National Electronic Data Interchange
Transaction Set Implementation Guide

# Payroll Deducted and Other Group Premium Payment for Insurance Products

# 820

**ASC X12N 820 (004010X061)**

*May 2000*

**$45.00 - Bound Document**
**$35.00 - Portable Document (PDF) on Diskette**
*Portable Documents may be downloaded at no charge.*

Contact **Washington Publishing Company** for more Information.

**1.800.972.4334**
**www.wpc-edi.com**

# Table of Contents

# 1 | Purpose and Business Overview

## 1.1 | Document Purpose

The Payroll Deducted and Other Group Premium Payment for Insurance Products Implementation Guide (IG) provides standardized data requirements and content to all users of the ANSI ASC X12 Premium Payment Order/Remittance Advice (820) Transaction Set for the purpose of reporting payroll deducted and other group premiums.

This Implementation Guide is designed to assist those sending premium payments to an insurance company, health care organization or government agency receiving premium payments using the 820 transaction set.

### 1.1.1 | Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners.

Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation.

It is important that these trading partner agreements NOT:

- Modify the definition, condition, or use of a data element or segment in the standard Implementation Guide

- Add any additional data elements or segments to this Implementation Guide

- Utilize any code or data values which are not valid in this Implementation Guide

- Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

### 1.1.2 | HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health informa-

tion to be exchanged electronically and to adopt specifications for implementing each standard.

Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearing-houses, and software vendors can ready their information systems and applica-tion software for compliance with the standards. Consistent usage of the stand-ards, including loops, segments, data elements, etc., across all guides is manda-tory to support the Secretary's commitment to standardization.

This Implementation Guide has been developed for use as the HIPAA Implemen-tation Guide for Premium Payments as well as non HIPAA functions. Should the Secretary adopt the X12 Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction as an industry standard, this Implemen-tation Guide describes the consistent industry usage called for by HIPAA. If adopted under HIPAA, the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction cannot be implemented for HIPAA ex-cept as described in this Implementation Guide. HIPAA specific usage is identi-fied in this guide by notes at specific segments and data elements.

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 informa-tion being carried through the ACH system. The remittance information is detailed in section 2.2.2.1 (Organization Summary Remittance Detail) and 2.2.2.2 (Individ-ual Remittance). The choice of which type of detail, Organization Summary Remit-tance Detail or Individual Remittance Detail depends on your contract type. Individ-ual Remittance Detail should only be sent for those contractors that require individ-ual remittance information in order to property 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 Organiza-tion Summary Remittance Detail or Individual Remittance Detail information. In this case, the movement of the remittance is via an 820 transaction that is com-municated outside of the banking networks. The choice of which type of detail again depends on your contract type.

## 1.2 Version and Release

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

## 1.3 Business Usage and Definition

Companies and government agencies that offer employees group life, health, and disability insurance can use a subset of the 820 to provide remittance detail associated with the premium payments. The premium being remitted can be as-sociated with health care, individual life, disability, and/or property and casualty contracts.

The 820 can be used in the following ways:

1. Initiate an electronic payment that includes the remittance detail needed by the premium receiver to properly apply the payment.

2.  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.

## 1.3.1    Batch and Real Time Definitions

Within telecommunications, there are multiple methods used for sending and receiving business transactions. Frequently, different methods involve different timings. Two methods applicable for EDI transactions are batch and real time. This guide is intended for use in a Batch only environment.

Batch – 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. The original sender typically reconnects at a later time (the amount of time is determined by the original receiver or switch) and picks 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 if it has been received by a predetermined cut off time.

Important: 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 (see section A.1.5.1 for details).

Real Time – 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.

Important: When in real time mode, the receiver must send a response of either the response transaction, a 997 Functional Acknowledgment, or a TA1 segment (for details on the TA1 segment, see section A.1.5.1).

## 1.4 | Information Flows

The 820 transaction can perform multiple functions:

- An 820 can be sent to a bank to move money only.
- An 820 can be sent to a bank to move money as well as detailed or summary remittance information.
- An 820 can be sent directly to a payee to move detailed or summary remittance information.

Each function changes the actual content of the transaction slightly.

## 1.4.1 | ACH Payment Dollars and Remittance

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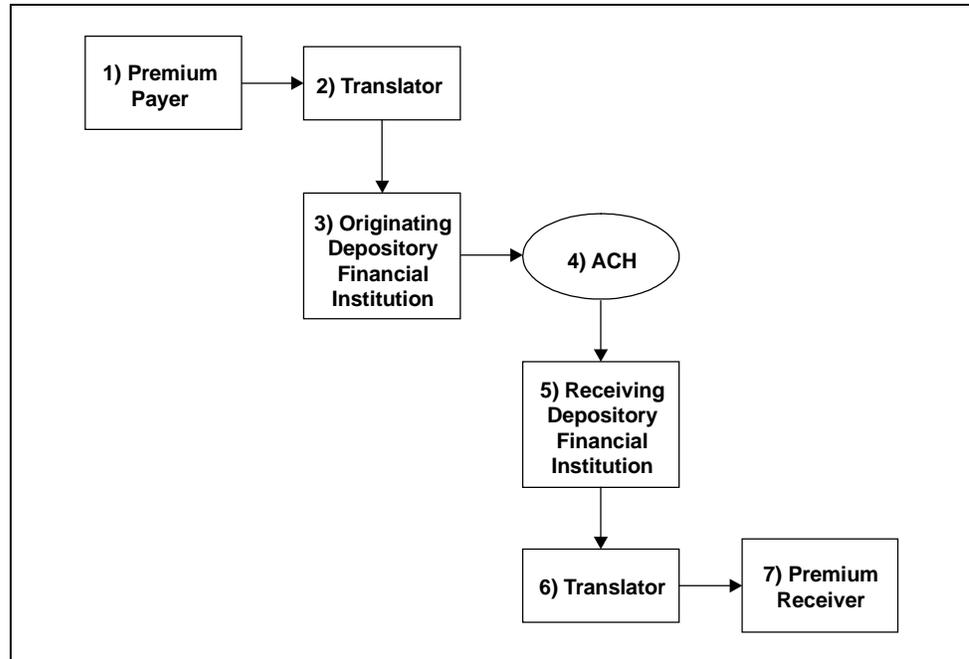


*Figure 1. ACH Payment Dollars and Remittance*

**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.

## 1.4.2  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.
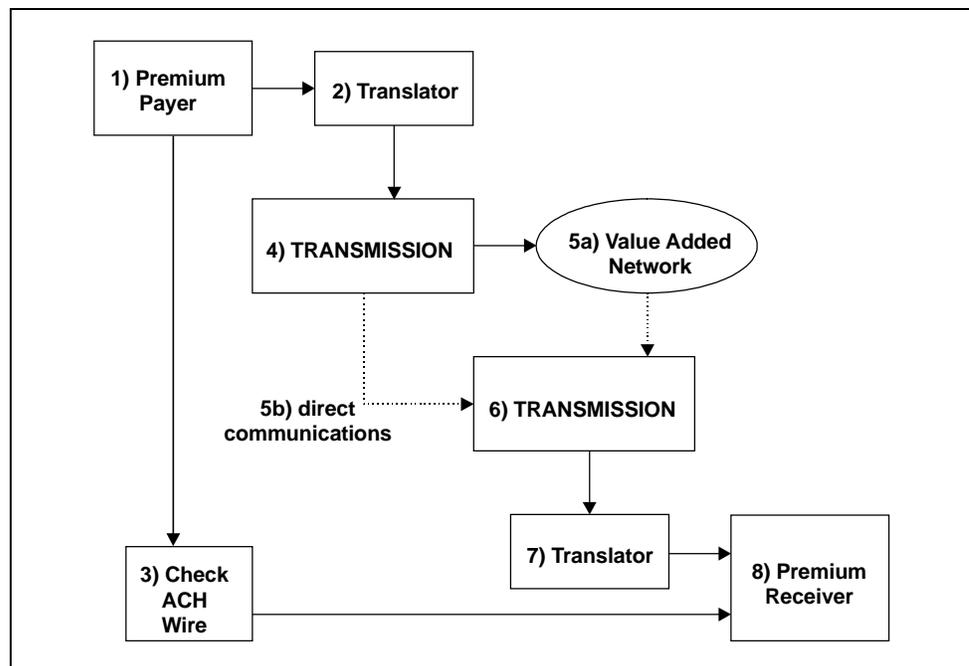


*Figure 2. Separate Dollars and Remittance*

**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 seperate 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.

# 2 | Data Overview

## 2.1 | Overall Data Architecture

***NOTE***
See Appendix A, ASC X12 Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

### 2.1.1 | The Reporting Process

The 820 can be used by premium remitters to report premium payment remittance information, as well as premium payment to a premium receiver. 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.

- 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.

## 2.2 | Data Use by Business Use

The 820 is divided into three tables:

Table 1, the Header, contains information related to the total premium payment, the sender, and the receiver of the payment.

Table 2, the Detail, provides remittance information. The remittance information can be sent as a summary bill payment, or an individual or list bill payment. Subsection 2.2.2 Detail, addresses the various implementations in more detail.

Table 3, the Trailer, provides a control number and total count of segments represented in an 820. This Table is generated automatically by most translation software packages.

**Table 1 - Header**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| 010 | ST | Transaction Set Header | R | 1 | |
| 020 | BPR | Financial Information | R | 1 | |
| . . . | | | | | |

**Table 2 - Detail, Organization Summary Remittance**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| | | **LOOP ID - 2000A  ORGANIZATION SUMMARY REMITTANCE** | | | >1 |
| 010 | ENT | Organization Summary Remittance | S | 1 | |
| | | **LOOP ID - 2300A  ORGANIZATION SUMMARY REMITTANCE DETAIL** | | | >1 |
| 150 | RMR | Organization Summary Remittance Detail | S | 1 | |
| . . . | | | | | |
| | | **LOOP ID - 2320A  ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT** | | | >1 |
| 210 | ADX | Organization Summary Remittance Level Adjustment | S | 1 | |

**Table 3 - Summary**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| 010 | SE | Transaction Set Trailer | R | 1 | |

*Figure 3. 820 Transaction Set Listing*

## 2.2.1 | Header

Table 1 (Header) - contains information related to the total payment. Examples are:

- The party receiving the payment (premium receiver)

- The party responsible for paying the premium (premium payer)

Other information contained in Table 1 is 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 1 - Header**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| 010 | ST | 820 Header | R | 1 | |
| 020 | BPR | Financial Information | R | 1 | |
| 035 | TRN | Reassociation Key | R | 1 | |
| 040 | CUR | Non-US Dollars Currency | S | 1 | |
| 050 | REF | Premium Receivers Identification Key | S | >1 | |
| 060 | DTM | Process Date | S | 1 | |
| 060 | DTM | Delivery Date | S | 1 | |
| 060 | DTM | Coverage Period | S | 1 | |
| | | **LOOP ID - 1000A  PREMIUM RECEIVER'S NAME** | | | 1 |
| 070 | N1 | Premium Receiver's Name | R | 1 | |
| 080 | N2 | Premium Receiver's Additional Names | S | 1 | |
| 090 | N3 | Premium Receiver's Address | S | 1 | |
| 100 | N4 | Premium Receiver's City, State, Zip | S | 1 | |
| | | **LOOP ID - 1000B  PREMIUM PAYER'S NAME** | | | 1 |
| 070 | N1 | Premium Payer's Name | R | 1 | |
| 080 | N2 | Premium Payer's Additional Names | S | 1 | |
| 090 | N3 | Premium Payer's Address | S | 1 | |
| 100 | N4 | Premium Payer's City, State, Zip | S | 1 | |
| 120 | PER | Premium Payer's Administrative Contact | S | >1 | |

*Figure 4. Transaction Set Header*

## 2.2.2 | Detail

Table 2 can be structured in two ways. The first is used to provide remittance information associated with a summary bill payment. The second provides remittance information associated with an individual or list bill payment. The structure used is dependent on your business needs.

A summary bill is submitted to a premium payer with one or more amounts representing a summary of the premiums due. See Scenario One in Section 4 EDI Transmission Examples.

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. See Scenario Two in Section 4 EDI Transmission Examples.

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 the dependents are not included in the detailed remittance information.

In the second usage, every individual has an associated specific premium payment. In this case, each employee and dependent must be separately included in the remittance information.

Contact the premium receiver when providing detailed remittance information in order to determine which approach is necessary within that specific business situation.

In any event, the 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.

When the remittance information is sent outside the banking network, an 820 transaction can be sent to the bank to make the electronic payment.

## 2.2.2.1 | Organization Summary Remittance

Table 2 - Organization Summary Remittance is used when the premium payment is representative of a summary bill payment.

**Table 2 - Detail, Organization Summary Remittance**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|
| | | **LOOP ID - 2000A  ORGANIZATION SUMMARY REMITTANCE** | | | **1** |
| 010 | ENT | Organization Summary Remittance | S | 1 | |
| | | **LOOP ID - 2300A  ORGANIZATION SUMMARY REMITTANCE DETAIL** | | | >1 |
| 150 | RMR | Organization Summary Remittance Detail | S | 1 | |
| | | **LOOP ID - 2310A  SUMMARY LINE ITEM** | | | >1 |
| 190 | IT1 | Summary Line Item | S | 1 | |
| | | **LOOP ID - 2315A  MEMBER COUNT** | | | >1 |
| 204 | SLN | Member Count | S | 1 | |
| | | **LOOP ID - 2320A  ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT** | | | >1 |
| 210 | ADX | Organization Summary Remittance Level Adjustment | S | 1 | |

*Figure 5. Transaction Organization Summary*

## 2.2.2.2 | Individual Remittance

Table 2 - Individual Remittance is used when the payment is representative of individual premium on behalf of employees or members of a group plan.

**Table 2 - Detail, Individual Remittance**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|
| | | **LOOP ID - 2000B  INDIVIDUAL REMITTANCE** | | | >1 |
| 010 | ENT | Individual Remittance | S | 1 | |
| | | **LOOP ID - 2100B  INDIVIDUAL NAME** | | | >1 |
| 020 | NM1 | Individual Name | S | 1 | |
| | | **LOOP ID - 2300B INDIVIDUAL PREMIUM REMITTANCE DETAIL** | | | >1 |
| 150 | RMR | Individual Premium Remittance Detail | S | 1 | |
| 180 | DTM | Individual Coverage Period | S | 1 | |
| | | **LOOP ID - 2320B  INDIVIDUAL PREMIUM ADJUSTMENT** | | | >1 |
| 210 | ADX | Individual Premium Adjustment | S | 1 | |

*Figure 6. Transaction Individual Detail*

## 2.2.3 | Trailer

Table 3 - Trailer contains only one segment, the SE transaction trailer, which provides a control number and total count of segments used in the current 820.

**Table 3 - Summary**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| 010 | SE | Transaction Trailer | R | 1 | |

*Figure 7. Transaction Trailer*

## 2.2.4 | Balancing

The amount reported in the BPR02 data element represents the total monetary amount presented in an 820 . It is a total of all RMR04 (paid amounts) presented in Table 2. If the RMR05 (invoice amount) is present, and has a value different from the RMR04, ADX segment(s) must be included to document the amount differences between the RMR04 and RMR05.

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| | . . . | | | | |
| 020 | BPR | Financial Information | R | 1 | |
| | . . . | | | | |

**Table 2 - Detail, Organization Summary Remittance**

| POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|---------|------|-------|--------|-------------|
| | . . . | | | | |
| 150 | RMR | Organization Summary Remittance Detail | S | 1 | |
| | . . . | | | | |
| 210 | ADX | Organization Summary Remittance Level Adjustment | S | 1 | |
| | . . . | | | | |

*Figure 8. Balancing performed at two levels*

Balancing is performed at two levels:

- The total amount of the payment is represented by data element BPR02 which must equal the accumulated total of all RMR04 data elements.

- If the RMR05 field is present and has a value different than RMR04, additional ADX segment(s) must be included to document the amount differences between the RMR04 and RMR05.

**BPR02 = Total of all RMR04.**

The amount transmitted in the Financial Information BPR02 is the total amount being paid to the premium receiver from the premium payer. The BPR02 can occur only once in an 820.

The amount(s) transmitted in RMR04 represent summary or individual remittance premium payment amount(s). One or more occurrences of RMR04 is required.

**RMR04 = RMR05 + ADX01**

The amount(s) transmitted in RMR04 represent summary or individual remittance premium payment amount(s). One or more occurrences of RMR04 is required.

The amount(s) transmitted in RMR05 represent summary or individual billed Invoice amount(s). This element is "Situationally Required" if the summary or individual remittance premium payment amount RMR04 is different from the summary or individual billed Invoice amount RMR05.

The amount(s) transmitted in ADX01 represents summary or individual adjustments amount(s). This element is "Situationally Required" if the summary or individual remittance premium payment amount RMR04 is different from the summary or individual billed Invoice amount RMR05. If ADX01 is negative, the paid amount (RMR04) is less than the billed amount (RMR05) by the amount in the ADX01. If ADX01 is positive or unsigned, the paid amount (RMR04) is greater than the billed amount (RMR05) by the amount in the ADX01.

## 2.2.5 Remittance Tracking

The Reassociation Key Segment, TRN contains a trace number for the transaction set. Trace Number, TRN02, which is used to reassociate payments and remittances sent separately, should be a unique number.

- For check payments, TRN02 is the check number.
- For Electronic Funds Transfer (EFT) payments, TRN02 is the unique number assigned by the payer to identify the EFT.

In addition, TRN03 is the payer's identification number. TRN03 allows the payee to avoid matching problems in case multiple payers use the same number in TRN02

## 2.2.6 Reassociation of Dollars and Data

The 820 is capable of sending premium payment remittance data with or without the dollars represented by the data. When the remittance data is sent separately from the monetary amounts, reassociation requires that both remittance and monetary data contain information that allows a system to match the items received. The premium receiver should have a method to ensure that payment and remittance advice are reconciled in their accounts receivable system.

Two key pieces of information facilitate reassociation - the trace number in the Reassociation Key, TRN02, and the Originating Company Identifier, TRN03. The trace number in conjunction with the company ID number provides a unique number that identifies the transaction.

Two ways of sending premium payments include check and ACH. When the payment is received by check, the check number is the trace number in TRN02, and the company ID is in TRN03.

There are two ways to include reassociation data when an ACH payment is sent separately from the remittance data. One method is to use an ACH CCD+ payment type. Using this method, the Reassociation Key Segment in its entirety is contained in the ACH addenda record. The second method, which is not recommended, is the ACH CCD payment type. The company ID is then contained in the batch header record of the ACH payment, and the trace number is contained in the identification number field in the ACH payment's detail record. When an

ACH CCD or CCD+ payment type is used, the remittance data must include the unique reassociation trace number in TRN02 and the company ID in TRN03.

When an ACH CTX payment type is used and contains a complete 820 Transaction Set no reassociation is required.

For complete details on reassociation and ACH file formats, contact either your local value added bank (VAB) or the National Automated Clearing House Association at (703) 742-9190.

## 2.3 Data/Transaction Usage List

| Data Element Name | Business Definition | Min/Max | Use | Loop | Segment |
|---|---|---|---|---|---|
| Transaction Handling Code | Defines how payment and remittance information is relayed. | 1/2 | R | | BPR |
| Total Payment Amount | The total amount being paid | 1/18 | R | | BPR |
| Credit Debit Flag | Identifies the amount is a debit or credit | 1/1 | R | | BPR |
| Payment Method Code | Code specifying how payment is being made. | 3/3 | R | | BPR |
| Payment Format Code | Code identifying the payment format that is being used. | 1/10 | S | | BPR |
| Originating Depository Financial Institution ID Number | ID number of the Premium Payer's financial institution | 3/12 | S | | BPR |
| Originating Depository Financial Institution Account Number | Bank Account number of the Premium Payer | 1/35 | S | | BPR |
| Receiving Depository Financial Institution ID Number | ID Number of the Premium Receiver's financial institution | 3/12 | S | | BPR |
| Receiving Depository Financial Institution Account Number | Bank Account of the Premium Receiver. | 1/35 | S | | BPR |
| Originating Company Identifier | Identifies the company originating the payment. | 10/10 | S | | BPR & TRN |
| Originating Company Supplemental code | Identifies the subdivision of the company originating the payment | 9/9 | S | | BPR & TRN |
| Effective Date | The date the payment is effective. | 8/8 | R | | BPR |
| Reassociation Key | Key used to reassociate the payment to the remittance information (Used when the remittance information is sent separately from the payment.) | 1/30 | R | | TRN |
| Currency Code | Used to send information related to the actual currency used in a payment made in non-US dollars. | 3/3 | S | | CUR |
| Exchange Rate | Specifies currency used for payment when currency is not the same as on the invoice. | 4/10 | S | | CUR |

| Data Element Name | Business Definition | Min/Max | Use | Loop | Segment |
|---|---|---|---|---|---|
| Master Account Number | The master account number of the Premium Payer with the Premium Receiver | 1/30 | S | | REF |
| Plan or Contract Number | The insurance plan number | 1/30 | S | | REF |
| Check Number | The check number associated with the payment | 1/30 | S | | TRN |
| Consolidated Invoice Number | The consolidated invoice number associated with the payment | 1/30 | S | | REF |
| Process Date | The date the payment was processed by the premium payer. | 8/8 | S | | DTM |
| Delivery Date | The date the payment transaction was delivered to the Originating Depository Financial Institution by the premium payer. | 8/8 | S | | DTM |
| Coverage Period | Relays the coverage start and end dates associated with this payment. | 1/35 | S | | DTM |
| Premium Payer's ID | Identifies the company making payment. | 2/80 | R | N1 | N1 |
| Premium Payer's Name | Name of the company making payment. | 1/60 | R | N1 | N1 |
| Premium Payer's Additional Name(s) | Additional name(s) of the premium payer | 1/60 | S | N1 | N2 |
| Premium Payer's Street Address | Premium payer's street address | 1/55 | S | N1 | N3 |
| Premium Payer's Geographic Location | Premium payer's city, state/province, postal code, country. | per X12 | S | N1 | N4 |
| Premium Payer's Administrative Contact Name | Name of the premium payer's administrative contact | 1/60 | S | N1 | PER |
| Premium Payer's Administrative Contact Phone Number | Phone number of the premium payer's administrative contact | 1/80 | S | N1 | PER |
| Premium Payer's Administrative Contact Phone Extension | Phone Extension of the premium payer's administrative contact | 1/80 | S | N1 | PER |
| Premium Payer's Administrative Contact Fax | Fax number for the premium payer's administrative contact | 1/80 | S | N1 | PER |
| Premium Payer's Administrative Contact Email | Email address of the premium payer's administrative contact. | 1/80 | S | N1 | PER |
| Premium Receiver's ID | Identifies the Company receiving payment. | 2/80 | S | N1 | N1 |
| Premium Receiver's Name | Name of the company receiving payment. | 1/60 | R | N1 | N1 |
| Premium Receiver's Additional Name | Additional name(s) of the premium receiver | 1/60 | S | N1 | N2 |
| Premium Receiver's Street Address | Premium receiver's street address | 1/55 | S | N1 | N3 |

| Data Element Name | Business Definition | Min/Max | Use | Loop | Segment |
|---|---|---|---|---|---|
| Premium Receiver's Geographic Location | Premium Receiver's city, State/province, postal code, country. | per X12 | S | N1 | N4 |
| Organization Remittance ID | ID designating the Company, Subsidiary, or Division to which the remittance pertains. (Used in Summary Bill Payment) | 2/80 | S | ENT | ENT |
| Organization Summary Remittance Detail Amount | Amount remitted for a plan at summary level. | 1/18 | S | ENT | RMR |
| Member Count | The number of members/insured represented in a summary payment. | 1/15 | S | ENT/RMR/ IT1 | SLN |
| Organization Summary Remittance Detail Adjustment | Adjustment amount to the Organization Detail Remittance Amount (Used in Summary Bill Payment). | 1/18 | S | ENT/RMR | ADX |
| Organization Summary Remittance Detail Adjustment Reason Code | Provides a reason for an Organization Detail Adjustment amount to the Company Detail Remittance amount (Used in Summary Bill Payment). | 2/2 | S | ENT/RMR | ADX |
| Individual Identification | Individual's employee number or social security number. Identifies a employee or member level payment (Used in list bill payment) | 2/80 | S | ENT | ENT |
| Individual Last Name | Last name of the employee or member for which the payment is being remitted (Used in list bill payment). | 1/35 | S | ENT | NM1 |
| Individual First Name | First name of the employee or member for which the payment is being remitted (Used in list bill payment). | 1/25 | S | ENT | NM1 |
| Individual Middle Name | Middle name of the employee or member for which the payment is being remitted (Used in list bill payment). | 1/25 | S | ENT | NM1 |
| Individual Name Prefix | Name prefix of the employee or member for which the payment is being remitted (Used in list bill payment). | 1/10 | S | ENT | NM1 |
| Individual Name Suffix | Name suffix of the employee or member for which the payment is being remitted (Used in list bill payment). | 1/10 | S | ENT | NM1 |

| Data Element Name | Business Definition | Min/Max | Use | Loop | Segment |
|---|---|---|---|---|---|
| Individual Item Remittance | Amount being remitted on behalf of an individual for a particular product/ service (Used in list bill payment). | 1/18 | S | ENT | RMR |
| Group or Policy Number | Identifies the summary or list bill being paid. | 1/30 | S | ENT | RMR |
| Account Number | Identifies the summary or list bill being paid. | 1/30 | S | ENT | RMR |
| Health Insurance Policy Number | Individual health Insurance policy number. (Used in list bill payment). | 1/30 | S | ENT | RMR |
| Pension Contract Number | Individual pension contract number. (Used in list bill payment). | 1/30 | S | ENT | RMR |
| Contract Number | Identifies the summary or list bill being paid. | 1/30 | S | ENT | RMR |
| Life Insurance Policy Number | Individual life insurance policy number. (Used in list bill payment). | 1/30 | S | ENT | RMR |
| Insurance Certificate Number | Individual insurance certificate. (Used in list bill payment). | 1/30 | S | ENT | RMR |
| Insurance Policy Number | Individual insurance policy number. (Used in list bill payment). | 1/30 | S | ENT | RMR |
| Invoice Number | Identifies the summary or list bill being paid. | 1/30 | S | ENT | RMR |
| Individual Coverage Period | Relays the individual's coverage start and end dates associated with this premium payment. | 1/35 | S | ENT/RMR | DTM |
| Individual Adjustment amount | Individual adjustment amount to an individual premium/contribution. (Used in list bill payment). | 1/18 | S | ENT/RMR | ADX |
| Individual Adjustment Reason Code | Provides a reason for an Individual Adjustment amount to the individual premium remittance amount. (used in list bill payment) | 2/2 | S | ENT/RMR | ADX |

# 3 | Transaction Set

***NOTE***
See Appendix A, ASC X12 Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

## 3.1 | Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable. This implementation guide uses a format that depicts both the generalized standard and the trading community-specific implementation.

The transaction set detail is comprised of two main sections with subsections within the main sections.

