

DRAFT

HIPAA
Handbook for Payroll Deducted and Other Group
Premium Payment for Insurance Products (820)
Decision Support 2000+

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Center for Mental Health Services
Substance Abuse and Mental Health Services Administration



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HIPAA Handbook for the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction Decision Support 2000+

I. Introduction

The HIPAA Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction is used for sending premium payments to an insurance company, health care organization or government agency and for reporting premium payment remittance information. The premium remitter can be:

- an employer-operated internal department or an outside agency which performs payroll processing on behalf of an employer
- a government agency paying health care premiums; or
- an employer paying group premiums.

The premium receiver can be either an insurance company, a government agency, or a health care organization. The 820 can be sent from the premium remitter to the premium receiver either directly, through a VAN, or through a financial institution using an ACH Network to facilitate both the remittance and dollars movement.

The general business function applicable under HIPAA compliance falls into 2 categories. The first is the use of an Electronic Funds Transfer (EFT) with remittance information being carried through the ACH system. The choice of which type of detail, Organization Summary Remittance Detail or Individual Remittance Detail depends on the contract type. Individual Remittance Detail should only be sent for those contractors that require individual remittance information in order to properly apply the premium payments. The second function applicable under HIPAA is the use of an EFT or a check to make the payment with a separate remittance advice containing either Organization Summary Remittance Detail or Individual Remittance Detail information. In this case, the movement of the remittance is via an 820 transaction that is communicated outside of the banking networks.

This Handbook consists of

- an overview of the structure of the transaction;
- tables of the data elements (including definitions, codes, and attributes) that constitute the transaction;
- definitions of key terms and explanations of issues for understanding the information contained in the master data set; and
- a list of external code sources need for the transaction.



The Data Tables define terms, explain usage, and provide technical specifications for the data. Section IV defines key terms and elaborates on important issues for this transaction.

Information in this Handbook is intended to provide a user-friendly summary of the data contained in the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction. When referenced in conjunction with the DS2000+ Master Data Set, the Handbook will help users construct a transaction. For additional technical information not provided in these documents, users should refer to the full Implementation Guide. All information in this Handbook Set has been taken directly from the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction Implementation Guide.¹

II. Overview of this Transaction

Uses of the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction

Companies and government agencies that offer employees group life, health, and disability insurance can use a subset of the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction to provide remittance detail associated with the premium payments. The premium being remitted can be associated with health care, individual life, disability, and/or property and casualty contracts. The 820 can be used to initiate electronic payment that includes the remittance detail needed by the premium receiver to properly apply the payment or initiate a payment without the remittance detail, and send the remittance detail separately to the premium receiver. The payment can be an electronic payment or a paper check.

Information Flows and Interactions with Other Transaction Sets

The 820 transaction can perform multiple functions. It can be sent to a bank to move money only; sent to a bank to move money as well as detailed or summary remittance information; or sent directly to a payee to move detailed or summary remittance information. Each function changes the actual content of the transaction slightly.

¹ Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction Implementation Guide, ASC X12N 820 (004010X061), Washington Publishing Company, May 2000.

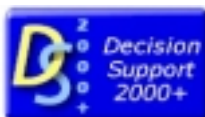


Figure 1. Automated Clearing House (ACH) Payment Dollars and Remittance

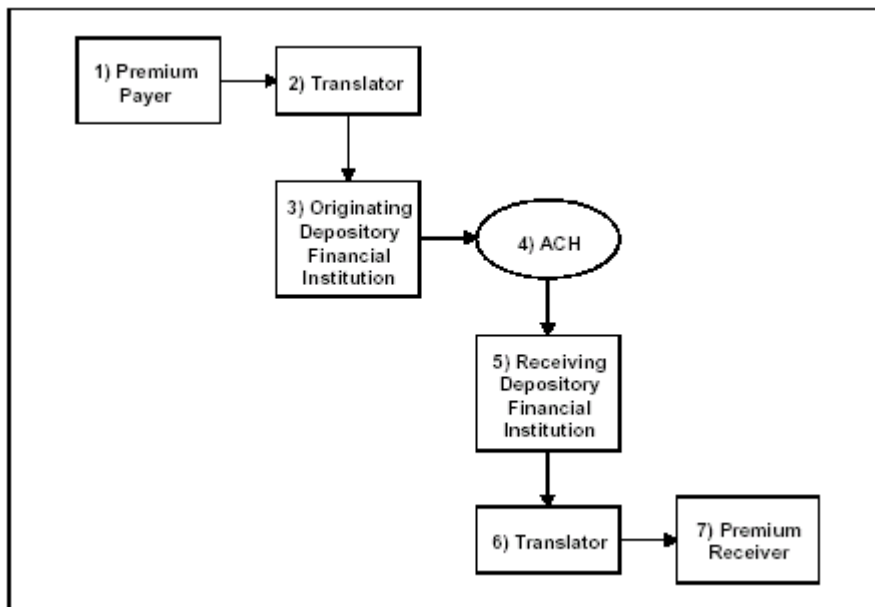


Figure 1. Automated Clearing House (ACH) Payment Dollars and Remittance, shows a payment remittance being made using the ACH Network. Premium dollars and remittance data flow together through the ACH Network through the following steps:

- 1)** A premium payer creates a premium remittance extract file. The premium remittance file is processed through EDI translation software.
- 2)** The EDI translation software creates an 820 transaction that is transmitted to the Originating Depository Financial Institution (ODFI).
- 3)** The ODFI processes the 820 and creates an ACH payment that includes the 820 remittance. The ACH payment (including the 820) is sent by the ODFI to the ACH Network.
- 4)** The ACH Network delivers the ACH payment, including the 820, to the Receiving Depository Financial Institution (RDFI).
- 5)** The RDFI credits the premium receiver's bank account for the ACH amount and delivers the 820 remittance information to the premium receiver.
- 6)** The premium receiver processes the 820 using EDI translation software. The software creates a remittance file that can be processed by the premium receiver's computer system.

7) The premium receiver's computer system processes the remittance file and credits the premium payer's account.

Figure 2. Separate Dollars and Remittance

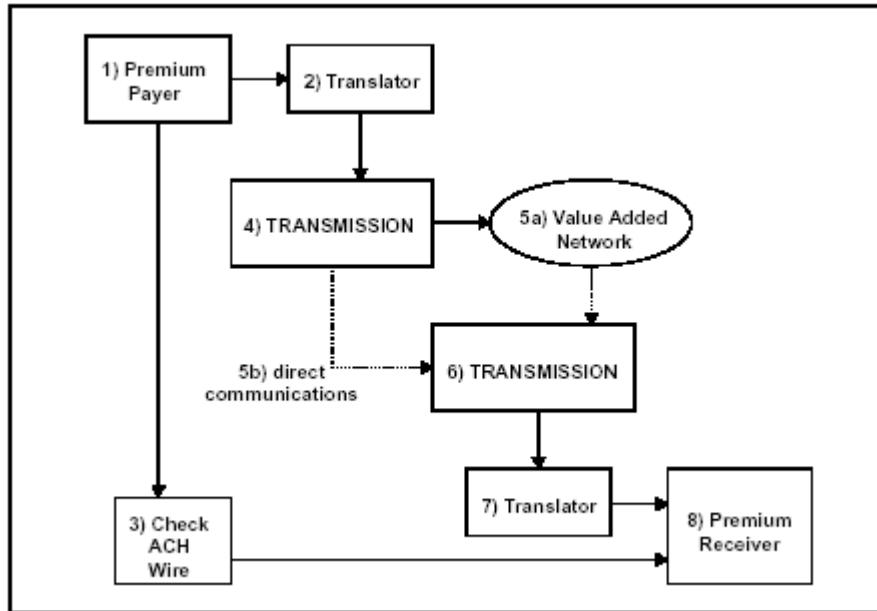


Figure 2. Separate Dollars and Remittance, shows the payment remittance data sent using either a Value Added Network (VAN) or direct communications method. The payment is sent as a paper check separate ACH or wire. Premium dollars and remittance data flow separately as follows:

