

DRAFT

HIPAA

**Master Data Set for the Payroll Deducted and
Other Group Premium Payment for Insurance Products (820)
Transaction**

Decision Support 2000+

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**Survey and Analysis Branch
Division of State and Community Systems Development
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration**

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HIPAA

Payroll Deducted and Other Group Premium Payment for Insurance Products (820) 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 Master Data Set 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.

Information in this Master Data Set 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+ Handbook, the Master Data Set 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

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

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.

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

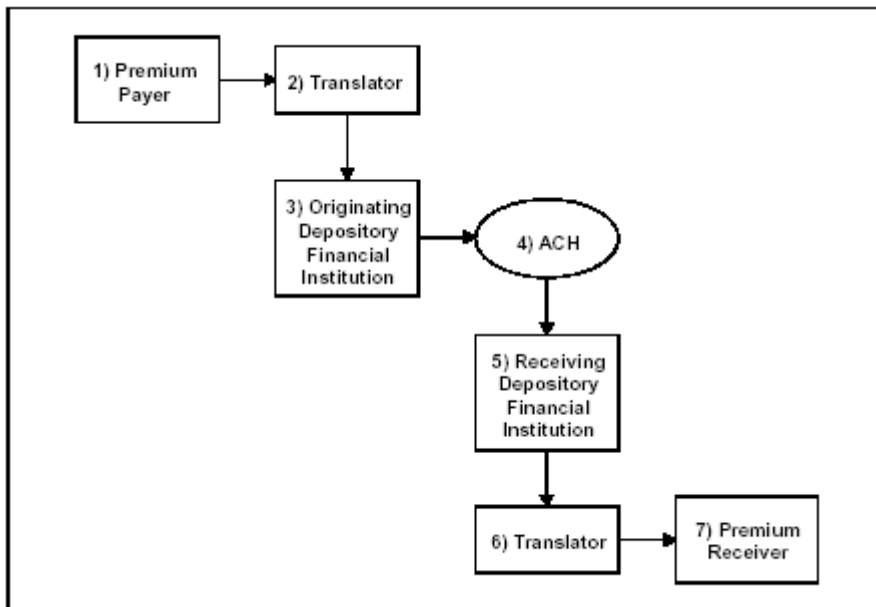
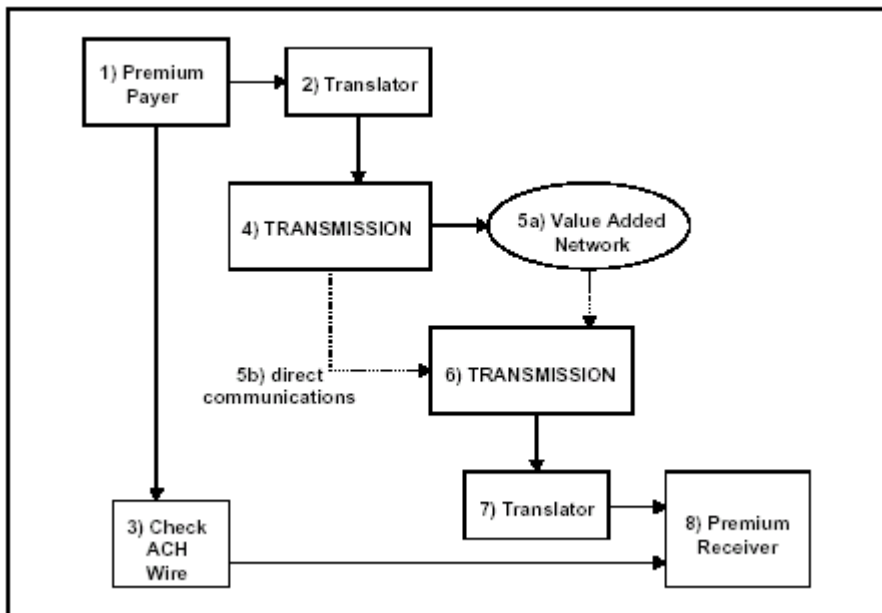


Figure 2. Separate Dollars and Remittance, shows the payment remittance data sent using either a Value Added Network (VAN) or direct communications method. The payment is sent as a paper check separate ACH or wire. Premium dollars and remittance data flow separately as follows:

- 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.

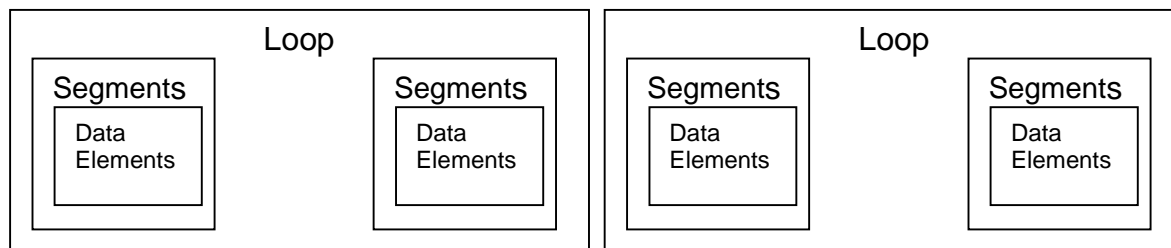
Figure 2. Separate Dollars and Remittance



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.

