



Payer Audit Reporting with the X12N 835x4010A1 Transaction

Purpose:

This document provides guidance to the pharmacy sector of the health care industry for reporting the outcome of payer-initiated post payment audit and adjustment of pharmacy claims using the ASC X12N 835 004010x091A1 Health Care Claim Payment/Advice.

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**Payer Audit Full Recoupment - X12N 835x4010 A1 Transactions
Version A: Reversal and Correction - Full Recoupment**

Loop	Reference Designator Definition	Cycle 1 (Payment)	Cycle 2 (Reversal)	Cycle 2 (Correction)	
2100	Claim Submitter's Identifier	CLP01: 1234589	CLP01: 1234589	CLP01: 1234589	
	Claim Status Code	CLP02: 1	CLP02: 22	CLP02: 1	
	Total Claim Charge Amount	CLP03: 13.50	CLP03: -13.50	CLP03: 13.50	
	Claim Payment Amount	CLP04: 9.50	CLP04: -9.50	CLP04: 0.00	
	Patient Responsibility Amount	CLP05: 3.00	CLP05: -3.00	CLP05: 3.00	
	Claim Filing Indicator Code	CLP06: 13	CLP06: 13	CLP06: 13	
	Entity Identifier Code	NM101: QC	NM101: QC	NM101: QC	
	Entity Type	NM102: 1	NM102: 1	NM102: 1	
	Patient Last Name	NM103: Last	NM103: Last	NM103: Last	
	Patient First Name	NM104: First	NM104: First	NM104: First	
	Identification Code Qualifier	NM108: MI	NM108: MI	NM108: MI	
	Patient Identifier	NM109: 987654321	NM109: 987654321	NM109: 987654321	
	2110	Composite Medical Procedure Code	SVC01: N4	SVC01: N4	SVC01: N4
		Procedure Code	SVC01-2: 12345678901	SVC01-2: 12345678901	SVC01-2: 12345678901
Line Item Charge Amount		SVC02: 13.50	SVC02: -13.50	SVC02: 13.50	
Line Item Provider Payment Amount		SVC03: 9.50	SVC03: -9.50	SVC03: 0.00	
Quantity		SVC05: 30	SVC05: 30	SVC05: 30	
Date Time Qualifier		DTM01: 472	DTM01: 472	DTM01: 472	
Service Date		DTM02: 20060701	DTM02: 20060701	DTM02: 20060701	
Claim Adjustment Group Code		CAS01: PR	CAS01: CR	CAS01: PR	
Claim Adjustment Reason Code		CAS02: 3	CAS02: 3	CAS02: 3	
Adjustment Amount		CAS03: 3.00	CAS03: -3.00	CAS03: 3.00	
Claim Adjustment Group Code		CAS01: CO	CAS01: CR	CAS01: CO	
Claim Adjustment Reason Code		CAS02: 90	CAS02: 90	CAS02/05: 90 * 17	
Adjustment Amount		CAS03: 1.00	CAS03: -1.00	CAS03/06: 1.00 * 9.50	
Code List Qualifier Code			LQ01: HE	LQ01: HE	
Remark Code		LQ02: N199	LQ02: N199		

The claim examples above illustrate transaction sets where a payer makes full payment on a claim in cycle 1 and then sends a reversal and correction in a subsequent cycle (cycle 2) to indicate the claim is being recouped in full as result of a payer audit.

Note: Cycle numbers are used for reference purposes only. Actual payments may not occur on consecutive cycles.

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Legend

CLP02 - Claim Status Code
1 = Processed as Primary.
2 = Processed as Secondary
3 = Processed as Tertiary. Note: The correction should be reflective of the CLP02 in original payment. Therefore if a 1, 2, or 3 is sent on the original payment, the reversal should contain the same CLP02 value.
22 = Reversal of previous payment
CLP06 - Claim Filing Indicator Code
13 = Point of service

CAS01 - Claim Adjustment Group Code
CO = Contractual obligation
CR = Correction & reversal
PR = Patient Responsibility

CAS02 - Claim Adjustment Group Code
3 = Copayment amount
17 = Payment adjusted because requested information was not provided or was insufficient/ incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
90 = Ingredient cost adjustment
LQ01- Code List Qualifier Code
HE = Claim payment remark code (411 Code Source)
LQ02 - Remark Code
N199 = Additional payment/recoupment approved based on payer-initiated review/audit.