- 1) A premium payer creates a premium remittance extract file. The premium remittance file is processed through EDI translation software.
- 2) The EDI translation software creates an 820 transaction.
- 3) The premium payer creates a paper check or a separate ACH or Wire payment for the total premium paid and sends it to the premium receiver.
- 4) If a direct communication method is used, the 820 is transmitted directly to the receiver by the premium payer and Step 5 does not apply. If a VAN is used, the 820 transaction is transmitted to the VAN for delivery.
- 5) The VAN delivers the 820 to premium receiver mail box.

6) If a VAN is used, the premium receiver pulls the 820 from the VAN mail box. If a direct communication method is used, the premium receiver receives the 820 directly from the premium payer.

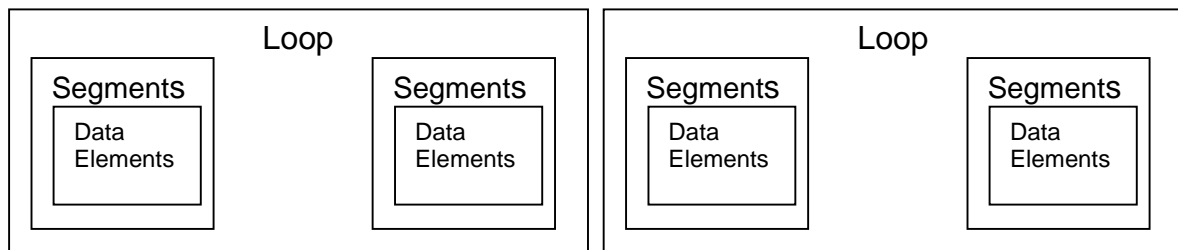
7) The premium receiver processes the 820 using EDI translation software. The software creates a remittance file that can be processed by the premium receiver.

8) The premium receiver processes the remittance file and the payment, and performs the re-association. After re-association the premium receiver credits the premium payer's account.

Structure of the Transaction Set

Under HIPAA, business transactions (such as a provider asking an insurer about a patient's benefits, a sponsor sending a group of benefit enrollments to a payer or a provider submitting health care claims to a payer) are conducted through formal structures called "transaction sets". Information is transmitted as discrete data elements grouped together into segments; segments are grouped into loops (see Figure 3).

Figure 3. Loops, Segments, and Data Elements



Transaction sets all adhere to the same format: a control segment called the header segment; loops of data segments, both in specified order; and a control segment called the trailer segment. Within each data segment, the data elements also follow a specified order. Similar transaction sets, called "functional groups," can be sent together within a transmission; in this case, each transaction set has its own unique identifier that is transmitted as the first data element of the header segment.

The discussion below on data elements, segments, and loops is intended to help readers understand the structure of the transaction and the information presented in the Data Tables.

Data Elements

A data element corresponds to a data field in data processing terminology. Data elements are characterized by:

- name (e.g., “Identification Code”)
- usage (e.g., required or situational [which means that the element is required only under certain circumstances]);
- reference designator (e.g., NM109, which indicates that the element is in the NM1 segment and is the ninth data element in the segment);
- number (e.g., 67); and
- attributes.

The attributes are the condition designator in the X12 standard (i.e., mandatory [M], optional [O], relational [X])²; the type of data element (e.g., Numeric [Nn], Decimal [R], Identifier [ID], String [AN], Date [DT], Time [TM], Binary [B]); and the minimum and maximum length of the data (i.e., the number of character positions used for numeric, decimal, and binary elements).

For simplicity of presentation, we use the single term “attributes” in the data tables to refer to *all* the characteristics of a data element, i.e., usage, reference designator, number, X12 condition designator, type, and length. For the data element “subscriber identification code” these “attributes” are listed sequentially as SITUATIONAL NM109 67 X AN 2/80. In this example, the meaning of the terms is as follows:

SITUATIONAL	required only under certain circumstances
NM109	the ninth element in the NM1 segment
X	a relational element in the X12 standard
AN	a string type of element
2/80	a minimum of 2 and a maximum of 80 characters are allowed

Segments

Logically related data elements are grouped together in units called segments. There are two types of segments—control segments and data segments. These segments have the same structure, but different uses. The control segments are used to convey information about the transaction and the data segments are used to convey the information that necessitated the transaction. Transaction sets always begin and end with a control segment between which are the data segments. The control segment that begins a transaction is called the header (ST) segment and is used to identify the

² The X12 condition designator defines the circumstances under which a data element may be required to be present or not present in a particular segment. The designation of mandatory (M) is absolute in the sense that there is no dependency on other data elements. The designation of optional (O) means that there is no requirement for a data element to be in the segment and that its presence is at the option of the sender. Relational conditions (X) may exist among two or more simple data elements within the same data segment (e.g., they may be paired or multiple so that if any element specified in the relational condition is present, then all the elements specified must be present).



sender and receiver; the control segment that ends a transaction is called the trailer (SE) segment and is used for verification and security purposes. (For more information on control segments, see Section IV. Key Terms)

Each transaction set contains many segments, analogous to a freight train: the segments are like the train's cars and each one has several data elements just as a train car might have many crates. The sequence of the data elements within one segment and the sequence of segments in the transaction set are both specified by the ASC X12 standard. In a more conventional computing environment, the segments would be equivalent to records, and the data elements equivalent to fields.

Each segment, whether a control or data segment, has its own name and its own purpose. A segment always has the same structure: it begins with a unique identifier, then has one or more logically related data elements, and ends with a segment terminator.

The Data Check List shows all the data elements within each data segment; the data segments within the transaction by segment ID, name, and usage (required or situational); and how the segments are grouped into loops.

Loops

Loops are groups of logically related data segments. The segments within a loop occur in a specified order; the first ("beginning") segment in the loop gives the loop its name and establishes whether the loop is required or situational. If the beginning segment in a loop is required, then the loop is required; if the beginning segment is situational, the loop is situational. Loops themselves are not actually sent in a transaction—only the data segments within the loop are sent. A loop (actually, the data segments that comprise the loop) may occur once, repeat an unlimited number of times, or repeat only a specified number of times.

Loop Hierarchy

The looping structure is hierarchical—i.e., certain loops are subordinated to others. Once the hierarchy is understood, the logic of the data in the transaction becomes apparent. When claims are sorted according to the hierarchy, the information that applies to lower levels does not have to be repeated.

Figure 4 shows the hierarchical organization of the data in the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction. The data are divided into two major levels or tables: Header and Detail. The Header Level, Table 1, contains transaction control information and the Detail Level, Table 2, contains the detail information for the business function of the transaction.

