



PacificSource
HEALTH PLANS

**837 Dental Transaction
Companion Guide**

Version 004010X97A1 (Addendum)

Please return completed form to:

PacificSource Health Plans, Information Systems, PO Box 7068 Eugene, OR 97401, or fax us at (541) 684-5264.

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Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to PacificSource Health Plans. This 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 exceeds the requirements or usage of data expressed in the Implementation Guides.

Updated copies of this and other guides may be downloaded from our web site at www.pacificsource.com, or you may request a copy by contacting our Information Systems Department at (541) 684-5251.

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Getting Started

Trading Partner Registration

Each person wishing to trade data electronically with PacificSource will be required to submit a completed Trading Partner Enrollment Form. The form is located in the back of this packet. Please allow 3 – 5 business days for account setup. PacificSource will contact you when your account setup is complete and inform you when testing may begin for specified transactions.

Compliance Checking

PacificSource Health Plans will check each file submitted to us for HIPAA compliance upon receipt of the file, based on the Implementation Guide for the transaction. If requested, an acknowledgment file (X12N 997) will be placed in the trading partner's mailbox for each file submitted.

Testing Overview

Once your account setup is complete and you have been approved to begin testing, you may begin submitting files into our test system. The file will be checked for compliance then processed through our system to check for data accuracy. You will be notified of all test results.

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Connectivity with PacificSource

Communication Protocol

PacificSource currently uses asynchronous communication with Zmodem protocol.

Modem Line Phone Number

The phone number for test file submissions is (541) 684-5552.

Connecting To Our Test System

Once connected to our system, a main menu will display with several options from which you may choose. Listed below are an example of the menu and a description of each item.

```
Wel come to Pfsasync

Enter your User ID: test
Enter your PASSWORD: ****

Wel come to use Pfsasync

Your current protocol is ZModem

U)pl oad          D)ownl oad
P)rotocol        F)il es
C)hange Password G)oodbye

Sel ect: _
```

Upload – Upload a file to PacificSource.

Protocol – Allows you to change your communication protocol.

Change Password – Allows you to change your password.

Download – Download files from PacificSource.

Files – Check to see if there are files in your mailbox.

Goodbye – Disconnect from the system.

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File Name Requirements

All files submitted must follow a specific naming convention. The file name should be formatted as *login ID + transaction type*. For example, if your login ID is ACME and you are submitting an 837 professional, the file name will be ACME837P. For 837 transactions, please include “P” for professional, “D” for dental, or “I” for institutional directly after the 837. All other transactions would simply include the login ID plus transaction type. For example, ACME834 for a Benefit Enrollment and Maintenance file. The file name is case sensitive. All letters must be upper case. File extensions are optional and do not have any specific requirements.

Passwords

When your account is set up, you will have a password automatically assigned to you. Once you log on to the system, you will have the opportunity to change your password.

Please keep your password confidential. If you forget your password, you may contact PacificSource EDI Technical Support (See “EDI Customer Service and Technical Support” in this document).

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Contact Information

EDI Customer Service and Technical Support

PacificSource Health Plans
Information Systems
PO Box 7068
Eugene, OR 97401
(541) 684-5251, or
(800) 624-6052, ext. 2251

You may also submit questions or problems by e-mail to edisupport@pacificsource.com.

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Envelope/Segment Information

ISA

SEGMENT/ ELEMENT	ELEMENT DESCRIPTION	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA02	Authorization Information	R	10/10	AN		No information required
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA04	Security Information	R	10/10	AN		No information required
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ (mutually defined)	Mutually defined identifier provided by sender.
ISA06	Interchange Sender ID	R	15/15	AN		Mutually defined.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	Mutually defined identifier provided by sender.
ISA08	Interchange Receiver ID	R	15/15	AN		PACIFICSOURCE
ISA09	Interchange Date	R	6/6	DT	YYMMDD	
ISA10	Interchange Time	R	4/4	TM	HHMM	
ISA11	Interchange Control and ID	R	1/1	ID	U	
ISA12	Interchange Control Version	R	5/5	ID	00401	
ISA13	Interchange Control Number	R	9/9	NO		Assigned by Sender
ISA14	Acknowledgement Requested	R	1/1	ID	0, 1	Defined at Trading Partner Setup
ISA15	Usage Indicator	R	1/1	ID	P=Production, T=Test	PacificSource relies on this indicator
ISA16	Component element	R	1/1			