Transaction Set Listing

    Implementation

    Standard

Segment Detail

    Implementation

    Standard

    Diagram

    Element Summary

The examples in figures 9 through 14 define the presentation of the transaction set which follows.

The following pages provide illustrations, in the same order they appear in this implementation guide, to describe the format.

The examples are drawn from the 835 Health Care Claim Payment/Advice Transaction Set, but all principles apply.

**IMPLEMENTATION**

**Indicates that
this section is
the implementation
and not the standard**

# 835 Health Care Claim Payment/Advice

### Table 1 - Header

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|--------|---------|------|-------|--------|-------------|
| 53 | 010 | ST | 835 Header | R | 1 | |
| 54 | 020 | BPR | Financial Information | R | 1 | |
| 60 | 040 | TRN | Reassociation Key | R | 1 | |
| 62 | 050 | CUR | Non-US Dollars Currency | S | 1 | |
| 65 | 060 | REF | Receiver ID | S | 1 | |
| 66 | 060 | REF | Version Number | S | 1 | |
| 68 | 070 | DTM | Production Date | S | 1 | |
| | | | **PAYER NAME** | | | **1** |
| 70 | 080 | N1 | Payer Name | R | 1 | |
| 72 | 100 | N3 | Payer Address | S | 1 | |
| 75 | 110 | N4 | Payer City, State, Zip | S | 1 | |
| 76 | 120 | REF | Additional Payer Reference Number | S | 1 | |
| 78 | 130 | PER | Payer Contact | S | 1 | |
| | | | **PAYEE NAME** | | | **1** |
| 79 | 080 | N1 | Payee Name | R | 1 | |
| 81 | 100 | N3 | Payee Address | S | 1 | |
| 82 | 110 | N4 | Payee City, State, Zip | S | 1 | |
| 84 | 120 | REF | Payee Additional Reference Number | S | >1 | |

**Each segment is assigned an industry specific name. Not used segments do not appear**

**Each loop is assigned an industry specific name**

**Segment repeats and loop repeats reflect actual usage**

**R=Required**
**S=Situational**

**Position Numbers and Segment IDs retain their X12 values**

**Individual segments and entire loops are repeated**

*Figure 9. Transaction Set Key — Implementation*

**STANDARD**

**Indicates that
this section is identical
to the ASC X12 standard**

**See** *Appendix A, ASC
X12 Nomenclature* **for a
complete description of
the standard**

# 835 Health Care Claim Payment/Advice

Functional Group ID: **HP**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

### Table 1 - Header

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|--------|---------|------|-----------|---------|-------------|
| 010 | ST | Transaction Set Header | M | 1 | |
| 020 | BPR | Beginning Segment for Payment Order/Remittance Advice | M | 1 | |
| 030 | NTE | Note/Special Instruction | O | >1 | |
| 040 | TRN | Trace | O | 1 | |

*Figure 10. Transaction Set Key — Standard*

**IMPLEMENTATION**

Industry Usage

Industry Segment Repeat

Industry Notes

Example

**PAYER NAME** ← Industry assigned Segment Name

Loop: **PAYER NAME** Repeat: **1** ← Industry Loop Repeat

Usage: **SITUATIONAL** ← Industry assigned Loop Name

Repeat: **1**

Advisory: Under most circumstances, this segment is expected to be sent.

Notes: 1. This N1 loop provides the name/address information for the payer. The payer's secondary identifying reference number should be provided in N104, if necessary.

Example: **N1∗PR∗INSURANCE COMPANY OF TIMBUCKTU∗NI∗88888888~**

*Figure 11. Segment Key — Implementation*

**STANDARD**

**N1** Name ← X12 ID and Name

Level: Header ← X12 Level

Position: 080 ← X12 Position Number

Loop: N1 Repeat: 200 ← X12 Loop Information

Requirement: Optional ← X12 Requirement

Max Use: 1 ← X12 Maximum Use

Purpose: To identify a party by type of organization, name and code

Syntax: 1 **R0203**
At least one of N102 or N103 is required.

2 **P0304**
If either N103 or N104 is present, then the other is required.

X12 Syntax Notes

*Figure 12. Segment Key — Standard*

**DIAGRAM**

Indicates a Required Element

Element Delimiter

Abbreviated Element Name

Segment Terminator

| N101 98 | N102 93 | N103 66 | N104 67 | N105 706 | N106 98 |
|---|---|---|---|---|---|
| **N1** ∗ Entity ID Code | ∗ Name | ∗ ID Code Qualifier | ∗ ID Code | ∗ ~~Entity Relat Code~~ | ∗ ~~Entity ID Code~~ ~ |
| M ID 2/2 | X AN 1/35 | X ID 1/2 | X AN 2/20 | O ID 2/2 | O ID 2/2 |

Segment ID

Requirement Designator

Minimum/ Maximum Length

Data Type

Indicates a Not Used Element

*Figure 13. Segment Key — Diagram*

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **SVC01** | **C003** | **COMPOSITE MEDICAL PROCEDURE IDENTIFIER** | **M** | | |

To identify a medical procedure by its standardized codes and applicable modifiers

**Industry Usages:**
See the following page
for complete descriptions

**X12 Semantic Note**

**Industry Note**

**SEMANTIC NOTES**
03 C003-03 modifies the value in C003-02.
04 C003-04 modifies the value in C003-02.
05 C003-05 modifies the value in C003-02.
06 C003-06 modifies the value in C003-02.
07 C003-07 is the description of the procedure identified in C003-02.

**Use the adjudicated Medical Procedure Code.**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **SVC01 - 1** | **235** | **Product/Service ID Qualifier** | **M** | **ID** | **2/2** |

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

**Selected Code Values**

**See Appendix C for external code source reference**

| CODE | DEFINITION |
|---|---|
| **AD** | **American Dental Association Codes** |

**CODE SOURCE 135:** American Dental Association Codes

---

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **N101** | **98** | **Entity Identifier Code** | **M** | **ID** | **2/3** |

Code identifying an organizational entity, a physical location, property or an individual

**Reference Designator**

| | | | | | | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **N102** | **93** | **Name** | **X** | **AN** | **1/60** |

Free-form name

**Data Element Number**

**SYNTAX:** R0203

| | | | | | | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **N103** | **66** | **Identification Code Qualifier** | **X** | **ID** | **1/2** |

Code designating the system/method of code structure used for Identification Code (67)

| | | | | | | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **N104** | **67** | **Identification Code** | **X** | **AN** | **2/20** |

Code identifying a party or other code

**SYNTAX:** P0304

**X12 Syntax Note**

**ADVISORY:** Under most circumstances, this element is expected to be sent.

**X12 Comment**

**COMMENT:** 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.

*Figure 14. Segment Key — Element Summary*

---

**Industry Usages:**

**Required**     This item must be used to be compliant with this implementation guide.

**Not Used**     This item should not be used when complying with this implementation guide.

**Situational**  The use of this item varies, depending on data content and business context. The defining rule is generally documented in a syntax or usage note attached to the item.*  The item should be used whenever the situation defined in the note is true; otherwise, the item should not be used.

*\* NOTE*
If no rule appears in the notes, the item should be sent if the data is available to the sender.

**Loop Usages:**
Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction. The usage designator of a loop's beginning segment indicates the usage of the loop. Segments within a loop cannot be sent without the beginning segment of that loop.

If the first segment is Required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the Required first segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a Segment Note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. Similarly, nested loops only occur when the higher level loop is used.

**IMPLEMENTATION**

# 820 Payment Order/Remittance Advice

## Table 1 - Header

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|---|
| 34 | 010 | ST | 820 Header | R | 1 | |
| 35 | 020 | BPR | Financial Information | R | 1 | |
| 43 | 035 | TRN | Reassociation Key | R | 1 | |
| 45 | 040 | CUR | Non-US Dollars Currency | S | 1 | |
| 48 | 050 | REF | Premium Receivers Identification Key | S | >1 | |
| 50 | 060 | DTM | Process Date | S | 1 | |
| 52 | 060 | DTM | Delivery Date | S | 1 | |
| 54 | 060 | DTM | Coverage Period | S | 1 | |
| | | | **LOOP ID - 1000A   PREMIUM RECEIVER'S NAME** | | | 1 |
| 56 | 070 | N1 | Premium Receiver's Name | R | 1 | |
| 58 | 080 | N2 | Premium Receiver Additional Name | S | 1 | |
| 59 | 090 | N3 | Premium Receiver's Address | S | 1 | |
| 60 | 100 | N4 | Premium Receiver's City, State, Zip | S | 1 | |
| | | | **LOOP ID - 1000B   PREMIUM PAYER'S NAME** | | | 1 |
| 62 | 070 | N1 | Premium Payer's Name | R | 1 | |
| 65 | 080 | N2 | Premium Payer Additional Name | S | 1 | |
| 66 | 090 | N3 | Premium Payer's Address | S | 1 | |
| 67 | 100 | N4 | Premium Payer's City, State, Zip | S | 1 | |
| 69 | 120 | PER | Premium Payer's Administrative Contact | S | >1 | |

## Table 2 - Detail, Organization Summary Remittance

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|---|
| | | | **LOOP ID - 2000A   ORGANIZATION SUMMARY REMITTANCE** | | | 1 |
| 72 | 010 | ENT | Organization Summary Remittance | S | 1 | |
| | | | **LOOP ID - 2300A   ORGANIZATION SUMMARY REMITTANCE DETAIL** | | | >1 |
| 74 | 150 | RMR | Organization Summary Remittance Detail | R | 1 | |
| | | | **LOOP ID - 2310A   SUMMARY LINE ITEM** | | | 1 |
| 77 | 190 | IT1 | Summary Line Item | S | 1 | |
| | | | **LOOP ID - 2315A   MEMBER COUNT** | | | >1 |
| 80 | 204 | SLN | Member Count | S | 1 | |
| | | | **LOOP ID - 2320A   ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT** | | | >1 |
| 84 | 210 | ADX | Organization Summary Remittance Level Adjustment | S | 1 | |

## Table 2 - Detail, Individual Remittance

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|---|
| | | | **LOOP ID - 2000B  INDIVIDUAL REMITTANCE** | | | >1 |
| 86 | 010 | ENT | Individual Remittance | S | 1 | |
| | | | **LOOP ID - 2100B  INDIVIDUAL NAME** | | | >1 |
| 88 | 020 | NM1 | Individual Name | S | 1 | |
| | | | **LOOP ID - 2300B  INDIVIDUAL PREMIUM REMITTANCE DETAIL** | | | >1 |
| 91 | 150 | RMR | Individual Premium Remittance Detail | S | 1 | |
| 94 | 180 | DTM | Individual Coverage Period | S | 1 | |
| | | | **LOOP ID - 2320B  INDIVIDUAL PREMIUM ADJUSTMENT** | | | >1 |
| 96 | 210 | ADX | Individual Premium Adjustment | S | 1 | |

## Table 3 - Summary

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|---|
| 98 | 010 | SE | 820 Trailer | R | 1 | |

# 820 Payment Order/Remittance Advice

**Functional Group ID: RA**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to make a payment, send a remittance advice, or make a payment and send a remittance advice.

This transaction set can be an order to a financial institution to make a payment to a payee. It can also be a remittance advice identifying the detail needed to perform cash application to the payee's accounts receivable system. The remittance advice can go directly from payer to payee, through a financial institution, or through a third party agent.

## Table 1 - Header

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|--------|---------|------|-----------|---------|-------------|
| 010 | ST | Transaction Set Header | M | 1 | |
| 020 | BPR | Beginning Segment for Payment Order/Remittance Advice | M | 1 | |
| 030 | NTE | Note/Special Instruction | O | >1 | |
| 035 | TRN | Trace | O | 1 | |
| 040 | CUR | Currency | O | 1 | |
| 050 | REF | Reference Identification | O | >1 | |
| 060 | DTM | Date/Time Reference | O | >1 | |
| | | **LOOP ID - N1** | | | **>1** |
| 070 | N1 | Name | O | 1 | |
| 080 | N2 | Additional Name Information | O | >1 | |
| 090 | N3 | Address Information | O | >1 | |
| 100 | N4 | Geographic Location | O | 1 | |
| 110 | REF | Reference Identification | O | >1 | |
| 120 | PER | Administrative Communications Contact | O | >1 | |
| 130 | RDM | Remittance Delivery Method | O | 1 | |
| 140 | DTM | Date/Time Reference | O | 1 | |

## Table 2 - Detail

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|--------|---------|------|-----------|---------|-------------|
| | | **LOOP ID - ENT** | | | **>1** |
| 010 | ENT | Entity | O | 1 | |
| | | **LOOP ID - ENT/NM1** | | | **>1** |
| 020 | NM1 | Individual or Organizational Name | O | 1 | |
| 030 | N2 | Additional Name Information | O | >1 | |
| 040 | N3 | Address Information | O | >1 | |
| 050 | N4 | Geographic Location | O | 1 | |
| 060 | REF | Reference Identification | O | >1 | |
| 070 | PER | Administrative Communications Contact | O | >1 | |
| | | **LOOP ID - ENT/ADX** | | | **>1** |
| 080 | ADX | Adjustment | O | 1 | |
| 090 | NTE | Note/Special Instruction | O | >1 | |
| 100 | PER | Administrative Communications Contact | O | >1 | |

| 105 | DTM | Date/Time Reference | O | 1 | |
|------|-----|---------------------|---|---|---|
| | | **LOOP ID - ENT/ADX/REF** | | | >1 |
| 110 | REF | Reference Identification | O | 1 | |
| 120 | DTM | Date/Time Reference | O | >1 | |
| | | **LOOP ID - ENT/ADX/IT1** | | | >1 |
| 130 | IT1 | Baseline Item Data (Invoice) | O | 1 | |
| | | **LOOP ID - ENT/ADX/IT1/REF** | | | >1 |
| 140 | REF | Reference Identification | O | 1 | |
| 141 | DTM | Date/Time Reference | O | 1 | |
| | | **LOOP ID - ENT/ADX/IT1/SAC** | | | >1 |
| 142 | SAC | Service, Promotion, Allowance, or Charge Information | O | 1 | |
| 143 | TXI | Tax Information | O | >1 | |
| | | **LOOP ID - ENT/ADX/IT1/SLN** | | | >1 |
| 144 | SLN | Subline Item Detail | O | 1 | |
| | | **LOOP ID - ENT/ADX/IT1/SLN/REF** | | | >1 |
| 145 | REF | Reference Identification | O | 1 | |
| 146 | DTM | Date/Time Reference | O | >1 | |
| | | **LOOP ID - ENT/ADX/IT1/SLN/SAC** | | | >1 |
| 147 | SAC | Service, Promotion, Allowance, or Charge Information | O | 1 | |
| 148 | TXI | Tax Information | O | >1 | |
| | | **LOOP ID - ENT/RMR** | | | >1 |
| 150 | RMR | Remittance Advice Accounts Receivable Open Item Reference | O | 1 | |
| 160 | NTE | Note/Special Instruction | O | >1 | |
| 170 | REF | Reference Identification | O | >1 | |
| 180 | DTM | Date/Time Reference | O | >1 | |
| | | **LOOP ID - ENT/RMR/IT1** | | | >1 |
| 190 | IT1 | Baseline Item Data (Invoice) | O | 1 | |
| | | **LOOP ID - ENT/RMR/IT1/REF** | | | >1 |
| 200 | REF | Reference Identification | O | 1 | |
| 201 | DTM | Date/Time Reference | O | 1 | |
| | | **LOOP ID - ENT/RMR/IT1/SAC** | | | >1 |
| 202 | SAC | Service, Promotion, Allowance, or Charge Information | O | 1 | |
| 203 | TXI | Tax Information | O | >1 | |
| | | **LOOP ID - ENT/RMR/IT1/SLN** | | | >1 |
| 204 | SLN | Subline Item Detail | O | 1 | |
| | | **LOOP ID - ENT/RMR/IT1/SLN/REF** | | | >1 |
| 205 | REF | Reference Identification | O | 1 | |
| 206 | DTM | Date/Time Reference | O | >1 | |
| | | **LOOP ID - ENT/RMR/IT1/SLN/SAC** | | | >1 |
| 207 | SAC | Service, Promotion, Allowance, or Charge Information | O | 1 | |
| 208 | TXI | Tax Information | O | >1 | |
| | | **LOOP ID - ENT/RMR/ADX** | | | >1 |
| 210 | ADX | Adjustment | O | 1 | |
| 220 | NTE | Note/Special Instruction | O | >1 | |

| | | | | |
|-----|------|------------------------------------------------------|---|---|
| 230 | PER | Administrative Communications Contact | O | >1 |
| | | **LOOP ID - ENT/RMR/ADX/REF** | | >1 |
| 240 | REF | Reference Identification | O | 1 |
| 250 | DTM | Date/Time Reference | O | >1 |
| | | **LOOP ID - ENT/RMR/ADX/IT1** | | >1 |
| 260 | IT1 | Baseline Item Data (Invoice) | O | 1 |
| | | **LOOP ID - ENT/RMR/ADX/IT1/REF** | | >1 |
| 270 | REF | Reference Identification | O | 1 |
| 271 | DTM | Date/Time Reference | O | 1 |
| | | **LOOP ID - ENT/RMR/ADX/IT1/SAC** | | >1 |
| 272 | SAC | Service, Promotion, Allowance, or Charge Information | O | 1 |
| 273 | TXI | Tax Information | O | >1 |
| | | **LOOP ID - ENT/RMR/ADX/IT1/SLN** | | >1 |
| 274 | SLN | Subline Item Detail | O | 1 |
| | | **LOOP ID - ENT/RMR/ADX/IT1/SLN/REF** | | >1 |
| 275 | REF | Reference Identification | O | 1 |
| 276 | DTM | Date/Time Reference | O | >1 |
| | | **LOOP ID - ENT/RMR/ADX/IT1/SLN/SAC** | | >1 |
| 277 | SAC | Service, Promotion, Allowance, or Charge Information | O | 1 |
| 278 | TXI | Tax Information | O | >1 |
| | | **LOOP ID - TXP** | | >1 |
| 280 | TXP | Tax Payment | O | 1 |
| 285 | TXI | Tax Information | O | >1 |
| | | **LOOP ID - DED** | | >1 |
| 287 | DED | Deductions | O | 1 |
| | | **LOOP ID - LX** | | >1 |
| 290 | LX | Assigned Number | O | 1 |
| 295 | REF | Reference Identification | O | >1 |
| 300 | TRN | Trace | O | >1 |
| | | **LOOP ID - LX/NM1** | | >1 |
| 305 | NM1 | Individual or Organizational Name | O | 1 |
| 310 | REF | Reference Identification | O | >1 |
| 315 | G53 | Maintenance Type | O | 1 |
| | | **LOOP ID - LX/NM1/AIN** | | >1 |
| 320 | AIN | Income | O | 1 |
| 325 | QTY | Quantity | O | >1 |
| 330 | DTP | Date or Time or Period | O | >1 |
| | | **LOOP ID - LX/NM1/PEN** | | >1 |
| 335 | PEN | Pension Information | O | 1 |
| 340 | AMT | Monetary Amount | O | >1 |
| 345 | DTP | Date or Time or Period | O | >1 |
| | | **LOOP ID - LX/NM1/PEN/INV** | | >1 |
| 350 | INV | Investment Vehicle Selection | O | 1 |
| 355 | DTP | Date or Time or Period | O | >1 |
| | | **LOOP ID - N9** | | 1 |
| 360 | N9 | Reference Identification | O | 1 |
| | | **LOOP ID - N9/AMT** | | >1 |
| 370 | AMT | Monetary Amount | O | 1 |
| 380 | REF | Reference Identification | O | >1 |
| | | **LOOP ID - N9/N1** | | >1 |
| 390 | N1 | Name | O | 1 |

| | | | | | |
|---|---|---|---|---|---|
| **400** | **REF** | Reference Identification | **O** | >1 | |
| | | **LOOP ID - N9/N1/EMS** | | | >1 |
| **410** | **EMS** | Employment Position | **O** | 1 | |
| **420** | **ATN** | Attendance | **O** | >1 | |
| **430** | **AIN** | Income | **O** | >1 | |
| **440** | **PYD** | Payroll Deduction | **O** | >1 | |
| | | **LOOP ID - RYL** | | | >1 |
| **450** | **RYL** | Royalty Payment | **O** | 1 | |
| | | **LOOP ID - RYL/NM1** | | | >1 |
| **460** | **NM1** | Individual or Organizational Name | **O** | 1 | |
| | | **LOOP ID - RYL/NM1/LOC** | | | >1 |
| **470** | **LOC** | Location | **O** | 1 | |
| | | **LOOP ID - RYL/NM1/LOC/PID** | | | >1 |
| **480** | **PID** | Product/Item Description | **O** | 1 | |
| **490** | **DTM** | Date/Time Reference | **O** | 1 | |
| | | **LOOP ID - RYL/NM1/LOC/PID/PCT** | | | >1 |
| **500** | **PCT** | Percent Amounts | **O** | 1 | |
| **510** | **QTY** | Quantity | **O** | 1 | |
| | | **LOOP ID - RYL/NM1/LOC/PID/PCT/AMT** | | | >1 |
| **520** | **AMT** | Monetary Amount | **O** | 1 | |
| **530** | **ADX** | Adjustment | **O** | >1 | |
| | | **LOOP ID - RYL/NM1/ASM** | | | 1 |
| **540** | **ASM** | Amount and Settlement Method | **O** | 1 | |
| **550** | **ADX** | Adjustment | **O** | 1 | |

# Table 2 - Detail

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|---|---|---|---|---|---|
| **010** | **SE** | Transaction Set Trailer | **M** | 1 | |

**NOTES:**

| | |
|---|---|
| **1/035** | The TRN segment is used to uniquely identify a payment order/remittance advice. |
| **1/040** | The CUR segment does not initiate a foreign exchange transaction. |
| **1/070** | The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery. |
| **2/010** | The ENT loop is for vendor or consumer third party consolidated payments. |
| **2/010** | ENT09 may contain the payee's accounts receivable customer number. |
| **2/020** | 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). |
| **2/080** | This ADX loop contains adjustment items which are not netted to an RMR segment in this transaction set. |
| **2/130** | Loop IT1 within the ADX loop is the adjustment line item detail loop. |
| **2/150** | Loop RMR is for open items being referenced or for payment on account. |
| **2/190** | Loop IT1 within the RMR loop is the remittance line item detail loop. |
| **2/210** | 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). |
| **2/260** | Loop IT1 within the ADX loop is the adjustment line item detail loop. |
| **2/280** | The TXP loop is for tax payments. |
| **2/287** | The DED loop is for child support payments. |
| **2/290** | The LX loop is for pension payments. |
| **2/360** | The N9 loop is for payroll payments. |
| **2/370** | The AMT segment can be used to provide information about allocation or distribution of gross pay that is split across multiple payment orders. |
| **2/450** | The RYL loop is for royalty payments. |

**IMPLEMENTATION**

# 820 HEADER

**Usage:** **REQUIRED**

**Repeat:** **1**

**Example:** **ST✷820✷1234~**

**STANDARD**

## ST Transaction Set Header

**Level:** Header

**Position:** 010

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the start of a transaction set and to assign a control number

**DIAGRAM**

| ST ✷ | ST01 143<br>**TS ID<br>Code**<br>M ID 3/3 | ✷ | ST02 329<br>**TS Control<br>Number**<br>M AN 4/9 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF.<br>DES. | DATA<br>ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **ST01** | **143** | **Transaction Set Identifier Code**<br>Code uniquely identifying a Transaction Set | M | ID | 3/3 |

**SEMANTIC:** 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).

| CODE | DEFINITION |
|---|---|
| **820** | **Payment Order/Remittance Advice** |

| USAGE | REF.<br>DES. | DATA<br>ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **ST02** | **329** | **Transaction Set Control Number**<br>Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M | AN | 4/9 |

# FINANCIAL INFORMATION

**Usage:** REQUIRED

**Repeat:** 1

**Notes:** 1. **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.**

**Example:** BPR✱C✱100000✱C✱ACH✱CTX✱01✱999999992✱DA✱123456✱1123456789✱ 1999999999✱01✱999988880✱DA✱98765✱19970401~

**BPR** Beginning Segment for Payment Order/Remittance Advice

**Level:** Header

**Position:** 020

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** 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

**Syntax:** 1. **P0607**
If either BPR06 or BPR07 is present, then the other is required.

2. **C0809**
If BPR08 is present, then BPR09 is required.

3. **P1213**
If either BPR12 or BPR13 is present, then the other is required.

4. **C1415**
If BPR14 is present, then BPR15 is required.

5. **P1819**
If either BPR18 or BPR19 is present, then the other is required.

6. **C2021**
If BPR20 is present, then BPR21 is required.

**DIAGRAM**



**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | BPR01 | 305 | Transaction Handling Code | M | ID | 1/2 |

Code designating the action to be taken by all parties

**Code designating whether and how money and information are to be processed.**

| CODE | DEFINITION |
|---|---|
| **C** | **Payment Accompanies Remittance Advice** |
| | **Use this code to instruct the Originating Depository Financial Institution to 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** | **Prenotification 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. | |

| REQUIRED | BPR02 | 782 | **Monetary Amount** | M | R | 1/18 |
|---|---|---|---|---|---|---|

Monetary amount

**HEALTH CARE INDUSTRY:** *Total Premium Payment Amount*

**SEMANTIC:** BPR02 specifies the payment amount.

> **The ACH system can not 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 | BPR03 | 478 | **Credit/Debit Flag Code** | M | ID | 1/1 |
|---|---|---|---|---|---|---|

Code indicating whether amount is a credit or debit

**HEALTH CARE INDUSTRY:** *Credit or Debit Flag Code*

| CODE | DEFINITION |
|---|---|
| **C** | **Credit** |
| | **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.** |
| **D** | **Debit** |
| | **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 | BPR04 | 591 | **Payment Method Code** | M | ID | 3/3 |
|---|---|---|---|---|---|---|

Code identifying the method for the movement of payment instructions

| CODE | DEFINITION |
|---|---|
| **ACH** | **Automated Clearing House (ACH)** |
| | **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.** |
| **BOP** | **Financial Institution Option** |
| | **Use this code to indicate that the Originating Depository Financial Institution will choose the method of payment based upon payee's request or capabilities.** |

| | |
|---|---|
| **CHK** | **Check** |
| | **Use this code to indicate that a check has been issued for payment.** |
| **FWT** | **Federal Reserve Funds/Wire Transfer - Nonrepetitive** |
| | **Use this code to indicate that the funds were sent through the wire system.** |
| **SWT** | **Society for Worldwide Interbank Financial Telecommunications (S.W.I.F.T.)** |
| | **Use this code to indicate that the funds were sent as a S.W.I.F.T. payment.** |

| SITUATIONAL | BPR05 | 812 | Payment Format Code | O | ID | 1/10 |
|---|---|---|---|---|---|---|

Code identifying the payment format to be used

**This is required when payment is made using an ACH network.**

| CODE | DEFINITION |
|---|---|
| **CCP** | **Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)** |
| | **CCD+ format moves money and up to 80 characters of data, enough to reassociate 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** | **Corporate Trade Exchange (CTX) (ACH)** |
| | **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 | BPR06 | 506 | (DFI) ID Number Qualifier | X | ID | 2/2 |
|---|---|---|---|---|---|---|

Code identifying the type of identification number of Depository Financial Institution (DFI)

HEALTH CARE INDUSTRY: *Depository Financial Institution (DFI)*
*Identification Number Qualifier*

SYNTAX: P0607

SEMANTIC: When using this transaction set to initiate a payment, all or 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 payment.**

| CODE | DEFINITION |
|---|---|
| 01 | **ABA Transit Routing Number Including Check Digits (9 digits)** |
| | **ABA is a unique number identifying every bank in the United States.** |
| | CODE SOURCE **4:** ABA Routing Number |
| 04 | **Canadian Bank Branch and Institution Number** |
| | CODE SOURCE **91:** Canadian Financial Institution Branch and Institution Number |

| SITUATIONAL | BPR07 | 507 | (DFI) Identification Number | X | AN | 3/12 |
|---|---|---|---|---|---|---|

Depository Financial Institution (DFI) identification number

HEALTH CARE INDUSTRY: *Originating Depository Financial Institution (DFI)*
*Identifier*

SYNTAX: P0607

CODE SOURCE **60:** (DFI) Identification Number

**This is the identifying number of the Originating Depository Financial Institution sending the transaction into the ACH network.**

| SITUATIONAL | BPR08 | 569 | Account Number Qualifier | O | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating the type of account

SYNTAX: C0809

SEMANTIC: 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 payments.**

| CODE | DEFINITION |
|---|---|
| ALC | **Agency Location Code (ALC)** |
| | **For Federal Government use only.** |
| DA | **Demand Deposit** |

| SITUATIONAL | BPR09 | 508 | Account Number | X | AN | 1/35 |

Account number assigned

HEALTH CARE INDUSTRY: **Sender Bank Account Number**

SYNTAX: C0809

SEMANTIC: BPR09 is the account of the company originating the payment. This account may be debited or credited depending on the type of payment order.