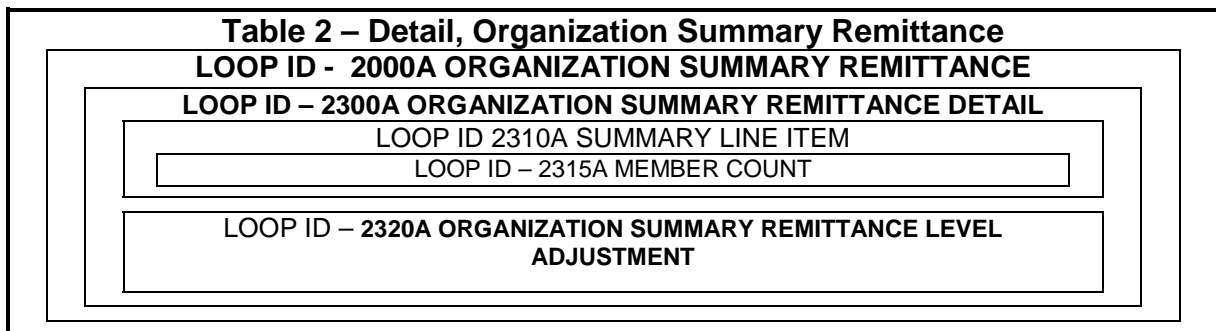
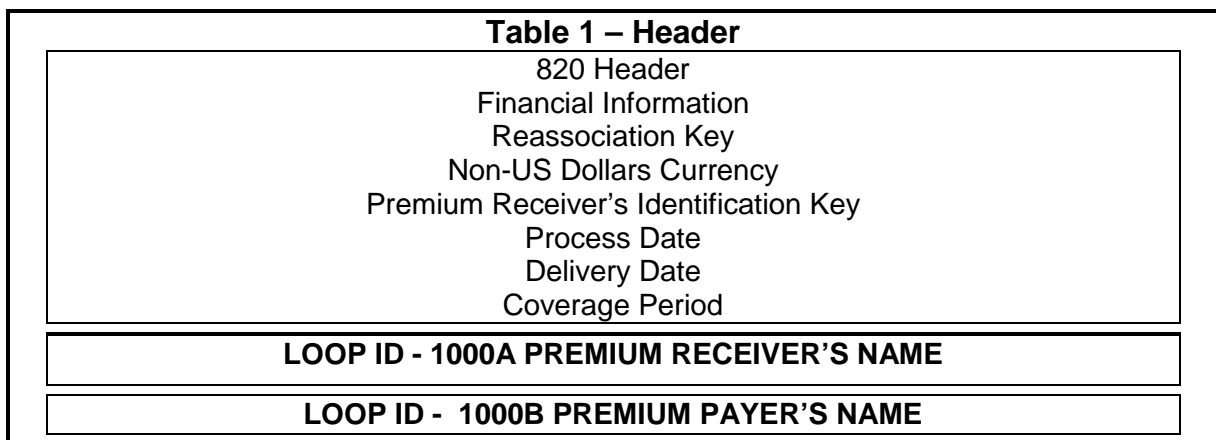
The Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction is divided into three tables: Table 1, the Header, which contains



information related to the total premium payment, the sender, and the receiver of the payment; Table 2, the Detail, which provides remittance information sent either as a summary bill payment or an individual or list bill payment; and Table 3, the Trailer, which provides a control number and total count of segments. The trailer is generated automatically by most translation software packages.

Table 1, the Header Level in the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction consists of eight segments and two loops. It contains information related to the total payment including information pertaining to the party receiving the payment (premium receiver) and the party responsible for paying the premium (premium payer). Table 1 also contains information necessary for the originating and receiving depository financial institutions to perform the dollars transfer associated with the premium payment. The content of the header area will vary depending upon the payment method, the receiver of the transaction, and the delivery mechanism.

Figure 4. Loop Hierarchy for the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction



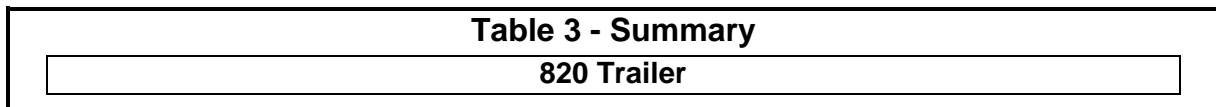
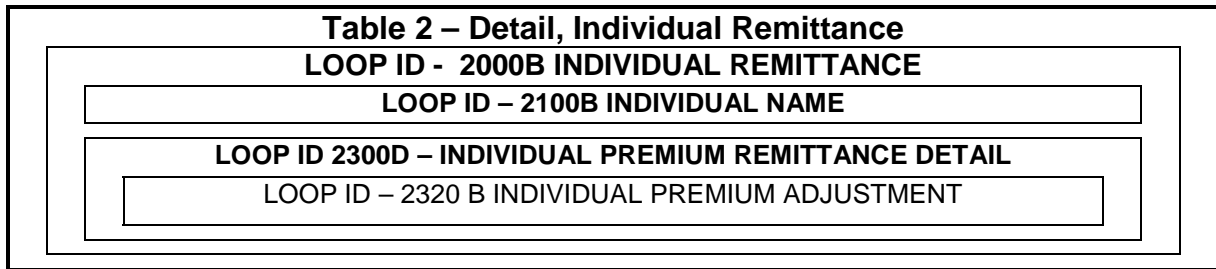


Table 2, the Detail Level, can be structured in two ways. The first is used to provide remittance information associated with a summary bill payment (see Figure 3, Table 2 – Detail, Organization Summary Remittance).³ The second provides remittance information associated with an individual or list bill payment on behalf of employees or members of a group plan (see Figure 3, Table 2 – Detail, Individual Remittance).⁴ The structure used is dependent on the business being transacted. In both cases, subordinate loops are nested in higher level loops: in Table 2 – Detail, Organization Summary Remittance, there are four hierarchical loop levels and in Table 2 – Detail, Individual Remittance there are three loop levels.

There are two possible uses for the detailed remittance information. In the first use, the premium payment is specific to the employee/subscriber; dependent payments are made as part of the employee payment and dependents are not included in the detailed remittance information. In the second use, every individual has an associated specific premium payment; each employee and dependent is included separately in the remittance information. Note that remittance information is not intended to act as an enrollment or disenrollment mechanism. The Benefit Enrollment and Maintenance (834) transaction should be used for those functions.

Table 3, Summary, contains only one segment, the SE transaction trailer, which provides a control number and total count of segments used.

³ A summary bill is submitted to a premium payer with one or more amounts representing a summary of the premiums due.

⁴ An individual/list bill is submitted to a premium payer with one or more amounts representing detail premiums due for each individual of an organization.



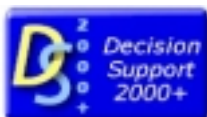
III. Data Check List

The Data Check List for each transaction shows the hierarchical levels, the loops within the levels, the segments within the loops, and the data elements within the segments. It helps ensure that users have or collect all the information they need to process the transaction.