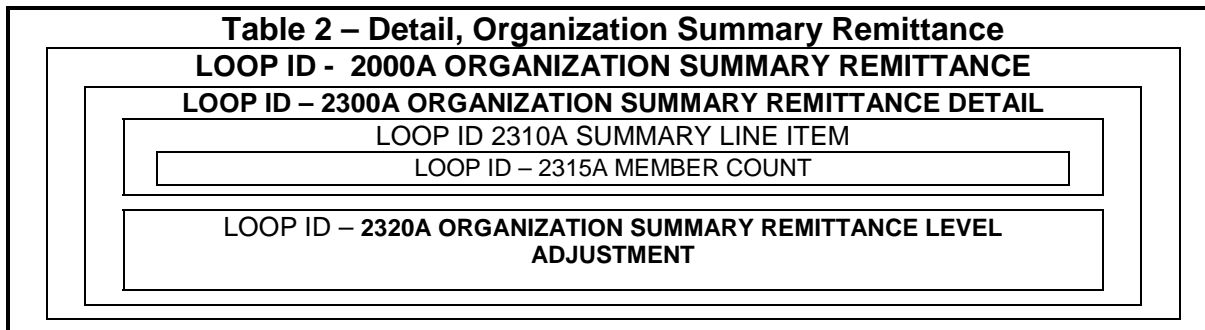
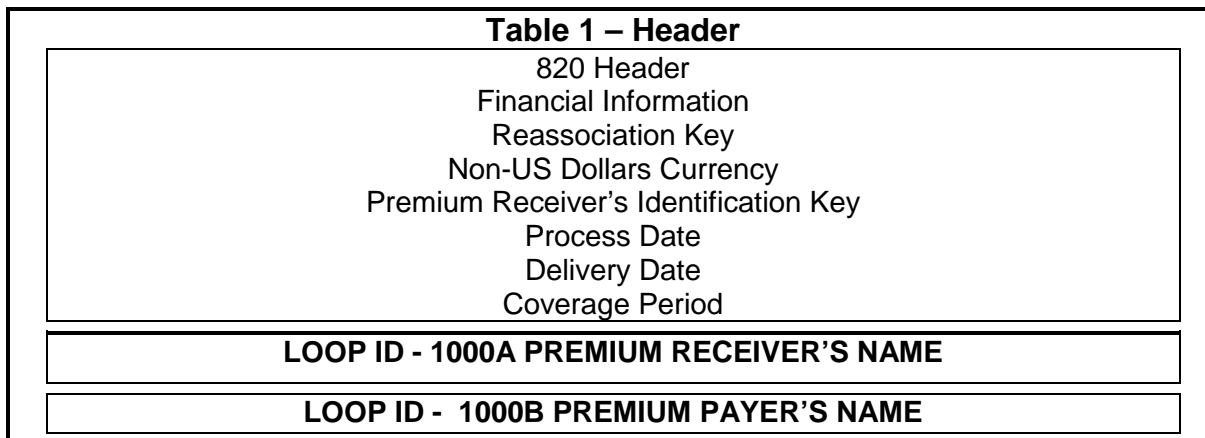
Table 1, the Header Level in the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction consists of eight segments and two loops. It contains information related to the total payment including information pertaining to the party receiving the payment (premium receiver) 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.

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.

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.

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



HIPAA Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction - Master Data Set for DS 2000+

III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
_____	820 HEADER (ST)		To indicate the start of a transaction set and to assign a control number.	REQUIRED
		Transaction Set Identifier Code	Code uniquely identifying a Transaction Set. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	REQUIRED ST01 143 M ID 3/3
		820 Payment Order/Remittance Advice		
		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.	REQUIRED ST02 329 M AN 4/9
_____	FINANCIAL INFORMATION (BPR)		To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur. The BPR addresses the payment total that a premium payer is remitting to the premium receiver. The BPR contains mandatory information, even when not being used to move funds electronically.	REQUIRED
		Transaction Handling Code	Code designating the action to be taken by all parties. Code designating whether and how money and information are to be processed.	REQUIRED BPR01 305 M ID 1/2
		C Payment Accompanies Remittance Advice	move both funds and remittance detail together through the banking system.	
		D Make Payment Only	Use this code to instruct the Originating Depository Financial Institution to move only funds through the banking system, and to ignore any remittance detail.	
		I Remittance Information Only	Use this code to indicate to the payee that the remittance detail is moving separately from the payment.	
		P Pre-notification of Future Transfers	The "P" code is used to test the setup of the premium receiver and verify the accuracy of the account numbers. This is never used for actual payments or remittance information.	
		U Split Payment and Remittance	Use this code to instruct your third party processor to split the payment and remittance detail and send each one separately.	
		X Handling Party's Option to Split Payment and Remittance	Use this code to instruct the Originating Depository Financial Institution to move the payment and remittance detail, either together or separately, based upon the payee's request or capabilities.	

