



**HIPAA Transaction Sets and Code Sets
(HTSCS)
820 Companion Guide Specifications**

Version 1.2
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1. INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda*. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained at no charge by downloading the files from the following WEB site:

http://www.wpc-edi.com/hipaa/HIPAA_40.asp

2. SCOPE

The United States Congress included provisions to address the need for standards for electronic and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through Subtitle F of Title II of that law, Congress added to Title XI of the Social Security Act a new Part C entitled, "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for, "Standards for Electronic Transactions," which became effective on October 16, 2000. The final rule requires compliance be met within two years of the effective date of this rule, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003 for those covered and required to comply in 2002. SCDHHS has filed such an extension.

The 820 Premium Payment Order / Remittance Advice (RA) transaction reports premium payment financial information to the Managed Care Organizations (MCOs). The 820 transaction set adds new functionality to the South Carolina Medicaid Management Information System (SCMMIS) by allowing the transmittal of premium payment and adjustment information in an electronic format to MCOs.

This Companion Guide includes the scope and transaction maps for the ASC X12N 820 004010X061A1 Payroll Deducted and Other Group Premium Payment for Insurance Products transaction set.

3.820 PREMIUM PAYMENT ORDER / REMITTANCE ADVICE TRANSACTION MAP

*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X061A1.

**The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situation ("S"), then a dash followed by the page number reference in the Implementation Guide

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	ST/R-34	ST01	R	Transaction Set Identifier Code	'820'
		ST02	R	Transaction Set Control Number	
	BPR/R-35	BPR01	R	Transaction Handling Code	'I' – Remittance Information Only
		BPR02	R	Total Premium Payment Amount	
		BPR03	R	Credit/Debit Flag Code	'C' - Credit
		BPR04	R	Payment Method Code	'ACH' - Automated Clearing House - for payment made by Electronic Funds Transfer (EFT) 'CHK' - Check - for payment made by check
		BPR05	S	Payment Format Code	'CCP' - Cash Concentration/ Disbursement, plus Addenda, if BPR04 = ACH
		BPR06	S	DFI Identification Number Qualifier	'01' - ABA Transit Routing Number Including Check Digits if BPR04 = ACH
		BPR07	S	Originating DFI Identification Number	'053900225' if BPR04 = ACH

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		BPR08	S	Account Number Qualifier	'DA' - Demand Deposit - if BPR04 = ACH
		BPR09	S	Sender Bank Account Number	'2079900430615' if BPR04 = ACH
		BPR10	S	Originating Company Identifier	'1570859576' if BPR04 = ACH
		BPR11	S	Originating Company Supplemental Code	'SCMEDCAID'
		BPR12	S	DFI Identification Number Qualifier	'01' (Transit Routing Number Including Check Digits) if BPR04 = ACH
		BPR13	S	Receiving DFI Identification Number	
		BPR14	S	Account Number Qualifier	
		BPR15	S	Receiver Bank Account Number	
		BPR16	R	Check Issue or EFT Effective Date	
		BPR17	N	Business Function Code	
		BPR18	N	(DFI) Identification Number Qualifier	
		BPR19	N	(DFI) Identification Number	
		BPR20	N	Account Number Qualifier	
		BPR21	N	Account Number	
	TRN/R-43	TRN01	R	Trace Type Code	'3' – Financial Re-association Trace Number.
		TRN02	R	Check or EFT Trace Number	
		TRN03	S	Originating Company Identifier	'1570859576' for EFT payments.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		TRN04	S	Originating Company Supplemental Code	'SCMEDCAID'
	CUR/S-45			Non-US Dollars Currency	SC Medicaid will not send this segment.
	REF/S-48	REF01	R	Reference Identification Qualifier	'14' - Plan Number
		REF02	R	Premium Receiver Reference Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	DTM/S-50			Process Date	SC Medicaid will not send this segment.
	DTM/S-52			Delivery Date	SC Medicaid will not send this segment.
	DTM/S-54	DTM01	R	Date/Time Qualifier	'582' - Report Period
		DTM02	N	Date	
		DTM03	N	Time	
		DTM04	N	Time Code	
		DTM05	R	Date Time Period Format Qualifier	Set to 'RD8'
		DTM06	R	Coverage Period	
1000A/R-56				PREMIUM RECEIVER'S NAME	
	N1/R-56	N101	R	Entity Identifier Code	'PE' - Payee
		N102	S	Receiver Last or Organizational Name	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		N103	S	Identification Code Qualifier	'FI' - Federal Taxpayer's Identification Number.
		N104	S	Receiver Identifier	
		N105	N	Entity Relationship Code	
		N106	N	Entity Identifier Code	
	N2/S-58	N201	R	Receiver Additional Name	
		N202	N	Name	
	N3/S-59	N301	R	Receiver Address Line 1	
		N302	S	Receiver Address Line 2	
	N4/S-60	N401	R	Information Receiver City Name	
		N402	R	Information Receiver State or Province Code	
		N403	R	Information Receiver Postal Zone or ZIP code	
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
1000B/R-62				PREMIUM PAYER NAME	
	N1/R-62	N101	R	Entity Identifier Code	'PR' - Payer
		N102	S	Premium Payer Name	'South Carolina Medicaid'
		N103	S	Identification Code Qualifier	'FI' - Federal Taxpayer's Identification Number.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		N104	S	Premium Payer Identifier	Set to SC Medicaid Federal Taxpayer's Identification Number : 570859576.
		N105	N	Entity Relationship Code	
		N106	N	Entity Identifier Code	
	N2/S-65	N201	R	Premium Payer Additional Name	
		N202	N	Name	
	N3/S-66	N301	R	Premium Payer Address Line 1	'South Carolina Dept of Health and Human Services' if payment is made by check.
		N302	S	Premium Payer Address Line 2	'1801 Main St.' if payment is made by check.
	N4/S-67	N401	R	Premium Payer City Name	'Columbia' if payment is made by check.
		N402	R	Premium Payer State or Province Code	'SC' if payment is made by check.
		N403	R	Premium Payer Postal Zone or ZIP Code	'29201' if payment is made by check.
		N404	S	Premium Payer Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PER/S-69	PER01		Premium Payer's Administrative Contact	SC Medicaid will not send this segment.
2000A/S-72				ORGANIZATION SUMMARY REMITTANCE	
	ENT/S-72	ENT01	R	Assigned Number	'1'