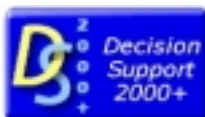
Table 1 — Header		
SEG. ID	NAME	USAGE
ST	Header	R
	Transaction Set Identifier Code	R
	Transaction Set Control Number	R
BPR	Financial Information	R
	Transaction Handling Code	R
	Monetary Amount	R
	Credit/Debit Flag Code	R
	Payment Method Code	R
	Payment Format Code	S
	(DFI) ID Number Qualifier	S
	(DFI) ID Identification Number	S
	Account Number Qualifier	S
	Account Number	S
	Originating Company Identifier	S
	Originating Company Supplemental Code	S
	ID Number Qualifier (DFI)	S
	(DFI) Identification Number	S
	Account Number Qualifier	S
	Account Number	S
	Date	R
TRN	Reassociation Key	R
	Trace Type Code	R
	Reference Identification	R
	Originating Company Identifier	S
	Reference Identification	S
CUR	Non-Us Dollars Currency	S
	Entity Identifier Code	R
	Currency Code	R
	Exchange Rate	S
REF	Premium Receivers Identification Key	S



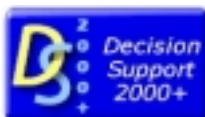
	Reference Identification Qualifier	R
	Reference Identification	R
DTM	Process Date	S
	Date/Time Qualifier	R
	Date	R
DTM	Delivery Date	S
	Date/Time Qualifier	R
	Date	R
DTM	Coverage Period	S
	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
LOOP 1000A PREMIUM RECEIVER'S NAME		
N1	Premium Receiver's Name	R
	Entity Identifier Code	R
	Name	S
	Identification Code Qualifier	S
	Identification Code	S
N2	Premium Receiver Additional Name	S
	Name	R
N3	Premium Receiver's Address	S
	Address Information	R
	Address Information	S
N4	Premium Payer's City, State, Zip	S
	City Name	R
	State or Province Code	R
	Postal Code	R
	Country Code	S
LOOP 1000B PREMIUM PAYER'S NAME		
NM1	Premium Payer's Name	R
	Entity Identifier Code	R
	Name	S
	Identification Code Qualifier	S
	Identification Code	S
N2	Premium Payer Additional Name	S
	Name	R
N3	Premium Payer's Address	S
	Address Information	R
	Address Information	S
N4	Premium Payer's City, State, Zip	S
	City Name	R



	State or Province Code	R
	Postal Code	R
	Country Code	S
PER	Premium Payer's Administrative Contact	S
	Contact Function Code	R
	Name	R
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
	Communication Number Qualifier	S
	Communication Number	S
Table 2 Detail, Organization Summary Remittance		
LOOP 2000A ORGANIZATION SUMMARY REMITTANCE		
ENT	Organization Summary Remittance	S
	Assigned Number	R
	Entity Identifier Code	R
	Identification Code Qualifier	S
	Identification Code	S
LOOP 2300A ORGANIZATION SUMMARY REMITTANCE DETAIL		
RMR	Organization Summary Remittance Detail	R
	Reference Identification Qualifier	R
	Reference Identification	R
	Payment Action Code	S
	Monetary Amount	R
	Monetary Amount	S
LOOP 2310A SUMMARY LINE ITEM		
ITI	Summary Line Item	S
	Assigned Identification	R
LOOP 2315A MEMBER COUNT		
SLN	Member Count	S
	Assigned Identification	R
	Relationship Code	R



	Quantity	R
	Composite Unit of Measure	R
	Unit or Basis for Measurement Code	R
LOOP 2320A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT		
ADX	Organization Summary Remittance Level Adjustment	S
	Monetary Amount	R
	Adjustment Reason Code	R
Table 2 Detail, Individual Remittance		
LOOP 2000B INDIVIDUAL REMITTANCE		
ENT	Individual Remittance	S
	Assigned Number	R
	Entity Identifier Code	R
	Identification Code Qualifier	R
	Identification Code	R
LOOP 2100B INDIVIDUAL NAME		
NMI	Individual Name	S
	Entity Identifier Code	R
	Entity Type Qualifier	R
	Name Last or Organization Name	S
	Name First	S
	Name Middle	S
	Name Prefix	S
	Name Suffix	S
	Identification Code Qualifier	S
	Identification Code	S
LOOP 2300B INDIVIDUAL PREMIUM REMITTANCE DETAIL		
RMR	Individual Premium Remittance Detail	S
	Reference Identification Qualifier	R
	Reference Identification	R
	Payment Action Code	S
	Monetary Amount	R
	Monetary Amount	S
DTM	Individual Coverage Period	S



	Date/Time Qualifier	R
	Date Time Period Format Qualifier	R
	Date Time Period	R
LOOP 2320B INDIVIDUAL PREMIUM ADJUSTMENT		
ADX	Individual Premium Adjustment	S
	Monetary Amount	R
	Adjustment Reason Code	R
Table 3 Summary		
SE	820 Trailer	R
	Number of Included Segments	R
	Transaction Set Control Number	R



IV. Data Element Tables

The Data Element Tables give the purpose and definition, codes, and technical specifications for all the data elements in the Benefit Enrollment and Maintenance Transaction. Section VII below explains and defines key terms. Readers should refer to the Implementation Guide for additional technical information.

820 HEADER (ST)

REQUIRED

Indicates the start of a transaction set and assigns a control number.

Name	Transaction Set Identifier Code
Purpose/Definition	Identifies this transaction set is an 820 Payment or Remittance Advice.
Codes	820 Payment Order/Remittance Advice
Attributes	REQUIRED ST01 143 M ID 3/3

Name	Transaction Set Control Number
Purpose/Definition	Unique control number for the transaction set assigned by the originator.
Codes	
Attributes	REQUIRED ST02 329 M AN 4/9

FINANCIAL INFORMATION (BPR)

REQUIRED

Indicates the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or enables related transfer of funds and/or information from payer to payee to occur.

Name	Transaction Handling Code
Purpose/Definition	Designates whether and how money and information are to be processed.
Codes	C Payment Accompanies Remittance Advice D Make Payment Only I Remittance Information Only P Pre-notification of Future Transfers U Split Payment and Remittance X Handling Party's Option to Split Payment and Remittance
Attributes	REQUIRED BPR01 305 M ID 1/2



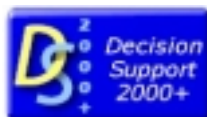
Name	Monetary Amount
Purpose/Definition	Identifies the total premium payment amount.
Codes	
Attributes	REQUIRED BPR02 782 M R 1/18

Name	Credit/Debit Flag Code
Purpose/Definition	Indicates whether amount is a credit or debit.
Codes	C Credit D Debit
Attributes	REQUIRED BPR03 478 M ID 1/1

Name	Payment Method Code
Purpose/Definition	Identifies the method for the movement of payment instructions.
Codes	ACH Automated Clearing House (ACH) BOP Financial Institution Option CHK Check FWT Federal Reserve Funds/Wire Transfer– Non-repetitive SWT Society for Worldwide Interbank Financial Telecommunications (S.W.I.F.T.)
Attributes	REQUIRED BPR04 591 M ID 3/3

Name	Payment Format Code
Purpose/Definition	Identifies the payment format to be used.
Codes	CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX Corporate Trade Exchange (CTX) (ACH)
Attributes	SITUATIONAL BPR05 812 O ID 1/10