HIPAA Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction - Master Data Set for DS 2000+

III. Data Elements Table

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Monetary Amount	BPR02 specifies the payment amount. The ACH system cannot support dollar amounts greater than 11 characters (including the decimal point). This provides an EFT limit of \$99,999,999.99. for the 820.	REQUIRED BPR02 782 M R 1/18
		Credit/Debit Flag Code C Credit D Debit	Code indicating whether amount is a credit or debit. If Payment is EFT, this indicates a credit to the payee's account, and a debit to the Payer's account. This code should also be used if payment is by check. NOT ADVISED. Indicates a debit to the Payer's account and a credit to the payee's account, initiated by the payee at the instruction of the payer. For HIPAA Health Premium Payments code "D" is not valid.	REQUIRED BPR03 478 M ID 1/1
		Payment Method Code 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.)	Code identifying the method for the movement of payment instructions. Use this code to move money electronically through the ACH. When this code is used, information in BPR05 through BPR09 and BPR12 through BPR15 must also be included. Use this code to indicate that the Originating Depository Financial Institution will choose the method of payment based upon payee's request or capabilities. Use this code to indicate that a check has been issued for payment. Use this code to indicate that the funds were sent through the wire system. Use this code to indicate that the funds were sent as a S.W.I.F.T. payment.	REQUIRED BPR04 591 M ID 3/3
		Payment Format Code CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX Corporate Trade Exchange (CTX) (ACH)	Code identifying the payment format to be used This is required when payment is made using an ACH network. CCD+ format moves money and up to 80 characters of data, enough to re-associate dollars and data when the dollars are sent through the ACH and the remittance data is sent on a separate path. It is suggested that the addenda contains a copy of the TRN segment. CTX format is used to move dollars and data through the ACH. It can contain up to 9,999 addenda records of 80 characters each. The CTX will encapsulate the complete 820 and all the envelope segments.	SITUATIONAL BPR05 812 O ID 1/10

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III. Data Elements Table

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		<p>(DFI) ID Number Qualifier</p> <p>01 ABA Transit Routing Number Including Check Digits (9 digits)</p> <p>04 Canadian Bank Branch and Institution Number</p>	<p>Code identifying the type of identification number of Depository Financial Institution (DFI). When using this transaction set to initiate a payment, all our some of BPR06 through BPR16 may be required, depending on the conventions of the specific financial channel being used. BPR06 THROUGH BPR09 relate to the Originating Depository Financial Institution and the premium payer's bank account. This is required when the originating financial institution needs the DFI number to process the</p> <p>ABA is a unique number identifying every bank in the United States. CODE SOURCE 4: ABA Routing Number</p> <p>CODE SOURCE 91: Canadian Financial Institution Branch and Institution Number</p>	<p>SITUATIONAL BPR06 506 X ID 2/2</p>
		<p>(DFI) Identification Number</p>	<p>Depository Financial Institution (DFI) identification number. This is the identifying number of the Originating Depository Financial Institution sending the transaction into the ACH network. CODE SOURCE 60: (DFI) Identification Number.</p>	<p>SITUATIONAL BPR07 507 X AN 3/12</p>
		<p>Account Number Qualifier</p> <p>ALC Agency Location Code (ALC) DA Demand Deposit</p>	<p>Code indicating the type of account. BPR08 is a code identifying the type of bank account or other financial asset. This is required when the originating financial institution needs the bank account number to process</p> <p>For Federal Government use only.</p>	<p>SITUATIONAL BPR08 569 O ID 1/3</p>
		<p>Account Number</p>	<p>Account number assigned. BRP09 is the account of the company originating the payment. This account may be debited or creditid depending on the type of payment order. This is the premium payer's bank account at the Originating Depository Financial Institution.</p>	<p>SITUATIONAL BPR09 508 X AN 1/35</p>
		<p>Originating Company Identifier</p>	<p>A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. This is required when re-association is necessary. BPR10 must be identical to RN03. BPR10 must be Federal Tax ID number preceded by a 1.</p>	<p>SITUATIONAL BPR10 509 O AN 10/10</p>

HIPAA Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction - Master Data Set for DS 2000+

III. Data Elements Table

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Originating Company Supplemental Code	A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions. This is required when identification of a subdivision within a company is necessary. If this data element is used, it should be identical to the value used in Reference Number data element TRN04 of the TRN segment.	SITUATIONAL BPR11 510 O AN 9/9
		(DFI) ID Number Qualifier	Code identifying the type of identification number of Depository Financial Institution (DFI). BPR12 and BPR13 relate to the receiving depository financial institution (RDFI). BPR12 THROUGH BPR15 relate to the Receiving Depository Financial Institution and the premium receiver's bank account. BPR12 - BPR15 are required if the 820 transaction set is used to initiate a funds transfer. This is required when the originating financial institution needs the receiving financial institution DFI number to process payments.	SITUATIONAL BPR12 506 X ID 2/2
		01 ABA Transit Routing Number Including Check Digits (9 digits) 04 Canadian Bank Branch and Institution Number	ABA is a unique number identifying every bank in the United States. CODE SOURCE 4: ABA Routing Number CODE SOURCE 91: Canadian Financial Institution Branch and Institution Number	
		(DFI) Identification Number	Depository Financial Institution (DFI) identification number. CODE SOURCE 60: (DFI) Identification Number. This is the identifying number of the Receiving Depository financial institution receiving the transaction from the ACH network.	SITUATIONAL BPR13 507 X AN 3/12
		Account Number Qualifier	Code indicating the type of account. BPR14 is a code identifying the type of bank account or other financial asset. This is required when the originating financial institution needs the receiving bank account number to process payments.	SITUATIONAL BPR14 569 O ID 1/3
		DA Demand Deposit SG Savings		
		Account Number	Account number assigned. BPR15 is the account number of the receiving company to be debited or credited with the payment order. This is the premium receiver's bank account at the Receiving Depository financial institution.	SITUATIONAL BPR15 508 X AN 1/35

