HIPAA 820 RECORD Example

Standard premium payment, no adjustments

Header Record:
Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	3000
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (BHS Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (BHS Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID)

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

Coverage Period		
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20030401-20030430 (Check date to End of Month)

Premium Receiver Name and Address

1000A		
N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	BHS
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B		
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

ORGANIZATION SUMMARY REMITTANCE
Only present in the case of a lump sum adjustment, sanction or partial payment.

Organization Summary Remittance

2000A		
ENT01	Assigned Number	01
ENT02	Entity Identifier Code	2L
ENT03	Identification Code Qualifier	FI
ENT04	Organization ID Code	866004791 (AHCCCS Tax ID)

GROUP 1

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	Categorical Child (Elg Group)
RMR03	Payment Action Code	PA
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	

Summary Line Item

2310A		
IT101	Line Item Control Number	000000001

Member Count

2315A		
SLN01	Line Item Control Number	000000001
SLN03	Information Only Indicator	O
SLN04	Head Count	2,098
SLN05-1	Unit for Measurement	IE

GROUP 2

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	Categorical GMH
RMR03	Payment Action Code	PA
RMR04	Detail Premium Payment Amount	2000
RMR05	Billed Premium Amount	

Summary Line Item

2310A		
IT101	Line Item Control Number	000000001

Member Count

2315A		
SLN01	Line Item Control Number	000000001
SLN03	Information Only Indicator	O
SLN04	Head Count	4,012
SLN05-1	Unit for Measurement	IE

Organization Summary Remittance Level Adjustment

2320A

ADX01	Adjustment Amount
ADX02	Adjustment Reason Code

HIPAA 820 RECORD Example

Standard premium payment due of $3000, Partial payment of 2000

Header Record:
Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	3000
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (BHS Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (BHS Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID)

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

Coverage Period		
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20030401-20030430 (Check date to End of Month)

Premium Receiver Name and Address

1000A		
N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	BHS
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B		
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

ORGANIZATION SUMMARY REMITTANCE
Only present in the case of a lump sum adjustment, sanction or partial payment.

Organization Summary Remittance

2000A		
ENT01	Assigned Number	01
ENT02	Entity Identifier Code	2L
ENT03	Identification Code Qualifier	FI
ENT04	Organization ID Code	866004791 (AHCCCS Tax ID)

GROUP 1

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	Categorical Child (Elg Group)
RMR03	Payment Action Code	PA
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	

Summary Line Item

2310A		
IT101	Line Item Control Number	000000001

Member Count

2315A		
SLN01	Line Item Control Number	000000001
SLN03	Information Only Indicator	O
SLN04	Head Count	2,098
SLN05-1	Unit for Measurement	IE

GROUP 2

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	Categorical GMH
RMR03	Payment Action Code	PA
RMR04	Detail Premium Payment Amount	2000
RMR05	Billed Premium Amount	

Summary Line Item

2310A		
IT101	Line Item Control Number	000000001

Member Count

2315A		
SLN01	Line Item Control Number	000000001
SLN03	Information Only Indicator	O
SLN04	Head Count	4,012
SLN05-1	Unit for Measurement	IE

Adjustment

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	333333333 (Invoice Number)
RMR03	Payment Action Code	PP
RMR04	Detail Premium Payment Amount	-1000
RMR05	Billed Premium Amount	