Name	(DFI) ID Number Qualifier
Purpose/Definition	Identifies the type of identification number of Depository Financial Institution (DFI) in BPR07.
Codes	01 ABA Transit Routing Number Including Check Digits (9 digits) 04 Canadian Bank Branch and Institution Number
Attributes	SITUATIONAL BPR06 506 X ID 2/2



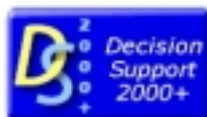
Name	(DFI) Identification Number
Purpose/Definition	Indicates the Depository Financial Institution (DFI) identification number of the institution sending the transaction into the ACH network.
Codes	
Attributes	SITUATIONAL BPR07 507 X AN 3/12

Name	Account Number Qualifier
Purpose/Definition	Indicates the type of account in BPR09.
Codes	ALC Agency Location Code (ALC) DA Demand Deposit
Attributes	SITUATIONAL BPR08 569 O ID 1/3

Name	Account Number
Purpose/Definition	Identifies the account number of the company originating the payment.
Codes	
Attributes	SITUATIONAL BPR09 508 X AN 1/35

Name	Originating Company Identifier
Purpose/Definition	Unique identifier designating the company initiating the funds transfer instructions.
Codes	
Attributes	SITUATIONAL BPR10 509 O AN 10/10

Name	Originating Company Supplemental Code
Purpose/Definition	A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions.
Codes	
Attributes	SITUATIONAL BPR11 510 O AN 9/9



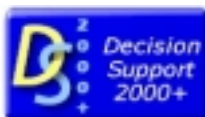
Name	(DFI) ID Number Qualifier
Purpose/Definition	Identifies the type of identification number of the receiving Depository Financial Institution (DFI) in BPR13.
Codes	01 ABA Transit Routing Number Including Check Digits (9 digits) 04 Canadian Bank Branch and Institution Number
Attributes	SITUATIONAL BPR12 506 X ID 2/2

Name	(DFI) Identification Number
Purpose/Definition	Receiving Depository Financial Institution (DFI) identification number.
Codes	
Attributes	SITUATIONAL BPR13 507 X AN 3/12

Name	Account Number Qualifier
Purpose/Definition	Indicates the type of account in BPR15.
Codes	DA Demand Deposit SG Savings
Attributes	SITUATIONAL BPR14 569 O ID 1/3

Name	Account Number
Purpose/Definition	Identifies the account number of the receiving company to be debited or credited with the payment order (the Premium Receiver's Bank Account Number).
Codes	
Attributes	SITUATIONAL BPR15 508 X AN 1/35

Name	Date
Purpose/Definition	Identifies the date the originating company intends for the transaction to be settled (i.e. Payment Effective Date).
Codes	
Attributes	REQUIRED BPR16 373 O DT 8/8



REASSOCIATION KEY (TRN)**REQUIRED**

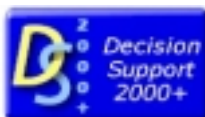
Provides a unique number in order to reassociate payment and remittance data that have been separated.

Name	Trace Type Code
Purpose/Definition	Identifies which transaction is being referenced in TRN02.
Codes	1 Current Transaction Trace Numbers 3 Financial Re-association Trace Number
Attributes	REQUIRED TRN01 481 M ID 1/2

Name	Reference Identification
Purpose/Definition	Identifies the check or EFT Trace Number used to reassociate the payment and remittance information.
Codes	
Attributes	REQUIRED TRN02 127 M AN 1/30

Name	Originating Company Identifier
Purpose/Definition	Indicates the unique identifier of the company initiating the funds transfer instructions.
Codes	
Attributes	SITUATIONAL TRN03 509 O AN 10/10

Name	Reference Identification
Purpose/Definition	Identifies a further subdivision within the company initiating the funds transfer instructions.
Codes	
Attributes	SITUATIONAL TRN04 127 O AN 1/30



NON-US DOLLARS CURRENCY (CUR)**SITUATIONAL**

Specifies the currency (dollars, pounds, francs, etc.) used in a transaction when payment is made in currency other than that in the original request.

Name	Entity Identifier Code
Purpose/Definition	Identifies the party using the currency defined in CUR02.
Codes	2B Third-Party Administrator PR Payer
Attributes	REQUIRED CUR01 98 M ID 2/3

Name	Currency Code
Purpose/Definition	Identifies the country in whose currency the charges are specified.
Codes	MXP Mexican Pesos CAD Canadian Dollars USD United States Dollars
Attributes	REQUIRED CUR02 100 M ID 3/3

Name	Exchange Rate
Purpose/Definition	Value to be used as a multiplier conversion factor to convert monetary value from one currency to another.
Codes	
Attributes	SITUATIONAL CUR03 280 O R 4/10

PREMIUM RECEIVERS IDENTIFICATION KEY (REF)**SITUATIONAL**

Identifies the premium receiver key associated with this premium payment.

Name	Reference Identification Qualifier
Purpose/Definition	Identifies the type of number specified in REF02.
Codes	14 Master Account Number 18 Plan Number 2F Consolidated Invoice Number 38 Master Policy Number 72 Schedule Reference Number
Attributes	REQUIRED REF01 128 M ID 2/3



Name	Reference Identification
Purpose/Definition	Indicates the identification number as specified in REF01.
Codes	
Attributes	REQUIRED REF02 127 X AN 1/30

PROCESS DATE (DTM)

SITUATIONAL

Specifies the date the payment was processed by the premium payer.

Name	Date/Time Qualifier
Purpose/Definition	Specifies type of date in DTM02.
Codes	009 Process
Attributes	REQUIRED DTM01 374 M ID 3/3

Name	Date
Purpose/Definition	Indicates the payer process date.
Codes	
Attributes	REQUIRED DTM02 373 X DT 8/8

DELIVERY DATE (DTM)

SITUATIONAL

Specifies the date the payment was delivered to the Originating Depository Financial Institution by the premium payer or their third party processor.

Name	Date/Time Qualifier
Purpose/Definition	Specifies the type of date in DTM02.
Codes	035 Delivered
Attributes	REQUIRED DTM01 374 M ID 3/3

Name	Date
Purpose/Definition	Indicates the premium delivery date.
Codes	
Attributes	REQUIRED DTM02 373 X DT 8/8



COVERAGE PERIOD (DTM)**SITUATIONAL**

Specifies the start and end date of the coverage period associated with this premium payment.

Name	Date/Time Qualifier
Purpose/Definition	Specifies type of date in DTM06.
Codes	582 Report Period
Attributes	REQUIRED DTM01 374 M ID 3/3

Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format in DTM06.
Codes	RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD.
Attributes	REQUIRED DTM05 1250 X ID 2/3

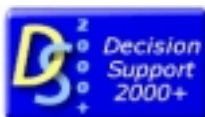
Name	Date Time Period
Purpose/Definition	Indicates the coverage period.
Codes	
Attributes	REQUIRED DTM06 1251 X AN 1/35

LOOP 1000A PREMIUM RECEIVER'S NAME**PREMIUM RECEIVER'S NAME (N1)****REQUIRED**

Identifies the name and an identifier of the premium receiver.

