



बीमा विनियामक और विकास प्राधिकरण
**INSURANCE REGULATORY AND
DEVELOPMENT AUTHORITY**

Circular No: IRDA/HLT/CIR/072/ 11/2009
Dated 12th November 2009

To

The CEOs of all Life Insurance companies

**Sub: Submission of Half-yearly Electronic Returns
in respect of Health Insurance Policies**

In exercise of the powers vested with the Authority to seek information and returns, under section 14 (2) (h) of the IRDA Act, it is hereby directed that all life insurance companies shall submit the information in respect of all health insurance policies issued by them as specified in the Forms Health-L1, Health-L2 and Health-L3 attached hereto, for the period ending September and March of each financial year, within a period of one month from the last day of the respective month, commencing from the period beginning on 1st April 2010.

The information may be sent to the Data Repository of the Authority, addressed to IRDA DATA CENTRE, United India Tower, 9th floor, 3-5-817/818, Hyderguda, Basheer Bagh, Hyderabad – 500 029, in a Compact Disc, meeting the technical requirements in the Data Manual annexed hereto.

The above submission of electronic data by insurance companies is in addition to the existing system of submission of electronic data by the Third Party Administrators which will also continue simultaneously till further instructions are issued by the Authority in this regard. Failure to comply with these instructions shall be treated as violation of the provisions of law and shall invite appropriate penal action.


(J. Hari Narayan)
Chairman

HEALTH L1 - POLICY FORMAT

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	Remarks
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_U_W_Office_Code	Text	20	150003	Branch/ Divisional Office Code or Name as available. If Branch/ Division not applicable, enter '0'
4	Txt_Policy_Number	Text	50	150004	Self explanatory
5	Txt_Unq_Product_Code	Text	3	150101	Give File & Use Product Code issued by IRDA
6	Date_Policy_Start	Date	10	150008	Date of commencement of policy dd/mm/yyyy
7	Date_Policy_End	Date	10	150009	Date of expiry of policy dd/mm/yyyy
8	Txt_Coverage_Scope	Text	3	150102	Refer Coverage Scope Master
9	Txt_Payout_Basis	Text	3	150103	Refer Payout Basis Master
10	Txt_Insured_Type	Text	3	150104	Refer Insured Type Master
11	Txt_Policy_Term	Text	3	150105	Policy period in years
12	Txt_Contract_Acceptance_Special_Term	Text	255	150106	Mention contract acceptance terms of the product and policy type
13	Boo_Type_of_Premium	Boolean	1	150107	If 1st time premium, enter '1' else enter '0' for Renewal Premium
14	Num_Policy_Premium	Numeric	16	150023	Premium on which Service Tax is calculated. For 'Universal Health Type policies, premium will be 'Net Final Premium' inclusive of all subsidies.
15	Boo_Post_Hospitalization_beyond_60_days_is_covered	Boolean	1	150050	If this cover is given, enter '1', otherwise enter '0'
16	Boo_Out_patient_cover	Boolean	1	150051	If this cover is given, enter '1', otherwise enter '0'
17	Boo_Baby_cover_from_date_of_birth	Boolean	1	150052	If this cover is given, enter '1', otherwise enter '0'
18	Boo_Ambulance_cover	Boolean	1	150053	If this cover is given, enter '1', otherwise enter '0'
19	Boo_Health_check_up	Boolean	1	150054	If this cover is given, enter '1', otherwise enter '0'
20	Boo_Policy_or_Endorsement	Boolean	1	150063	If Policy, enter '1', if Endorsement enter '0'
21	Txt_Endorsement_Number	Text	50	150064	Self explanatory
22	Txt_Endorsement_Type	Text	3	150081	Refer Endorsement Type Master
23	Boo_Policy_having_Co-Insurance	Boolean	1	150095	If Policy is with Co-Insurance, enter '1' otherwise enter '0'
24	Num_Your_Co_Insurance_share	Numeric	6	150096	If Co-Insurance is there, mention your share in percentage (nnn.nn). If no Co-Insurance, mention 100.
25	Txt_Other_Co-Insurance_Share	Text	50	150108	Provide name of Co-Insurer and their share in free text

