



Standard Companion Guide Transaction Information

**Instructions related to Transactions based on ASC
X12 Implementation Guides, version 005010**

Final

820 Companion Guide Version Number: 2.0

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) 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 information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
[005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)]

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

3.1 820 005010X218A1 Payroll Deducted and Other Group Premium Payment for Insurance Products

005010X218A1 Payroll Deducted and Other Premium Payment for Insurance Products

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	ISA	INTERCHANGE CONTROL HEADER		1	R	1		
HDR	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03	Default "00"
HDR	ISA03	Security Information Qualifier	ID	2-2	R		00, 01	Default "00"
HDR	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Default to 'ZZ' Mutually Defined
HDR	ISA06	Interchange Sender ID	AN	15-15	R			Default to "Medicaid Assigned Submitter Number"
HDR	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ	Default to 'ZZ'-Mutually Defined
HDR	ISA08	Interchange Receiver ID	AN	15-15	R			Default to 'SCMEDICAID'
HDR	ISA11	Repetition Separator	AN	1-1	R			use ^
HDR	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1	If your Trading Partner Agreement indicates that you will receive an Interchange Acknowledgement (TA1). Use '1' for Interchange Acknowledgement Requested If your Trading Partner Agreement does not indicate that you will receive an Interchange Acknowledgement (TA1). Use '0' for No Interchange Acknowledgement Requested
HDR	ISA15	Usage Indicator	ID	1-1	R		P,T	'Provider should use 'T' until testing of the Trading Partner is approved
HDR	ISA16	Component Element Separator	AN	1-1	R			Default :

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	GS	FUNCTIONAL GROUP HEADER		1	R	>1		
HDR	GS02	Application Sender Code	AN	2-15	R			Default to "SC Medicaid Assigned Submitter ID"
HDR	GS03	Application Receiver Code	AN	2-15	R			Default to 'SCMEDICAID'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	BPR	Financial Information		1	R		Financial Information	
HDR	BPR01	Transaction Handling Code	ID	1-2	R		C - Payment Accompanies Remittance Advice D - Make Payment Only I - Remittance Information Only P - Pre-notification of Future Transfers U - Split Payment and Remittance X - Handling Party's Option to Split Payment and Remittance	Default to 'I' - Remittance Information Only
HDR	BPR04	Payment Method Code	ID	3/3	R		ACH - Automated Clearing House (ACH) BOP - Financial Institution Option CHK - Check - A check has been issued for payment. FWT - Federal Reserve Funds/Wire Transfer NON - Non-Payment Data SWT - Society for Worldwide Interbank Financial Telecommunications (S.W.I.F.T.)	Only use: 'ACH' - Automated Clearing House - for payment made by Electronic Funds Transfer (EFT) 'CHK' - Check- for payment made by check
HDR	BPR05	Payment Format Code	ID	1/10	S		CCP - Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX - Corporate Trade Exchange (CTX) (ACH)	Default to 'CCP' - Cash Concentration/Disbursement, (CCD+)(ACH)
HDR	BPR06	(DFI) ID Number Qualifier	ID	2/2	S		01 - ABA Transit Routing Number Including Check Digits (9 digits) 02 - Swift Identification (8 or 11 characters) 04 - Canadian Bank Branch and Institution Number	Default to '01'
HDR	BPR07	(DFI) Identification Number	AN	3/12	S		Depository Financial Institution (DFI) identification number	Default to '053900225'
HDR	BPR08	Account Number Qualifier	ID	1/3	S		ALC - Agency Location Code (ALC) DA - Demand Deposit	Default to 'DA' - Demand Deposit -
HDR	BPR09	Account Number	AN	1/35	S		Account Number Assigned	Default to '2079900430615'
HDR	BPR10	Originating Company Identifier	AN	10/10	R		A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification.	Set to '1570859576'
HDR	BPR11	Originating Company Supplemental Code	AN	9-9	S		A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions	Default to 'SCMEDICAID'
HDR	BPR12	(DFI) ID Number Qualifier	ID	2/2	S		01 - ABA Transit Routing Number Including Check Digits (9 digits) 02 - Swift Identification (8 or 11 characters) 04 - Canadian Bank Branch and Institution Number	Default to '01' (Transit Routing Number Including Check Digits)
HDR	BPR13	Account Number Qualifier	ID	1/3	S		Code indicating the type of account DA - Demand Deposit SG - Savings	Default to 'DA' = Demand Deposit
HDR	BPR14	Account Number Qualifier	ID	1/3	S		Code indicating the type of account DA - Demand Deposit	Default to 'SG' = Savings