Name	Entity Identifier Code
Purpose/Definition	Identifies the entity in NM103 is the payee.
Codes	PE Payee
Attributes	REQUIRED N101 98 M ID 2/3

Name	Name
Purpose/Definition	Identifies the payment receiver last or organization name.
Codes	
Attributes	SITUATIONAL N102 93 X AN 1/60



Name	Identification Code Qualifier
Purpose/Definition	Designates the system/method of code structure used for N104.
Codes	1 D-U-N-S Number, Dun & Bradstreet 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix EQ Insurance Company Assigned Identification Number FI Federal Taxpayer's Identification Number XV Health Care Financing Administration National Plan ID
Attributes	SITUATIONAL N103 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Identifies the premium payment receiver.
Codes	
Attributes	SITUATIONAL N104 67 X AN 2/80

PREMIUM RECEIVER ADDITIONAL NAME (N2)

SITUATIONAL

Used to provide additional information about the premium receiver's name when it is more than 35 characters in length.

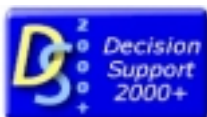
Name	Name
Purpose/Definition	Identifies additional premium receiver name information.
Codes	
Attributes	REQUIRED N201 93 M AN 1/60

PREMIUM RECEIVER'S ADDRESS (N3)

SITUATIONAL

Specifies the premium receiver's address lines other than City, State, or ZIP.

Name	Address Information
Purpose/Definition	Premium receiver address information.
Codes	
Attributes	REQUIRED N301 166 M AN 1/55



Name	Address Information
Purpose/Definition	Premium receiver address information line 2.
Codes	
Attributes	SITUATIONAL N302 166 O AN 1/55

PREMIUM RECEIVER'S CITY, STATE, ZIP (N4)

SITUATIONAL

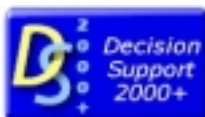
Specifies premium receiver's city, state and zip.

Name	City Name
Purpose/Definition	Identifies the premium receiver's city name.
Codes	
Attributes	REQUIRED N401 19 O AN 2/30

Name	State or Province Code
Purpose/Definition	Identifies the premium receiver's state code.
Codes	
Attributes	REQUIRED N402 156 O ID 2/2

Name	Postal Code
Purpose/Definition	Identifies the premium receiver's postal zone (zip code in the United States).
Codes	
Attributes	REQUIRED N403 116 O ID 3/15

Name	Country Code
Purpose/Definition	Identifies the premium receiver's country code when outside the United States.
Codes	
Attributes	SITUATIONAL N404 26 O ID 2/3



LOOP 1000B PREMIUM PAYER'S NAME

PREMIUM PAYER'S NAME (N1)

REQUIRED

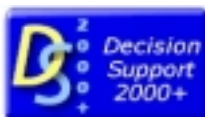
Indicates the name and an identifier of the premium payer.

Name	Entity Identifier Code
Purpose/Definition	Identifies the entity in N102 is the premium payer.
Codes	PR Payer
Attributes	REQUIRED N101 98 M ID 2/3

Name	Name
Purpose/Definition	Indicates the premium payer's name.
Codes	
Attributes	SITUATIONAL N102 93 X AN 1/60

Name	Identification Code Qualifier
Purpose/Definition	Designates the system/method of code structure used for N104.
Codes	65 National Employer Identification 1 D-U-N-S Number, Dun & Bradstreet 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix 24 Employer's Identification Number 75 State or Province Assigned Number. EQ Insurance Company Assigned Identification Number FI Federal Taxpayer's Identification Number PI Payor Identification
Attributes	SITUATIONAL N103 66 X ID ½

Name	Identification Code
Purpose/Definition	Indicates the premium payer's identifier.
Codes	
Attributes	SITUATIONAL N104 67 X AN 2/80



PREMIUM PAYER ADDITIONAL NAME (N2)**SITUATIONAL**

Provides additional space for names longer than 35 characters in length.

Name	Name
Purpose/Definition	Premium payer's additional name.
Codes	
Attributes	REQUIRED N201 93 M AN 1/60

PREMIUM PAYER'S ADDRESS (N3)**SITUATIONAL**

Identifies the premium payer's address lines other than City, State, or ZIP when needed for payment.

Name	Address Information
Purpose/Definition	Identifies the premium payer's address.
Codes	
Attributes	REQUIRED N301 166 M AN 1/55

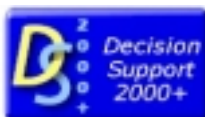
Name	Address Information
Purpose/Definition	Identifies the premium payer's address line 2.
Codes	
Attributes	SITUATIONAL N302 166 O AN 1/55

PREMIUM PAYER'S CITY, STATE, ZIP (N4)**SITUATIONAL**

Specifies the premium payer's city, state and zip.

Name	City Name
Purpose/Definition	Identifies the premium payer's city name.
Codes	
Attributes	REQUIRED N401 19 O AN 2/30

Name	State or Province Code
Purpose/Definition	Identifies the premium payer's state code for United States and Canada addresses.
Codes	
Attributes	REQUIRED N402 156 O ID 2/2



Name	Postal Code
Purpose/Definition	Identifies the premium payer's postal zone (zip code for United States).
Codes	
Attributes	REQUIRED N403 116 O ID 3/15

Name	Country Code
Purpose/Definition	Identifies the premium payer's country code for addresses outside the United States.
Codes	
Attributes	SITUATIONAL N404 26 O ID 2/3

PREMIUM PAYER'S ADMINISTRATIVE CONTACT (PER) SITUATIONAL

Identifies the premium payer's administrative contact.

Name	Contact Function Code
Purpose/Definition	Identifies the major duty or responsibility of the entity in PER02.
Codes	IC Information Contact
Attributes	REQUIRED PER01 366 M ID 2/2

Name	Name
Purpose/Definition	Identifies the premium payer's contact name.
Codes	
Attributes	REQUIRED PER02 93 O AN 1/60

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER03.
Codes	EM Electronic Mail FX Facsimile TE Telephone
Attributes	SITUATIONAL PER03 365 X ID 2/2



Name	Communication Number
Purpose/Definition	Complete communications number including country or area code when applicable.
Codes	
Attributes	SITUATIONAL PER04 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER06.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER05 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Complete communications number including country or area code when applicable.
Codes	
Attributes	SITUATIONAL PER06 364 X AN 1/80

Name	Communication Number Qualifier
Purpose/Definition	Identifies the type of communication number in PER08.
Codes	EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone
Attributes	SITUATIONAL PER07 365 X ID 2/2

Name	Communication Number
Purpose/Definition	Complete communications number including country or area code when applicable.
Codes	
Attributes	SITUATIONAL PER08 364 X AN 1/80



LOOP 2000A ORGANIZATION SUMMARY REMITTANCE

ORGANIZATION SUMMARY REMITTANCE (ENT)

SITUATIONAL

Identifies the company remittance line items pertaining to group level premium or contribution payments.

Name	Assigned Number
Purpose/Definition	Number assigned for differentiation within the transaction set.
Codes	
Attributes	REQUIRED ENT01 554 O N0 1/6

Name	Entity Identifier Code
Purpose/Definition	Identifies the organization in ENT03 is a corporation.
Codes	2L Corporation
Attributes	REQUIRED ENT02 98 X ID 2/3

Name	Identification Code Qualifier
Purpose/Definition	Designates the system/method of code structure used for ENT04.
Codes	1 D-U-N-S Number, Dun & Bradstreet 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix FI Federal Taxpayer's Identification Number
Attributes	SITUATIONAL ENT03 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Indicates the organization identification code.
Codes	
Attributes	SITUATIONAL ENT04 67 X AN 2/80



LOOP 2300A ORGANIZATION SUMMARY REMITTANCE DETAIL

ORGANIZATION SUMMARY REMITTANCE DETAIL (RMR) **REQUIRED**

Specifies the remittance information related to summary bill payment.