HEALTH L2 - MEMBER FORMAT

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	Remarks
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_U_W_Office_Code	Text	20	150003	Branch/ Divisional Office Code or Name as available. If Branch/ Division not applicable, enter '0'
4	Txt_Policy_Number	Text	50	150004	Self explanatory
5	Txt_Unq_Product_Code	Text	3	150101	Give File & Use Product Code issued by IRDA
6	Date_Policy_Start	Date	10	150008	Date of commencement of policy dd/mm/yyyy
7	Date_Policy_End	Date	10	150009	Date of expiry of policy dd/mm/yyyy
8	Txt_Endorsement_Number	Text	50	150064	Self explanatory
9	Txt_Member_Reference_Key	Text	50	150005	TPAs & Insurers should ensure that the Member Reference Key (MRK) is a unique number denoting each individual member.
10	Date_of_Birth	Date	10	150006	Date of birth of the insured member dd/mm/yyyy
11	Num_Age_of_Insured	Numeric	3	150007	Completed years at commencement of policy
12	Boo_Pre-existing_Diseases_Covered	Boolean	1	150012	If Pre-Existing Diseases are covered, enter '1', other wise enter '0'
13	Boo_Waiver_of_1st_Year_Exclusion	Boolean	1	150013	If this exclusion is waived, enter '1', otherwise enter '0'
14	Boo_Maternity_Cover	Boolean	1	150014	If this cover is given, enter '1', otherwise enter '0'
15	Boo_Baby_cover_as_part_of_Maternity	Boolean	1	150015	If this cover is given, enter '1', otherwise enter '0'
16	Boo_Floater_applicable	Boolean	1	150016	If floater is applicable enter '1', otherwise enter '0'
17	Num_Corporate_Floater_Sum_Insured	Numeric	16	150017	Buffer amount - (Amount that floats over entire policy) Applicable only for Corporate Floater Policies
18	Num_Group_Size	Numeric	8	150018	Number of members in the group
19	Txt_Gender	Text	1	150019	1-Male, 2- Female, 3- Others
20	Num_Sum_Insured	Numeric	16	150020	Individual Hospitalisation Sum Insured. Specific Sum Insured for the Member excluding any Floater or Bonus Sum Insured.
21	Txt_Relationship_of_Insured	Text	20	150021	Refer Relationship Master
22	Txt_Occupation	Text	20	150022	Refer Occupation Master
23	Num_Individual_Premium	Numeric	16	150024	Individual Premium on which Service Tax is calculated. (If available)
24	Num_Premium_Discount	Number	16	150109	Mention discount amount on premium
25	Boo_Whether_Sub_Standard_Cases	Boolean	1	150110	Not Coverable as a normal case/rates, but covered as a special case.
26	Txt_Sub_Standard_Cases	Text	50	150111	If 150106 is 'Yes' then Mention substandard cases details
27	Boo_Any_Pre_existing_Diseases_Declared	Boolean	1	150055	If declared, enter '1', otherwise enter '0'
28	Txt_Pre_Existing_Diseases_Code_Primary	Text	20	150056	Refer 'Top 20 PED Master' for disease - Primary level
29	Txt_Pre_Existing_Diseases_Code_Additional	Text	20	150056	Refer 'Top 20 PED Master' for disease - Additional
30	Txt_If_PED_code_is_99_Description	Text	50	150112	If PED code is 99 i.e. others, provide description of the pre-existing disease
31	Num_Floater_amount	Numeric	16	150048	If 150016 is "1", amount to be filled up in case of "Proposer" or "Employee" only. In all other cases, leave blank.
32	Num_Family_Floater_Sum_Insured	Numeric	16	150074	Buffer amount - (Amount that floats over entire policy) Applicable only for Family Floater Policies
33	Num_Declaration_Floater_Sum_Insured	Numeric	17	150075	Buffer amount - (Amount that floats over entire policy) Applicable only for Declaration Floater Policies
34	Boo_Maternity_Cover_given_with_a_waiting_period	Boolean	1	150080	If covered with waiting period, enter '1', otherwise enter '0'
35	Date_Member_Entry	Date	12	150097	Member's entry date into policy dd/mm/yyyy
36	Date_Member_Exit	Date	12	150098	Member's exit date from policy dd/mm/yyyy
37	Num_Bonus_Sum_Insured	Numeric	16	150100	Sum Insured added as Bonus.