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	TRN	Re-association Trace Number		1	R		The purpose of this segment is to uniquely identify this transaction set and aid in the re-associating payment and remittance	
HDR	TRNO1	Trace Type code	ID	1/2	R		Trace Type Code 1 - Current Transaction Trace Numbers 3 -Financial Re-association Trace Number	Default to '3' – Financial Re-association Trace Number.
HDR	TRNO2	Reference ID	AN	1/50	R		Reference information	CHECK-NUMBER
HDR	TRNO3	Originating Company ID	AN	10/10	S		A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification.	Set to '1570859576' for EFT payments.
HDR	TRNO4	Reference ID	AN	1/50	S		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	Set to 'SCMEDICAID'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
HDR	REF	Premium Receivers Identification Key		>1	S		Reference Information	
HDR	REF01	Reference ID Qualifier	ID	2/3	R		Code qualifying the Reference Identification 14 - Master Account Number 17 - Client Reporting Category 18 - Plan Number 2F - Consolidated Invoice Number 38 - Master Policy Number 72 - Schedule Reference Number LB - Lockbox	Default to 14 = Master Account Number
HDR	REF02	Reference ID	AN	1-50	R		Reference ID	Provider ID

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
1000A	N1	Premium Receiver's Name		1	R	1	Code identifying an organizational entity, a physical location, property or an individual	
1000A	N102	Name	AN	1-60	S		Name	Provider Name
1000A	N103	Identification Code Qualifier	ID	1-2	S		Code designating the system/method of code structure used for Identification Code (67) 1 - D-U-N-S Number, Dun & Bradstreet 9 - D-U-N-S+4, D-U-N-S Number with Four Character Suffix EQ - Insurance Company Assigned Identification Number FI - Federal Taxpayer's Identification Number XV- Centers for Medicare and Medicaid Services Plan ID	Default to 'FI' - Federal Taxpayer's Identification Number.

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
1000B	N1	Premium Payer's Name		1	R	1	Code identifying an organizational entity, a physical location, property or an individual	Required Segment
1000B	N102	Name	AN	1-60	S		Name	Set to 'South Carolina Medicaid'
1000B	N103	Identification Code Qualifier	ID	1-2	S		Identification Code Qualifier 1 - D-U-N-S Number, Dun & Bradstreet 9 - D-U-N-S+4, D-U-N-S Number with Four Character Suffix 24 - Employer's Identification Number 75 - State or Province Assigned Number EQ - Insurance Company Assigned Identification Number FI - Federal Taxpayer's Identification Number PI - Payor Identification	Default to 'FI' = Federal Taxpayer's Identification Number
1000B	N104	ID Code	AN	2-80	S		Code identifying a party or other code	Set to '570859576'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
1000B	N4	Premium Receiver's City, State, and Zip Code		1	S	1	Geographic Location	
1000B	N401	City Name	AN	2/30	R		Free-form text for city name	Set to 'COLUMBIA'
1000B	N402	State or Prove Code	ID	2/2	S		State or Province Cod	Set to 'SC'
1000B	N403	Postal Code	ID	3/15	S		Postal Code	Set to '29201'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000A	ENT	Organization Summary Remittance		1	S	1	Entity	
2000A	ENT01	Assigned Number	N0	1/6	R		Assigned Number	
2000A	ENT02	Entity ID Code	ID	2/3	R		Entity Identification Code 2L - Corporation AG - Agent/Agency NH - Association RGA - Responsible Government Agency UN - Union	Default to '2L' = Corporation
2000A	ENT03	ID Code Qualifier	ID	1/2	R		Identification Code Qualifier 1 - D-U-N-S Number, Dun & Bradstreet 9 - D-U-N-S+4, D-U-N-S Number with Four Character Suffix 24 - Employer's Identification Number FI - Federal Taxpayer's Identification Number	Default to "24" = Employer's Identification Number
2000A	ENT04	ID Code	AN	2/80	R		Identification Code	Set to '570859576'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300A	RMR	Organization Summary Remittance Detail		1	R	>1	Remittance Advice Accounts Receivable Open Item Reference	
2300A	RMR01	Reference ID Qualifier	ID	2/3	R		Reference Identification Qualifier 11 - Account Number 1L - Group or Policy Number CT - Contract Number IK - Invoice Number	Default to 'IL' = Group or Policy Number .