HIPAA Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction - Master Data Set for DS 2000+

III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Date	Date expressed as CCYYMMDD. BPR 16 is the date the originating company intends for the transaction to be settled (i.e. Payment Effective Date). For credit payments, this data element specifies the date the originator (premium payer) intends to provide good funds to the receiver (premium receiver). For check payment, this data element specifies the check issuance date. For FedWire payment, this data element specifies the value date. For ACH payments, the originating Depository financial institution will either correct this date if it is not a valid effective date, or reject the item based on previous agreement between the originator and	REQUIRED BPR16 373 O DT 8/8
	REASSOCIATION KEY (TRN)		The purpose of this segment is to uniquely identify this transaction set and aid in the re-associating payment and remittance data that have been separated. The TRN segment is used to uniquely identify a payment order/remittance advice.	REQUIRED
		Trace Type Code	Code identifying which transaction is being referenced.	REQUIRED TRN01 481 M ID 1/2
		1 Current Transaction Trace Numbers	The payment and remittance have not been separated.	
		3 Financial Re-association Trace Number	The payment and remittance information have been separated and need to be re-associated by the receiver.	
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. TRN02 provides unique identification of the transaction. This field is used to re-associate the payment with the remittance information.	REQUIRED TRN02 127 M AN 1/30
		Originating Company Identifier	A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. TRN 03 identifies and organization. TRN03 must contain the Federal Tax ID Number preceded by a 1. When TRN03 is used, it must be identical to BPR10. This is required when the receiver needs an originating company identification to re-associate a payment to a remittance.	SITUATIONAL TRN03 509 O AN 10/10
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. TRN04 identifies a further subdivision within the organization. If both TRN04 and BPR11 are used they must be identical. This is required when the Payer is sending multiple premium payments for multiple group plans and the receiver needs an additional identifier for re-association.	SITUATIONAL TRN04 127 O AN 1/30

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
	NON-US DOLLARS CURRENCY (CUR)		To specify the currency (dollars, pounds, francs, etc.) used in a transaction. The currency segment is used in this 820 to specify the currency and exchange rate, when payment is made in a currency other than that in the original request. The CUR segment does not initiate a foreign exchange transaction.	SITUATIONAL
		Entity Identifier Code 2B Third-Party Administrator PR Payer	Code identifying an organizational entity, a physical location, property or an individual. This data element identifies the party using the currency defined in Currency Code CUR02.	REQUIRED CUR01 98 M ID 2/3
		Currency Code MXP Mexican Pesos CAD Canadian Dollars USD United States Dollars	Code (Standard ISO) for country in whose currency the charges are specified.	REQUIRED CUR02 100 M ID 3/3
		Exchange Rate	Value to be used as a multiplier conversion factor to convert monetary value from one currency to another. This is required when the currency for payment is not the same currency specified on the bill/invoice.	SITUATIONAL CUR03 280 O R 4/10
	PREMIUM RECEIVERS IDENTIFICATION KEY (REF)		To specify identifying information. This segment is used to provide the premium receiver a key associated with this premium payment. The type of key and value is provided to the premium payer by the premium receiver. Examples of keys are Plan Number, Master Account Number, Consolidated Invoice Number, and Master Policy Number. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED to identify the Master Account Number.	SITUATIONAL
		Reference Identification Qualifier 14 Master Account Number 18 Plan Number 2F Consolidated Invoice Number 38 Master Policy Number 72 Schedule Reference Number	Code qualifying the Reference Identification. For HIPAA Health Premium Payments this element is REQUIRED. For U.S. Treasury Department Financial Management Service Disbursed payments, this code indicates a payment schedule number will follow.	REQUIRED REF01 128 M ID 2/3

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. For Treasury Department Financial Management Service Disbursed payments, this data field is schedule number (11 Characters) submitted by the agency authorizing the payment.	REQUIRED REF02 127 X AN 1/30
_____	PROCESS DATE (DTM)		To specify pertinent dates and times. This segment is used to relay the date the payment was processed by the premium payer. For HIPPA Health Premium Payments this segment is NOT USED.	SITUATIONAL
		Date/Time Qualifier 009 Process	Code specifying type of date or time, or both date and time.	REQUIRED DTM01 374 M ID 3/3
		Date	Date expressed as CCYYMMDD.	REQUIRED DTM02 373 X DT 8/8
_____	DELIVERY DATE (DTM)		To specify pertinent dates and times. This segment is used to relay the date the payment was delivered to the Originating Depository Financial Institution by the premium payer or their third party processor.	SITUATIONAL
		Date/Time Qualifier 035 Delivered	Code specifying type of date or time, or both date and time.	REQUIRED DTM01 374 M ID 3/3
		Date	Date expressed as CCYYMMDD.	REQUIRED DTM02 373 X DT 8/8
_____	COVERAGE PERIOD (DTM)		To specify pertinent dates and times. This segment is used to relay the start and end date of the coverage period associated with this premium payment. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.	SITUATIONAL
		Date/Time Qualifier 582 Report Period	Code specifying type of date or time, or both date and time.	REQUIRED DTM01 374 M ID 3/3
		Date Time Period Format Qualifier RD8	Code indicating the date format, time format, or date and time format. Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD.	REQUIRED DTM05 1250 X ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.	REQUIRED DTM06 1251 X AN 1/35