* = Used to indicate two separate data elements hence the CAS02/05 and CAS03/06.

**Payer Audit Partial Payment - X12N 835x4010 A1 Transactions
Version A: Reversal and Correction - Partial Payment**

Loop	Reference Designator Definition	Cycle 1 (Payment)	Cycle 2 (Reversal)	Cycle 2 (Correction)
2100	Claim Submitter's Identifier	CLP01: 1234589	CLP01: 1234589	CLP01: 1234589
	Claim Status Code	CLP02: 1	CLP02: 22	CLP02: 1
	Total Claim Charge Amount	CLP03: 13.50	CLP03: -13.50	CLP03: 13.50
	Claim Payment Amount	CLP04: 9.50	CLP04: -9.50	CLP04: 6.00
	Patient Responsibility Amount	CLP05: 3.00	CLP05: -3.00	CLP05: 3.00
	Claim Filing Indicator Code	CLP06: 13	CLP06: 13	CLP06: 13
	Entity Identifier Code	NM101: QC	NM101: QC	NM101: QC
	Entity Type	NM102: 1	NM102: 1	NM102: 1
	Patient Last Name	NM103: Last	NM103: Last	NM103: Last
	Patient First Name	NM104: First	NM104: First	NM104: First
Identification Code Qualifier	NM108: MI	NM108: MI	NM108: MI	
Patient Identifier	NM109: 987654321	NM109: 987654321	NM109: 987654321	
2110	Composite Medical Procedure Code	SVC01: N4	SVC01: N4	SVC01: N4
	Procedure Code	SVC01-2: 12345678901	SVC01-2: 12345678901	SVC01-2: 12345678901
	Line Item Charge Amount	SVC02: 13.50	SVC02: -13.50	SVC02: 13.50
	Line Item Provider Payment Amount	SVC03: 9.50	SVC03: -9.50	SVC03: 6.00
	Quantity	SVC05: 30	SVC05: 30	SVC05: 30
	Date Time Qualifier	DTM01: 472	DTM01: 472	DTM01: 472
	Service Date	DTM02: 20060701	DTM02: 20060701	DTM02: 20060701
	Claim Adjustment Group Code	CAS01: PR	CAS01: CR	CAS01: PR
	Claim Adjustment Reason Code	CAS02: 3	CAS02: 3	CAS02: 3
	Adjustment Amount	CAS03: 3.00	CAS03: -3.00	CAS03: 3.00
Claim Adjustment Group Code	CAS01: CO	CAS01: CR	CAS01: CO	
Claim Adjustment Reason Code	CAS02: 90	CAS02: 90	CAS02/05: 90 * 17	
Adjustment Amount	CAS03: 1.00	CAS03: -1.00	CAS03/06: 1.00 * 3.50	
Code List Qualifier Code		LQ01: HE	LQ01: HE	
Remark Code		LQ02: N199	LQ02: N199	

Legend
CLP02 - Claim Status Code 1 = Processed as Primary. 2 = Processed as Secondary 3 = Processed as Tertiary. Note: The correction should be reflective of the CLP02 in original payment. Therefore if a 1, 2, or 3 is sent on the original payment, the reversal should contain the same CLP02 value. 22 = Reversal of previous payment
CLP06 - Claim Filing Indicator Code 13 = Point of service
CAS01 - Claim Adjustment Group Code CO = Contractual obligation CR = Correction & reversal PR = Patient Responsibility
CAS02 - Claim Adjustment Group Code 3 = Copayment amount 17 = Payment adjusted because requested information was not provided or was insufficient/ incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.) 90 = Ingredient cost adjustment
LQ01 - Code List Qualifier Code HE = Claim payment remark code (411 Code Source)
LQ02 - Remark Code N199 = Additional payment/recoupment approved based on payer-initiated review/audit.
* = Used to indicate two separate data elements hence the CAS02/05 and CAS03/06.

The claim examples above illustrate transaction sets where a payer makes full payment on a claim in cycle 1 and then sends a reversal and correction in a subsequent cycle (cycle 2) to indicate the claim is being partially paid as result of a payer audit.
Note : Cycle numbers are used for reference purposes only. Actual payments may not occur on consecutive cycles.

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