**This is the premium payer's bank account at the Originating Depository Financial Institution.**

| SITUATIONAL | BPR10 | 509 | Originating Company Identifier | O | AN | 10/10 |

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 reassociation is necessary. BPR10 must be identical to TRN03. BPR10 must be Federal Tax ID number preceeded by a 1.**

| SITUATIONAL | BPR11 | 510 | Originating Company Supplemental Code | O | AN | 9/9 |

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 | BPR12 | 506 | (DFI) ID Number Qualifier | X | ID | 2/2 |

Code identifying the type of identification number of Depository Financial Institution (DFI)

HEALTH CARE INDUSTRY: **Depository Financial Institution (DFI) Identification Number Qualifier**

SYNTAX: P1213

SEMANTIC: 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.**

| CODE | DEFINITION |
| --- | --- |
| 01 | **ABA Transit Routing Number Including Check Digits (9 digits)** |
| | **ABA is a unique number identifying every bank in the United States.** |
| | CODE SOURCE **4:** ABA Routing Number |
| 04 | **Canadian Bank Branch and Institution Number** |
| | CODE SOURCE **91:** Canadian Financial Institution Branch and Institution Number |

| SITUATIONAL | BPR13 | 507 | (DFI) Identification Number | X | AN | 3/12 |
|---|---|---|---|---|---|---|

Depository Financial Institution (DFI) identification number

*HEALTH CARE INDUSTRY:* **Receiving Depository Financial Institution (DFI) Identifier**

SYNTAX: P1213

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 | BPR14 | 569 | Account Number Qualifier | O | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating the type of account

SYNTAX: C1415

SEMANTIC: BPR14 is a code identifying the type of bank account or other financial asset.

**It identifies the type of account in BPR15.**

**This is required when the originating financial institution needs the receiving bank account number to process payments.**

| CODE | DEFINITION |
|---|---|
| DA | Demand Deposit |
| SG | Savings |

| SITUATIONAL | BPR15 | 508 | Account Number | X | AN | 1/35 |
|---|---|---|---|---|---|---|

Account number assigned

*HEALTH CARE INDUSTRY:* **Receiver Bank Account Number**

SYNTAX: C1415

SEMANTIC: 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.**

| REQUIRED | BPR16 | 373 | Date | O | DT | 8/8 |
|---|---|---|---|---|---|---|

Date expressed as CCYYMMDD

*HEALTH CARE INDUSTRY:* **Check Issue or EFT Effective Date**

SEMANTIC: BPR16 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 their financial institution.**

| NOT USED | BPR17 | 1048 | Business Function Code | O | ID | 1/3 |
|---|---|---|---|---|---|---|
| NOT USED | BPR18 | 506 | (DFI) ID Number Qualifier | X | ID | 2/2 |

| NOT USED | BPR19 | 507 | (DFI) Identification Number | | X | AN | 3/12 |
|---|---|---|---|---|---|---|---|
| NOT USED | BPR20 | 569 | Account Number Qualifier | | O | ID | 1/3 |
| NOT USED | BPR21 | 508 | Account Number | | X | AN | 1/35 |

**IMPLEMENTATION**

# REASSOCIATION KEY

**Usage:** REQUIRED

**Repeat:** 1

**Notes:** 1. The purpose of this segment is to uniquely identify this transaction set and aid in the reassociating payment and remittance data that have been separated. See section 2.2.5 and 2.2.6 for more information.

**Example:** TRN✳1✳12345✳1512345678✳1999999999~

**STANDARD**

## TRN Trace

**Level:** Header

**Position:** 035

**Loop:** ____

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To uniquely identify a transaction to an application

**Set Notes:** 1. The TRN segment is used to uniquely identify a payment order/remittance advice.

**DIAGRAM**

| | TRN01 481 | TRN02 127 | TRN03 509 | TRN04 127 | |
|---|---|---|---|---|---|
| **TRN** ✳ | **Trace Type Code**<br>M ID 1/2 | ✳ **Reference Ident**<br>M AN 1/30 | ✳ **Originating Company ID**<br>O AN 10/10 | ✳ **Reference Ident**<br>O AN 1/30 | ~ |
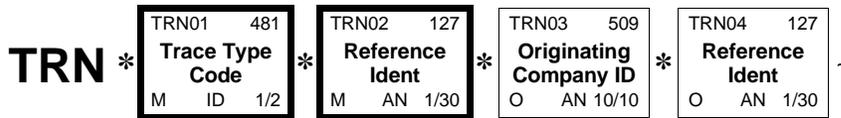
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | TRN01 | 481 | **Trace Type Code**<br>Code identifying which transaction is being referenced | M | ID | 1/2 |

| CODE | DEFINITION |
|---|---|
| 1 | **Current Transaction Trace Numbers**<br>**The payment and remittance have not been separated.** |
| 3 | **Financial Reassociation Trace Number**<br>**The payment and remittance information have been separated and need to be reassociated by the receiver.** |

| REQUIRED | TRN02 | 127 | Reference Identification | M | AN | 1/30 |

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

*HEALTH CARE INDUSTRY:* **Check or EFT Trace Number**

**SEMANTIC**: TRN02 provides unique identification for the transaction.

**This field is used to re-associate the payment with the remittance information.**

| SITUATIONAL | TRN03 | 509 | Originating Company Identifier | O | AN | 10/10 |

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

**SEMANTIC**: TRN03 identifies an organization.

**TRN03 must contain the Federal Tax ID Number proceeded 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 reassociate a payment to a remittance.**

| SITUATIONAL | TRN04 | 127 | Reference Identification | O | AN | 1/30 |

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

*HEALTH CARE INDUSTRY:* **Originating Company Supplemental Code**

**SEMANTIC**: 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.**

# NON-US DOLLARS CURRENCY

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:** **1. The currency segment is used in this 820 to specify the currency and exchange rate, when payment is made in a currency other then that in the original request.**

**Example:** **CUR✳PR✳CAN✳11.23~**

## CUR Currency

**Level:** Header

**Position:** 040

**Loop:** ____

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify the currency (dollars, pounds, francs, etc.) used in a transaction

**Set Notes:** 1. The CUR segment does not initiate a foreign exchange transaction.

**Syntax:**
1. **C0807**
   If CUR08 is present, then CUR07 is required.

2. **C0907**
   If CUR09 is present, then CUR07 is required.

3. **L101112**
   If CUR10 is present, then at least one of CUR11 or CUR12 are required.

4. **C1110**
   If CUR11 is present, then CUR10 is required.

5. **C1210**
   If CUR12 is present, then CUR10 is required.

6. **L131415**
   If CUR13 is present, then at least one of CUR14 or CUR15 are required.

7. **C1413**
   If CUR14 is present, then CUR13 is required.

8. **C1513**
   If CUR15 is present, then CUR13 is required.

9. **L161718**
   If CUR16 is present, then at least one of CUR17 or CUR18 are required.

10. **C1716**
    If CUR17 is present, then CUR16 is required.

11. **C1816**
    If CUR18 is present, then CUR16 is required.

12. **L192021**
    If CUR19 is present, then at least one of CUR20 or CUR21 are required.

13. **C2019**
    If CUR20 is present, then CUR19 is required.

14. **C2119**
    If CUR21 is present, then CUR19 is required.

**DIAGRAM**

| CUR | * | CUR01      98<br>**Entity ID<br>Code**<br>M   ID   2/3 | * | CUR02      100<br>**Currency<br>Code**<br>M   ID   3/3 | * | CUR03      280<br>**Exchange<br>Rate**<br>O   R   4/10 | * | CUR04      98<br>~~Entity ID<br>Code~~<br>O   ID   2/3 | * | CUR05      100<br>~~Currency<br>Code~~<br>O   ID   3/3 | * | CUR06      669<br>~~Curr Market<br>/Exchg Code~~<br>O   ID   3/3 |
| :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: |

| | * | CUR07      374<br>~~Date/Time<br>Qualifier~~<br>X   ID   3/3 | * | CUR08      373<br>~~Date~~<br>O   DT   8/8 | * | CUR09      337<br>~~Time~~<br>O   TM   4/8 | * | CUR10      374<br>~~Date/Time<br>Qualifier~~<br>X   ID   3/3 | * | CUR11      373<br>~~Date~~<br>X   DT   8/8 | * | CUR12      337<br>~~Time~~<br>X   TM   4/8 |
| :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: |

| | * | CUR13      374<br>~~Date/Time<br>Qualifier~~<br>X   ID   3/3 | * | CUR14      373<br>~~Date~~<br>X   DT   8/8 | * | CUR15      337<br>~~Time~~<br>X   TM   4/8 | * | CUR16      374<br>~~Date/Time<br>Qualifier~~<br>X   ID   3/3 | * | CUR17      373<br>~~Date~~<br>X   DT   8/8 | * | CUR18      337<br>~~Time~~<br>X   TM   4/8 |
| :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: |

| | * | CUR19      374<br>~~Date/Time<br>Qualifier~~<br>X   ID   3/3 | * | CUR20      373<br>~~Date~~<br>X   DT   8/8 | * | CUR21      337<br>~~Time~~<br>X   TM   4/8 | ~ |
| :--: | :--: | :--: | :--: | :--: | :--: | :--: | :--: |

**ELEMENT SUMMARY**

| USAGE | REF.<br>DES. | DATA<br>ELEMENT | NAME | | ATTRIBUTES | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **CUR01** | **98** | **Entity Identifier Code**<br>Code identifying an organizational entity, a physical location, property or an individual | | **M** | **ID** | **2/3** |

> **This data element identifies the party using the currency defined in Currency Code CUR02.**

| | | | CODE | DEFINITION | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | | | **2B** | **Third-Party Administrator** | | | |
| | | | **PR** | **Payer** | | | |

| **REQUIRED** | **CUR02** | **100** | **Currency Code**<br>Code (Standard ISO) for country in whose currency the charges are specified | | **M** | **ID** | **3/3** |
| --- | --- | --- | --- | --- | --- | --- | --- |

CODE SOURCE **5:** Countries, Currencies and Funds

**MXP**   **Mexican Pesos**
**CAD**   **Canadian Dollars**
**USD**   **United States Dollars**

| SITUATIONAL | CUR03 | 280 | Exchange Rate | O | R | 4/10 |
|---|---|---|---|---|---|---|

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.**

| NOT USED | CUR04 | 98 | Entity Identifier Code | O | ID | 2/3 |
|---|---|---|---|---|---|---|
| NOT USED | CUR05 | 100 | Currency Code | O | ID | 3/3 |
| NOT USED | CUR06 | 669 | Currency Market/Exchange Code | O | ID | 3/3 |
| NOT USED | CUR07 | 374 | Date/Time Qualifier | X | ID | 3/3 |
| NOT USED | CUR08 | 373 | Date | O | DT | 8/8 |
| NOT USED | CUR09 | 337 | Time | O | TM | 4/8 |
| NOT USED | CUR10 | 374 | Date/Time Qualifier | X | ID | 3/3 |
| NOT USED | CUR11 | 373 | Date | X | DT | 8/8 |
| NOT USED | CUR12 | 337 | Time | X | TM | 4/8 |
| NOT USED | CUR13 | 374 | Date/Time Qualifier | X | ID | 3/3 |
| NOT USED | CUR14 | 373 | Date | X | DT | 8/8 |
| NOT USED | CUR15 | 337 | Time | X | TM | 4/8 |
| NOT USED | CUR16 | 374 | Date/Time Qualifier | X | ID | 3/3 |
| NOT USED | CUR17 | 373 | Date | X | DT | 8/8 |
| NOT USED | CUR18 | 337 | Time | X | TM | 4/8 |
| NOT USED | CUR19 | 374 | Date/Time Qualifier | X | ID | 3/3 |
| NOT USED | CUR20 | 373 | Date | X | DT | 8/8 |
| NOT USED | CUR21 | 337 | Time | X | TM | 4/8 |

**IMPLEMENTATION**

# PREMIUM RECEIVERS IDENTIFICATION KEY

**Usage:** SITUATIONAL

**Repeat:** >1

**Notes:** 1. **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.**

2. **For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED to identify the Master Account Number.**

**Example:** **REF∗18∗123456789~**

**STANDARD**

## REF Reference Identification

**Level:** Header

**Position:** 050

**Loop:** ____

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify identifying information

**Syntax:** 1. R0203
At least one of REF02 or REF03 is required.

**DIAGRAM**

| REF01 128 | REF02 127 | REF03 352 | REF04 C040 |
|---|---|---|---|
| **Reference Ident Qual** | **Reference Ident** | ~~Description~~ | ~~Reference Identifier~~ |
| M ID 2/3 | X AN 1/30 | X AN 1/80 | O |

REF ∗ ... ∗ ... ∗ ... ∗ ... ~
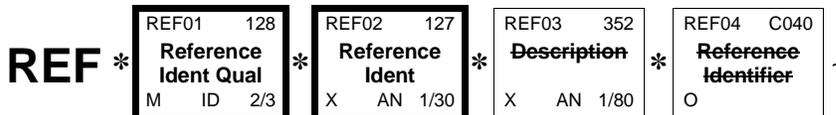
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | REF01 | 128 | Reference Identification Qualifier<br>Code qualifying the Reference Identification | M | ID | 2/3 |

| CODE | DEFINITION |
|---|---|
| 14 | Master Account Number<br>For HIPAA Health Premium Payments this element is REQUIRED. |
| 18 | Plan Number |
| 2F | Consolidated Invoice Number |

| | | |
|---|---|---|
| **38** | | **Master Policy Number** |

| | | |
|---|---|---|
| **72** | | **Schedule Reference Number** |
| | | **For U.S. Treasury Department Financial Management Service Disbursed payments, this code indicates a payment schedule number will follow.** |

**REQUIRED**      **REF02**   **127**   **Reference Identification**                    **X   AN   1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

*HEALTH CARE INDUSTRY:* **Premium Receiver Reference Identifier**

*SYNTAX:* R0203

**For Treasury Department Financial Management Service Disbursed payments, this data field is schedule number (11 Characters) submitted by the agency authorizing the payment.**

**NOT USED**      **REF03**   **352**   **Description**                                  **X   AN   1/80**

**NOT USED**      **REF04**   **C040**  **REFERENCE IDENTIFIER**                          **O**

# PROCESS DATE

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:**  **1. This segment is used to relay the date the payment was processed by the premium payer.**

**2. For HIPAA Health Premium Payments this segment is NOT USED.**

**Example:** **DTM✳009✳19970101~**

## DTM Date/Time Reference

**Level:** Header

**Position:** 060

**Loop:** ____

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify pertinent dates and times

**Syntax:**  **1. R020305**
At least one of DTM02, DTM03 or DTM05 is required.

**2. C0403**
If DTM04 is present, then DTM03 is required.

**3. P0506**
If either DTM05 or DTM06 is present, then the other is required.

| DTM01 374 | DTM02 373 | DTM03 337 | DTM04 623 | DTM05 1250 | DTM06 1251 |
|---|---|---|---|---|---|
| **DTM** ✳ Date/Time Qualifier | ✳ Date | ✳ ~~Time~~ | ✳ ~~Time Code~~ | ✳ ~~Date Time format Qual~~ | ✳ ~~Date Time Period~~ ~ |
| M ID 3/3 | X DT 8/8 | X TM 4/8 | O ID 2/2 | X ID 2/3 | X AN 1/35 |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **DTM01** | **374** | **Date/Time Qualifier**<br>Code specifying type of date or time, or both date and time | M | ID | 3/3 |
| | | | *HEALTH CARE INDUSTRY:* **Date Time Qualifier** | | | |

| | CODE | DEFINITION |
|---|---|---|
| | **009** | **Process** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **DTM02** | **373** | **Date**<br>Date expressed as CCYYMMDD | X | DT | 8/8 |
| | | | *HEALTH CARE INDUSTRY:* **Payer Process Date** | | | |
| | | | SYNTAX: R020305 | | | |

| NOT USED | DTM03 | 337 | Time | X | TM | 4/8 |
|---|---|---|---|---|---|---|
| NOT USED | DTM04 | 623 | Time Code | O | ID | 2/2 |
| NOT USED | DTM05 | 1250 | Date Time Period Format Qualifier | X | ID | 2/3 |
| NOT USED | DTM06 | 1251 | Date Time Period | X | AN | 1/35 |

**IMPLEMENTATION**

# DELIVERY DATE

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:** 1. **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.**

2. **For HIPAA Health Premium Payments this segment is NOT USED.**

**Example:** **DTM✻035✻19970101~**

**STANDARD**

## DTM Date/Time Reference

**Level:** Header

**Position:** 060

**Loop:** ____

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify pertinent dates and times

**Syntax:** 1. **R020305**
At least one of DTM02, DTM03 or DTM05 is required.

2. **C0403**
If DTM04 is present, then DTM03 is required.

3. **P0506**
If either DTM05 or DTM06 is present, then the other is required.

**DIAGRAM**

| DTM ✻ | DTM01 374 Date/Time Qualifier M ID 3/3 | ✻ | DTM02 373 Date X DT 8/8 | ✻ | DTM03 337 ~~Time~~ X TM 4/8 | ✻ | DTM04 623 ~~Time Code~~ O ID 2/2 | ✻ | DTM05 1250 ~~Date Time format Qual~~ X ID 2/3 | ✻ | DTM06 1251 ~~Date Time Period~~ X AN 1/35 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | | |
|---|---|---|---|---|---|---|---|
| REQUIRED | DTM01 | 374 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M | ID | 3/3 | |

*HEALTH CARE INDUSTRY:* **Date Time Qualifier**

| CODE | DEFINITION |
|---|---|
| **035** | **Delivered** |

| REQUIRED | DTM02 | 373 | **Date** | X | DT | 8/8 |

Date expressed as CCYYMMDD

*HEALTH CARE INDUSTRY:* **Premium Delivery Date**

SYNTAX: R020305

| NOT USED | DTM03 | 337 | **Time** | X | TM | 4/8 |
| NOT USED | DTM04 | 623 | **Time Code** | O | ID | 2/2 |
| NOT USED | DTM05 | 1250 | **Date Time Period Format Qualifier** | X | ID | 2/3 |
| NOT USED | DTM06 | 1251 | **Date Time Period** | X | AN | 1/35 |

**IMPLEMENTATION**

# COVERAGE PERIOD

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:** **1. This segment is used to relay the start and end date of the coverage period associated with this premium payment.**

**2. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.**

**Example:** **DTM✶582✶✶✶✶RD8✶19970101-19970130~**

**STANDARD**

## DTM Date/Time Reference

**Level:** Header

**Position:** 060

**Loop:** ____

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify pertinent dates and times

**Syntax:** **1. R020305**
At least one of DTM02, DTM03 or DTM05 is required.

**2. C0403**
If DTM04 is present, then DTM03 is required.

**3. P0506**
If either DTM05 or DTM06 is present, then the other is required.

**DIAGRAM**

| DTM | ✶ | DTM01 374 Date/Time Qualifier M ID 3/3 | ✶ | DTM02 373 ~~Date~~ X DT 8/8 | ✶ | DTM03 337 ~~Time~~ X TM 4/8 | ✶ | DTM04 623 ~~Time Code~~ O ID 2/2 | ✶ | DTM05 1250 Date Time format Qual X ID 2/3 | ✶ | DTM06 1251 Date Time Period X AN 1/35 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **DTM01** | 374 | **Date/Time Qualifier** Code specifying type of date or time, or both date and time | M | ID | 3/3 |

*HEALTH CARE INDUSTRY:* **Date Time Qualifier**

| | CODE | DEFINITION |
|---|---|---|
| | **582** | **Report Period** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **NOT USED** | **DTM02** | 373 | **Date** | X | DT | 8/8 |
| **NOT USED** | **DTM03** | 337 | **Time** | X | TM | 4/8 |

| NOT USED | DTM04 | 623 | Time Code | O | ID | 2/2 |
|----------|-------|-----|-----------|---|----|----|

| REQUIRED | DTM05 | 1250 | Date Time Period Format Qualifier | X | ID | 2/3 |
|----------|-------|------|-----------------------------------|---|----|----|

Code indicating the date format, time format, or date and time format

**SYNTAX:** R020305, P0506

| CODE | DEFINITION |
|------|------------|
| **RD8** | **Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD** |

| REQUIRED | DTM06 | 1251 | Date Time Period | X | AN | 1/35 |
|----------|-------|------|------------------|---|----|----|

Expression of a date, a time, or range of dates, times or dates and times

*HEALTH CARE INDUSTRY:* **Coverage Period**

**SYNTAX:** P0506

**IMPLEMENTATION**

# PREMIUM RECEIVER'S NAME

**Loop:** 1000A — PREMIUM RECEIVER'S NAME   **Repeat:** 1

**Usage:** REQUIRED

**Repeat:** 1

**Notes:** 1. **This segment is used to relay the name and an identifier of the premium receiver.**

**Example:** **N1∗PE∗XYZ INSURANCE∗1∗123456789~**

**STANDARD**

## N1 Name

**Level:** Header

**Position:** 070

**Loop:** N1   **Repeat:** >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To identify a party by type of organization, name, and code

**Set Notes:** 1. The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.

**Syntax:** 1. **R0203**
At least one of N102 or N103 is required.

2. **P0304**
If either N103 or N104 is present, then the other is required.

**DIAGRAM**

| N1 ∗ | N101 98<br>**Entity ID Code**<br>M ID 2/3 | ∗ | N102 93<br>**Name**<br>X AN 1/60 | ∗ | N103 66<br>**ID Code Qualifier**<br>X ID 1/2 | ∗ | N104 67<br>**ID Code**<br>X AN 2/80 | ∗ | N105 706<br>~~**Entity Relat Code**~~<br>O ID 2/2 | ∗ | N106 98<br>~~**Entity ID Code**~~<br>O ID 2/3 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **N101** | **98** | **Entity Identifier Code**<br>Code identifying an organizational entity, a physical location, property or an individual | M | ID | 2/3 |
| | | | **For HIPAA Health Premium Payments this element is REQUIRED.** | | | |

| | CODE | DEFINITION |
|---|---|---|
| | **PE** | **Payee** |

| SITUATIONAL | N102 | 93 | **Name** | | X | AN | 1/60 |
|---|---|---|---|---|---|---|---|

Free-form name

*HEALTH CARE INDUSTRY:* **Information Receiver Last or Organization Name**

*SYNTAX:* R0203

**For HIPAA Health Premium Payments this element is REQUIRED.**

**This is required when the sender needs to relay the receiver's name.**

| SITUATIONAL | N103 | 66 | **Identification Code Qualifier** | | X | ID | 1/2 |
|---|---|---|---|---|---|---|---|

Code designating the system/method of code structure used for Identification Code (67)

*SYNTAX:* R0203, P0304

**This is required when the sender needs to relay a unique identifier for the receiver.**

**For HIPAA Health Premium Payments this element is REQUIRED.**

| CODE | DEFINITION |
|---|---|
| **1** | **D-U-N-S Number, Dun & Bradstreet** |
| | *CODE SOURCE* **16:** D-U-N-S Number |
| **9** | **D-U-N-S+4, D-U-N-S Number with Four Character Suffix** |
| | *CODE SOURCE* **16:** D-U-N-S Number |
| **EQ** | **Insurance Company Assigned Identification Number** |
| **FI** | **Federal Taxpayer's Identification Number** |
| **XV** | **Health Care Financing Administration National PlanID** |
| | *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 PlanID |

| SITUATIONAL | N104 | 67 | **Identification Code** | | X | AN | 2/80 |
|---|---|---|---|---|---|---|---|

Code identifying a party or other code

*HEALTH CARE INDUSTRY:* **Receiver Identifier**

*SYNTAX:* P0304

*COMMENT:* 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.**

| NOT USED | N105 | 706 | **Entity Relationship Code** | | O | ID | 2/2 |
|---|---|---|---|---|---|---|---|
| NOT USED | N106 | 98 | **Entity Identifier Code** | | O | ID | 2/3 |

**IMPLEMENTATION**

# PREMIUM RECEIVER ADDITIONAL NAME

**Loop: 1000A — PREMIUM RECEIVER'S NAME**

**Usage: SITUATIONAL**

**Repeat: 1**

**Notes:** 1. **This is required when the sender needs more characters than available in the N102.**

**Example: N2✷Name continuation~**

**STANDARD**

**N2** Additional Name Information

**Level:** Header

**Position:** 080

**Loop:** N1

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify additional names or those longer than 35 characters in length

**DIAGRAM**

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | N201 | 93 | **Name**<br>Free-form name<br><br>*HEALTH CARE INDUSTRY:* ***Receiver Additional Name*** | M | AN | 1/60 |
| NOT USED | N202 | 93 | **Name** | O | AN | 1/60 |

**IMPLEMENTATION**

# PREMIUM RECEIVER'S ADDRESS

**Loop:** 1000A — PREMIUM RECEIVER'S NAME

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:** 1. **This segment is used to relay the premium receiver's address lines other than City, State, or ZIP.**

2. **This is required when the Premium Receiver's Address needs to be printed on the check.**

3. **For EFT payments this segment is not used.**

**Example:** **N3✳200 STATE STREET~**

**STANDARD**

**N3** Address Information

**Level:** Header

**Position:** 090

**Loop:** N1

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify the location of the named party

**DIAGRAM**



**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|-------|-----------|--------------|------|-----------|---|---|
| REQUIRED | N301 | 166 | **Address Information**<br>Address information<br><br>*HEALTH CARE INDUSTRY:* ***Receiver Address Line*** | M | AN | 1/55 |
| SITUATIONAL | N302 | 166 | **Address Information**<br>Address information<br><br>*HEALTH CARE INDUSTRY:* ***Receiver Address Line***<br><br>**Required if a second address line exists.** | O | AN | 1/55 |

**IMPLEMENTATION**

# PREMIUM RECEIVER'S CITY, STATE, ZIP

**Loop:** 1000A — PREMIUM RECEIVER'S NAME

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:** 1. **This segment is used to relay the premium receiver's city, state and zip.**

2. **This is required when the Premium Receiver's city, state, zip needs to be printed on the check.**

3. **For EFT payments this segment is not used.**

**Example:** N4✱HARTFORD✱CT✱06120~

**STANDARD**

**N4** Geographic Location

**Level:** Header

**Position:** 100

**Loop:** N1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax:** 1. **C0605**
If N406 is present, then N405 is required.

