

NCPDP Claim Paid but No Financial Transaction
Reporting on the X12/005010X221A1 Health Care Claim
Payment/Advice (835)

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1. DISCLAIMER

This Reference Guide must be used in conjunction with the *X12/005010X221A1 Health Care Claim Payment/Advice (835)*. This document does not supersede 005010X221A1. 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.

The X12 Technical Report 3 documents (TR3) are available at <http://store.x12.org/store/>.

2. PURPOSE OF THIS DOCUMENT

Payers may use this guidance to convey a consistent solution for reporting of pharmacy claims paid at point of sale (POS) but because of an agreement there are no financial transactions exchanged (e.g. EFT or check) using the 005010X221A1 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.

3. GENERAL INFORMATION

3.1 BUSINESS RULE

If X12 835 contains claims for both financial and non-financial transactions, the non-financial transactions must be separated into their own ST (Transaction Set Header)/SE (Transaction Set Trailer) loop.

3.2 ASSUMPTIONS

- There are agreements in place between the trading partners for a subset of claims to be adjudicated with no financial transaction expected.
- The processor can identify the claim as a non-financial claim in their system and report appropriately on the X12 835 and not create any financial transactions (EFT/check).
- The pharmacy can identify the claim as a non-financial claim in their reconciliation/accounts receivable system.
- The pharmacy will only have one PLB (Provider Adjustment) segment with a Qualifier of "OB" per TRN (Reassociation Trace Number).

4. 005010X221A1 PAID POS TRANSACTION BUT NO FINANCIAL TRANSACTION EXAMPLES

The examples include the following three possible business cases:

- [Business Case 1: Claim Paid at POS](#)
- [Business Case 2: Pharmacy Reversal](#)
- [Business Case 3: Processor Initiated Reversal](#)

Legend:

005010X221A1 Field	Values/Comments
CLP02 – Claim Status Code¹	1 = Processed as Primary. 22 = Reversal of previous payment. 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.
CLP06 – Claim Filing Indicator Code²	13 = Point of service
CAS01 – Claim Adjustment Group Code³	PR = Patient Responsibility CO = Contractual Obligations
CAS02 – Claim Adjustment Reason Code used with Group Code PR	3 = Copayment amount 90 = Ingredient Cost Adjustment
PLB03-1 – Adjustment Reason Code⁴	OB = Offset for Affiliated Providers

4.1 BUSINESS CASE 1: CLAIM PAID AT POS

The claim example⁵ below illustrates transaction sets where a payer had adjudicated a pharmacy claim as paid and is reporting as a non-financial transaction.

The Total Amount Paid reported on the adjudicated claim is reported in CLP04 (Claim Payment Amount). Since this is a non-financial transaction a Provider Adjustment segment would be required reporting an offsetting Claim Payment Amount in PLB03-3 (Provider Adjustment) to make the X12 835 balance.

Loop	Reference Designator Definition	Payment	
	Total Actual Provider Payment Amount	BPR02:	0.00
	Check or EFT Trace Number	TRN02:	12345

¹ Accredited Standards Committee X12, Insurance Subcommittee, X12N. "Claim Status Code" Health Care Claim Payment/Advice (835) 005010X221A1 page 124. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

² Accredited Standards Committee X12, Insurance Subcommittee, X12N. "Claim Filing Indicator Code" Health Care Claim Payment/Advice (835) 005010X221A1 pages 126-127. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

³ Accredited Standards Committee X12, Insurance Subcommittee, X12N. "Claim Adjustment Group Code" Health Care Claim Payment/Advice (835) 005010X221A1 page 198. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

⁴ Accredited Standards Committee X12, Insurance Subcommittee, X12N. "Claim Status Code" Health Care Claim Payment/Advice (835) 005010X221A1 page 124. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

⁵ Accredited Standards Committee X12, Insurance Subcommittee, X12N. "10.1.2 Data Use by Business Use" Health Care Claim Payment/Advice (835) 005010X221A1. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