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GS

SEGMENT/ ELEMENT	ELEMENT DESCRIPTION	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
GS01	Functional Identifier Code	R	2/2	ID	HC	
GS02	Application Senders Code	R	2/15	AN	ZZ	Mutually defined identifier provided by sender
GS03	Application Receiver's Code	R	2/15	AN		PACIFICSOURCE
GS04	Date	R	8/8	DT	CCYYMMDD	
GS05	Time	R	4/4	TM	HHMM	
GS06	Group Control Number	R	1/9	N0		Assigned by Sender
GS07	Responsibility Agency Code	R	1/1	ID	X	
GS08	Version/Release/Industry Identifier Code	R	1/12	AN	004010X098A1	

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Other Format Notations

LOOP	SEGMENT	ELEMENT DESCRIPTION	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
1000A	NM108	Identification Code Qualifier	1 / 2	ID	46	
1000A	NM109	Submitter Identifier				Submitter Tax ID
2010AA	NM103	Billing Provider Last or Organization Name	1/35	AN		Field will be truncated to 20 characters.
2010AA	NM104	Billing Provider First Name	1/25	AN		Field will be truncated to 10 characters.
2010AA	NM105	Billing Provider Middle Name	1/25	AN		Field will be truncated to 1 character (middle initial).
2010AA	N301	Billing Provider Address	1/55	AN		Field will be truncated to 25 characters.
2010AA	NM108	Billing Provider ID code Qualifier	1/55	AN	24, 34	
2010AA	NM109	Billing Provider ID code Qualifier	1/55	AN		Provider's Tax ID
2010AB	NM103	Pay-To Provider Last or Organization Name	1/35	AN		Field will be truncated to 20 characters.
2010AB	NM104	Pay-To Provider First Name	1/25	AN		Field will be truncated to 10 characters.
2010AB	NM105	Pay-To Provider Middle Name	1/25	AN		Field will be truncated to 1 character (middle initial).
2010AB	N301	Pay-To Provider Address	1/55	AN		Field will be truncated to 25 characters.
2010AB	NM108	Pay-To Provider ID code Qualifier	1/55	AN	24, 34	
2010AB	NM109	Pay-To Provider ID code Qualifier	1/55	AN		Provider's Tax ID
2000BA	NM103	Subscriber Last Name	1/35	AN		Field will be truncated to 20 characters.
2000BA	NM104	Subscriber First Name	1/25	AN		Field will be truncated to 10 characters.
2000BA	NM105	Subscriber Middle Name	1/25	AN		Field will be truncated to 1 character (middle initial).
2000BA	NM108	ID Code Qualifier	2/80	AN	MI	Member Identification Number
2000BA	NM109	Identification Code	2/80	AN		Subscriber's ID, as shown on PacificSource ID card.
2010CA	NM103	Patient Last Name	1/35	AN		Field will be truncated to 20 characters.
2010CA	NM104	Patient First Name	1/25	AN		Field will be truncated to 10 characters.
2010CA	NM105	Patient Middle Name	1/25	AN		Field will be truncated to 1 character (middle initial).
2000CA	NM108	ID Code Qualifier	2/80	AN	MI	Member Identification Number
2000CA	NM109	Identification Code	2/80	AN		Subscriber's ID, as shown on PacificSource ID card.
2310A	NM108	ID Code Qualifier	1 / 2	ID	24, 34, XX	
2310A	NM109	Referring Provider ID code	2/80	AN		Prefer provider's UPIN number
2310B	NM103	Rendering Provider Last or Organization Name	1/35	AN		Field will be truncated to 20 characters.
2310B	NM104	Rendering Provider First Name	1/25	AN		Field will be truncated to 10 characters.
2310B	NM105	Rendering Provider Middle Name	1/25	AN		Field will be truncated to 1 character (middle initial).

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2420A	NM103	Rendering Provider Last or Organization Name	1/35	AN		Field will be truncated to 20 characters.
2420A	NM104	Rendering Provider First Name	1/25	AN		Field will be truncated to 10 characters.
2420A	NM105	Rendering Provider Middle Name	1/25	AN		Field will be truncated to 1 character (middle initial).

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