**DIAGRAM**

| N4 ✱ | N401    19<br>**City<br>Name**<br>O   AN   2/30 | ✱ | N402    156<br>**State or<br>Prov Code**<br>O   ID   2/2 | ✱ | N403    116<br>**Postal<br>Code**<br>O   ID   3/15 | ✱ | N404    26<br>**Country<br>Code**<br>O   ID   2/3 | ✱ | N405    309<br>~~Location<br>Qualifier~~<br>X   ID   1/2 | ✱ | N406    310<br>~~Location<br>Identifier~~<br>O   AN   1/30 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF.<br>DES. | DATA<br>ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **N401** | **19** | **City Name**<br>Free-form text for city name | O | AN | 2/30 |
| | | | HEALTH CARE INDUSTRY: *Information Receiver City Name* | | | |
| | | | COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. | | | |
| **REQUIRED** | **N402** | **156** | **State or Province Code**<br>Code (Standard State/Province) as defined by appropriate government agency | O | ID | 2/2 |
| | | | HEALTH CARE INDUSTRY: *Information Receiver State Code* | | | |
| | | | COMMENT: 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 | N403 | 116 | **Postal Code** | O | ID | 3/15 |
|---|---|---|---|---|---|---|

Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

HEALTH CARE INDUSTRY: ***Information Receiver Postal Zone or ZIP Code***

CODE SOURCE **51:** ZIP Code

| SITUATIONAL | N404 | 26 | **Country Code** | O | ID | 2/3 |
|---|---|---|---|---|---|---|

Code identifying the country

CODE SOURCE **5:** Countries, Currencies and Funds

**This is required when the address is outside the US.**

| NOT USED | N405 | 309 | **Location Qualifier** | X | ID | 1/2 |
|---|---|---|---|---|---|---|
| NOT USED | N406 | 310 | **Location Identifier** | O | AN | 1/30 |

**IMPLEMENTATION**

# PREMIUM PAYER'S NAME

**Loop:** 1000B — PREMIUM PAYER'S NAME   **Repeat:** 1

**Usage:** REQUIRED

**Repeat:** 1

**Notes:**   1. **This segment is used to relay the name and an identifier of the premium payer.**

**Example:** N1✶PR✶ABC COMPANY✶1✶123456789~

**STANDARD**

## N1 Name

**Level:** Header

**Position:** 070

**Loop:** N1   **Repeat:** >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To identify a party by type of organization, name, and code

**Set Notes:**   1. The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.

**Syntax:**   1. **R0203**
   At least one of N102 or N103 is required.

   2. **P0304**
   If either N103 or N104 is present, then the other is required.

**DIAGRAM**

| N1 ✶ | N101 98 **Entity ID Code** M ID 2/3 | ✶ | N102 93 **Name** X AN 1/60 | ✶ | N103 66 **ID Code Qualifier** X ID 1/2 | ✶ | N104 67 **ID Code** X AN 2/80 | ✶ | N105 706 ~~Entity Relat Code~~ O ID 2/2 | ✶ | N106 98 ~~Entity ID Code~~ O ID 2/3 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | N101 | 98 | **Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual | M | ID | 2/3 |

**For HIPAA Health Premium Payments this element is REQUIRED.**

| | CODE | DEFINITION |
|---|---|---|
| | **PR** | **Payer** |

| SITUATIONAL | N102 | 93 | **Name** | X | AN | 1/60 |
|---|---|---|---|---|---|---|

Free-form name

*HEALTH CARE INDUSTRY:* **Premium Payer Name**

**SYNTAX:** R0203

This is required when the receiver needs the sender's name.

For HIPAA Health Premium Payments this element is REQUIRED.

| SITUATIONAL | N103 | 66 | **Identification Code Qualifier** | X | ID | 1/2 |
|---|---|---|---|---|---|---|

Code designating the system/method of code structure used for Identification Code (67)

**SYNTAX:** R0203, P0304

This is required when the receiver needs a unique identification for the sender.

For HIPAA Health Premium Payments this element is REQUIRED.

**65      National Employer Identification**
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 | DEFINITION |
|---|---|
| **1** | **D-U-N-S Number, Dun & Bradstreet** |
| | CODE SOURCE **16:** D-U-N-S Number |
| **9** | **D-U-N-S+4, D-U-N-S Number with Four Character Suffix** |
| | CODE SOURCE **16:** D-U-N-S Number |
| **24** | **Employer's Identification Number** |
| **75** | **State or Province Assigned Number** |
| | **Used by States when remitting Medicare premium payments (in participation with a "State Buy- In" program).** |
| **EQ** | **Insurance Company Assigned Identification Number** |
| **FI** | **Federal Taxpayer's Identification Number** |
| **PI** | **Payor Identification** |
| | **Used by the federal government to identify a federal agency's payroll office.** |

| SITUATIONAL | N104 | 67 | **Identification Code** | X | AN | 2/80 |
|---|---|---|---|---|---|---|

Code identifying a party or other code

*HEALTH CARE INDUSTRY:* **Premium Payer Identifier**

**SYNTAX:** P0304

**COMMENT:** 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.

| NOT USED | N105 | 706 | **Entity Relationship Code** | O | ID | 2/2 |
|---|---|---|---|---|---|---|

| NOT USED | N106 | 98 | Entity Identifier Code | O | ID | 2/3 |

**IMPLEMENTATION**

# PREMIUM PAYER ADDITIONAL NAME

**Loop:** **1000B — PREMIUM PAYER'S NAME**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:** 1. **This is required when the sender needs more characters than available in the N102.**

**Example:** **N2✽Name continuation~**

**STANDARD**

**N2** Additional Name Information

**Level:** Header

**Position:** 080

**Loop:** N1

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify additional names or those longer than 35 characters in length

**DIAGRAM**



**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | N201 | 93 | **Name** <br> Free-form name | M | AN | 1/60 |
| | | | *HEALTH CARE INDUSTRY:* ***Premium Payer Additional Name*** | | | |
| NOT USED | N202 | 93 | **Name** | O | AN | 1/60 |

**IMPLEMENTATION**

# PREMIUM PAYER'S ADDRESS

**Loop:** 1000B — PREMIUM PAYER'S NAME

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:** 1. This segment is used to relay the premium payer's address lines other than City, State, or ZIP.

2. This is required when the Premium Payer's Address needs to be printed on the check.

3. For EFT payments this segment is not used.

**Example:** N3✳100 MAIN STREET~

**STANDARD**

**N3** Address Information

**Level:** Header

**Position:** 090

**Loop:** N1

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify the location of the named party

**DIAGRAM**

N3 ✳
| N301 | 166 |
| Address Information |
| M  AN  1/55 |
✳
| N302 | 166 |
| Address Information |
| O  AN  1/55 |
~
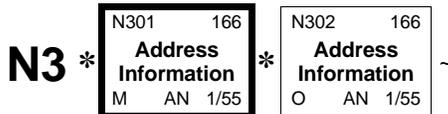
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | N301 | 166 | **Address Information** <br> Address information | M | AN | 1/55 |
| | | | *HEALTH CARE INDUSTRY:* **Premium Payer Address Line** | | | |
| SITUATIONAL | N302 | 166 | **Address Information** <br> Address information | O | AN | 1/55 |
| | | | *HEALTH CARE INDUSTRY:* **Premium Payer Address Line** | | | |
| | | | **This is required when the sender needs to relay additional lines of their address to the receiver.** | | | |
| | | | **Required if a second address line exists.** | | | |

**IMPLEMENTATION**

# PREMIUM PAYER'S CITY, STATE, ZIP

**Loop:** 1000B — PREMIUM PAYER'S NAME

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:**
1. This segment is used to relay the premium payer's city, state and zip.

2. This is required when the Premium Payer's city, state, zip needs to be printed on the check.

3. For EFT payments this segment is not used.

**Example:** N4✳HARTFORD✳CT✳06120~

**STANDARD**

**N4** Geographic Location

**Level:** Header

**Position:** 100

**Loop:** N1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax:**
1. **C0605**
   If N406 is present, then N405 is required.

**DIAGRAM**

| N4 ✳ | N401 19 **City Name** O AN 2/30 | ✳ | N402 156 **State or Prov Code** O ID 2/2 | ✳ | N403 116 **Postal Code** O ID 3/15 | ✳ | N404 26 **Country Code** O ID 2/3 | ✳ | N405 309 ~~Location Qualifier~~ X ID 1/2 | ✳ | N406 310 ~~Location Identifier~~ O AN 1/30 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | N401 | 19 | **City Name** Free-form text for city name | O | AN | 2/30 |
| | | | *HEALTH CARE INDUSTRY:* **Premium Payer City Name** | | | |
| | | | COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. | | | |
| **REQUIRED** | N402 | 156 | **State or Province Code** Code (Standard State/Province) as defined by appropriate government agency | O | ID | 2/2 |
| | | | *HEALTH CARE INDUSTRY:* **Premium Payer State Code** | | | |
| | | | COMMENT: 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 | **N403** | **116** | **Postal Code** | **O** | **ID** | **3/15** |
|---|---|---|---|---|---|---|

Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

*HEALTH CARE INDUSTRY:* ***Premium Payer Postal Zone or ZIP Code***

**CODE SOURCE 51:** ZIP Code

| SITUATIONAL | **N404** | **26** | **Country Code** | **O** | **ID** | **2/3** |
|---|---|---|---|---|---|---|

Code identifying the country

**CODE SOURCE 5:** Countries, Currencies and Funds

**This is required when the address is outside the US.**

| NOT USED | **N405** | **309** | **Location Qualifier** | **X** | **ID** | **1/2** |
|---|---|---|---|---|---|---|
| NOT USED | **N406** | **310** | **Location Identifier** | **O** | **AN** | **1/30** |

# PREMIUM PAYER'S ADMINISTRATIVE CONTACT

**Loop:** 1000B — PREMIUM PAYER'S NAME

**Usage:** SITUATIONAL

**Repeat:** >1

**Notes:** 1. This segment is used to relay a premium payer's administrative contact.

2. 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.

3. By definition of the standard, if PER03 is used, PER04 is required.

**Example:** PER✳IC✳JOHN SMITH✳TE✳8001234567✳EX✳9876✳FX✳✳8008889999~

**PER** Administrative Communications Contact

**Level:** Header

**Position:** 120

**Loop:** N1

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax:** 1. **P0304**
If either PER03 or PER04 is present, then the other is required.

2. **P0506**
If either PER05 or PER06 is present, then the other is required.

3. **P0708**
If either PER07 or PER08 is present, then the other is required.

## DIAGRAM

| PER | PER01 366<br>**Contact<br>Funct Code**<br>M ID 2/2 | PER02 93<br>**Name**<br>O AN 1/60 | PER03 365<br>**Comm<br>Number Qual**<br>X ID 2/2 | PER04 364<br>**Comm<br>Number**<br>X AN 1/80 | PER05 365<br>**Comm<br>Number Qual**<br>X ID 2/2 | PER06 364<br>**Comm<br>Number**<br>X AN 1/80 |
|---|---|---|---|---|---|---|

| PER07 365<br>**Comm<br>Number Qual**<br>X ID 2/2 | PER08 364<br>**Comm<br>Number**<br>X AN 1/80 | PER09 443<br>~~Contact Inq<br>Reference~~<br>O AN 1/20 | ~ |
|---|---|---|---|

## ELEMENT SUMMARY

| USAGE | REF.<br>DES. | DATA<br>ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **PER01** | **366** | **Contact Function Code** | **M** | **ID** | **2/2** |

Code identifying the major duty or responsibility of the person or group named

| | CODE | DEFINITION |
|---|---|---|
| | **IC** | **Information Contact** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **PER02** | **93** | **Name** | **O** | **AN** | **1/60** |

Free-form name

*HEALTH CARE INDUSTRY:* **Premium Payer Contact 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).**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **PER03** | **365** | **Communication Number Qualifier** | **X** | **ID** | **2/2** |

Code identifying the type of communication number

**SYNTAX:** P0304

**This is required when the sender needs to relay communication information.**

| | CODE | DEFINITION |
|---|---|---|
| | **EM** | **Electronic Mail** |
| | **FX** | **Facsimile** |
| | **TE** | **Telephone** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **PER04** | **364** | **Communication Number** | **X** | **AN** | **1/80** |

Complete communications number including country or area code when applicable

**SYNTAX:** P0304

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **PER05** | **365** | **Communication Number Qualifier** | **X** | **ID** | **2/2** |

Code identifying the type of communication number

**SYNTAX:** P0506

**This is required when the sender needs to relay communication information.**

| | CODE | DEFINITION |
|---|---|---|
| | **EM** | **Electronic Mail** |

| | | |
|---|---|---|
| **EX** | **Telephone Extension** | |
| | **When used, the value following this code is the extension for the preceding communications contact number.** | |
| **FX** | **Facsimile** | |
| **TE** | **Telephone** | |

| SITUATIONAL | **PER06** | **364** | **Communication Number** | **X** | **AN** | **1/80** |
|---|---|---|---|---|---|---|

Complete communications number including country or area code when applicable

SYNTAX: P0506

| SITUATIONAL | **PER07** | **365** | **Communication Number Qualifier** | **X** | **ID** | **2/2** |
|---|---|---|---|---|---|---|

Code identifying the type of communication number

SYNTAX: P0708

**This is required when the sender needs to relay communication information.**

| CODE | DEFINITION |
|---|---|
| **EM** | **Electronic Mail** |
| **EX** | **Telephone Extension** |
| | **When used, the value following this code is the extension for the preceding communications contact number.** |
| **FX** | **Facsimile** |
| **TE** | **Telephone** |

| SITUATIONAL | **PER08** | **364** | **Communication Number** | **X** | **AN** | **1/80** |
|---|---|---|---|---|---|---|

Complete communications number including country or area code when applicable

SYNTAX: P0708

| NOT USED | **PER09** | **443** | **Contact Inquiry Reference** | **O** | **AN** | **1/20** |
|---|---|---|---|---|---|---|

**IMPLEMENTATION**

# ORGANIZATION SUMMARY REMITTANCE

**Loop:** 2000A — ORGANIZATION SUMMARY REMITTANCE   **Repeat:** 1

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:** 1. **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.**

**Example:** **ENT✽1✽2L✽1✽9325671910~**

**STANDARD**

## ENT Entity

**Level:** Detail

**Position:** 010

**Loop:** ENT   **Repeat:** >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

**Set Notes:** 1. The ENT loop is for vendor or consumer third party consolidated payments.

2. ENT09 may contain the payee's accounts receivable customer number.

**Syntax:** 1. **P020304**
If either ENT02, ENT03 or ENT04 are present, then the others are required.

2. **P050607**
If either ENT05, ENT06 or ENT07 are present, then the others are required.

3. **P0809**
If either ENT08 or ENT09 is present, then the other is required.

**DIAGRAM**

| ENT01 554 Assigned Number O N0 1/6 | ENT02 98 Entity ID Code X ID 2/3 | ENT03 66 ID Code Qualifier X ID 1/2 | ENT04 67 ID Code X AN 2/80 | ENT05 98 Entity ID Code X ID 2/3 | ENT06 66 ID Code Qualifier X ID 1/2 |
|---|---|---|---|---|---|

| ENT07 67 ID Code X AN 2/80 | ENT08 128 Reference Ident Qual X ID 2/3 | ENT09 127 Reference Ident X AN 1/30 |
|---|---|---|

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | ENT01 | 554 | **Assigned Number**<br>Number assigned for differentiation within a transaction set | O | N0 | 1/6 |
| REQUIRED | ENT02 | 98 | **Entity Identifier Code**<br>Code identifying an organizational entity, a physical location, property or an individual | X | ID | 2/3 |

SYNTAX: P020304

| CODE | DEFINITION |
|---|---|
| **2L** | **Corporation**<br>**This code is used to identify an organization level (summary level bill payment only).** |

| SITUATIONAL | ENT03 | 66 | **Identification Code Qualifier**<br>Code designating the system/method of code structure used for Identification Code (67) | X | ID | 1/2 |
|---|---|---|---|---|---|---|

SYNTAX: P020304

**65    National Employer Identification**
**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 | DEFINITION |
|---|---|
| **1** | **D-U-N-S Number, Dun & Bradstreet** |
| | CODE SOURCE **16:** D-U-N-S Number |
| **9** | **D-U-N-S+4, D-U-N-S Number with Four Character Suffix** |
| | CODE SOURCE **16:** D-U-N-S Number |
| **FI** | **Federal Taxpayer's Identification Number** |

| SITUATIONAL | ENT04 | 67 | **Identification Code**<br>Code identifying a party or other code | X | AN | 2/80 |
|---|---|---|---|---|---|---|

HEALTH CARE INDUSTRY: *Organization Identification Code*

SYNTAX: P020304

**For HIPAA Health Premium Payments this element is REQUIRED.**

| NOT USED | ENT05 | 98 | **Entity Identifier Code** | X | ID | 2/3 |
|---|---|---|---|---|---|---|
| NOT USED | ENT06 | 66 | **Identification Code Qualifier** | X | ID | 1/2 |
| NOT USED | ENT07 | 67 | **Identification Code** | X | AN | 2/80 |
| NOT USED | ENT08 | 128 | **Reference Identification Qualifier** | X | ID | 2/3 |
| NOT USED | ENT09 | 127 | **Reference Identification** | X | AN | 1/30 |

**IMPLEMENTATION**

# ORGANIZATION SUMMARY REMITTANCE DETAIL

**Loop:** **2300A — ORGANIZATION SUMMARY REMITTANCE DETAIL   Repeat:   >1**

**Usage:** **REQUIRED**

**Repeat:** **1**

**Notes:** **1. Used to provide detailed remittance information related to summary bill payment.**

**Example:** **RMR✳IK✳123456789✳PI✳250.00~**

**STANDARD**

**RMR** Remittance Advice Accounts Receivable Open Item Reference

**Level:** Detail

**Position:** 150

**Loop:** ENT/RMR   **Repeat:**   >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

**Set Notes:** 1. Loop RMR is for open items being referenced or for payment on account.

**Syntax:** 1. **P0102**
If either RMR01 or RMR02 is present, then the other is required.

2. **P0708**
If either RMR07 or RMR08 is present, then the other is required.

**DIAGRAM**

| RMR | RMR01 128 Reference Ident Qual X ID 2/3 | RMR02 127 Reference Ident X AN 1/30 | RMR03 482 Payment Action Code O ID 2/2 | RMR04 782 Monetary Amount O R 1/18 | RMR05 782 Monetary Amount O R 1/18 | RMR06 782 ~~Monetary Amount~~ O R 1/18 |
|---|---|---|---|---|---|---|

| RMR07 426 ~~Adjustment Reason Code~~ X ID 2/2 | RMR08 782 ~~Monetary Amount~~ X R 1/18 | ~ |
|---|---|---|

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **RMR01** | **128** | **Reference Identification Qualifier** <br> Code qualifying the Reference Identification | X | ID | 2/3 |

**SYNTAX:** P0102

**COMMENT:** Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.

| CODE | DEFINITION |
|---|---|
| **11** | **Account Number** |
| **1L** | **Group or Policy Number** <br><br> **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.** |
| **CT** | **Contract Number** |
| **IK** | **Invoice Number** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **RMR02** | **127** | **Reference Identification** <br> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | X | AN | 1/30 |

*HEALTH CARE INDUSTRY:* **Contract, Invoice, Account, Group, or Policy Number**

**SYNTAX:** P0102

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **SITUATIONAL** | **RMR03** | **482** | **Payment Action Code** <br> Code specifying the accounts receivable open item(s), if any, to be included in the cash application. | O | ID | 2/2 |

**SEMANTIC:** If RMR03 is present, it specifies how the cash is to be applied.

**COMMENT:** 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.**

| CODE | DEFINITION |
|---|---|
| **PA** | **Payment in Advance** |
| **PI** | **Pay Item** |
| **PO** | **Payment on Account** |
| **PP** | **Partial Payment** |

| REQUIRED | RMR04 | 782 | Monetary Amount | O | R | 1/18 |

Monetary amount

*HEALTH CARE INDUSTRY:* **Detail Premium Payment Amount**

**SEMANTIC:** RMR04 is the amount paid.

**The amount being paid on this remittance item.**

| SITUATIONAL | RMR05 | 782 | Monetary Amount | O | R | 1/18 |

Monetary amount

*HEALTH CARE INDUSTRY:* **Billed Premium Amount**

**SEMANTIC:** 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.

**COMMENT:** 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.**

| NOT USED | RMR06 | 782 | Monetary Amount | O | R | 1/18 |
| NOT USED | RMR07 | 426 | Adjustment Reason Code | X | ID | 2/2 |
| NOT USED | RMR08 | 782 | Monetary Amount | X | R | 1/18 |

**IMPLEMENTATION**

# SUMMARY LINE ITEM

**Loop:** **2310A — SUMMARY LINE ITEM**   **Repeat:**   **1**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:**   **1. Used to provide optional member counts under a summary RMR item. The member count will be transmitted in the SLN segment to follow.**

   **2. For HIPAA Health Premium Payments this segment is REQUIRED.**

**Example:** **IT1✽1~**

**STANDARD**

**IT1** Baseline Item Data (Invoice)

**Level:** Detail

**Position:** 190

**Loop:** ENT/RMR/IT1   **Repeat:**   >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify the basic and most frequently used line item data for the invoice and related transactions

**Set Notes:**   **1.** Loop IT1 within the RMR loop is the remittance line item detail loop.

**Syntax:**   **1. P020304**
If either IT102, IT103 or IT104 are present, then the others are required.

   **2. P0607**
If either IT106 or IT107 is present, then the other is required.

   **3. P0809**
If either IT108 or IT109 is present, then the other is required.

   **4. P1011**
If either IT110 or IT111 is present, then the other is required.

   **5. P1213**
If either IT112 or IT113 is present, then the other is required.

   **6. P1415**
If either IT114 or IT115 is present, then the other is required.

   **7. P1617**
If either IT116 or IT117 is present, then the other is required.

   **8. P1819**
If either IT118 or IT119 is present, then the other is required.

   **9. P2021**
If either IT120 or IT121 is present, then the other is required.

   **10. P2223**
If either IT122 or IT123 is present, then the other is required.

**11. P2425**
If either IT124 or IT125 is present, then the other is required.

## DIAGRAM

| | | | | | |
|---|---|---|---|---|---|
| IT101 350 Assigned ID O AN 1/20 | IT102 358 Quantity Invoiced X R 1/10 | IT103 355 Unit/Basis Meas Code X ID 2/2 | IT104 212 Unit Price X R 1/17 | IT105 639 Basis Unit Price Code O ID 2/2 | IT106 235 Prod/Serv ID Qual X ID 2/2 |
| IT107 234 Product/ Service ID X AN 1/48 | IT108 235 Prod/Serv ID Qual X ID 2/2 | IT109 234 Product/ Service ID X AN 1/48 | IT110 235 Prod/Serv ID Qual X ID 2/2 | IT111 234 Product/ Service ID X AN 1/48 | IT112 235 Prod/Serv ID Qual X ID 2/2 |
| IT113 234 Product/ Service ID X AN 1/48 | IT114 235 Prod/Serv ID Qual X ID 2/2 | IT115 234 Product/ Service ID X AN 1/48 | IT116 235 Prod/Serv ID Qual X ID 2/2 | IT117 234 Product/ Service ID X AN 1/48 | IT118 235 Prod/Serv ID Qual X ID 2/2 |
| IT119 234 Product/ Service ID X AN 1/48 | IT120 235 Prod/Serv ID Qual X ID 2/2 | IT121 234 Product/ Service ID X AN 1/48 | IT122 235 Prod/Serv ID Qual X ID 2/2 | IT123 234 Product/ Service ID X AN 1/48 | IT124 235 Prod/Serv ID Qual X ID 2/2 |
| IT125 234 Product/ Service ID X AN 1/48 ~ | | | | | |

## ELEMENT SUMMARY

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **IT101** | **350** | **Assigned Identification** | **O** | **AN** | **1/20** |

Alphanumeric characters assigned for differentiation within a transaction set

*HEALTH CARE INDUSTRY:* **Line Item Control Number**

**SEMANTIC**: IT101 is the purchase order line item identification.

**Assigned for uniqueness, suggest "1" be used.**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **NOT USED** | **IT102** | **358** | **Quantity Invoiced** | **X** | **R** | **1/10** |
| **NOT USED** | **IT103** | **355** | **Unit or Basis for Measurement Code** | **X** | **ID** | **2/2** |
| **NOT USED** | **IT104** | **212** | **Unit Price** | **X** | **R** | **1/17** |
| **NOT USED** | **IT105** | **639** | **Basis of Unit Price Code** | **O** | **ID** | **2/2** |
| **NOT USED** | **IT106** | **235** | **Product/Service ID Qualifier** | **X** | **ID** | **2/2** |
| **NOT USED** | **IT107** | **234** | **Product/Service ID** | **X** | **AN** | **1/48** |
| **NOT USED** | **IT108** | **235** | **Product/Service ID Qualifier** | **X** | **ID** | **2/2** |
| **NOT USED** | **IT109** | **234** | **Product/Service ID** | **X** | **AN** | **1/48** |
| **NOT USED** | **IT110** | **235** | **Product/Service ID Qualifier** | **X** | **ID** | **2/2** |
| **NOT USED** | **IT111** | **234** | **Product/Service ID** | **X** | **AN** | **1/48** |
| **NOT USED** | **IT112** | **235** | **Product/Service ID Qualifier** | **X** | **ID** | **2/2** |

| NOT USED | IT113 | 234 | **Product/Service ID** | X | AN | 1/48 |
|---|---|---|---|---|---|---|
| NOT USED | IT114 | 235 | **Product/Service ID Qualifier** | X | ID | 2/2 |
| NOT USED | IT115 | 234 | **Product/Service ID** | X | AN | 1/48 |
| NOT USED | IT116 | 235 | **Product/Service ID Qualifier** | X | ID | 2/2 |
| NOT USED | IT117 | 234 | **Product/Service ID** | X | AN | 1/48 |
| NOT USED | IT118 | 235 | **Product/Service ID Qualifier** | X | ID | 2/2 |
| NOT USED | IT119 | 234 | **Product/Service ID** | X | AN | 1/48 |
| NOT USED | IT120 | 235 | **Product/Service ID Qualifier** | X | ID | 2/2 |
| NOT USED | IT121 | 234 | **Product/Service ID** | X | AN | 1/48 |
| NOT USED | IT122 | 235 | **Product/Service ID Qualifier** | X | ID | 2/2 |
| NOT USED | IT123 | 234 | **Product/Service ID** | X | AN | 1/48 |
| NOT USED | IT124 | 235 | **Product/Service ID Qualifier** | X | ID | 2/2 |
| NOT USED | IT125 | 234 | **Product/Service ID** | X | AN | 1/48 |

# MEMBER COUNT

**Loop:** **2315A — MEMBER COUNT** **Repeat:** **>1**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:** **1. 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).**

**2. 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.**

**3. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED.**

**Example:** **SLN✱1✱✱O✱150✱IE~**

## SLN Subline Item Detail

**Level:** Detail

**Position:** 204

**Loop:** ENT/RMR/IT1/SLN **Repeat:** >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify product subline detail item data

**Syntax:** **1. P0405**
If either SLN04 or SLN05 is present, then the other is required.

**2. C0706**
If SLN07 is present, then SLN06 is required.

**3. C0806**
If SLN08 is present, then SLN06 is required.

**4. P0910**
If either SLN09 or SLN10 is present, then the other is required.

**5. P1112**
If either SLN11 or SLN12 is present, then the other is required.

**6. P1314**
If either SLN13 or SLN14 is present, then the other is required.

**7. P1516**
If either SLN15 or SLN16 is present, then the other is required.

**8. P1718**
If either SLN17 or SLN18 is present, then the other is required.

9. **P1920**

   If either SLN19 or SLN20 is present, then the other is required.

