

NCPDP Pharmacy Reference Guide to the ASC X12/005010X221 Health Care Claim Payment/Advice (835)

Last Updated: May 2010

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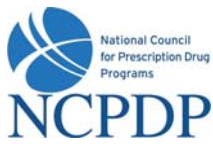
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The data definitions of fields and situations from the 005010X221 Implementation Guide
must not be distributed outside of the intended use of this document.**

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Disclaimer:

This Reference Guide must be used in conjunction with the ASC X12/005010X221 *Health Care Claim Payment/Advice (835)*. This document does not supersede 005010X221. There may be other fields that must be populated that are not noted in this reference guide. This guidance only addresses claims submitted through NCPDP transactions or paper claim forms.

Purpose:

Payers may use this guidance to convey the important features of supporting 005010X221 to their business partners. The document should not be used as a standard form to be filled in by payers to provide information that is important to pharmacy providers, pharmacy reconciliation vendors, and other implementation units. Payers may use this reference guide for specific field information as it relates to the NCPDP Telecommunication Standard vD.0.

Part I – High Level Summary

A. Transaction Set Listing

The Health Care Claim Payment/Advice (835) transaction set is designed for the payment of claims and transfer of remittance information of the Health Care Industry. The objective of Health Care Claim Payment/Advice (835) is to support reimbursement processing for health care products and services.

The 835 transaction is divided into these levels:

- The [Header level](#), Table 1, contains general payment information, such as amount, payee, payer, trace number, and payment method. (ØØ5Ø1ØX221 1)
- The [Detail level](#), Table 2, contains the EOB information related to adjudicated claims and services. (ØØ5Ø1ØX221 2)
- The [Summary level](#), Table 3, contains the Provider adjustment segment, PLB which provides information related to adjustments to the payment amount not specific to Table 2 claims. These adjustments can either increase or decrease the actual payment with respect to the Table 2 claim charges. (ØØ5Ø1ØX221 3)

Figure 8.1 Transaction Set Listing (Figure 8.1 Transaction Set Listing (ØØ5Ø1ØX221 4)

Table 1 - Header					
POS.#	SEG.ID	NAME	USAGE	REPEAT	LOOP REPEAT
0100	ST	Transaction Set Header	R	1	
0200	BPR	Financial Information	R	1	
...					
Table 2 - Detail					
POS.#	SEG.ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000 HEADER NUMBER					>1
0030	LX	Header Number	S	1	
0050	TS3	Provider Summary Information	S	1	
0070	TS2	Provider Supplemental Summary Information	S	1	
LOOP ID - 2100 CLAIM PAYMENT INFORMATION					>1
0100	CLP	Claim Payment Information	R	1	
0200	CAS	Claims Adjustment	S	99	
...					
Table 3 - Summary					
POS.#	SEG.ID	NAME	USAGE	REPEAT	LOOP REPEAT
0100	PLB	Provider Adjustment	S	>1	
0200	SE	Transaction Set Trailer	R	1	

The field usage in the NCPDP Pharmacy Reference Guide reflects the pharmacy industry constraints of ØØ5Ø1ØX221 guidance. In situations where the NCPDP recommended usage gives additional constraints or specific pharmacy usage which is not clearly provided within ØØ5Ø1ØX221, it will be noted in the NCPDP comments column. Whereas required fields within a segment listed are the same as with ØØ5Ø1ØX221, this guide will not report.

The NCPDP 835 Recommended Transaction Set Listing follows:

Header:

Pos. No.	Seg. ID	Name	Usage	Repeat	Loop Repeat	Notes and Comments
Ø1ØØ	ST	Transaction Set Header	R	1		
Ø2ØØ	BPR	Financial Information	R	1		
Ø4ØØ	TRN	Re-association Trace Number	R	1		
Ø6ØØ	REF	Receiver Identification	S	1		
Ø7ØØ	DTM	Production Date	S	1		
LOOP ID - 1000A-Payer Identification					1	
Ø8ØØ	N1	Payer Identification	R	1		