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III. Data Elements Table					
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES	
1000A PREMIUM RECEIVER'S NAME	PREMIUM RECEIVER'S NAME (N1)		To identify a party by type of organization, name, and code. This segment is used to relay the name and an identifier of the premium receiver. The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.	REQUIRED	
		Entity Identifier Code	individual. For HIPAA Health Premium Payments this element is REQUIRED.	REQUIRED N101 98 M ID 2/3	
		PE Payee			
		Name	Free-form name. For HIPAA Health Premium Payments this element is REQUIRED. This is required when the sender needs to relay the receiver's name.	SITUATIONAL N102 93 X AN 1/60	
		Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (67). This is required when the sender needs to relay a unique identifier for the receiver. For HIPAA Health Premium Payments this element is REQUIRED.	SITUATIONAL N103 66 X ID 1/2	
		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 EQ Insurance Company Assigned Identification Number FI Federal Taxpayer's Identification Number XV Health Care Financing Administration National PlanID	CODE SOURCE 16: D-U-N-S Number CODE SOURCE 16: D-U-N-S Number Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. This is Required for a HIPAA compliant implementation when the National PlanID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier. CODE SOURCE 540: Health Care Financing Administration National Plan ID.		
	Identification Code	Code identifying a party or other code. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. For HIPAA Health Premium Payments this element is REQUIRED.	SITUATIONAL N104 67 X AN 2/80		
	PREMIUM RECEIVER ADDITIONAL NAME (N2)		To specify additional names or those longer than 35 characters in length. This is required when the sender needs more characters than available in the N102.	SITUATIONAL	

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Name	Free-form name.	REQUIRED N201 93 M AN 1/60
	PREMIUM RECEIVER'S ADDRESS (N3)		To specify the location of the named party. This segment is used to relay the premium receiver's address lines other than City, State, or ZIP. This is required when the Premium Receiver's Address needs to be printed on the check. For EFT payments this segment is not used.	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M AN 1/55
		Address Information	Address information. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55
	PREMIUM RECEIVER'S CITY, STATE, ZIP (N4)		To specify the geographic place of the named party. This segment is used to relay the premium receiver's city, state and zip. This is required when the Premium Receiver's city, state, zip needs to be printed on the check. For EFT payments this segment is not used.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S.	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States). CODE SOURCE 51: ZIP Code	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. This is required when the address is outside the US. CODE SOURCE 5: Countries, currencies and funds.	SITUATIONAL N404 26 O ID 2/3
1000B PREMIUM PAYER'S NAME	PREMIUM PAYER'S NAME (N1)		To identify a party by type of organization, name, and code. This segment is used to relay the name and an identifier of the premium payer. The N1 loop allows for name /address information for the payer and payee which would be utilized for address remittance(s) for delivery.	REQUIRED
		Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual. For HIPAA Health Premium Payments this element is REQUIRED.	REQUIRED N101 98 M ID 2/3
		Name	Free-form name. This is required when the receiver needs the sender's name. For HIPAA Health Premium Payments this element is REQUIRED.	SITUATIONAL N102 93 X AN 1/60

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		<p>Identification Code Qualifier</p> <p>65 National Employer Identification</p> <p>1 D-U-N-S Number, Dun & Bradstreet</p> <p>9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix</p> <p>24 Employer's Identification Number</p> <p>75 State or Province Assigned Number</p> <p>EQ Insurance Company Assigned Identification Number</p> <p>FI Federal Taxpayer's Identification Number</p> <p>PI Payor Identification</p>	<p>Code designating the system/method of code structure used for Identification Code (67). This is required when the receiver needs a unique identification for the sender. For HIPAA Health Premium Payments this element is REQUIRED.</p> <p>This is Required for a HIPAA compliant implementation when the National Employer ID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier.</p> <p>CODE SOURCE 16: D-U-N-S Number</p> <p>CODE SOURCE 16: D-U-N-S Number</p> <p>Used by States when remitting Medicare premium payments (in participation with a "State Buy- In" program).</p> <p>Used by the federal government to identify a federal agency's payroll</p>	SITUATIONAL N103 66 X ID 1/2
		<p>Identification Code</p>	<p>Code identifying a party or other code. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party. For HIPAA Health Premium Payments this element is REQUIRED.</p>	SITUATIONAL N104 67 X AN 2/80
	PREMIUM PAYER ADDITIONAL NAME (N2)		<p>To specify additional names or those longer than 35 characters in length. This is required when the sender needs more characters than available in the N102.</p>	SITUATIONAL
		Name	Free-form name.	REQUIRED N201 93 M AN 1/60
	PREMIUM PAYER'S ADDRESS (N3)		<p>To specify the location of the named party. This segment is used to relay the premium payer's address lines other than City, State, or ZIP. This is required when the Premium Payer's Address needs to be printed on the check. For EFT payments this segment is not used.</p>	SITUATIONAL
		Address Information	Address information.	REQUIRED N301 166 M AN 1/55