10. **P2122**

    If either SLN21 or SLN22 is present, then the other is required.

11. **P2324**

    If either SLN23 or SLN24 is present, then the other is required.

12. **P2526**

    If either SLN25 or SLN26 is present, then the other is required.

13. **P2728**

    If either SLN27 or SLN28 is present, then the other is required.

## DIAGRAM

| | SLN01 350<br>**Assigned ID**<br>M   AN  1/20 | SLN02 350<br>~~**Assigned ID**~~<br>O   AN  1/20 | SLN03 662<br>**Price Relat Code**<br>M   ID   1/1 | SLN04 380<br>**Quantity**<br>X   R   1/15 | SLN05 C001<br>**Composite Unit of Mea**<br>X | SLN06 212<br>~~**Unit Price**~~<br>X   R   1/17 |
|---|---|---|---|---|---|---|
| **SLN** ✳ | ✳ | ✳ | ✳ | ✳ | ✳ | ✳ |

| ✳ | SLN07 639<br>~~**Basis Unit Price Code**~~<br>O   ID   2/2 | ✳ | SLN08 662<br>~~**Price Relat Code**~~<br>O   ID   1/1 | ✳ | SLN09 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN10 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ | SLN11 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN12 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| ✳ | SLN13 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN14 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ | SLN15 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN16 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ | SLN17 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN18 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| ✳ | SLN19 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN20 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ | SLN21 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN22 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ | SLN23 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN24 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| ✳ | SLN25 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN26 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ✳ | SLN27 235<br>~~**Prod/Serv ID Qual**~~<br>X   ID   2/2 | ✳ | SLN28 234<br>~~**Product/ Service ID**~~<br>X   AN  1/48 | ~ |
|---|---|---|---|---|---|---|---|---|

## ELEMENT SUMMARY

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **SLN01** | 350 | **Assigned Identification** | M   AN   1/20 |

Alphanumeric characters assigned for differentiation within a transaction set

*HEALTH CARE INDUSTRY:* **Line Item Control Number**

**SEMANTIC:** SLN01 is the identifying number for the subline item.

**COMMENT:** 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 1.

**Assigned for uniqueness, suggest "1" be used.**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **SLN02** | 350 | **Assigned Identification** | O   AN   1/20 |

| REQUIRED | SLN03 | 662 | **Relationship Code** | M | ID | 1/1 |
| | | | Code indicating the relationship between entities | | | |

*HEALTH CARE INDUSTRY:* **Information Only Indicator**

**SEMANTIC:** SLN03 is the configuration code indicating the relationship of the subline item to the baseline item.

| CODE | DEFINITION |
| --- | --- |
| **O** | **Information Only** |

| REQUIRED | SLN04 | 380 | **Quantity** | X | R | 1/15 |
| | | | Numeric value of quantity | | | |

*HEALTH CARE INDUSTRY:* **Head Count**

**SYNTAX:** P0405

**This is the number of contract holders with the type of coverage identified in SLN05-1.**

| REQUIRED | SLN05 | C001 | **COMPOSITE UNIT OF MEASURE** | X | | |
| | | | To identify a composite unit of measure | | | |

| REQUIRED | SLN05 - 1 | 355 | **Unit or Basis for Measurement Code** | M | ID | 2/2 |
| | | | Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken | | | |

| CODE | DEFINITION |
| --- | --- |
| **10** | **Group** |
| | **Used to identify that the value in SLN04 represents the number of contract holders with Family coverage.** |
| **IE** | **Person** |
| | **Used to identify that the value of SLN04 represents the number of contract holders with Individual coverage.** |
| **PR** | **Pair** |
| | **Used to identify that the value in SLN04 represents the number of contract holders with Self and Spouse Only coverage.** |

| NOT USED | SLN05 - 2 | 1018 | **Exponent** | O | R | 1/15 |
| NOT USED | SLN05 - 3 | 649 | **Multiplier** | O | R | 1/10 |
| NOT USED | SLN05 - 4 | 355 | **Unit or Basis for Measurement Code** | O | ID | 2/2 |
| NOT USED | SLN05 - 5 | 1018 | **Exponent** | O | R | 1/15 |
| NOT USED | SLN05 - 6 | 649 | **Multiplier** | O | R | 1/10 |
| NOT USED | SLN05 - 7 | 355 | **Unit or Basis for Measurement Code** | O | ID | 2/2 |
| NOT USED | SLN05 - 8 | 1018 | **Exponent** | O | R | 1/15 |
| NOT USED | SLN05 - 9 | 649 | **Multiplier** | O | R | 1/10 |
| NOT USED | SLN05 - 10 | 355 | **Unit or Basis for Measurement Code** | O | ID | 2/2 |
| NOT USED | SLN05 - 11 | 1018 | **Exponent** | O | R | 1/15 |
| NOT USED | SLN05 - 12 | 649 | **Multiplier** | O | R | 1/10 |
| NOT USED | SLN05 - 13 | 355 | **Unit or Basis for Measurement Code** | O | ID | 2/2 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NOT USED | SLN05 - 14 | | 1018 | Exponent | O | R | 1/15 |
| NOT USED | SLN05 - 15 | | 649 | Multiplier | O | R | 1/10 |
| NOT USED | SLN06 | 212 | | Unit Price | X | R | 1/17 |
| NOT USED | SLN07 | 639 | | Basis of Unit Price Code | O | ID | 2/2 |
| NOT USED | SLN08 | 662 | | Relationship Code | O | ID | 1/1 |
| NOT USED | SLN09 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN10 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN11 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN12 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN13 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN14 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN15 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN16 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN17 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN18 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN19 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN20 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN21 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN22 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN23 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN24 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN25 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN26 | 234 | | Product/Service ID | X | AN | 1/48 |
| NOT USED | SLN27 | 235 | | Product/Service ID Qualifier | X | ID | 2/2 |
| NOT USED | SLN28 | 234 | | Product/Service ID | X | AN | 1/48 |

**IMPLEMENTATION**

# ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT

**Loop:** **2320A — ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT**   **Repeat:**   **>1**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:**   1. **This segment is used to provide an adjustment made at a summary level of a payment.**

2. **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.**

**Example:**   **ADX✳150✳20~**

**STANDARD**

## ADX Adjustment

**Level:** Detail

**Position:** 210

**Loop:** ENT/RMR/ADX   **Repeat:**   >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos

**Set Notes:**   1. 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).

**Syntax:**   1. **P0304**
If either ADX03 or ADX04 is present, then the other is required.

**DIAGRAM**

| ADX | ✳ | ADX01 782<br>**Monetary Amount**<br>M    R    1/18 | ✳ | ADX02 426<br>**Adjustment Reason Code**<br>M    ID    2/2 | ✳ | ADX03 128<br>~~Reference Ident Qual~~<br>X    ID    2/3 | ✳ | ADX04 127<br>~~Reference Ident~~<br>X    AN    1/30 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | ADX01 | 782 | **Monetary Amount**<br>Monetary amount | M | R | 1/18 |

*HEALTH CARE INDUSTRY:* ***Adjustment Amount***

**SEMANTIC:** 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.

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | ADX02 | 426 | **Adjustment Reason Code**<br>Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment | M | ID | 2/2 |

**SEMANTIC:** ADX02 specifies the reason for claiming the adjustment.

| CODE | DEFINITION |
|---|---|
| **20** | **Balance Due Declined**<br>**Used when the entire balance due is being disputed.** |
| **52** | **Credit for Previous Overpayment** |
| **53** | **Remittance for Previous Underpayment** |
| **AA** | **Prepaid Benefit or Advances** |
| **H1** | **Information Forthcoming**<br>**Detailed information related to the adjustment will be provided through a separate mechanism.** |
| **H6** | **Partial Payment Remitted**<br>**Used when the payer does not have sufficient funds to remit the full balance.** |
| **IA** | **Invoice Amount Does Not Match Account Analysis Statement**<br>**Used when the invoice does not match the expectation for number or number/type of members and charges.** |
| **J3** | **Promised Adjustment Not Received**<br>**Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| NOT USED | ADX03 | 128 | **Reference Identification Qualifier** | X | ID | 2/3 |
| NOT USED | ADX04 | 127 | **Reference Identification** | X | AN | 1/30 |

**IMPLEMENTATION**

# INDIVIDUAL REMITTANCE

**Loop:** **2000B — INDIVIDUAL REMITTANCE    Repeat:    >1**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:**    **1. 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.**

**Example:** **ENT✳1✳2J✳34✳030668776~**

**STANDARD**

## ENT Entity

**Level:** Detail

**Position:** 010

**Loop:** ENT    **Repeat:**    >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

**Set Notes:**    **1.** The ENT loop is for vendor or consumer third party consolidated payments.

**2.** ENT09 may contain the payee's accounts receivable customer number.

**Syntax:**    **1. P020304**
If either ENT02, ENT03 or ENT04 are present, then the others are required.

**2. P050607**
If either ENT05, ENT06 or ENT07 are present, then the others are required.

**3. P0809**
If either ENT08 or ENT09 is present, then the other is required.

**DIAGRAM**

| ENT01 554 | ENT02 98 | ENT03 66 | ENT04 67 | ENT05 98 | ENT06 66 |
|---|---|---|---|---|---|
| Assigned Number | Entity ID Code | ID Code Qualifier | ID Code | Entity ID Code | ID Code Qualifier |
| O    N0    1/6 | X    ID    2/3 | X    ID    1/2 | X    AN    2/80 | X    ID    2/3 | X    ID    1/2 |

| ENT07 67 | ENT08 128 | ENT09 127 |
|---|---|---|
| ID Code | Reference Ident Qual | Reference Ident |
| X    AN    2/80 | X    ID    2/3 | X    AN    1/30 |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | ENT01 | 554 | **Assigned Number** Number assigned for differentiation within a transaction set | O | N0 | 1/6 |
| REQUIRED | ENT02 | 98 | **Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual | X | ID | 2/3 |

SYNTAX: P020304

| CODE | DEFINITION |
|---|---|
| **2J** | **Individual** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | ENT03 | 66 | **Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) | X | ID | 1/2 |

SYNTAX: P020304

| CODE | DEFINITION |
|---|---|
| **34** | **Social Security Number** |
| **EI** | **Employee Identification Number** |
| **ZZ** | **Mutually Defined** The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction. This code is required under HIPAA. |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | ENT04 | 67 | **Identification Code** Code identifying a party or other code | X | AN | 2/80 |

*HEALTH CARE INDUSTRY:* ***Receiver's Individual Identifier***

SYNTAX: P020304

**This is the identification number of the individual used by the receiver.**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| NOT USED | ENT05 | 98 | **Entity Identifier Code** | X | ID | 2/3 |
| NOT USED | ENT06 | 66 | **Identification Code Qualifier** | X | ID | 1/2 |
| NOT USED | ENT07 | 67 | **Identification Code** | X | AN | 2/80 |
| NOT USED | ENT08 | 128 | **Reference Identification Qualifier** | X | ID | 2/3 |
| NOT USED | ENT09 | 127 | **Reference Identification** | X | AN | 1/30 |

# INDIVIDUAL NAME

**Loop: 2100B — INDIVIDUAL NAME   Repeat:   >1**

**Usage: SITUATIONAL**

**Repeat: 1**

**Notes:**   **1. This segment is used to relay the name and identifier of the individual for whom the premium payment is being submitted.**

**Example:   NM1✻EY✻1✻SHEPARD✻JESSICA✻✻✻✻EI✻999887777A~**

**NM1** Individual or Organizational Name

**Level:** Detail

**Position:** 020

**Loop:** ENT/NM1   **Repeat:**   >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To supply the full name of an individual or organizational entity

**Set Notes:**   1. 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).

**Syntax:**   **1. P0809**
   If either NM108 or NM109 is present, then the other is required.

   **2. C1110**
   If NM111 is present, then NM110 is required.
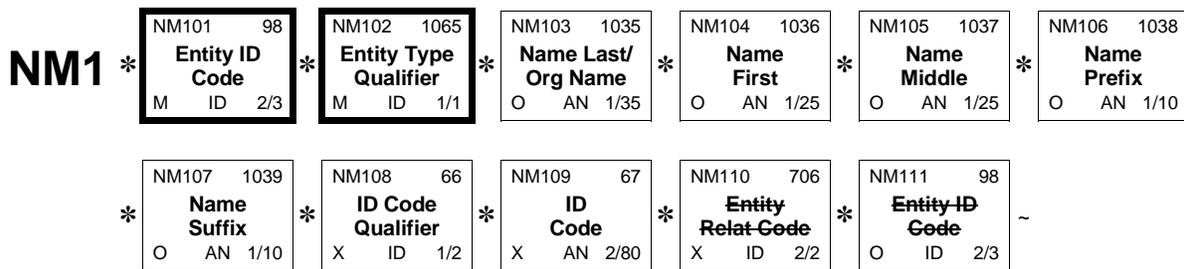
| NM1 ✻ | NM101 98 **Entity ID Code** M ID 2/3 | ✻ | NM102 1065 **Entity Type Qualifier** M ID 1/1 | ✻ | NM103 1035 **Name Last/ Org Name** O AN 1/35 | ✻ | NM104 1036 **Name First** O AN 1/25 | ✻ | NM105 1037 **Name Middle** O AN 1/25 | ✻ | NM106 1038 **Name Prefix** O AN 1/10 |
|---|---|---|---|---|---|---|---|---|---|---|---|

| ✻ | NM107 1039 **Name Suffix** O AN 1/10 | ✻ | NM108 66 **ID Code Qualifier** X ID 1/2 | ✻ | NM109 67 **ID Code** X AN 2/80 | ✻ | NM110 706 ~~Entity Relat Code~~ X ID 2/2 | ✻ | NM111 98 ~~Entity ID Code~~ O ID 2/3 | ~ |
|---|---|---|---|---|---|---|---|---|---|---|

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | NM101 | 98 | **Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual | M | ID | 2/3 |
| | | | CODE     DEFINITION | | | |
| | | | EY        **Employee Name** | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | **QE** | **Policyholder** | | |

| REQUIRED | NM102 | 1065 | **Entity Type Qualifier** | | M | ID | 1/1 |
|---|---|---|---|---|---|---|---|

Code qualifying the type of entity

**SEMANTIC:** NM102 qualifies NM103.

| CODE | DEFINITION |
|---|---|
| **1** | **Person** |

| SITUATIONAL | NM103 | 1035 | **Name Last or Organization Name** | | O | AN | 1/35 |
|---|---|---|---|---|---|---|---|

Individual last name or organizational name

*HEALTH CARE INDUSTRY:* **Individual Last Name**

**This is required when the sender needs to relay the individual's last name.**

| SITUATIONAL | NM104 | 1036 | **Name First** | | O | AN | 1/25 |
|---|---|---|---|---|---|---|---|

Individual first name

*HEALTH CARE INDUSTRY:* **Individual First Name**

**This is required when the sender needs to relay the individual's first name.**

| SITUATIONAL | NM105 | 1037 | **Name Middle** | | O | AN | 1/25 |
|---|---|---|---|---|---|---|---|

Individual middle name or initial

*HEALTH CARE INDUSTRY:* **Individual Middle Name**

**This is required when the sender needs to relay the individual's middle name.**

| SITUATIONAL | NM106 | 1038 | **Name Prefix** | | O | AN | 1/10 |
|---|---|---|---|---|---|---|---|

Prefix to individual name

*HEALTH CARE INDUSTRY:* **Individual Name Prefix**

**This is required when the sender needs to relay the individual's name prefix.**

| SITUATIONAL | NM107 | 1039 | **Name Suffix** | | O | AN | 1/10 |
|---|---|---|---|---|---|---|---|

Suffix to individual name

*HEALTH CARE INDUSTRY:* **Individual Name Suffix**

**This is required when the sender needs to relay the individual's name suffix.**

| SITUATIONAL | NM108 | 66 | **Identification Code Qualifier** | | X | ID | 1/2 |
|---|---|---|---|---|---|---|---|

Code designating the system/method of code structure used for Identification Code (67)

**SYNTAX:** P0809

**This is required when the sender needs to relay a unique identifier that is associated to the individual.**

| CODE | DEFINITION |
|---|---|
| **34** | **Social Security Number** |
| **EI** | **Employee Identification Number** |
| **N** | **Insured's Unique Identification Number** |

| SITUATIONAL | NM109 | 67 | **Identification Code** | X | AN | 2/80 |
|---|---|---|---|---|---|---|

Code identifying a party or other code

*HEALTH CARE INDUSTRY:* **Individual Identifier**

SYNTAX: P0809

| NOT USED | NM110 | 706 | **Entity Relationship Code** | X | ID | 2/2 |
|---|---|---|---|---|---|---|
| NOT USED | NM111 | 98 | **Entity Identifier Code** | O | ID | 2/3 |

**IMPLEMENTATION**

# INDIVIDUAL PREMIUM REMITTANCE DETAIL

**Loop:** 2300B — INDIVIDUAL PREMIUM REMITTANCE DETAIL  **Repeat:** >1

**Usage:** SITUATIONAL

**Repeat:** 1

**Notes:**   **1. Used to relay detailed remittance information related to an employee or member of a group plan.**

   **2. For HIPAA Health Premium Payments this segment is REQUIRED.**

**Example:** RMR✳B7✳123456789✳PI✳250.00~

**STANDARD**

**RMR** Remittance Advice Accounts Receivable Open Item Reference

**Level:** Detail

**Position:** 150

**Loop:** ENT/RMR  **Repeat:** >1

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

**Set Notes:**  **1.** Loop RMR is for open items being referenced or for payment on account.

**Syntax:**  **1. P0102**
    If either RMR01 or RMR02 is present, then the other is required.

  **2. P0708**
    If either RMR07 or RMR08 is present, then the other is required.

**DIAGRAM**

| RMR | ✳ | RMR01 128<br>**Reference Ident Qual**<br>X ID 2/3 | ✳ | RMR02 127<br>**Reference Ident**<br>X AN 1/30 | ✳ | RMR03 482<br>**Payment Action Code**<br>O ID 2/2 | ✳ | RMR04 782<br>**Monetary Amount**<br>O R 1/18 | ✳ | RMR05 782<br>**Monetary Amount**<br>O R 1/18 | ✳ | RMR06 782<br>~~Monetary Amount~~<br>O R 1/18 |

| ✳ | RMR07 426<br>~~Adjustment Reason Code~~<br>X ID 2/2 | ✳ | RMR08 782<br>~~Monetary Amount~~<br>X R 1/18 | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|

**REQUIRED** — RMR01 — 128 — **Reference Identification Qualifier** — X ID 2/3
Code qualifying the Reference Identification

**SYNTAX:** P0102

**COMMENT:** Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.

| CODE | DEFINITION |
|---|---|
| **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** |

**REQUIRED** — RMR02 — 127 — **Reference Identification** — X AN 1/30
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

*HEALTH CARE INDUSTRY:* **Insurance Remittance Reference Number**

**SYNTAX:** P0102

**SITUATIONAL** — RMR03 — 482 — **Payment Action Code** — O ID 2/2
Code specifying the accounts receivable open item(s), if any, to be included in the cash application.

**SEMANTIC:** If RMR03 is present, it specifies how the cash is to be applied.

**COMMENT:** 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 inform the receiver how to apply the payment.**

**For HIPAA Health Premium Payments this segment is NOT USED.**

| CODE | DEFINITION |
|---|---|
| **PI** | **Pay Item** |
| **PP** | **Partial Payment** |

| REQUIRED | RMR04 | 782 | **Monetary Amount** | O | R | 1/18 |
|---|---|---|---|---|---|---|

Monetary amount

HEALTH CARE INDUSTRY: *Detail Premium Payment Amount*

SEMANTIC: RMR04 is the amount paid.

**This is the amount being paid on this remittance item.**

| SITUATIONAL | RMR05 | 782 | **Monetary Amount** | O | R | 1/18 |
|---|---|---|---|---|---|---|

Monetary amount

HEALTH CARE INDUSTRY: *Billed Premium Amount*

SEMANTIC: 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.

COMMENT: 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.**

| NOT USED | RMR06 | 782 | **Monetary Amount** | O | R | 1/18 |
|---|---|---|---|---|---|---|
| NOT USED | RMR07 | 426 | **Adjustment Reason Code** | X | ID | 2/2 |
| NOT USED | RMR08 | 782 | **Monetary Amount** | X | R | 1/18 |

# INDIVIDUAL COVERAGE PERIOD

**Loop:** **2300B — INDIVIDUAL PREMIUM REMITTANCE DETAIL**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:**   **1. 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.**

   **2. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.**

**Example:** **DTM✱582✱✱✱✱RD8✱19970101-19970130~**

## DTM Date/Time Reference

**Level:** Detail

**Position:** 180

**Loop:** ENT/RMR

**Requirement:** Optional

**Max Use:** >1

**Purpose:** To specify pertinent dates and times

**Syntax:**   **1. R020305**
   At least one of DTM02, DTM03 or DTM05 is required.

   **2. C0403**
   If DTM04 is present, then DTM03 is required.

   **3. P0506**
   If either DTM05 or DTM06 is present, then the other is required.

| DTM ✱ | DTM01 374 Date/Time Qualifier M ID 3/3 | ✱ | DTM02 373 ~~Date~~ X DT 8/8 | ✱ | DTM03 337 ~~Time~~ X TM 4/8 | ✱ | DTM04 623 ~~Time Code~~ O ID 2/2 | ✱ | DTM05 1250 Date Time format Qual X ID 2/3 | ✱ | DTM06 1251 Date Time Period X AN 1/35 | ~ |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | | |
|---|---|---|---|---|---|---|---|
| **REQUIRED** | DTM01 | 374 | **Date/Time Qualifier** Code specifying type of date or time, or both date and time | | M | ID | 3/3 |
| | | | *HEALTH CARE INDUSTRY:* **Date Time Qualifier** | | | | |

| | CODE | DEFINITION |
|---|---|---|
| | **582** | **Report Period** |

| **NOT USED** | DTM02 | 373 | **Date** | | X | DT | 8/8 |
|---|---|---|---|---|---|---|---|

**94**

| NOT USED | DTM03 | 337 | Time | | X | TM | 4/8 |
|---|---|---|---|---|---|---|---|
| NOT USED | DTM04 | 623 | Time Code | | O | ID | 2/2 |
| REQUIRED | DTM05 | 1250 | **Date Time Period Format Qualifier** | | X | ID | 2/3 |

Code indicating the date format, time format, or date and time format

**SYNTAX:** R020305, P0506

| CODE | DEFINITION |
|---|---|
| **RD8** | **Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD** |

| REQUIRED | DTM06 | 1251 | **Date Time Period** | | X | AN | 1/35 |
|---|---|---|---|---|---|---|---|

Expression of a date, a time, or range of dates, times or dates and times

*HEALTH CARE INDUSTRY:* **Coverage Period**

**SYNTAX:** P0506

**IMPLEMENTATION**

# INDIVIDUAL PREMIUM ADJUSTMENT

**Loop: 2320B — INDIVIDUAL PREMIUM ADJUSTMENT   Repeat:   >1**

**Usage:**  **SITUATIONAL**

**Repeat:**  **1**

**Notes:**   **1. This segment is used to relay an adjustment made at an individual remittance detail level of a payment.**

**2. 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.**

**Example:**  **ADX✳150✳52~**

**STANDARD**

## ADX Adjustment

**Level:**  Detail

**Position:**  210

**Loop:**  ENT/RMR/ADX  **Repeat:**  >1

**Requirement:**  Optional

**Max Use:**  1

**Purpose:**  To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos

**Set Notes:**  **1.** 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).

**Syntax:**  **1. P0304**
If either ADX03 or ADX04 is present, then the other is required.

**DIAGRAM**



**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | ADX01 | 782 | Monetary Amount<br>Monetary amount | M | R | 1/18 |

*HEALTH CARE INDUSTRY:* **Adjustment Amount**

**SEMANTIC**: 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 | ADX02 | 426 | Adjustment Reason Code | M | ID | 2/2 |
|---|---|---|---|---|---|---|

Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment

**SEMANTIC:** ADX02 specifies the reason for claiming the adjustment.

| CODE | DEFINITION |
|---|---|
| **20** | **Balance Due Declined** |
| | **Used when the entire balance due is being disputed.** |
| **52** | **Credit for Previous Overpayment** |
| **53** | **Remittance for Previous Underpayment** |
| **AA** | **Prepaid Benefit or Advances** |
| **AX** | **Person No Longer Employed** |
| | **This adjustment should never be used as a substitute for a termination notice using the 834 transaction.** |
| **H1** | **Information Forthcoming** |
| | **Detailed information related to the adjustment will be provided through a separate mechanism.** |
| **H6** | **Partial Payment Remitted** |
| | **Used when the payer does not have sufficient funds to remit the full balance.** |
| **IA** | **Invoice Amount Does Not Match Account Analysis Statement** |
| | **Used when the invoice does not match the expectation for number or number/type of members and charges.** |
| **J3** | **Promised Adjustment Not Received** |
| | **Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.** |

| NOT USED | ADX03 | 128 | Reference Identification Qualifier | X | ID | 2/3 |
|---|---|---|---|---|---|---|
| NOT USED | ADX04 | 127 | Reference Identification | X | AN | 1/30 |

**IMPLEMENTATION**

# 820 TRAILER

**Usage:** **REQUIRED**

**Repeat:** **1**

**Example:** **SE∗28∗0002~**

**STANDARD**

**SE** Transaction Set Trailer

**Level:** Summary

**Position:** 010

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**DIAGRAM**



**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| REQUIRED | SE01 | 96 | **Number of Included Segments** <br> Total number of segments included in a transaction set including ST and SE segments <br><br> *HEALTH CARE INDUSTRY:* **Transaction Segment Count** | M | N0 | 1/10 |
| REQUIRED | SE02 | 329 | **Transaction Set Control Number** <br> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M | AN | 4/9 |

# 4 | EDI Transmission Examples for Different Business Uses

## 4.1 | Scenario One Description

Scenario One depicts a summary bill payment. This example shows a premium payer submitting an 820 transaction set to pay a group major medical and disability bill (Invoiced). The plan covers 80 employees. Seventy-five of the 80 employees have family coverage costing $220.00 per employee. Twenty-five of the 80 employees have disability coverage costing $100.00 for each employee. The total bill is $19,000.00. This is a summary bill payment because the premium receiver does not require the payment detail to list each individual employee in order to properly apply the payment.