1000 N3	Payer Address	R	1
1100 N4	Payer City, State, Zip Code	R	1
1200 REF	Additional Payer Identification	S	4
1300 PER	Payer Business Contact Information	S	1
1300 PER	Payer Technical Contact Information	R	>1
1300 PER	Payer WEB Site	S	1
LOOP ID - 1000B-Payee Identification			1
0800 N1	Payee Identification	R	1
1000 N3	Payee Address	S	1
1100 N4	Payee City, State, Zip Code	S	1
1200 REF	Additional Payee Identification	S	>1

Detail:

Pos. No.	Seg. ID	Name	Usage	Repeat	Loop Repeat	Notes and Comments
LOOP ID - 2000-Header Number						
0030 LX		Header Number	S	1		
0050 TS3		Provider Summary Information	S	1		
LOOP ID - 2100-Claim Payment Information					>1	
0100 CLP		Claim Payment Information	R	1		
0200 CAS		Claim Adjustment	S	99		
0300 NM1		Patient Name	R	1		
0300 NM1		Insured Name	S	1		
0300 NM1		Corrected Patient/Insured Name	S	1		
0300 NM1		Service Provider Name	S	1		
0300 NM1		Crossover Carrier Name	S	1		
0300 NM1		Corrected Priority Payer Name	S	1		
0300 NM1		Other Subscriber Name	S	1		
0400 REF		Other Claim Related Information	S	5		
0400 REF		Rendering Provider Information	S	10		
0500 DTM		Statement From or To Date	S	2		
0500 DTM		Coverage Expiration Date	S	1		
0500 DTM		Claim Received Date	S	1		
0620 AMT		Claim Supplemental Information	S	13		
LOOP ID - 2110-Service Payment Information					999	
0700 SVC		Service Payment Information	S	1		
0800 DTM		Service Date	S	2		
0900 CAS		Service Adjustment	S	99		
1000 REF		Line Item Control Number	S	1		
1100 AMT		Service Supplemental Amount	S	9		
1300 LQ		Health Care Remark Codes	S	99		

Summary:

Pos. No.	Seg. ID	Name	Usage	Repeat	Loop Repeat	Notes and Comments
010 PLB		Provider Adjustment	S	>1		
0200 SE		Transaction Set Trailer	R	1		

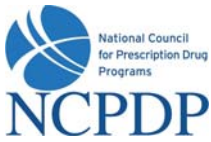
Segments Within the 835 which NCPDP recommends following the same usage as 005010X221:

Segment ID	Loop ID	Segment Name
ISA		Interchange Control Header
GS		Function Group Header
ST		Transaction Set Header
TRN		Re-association Trace Number
REF		Receiver Identification
DTM		Production Date
N1	1000A	Payer Identification
N3	1000A	Payer Address
N4	1000A	Payer City, State, Zip Code
PER	1000A	Payer Business Contact Information
PER	1000A	Payer Technical Contact Information
PER	1000A	Payer WEB Site
N1	1000B	Payee Identification
REF	1000B	Additional Payee Identification
LX	2000	Header Number
CAS	2100	Claim Adjustment
NM1	2100	Crossover Carrier Name
NM1	2100	Corrected Priority Payer Name
NM1	2100	Other Subscriber Name
REF	2100	Rendering Provider Information
DTM	2100	Claim Received Date
CAS	2110	Service Adjustment
REF	2110	Line Item Control Number
LQ	2110	Health Care Remark Codes
PLB		Provider Adjustment
SE		Transaction Set Trailer
GE		Function Group Trailer
IEA		Interchange Control Trailer

Segments Within the 835 which are not included in the Reference Guide and are not recommended or required for Pharmacy use.

Segment ID	Loop ID	Segment Name
CUR		Foreign Currency Information
REF		Version Identification
RDM	1000B	Remittance Delivery Method
TS2	2000	Provider Supplemental Summary Information Corrected
MIA	2100	Inpatient Adjudication Information
MOA	2100	Outpatient Adjudication Information
PER	2100	Claim Contact Information
QTY	2100	Claim Supplemental Information
REF	2110	Service Identification
REF	2110	Rendering Provider Information
REF	2110	HealthCare Policy Identification
QTY	2110	Service Supplemental Quantity

Note: Any segment/data element allowed by 005010X221 may be included.



