

## Version 1

Utah State Dept. of Health  
Division of Health Care Financing

820 COMPANION GUIDE

### Utah Specific Transaction Instructions

#### 820 Payroll Deducted and Other Group premium Payment for Insurance Products ASCX12N 820 (004010X061)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 820 Version 4010 implementation guide has been established as the standard of compliance. The implementation guide is available electronically at [www.wpc-edi.com](http://www.wpc-edi.com). The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

#### Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at [www.UHIN.com](http://www.UHIN.com).
2. A Utah Medicaid EDI Enrollment application must be completed and on file prior to Medicaid generating an 820 Premium Payment. The form is available at [http://health.utah.gov/hipaa/medicaid\\_pcn.htm](http://health.utah.gov/hipaa/medicaid_pcn.htm)

Page	Loop	Segment	Element No.	Data Element	Values / Comments
Header					
36		BPR01	305	Financial Information	"I" – Remittance Only Information
37		BPR02	782	Monetary Amount	
37		BPR03	478	Credit/Debit Flat Code	"C" - Credit
37		BPR04	591	Payment Method Code	"CHK" - Check
43		TRN01	481	Trace Type Code	"3" – Financial Reassociation Trace Number

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
48		REF01	128	Reference Identification Qualifier	"14" – Master Account Number
49		REF02	127	Premium Receiver Reference Identifier	"Medicaid"
56	1000A	N101	98	Entity ID Code	"PE" – Payee
57	1000A	N102	93	Premium Receiver's Name	
57	1000A	N103	66	ID Code Qualifier	"EQ" – Insurance Co. Assigned ID Number
57	1000A	N104	67	Receiver ID	
62	1000B	N101	98	Entity ID Code	"PR" – Payer
63	1000B	N102	93	Premium Payer Name	"Health Care Financing"
63	1000B	N103	93	ID Code Qualifier	"EQ" – Insurance Co. Assigned ID Number
63	1000B	N104	67	Premium Payer ID	"HT000004-002"
70	1000B	PER01	366	Contact Function Code	"IC" – Information Contact
70	1000B	PER02	93	Premium Payer Contact Name	"Bureau of Managed Health Care"
70	1000B	PER03	365	Communication Number Qualifier	"TE" – Telephone
70	1000B	PER04	364	Communication Number	"8006629651"
71	1000B	PER05	365	Communication Number Qualifier	"TE" – Telephone
71	1000B	PER06	364	Communication Number	"8015386358"
Remittance					
87	2000B	ENT02	98	Entity ID Code	"2J" – Individual

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
87	2000B	ENT03	66	ID Code Qualifier	"34" – Social Security Number
87	2000B	ENT04	67	Receiver's Individual ID	Client SSN
88	2100B	NM101	98	Entity ID Code	"EY" – Employee Name
89	2100B	NM103	1035	Client Last Name	
89	2100B	NM104	1036	Client First Name	
89	2100B	NM105	1037	Client Middle Name	
89	2100B	NM108	66	ID Code Qualifier	"N" – Insured's Unique Identification Number
90	2100B	NM109	67	Individual Identifier	Medicaid (PACMIS) ID
92	2300B	RMR01	128	Reference ID Qualifier	"AZ" – Health Insurance Policy Number
92	2300B	RMR02	127	Insurance Remittance Reference Number	Medicaid Transaction Control Number (TCN).
92	2300B	RMR03	482	Payment Action Code	"PI" – Pay Item
93	2300B	RMR04	782	Detail Premium Payment Amount	Premium amount. If a premium is retracted, this will be a negative amount.
95	2300B	DTM06	1251	Coverage Period	CCYYMMDD-CCYYMMDD