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Loop	Reference Designator Definition	Payment	
2100	Claim Submitter's Identifier	CLP01:	1234567890
	Claim Status Code	CLP02:	1
	Total Claim Charge Amount	CLP03:	68.70
	Claim Payment Amount	CLP04:	58.70
	Patient Responsibility Amount	CLP05:	10.00
	Claim Filing Indicator Code	CLP06:	13
	Entity Identifier Code	NM101:	QC
	Entity Type	NM102:	1
	Patient Last Name	NM103:	Last
	Patient First Name	NM104:	First
	Identification Code Qualifier	NM108:	MI
	Patient Identifier	NM109:	987654321
2110	Composite Medical Procedure Code	SVC01-1:	N4
	Procedure Code	SVC01-2:	12345678901
	Line Item Charge Amount	SVC02:	68.70
	Line Item Provider Payment Amount	SVC03:	58.70
	Quantity	SVC05:	30
	Date Time Qualifier	DTM01:	472
	Service Date	DTM02:	20131015
	Claim Adjustment Group Code	CAS01:	PR
	Claim Adjustment Reason Code	CAS02:	3
	Adjustment Amount	CAS03:	10.00
Summary	Provider Identifier	PLB01:	1112223330
	Fiscal Period Date	PLB02:	20131101
	Adjustment Reason Code	PLB03-1:	OB
	Provider Adjustment Identifier	PLB03-2:	Store Employee
	Provider Adjustment	PLB04:	58.70

4.2 BUSINESS CASE 2: PHARMACY REVERSAL

The claim example⁶ below illustrates transaction sets where a payer has reported the claim in a previous cycle (Cycle1) as a non-financial transaction. The pharmacy sends a reversal in a subsequent cycle (Cycle

⁶ Accredited Standards Committee X12, Insurance Subcommittee, X12N. "10.1.2 Data Use by Business Use" Health Care Claim Payment/Advice (835) 005010X221A1. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

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2).

The Provider Adjustment amount for the reversal is shown as a negative 58.70.

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)	
	Total Actual Provider Payment Amount	BPR02:	0.00	BPR02:	0.00
	Check or EFT Trace Number	TRN02:	12345	TRN02:	23456
2100	Claim Submitter's Identifier	CLP01:	1234567890	CLP01:	1234567890
	Claim Status Code	CLP02:	1	CLP02:	22
	Total Claim Charge Amount	CLP03:	68.70	CLP03:	-68.70
	Claim Payment Amount	CLP04:	58.70	CLP04:	-58.70
	Patient Responsibility Amount	CLP05:	10.00	CLP05:	
	Claim Filing Indicator Code	CLP06:	13	CLP06:	13
	Entity Identifier Code	NM101:	QC	NM101:	QC
	Entity Type	NM102:	1	NM102:	1
	Patient Last Name	NM103:	Last	NM103:	Last
	Patient First Name	NM104:	First	NM104:	First
	Identification Code Qualifier	NM108:	MI	NM108:	MI
	Patient Identifier	NM109:	987654321	NM109:	987654321
2110	Composite Medical Procedure Code	SVC01-1:	N4	SVC01-1:	N4
	Procedure Code	SVC01-2:	12345678901	SVC01-2:	12345678901
	Line Item Charge Amount	SVC02:	68.70	SVC02:	-68.70
	Line Item Provider Payment Amount	SVC03:	58.70	SVC03:	-58.70
	Quantity	SVC05:	30	SVC05:	30
	Date Time Qualifier	DTM01:	472	DTM01:	472
	Service Date	DTM02:	20131015	DTM02:	20131015
	Claim Adjustment Group Code	CAS01:	PR	CAS01:	PR
	Claim Adjustment Reason Code	CAS02:	3	CAS02:	3
	Adjustment Amount	CAS03:	10.00	CAS03:	-10.00
Summary	Provider Identifier	PLB01:	1112223330	PLB01::	1112223330
	Fiscal Period Date	PLB02	20131101	PLB02	201311015
	Adjustment Reason Code	PLB03-1	OB	PLB03-1	OB
	Provider Adjustment	PLB03-2	Store	PLB03-1	Store