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300A	DTM	Organizational Coverage Period		1	S	>1		Required Segment MGC5020 must be updated to include Organizational Coverage Period.
2300A	DTM01	Date / Time Qualifier	ID	3/3	S		Date/Time Qualifier 582 - Report Period AAG - Due Date	Default to '582' = Report Period

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2315A	SLN	Member Count		1	S	3 -> 4	Sub-line Item Count	
2315A	SLN0501	Unit or Basis for Measurement Code	ID	2/2	R		Unit or Basis for Measurement Code 10- Group IE -Person PR -Pair	Default – 'IE'

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2000B	ENT	Individual Remittance		1	S	>1	Entity	
2000B	ENT02	Entity ID Code	ID	2/3	R		Entity Identification Code 2J - Individual	Set to '2J' = Individual
2000B	ENT03	ID Code Qualifier	ID	1/2	R		Identification Code Qualifier 34- Social Security Number EI- Employee Identification Number II-Standard Unique Health Identifier for each Individual in the United States	Default to '34' = Social Security Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2100B	NM1	Individual Name		1	S	>1		No changes.
2100B	NM101	Entity Identifier Code	ID	2-3	R		Entity Identifier Code DO - Dependent Name EY - Employee Name IL - Insured or Subscriber QE - Policyholder	Default 'QE'
2100B	NM108	Identification Code Qualifier	ID	1-2	S		Identification Code Qualifier 34 - Social Security Number EI - Employee Identification Number N - Insured's Unique Identification Number	Default to 'N' = Insured's Unique Identification Number

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300B	RMR	Individual Premium Remittance Detail		1	R	>1		Required.
2300B	RMR01	Reference ID Qualifier	ID	2/3	R		Reference Identification Qualifier 11 - Account Number 9J - Pension Contract AZ - Health Insurance Policy Number B7 - Life Insurance Policy Number CT - Contract Number ID - Insurance Certificate Number IG - Insurance Policy Number IK - Invoice Number KW - Certification	Default to 'AZ' = Health Insurance Policy Number We will default this to 'AZ', however we will be sending the Claim Control Number
2300B	RMR04	Monetary Amount	R	1/18	R		Monetary Amount	PAID-AMT

Loop	Element Identifier	Description	ID	Min/Max	Usage	Loop Repeat	Values	Requirement Description
2300B	DTM	Individual Coverage Period		1	S	>1		
2300B	DTM01	Date / Time Qualifier	ID	3/3	R		Date/Time Qualifier 582 - Report Period AAG - Due Date	Default to '582'

4 TI Change Summary

Version	Issue Date	Modified By	Comments / Reason
1.0	05/02/2011	William Douglas	Original document 05/03 /2011
1.1	05/27/2011	William Douglas	Update with Comments from Tamara to take out the CG: Translator not and comments that are repetitive of the TR3 or Errata.
1.2	06/15/2011	William Douglas	Updates for ISA14
2.0	06/30/2011	William Douglas	Comments from Review and updates to ISA 16 should be a : and ISA11 should be ^