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Address Information	Address information. This is required when the sender needs to relay additional lines of their address to the receiver. Required if a second address line exists.	SITUATIONAL N302 166 O AN 1/55
	PREMIUM PAYER'S CITY, STATE, ZIP (N4)		To specify the geographic place of the named party. This segment is used to relay the premium payer's city, state and zip. This is required when the Premium Payer's city, state, zip needs to be printed on the check. For EFT payments this segment is not used.	SITUATIONAL
		City Name	Free-form text for city name. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	REQUIRED N401 19 O AN 2/30
		State or Province Code	Code (Standard State/Province) as defined by appropriate government agency. N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying	REQUIRED N402 156 O ID 2/2
		Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States).	REQUIRED N403 116 O ID 3/15
		Country Code	Code identifying the country. This is required when the address is outside the US. CODE SOURCE 51: Zip Code	SITUATIONAL N404 26 O ID 2/3
	PREMIUM PAYER'S ADMINISTRATIVE CONTACT (PER)		To identify a person or office to whom administrative communications should be directed. This segment is used to relay a premium payer's administrative contact. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number. By definition of the standard, if PER03 is used, PER04 is required.	SITUATIONAL
		Contact Function Code	Code identifying the major duty or responsibility of the person or group named.	REQUIRED PER01 366 M ID 2/2
		Name	Free-form name. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	REQUIRED PER02 93 O AN 1/60

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Communication Number Qualifier EM Electronic Mail FX Facsimile TE Telephone	Code identifying the type of communication number. This is required when the sender needs to relay communication information.	SITUATIONAL PER03 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	SITUATIONAL PER04 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number. This is required when the sender needs to relay communication information. When used, the value following this code is the extension for the preceding communications contact number.	SITUATIONAL PER05 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	SITUATIONAL PER06 364 X AN 1/80
		Communication Number Qualifier EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	Code identifying the type of communication number. This is required when the sender needs to relay communication information. When used, the value following this code is the extension for the preceding communications contact number.	SITUATIONAL PER07 365 X ID 2/2
		Communication Number	Complete communications number including country or area code when applicable.	SITUATIONAL PER08 364 X AN 1/80
2000A ORGANIZATION SUMMARY REMITTANCE	ORGANIZATION SUMMARY REMITTANCE (ENT)		To designate the entities which are parties to a transaction and specify a reference meaningful to those entities. This segment is used to start table two and provide company remittance line items that pertain to group level premium or contribution payments. ENT01 must be a sequential number within the transaction set, starting with one and incrementing by one. The ENT loop is for vendor or consumer third party consolidated payments. ENT09 may contain the payee's accounts receivable customer number.	SITUATIONAL

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Assigned Number	Number assigned for differentiation within a transaction set.	REQUIRED ENT01 554 O N0 1/6
		Entity Identifier Code 2L Corporation	Code identifying an organizational entity, a physical location, property or an individual This code is used to identify an organization level (summary level bill payment only).	REQUIRED ENT02 98 X ID 2/3
		Identification Code Qualifier 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 FI Federal Taxpayer's Identification Number	Code designating the system/method of code structure used for Identification Code (67). This is Required for a HIPAA compliant implementation when the National Employer ID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier. CODE SOURCE 16: D-U-N-S Number CODE SOURCE 16: D-U-N-S Number	SITUATIONAL ENT03 66 X ID 1/2
		Identification Code	Code identifying a party or other code. For HIPAA Health Premium Payments this element is REQUIRED.	SITUATIONAL ENT04 67 X AN 2/80
2300A ORGANIZATION SUMMARY REMITTANCE DETAIL	ORGANIZATION SUMMARY REMITTANCE DETAIL (RMR)		To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail. Used to provide detailed remittance information related to summary bill payment. Loop RMR is for open items being referenced for payment on account.	REQUIRED
		Reference Identification Qualifier 11 Account Number 1L Group or Policy Number CT Contract Number IK Invoice Number	Code qualifying the Reference Identification. Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication. In addition to private sector health care contract numbers, Group or Policy Number can be used to identify the Federal Employees Health Benefits Program (FEHB) "Enrollment Code" being paid. The FEHB Enrollment Code identifies an insurer's specific health benefits plan. For HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan.	REQUIRED RMR01 128 X ID 2/3