Name	Reference Identification Qualifier
Purpose/Definition	Indicates the type of ID number used in RMR02.
Codes	11 Account Number 1L Group or Policy Number CT Contract Number IK Invoice Number
Attributes	REQUIRED RMR01 128 X ID 2/3

Name	Reference Identification
Purpose/Definition	Specifies the contract, invoice, account, group or policy number.
Codes	
Attributes	REQUIRED RMR02 127 X AN 1/30

Name	Payment Action Code
Purpose/Definition	Specifies the accounts receivable open item(s), if any, to be included in the cash application.
Codes	PA Payment in Advance PI Pay Item PO Payment on Account PP Partial Payment
Attributes	SITUATIONAL RMR03 482 O ID 2/2

Name	Monetary Amount
Purpose/Definition	Specifies the premium amount being paid on this remittance item.
Codes	
Attributes	REQUIRED RMR04 782 O R 1/18



Name	Monetary Amount
Purpose/Definition	Indicates the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items.
Codes	
Attributes	SITUATIONAL RMR05 782 O R 1/18

LOOP 2310A SUMMARY LINE ITEM

SUMMARY LINE ITEM (IT1)

SITUATIONAL

Provides optional member counts under a summary RMR item. The member count will be transmitted in the SLN segment to follow.

Name	Assigned Identification
Purpose/Definition	Identifies the line item control number used for differentiating within a transaction set.
Codes	
Attributes	REQUIRED IT101 350 O AN 1/20

LOOP 2315A MEMBER COUNT

MEMBER COUNT (SLN)

SITUATIONAL

Identifies the total number of members/insured represented in the summary line item payment (RMR).

Name	Assigned Identification
Purpose/Definition	Identifies the line item control number assigned for differentiating within the transaction set.
Codes	
Attributes	REQUIRED SLN01 350 M AN 1/20

Name	Relationship Code
Purpose/Definition	Indicates the subline item is for information only.
Codes	O Information Only
Attributes	REQUIRED SLN03 662 M ID 1/1



Name	Quantity
Purpose/Definition	Identifies the number of contract holders with the type of coverage identified in SLN05-1.
Codes	
Attributes	REQUIRED SLN04 380 X R 1/15

Name	COMPOSITE UNIT OF MEASURE
Purpose/Definition	Identifies a unit of measure in SLN04.
Codes	
Attributes	REQUIRED SLN05 C001 X

Name	Unit or Basis for Measurement Code
Purpose/Definition	Identifies that the value in SLN04 is the number of contract holders with either group (family), individual (person) or self and spouse (pair) coverage.
Codes	10 Group IE Person PR Pair
Attributes	REQUIRED SLN05 - 1 355 M ID 2/2

LOOP 2320A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT

ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT (ADX) SITUATIONAL

Identifies accounts-payable adjustment information used to provide an adjustment made at a summary level of a payment.

Name	Monetary Amount
Purpose/Definition	Identifies the monetary adjustment amount.
Codes	
Attributes	REQUIRED ADX01 782 M R 1/18



Name	Adjustment Reason Code
Purpose/Definition	Indicates the reason for claiming the adjustment.
Codes	20 Balance Due Declined 52 Credit for Previous Overpayment 53 Remittance for Previous Underpayment AA Prepaid Benefit or Advances H1 Information Forthcoming H6 Partial Payment Remitted IA Invoice Amount Does Not Match Account Analysis Statement J3 Promised Adjustment Not Received
Attributes	REQUIRED ADX02 426 M ID 2/2

LOOP 2000B INDIVIDUAL REMITTANCE

INDIVIDUAL REMITTANCE (ENT)

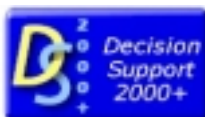
SITUATIONAL

Provides remittance line items that pertain to an individual enrolled in a group plan.

Name	Assigned Number
Purpose/Definition	Number assigned for differentiation within the transaction set.
Codes	
Attributes	REQUIRED ENT01 554 O N0 1/6

Name	Entity Identifier Code
Purpose/Definition	Identifies the entity in ENT04 is an individual.
Codes	2J Individual
Attributes	REQUIRED ENT02 98 X ID 2/3

Name	Identification Code Qualifier
Purpose/Definition	Designates the system/method of code structure used for ENT04.
Codes	34 Social Security Number EI Employee Identification Number ZZ Mutually Defined
Attributes	REQUIRED ENT03 66 X ID 1/2



Name	Identification Code
Purpose/Definition	Indicates the individual identifier code used by the receiver.
Codes	
Attributes	REQUIRED ENT04 67 X AN 2/80

LOOP 2100B INDIVIDUAL NAME

INDIVIDUAL NAME (NM1)

SITUATIONAL

Identifies the name and identifier of the individual for whom the premium payment is being submitted.

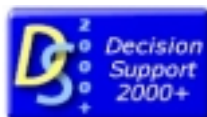
Name	Entity Identifier Code
Purpose/Definition	Identifies the individual named in this segment.
Codes	EY Employee Name QE Policyholder
Attributes	REQUIRED NM101 98 M ID 2/3

Name	Entity Type Qualifier
Purpose/Definition	Qualifies the type of entity in NM103.
Codes	1 Person
Attributes	REQUIRED NM102 1065 M ID 1/1

Name	Name Last or Organization Name
Purpose/Definition	Identifies the employee or policy holder last name as specified in NM101.
Codes	
Attributes	SITUATIONAL NM103 1035 O AN 1/35

Name	Name First
Purpose/Definition	Individual first name.
Codes	
Attributes	SITUATIONAL NM104 1036 O AN 1/25

Name	Name Middle
Purpose/Definition	Individual middle name or initial.



Codes	
Attributes	SITUATIONAL NM105 1037 O AN 1/25

Name	Name Prefix
Purpose/Definition	Individual name prefix.
Codes	
Attributes	SITUATIONAL NM106 1038 O AN 1/10

Name	Name Suffix
Purpose/Definition	Individual name suffix.
Codes	
Attributes	SITUATIONAL NM107 1039 O AN 1/10

Name	Identification Code Qualifier
Purpose/Definition	Designates the system/method of code structure used for NM109.
Codes	34 Social Security Number EI Employee Identification Number N Insured's Unique Identification Number
Attributes	SITUATIONAL NM108 66 X ID 1/2

Name	Identification Code
Purpose/Definition	Employee or policy holder identifier.
Codes	
Attributes	SITUATIONAL NM109 67 X AN 2/80

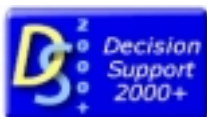
LOOP 2300B INDIVIDUAL PREMIUM REMITTANCE DETAIL

INDIVIDUAL PREMIUM REMITTANCE DETAIL (RMR)

SITUATIONAL

Specifies detailed remittance information related to an employee or member of a group plan.