B. 835 Balancing

Refer to Section 1.1Ø.2.1 in ØØ5Ø1ØX221 for balancing guidance.

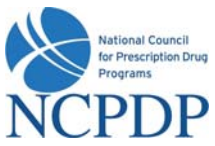
C. Balance Forward Processing

The total payment amount in BPRØ2 cannot be negative. However, when refunds from reversals and corrections exceed the payment for new claims and results in a net negative payment, utilize PLBØ3-1 with a code of FB (Forwarding Balance) to adjust the BPRØ2 to zero. The dollar amount in the PLBØ4 will be the same as the current negative balance in the BPRØ2. Once the adjustment is made in the PLBØ4, applying the formula will result in a BPRØ2 value of zero. When a balance forward adjustment was reported in a previous 835, a future 835 must use the PLBØ3-1 (Code FB) to add that money back in order to complete the process. The PLBØ4 will then contain the same dollar amount as the previous 835 but as a positive value. The positive value reduces the payment in the most current 835.

Example 1: Pharmacy scenario:
Total \$1ØØ two claims at \$5Ø each from Pharmacy1 (P1)
One reversal \$-15Ø from the same pharmacy
Forward Balance \$-5Ø

```
BPR*H*Ø*C*NON*****2ØØ9Ø723~  
TRN*1*PRN-1*12222222~  
CLP*RX1*1*75*5Ø**13*P1-clm1-cyc1~  
CLP*RX2*1*75*5Ø**13*P1-clm2-cyc1~  
CLP*RX3*22*-18Ø*-15Ø**13*P1-clm3-cyc1~  
PLB*1111111111*2ØØ91231*FB:PRN-1*-5Ø.~
```

When a balance forward adjustment was reported in a previous 835, a future 835 must use the PLBØ3-1 (Code FB forwarding balance) to add that money back in order to complete the process. The PLBØ4 will then contain the same dollar amount as the previous 835 but as a positive value. The positive value reduces the payment in the most current 835.



Part II – Matching Payment Dollars to Remittance Data (835)

Refer to section 1.1Ø in ØØ5Ø1ØX221 for guidance on payment dollars and remittance data

Part III - Segment and Field Requirements:

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology (005010X221 5)

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple element or composite data structure in that segment (005010X221 6).

Financial Information – BPR

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
BPR01		Transaction Handling Code	H, I,	R	H=Notification Only (use when BPR02 is zero), I=Remittance Information Only (Use when BPR02 is greater than zero)	
BPR03		Credit/ Debit Flag Code	C	R	C = Credit	

Additional Payer Identification – REF - Required when the 835 is not being created by the payer, i.e. the Payer or Third Party Administrator sends the necessary data to a clearinghouse who creates the 835 and then forwards to the payee.

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
REF01	1000A	Reference Identification Qualifier	EO	R	EO=Submitter Identification Number	

Payee Address – N3 - Required if the pharmacy is the payee. Use 1000B N3 and N4 to report the address)

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
N301	1000B	Payee Address Line		R	Pharmacy Address	829-5L

Payee City, State, ZIP Code – N4 - Required if the pharmacy is the payee. Use 1000B N3 and N4 to report the address

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
N401	1000B	Payee City Name		R	Pharmacy Location City	831-5N
N402	1000B	Payee State Code		S	Pharmacy Location State	832-6F

Provider Summary Information – TS3

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
TS301	2000	Provider Identifier		R	(See Appendix A , Frequently asked Question –HIR#462.)	