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	REQUIRED RMR02 127 X AN 1/30
		Payment Action Code PA Payment in Advance PI Pay Item PO Payment on Account PP Partial Payment	Code specifying the accounts receivable open item(s), if any, to be included in the cash application. If RMR03 is present, it specifies how the cash is to be applied. If RMR03 is not present, this is a payment for an open item. If paying an open item, RMR02 must be present. If not paying a specific open item, RMR04 must be present. This is required when the sender needs to indicate to the receiver how to apply payment. For HIPAA Health Premium Payments this element is NOT USED.	SITUATIONAL RMR03 482 O ID 2/2
		Monetary Amount	Monetary amount. RMR04 is the amount paid. The amount being paid on this remittance item.	REQUIRED RMR04 782 O R 1/18
		Monetary Amount	Monetary amount. RMR05 is the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items. RMR05 may be needed by some payees to distinguish between duplicate reference numbers. This is required when the Insurer sent an Invoice and the paid amount is different than the amount invoiced.	SITUATIONAL RMR05 782 O R 1/18
2310A SUMMARY LINE ITEM	SUMMARY LINE ITEM (IT1)		To specify the basic and most frequently used line item data for the invoice and related transactions. Used to provide optional member counts under a summary RMR item. The member count will be transmitted in the SLN segment to follow. For HIPAA Health Premium Payments this segment is REQUIRED. Loop IT1 within the RMR loop is the remittance line item	SITUATIONAL
		Assigned Identification	Alphanumeric characters assigned for differentiation within a transaction set. IT101 is the purchase order line item identification.	REQUIRED IT101 350 O AN 1/20
2315A MEMBER COUNT	MEMBER COUNT (SLN)		To specify product subline detail item data. Used to provide optional member counts under a summary RMR/IT1 item. The member count is the total number of members/insured represented in the summary line item payment (RMR). This segment is used multiple times within each RMR loop to identify the various contract types and the number of contract holders. The contract holder is the employee or individual whose signature is on the enrollment documentation. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED.	SITUATIONAL

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		Assigned Identification	Alphanumeric characters assigned for differentiation within a transaction set. SLN01 is the identifying number for the subline item. SLN01 is related to (but not necessarily equivalent to) the baseline item number. Example: 1.1 or 1A might be used as a subline number to relate to baseline number	REQUIRED SLN01 350 M AN 1/20
		Relationship Code O Information Only	Code indicating the relationship between entities. SLN03 is the configuration code indicating the relationship of the subline item to the baseline item.	REQUIRED SLN03 662 M ID 1/1
		Quantity	Numeric value of quantity. This is the number of contract holders with the type of coverage identified in SLN05-1.	REQUIRED SLN04 380 X R 1/15
		COMPOSITE UNIT OF MEASURE	To identify a composite unit of measure.	REQUIRED SLN05 C001 X
		Unit or Basis for Measurement Code 10 Group IE Person PR Pair	Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. Used to identify that the value in SLN04 represents the number of contract holders with Family coverage. Used to identify that the value of SLN04 represents the number of contract holders with Individual coverage. Used to identify that the value in SLN04 represents the number of contract holders with Self and Spouse Only coverage.	REQUIRED SLN05 - 1 355 M ID 2/2
2320A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT (ADX)		To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos. This segment is used to provide an adjustment made at a summary level of a payment. This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements. See section 2.2.4 for additional information. This ADX loop can only contain adjustment information for the immediately preceding RMR segment and affects the amount (RMR04) calculation. If this adjustment amount is not netted to the immediately preceding RMR, use the outer ADX loop (position 080).	SITUATIONAL
		Monetary Amount	Monetary amount. ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount.	REQUIRED ADX01 782 M R 1/18
		Adjustment Reason Code	Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment. ADX02 specifies the reason for claiming the adjustment.	REQUIRED ADX02 426 M ID 2/2

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		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	Used when the entire balance due is being disputed. Detailed information related to the adjustment will be provided through a separate mechanism. Used when the payer does not have sufficient funds to remit the full Used when the invoice does not match the expectation for number or number/type of members and charges. Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.	
2000B INDIVIDUAL REMITTANCE	INDIVIDUAL REMITTANCE (ENT)		To designate the entities which are parties to a transaction and specify a reference meaningful to those entities. This segment is used to start Table 2 (Detail Remittance Information), and to provide remittance line items that pertain to an individual enrolled in a group plan. The following N1, RMR and ADX information relays payment information pertaining to this individual. The ENT loop is for vendor or consumer third party consolidated payments. ENT09 may contain the payee's accounts	SITUATIONAL
		Assigned Number	Number assigned for differentiation within a transaction set.	REQUIRED ENT01 554 O N0 1/6
		Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual. 2J Individual	REQUIRED ENT02 98 X ID 2/3
		Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code (67). 34 Social Security Number EI Employee Identification Number ZZ Mutually Defined	REQUIRED ENT03 66 X ID 1/2
		Identification Code	Code identifying a party or other code. This is the identification number of the individual used by the receiver.	REQUIRED ENT04 67 X AN 2/80

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III. Data Elements Table				
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
2100	INDIVIDUAL NAME (NM1)		To supply the full name of an individual or organizational entity. This segment is used to relay the name and identifier of the individual for whom the premium payment is being submitted. Allowing the NM1 segment to repeat in this area allows the paying entity within a payer and the paid entity within a payee to be identified (not the payer and payee).	SITUATIONAL
		Entity Identifier Code EY Employee Name QE Policyholder	Code identifying an organizational entity, a physical location, property or an individual.	REQUIRED NM101 98 M ID 2/3
		Entity Type Qualifier 1 Person	Code qualifying the type of entity.	REQUIRED NM102 1065 M ID 1/1
		Name Last or Organization Name	Individual last name or organizational name. This is required when the sender needs to relay the individual's last name.	SITUATIONAL NM103 1035 O AN 1/35
		Name First	Individual first name. This is required when the sender needs to relay the individual's first name.	SITUATIONAL NM104 1036 O AN 1/25
		Name Middle	Individual middle name or initial. This is required when the sender needs to relay the individual's middle name.	SITUATIONAL NM105 1037 O AN 1/25
		Name Prefix	Prefix to individual name. This is required when the sender needs to relay the individual's name prefix.	SITUATIONAL NM106 1038 O AN 1/10
		Name Suffix	Suffix to individual name. This is required when the sender needs to relay the individual's name suffix.	SITUATIONAL NM107 1039 O AN 1/10
		Identification Code Qualifier 34 Social Security Number EI Employee Identification Number N Insured's Unique Identification Number	Code designating the system/method of code structure used for Identification Code (67). This is required when the sender needs to relay a unique identifier that is associated to the individual.	SITUATIONAL NM108 66 X ID 1/2
		Identification Code	Code identifying a party or other code.	SITUATIONAL NM109 67 X AN 2/80

