CCYYMMDD | R |
|  | SE | 01 | Number of Included  Segments |  | Min/Max=1/10  Used to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments. | R |
|  | SE | 02 | Transaction Set Control  Number | **Same as ST02** | Min/Max=4/9 | R |
|  | GE | 01 | Number of Transaction  Sets Included |  | Min/Max=1/6 | R |
|  | GE | 02 | Group Control Number | **Same as GS06** | Min/Max=1/9  Used to indicate the total number of transactions sets (ST-SE) included in this functional group (GS-GE). | R |
|  | IEA | 01 | Number of Functional  Groups Included |  | Min/Max=1/5  Used to indicate the total number of functional groups (GS-GE) included in this interchange. | R |
|  | IEA | 02 | Interchange Control  Number | **Same as ISA13** | Min/Max=9/9 | R |

**DDWA ANSI 834 Sample File**