Claim Payment Information – CLP

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
CLP01	2100	Patient Control Number		R	Prescription/Service Reference Number and Fill Number If the prescription number and other information in the claim will not uniquely identify the service without providing the Fill Number (403-D3), the payer may include both in the CLP01 by reporting the prescription number; the characters "FILL" followed by the fill number. Example: 12345FILL3	402-D2 403-D3
CLP02	2100	Claim Status Code		R	NOTE: 4 (deny) may only be returned if the patient is not found and LQ should be returned with NCPDP Reject Code N1 – No Patient Found.	
CLP03	2100	Total Claim Charge Amount		R	Gross Amount Due,	430-DU
CLP04	2100	Claim Payment Amount		R	Total Amount Paid	509-F9
CLP05	2100	Patient Responsibility Amount		S	Patient Pay Amount This field is not to be used for reversal transactions	505-F5

Patient Name – NM1

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
NM103	2100	Patient Last Name		S	Patient Last Name as submitted on the claim.	311-CB
NM104	2100	Patient First Name		S	Patient First name as submitted on the claim	310.CA
NM105	2100	Patient Middle Name or Initial		S	NCPDP does not recommend the use of this field	
NM107	2100	Patient Name Suffix		S	NCPDP does not recommend the use of this field	
NM108	2100	Identification Code Qualifier	MI	R	MI=Member ID	
NM109	2100	Patient Identifier		R	Submitted NCPDP Cardholder ID and, if submitted, Person Code . Recommended format=Cardholder ID and Person Code separated by a value that is not a delimiter Or if patient is not the Cardholder submitted NCPDP Patient ID (332-CY).	302-C2 303-C3 332-CY

Insured Name – NM1 - Required when the Patient is not the Cardholder

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
NM103	2100	Subscriber Last Name		S	Subscriber Last Name as submitted on the claim.	313-CD
NM104	2100	Subscriber First Name		S	Subscriber First name as submitted on the claim	312-CC
NM105	2100	Subscriber Middle Name or Initial		S	NCPDP does not recommend the use of this field	
NM107	2100	Subscriber Name Suffix		S	NCPDP does not recommend the use of this field	
NM108	2100	Identification Code Qualifier	MI	R	MI=Member ID	
NM109	2100	Subscriber Identifier		R	Submitted NCPDP Cardholder ID and, if submitted, Person Code . Recommended format=Cardholder ID and Person Code separated by a value that is not a delimiter	302-C2 303-C3

Corrected Patient/Insured Name – NM1 - Required when the cardholder name is submitted on the claim and the name is not equal to the adjudicated name.

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
NM103	2100	Corrected Patient or Insured Last Name		S	When Cardholder Last Name (313-CD) is Submitted and is not the same as the cardholder last name from the Payer's file; Report the name from the payer's file.	
NM104	2100	Corrected Patient or Insured First Name		S	When Cardholder First Name (312-CC) is Submitted and is not the same as the cardholder first name on the Payer File; report the name from the payer file. .	
NM105	2100	Corrected Patient or Insured Middle Name		S	NCPDP does not recommend the use of this field	
NM107	2100	Corrected Patient or Insured Name Suffix		S	NCPDP does not recommend the use of this field.	

Service Provider Name – NM1 - Required when the Rendering Provider is different from the Payee.

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
NM103	2100	Rendering Provider Last Name or Organization Name		S	If submitting pharmacy is not equal to payee return name of pharmacy as on file from payer.	
NM104	2100	Rendering Provider First Name		S	NCPDP does not recommend the use of this field	
NM105	2100	Rendering Provider Middle Name or Initial		S	NCPDP does not recommend the use of this field	
NM107	2100	Rendering Provider Name Suffix		S	NCPDP does not recommend the use of this field	

Other Claim Related Identification – REF

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
REF02	2100	Other Claim Related Identifier		R	If REF01=BB, then NCPDP Field 503-F3 (Authorization Number) If REF01=IL, then NCPDP Field 301-C1 (Group ID) If REF01=G1, then NCPDP Field 462-DG (Prior Authorization Number Submitted) If REF01=6P, then enter Other Insured Group Number if known.	503-F3 301-C1 462-DG

Statement From or To Date – DTM -For Retail Pharmacy claims NCPDP recommends the use of the 2110 Loop for Prescription Fill Date. Use 2100 only when 2110 is not populated. The Claim Statement Period Start Date (232) should be used to indicate the prescription fill date.