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		ENT02	R	Entity Identifier Code	'2L' - Corporation
		ENT03	S	Identification Code Qualifier	'FI' - Federal Taxpayer ID
		ENT04	S	Organization Identification Code	'570859576'
		ENT05	N	Entity Identifier Code	
		ENT06	N	Identification Code Qualifier	
		ENT07	N	Identification Code	
		ENT08	N	Reference Identification Qualifier	
		ENT09	N	Reference Identification	
2300A/R-74				ORGANIZATION SUMMARY REMITTANCE DETAIL	
	RMR/R-74	RMR01	R	Reference Identification Qualifier	'1L' - Group or Policy Number
		RMR02	R	Contract, Invoice, Account, Group, or Policy Number	
		RMR03	S	Payment Action Code	
		RMR04	R	Detail Premium Payment Amount	
		RMR05	S	Billed Premium Amount	
		RMR06	N	Monetary Amount	
		RMR07	N	Adjustment Reason Code	
		RMR08	N	Monetary Amount	
2310A/S-77				SUMMARY LINE ITEM	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	IT1/S-77	IT101	R	Line Item Control Number	Value will start with '1' and increment by '1'.
		IT102	N	Quantity Invoiced	
		IT103	N	Unit or Basis of Measurement Code	
		IT104	N	Unit Price	
		IT105	N	Basis of Unit Price Code	
		IT106	N	Product/Service ID Qualifier	
		IT107	N	Product/Service ID	
		IT108	N	Product/Service ID Qualifier	
		IT109	N	Product/Service ID	
		IT110	N	Product/Service ID Qualifier	
		IT111	N	Product/Service ID	
		IT112	N	Product/Service ID Qualifier	
		IT113	N	Product/Service ID	
		IT114	N	Product/Service ID Qualifier	
		IT115	N	Product/Service ID	
		IT116	N	Product/Service ID Qualifier	
		IT117	N	Product/Service ID	
		IT118	N	Product/Service ID Qualifier	
		IT119	N	Product/Service ID	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		IT120	N	Product/Service ID Qualifier	
		IT121	N	Product/Service ID	
		IT122	N	Product/Service ID Qualifier	
		IT123	N	Product/Service ID	
		IT124	N	Product/Service ID Qualifier	
		IT125	N	Product/Service ID	
2315A/S-80				MEMBER COUNT	
	SLN/S-80	SLN01	R	Line Item Control Number	Value will start with '1' and increment by '1'.
		SLN02	N	Assigned Identification	
		SLN03	R	Information Only Indicator	'O' - Information Only
		SLN04	R	Head Count	
		SLN05-01	R	Unit or Basis of Measurement Code	'IE' - Person
		SLN05-02	N	Exponent	
		SLN05-03	N	Multiplier	
		SLN05-04	N	Unit or Basis of Measurement Code	
		SLN05-05	N	Exponent	
		SLN05-06	N	Multiplier	
		SLN05-07	N	Unit or Basis of Measurement Code	
		SLN05-08	N	Exponent	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SLN05-09	N	Multiplier	
		SLN05-10	N	Unit or Basis of Measurement Code	
		SLN05-11	N	Exponent	
		SLN05-12	N	Multiplier	
		SLN05-13	N	Unit or Basis of Measurement Code	
		SLN05-14	N	Exponent	
		SLN05-15	N	Multiplier	
		SLN06	N	Unit Price	
		SLN07	N	Basis of Unit Price Code	
		SLN08	N	Relationship Code	
		SLN09	N	Product/Service ID Qualifier	
		SLN10	N	Product/Service ID	
		SLN11	N	Product/Service ID Qualifier	
		SLN12	N	Product/Service ID	
		SLN13	N	Product/Service ID Qualifier	
		SLN14	N	Product/Service ID	