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III. Data Elements Table					
LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES	
2300B INDIVIDUAL PREMIUM REMITTANCE DETAIL	INDIVIDUAL PREMIUM REMITTANCE DETAIL (RMR)		To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail. Used to relay detailed remittance information related to an employee or member of a group plan. For HIPAA Health Premium Payments this segment is REQUIRED. Loop RMR is for open items being referenced or for payment on account.	SITUATIONAL	
		Reference Identification Qualifier	Code qualifying the Reference Identification. Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.	REQUIRED RMR01 128 X ID 2/3	
		11 Account Number 9J Pension Contract			
		AZ Health Insurance Policy Number	For HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan.		
		B7 Life Insurance Policy Number CT Contract Number ID Insurance Certificate Number IG Insurance Policy Number			
		IK Invoice Number	For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan.		
		KW Certification			
		Reference Identification	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	REQUIRED RMR02 127 X AN 1/30	
		Payment Action Code	Code specifying the accounts receivable open item(s), if any, to be included in the cash application. If RMR03 is not present, this is a payment of an open item. If paying an open item, RMR02 must be present. If not paying a specific open item, RMR04 must be present. This is required when the sender needs to inform the receiver how to apply the payment. For HIPAA Health Premium Payments this segment is NOT USED.	SITUATIONAL RMR03 482 O ID 2/2	
		PI Pay Item PP Partial Payment			
		Monetary Amount	Monetary amount. RMR04 is the amount paid. This is the amount being paid on this remittance item.	REQUIRED RMR04 782 O R 1/18	
		Monetary Amount	Monetary amount. RMR05 is the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items. RMR05 may be needed by some payees to distinguish between duplicate reference numbers. This is required when the paid amount is different than the amount billed.	SITUATIONAL RMR05 782 O R 1/18	

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III. Data Elements Table

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
	INDIVIDUAL COVERAGE PERIOD (DTM)		To specify pertinent dates and times. This segment is used to relay the start and end date of the individual coverage period associated with the premium payment segment in the previous RMR segment. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.	SITUATIONAL
		Date/Time Qualifier 582 Report Period	Code specifying type of date or time, or both date and time.	REQUIRED DTM01 374 M ID 3/3
		Date Time Period Format Qualifier RD8 Range of Dates Expressed in Format CCYYMMDDCCYYMMDD	Code indicating the date format, time format, or date and time format.	REQUIRED DTM05 1250 X ID 2/3
		Date Time Period	Expression of a date, a time, or range of dates, times or dates and times.	REQUIRED DTM06 1251 X AN 1/35
2320B INDIVIDUAL PREMIUM ADJUSTMENT	INDIVIDUAL PREMIUM ADJUSTMENT (ADX)		To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos. This segment is used to relay an adjustment made at an individual remittance detail level of a payment. This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements. See section 2.2.4 for additional information. This ADX loop can only contain adjustment information for the immediately preceding RMR segment and affects the amount (RMR04) calculation. If this adjustment amount is not netted to the immediately preceding RMR, use the outer ADX loop (position 080).	SITUATIONAL
		Monetary Amount	Monetary amount. ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount.	REQUIRED ADX01 782 M R 1/18
		Adjustment Reason Code 20 Balance Due Declined 52 Credit for Previous Overpayment 53 Remittance for Previous Underpayment AA Prepaid Benefit or Advances AX Person No Longer Employed	Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment. ADX02 specifies the reason for claiming the adjustment. Used when the entire balance due is being disputed. This adjustment should never be used as a substitute for a termination notice using the 834 transaction.	REQUIRED ADX02 426 M ID 2/2

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III. Data Elements Table

LOOPS	SEGMENT NAMES	DATA ELEMENTS and CATEGORIES	PURPOSE AND DEFINITIONS	ATTRIBUTES
		H1 Information Forthcoming H6 Partial Payment Remitted IA Invoice Amount Does Not Match Account Analysis Statement J3 Promised Adjustment Not Received	Detailed information related to the adjustment will be provided through a separate mechanism. Used when the payer does not have sufficient funds to remit the full Used when the invoice does not match the expectation for number or number/type of members and charges. Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.	
	820 TRAILER (SE)		To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).	REQUIRED
		Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments.	REQUIRED SE01 96 M N0 1/10
		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.	REQUIRED SE02 329 M AN 4/9

IV. Key Terms and 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