HEALTH L3- CLAIMS FORMAT

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	Remarks
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_Policy_Number	Text	50	150004	Self explanatory
4	Txt_Unq_Product_Code	Text	3	150101	Give File & Use Product Code issued by IRDA
5	Date_Policy_Start	Date	10	150008	Date of commencement of policy dd/mm/yyyy
6	Date_Policy_End	Date	10	150009	Date of expiry of policy dd/mm/yyyy
7	Txt_Member_Reference_Key	Text	50	150005	TPAs & Insurers should ensure that the Member Reference Key (MRK) is a unique number denoting each individual member.
8	Date_of_Birth	Date	10	150006	Date of birth of the insured member dd/mm/yyyy
9	Num_Age_of_Insured	Numeric	3	150007	Completed years at commencement of policy
10	Txt_Gender	Text	1	150019	1-Male, 2- Female, 3- Others
11	Num_Sum_Insured	Numeric	16	150020	Individual Hospitalisation Sum Insured. Specific Sum Insured for the Member excluding any Floater or Bonus Sum Insured.
12	Date_Member_Entry	Date	12	150097	Member's entry date into policy dd/mm/yyyy
13	Date_Member_Exit	Date	12	150098	Member's exit date from policy dd/mm/yyyy
14	Txt_Claim_Number	Text	20	150025	Unique number generated by TPA
15	Txt_Reason_for_Hospitalisation	Text	3	150113	Enter 1 for Illness, 2 for Injury and 3 for Maternity
16	Txt_Reason_for_Injury	Text	3	150114	If field no is "Injury", Enter 1 for Alcohol consumption or 2 for Substance Abuse
17	Txt_Diagnosis_Code_Primary	Text	20	150027	ICD-10 Code applicable for disease - Primary diagnosis.
18	Txt_Procedure_Code_Primary	Text	50	150065	ICD 10 PCS Codes - Primary procedure
19	Txt_Procedure_Description_Primary	Text	50	150028	Description of procedure - Primary procedure
20	Txt_Diagnosis_Code_Additional	Text	20	150057	ICD-10 Code applicable for disease - additional diagnosis
21	Txt_Procedure_Code_Additional	Text	50	150059	ICD 10 PCS Codes - additional diagnosis
22	Txt_Procedure_Description_Additional	Text	50	150066	Description of procedure - any additional procedure
23	Txt_Master_Claim_ID	Text	20	150115	Provide master claim id/no. In case of multiple payments made under of single incident of claim, a master id should be given and subsequent
24	Txt_Child_Claim_ID	Text	20	150116	Provide child claim id/no. under master claim id/no. above
25	Boo_hospital_is_networked	Boolean	1	150084	If hospital is networked, enter '1', if not enter '0'
26	Txt_Hospital_Code	Text	20	150062	Refer Hospital Master
27	Txt_Name_of_the_Hospital	Text	50	150029	Full Name of Hospital
28	Txt_Registration_Number_of_Hospital	Text	20	150030	Registration Number allotted by appropriate authority, if available
29	Txt_PAN_of_Hospital	Text	20	150031	Income Tax Permanent Account Number of hospital, if available
30	Txt_Pin_Code_of_Hospital	Text	10	150032	6 digit Postal Pin Code. Refer Pincode Master
31	Txt_Doctor_Registration_Number_with_State_Code	Text	50	150117	Provide Registration number of the Medical Practitioner caring for the patient during hospitalisation
32	Txt_Type_of_admission	Text	3	150118	Enter 1 for emergency, 2 for Planned, 3 for Day Care and 4 for Maternity
33	Date_of_Admission	Date	10	150033	Self explanatory dd/mm/yyyy
34	Date_of_Discharge	Date	10	150034	Self explanatory dd/mm/yyyy
35	Txt_Details_of_Lumpsum_or_Cash_Benefit_Claimed	Text	3	150119	Enter 1 - Hospital Daily Cash, 2 for Surgical Cash, 3 for Critical Illness benefit, 4 for Covalescence, 5 for Pre/Post Hospitalisation Lumpsum
36	Txt_Room_category_occupied	Text	3	150120	Enter 1 for Day Care, 2 for Single, 3 for Twin sharing and 4 for three or more
37	Num_Total_Amount_Claimed	Numeric	16	150035	Total amount claimed for the particular incident without any bifurcation (Include amounts under various subdivisions from 150036 to 150043 and 150085)
38	Num_Room_&Nursing_Charges_Claimed	Numeric	16	150036	Claim amount classified as Room & Nursing Charges incurred between date of admission and discharge. Inclusive of ICU charges
39	Num_Surgery_Charges_Claimed	Numeric	16	150037	Claim amount classified as Surgery Charges incurred between date of admission and discharge. Excluding OT charges including Surgeon/ Asstt. Surgeon/ Anesthetist fees
40	Num_Professional_Charges_Claimed	Numeric	16	150121	This field will contain Surgeon/ Asstt. Surgeon/ Anaesthetist charges
41	Num_Consultation_Charges_Claimed	Numeric	16	150038	Claim amount classified as Consultation Charges incurred between date of admission and discharge.
42	Num_Investigation_Charges_Claimed	Numeric	16	150039	Claim amount classified as Investigation Charges incurred between date of admission and discharge.