		SLN15	N	Product/Service ID Qualifier	
		SLN16	N	Product/Service ID	
		SLN17	N	Product/Service ID Qualifier	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SLN18	N	Product/Service ID	
		SLN19	N	Product/Service ID Qualifier	
		SLN20	N	Product/Service ID	
		SLN21	N	Product/Service ID Qualifier	
		SLN22	N	Product/Service ID	
		SLN23	N	Product/Service ID Qualifier	
		SLN24	N	Product/Service ID	
		SLN25	N	Product/Service ID Qualifier	
		SLN26	N	Product/Service ID	
		SLN27	N	Product/Service ID Qualifier	
		SLN28	N	Product/Service ID	
2320A/S-84				ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	SC Medicaid will not send this loop.
2000B/S-86				INDIVIDUAL REMITTANCE	
	ENT/S-86	ENT01	R	Assigned Number	SC Medicaid will start with 1 and increment counter for each detail line.
		ENT02	R	Entity Identifier Code	'2J' - Individual
		ENT03	R	Identification Code Qualifier	'34' - SSN
		ENT04	R	Receiver Individual Identifier	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		ENT05	N	Entity Identifier Code	
		ENT06	N	Identification Code Qualifier	
		ENT07	N	Identification Code	
		ENT08	N	Reference Identification Qualifier	
		ENT09	N	Reference Identification	
2100B/S-88				INDIVIDUAL NAME	
	NM1/S-88	NM101	R	Entity Identifier Code	'QE' - Policy Holder
		NM102	R	Entity Type Qualifier	'1' - Person
		NM103	S	Individual Last Name	
		NM104	S	Individual First Name	
		NM105	S	Individual Middle Name	
		NM106	S	Individual Name Prefix	
		NM107	S	Individual Name Suffix	
		NM108	S	Identification Code Qualifier	'N' – Insured's Unique Identification Number
		NM109	S	Individual Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2300B/S-91				INDIVIDUAL PREMIUM REMITTANCE DETAIL	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	RMR/S-91	RMR01	R	Reference Identification Qualifier	'AZ' - Health Insurance Policy Number
		RMR02	R	Insurance Remittance Reference Number	
		RMR03	S	Payment Action Code	
		RMR04	R	Detail Premium Payment Amount	
		RMR05	S	Billed Premium Amount	
		RMR06	N	Monetary Amount	
		RMR07	N	Adjustment Reason Code	
		RMR08	N	Monetary Amount	
	DTM/S-94	DTM01	R	Date/Time Qualifier	'582' – Report Period
		DTM02	N	Date	
		DTM03	N	Time	
		DTM04	N	Time Code	
		DTM05	R	Date Time Period Format Qualifier	Value = 'RD8' – Range of Dates Expressed in CCYYMMDD-CCYYMMDD format.
		DTM06	R	Coverage Period	
2320B/S-96				INDIVIDUAL PREMIUM ADJUSTMENT	SC Medicaid will not use this loop.
TRAILER				TRANSACTION SET TRAILER	
	SE/R-98	SE01	R	Number of Included Segments	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SE02	R	Transaction Set Control Number	

4. DOCUMENT CHANGE HISTORY

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Version	Approval Date	Changed By	Reason
1.0	06/02/03		Original Document
1.1	09/24/03	Jim Hazelrigs	Pg. 4 – value of BPR09 changed to "2079900430615" per change in processing of checks.
1.2	08/25/06	Colleen McCuen	Pg. 6 changed value of BPR11 to 'SCMEDCAID' and on pg. 7 changed value of TRN04 to 'SCMEDCAID'