Name	Reference Identification Qualifier
Purpose/Definition	Qualifies the Reference Identification in RMR02.
Codes	11 Account Number 9J Pension Contract AZ Health Insurance Policy Number



	B7 Life Insurance Policy Number CT Contract Number ID Insurance Certificate Number IG Insurance Policy Number IK Invoice Number KW Certification
Attributes	REQUIRED RMR01 128 X ID 2/3

Name	Reference Identification
Purpose/Definition	Identifies the insurance remittance reference number.
Codes	
Attributes	REQUIRED RMR02 127 X AN 1/30
Name	Payment Action Code
Purpose/Definition	Specifies how the receiver is to apply the payment.
Codes	PI Pay Item PP Partial Payment
Attributes	SITUATIONAL RMR03 482 O ID 2/2

Name	Monetary Amount
Purpose/Definition	Specifies the amount being paid on this remittance item.
Codes	
Attributes	REQUIRED RMR04 782 O R 1/18

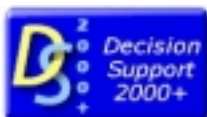
Name	Monetary Amount
Purpose/Definition	Indicates the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items.
Codes	
Attributes	SITUATIONAL RMR05 782 O R 1/18

INDIVIDUAL COVERAGE PERIOD (DTM)

SITUATIONAL

Indicates the start and end date of the individual coverage period associated with the premium payment segment in the previous RMR segment.

Name	Date/Time Qualifier
Purpose/Definition	Specifies type of date for DTM06.
Codes	582 Report Period
Attributes	REQUIRED DTM01 374 M ID 3/3



Name	Date Time Period Format Qualifier
Purpose/Definition	Indicates the date format of DTM06.
Codes	RD8 Range of Dates
Attributes	REQUIRED DTM05 1250 X ID 2/3

Name	Date Time Period
Purpose/Definition	Identifies the coverage period.
Codes	
Attributes	REQUIRED DTM06 1251 X AN 1/35

LOOP 2320B INDIVIDUAL PREMIUM ADJUSTMENT

INDIVIDUAL PREMIUM ADJUSTMENT (ADX)

SITUATIONAL

Indicates an adjustment made at an individual remittance detail level of a payment for the immediately preceding RMR segment.

Name	Monetary Amount
Purpose/Definition	Identifies the adjustment amount.
Codes	
Attributes	REQUIRED ADX01 782 M R 1/18

Name	Adjustment Reason Code
Purpose/Definition	Specifies the reason for claiming the adjustment.
Codes	20 Balance Due Declined 52 Credit for Previous Overpayment 53 Remittance for Previous Underpayment AA Prepaid Benefit or Advances AX Person No Longer Employed H1 Information Forthcoming IA Invoice Amount Does Not Match Account Analysis Statement J3 Promised Adjustment Not Received
Attributes	REQUIRED ADX02 426 M ID 2/2

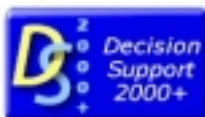


820 TRAILER (SE)**REQUIRED**

Indicates the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).

Name	Number of Included Segments
Purpose/Definition	Total number of segments included in a transaction set including ST and SE segments.
Codes	
Attributes	REQUIRED SE01 96 M N0 1/10

Name	Transaction Set Control Number
Purpose/Definition	Indicates the unique control number assigned by the originator for a transaction set.
Codes	
Attributes	REQUIRED SE02 329 M AN 4/9



IV. Key Terms and Important Issues

A. Business Definitions for these Transactions

Premium Receiver

The premium receiver is the party receiving the payment. It can be either an insurance company, a government agency, or a health care organization.

Premium Payer of Remitter

The premium payer is the party responsible for paying the premium. It can be an employer-operated internal department or an outside agency which performs payroll processing on behalf of an employer; a government agency paying health care premiums; or an employer paying group premiums.

Subscriber

The subscriber is a person who can be uniquely identified to an information source, traditionally referred to as a member. The subscriber may or may not be the patient.

Dependent

The dependent is a person who cannot be uniquely identified to an information source, but can be identified by an information source when associated with a subscriber.

Payer/Insurer

The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product. A payer can be an insurance company; Health Maintenance Organization (HMO); Preferred Provider Organization (PPO); a government agency, such as Medicare or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); or another organization contracted by one of these groups.

B. Technical Definitions and Issues

Data Standards

In the HIPAA framework, the transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. These rules are contained in the ASC X12 standards.

Data standards may not be modified by specific trading partners. However, since the transactions in each trading partner's individual system will vary from site to site (e.g., payer to payer), it is important that trading partners communicate their processing capacity in trading partner agreements.



Control Segments

There are two types of transaction control segments, the header segment (the ST segment) and the trailer segment (the SE segment). Header and trailer segments are used to identify the sender and receiver; allow for authorization and security information; and specify various technical features of the transaction.

The header segment identifies the start of a transaction and the transaction set. The trailer segment identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

If similar transaction sets (i.e., functional groups) are sent together in a transmission, the functional group is delineated by the functional group header (GS) segment and the functional group trailer (GE) segment. The functional group header segment starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

Use of Data Segments and Elements Marked “Situational”

Many data segments and elements are marked “situational”; users should consult the notes in the implementation guide to determine when they should be used.

Character Sets and Delimiters

Transactions use commonly accepted basic characters sets, although encoding schemes other than those specified in the Implementation Guides may be used as long as a common mapping is available and the parties to the transaction agree. Delimiters are characters used to separate two data elements (or subelements) or to terminate a segment. The delimiters are an integral part of the data. They are specified in the interchange header segment and must not be used in a data element value elsewhere in the interchange. Character sets and delimiters are shown in the full Implementation Guide.

Batch Transactions

When transactions are used in batch mode, they are typically grouped together in large quantities and processed en-masse. In a batch mode, the sender sends multiple transactions to the receiver, either directly or through a switch (clearinghouse), and does not remain connected while the receiver processes the transactions. If there is an associated business response transaction (such as a 271 response to a 270 for eligibility), the receiver creates the response transaction for the sender off-line and the original sender reconnects at a later time to pick up the response transaction. Typically, the results of a transaction that is processed in a batch mode would be completed for the next business day. When in batch mode, the 997 Functional Acknowledgment transaction must be returned as quickly as possible to acknowledge that the receiver



has or has not successfully received the batch transaction. In addition, the TA1 segment must be supported for interchange level errors.

Real Time Transactions

Transactions that are used in a real time mode typically are those that require an immediate response. In a real time mode, the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender. Typically, response times range from a few seconds to around thirty seconds, and should not exceed one minute. The 997 Functional Acknowledgment transaction and the TA1 segment must also be used as in batch mode.

Version

This Handbook is derived from the Implementation Guide based on the ANSI ASC X12 standards, approved for publication in October of 1997, referred to as Version 4, Release 1, Sub-release 0 (004010).

VI. List of External Code Sources Needed for this Transaction

- 4 ABA Routing Number
- 5 Countries, Currencies and Funds
- 16 D-U-N-S Number
- 22 States and Outlying Areas of the U.S
- 51 ZIP Code
- 60 (DFI) Identification Number
- 77 X12 Directories
- 91 Canadian Financial Institution Branch and Institution Number
- 121 Health Industry Identification Number
- 158 Health Care Financing Administration (HCFA)
- 540 Health Care Financing Administration National PlanID