The premium receiver has provided the premium payer with a plan number (12345), a group major medical invoice number of 970501001, and a disability invoice number of 970501002. The premium payment will be delivered using the ACH network. The 820 remittance detail will accompany the funds transfer.

## 4.1.1 | Scenario One Example

**Table 1**

| | |
|---|---|
| `ST*820*0001~` | Beginning of an 820 transaction set, Control number = 0001 |
| `BPR*C*19000.00*C*ACH*C`<br>`TX*01*999999992*DA*12`<br>`345678*1030449999**01`<br>`*199999999*DA*98765*1`<br>`9970516~` | Financial institution to include the remittance information with the payment of $19000.00 using a credit ACH CTX formatted payment. The premium payer's bank transit routing number is 999999992 and their bank account is 12345678. The premium payer's Tax ID with a leading 1 is 1030449999. The premium receiver's bank transit routing number is 199999999 and their bank account is 98765. The payment effective date is May 16, 1997. |
| `TRN*1*12345*1030449999~` | Reassociation Key provides a sender unique trace number "12345", and the sender's Tax ID number preceded by a 1. This Key is included in case the sending trace number is duplicated by another sender. |
| `REF*18*12345` | The group plan number is 12345. |
| `DTM*009*19970513~` | The date the premium payer processed the payment is May 13, 1997. |
| `DTM*035*19970514~` | The date the premium payer delivered the payment instructions to their Originat- |

|  |  |
|---|---|
|  | ing Depository Financial Institution is May 14, 1997. |
| `N1*PE*DEF HEALTH`<br>`  CARE INC.*FI`<br>`  *012222222~` | The premium receiver's name (DEF HEALTH CARE INC) and federal Tax ID number (012222222). |
| `N1*PR*ABC PLASTICS*1*`<br>`  123456789~` | The premium payer's name (ABC PLAS-TICS) and Duns Number (123456789). |

**Table 2**

|  |  |
|---|---|
| `ENT*1*2L*1*123456789~` | Start of detail loop. Identifys this is a corporate entity item (summary bill payment). The premium payer's Duns Number (123456789). |
| `RMR*IK*970501001*PI*`<br>`  16500.00~` | The invoice being paid 970501001 (major medical). The amount being paid to this invoice ($16500.00). |
| `RMR*IK*970501002*PI*`<br>`  2500.00~` | The invoice being paid 970501002 (disability). The amount being paid to this invoice ($2500.00). |

**Table 3**

|  |  |
|---|---|
| `SE*12*0001~` | Transaction Trailer with segment count (12) and Control Number (0001). |

## 4.2 | Scenario Two Description

Scenario Two demonstrates a List Bill payment. This example shows a premium payer submitting an 820 transaction set to pay a group employee life insurance premium bill (Invoice). The plan covers 4 employees. Two of the employees have only one policy, two of the employees have two policies each. This is a list bill payment because the premium receiver requires the payment detail to list each individual employee and each of the policy numbers and payment amounts that are being paid in this remittance.

The premium receiver has provided the premium payer with a plan number (0011001). The premium payment will be delivered using the (ACH) network. The 820 remittance detail will accompany the fund transfer. The total payment is for $255.00.

## 4.2.1 | Scenario Two Example

**Table 1**

|  |  |
|---|---|
| `ST*820*0001~` | Beginning of an 820 transaction set, Control number = 0001 |

| | |
|---|---|
| `BPR*C*255.00*C*ACH*CTX`<br>`*01*999999992*DA*1234`<br>`5678*1345678901**01*1`<br>`99999999*DA*98765*199`<br>`51103~` | Financial institution to include the remittance information with the payment of $255.00 using a credit ACH CTX formatted payment. The premium payer's bank transit routing number is 999999992 and their bank account is 12345678. The premium receiver's bank transit routing number is 199999999 and their bank account is 98765. The payment effective date is November 3, 1995. |
| `TRN*1*78905*1345678901~` | Reassociation Key provides a sender unique trace number "78905" the sender's Tax ID number preceded by a 1 is included in case the sending trace number is duplicated by another sender. |
| `REF*18*0011001~` | The group plan number is 0011001. |
| `DTM*009*19951101~` | The date the premium payer processed the payment is November 1, 1995. |
| `DTM*035*19951101~` | The date the premium payer delivered the payment instructions to their Originating Depository Financial Institution is November 1, 1995. |
| `N1*PE*BATA INSURANCE`<br>`CO.*FI*012222222~` | The premium receiver's name (BATA INSURANCE CO.) and Federal Tax ID number (012222222). |
| `N1*PR*ALFA MEDAL CO*`<br>`1*123456789~` | The premium payer's name (ALFA MEDAL CO) and Duns Number (123456789). |

**Table 2**

| | |
|---|---|
| `ENT*1*2J*34*030440099~` | Start of detail loop for first individual. Identifying this is an individual John Doe's remittance items (list bill payment). The individual's Social Security Number (030440099). |
| `NM1*EY*1*DOE*`<br>`JOHN****EI*777222~` | The individual's name (JOHN DOE) and employee's identification number (777222). |
| `RMR*IG*555666*PI*30.00~` | The first policy being paid (555666) for JOHN DOE. The amount being paid to this invoice ($30.00). |
| `RMR*IG*555667*PI*35.00~` | The second policy being paid (555667) for JOHN DOE. The amount being paid to this invoice ($35.00). |
| `ENT*2*2J*34*029500563~` | Start of detail loop second individual. Identifying this is an individual Emily Firstones's remittance items (list bill pay- |

| | |
|---|---|
| | ment). The individual's Social Security Number (029500563). |
| `NM1*EY*1*FIRSTONE*`<br>`   EMILY****EI*777333~` | The individual's name (EMILY FIRSTONE) and employee's identification number (777333). |
| `RMR*IG*555777*PI*45.00~` | The policy being paid (555777) for EMILY FIRSTONE. The amount being paid to this invoice ($45.00). |
| `ENT*3*2J*34*029480664~` | Start of detail loop third Individual. Identifying this is a individual Julie Middleone's remittance items (List bill payment). The individual's Social Security Number (029480664). |
| `NM1*EY*1*MIDDLEONE*`<br>`   JULIE****EI*777444~` | The individual's name (JULIE MIDDLEONE) and employee's identification number (777444). |
| `RMR*IG*544477*PI*40.00~` | The policy being paid (544477) for JULIE MIDDLEONE. The amount being paid to this invoice ($40.00). |
| `ENT*4*2J*34*030498099~` | Start of detail loop fourth individual. Identifying this is a individual Kelly Newone's remittance items (list bill payment). The individual's Social Security Number (030498099). |
| `NM1*EY*1*NEWONE*`<br>`   KELLY****EI*777111~` | The individual's name (KELLY NEWONE) and employee's identification number (777111). |
| `RMR*IG*551166*PI*45.00~` | The first policy being paid (551166) for KELLY NEWONE. The amount being paid to this invoice ($45.00). |
| `RMR*IG*558766*PI*50.00~` | The second policy being paid (558766) for KELLY NEWONE. The amount being paid to this invoice ($50.00). |

**Table 3**

| | |
|---|---|
| `SE*23*0001~` | Transaction Trailer with segment count (23) and Control Number (0001). |

## 4.3    Scenario Three Description

Scenario Three represents a summary bill. This example illustrates a premium payer, using a third party payroll processor, sending an 820 transaction set where the remittance information and the dollars on travel on separate paths.

## 4.3.1 | Scenario Three Example

**Table 1**

| | |
|---|---|
| `ST*820*0002~` | Beginning of an 820 transaction set. Control number = 0002 |
| `BPR*U*20000.00*C*ACH*C`<br>`CP*01*934257813*DA*12`<br>`34587*1231555555**01*`<br>`025677833*DA*99887766`<br>`*19970620~` | Financial institution to send the payment of $20,000.00 separate from the remittance information. The payment will use an ACH CCP format. The premium payer's bank transit routing number is 934257813 and their bank account number is 1234587. The premium receiver's bank transit routing number is 025677833 and their bank account number is 99887766. The effective date of the payment is June 20, 1997. |
| `TRN*3*12345*1231555555~` | Since the remittance and dollars travel on separate paths, the financial reassociation trace number of 12345 will be used to reassociate the remittance information with the payment. The Federal Tax ID, 231555555, identifies the premium payer. |
| `REF*18*673001~` | The premium payer's group plan number is 673001. |
| `REF*2F*0004369123~` | The invoice number is 0004369123. |
| `DTM*009*19970618~` | The date the premium payer processed the payment is June 18, 1997. |
| `DTM*035*19970619~` | The date the premium payer delivered the payment instructions to their Originating Depository Financial Institution is June 19, 1997. |
| `N1*PE*DEF HEALTHCARE`<br>`CO*1*998216353~` | The premium receiver's name and DUNS number. |
| `N1*PR*ABC PLAS-`<br>`TICS*1*000057811~` | The premium payer's name and DUNS number. |

**Table 2**

| | |
|---|---|
| `ENT*1*2L*1*000057811~` | Start of the detail loop. This identifies the premium payer as a corporation and lists their DUNS number. |
| `RMR*IK*0004369123*PI*2`<br>`0000.00~` | Details the invoice and the amount being paid on that invoice. |

**Table 3**

| | |
|---|---|
| `SE*12*0002~` | Transaction set trailer. |

| 4.4 | # Scenario Four Description |
|---|---|

Scenario Four depicts a list bill. This example illustrates a premium payer, using a third party payroll processor, sending an 820 transaction set where the remittance information and the dollars on travel on separate paths. The payment detail will list each individual employee, the policy numbers, payment amounts and adjustment amounts.

| 4.4.1 | ## Scenario Four Example |
|---|---|

**Table 1**

| | |
|---|---|
| `ST*820*0002~` | Beginning of an 820 transaction set. Control number = 0002 |
| `BPR*U*20000.00*C*ACH*C`<br>`CP*01*934257813*DA*12`<br>`34587*1231555555**01*`<br>`025677833*DA*99887766`<br>`*19970620~` | Financial institution to send the payment of $20,000.00 separate from the remittance information. The payment will use an ACH CCP format. The premium payer's bank transit routing number is 934257813 and their bank account number is 1234587. The premium receiver's bank transit routing number is 025677833 and their bank account number is 99887766. The effective date of the payment is June 20, 1997. |
| `TRN*3*12345*1231555555~` | Since the remittance and dollars travel on separate paths, the financial reassociation trace number of 12345 will be used to reassociated the remittance information with payment. The federal tax id, 231555555, identifies the premium payer. |
| `REF*18*673001~` | The premium payer's group plan number is 673001. |
| `REF*2F*0004369123~` | The invoice number is 0004369123. |
| `DTM*009*19970618~` | The date the premium payer processed the payment is June 18, 1997. |
| `DTM*035*19970619~` | The date the premium payer delivered the payment instructions to their Originating Depository Financial Institution is June 19, 1997. |
| `N1*PE*DEF HEALTHCARE`<br>`CO*1*998216353~` | The premium receiver's name and DUNS number. |
| `N1*PR*ABC PLAS-`<br>`TICS*1*000057811~` | The premium payer's name and DUNS number. |

**Table 2**

| | |
|---|---|
| `ENT*1*2J*34*190206123~` | Start of individual detail loop. |
| `NM1*EY*1*SMITH*`<br>`   JOHN****EI*123456~` | Individual's name and employee identification number. |
| `RMR*CT*190206123`<br>`   *PI*7000.00~` | Individual's policy and amount being paid. |
| `ENT*2*2J*34*163910163~` | Start of individual detail loop. |
| `NM1*EY*1*JONES`<br>`   *MARY****EI*793016~` | Individual's name and employee identification number. |
| `RMR*CT*163910163*PI*10`<br>`   000.00*11000.00~` | Individual's policy, amount being paid, and invoiced amount. |
| `ADX*-100.00*52~` | Shows an adjustment being made to this Individual's invoice. |
| `ENT*3*2J*34*179203456~` | Start of individual detail loop. |
| `NM1*EY*1*JOHNSON`<br>`   *JOE****EI*934213~` | Individual's name and employee identification number. |
| `RMR*CT*179203456*PI*30`<br>`   00.00*3100.00~` | Individual's policy, amount being paid, and invoiced amount. |
| `ADX*-100.00*52~` | Shows an adjustment being made to this individual's invoice. |

**Table 3**

| | |
|---|---|
| `SE*21*0002~` | Transaction set trailer and control number. |

# A | ASC X12 Nomenclature

## A.1 | Interchange and Application Control Structures

### A.1.1 | Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer. Figure A1, Transmission Control Schematic, illustrates this interchange control.
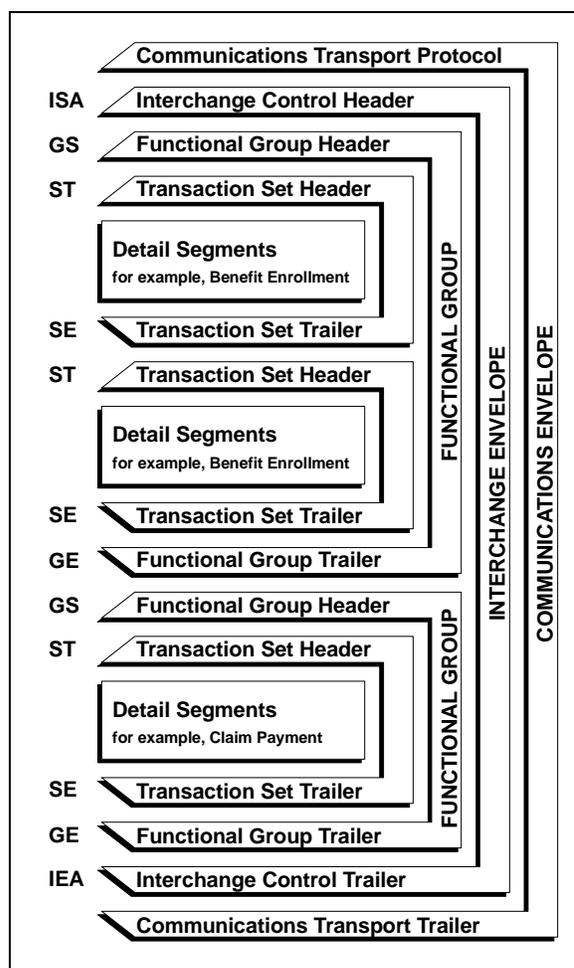


*Figure A1. Transmission Control Schematic*

The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

1. Define the data element separators and the data segment terminator.

2. Identify the sender and receiver.

3. Provide control information for the interchange.

4. Allow for authorization and security information.

# A.1.2 Application Control Structure Definitions and Concepts

## A.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. The data element is the smallest named item in the ASC X12 standard. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

## A.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in figure A2, Basic Character Set, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

| A...Z | 0...9 | ! | " | & | ' | ( | ) | * | + |
|-------|-------|---|---|---|---|---|---|---|---|
| , | - | . | / | : | ; | ? | = | " " (space) | |

*Figure A2. Basic Character Set*

## A.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in figure A3, Extended Character Set.

| a..z | % | ~ | @ | [ | ] | _ | { |
|------|---|---|---|---|---|---|---|
| } | \ | \| | < | > | # | $ | |

*Figure A3. Extended Character Set*

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears

in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

## A.1.2.4 Control Characters

Two control character groups are specified; they have only restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In the matrix A1, Base Control Set, the column IA5 represents CCITT V.3 International Alphabet 5.

## A.1.2.5 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

| NOTATION | NAME | EBCDIC | ASCII | IA5 |
|---|---|---|---|---|
| BEL | bell | 2F | 07 | 07 |
| HT | horizontal tab | 05 | 09 | 09 |
| LF | line feed | 25 | 0A | 0A |
| VT | vertical tab | 0B | 0B | 0B |
| FF | form feed | 0C | 0C | 0C |
| CR | carriage return | 0D | 0D | 0D |
| FS | file separator | 1C | 1C | 1C |
| GS | group separator | 1D | 1D | 1D |
| RS | record separator | 1E | 1E | 1E |
| US | unit separator | 1F | 1F | 1F |
| NL | new line | 15 | | |

*Matrix A1. Base Control Set*

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

## A.1.2.6 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in matrix A2, Extended Control Set.

| NOTATION | NAME | EBCDIC | ASCII | IA5 |
|---|---|---|---|---|
| SOH | start of header | 01 | 01 | 01 |
| STX | start of text | 02 | 02 | 02 |
| ETX | end of text | 03 | 03 | 03 |
| EOT | end of transmission | 37 | 04 | 04 |
| ENQ | enquiry | 2D | 05 | 05 |
| ACK | acknowledge | 2E | 06 | 06 |
| DC1 | device control 1 | 11 | 11 | 11 |
| DC2 | device control 2 | 12 | 12 | 12 |
| DC3 | device control 3 | 13 | 13 | 13 |
| DC4 | device control 4 | 3C | 14 | 14 |
| NAK | negative acknowledge | 3D | 15 | 15 |
| SYN | synchronous idle | 32 | 16 | 16 |
| ETB | end of block | 26 | 17 | 17 |

*Matrix A2. Extended Control Set*

| A.1.2.7 | ## Delimiters |

A delimiter is a character used to separate two data elements (or subelements) or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in matrix A3, Delimiters, in all examples of EDI transmissions.

| CHARACTER | NAME | DELIMITER |
|---|---|---|
| * | Asterisk | Data Element Separator |
| : | Colon | Subelement Separator |
| ~ | Tilde | Segment Terminator |

*Matrix A3. Delimiters*

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element can result in errors in translation programs. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

| A.1.3 | # Business Transaction Structure Definitions and Concepts |

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called "transaction sets." A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID

- One or more logically related data elements each preceded by a data element separator

- A segment terminator

| A.1.3.1 | ## Data Element |

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

| SYMBOL | TYPE |
|--------|------|
| Nn | Numeric |
| R | Decimal |
| ID | Identifier |
| AN | String |
| DT | Date |
| TM | Time |
| B | Binary |

*Matrix A4. Data Element Types*

## A.1.3.1.1    Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

> **EXAMPLE**
> A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

## A.1.3.1.2    Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

**EXAMPLE**
A transmitted value of 12.34 represents a decimal value of 12.34.

### A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

### A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

### A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

### A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

**EXAMPLE**
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

## A.1.3.2 Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described below.

## A.1.3.3 | Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

## A.1.3.4 | Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See A.1.3.8, Condition Designator.

## A.1.3.5 | Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

## A.1.3.6 | Comments

A segment comment provides additional information regarding the intended use of the segment.

## A.1.3.7 | Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member.

This suffix is a two-digit number, prefixed with a hyphen, that defines the position of the component data element in the composite data structure.

   **EXAMPLE**

- The first simple element of the CLP segment would be identified as CLP01.

- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

## A.1.3.8    Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 3.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

| DESIGNATOR | DESCRIPTION |
|---|---|
| M- Mandatory | The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment. |
| O- Optional | The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender. |
| X- Relational | Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition. |

The definitions for each of the condition codes used within syntax notes are detailed below:

| CONDITION CODE | DEFINITION |
|---|---|
| P- Paired or Multiple | If any element specified in the relational condition is present, then all of the elements specified must be present. |
| R- Required | At least one of the elements specified in the condition must be present. |
| E- Exclusion | Not more than one of the elements specified in the condition may be present. |
| C- Conditional | If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment. |
| L- List | |

| | |
|---|---|
| Conditional | If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment. |

*Table A5. Condition Designator*

## A.1.3.9  Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed should be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

## A.1.3.10  Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

### A.1.3.10.1  Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

### A.1.3.10.2  Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

### A.1.3.10.3  Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header 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.

### A.1.3.10.4 Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

**GS** Functional Group Header, starts a group of related transaction sets.

    **ST** Transaction Set Header, starts a transaction set.

        **LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.

            **LS** Loop Header, starts an inner, nested, bounded loop.

            **LE** Loop Trailer, ends an inner, nested bounded loop.

        **LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

    **SE** Transaction Set Trailer, ends a transaction set.

**GE** Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

## A.1.3.11 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See figure A1, Transmission Control Schematic.

### A.1.3.11.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

### A.1.3.11.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

### A.1.3.11.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat

an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

## A.1.3.11.4  Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

### A.1.3.11.4.1  Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

### A.1.3.11.4.2  Bounded Loops

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment  (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

## A.1.3.11.5  Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

## A.1.3.11.6  Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

| DESIGNATOR | DESCRIPTION |
|---|---|
| M- Mandatory | This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.) |
| O- Optional | The presence of this data segment is the option of the sending party. |

## A.1.3.11.7  Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

| A.1.3.11.8 | **Data Segment Occurrence** |

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

| A.1.3.12 | **Functional Group** |

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See figure A1, Transmission Control Schematic.

| A.1.4 | **Envelopes and Control Structures** |

| A.1.4.1 | **Interchange Control Structures** |

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two fields are identical. In most translation software products, if these fields are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission and are contained in the written trading partner agreement. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. The ISA12 does not indicate the version of the transaction set that is being transmitted but rather the envelope that encapsulates the transaction. An Interchange Acknowledgment can be denoted through data element ISA14. The acknowledgment that would be sent in reply to a "yes" condition in data element ISA14 would be the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. This becomes significant when the production phase of the project is to commence. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrep-

ancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See the Appendix B, EDI Control Directory, for a complete detailing of the interchange control header and trailer.

## A.1.4.2    Functional Groups

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. For health care, this unit identification can be used to differentiate between managed care, indemnity, and Medicare. The functional group contains a creation date (GS04) and creation time (GS05) for the functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, AND GS06) can be used for debugging purposes during problem resolution. GS08,Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group. Appendix B provides guidance for the value for this data element. The GS08 does not represent the version of the interchange (ISA/IEA) envelope but rather the version/release/sub-release of the transaction sets that are encompassed within the GS/GE envelope.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See the Appendix B, EDI Control Directory, for a complete detailing of the functional group header and trailer.

## A.1.4.3    HL Structures

The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide. The following diagram, from transaction set 837, illustrates a typical hierarchy.
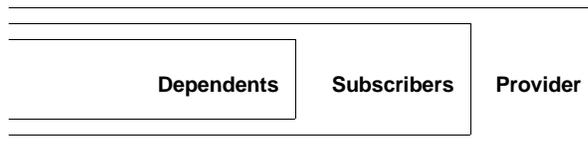


Each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims. Each guide states what levels are available, the level's requirement, a repeat value, and whether that level has subordinate levels within a transmission.

# A.1.5 | Acknowledgments

## A.1.5.1 | Interchange Acknowledgment, TA1

The Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See A.1.5.2, Functional Acknowledgment, 997, for more details. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structures. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the sending trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Due to the uniqueness of the TA1, implementation should be predicated upon the ability for the sending and receiving trading partners commercial translators to accommodate the uniqueness of the TA1. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the TA1, although urged by the authors, is not mandated.

See the Appendix B, EDI Control Directory, for a complete detailing of the TA1 segment.

## A.1.5.2 | Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. Typically, the 997 is used as a functional acknowledgment to a previously transmitted functional group. Many commercially available translators can automatically generate this transaction set through internal parameter settings. Additionally translators will automatically reconcile received acknowledgments to functional groups that have been sent. The benefit to this process is that the sending trading partner

can determine if the receiving trading partner has received ASC X12 transaction sets through reports that can be generated by the translation software to identify transmissions that have not been acknowledged.

As stated previously the 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

As with any information flow, an acknowledgment process is essential. If an "automatic" acknowledgment process is desired between trading partners then it is recommended that the 997 be used. Unless named as mandatory in the Federal Rules implementing HIPAA, use of the 997, although recommended by the authors, is not mandated.

See Appendix B, EDI Control Directory, for a complete detailing of transaction set 997.