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
DTM01	2100	Date Time Qualifier	232	R	232=Claim Statement Period Start	
DTM02	2100	Claim Date		R	Date of Service	401-D1

Coverage Expiration Date – DTM - Required when payment is denied because of expiration of coverage and NCPDP Reject Code (F11-FB) is equal to 68 or 69

Claim Supplemental Information – AMT

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
AMT02	2100	Claim Supplemental Information Amount		R	If AMT01=T, report tax If AMT01=T2, report total claim amount before tax If AMT01=AU, report actual covered charges total claim amount before tax If AMT01=AU, report actual covered charges If AMT01=F5, report Patient Pay Amount when the adjudicated response reported in CLP05 is not the same as the actual Patient Pay Amount calculated from payer If AMT01=D8, report prompt pay discount amount If AMT01=I, report interest For Multi-Ingredient Compound report amount for the entire compound and not individual ingredients.	

Service Payment Information – SVC (Note: An Rx is a service)

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
SVC01-1	2110	Product or Service ID Qualifier	N4, HC, UI	R	N4=NDC HC=HCPCS Code UI=UPC Consumer Package Code	
SVC01-2	2110	Adjudicated Procedure Code		R	If SVC01-1=N4, report NDC Number without dashes If SVC01-1=HC, report HCPCS Code For Multi-Ingredient Compounds report a valid NDC number as submitted in compound	
SVC02	2110	Line Item Charge Amount		R	NCPDP Gross Amount Due For Multi-Ingredient Compound report amount for the entire compound and not individual ingredients.	430-DU
SVC03	2110	Line Item Charge Amount		R	Total Amount Paid For Multi-Ingredient Compound report amount for the entire compound and not individual ingredients.	509-F9
SVC04	2110	National Uniform Billing Committee Revenue Code		S	NCPDP recommends that this field is not used.	
SVC05	2110	Units of Service Paid Count		S	Quantity Dispensed	442-E7

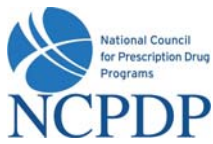
Service Date – DTM - Required when service date is not specified in the CLP Loop (2100)

Field #	Loop	Implementation Name	Code	R/S	NCPDP Comments	Map
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	ID					
DTM01	2110	Date Time Qualifier	472	R	472=Service	
DTM02	2110	Service Date		R	Date of Service	401-D1

Service Supplemental Information – AMT

Field #	Loop ID	Implementation Name	Code	R/S	NCPDP Comments	Map
AMT02	2110	Service Supplemental Amount		R	<p>If AMT01=T, report tax If AMT01=T2, report total claim amount before tax If AMT01=B6, report actual allowed charges If AMT01=KH, report late filing reduction For Multi-Ingredient Compound report amount for the entire compound and not individual ingredients.</p>	



Appendix A –External 835 Frequently Asked Questions CMS FAQs & X12 HIRS

Additional information can be found concerning 005010X221 on the CMS website:

<http://questions.cms.hhs.gov>

- #8449
- #8450

And the ASC X12N Interpretations Portal:

<http://www.x12n.org/portal>

- #451
- #462



Appendix B –Revision History

Appendix C – Citations

1. Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
“10.1.2 Data Use by Business Use”
Health Care Claim Payment/Advice (835), 005010X221.
Washington Publishing Company, Apr. 2006.
<<http://www.wpc-edi.com>>. 13
2. Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
“10.1.2 Data Use by Business Use”
Health Care Claim Payment/Advice (835), 005010X221.
Washington Publishing Company, Apr. 2006.
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3. Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
“10.1.2 Data Use by Business Use”
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4. Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
“10.1.2 Data Use by Business Use”
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5. Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
“B1.1.2.1 Basic Structure”
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<<http://www.wpc-edi.com>>. B.2
6. Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N.
“B1.1.3.4 Data Segment”
Health Care Claim Payment/Advice (835), 005010X221.
Washington Publishing Company, Apr. 2006.
<<http://www.wpc-edi.com>>. B.11