HEALTH L3- CLAIMS FORMAT

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	Remarks
43	Num_OT_Charges_Claimed	Numeric	16	150122	Claim amount classified as Operation Theatre Charges incurred between date of admission and discharge.
44	Num_Medicine_Charges_Claimed	Numeric	16	150040	Claim amount classified as Medicine Charges incurred between date of admission and discharge.
45	Num_Surgery_Implant_Charges_Claimed	Numeric	16	150123	Claim amount classified as Surgery Implant Charges incurred between date of admission and discharge.
46	Num_Miscellaneous_Charges_Claimed	Numeric	16	150041	All unspecified expenses incurred between date of admission and discharge.
47	Num_Pre_Hospitalisation_Expenses_included_under_150035_Claimed	Numeric	16	150042	Total amount claimed for pre-hospitalisation treatment without any bifurcation.
48	Num_Post_Hospitalisation_Expenses_included_under_150035_Claimed	Numeric	16	150043	Total amount claimed for post-hospitalisation treatment without any bifurcation.
49	Num_Total_Claim_Paid	Numeric	16	150046	Total amount of claim paid for the particular incident without any bifurcation (on amounts claimed under various subdivisions from 150036 to 150043).
50	Num_Room_&_Nursing_Charges_Paid	Numeric	16	150124	Claim amount paid classified as Room & Nursing Charges between date of admission and discharge. Inclusive of ICU charges.
51	Num_Surgery_Charges_Paid	Numeric	16	150125	Claim amount paid classified as Surgery Charges between date of admission and discharge. Excluding OT charges including Surgeon/ Asstt. Surgeon/ Anaesthetist fees.
52	Num_Professional_Charges_Paid	Numeric	16	150126	This field will contain Surgeon/ Asstt. Surgeon/ Anaesthetist charges.
53	Num_Consultation_Charges_Paid	Numeric	16	150127	Claim amount paid classified as Consultation Charges between date of admission and discharge.
54	Num_Investigation_Charges_Paid	Numeric	16	150128	Claim amount paid classified as Investigation Charges between date of admission and discharge.
55	Num_OT_Charges_Paid	Numeric	16	150129	Claim amount paid classified as Operation Theatre Charges between date of admission and discharge.
56	Num_Medicine_Charges_Paid	Numeric	16	150130	Claim amount paid classified as Medicine Charges between date of admission and discharge.
57	Num_Surgery_Implant_Charges_Paid	Numeric	16	150131	Claim amount paid classified as Surgery Implant Charges between date of admission and discharge.
58	Num_Miscellaneous_Charges_Paid	Numeric	16	150132	All unspecified expenses paid between date of admission and discharge.
59	Num_Pre_Hospitalisation_Expenses_included_under_150046_Paid	Numeric	16	150133	Total amount paid for pre-hospitalisation treatment without any bifurcation.
60	Num_Post_Hospitalisation_Expenses_included_under_150046_Paid	Numeric	16	150134	Total amount paid for post-hospitalisation treatment without any bifurcation.
61	Txt_Reason_for_rejection_of_claim	Text	3	150047	Refer Rejection/ Reduction Master.
62	Txt_Reason_for_reduction_of_claim	Text	3	150072	Refer Rejection/ Reduction Master.
63	Num_CO-payment deductible	Number	16	150135	Provide Co-Payment deductible amount.
64	Txt_Medical_History	Text	50	150061	Medical History - as given in claims documents.
65	Txt_Type_of_claim_payment	Text	3	150073	Refer Claim Payment Type Master.
66	Boo_Claim_made_under_alternate_medicine	Boolean	1	150082	If claim is under alternate medicine, enter '1', if not enter '0'.
67	Txt_System_of_Medicine_used	Text	3	150083	Refer System of Medicine Code Master.
68	Num_Other_Non_Hospital_expenses	Numeric	16	150085	All non-hospital expenses paid as part of the claim e.g. telephone charges, attendant food etc.
69	Num_Amount_of_co_payment_or_excess_if_applicable	Number	16	150086	If applicable on a lumpsum basis, state amount of co-payment or excess applicable.
70	Txt_Metro_NonMetro-Urban_Rural	Text	3	150092	Metro=1, NonMetro-Urban= 2, Rural=3
71	Date of receipt of complete claim document	Date	10	150136	
72	Date_of_Payment	Date	10	150093	Date of cheque issued/cash paid to the insured dd/mm/yyyy
73	Txt_Payment_Reference_Number	Text	25	150094	Payment Reference Number allotted by TPA/Insurer.
74	Date_Claim_Intimation	Date	12	150099	Date on which claim is intimated.
75	Boo_Whether_claim_Paid_for_PED	Boolean	1	150137	
76	Txt_If yes PED code	Text	3	150138	
77	Txt_Remarks_of_TPA	Text	50	150049	Remarks of TPA.