# B │ EDI Control Directory

## B.1 │ Control Segments

- **ISA**
  Interchange Control Header Segment

- **IEA**
  Interchange Control Trailer Segment

- **GS**
  Functional Group Header Segment

- **GE**
  Functional Group Trailer Segment

- **TA1**
  Interchange Acknowledgment Segment

## B.2 │ Functional Acknowledgment Transaction Set, 997

**IMPLEMENTATION**

# INTERCHANGE CONTROL HEADER

**Notes:** 1. **The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.**

**Example:** **ISA✶ 00✶ ..........✶ 01✶ SECRET....✶ ZZ✶ SUBMITTERS.ID..✶ ZZ✶ RECEIVERS.ID...✶ 930602✶ 1253✶ U✶ 00401✶ 000000905✶ 1✶ T✶ :~**

**STANDARD**

**ISA** Interchange Control Header

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

**DIAGRAM**

| ISA01 I01 Author Info Qualifer M ID 2/2 | ISA02 I02 Author Information M AN 10/10 | ISA03 I03 Security Info Qual M ID 2/2 | ISA04 I04 Security Information M AN 10/10 | ISA05 I05 Interchange ID Qual M ID 2/2 | ISA06 I06 Interchange Sender ID M AN 15/15 |
|---|---|---|---|---|---|
| ISA07 I05 Interchange ID Qual M ID 2/2 | ISA08 I07 Interchange Receiver ID M AN 15/15 | ISA09 I08 Interchange Date M DT 6/6 | ISA10 I09 Interchange Time M TM 4/4 | ISA11 I10 Inter Ctrl Stand Ident M ID 1/1 | ISA12 I11 Inter Ctrl Version Num M ID 5/5 |
| ISA13 I12 Inter Ctrl Number M N0 9/9 | ISA14 I13 Ack Requested M ID 1/1 | ISA15 I14 Usage Indicator M ID 1/1 | ISA16 I15 Component Elem Sepera M 1/1 | | |

ISA ✶ ... ~

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **ISA01** | **I01** | **Authorization Information Qualifier** | **M** | **ID** | **2/2** |

Code to identify the type of information in the Authorization Information

| CODE | DEFINITION |
|---|---|
| **00** | **No Authorization Information Present (No Meaningful Information in I02)** |
| | **ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.** |
| **03** | **Additional Data Identification** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **ISA02** | **I02** | **Authorization Information** | **M** | **AN** | **10/10** |

Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

| REQUIRED | ISA03 | I03 | Security Information Qualifier | M | ID | 2/2 |
|---|---|---|---|---|---|---|

Code to identify the type of information in the Security Information

| CODE | DEFINITION |
|---|---|
| 00 | No Security Information Present (No Meaningful Information in I04) |
| | ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA. |
| 01 | Password |

| REQUIRED | ISA04 | I04 | Security Information | M | AN | 10/10 |
|---|---|---|---|---|---|---|

This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

| REQUIRED | ISA05 | I05 | Interchange ID Qualifier | M | ID | 2/2 |
|---|---|---|---|---|---|---|

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

**This ID qualifies the Sender in ISA06.**

| CODE | DEFINITION |
|---|---|
| 01 | Duns (Dun & Bradstreet) |
| 14 | Duns Plus Suffix |
| 20 | Health Industry Number (HIN) |
| | CODE SOURCE 121: Health Industry Identification Number |
| 27 | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) |
| 28 | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) |
| 29 | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) |
| 30 | U.S. Federal Tax Identification Number |
| 33 | National Association of Insurance Commissioners Company Code (NAIC) |
| ZZ | Mutually Defined |

| REQUIRED | ISA06 | I06 | Interchange Sender ID | M | AN | 15/15 |
|---|---|---|---|---|---|---|

Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

| REQUIRED | ISA07 | I05 | Interchange ID Qualifier | M | ID | 2/2 |
|---|---|---|---|---|---|---|

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

**This ID qualifies the Receiver in ISA08.**

| CODE | DEFINITION |
|---|---|
| 01 | Duns (Dun & Bradstreet) |

**B.4**

| 14 | Duns Plus Suffix |
|---|---|

| 20 | Health Industry Number (HIN) |
|---|---|
| | CODE SOURCE 121: Health Industry Identification Number |

| 27 | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) |
|---|---|

| 28 | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) |
|---|---|

| 29 | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) |
|---|---|

| 30 | U.S. Federal Tax Identification Number |
|---|---|

| 33 | National Association of Insurance Commissioners Company Code (NAIC) |
|---|---|

| ZZ | Mutually Defined |
|---|---|

| REQUIRED | ISA08 | I07 | Interchange Receiver ID | M | AN | 15/15 |
|---|---|---|---|---|---|---|

Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

| REQUIRED | ISA09 | I08 | Interchange Date | M | DT | 6/6 |
|---|---|---|---|---|---|---|

Date of the interchange

**The date format is YYMMDD.**

| REQUIRED | ISA10 | I09 | Interchange Time | M | TM | 4/4 |
|---|---|---|---|---|---|---|

Time of the interchange

**The time format is HHMM.**

| REQUIRED | ISA11 | I10 | Interchange Control Standards Identifier | M | ID | 1/1 |
|---|---|---|---|---|---|---|

Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

| CODE | DEFINITION |
|---|---|
| U | U.S. EDI Community of ASC X12, TDCC, and UCS |

| REQUIRED | ISA12 | I11 | Interchange Control Version Number | M | ID | 5/5 |
|---|---|---|---|---|---|---|

This version number covers the interchange control segments

| CODE | DEFINITION |
|---|---|
| 00401 | Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997 |

| REQUIRED | ISA13 | I12 | Interchange Control Number | M | N0 | 9/9 |
|---|---|---|---|---|---|---|

A control number assigned by the interchange sender

**The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.**

| REQUIRED | ISA14 | I13 | **Acknowledgment Requested** | M | ID | 1/1 |

Code sent by the sender to request an interchange acknowledgment (TA1)

**See Section A.1.5.1 for interchange acknowledgment information.**

| CODE | DEFINITION |
| --- | --- |
| **0** | **No Acknowledgment Requested** |
| **1** | **Interchange Acknowledgment Requested** |

| REQUIRED | ISA15 | I14 | **Usage Indicator** | M | ID | 1/1 |

Code to indicate whether data enclosed by this interchange envelope is test, production or information

| CODE | DEFINITION |
| --- | --- |
| **P** | **Production Data** |
| **T** | **Test Data** |

| REQUIRED | ISA16 | I15 | **Component Element Separator** | M | | 1/1 |

Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

**B.6**

**IMPLEMENTATION**

# INTERCHANGE CONTROL TRAILER

**Example:** **IEA✱1✱000000905~**

**STANDARD**

**IEA** Interchange Control Trailer

**Purpose:** To define the end of an interchange of zero or more functional groups and interchange-related control segments

**DIAGRAM**

IEA ✱ | IEA01    I16 <br> **Num of Incl Funct Group** <br> M   N0   1/5 | ✱ | IEA02    I12 <br> **Inter Ctrl Number** <br> M   N0   9/9 | ~
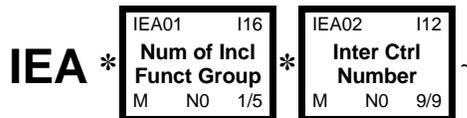
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **IEA01** | **I16** | **Number of Included Functional Groups** <br> A count of the number of functional groups included in an interchange | **M** | **N0** | **1/5** |
| **REQUIRED** | **IEA02** | **I12** | **Interchange Control Number** <br> A control number assigned by the interchange sender | **M** | **N0** | **9/9** |

**IMPLEMENTATION**

# FUNCTIONAL GROUP HEADER

**Example:** **GS∗RA∗SENDER CODE∗RECEIVER CODE∗19940331∗0802∗1∗X∗004010X061~**

**STANDARD**

## GS Functional Group Header

**Purpose:** To indicate the beginning of a functional group and to provide control information

**DIAGRAM**

| GS | ∗ | GS01 479<br>**Functional ID Code**<br>M ID 2/2 | ∗ | GS02 142<br>**Application Send's Code**<br>M AN 2/15 | ∗ | GS03 124<br>**Application Rec's Code**<br>M AN 2/15 | ∗ | GS04 373<br>**Date**<br>M DT 8/8 | ∗ | GS05 337<br>**Time**<br>M TM 4/8 | ∗ | GS06 28<br>**Group Ctrl Number**<br>M N0 1/9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| ∗ | GS07 455<br>**Responsible Agency Code**<br>M ID 1/2 | ∗ | GS08 480<br>**Ver/Release ID Code**<br>M AN 1/12 | ~ |
|---|---|---|---|---|

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **GS01** | **479** | **Functional Identifier Code**<br>Code identifying a group of application related transaction sets | M | ID | 2/2 |

| CODE | DEFINITION |
|---|---|
| **RA** | **Payment Order/Remittance Advice (820)** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **GS02** | **142** | **Application Sender's Code**<br>Code identifying party sending transmission; codes agreed to by trading partners | M | AN | 2/15 |

**Use this code to identify the unit sending the information.**

| | | | | | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **GS03** | **124** | **Application Receiver's Code**<br>Code identifying party receiving transmission. Codes agreed to by trading partners | M | AN | 2/15 |

**Use this code to identify the unit receiving the information.**

| | | | | | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **GS04** | **373** | **Date**<br>Date expressed as CCYYMMDD | M | DT | 8/8 |

**SEMANTIC:** GS04 is the group date.

**Use this date for the functional group creation date.**

| | | | | | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **GS05** | **337** | **Time**<br>Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) | M | TM | 4/8 |

**SEMANTIC:** GS05 is the group time.

**Use this time for the creation time. The recommended format is HHMM.**

| REQUIRED | GS06 | 28 | **Group Control Number** | M | N0 | 1/9 |
|---|---|---|---|---|---|---|

Assigned number originated and maintained by the sender

**SEMANTIC:** The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

| REQUIRED | GS07 | 455 | **Responsible Agency Code** | M | ID | 1/2 |
|---|---|---|---|---|---|---|

Code used in conjunction with Data Element 480 to identify the issuer of the standard

| CODE | DEFINITION |
|---|---|
| **X** | **Accredited Standards Committee X12** |

| REQUIRED | GS08 | 480 | **Version / Release / Industry Identifier Code** | M | AN | 1/12 |
|---|---|---|---|---|---|---|

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

| CODE | DEFINITION |
|---|---|
| **004010X061** | **Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.** |

**IMPLEMENTATION**

# FUNCTIONAL GROUP TRAILER

**Example:** **GE✽1✽1~**

**STANDARD**

**GE** Functional Group Trailer

**Purpose:** To indicate the end of a functional group and to provide control information

**DIAGRAM**

| GE01 97 | GE02 28 |
|---|---|
| **Number of TS Included** | **Group Ctrl Number** |
| M    N0    1/6 | M    N0    1/9 |

**GE** ✽ [GE01 box] ✽ [GE02 box] ~
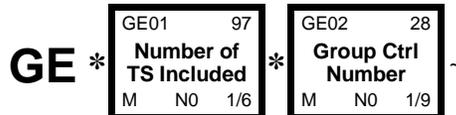
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **GE01** | **97** | **Number of Transaction Sets Included** | **M** | **N0** | **1/6** |
| | | | Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element | | | |
| **REQUIRED** | **GE02** | **28** | **Group Control Number** | **M** | **N0** | **1/9** |
| | | | Assigned number originated and maintained by the sender | | | |

**SEMANTIC:** The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

# INTERCHANGE ACKNOWLEDGMENT

**Notes:**   1. **All fields must contain data.**

2. **This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects a valid interchange, regardless of the validity of the contents of the data included inside the header/trailer envelope.**

3. **See Section A.1.5.1 for interchange acknowledgment information.**

4. **Use of TA1 is subject to trading partner agreement and is neither mandated or prohibited in the Appendix.**

**Example:**   **TA1✱000000905✱940101✱0100✱A✱001~**

**STANDARD**

## TA1 Interchange Acknowledgment

**Purpose:**   To report the status of processing a received interchange header and trailer or the non-delivery by a network provider

**DIAGRAM**

| | TA101 I12<br>**Inter Ctrl Number**<br>M    N0    9/9 | TA102 I08<br>**Interchange Date**<br>M    DT    6/6 | TA103 I09<br>**Interchange Time**<br>M    TM    4/4 | TA104 I17<br>**Interchange Ack Code**<br>M    ID    1/1 | TA105 I18<br>**Interchange Note Code**<br>M    ID    3/3 | |
|---|---|---|---|---|---|---|
| **TA1** ✱ | | ✱ | ✱ | ✱ | ✱ | ~ |

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **TA101** | **I12** | **Interchange Control Number**<br>A control number assigned by the interchange sender | **M** | **N0** | **9/9** |

> **This number uniquely identifies the interchange data to the sender. It is assigned by the sender. Together with the sender ID it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver, and all third parties be able to maintain an audit trail of interchanges using this number.**

> **In the TA1, this should be the interchange control number of the original interchange that this TA1 is acknowledging.**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **TA102** | **I08** | **Interchange Date**<br>Date of the interchange | **M** | **DT** | **6/6** |

> **This is the date of the original interchange being acknowledged. (YYMMDD)**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **TA103** | **I09** | **Interchange Time**<br>Time of the interchange | **M** | **TM** | **4/4** |

> **This is the time of the original interchange being acknowledged. (HHMM)**

| REQUIRED | TA104 | I17 | Interchange Acknowledgment Code | M | ID | 1/1 |
|---|---|---|---|---|---|---|

This indicates the status of the receipt of the interchange control structure

| CODE | DEFINITION |
|---|---|
| A | The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Have No Errors. |
| E | The Transmitted Interchange Control Structure Header and Trailer Have Been Received and Are Accepted But Errors Are Noted. This Means the Sender Must Not Resend This Data. |
| R | The Transmitted Interchange Control Structure Header and Trailer are Rejected Because of Errors. |

| REQUIRED | TA105 | I18 | Interchange Note Code | M | ID | 3/3 |
|---|---|---|---|---|---|---|

This numeric code indicates the error found processing the interchange control structure

| CODE | DEFINITION |
|---|---|
| 000 | No error |
| 001 | The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment. |
| 002 | This Standard as Noted in the Control Standards Identifier is Not Supported. |
| 003 | This Version of the Controls is Not Supported |
| 004 | The Segment Terminator is Invalid |
| 005 | Invalid Interchange ID Qualifier for Sender |
| 006 | Invalid Interchange Sender ID |
| 007 | Invalid Interchange ID Qualifier for Receiver |
| 008 | Invalid Interchange Receiver ID |
| 009 | Unknown Interchange Receiver ID |
| 010 | Invalid Authorization Information Qualifier Value |
| 011 | Invalid Authorization Information Value |
| 012 | Invalid Security Information Qualifier Value |
| 013 | Invalid Security Information Value |
| 014 | Invalid Interchange Date Value |
| 015 | Invalid Interchange Time Value |
| 016 | Invalid Interchange Standards Identifier Value |
| 017 | Invalid Interchange Version ID Value |
| 018 | Invalid Interchange Control Number Value |

| 019 | **Invalid Acknowledgment Requested Value** |
| --- | --- |
| 020 | **Invalid Test Indicator Value** |
| 021 | **Invalid Number of Included Groups Value** |
| 022 | **Invalid Control Structure** |
| 023 | **Improper (Premature) End-of-File (Transmission)** |
| 024 | **Invalid Interchange Content (e.g., Invalid GS Segment)** |
| 025 | **Duplicate Interchange Control Number** |
| 026 | **Invalid Data Element Separator** |
| 027 | **Invalid Component Element Separator** |
| 028 | **Invalid Delivery Date in Deferred Delivery Request** |
| 029 | **Invalid Delivery Time in Deferred Delivery Request** |
| 030 | **Invalid Delivery Time Code in Deferred Delivery Request** |
| 031 | **Invalid Grade of Service Code** |

# 997 Functional Acknowledgment

**Functional Group ID:** **FA**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

## Table 1 - Header

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|--------|---------|------|-----------|---------|-------------|
| 010 | ST | Transaction Set Header | M | 1 | |
| 020 | AK1 | Functional Group Response Header | M | 1 | |
| | | **LOOP ID - AK2** | | | **999999** |
| 030 | AK2 | Transaction Set Response Header | O | 1 | |
| | | **LOOP ID - AK2/AK3** | | | **999999** |
| 040 | AK3 | Data Segment Note | O | 1 | |
| 050 | AK4 | Data Element Note | O | 99 | |
| 060 | AK5 | Transaction Set Response Trailer | M | 1 | |
| 070 | AK9 | Functional Group Response Trailer | M | 1 | |
| 080 | SE | Transaction Set Trailer | M | 1 | |

**NOTES:**

**1/010**  These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments.  Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

**1/010**  The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.

**1/010**  There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

**1/020**  AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

**1/030**  AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

**1/040**  The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

**IMPLEMENTATION**

# TRANSACTION SET HEADER

**Usage:** **REQUIRED**

**Repeat:** **1**

**Notes:** **1. Use of the 997 transaction is subject to trading partner agreement or accepted usage and is neither mandated nor prohibited in this Appendix.**

**Example:** **ST✳997✳1234~**

**STANDARD**

**ST** Transaction Set Header

**Level:** Header

**Position:** 010

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the start of a transaction set and to assign a control number

**Set Notes:** **1.** These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

**2.** The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.

**3.** There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

**DIAGRAM**

| ST ✳ | ST01 143 **TS ID Code** M ID 3/3 | ✳ | ST02 329 **TS Control Number** M AN 4/9 | ~ |

## ELEMENT SUMMARY

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **ST01** | **143** | **Transaction Set Identifier Code**<br>Code uniquely identifying a Transaction Set | **M** | **ID** | **3/3** |

**SEMANTIC**: 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).

| CODE | DEFINITION |
|---|---|
| **997** | **Functional Acknowledgment** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **ST02** | **329** | **Transaction Set Control Number**<br>Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | **M** | **AN** | **4/9** |

**The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.**

**Use the corresponding value in SE02 for this transaction set.**

**IMPLEMENTATION**

# FUNCTIONAL GROUP RESPONSE HEADER

**Usage:** REQUIRED

**Repeat:** 1

**Example:** AK1∗RA∗1~

**STANDARD**

### AK1 Functional Group Response Header

**Level:** Header

**Position:** 020

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To start acknowledgment of a functional group

**Set Notes:** 1. AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

**DIAGRAM**

| AK101 479 | AK102 28 |
|---|---|
| **Functional ID Code** | **Group Ctrl Number** |
| M ID 2/2 | M N0 1/9 |

AK1 ∗ [AK101] ∗ [AK102] ~
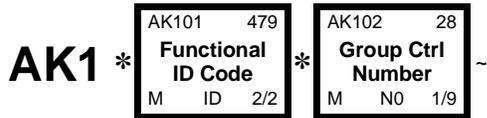
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| REQUIRED | AK101 | 479 | **Functional Identifier Code** <br> Code identifying a group of application related transaction sets | M ID 2/2 |

SEMANTIC: AK101 is the functional ID found in the GS segment (GS01) in the functional group being acknowledged.

| CODE | DEFINITION |
|---|---|
| RA | **Payment Order/Remittance Advice (820)** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| REQUIRED | AK102 | 28 | **Group Control Number** <br> Assigned number originated and maintained by the sender | M N0 1/9 |

SEMANTIC: AK102 is the functional group control number found in the GS segment in the functional group being acknowledged.

**IMPLEMENTATION**

# TRANSACTION SET RESPONSE HEADER

**Loop: AK2 — TRANSACTION SET RESPONSE HEADER   Repeat: 999999**

**Usage: SITUATIONAL**

**Repeat: 1**

**Notes:** **1. Required when communicating information about a transaction set within the functional group identified in AK1.**

**Example: AK2∗820∗000000905~**

**STANDARD**

**AK2** Transaction Set Response Header

**Level:** Header

**Position:** 030

**Loop:** AK2   **Repeat:** 999999

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To start acknowledgment of a single transaction set

**Set Notes:** **1.** AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

**DIAGRAM**



**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **AK201** | **143** | **Transaction Set Identifier Code**<br>Code uniquely identifying a Transaction Set | M | ID | 3/3 |
| | | | SEMANTIC: AK201 is the transaction set ID found in the ST segment (ST01) in the transaction set being acknowledged. | | | |

| CODE | DEFINITION |
|---|---|
| **820** | **Payment Order/Remittance Advice** |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **AK202** | **329** | **Transaction Set Control Number**<br>Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M | AN | 4/9 |
| | | | SEMANTIC: AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged. | | | |

**IMPLEMENTATION**

# DATA SEGMENT NOTE

**Loop:** **AK2/AK3 — DATA SEGMENT NOTE** **Repeat:** **999999**

**Usage:** **SITUATIONAL**

**Repeat:** **1**

**Notes:** **1. Used when there are errors to report in a transaction.**

**Example:** **AK3∗NM1∗37∗2010BB∗7~**

**STANDARD**

## AK3 Data Segment Note

**Level:** Header

**Position:** 040

**Loop:** AK2/AK3 **Repeat:** 999999

**Requirement:** Optional

**Max Use:** 1

**Purpose:** To report errors in a data segment and identify the location of the data segment

**Set Notes:** **1.** The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

**DIAGRAM**

| AK301 721 | AK302 719 | AK303 447 | AK304 720 |
|---|---|---|---|
| **Segment ID Code** | **Segment Pos in TS** | **Loop ID Code** | **Segment Syn Error Code** |
| M ID 2/3 | M N0 1/6 | O AN 1/6 | O ID 1/3 |

AK3 ∗ [AK301] ∗ [AK302] ∗ [AK303] ∗ [AK304] ~
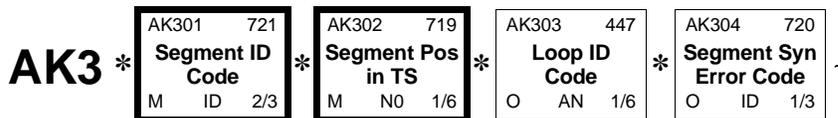
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| REQUIRED | AK301 | 721 | Segment ID Code | M ID 2/3 |

Code defining the segment ID of the data segment in error (See Appendix A - Number 77)

**CODE SOURCE 77:** X12 Directories

This is the 2 or 3 characters which occur at the beginning of a segment.

| REQUIRED | AK302 | 719 | Segment Position in Transaction Set | M N0 1/6 |

The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1

This is a data count, not a segment position in the standard description.

**B.20**

| SITUATIONAL | AK303 | 447 | **Loop Identifier Code** | O | AN | 1/6 |
|---|---|---|---|---|---|---|

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE

**Use this code to identify a loop within the transaction set that is bounded by the related LS and LE segments (corresponding LS and LE segments must have the same value for loop identifier). (Note: The loop ID number given on the transaction set diagram is recommended as the value for this data element in the segments LS and LE.)**

| SITUATIONAL | AK304 | 720 | **Segment Syntax Error Code** | O | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of a segment

**This code is required if an error exists.**

| CODE | DEFINITION |
|---|---|
| **1** | **Unrecognized segment ID** |
| **2** | **Unexpected segment** |
| **3** | **Mandatory segment missing** |
| **4** | **Loop Occurs Over Maximum Times** |
| **5** | **Segment Exceeds Maximum Use** |
| **6** | **Segment Not in Defined Transaction Set** |
| **7** | **Segment Not in Proper Sequence** |
| **8** | **Segment Has Data Element Errors** |

**IMPLEMENTATION**

# DATA ELEMENT NOTE

**Loop:** **AK2/AK3 — DATA SEGMENT NOTE**

**Usage:** **SITUATIONAL**

**Repeat:** **99**

**Notes:** **1. Used when there are errors to report in a data element or composite data structure.**

**Example:** **AK4∗1∗98∗7~**

**STANDARD**

**AK4** Data Element Note

**Level:** Header

**Position:** 050

**Loop:** AK2/AK3

**Requirement:** Optional

**Max Use:** 99

**Purpose:** To report errors in a data element or composite data structure and identify the location of the data element

**DIAGRAM**

| AK401 C030 | AK402 725 | AK403 723 | AK404 724 |
|---|---|---|---|
| **Position in Segment** | **Data Elemnt Ref Number** | **Data Elemnt Error Code** | **Copy of Bad Data Elemnt** |
| M | O N0 1/4 | M ID 1/3 | O AN 1/99 |

AK4 ∗ [AK401] ∗ [AK402] ∗ [AK403] ∗ [AK404] ~

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **AK401** | **C030** | **POSITION IN SEGMENT** Code indicating the relative position of a simple data element, or the relative position of a composite data structure combined with the relative position of the component data element within the composite data structure, in error; the count starts with 1 for the simple data element or composite data structure immediately following the segment ID | **M** |
| **REQUIRED** | **AK401 - 1** | **722** | **Element Position in Segment** This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error; in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the segment ID | **M N0 1/2** |
| **SITUATIONAL** | **AK401 - 2** | **1528** | **Component Data Element Position in Composite** To identify the component data element position within the composite that is in error | **O N0 1/2** |
| | | | **Used when an error occurs in a composite data element and the composite data element position can be determined.** | |

| SITUATIONAL | AK402 | 725 | Data Element Reference Number | O | N0 | 1/4 |
|---|---|---|---|---|---|---|

Reference number used to locate the data element in the Data Element Dictionary

**ADVISORY:** Under most circumstances, this element is expected to be sent.

**CODE SOURCE 77:** X12 Directories

**The Data Element Reference Number for this data element is 725. For example, all reference numbers are found with the segment descriptions in this guide.**

| REQUIRED | AK403 | 723 | Data Element Syntax Error Code | M | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating the error found after syntax edits of a data element

| CODE | DEFINITION |
|---|---|
| 1 | **Mandatory data element missing** |
| 2 | **Conditional required data element missing.** |
| 3 | **Too many data elements.** |
| 4 | **Data element too short.** |
| 5 | **Data element too long.** |
| 6 | **Invalid character in data element.** |
| 7 | **Invalid code value.** |
| 8 | **Invalid Date** |
| 9 | **Invalid Time** |
| 10 | **Exclusion Condition Violated** |

| SITUATIONAL | AK404 | 724 | Copy of Bad Data Element | O | AN | 1/99 |
|---|---|---|---|---|---|---|

This is a copy of the data element in error

**SEMANTIC:** In no case shall a value be used for AK404 that would generate a syntax error, e.g., an invalid character.

**Used to provide copy of erroneous data to the original submitter, but this is not used if the error reported in an invalid character.**

**IMPLEMENTATION**

# TRANSACTION SET RESPONSE TRAILER

**Loop:** AK2/AK3 — DATA SEGMENT NOTE

**Usage:** REQUIRED

**Repeat:** 1

**Example:** AK5∗E∗5~

**STANDARD**

## AK5 Transaction Set Response Trailer

**Level:** Header

**Position:** 060

**Loop:** AK2

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To acknowledge acceptance or rejection and report errors in a transaction set

**DIAGRAM**

| AK5 ∗ | AK501    717 **TS Ack Code** M    ID   1/1 | ∗ | AK502    718 **TS Syntax Error Code** O    ID   1/3 | ∗ | AK503    718 **TS Syntax Error Code** O    ID   1/3 | ∗ | AK504    718 **TS Syntax Error Code** O    ID   1/3 | ∗ | AK505    718 **TS Syntax Error Code** O    ID   1/3 | ∗ | AK506    718 **TS Syntax Error Code** O    ID   1/3 | ~ |
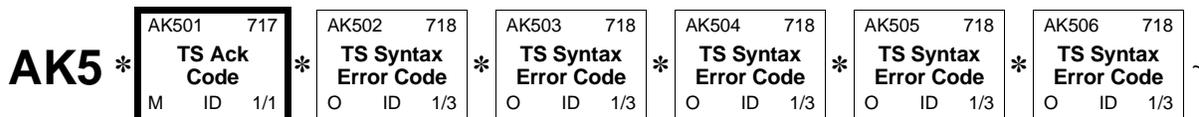
**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **AK501** | **717** | **Transaction Set Acknowledgment Code**      M   ID   1/1<br>Code indicating accept or reject condition based on the syntax editing of the transaction set | |

| CODE | DEFINITION |
|---|---|
| **A** | **Accepted**<br>**ADVISED** |
| **E** | **Accepted But Errors Were Noted** |
| **M** | **Rejected, Message Authentication Code (MAC) Failed** |
| **R** | **Rejected**<br>**ADVISED** |
| **W** | **Rejected, Assurance Failed Validity Tests** |
| **X** | **Rejected, Content After Decryption Could Not Be Analyzed** |

| SITUATIONAL | **AK502** | **718** | **Transaction Set Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of a transaction set