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Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)	
	Identifier		Employee		Employee
	Provider Adjustment	PLB04:	58.70	PLB04:	-58.70

4.3 BUSINESS CASE 3: PROCESSOR INITIATED REVERSAL

The claim example⁷ below illustrates transaction sets where a payer has reported the claim in a previous cycle (Cycle1) as a non-financial transaction. The payer had adjusted the original payment to \$48.70 due to drug cost changing of \$10.00.

Note: Reversal and Corrections are required to be submitted in the same cycle with the 005010X221A1.

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Total Actual Provider Payment Amount	BPR02:	0.00	BPR02:	0.00	BPR02:	0.00
	Check or EFT Trace Number	TRN02:	12345	TRN02:	45678	TRN02:	45678
2100	Claim Submitter's Identifier	CLP01:	1234567890	CLP01:	1234567890	CLP01:	1234567890
	Claim Status Code	CLP02:	1	CLP02:	22	CLP02:	1
	Total Claim Charge Amount	CLP03:	68.70	CLP03:	-68.70	CLP03:	68.70
	Claim Payment Amount	CLP04:	58.70	CLP04:	-58.70	CLP04:	48.70
	Patient Responsibility Amount	CLP05:	10.00	CLP05:		CLP05:	10.00
	Claim Filing Indicator Code	CLP06:	13	CLP06:	22	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	SVC01-1:	N4	SVC01-1:	N4	SVC01-1:	N4
	Procedure Code	SVC01-2:	12345678901	SVC01-2:	12345678901	SVC01-2:	12345678901
	Line Item Charge Amount	SVC02:	68.70	SVC02:	-68.70	SVC02:	68.70
	Line Item Provider Payment Amount	SVC03:	58.70	SVC03:	-58.70	SVC03:	48.70
	Quantity	SVC05:	30	SVC05:	30	SVC05:	30
	Date Time Qualifier	DTM01:	472	DTM01:	472	DTM01:	472
	Service Date	DTM02:	20111015	DTM02:	20111015	DTM02:	20060701

⁷ Accredited Standards Committee X12, Insurance Subcommittee, X12N. "10.1.2 Data Use by Business Use" Health Care Claim Payment/Advice (835) 005010X221A1. Washington Publishing Company, Apr. 2006. <<http://www.wpc-edi.com>>.

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Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Claim Adjustment Group Code	CAS01:	PR	CAS01:	PR	CAS01:	PR
	Claim Adjustment Reason Code	CAS02:	3	CAS02:	3	CAS02:	3
	Adjustment Amount	CAS03:	10.00	CAS03:	-10.00	CAS03:	10.00
	Claim Adjustment Group Code	CAS01:		CAS05:		CAS05:	CO
	Claim Adjustment Reason Code	CAS02:		CAS02:		CAS02:	90
	Adjustment Amount	CAS03:		CAS03:		CAS03:	10.00
Summary	Provider Identifier	PLB01:	1112223330	PLB01:	1112223330	PLB01:	1112223330
	Fiscal Period Date	PLB02:	20131101	PLB02:	20131115	PLB02:	20131115
	Adjustment Reason Code	PLB03-1:	OB	PLB03-1:	OB	PLB03-1:	OB
	Provider Adjustment Identifier	PLB03-2:	Store Employee	PLB03-2:	Store Employee	PLB03-2:	Store Employee
	Provider Adjustment	PLB04:	58.70	PLB04:	-58.70	PLB04:	48.70

Note: Based on the assumption of only one PLB per cycle per pharmacy, the PLB04 in Cycle 2 would result in a negative \$10.00.

5. REVISION HISTORY

1. March 2017 – Editorial updates to remove slashed zeros (Ø) and replace with zero (0). Also updated the copyright statement as revised 2016, the NCPDP logo and X12 name change from ASC X12 to X12.