**This code is required if an error exists.**

| CODE | DEFINITION |
|---|---|
| 1 | **Transaction Set Not Supported** |
| 2 | **Transaction Set Trailer Missing** |
| 3 | **Transaction Set Control Number in Header and Trailer Do Not Match** |
| 4 | **Number of Included Segments Does Not Match Actual Count** |
| 5 | **One or More Segments in Error** |
| 6 | **Missing or Invalid Transaction Set Identifier** |
| 7 | **Missing or Invalid Transaction Set Control Number** |
| 8 | **Authentication Key Name Unknown** |
| 9 | **Encryption Key Name Unknown** |
| 10 | **Requested Service (Authentication or Encrypted) Not Available** |
| 11 | **Unknown Security Recipient** |
| 12 | **Incorrect Message Length (Encryption Only)** |
| 13 | **Message Authentication Code Failed** |
| 15 | **Unknown Security Originator** |
| 16 | **Syntax Error in Decrypted Text** |
| 17 | **Security Not Supported** |
| 23 | **Transaction Set Control Number Not Unique within the Functional Group** |
| 24 | **S3E Security End Segment Missing for S3S Security Start Segment** |
| 25 | **S3S Security Start Segment Missing for S3E Security End Segment** |
| 26 | **S4E Security End Segment Missing for S4S Security Start Segment** |
| 27 | **S4S Security Start Segment Missing for S4E Security End Segment** |

| SITUATIONAL | **AK503** | **718** | **Transaction Set Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of a transaction set

**Use the same codes indicated in AK502.**

| SITUATIONAL | AK504 | 718 | Transaction Set Syntax Error Code | O | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of a transaction set

**Use the same codes indicated in AK502.**

| SITUATIONAL | AK505 | 718 | Transaction Set Syntax Error Code | O | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of a transaction set

**Use the same codes indicated in AK502.**

| SITUATIONAL | AK506 | 718 | Transaction Set Syntax Error Code | O | ID | 1/3 |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of a transaction set

**Use the same codes indicated in AK502.**

# FUNCTIONAL GROUP RESPONSE TRAILER

**Usage:** REQUIRED

**Repeat:** 1

**Example:** AK9∗A∗1∗1∗1~

## AK9 Functional Group Response Trailer

**Level:** Header

**Position:** 070

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group
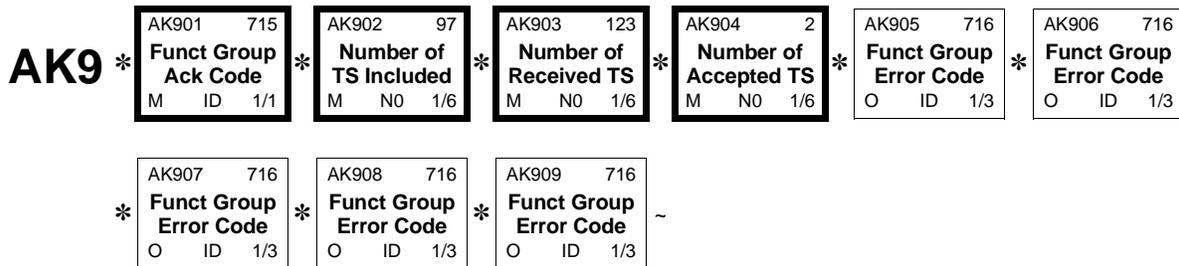
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| REQUIRED | AK901 | 715 | **Functional Group Acknowledge Code** | M | ID | 1/1 |

Code indicating accept or reject condition based on the syntax editing of the functional group

**COMMENT:** If AK901 contains the value "A" or "E", then the transmitted functional group is accepted.

| CODE | DEFINITION |
|---|---|
| A | **Accepted** |
| | **ADVISED** |
| E | **Accepted, But Errors Were Noted.** |
| M | **Rejected, Message Authentication Code (MAC) Failed** |

| | | | |
|---|---|---|---|
| **P** | **Partially Accepted, At Least One Transaction Set Was Rejected** | | |
| | **ADVISED** | | |

| | |
|---|---|
| **R** | **Rejected** |
| | **ADVISED** |

| | |
|---|---|
| **W** | **Rejected, Assurance Failed Validity Tests** |

| | |
|---|---|
| **X** | **Rejected, Content After Decryption Could Not Be Analyzed** |

| REQUIRED | AK902 | 97 | **Number of Transaction Sets Included** | **M** | **N0** | **1/6** |
|---|---|---|---|---|---|---|

Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element

**This is the value in the original GE01.**

| REQUIRED | AK903 | 123 | **Number of Received Transaction Sets** | **M** | **N0** | **1/6** |
|---|---|---|---|---|---|---|

Number of Transaction Sets received

| REQUIRED | AK904 | 2 | **Number of Accepted Transaction Sets** | **M** | **N0** | **1/6** |
|---|---|---|---|---|---|---|

Number of accepted Transaction Sets in a Functional Group

| SITUATIONAL | AK905 | 716 | **Functional Group Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of the functional group header and/or trailer

**This code is required if an error exists.**

| CODE | DEFINITION |
|---|---|
| **1** | **Functional Group Not Supported** |
| **2** | **Functional Group Version Not Supported** |
| **3** | **Functional Group Trailer Missing** |
| **4** | **Group Control Number in the Functional Group Header and Trailer Do Not Agree** |
| **5** | **Number of Included Transaction Sets Does Not Match Actual Count** |
| **6** | **Group Control Number Violates Syntax** |
| **10** | **Authentication Key Name Unknown** |
| **11** | **Encryption Key Name Unknown** |
| **12** | **Requested Service (Authentication or Encryption) Not Available** |
| **13** | **Unknown Security Recipient** |
| **14** | **Unknown Security Originator** |
| **15** | **Syntax Error in Decrypted Text** |
| **16** | **Security Not Supported** |
| **17** | **Incorrect Message Length (Encryption Only)** |
| **18** | **Message Authentication Code Failed** |

| 23 | **S3E Security End Segment Missing for S3S Security Start Segment** |
|----|---|
| 24 | **S3S Security Start Segment Missing for S3E End Segment** |
| 25 | **S4E Security End Segment Missing for S4S Security Start Segment** |
| 26 | **S4S Security Start Segment Missing for S4E Security End Segment** |

| SITUATIONAL | **AK906** | **716** | **Functional Group Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of the functional group header and/or trailer

**Use the same codes indicated in AK905.**

| SITUATIONAL | **AK907** | **716** | **Functional Group Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of the functional group header and/or trailer

**Use the same codes indicated in AK905.**

| SITUATIONAL | **AK908** | **716** | **Functional Group Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of the functional group header and/or trailer

**Use the same codes indicated in AK905.**

| SITUATIONAL | **AK909** | **716** | **Functional Group Syntax Error Code** | **O** | **ID** | **1/3** |
|---|---|---|---|---|---|---|

Code indicating error found based on the syntax editing of the functional group header and/or trailer

**Use the same codes indicated in AK905.**

**IMPLEMENTATION**

# TRANSACTION SET TRAILER

**Usage:** **REQUIRED**

**Repeat:** **1**

**Example:** **SE∗27∗1234~**

**STANDARD**

**SE** Transaction Set Trailer

**Level:** Header

**Position:** 080

**Loop:** ____

**Requirement:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**DIAGRAM**

```
        ┌── SE01        96 ──┐   ┌── SE02       329 ──┐
SE  *   │  Number of       │ * │  TS Control      │  ~
        │  Inc Segs        │   │  Number          │
        │  M    N0   1/10  │   │  M    AN    4/9  │
        └──────────────────┘   └──────────────────┘
```

**ELEMENT SUMMARY**

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | |
|---|---|---|---|---|---|---|
| **REQUIRED** | **SE01** | **96** | **Number of Included Segments** <br> Total number of segments included in a transaction set including ST and SE segments | M | N0 | 1/10 |
| **REQUIRED** | **SE02** | **329** | **Transaction Set Control Number** <br> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M | AN | 4/9 |

> **The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research. For example, start with the number 0001 and increment from there.**

# C | External Code Sources

## 4 | ABA Routing Number

**SIMPLE DATA ELEMENT/CODE REFERENCES**

66/13, 506/01, 647/806, 20

**SOURCE**

Key to American Bankers Association Routing Numbers

**AVAILABLE FROM**

Rank McNally & Company
P. O. Box 7600
Chicago, IL 60680

**ABSTRACT**

Contains the Federal Reserve Routing Codes. The first four digits identify the Federal Reserve District, the next four the institution, and the last is a check digit.

## 5 | Countries, Currencies and Funds

**SIMPLE DATA ELEMENT/CODE REFERENCES**

235/CH, 26, 100

**SOURCE**

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)
Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

**AVAILABLE FROM**

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

**ABSTRACT**

This international standard provides a two-letter alphabetic code for representing the names of countries, dependencies, and other areas of special geopolitical interest for purposes of international exchange and general directions for the maintenance of the code. The standard is intended for use in any application requiring expression of entitles in coded form. Most currencies are those of the geopolitical entities that are listed in ISO 3166, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166.

## 16 | D-U-N-S Number

**SIMPLE DATA ELEMENT/CODE REFERENCES**

66/1, 66/9, 128/DUN, 128/DNS, 860

**SOURCE**

Dun & Bradstreet

**AVAILABLE FROM**

U.S. D-U-N-S Number assignment and lookup services are available through EDI, on-line, several types of mainframe and personal computer media, through a 900 Number Service (900-990-3867), and in print.

Dun & Bradstreet Information Services
Information Quality Department
D-U-N-S Number Administration
899 Eaton Avenue
Bethlehem, PA 18025-0001

**ABSTRACT**

The D-U-N-S Number is a non-indicative nine-digit number assigned and maintained by Dun & Bradstreet to identify unique business establishments. D-U-N-S Numbers are assigned to businesses worldwide. The ninth digit of the D-U-N-S Number is a Modulus Ten Check Digit which catches 100% of single digit errors and 98% of single transposition errors. D-U-N-S Numbers provide positive identification of business locations possessing unique, separate, and distinct operations. Through the D-U-N-S Number, Dun & Bradstreet maintains linkage between units of an organization to easily identify corporate family relationships, such as those between headquarters, branches, subsidiaries, and divisions. The D-U-N-S Number is the non-indicative computer "address" of a business for which detailed marketing and credit information is maintained by Dun & Bradstreet.

## 22 | States and Outlying Areas of the U.S.

**SIMPLE DATA ELEMENT/CODE REFERENCES**

66/SJ, 771/009, 235/A5, 156

**SOURCE**

National Zip Code and Post Office Directory

**AVAILABLE FROM**

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

**ABSTRACT**

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S.

Microfiche available from NTIS (same as address above).
The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB - Alberta
BC - British Columbia
MB - Manitoba
NB - New Brunswick
NF - Newfoundland
NS - Nova Scotia
NT - North West Territories
ON - Ontario
PE - Prince Edward Island
PQ - Quebec
SK - Saskatchewan
YT - Yukon

## 51    ZIP Code

**SIMPLE DATA ELEMENT/CODE REFERENCES**

66/16, 309/PQ, 309/PR, 309/PS, 771/010, 116

**SOURCE**

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

**AVAILABLE FROM**

U.S Postal Service
Washington, DC 20260

New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

**ABSTRACT**

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two right-most digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

## 60 | (DFI) Identification Number

**SIMPLE DATA ELEMENT/CODE REFERENCES**

507

**SOURCE**

a) Thompson Bank Directory: American Bankers Association (ABA) Routing Numbers

b) New York Clearinghouse Association: Clearinghouse Interbank Payment System (CHIPS) Participant Numbers

c) Canadian Payments Association Directory: Canadian Bank Transit Numbers

d) ISO/S.W.I.F.T. Bank Identifier Code Directory: ISO Bank Identifier Codes

**AVAILABLE FROM**

a) Thompson Financial Publishing
P.O. Box 65
Skokie, IL 60076-0065

b) New York Clearinghouse Association
450 West 33rd Street
New York, New York 10001

c) Bowne of Toronto
60 Gervais Drive
Toronto, Ontario
Canada M3C 1Z3

d) S.W.I.F.T. SC
Avenue Adele 1
B-1310 La Hulpe
Belguim

**ABSTRACT**

Assigned alphanumeric codes identifying depository financial institution.

## 77 | X12 Directories

**SIMPLE DATA ELEMENT/CODE REFERENCES**

721, 725

**SOURCE**

X12.3 Data Element Dictionary
X12.22 Segment Directory

**AVAILABLE FROM**

Data Interchange Standards Association, Inc. (DISA)
Suite 200
1800 Diagonal Road
Alexandria, VA 22314-2852

**ABSTRACT**

The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

## 91 | Canadian Financial Institution Branch and Institution Number

**SIMPLE DATA ELEMENT/CODE REFERENCES**

128/04, 506/04, 66/CF, 647/806

**SOURCE**

Canadian Payments Association (CPA) Financial Institution Directories
Volume 1 - Banks
Volume 2 - Credit Unions and Caisses Populaires
Volume 3 - Trust Companies, Loan Companies and other Deposit-taking Institutions

**AVAILABLE FROM**

Bowne of Canada, Ltd.
60 Gervais Drive
Toronto, Ontario M3C 1Z3
Canada

**ABSTRACT**

Contains the Canadian financial institutions transit and branch numbers. The first four digits represent the financial institution ID.

## 121 | Health Industry Identification Number

**SIMPLE DATA ELEMENT/CODE REFERENCES**

128/HI, 66/21, I05/20, 1270/HI

**SOURCE**

Health Industry Number Database

**AVAILABLE FROM**

Health Industry Business Communications Council
5110 North 40th Street
Phoenix, AZ 85018

**ABSTRACT**

The HIN is a coding system, developed and administered by the Health Industry Business Communications Council, that assigns a unique code number to hospitals and other provider organizations - the customers of health industry manufacturers and distributors.

## 158 | Health Care Financing Administration (HCFA)

**SIMPLE DATA ELEMENT/CODE REFERENCES**

559/HC, 66/HC, 559/HS

**SOURCE**

Health Care Financing Administration (HCFA) Code Lists

**AVAILABLE FROM**

www.hcfa.gov/medicare
Health Care Financing Administration
Office of Information Services
Security and Standards Group
Director, Division of Health Care Information Systems Standards
N2-14-26
7500 Security Blvd.
Baltimore, MD 21244-1850

**ABSTRACT**

Code lists maintained by the Health Care Financing Administration.

## 540 | Health Care Financing Administration National PlanID

**SIMPLE DATA ELEMENT/CODE REFERENCES**

66/XV

**SOURCE**

PlanID Database

**AVAILABLE FROM**

Health Care Financing Administration
Center for Beneficiary Services
Administration Group
Division of Membership Operations
S1-05-06
7500 Security Boulevard
Baltimore, MD  21244-1850

**ABSTRACT**

The Health care Financing Administration is developing  the PlanID, which will be proposed as the standard  unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

# D | Change Summary

This is the first ASC X12N implementation guide for the 820. In future guides, this section will contain a summary of all changes since the previous guide.

# E | Data Element Name Index

This appendix contains an alphabetic listing of data elements used in this implementation guide. Consult the Data Element Dictionary for the complete list. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.

| Name | — | *Payment Date* |
| Definition | — | Date of payment. |
| Transaction Set ID | — | **277** |
| Locator Key | — | D \| 2200D \| SPA12 \| C001-2 \|373 .............. **156** |
| H=Header, D=Detail, S=Summary | | |
| Loop ID | | |
| Segment ID/Reference Designator | | |
| Composite ID-Sequence | | |
| Data Element Number | | |
| Page Number | | |

## Account Number Qualifier

Code indicating the type of account

H |      | BPR08 | - |569 .................**39**
H |      | BPR14 | - |569 .................**41**

## *Adjustment Amount*

Adjustment amount for the associated reason code.

D | 2320A | ADX01 | - |782 .................**85**
D | 2320B | ADX01 | - |782 .................**96**

## Adjustment Reason Code

Code that indicates the reason for the adjustment.

D | 2320A | ADX02 | - |426 .................**85**
D | 2320B | ADX02 | - |426 .................**97**

## Assigned Number

Number assigned for differentiation within a transaction set.

D | 2000A | ENT01 | - |554 .................**73**
D | 2000B | ENT01 | - |554 .................**87**

## *Billed Premium Amount*

The premium amount due or billed, if different from the paid amount.

D | 2300A | RMR05 | - |782 .................**76**
D | 2300B | RMR05 | - |782 .................**93**

## *Check Issue or EFT Effective Date*

Date the check was issued or the electronic funds transfer (EFT) effective date.

H |      | BPR16 | - |373 ................ **41**

## *Check or EFT Trace Number*

Check number or Electronic Funds Transfer (EFT) number that is unique within the sender/receiver relationship.

H |      | TRN02 | - |127 ................ **44**

## Communication Number

Complete communications number including country or area code when applicable

H | 1000B | PER04 | - |364 ................ **70**
H | 1000B | PER06 | - |364 ................ **71**
H | 1000B | PER08 | - |364 ................ **71**

## Communication Number Qualifier

Code identifying the type of communication number

H | 1000B | PER03 | - |365 ................ **70**
H | 1000B | PER05 | - |365 ................ **70**
H | 1000B | PER07 | - |365 ................ **71**

## Contact Function Code

Code identifying the major duty or responsibility of the person or group named.

H | 1000B | PER01 | - |366 ................ **70**

### Contract, Invoice, Account, Group, or Policy Number

The reference number to which this premium payment is associated, such as an account number, contract number , invoice number, group number, or policy number.

| | | | | | |
|---|---|---|---|---|---|
| D | 2300A | RMR02 | - | 127 | **75** |

## Country Code

Code indicating the geographic location.

| | | | | | |
|---|---|---|---|---|---|
| H | 1000A | N404 | - | 26 | **61** |
| H | 1000B | N404 | - | 26 | **68** |

### Coverage Period

The coverage period associated with this premium payment.

| | | | | | |
|---|---|---|---|---|---|
| H | | DTM06 | - | 1251 | **55** |
| D | 2300B | DTM06 | - | 1251 | **95** |

### Credit or Debit Flag Code

Code indicating whether amount is a credit or debit

| | | | | | |
|---|---|---|---|---|---|
| H | | BPR03 | - | 478 | **37** |

## Currency Code

Code for country in whose currency the charges are specified.

| | | | | | |
|---|---|---|---|---|---|
| H | | CUR02 | - | 100 | **46** |

## Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format

| | | | | | |
|---|---|---|---|---|---|
| H | | DTM05 | - | 1250 | **55** |
| D | 2300B | DTM05 | - | 1250 | **95** |

### Date Time Qualifier

Code specifying the type of date or time or both date and time.

| | | | | | |
|---|---|---|---|---|---|
| H | | DTM01 | - | 374 | **50** |
| H | | DTM01 | - | 374 | **52** |
| H | | DTM01 | - | 374 | **54** |
| D | 2300B | DTM01 | - | 374 | **94** |

### Depository Financial Institution (DFI) Identification Number Qualifier

Code identifying the type of identification number of Depository Financial Institution (DFI).

| | | | | | |
|---|---|---|---|---|---|
| H | | BPR06 | - | 506 | **39** |
| H | | BPR12 | - | 506 | **40** |

## Detail Premium Payment Amount

Detailed remittance amount on the transaction.

| | | | | | |
|---|---|---|---|---|---|
| D | 2300A | RMR04 | - | 782 | **76** |
| D | 2300B | RMR04 | - | 782 | **93** |

## Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual

| | | | | | |
|---|---|---|---|---|---|
| H | | CUR01 | - | 98 | **46** |
| H | 1000A | N101 | - | 98 | **56** |
| H | 1000B | N101 | - | 98 | **62** |
| D | 2000A | ENT02 | - | 98 | **73** |
| D | 2000B | ENT02 | - | 98 | **87** |
| D | 2100B | NM101 | - | 98 | **88** |

## Entity Type Qualifier

Code qualifying the type of entity

| | | | | | |
|---|---|---|---|---|---|
| D | 2100B | NM102 | - | 1065 | **89** |

## Exchange Rate

Value to be used as a multiplier conversion factor to convert monetary value from one currency to another.

| | | | | | |
|---|---|---|---|---|---|
| H | | CUR03 | - | 280 | **47** |

### Head Count

Number of members/insured under this summary line item remittance.

| | | | | | |
|---|---|---|---|---|---|
| D | 2315A | SLN04 | - | 380 | **82** |

## Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67)

| | | | | | |
|---|---|---|---|---|---|
| H | 1000A | N103 | - | 66 | **57** |
| H | 1000B | N103 | - | 66 | **63** |
| D | 2000A | ENT03 | - | 66 | **73** |
| D | 2000B | ENT03 | - | 66 | **87** |
| D | 2100B | NM108 | - | 66 | **89** |

### Individual First Name

The first name of an individual to whom specific remittance amounts apply.

| | | | | | |
|---|---|---|---|---|---|
| D | 2100B | NM104 | - | 1036 | **89** |

### Individual Identifier

Identification number for an individual to whom specific remittance amounts apply.

| | | | | | |
|---|---|---|---|---|---|
| D | 2100B | NM109 | - | 67 | **90** |

### Individual Last Name

The last name of an individual to which specific remittance amount(s) apply.

| | | | | | |
|---|---|---|---|---|---|
| D | 2100B | NM103 | - | 1035 | **89** |

### Individual Middle Name

Middle name of an individual to whom specific remittance amounts apply.

| | | | | | |
|---|---|---|---|---|---|
| D | 2100B | NM105 | - | 1037 | **89** |

### Individual Name Prefix

Prefix to the name of an individual to whom specific remittance amounts apply.

| | | | | | |
|---|---|---|---|---|---|
| D | 2100B | NM106 | - | 1038 | **89** |

### Individual Name Suffix

Suffix to the name of an individual to whom specific remittance amounts apply.

D | 2100B | NM107 | - |1039 .............. **89**

### Information Only Indicator

An indicator that this segment is informational only

D | 2315A | SLN03 | - |662 ................ **82**

### Information Receiver City Name

The City Name of the Information Receiver's address.

H | 1000A | N401 | - |19 .................. **60**

### Information Receiver Last or Organization Name

The name of the organization or last name of the individual that expects to receive information or is receiving information..

H | 1000A | N102 | - |93 .................. **57**

### Information Receiver Postal Zone or ZIP Code

The Zip Code of the Information Receiver's address.

H | 1000A | N403 | - |116................. **61**

### Information Receiver State Code

The State Postal Code of the Information Receiver's address.

H | 1000A | N402 | - |156 ................ **61**

### Insurance Remittance Reference Number

The reference number for this individual premium remittance, such as a policy number, account number, invoice number.

D | 2300B | RMR02 | - |127 ................ **92**

### Line Item Control Number

Identifier assigned by the submitter/provider to this line item.

D | 2310A | IT101 | - |350 ................ **78**
D | 2315A | SLN01 | - |350 ................ **81**

### Organization Identification Code

The code identifying the organization providing the summary level premium remittance.

D | 2000A | ENT04 | - |67 .................. **73**

### Originating Company Identifier

A unique identifier designating the company originating the transaction.

H | | BPR10 | - |509 ................ **40**

H | | TRN03 | - |509 ................ **44**

### Originating Company Supplemental Code

Number identifying a further subdivision within the entity originating the transaction.

H | | BPR11 | - |510 ................ **40**
H | | TRN04 | - |127 ................ **44**

### Originating Depository Financial Institution (DFI) Identifier

Number identifying the financial institution originating the transaction in an ACH network.

H | | BPR07 | - |507 ................ **39**

### Payer Process Date

The date the payer generated the remittance advice.

H | | DTM02 | - |373 ................ **50**

### Payment Action Code

A code that specifies the payer's intent to pay the open amount due, make a partial payment, or pay in advance or on account.

D | 2300A | RMR03 | - |482 ................ **75**
D | 2300B | RMR03 | - |482 ................ **92**

### Payment Format Code

Type of format chosen to send payment

H | | BPR05 | - |812 ................ **38**

### Payment Method Code

Code identifying the method for the movement of payment instructions.

H | | BPR04 | - |591 ................ **37**

### Premium Delivery Date

The date the premium payment was delivered to the originating depository financial institution.

H | | DTM02 | - |373 ................ **53**

### Premium Payer Additional Name

Additional name for the premium payer.

H | 1000B | N201 | - |93 .................. **65**

### Premium Payer Address Line

Address line for the premium payer's address.

H | 1000B | N301 | - |166 ................ **66**
H | 1000B | N302 | - |166 ................ **66**

### Premium Payer City Name

The city name of the premium payer's address.

H | 1000B | N401 | - |19 .................. **67**

### Premium Payer Contact Name

Name identifying the contact person at the premium payer organization.

H | 1000B | PER02 | - |93 ................. **70**

### Premium Payer Identifier

Number identifying the organization remitting the payment.

H | 1000B | N104 | - |67 ................. **63**

### Premium Payer Name

Name identifying the organization remitting the payment.

H | 1000B | N102 | - |93 ................. **63**

### Premium Payer Postal Zone or ZIP Code

The postal zone code of the premium payer's address.

H | 1000B | N403 | - |116 ................. **68**

### Premium Payer State Code

State postal code of the premium payer's address.

H | 1000B | N402 | - |156 ................ **67**

### Premium Receiver Reference Identifier

The key or reference number used by the premium receiver to designate to which plan, invoice, or account number the premium payment is to be applied.

H | | REF02 | - |127 ................ **49**

### Receiver Additional Name

Additional name information for the receiver.

H | 1000A | N201 | - |93 ................. **58**

### Receiver Address Line

The receiver's address line.

H | 1000A | N301 | - |166 ................ **59**
H | 1000A | N302 | - |166 ................ **59**

### Receiver Bank Account Number

The receiver's bank account number at the Receiving Depository Financial Institution.

H | | BPR15 | - |508 ................ **41**

### Receiver Identifier

Number identifying the organization receiving the payment.

H | 1000A | N104 | - |67 ................. **57**

### Receiver's Individual Identifier

The identification number of the individual used by the receiver.

D | 2000B | ENT04 | - |67 ................. **87**

### Receiving Depository Financial Institution (DFI) Identifier

Number identifying the financial institution receiving the transaction from an ACH network.

H | | BPR13 | - |507 ................ **41**

### Reference Identification Qualifier

Code qualifying the reference identification

H | | REF01 | - |128 ................ **48**
D | 2300A | RMR01 | - |128 ................ **75**
D | 2300B | RMR01 | - |128 ................ **92**

### Sender Bank Account Number

The sender's bank account number at the Originating Depository Financial Institution.

H | | BPR09 | - |508 ................ **40**

### Total Premium Payment Amount

The total premium payment for this batch or transaction.

H | | BPR02 | - |782 ................ **37**

### Trace Type Code

Code identifying the type of reassociation which needs to be performed.

H | | TRN01 | - |481 ................ **43**

### Transaction Handling Code

This code designates whether and how the money and remittance information will be processed.

H | | BPR01 | - |305 ................ **36**

### Transaction Segment Count

A tally of all segments between the ST and the SE segments including the ST and SE segments.

S | | SE01 | - |96 ................. **98**

### Transaction Set Control Number

The unique identification number within a transaction set.

H | | ST02 | - |329 ................ **34**
S | | SE02 | - |329 ................ **98**

### Transaction Set Identifier Code

Code uniquely identifying a Transaction Set.

H | | ST01 | - |143 ................ **34**

**Unit or Basis for Measurement Code**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

D | 2315A | SLN05 | C001-1 | 355 ................ **82**