

NCPDP PAYER AUDIT REPORTING OF PHARMACY CLAIMS ON THE X12 005010X221A1 HEALTH CARE CLAIM PAYMENT/ADVICE

Version 12

January 2023

National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, AZ 85260

Phone (480) 477-1000
Fax (480) 767-1042
E-mail ncpdp@ncpdp.org
http www.ncpdp.org



NCPDP Payer Audit Reporting of Pharmacy Claims on the X12 005010X221A1 Health Care Claim Payment/Advice (835 Transaction) Version 12

National Council for Prescription Drugs Programs, Inc. (NCPDP) publications are owned by NCPDP, 9240 East Raintree Drive Scottsdale, AZ 85260, and protected by the copyright laws of the United States. 17 U.S.C. §101, et. seq.

Permission is given to Council members to copy and use the work or any part thereof in connection with the business purposes of the Council members. The work may not be changed or altered. The work may be shared within the member company but may not be distributed and/or copied for/by others outside of the member's company. The work may not be sold, used or exploited for commercial purposes. This permission may be revoked by NCPDP at any time. NCPDP is not responsible for any errors or damage as a result of the use of the work.

All material is provided "as is", without warranty of any kind, expressed or implied, including but not limited to warranties of merchantability, fitness for a particular purpose, accuracy, completeness and non-infringement of third party rights. In no event shall NCPDP, its members or its contributors be liable for any claim, or any direct, special, indirect or consequential damages, or any damages whatsoever resulting from loss of use, data or profits, whether in an action of contract, negligence or other tortious action, arising out of or in connection with the use or performance of the material.

NCPDP recognizes the confidentiality of certain information exchanged electronically through the use of its standards. Users should be familiar with the federal, state, and local laws, regulations and codes requiring confidentiality of this information and should utilize the standards accordingly.

NOTICE: In addition, this NCPDP Standard contains certain data fields and elements that may be completed by users with the proprietary information of third parties. The use and distribution of third parties' proprietary information without such third parties' consent, or the execution of a license or other agreement with such third party, could subject the user to numerous legal claims. All users are encouraged to contact such third parties to determine whether such information is proprietary and if necessary, to consult with legal counsel to make arrangements for the use and distribution of such proprietary information.

Published by
National Council for Prescription Drug Programs
Copyright © 2023

Publication History
Version 1.0 September 2012
Version 1.1 March 2017
Version 12 September 2019
Version 12 (Republication) January 2023

Express permission to use X12 copyrighted materials has been granted.
Format © 2011 Washington Publishing Company.
Exclusively published by the Washington Publishing Company.
All Rights Reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the copyright owner.

Version 12
Official Release January 2023
©National Council for Prescription Drug Programs, Inc.
Copyrighted Materials - See Copyright Statement for Allowed Use

Table of Contents

1. DISCLAIMER.....	4
2. PURPOSE OF THIS DOCUMENT.....	5
3. X12 005010X221A1 PAYER AUDIT OF PHARMACY CLAIMS EXAMPLES.....	6
3.1 Business Case 1 – Claim Level Audit Adjustments	7
3.1.1 Payer Audit Full Adjustments.....	7
3.1.2 Payer Audit Partial Adjustment.....	9
3.2 Business Case 2 – Audit Adjustments at PLB Level with Claim Level Identifiers	11
3.2.1 Complete Audit Adjustments at PLB Level with Claim level Identifiers. Claim Adjusted in Full	11
3.2.2 Complete Audit Adjustment at PLB Level with Claim Level Identifiers. Claim Partially Adjusted	13
3.2.3 Complete Audit Adjustment at PLB Level with Multiple Claim Level Identifiers. Claims Partially Adjusted	15
3.3 Business Case 3 – PLB Only Audit Adjustment	19
3.3.1 PLB Audit Complete Adjustment.....	19
3.3.2 PLB Audit Partial Adjustment.....	20
3.3.3 PLB Pharmacy Audit Final Adjustment	20
4. REVISION HISTORY.....	22
Version 1.1 - March 2017.....	22
Version 12 - September 2019.....	22
Version 12 (Republication) - January 2023	22

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 <https://x12.org/products>.

2. PURPOSE OF THIS DOCUMENT

Payers may use this guidance to convey the outcome of payer-initiated audits of pharmacy claims using the X12 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.

Version 12

Official Release January 2023

©National Council for Prescription Drug Programs, Inc.

Copyrighted Materials - See Copyright Statement for Allowed Use

3. X12 005010X221A1 PAYER AUDIT OF PHARMACY CLAIMS EXAMPLES

The examples include the following business cases that outline the most common pharmacy audit conditions at claim level and Provider Level Adjustment (PLB) level within the *X12 005010X221A1 Health Care Claim Payment/Advice (835)*.

Business Case 1 - Claim Level Audit Adjustments

Business Case 2 - Audit Adjustments at PLB Level with Claim Level Identifiers

Business Case 3 - PLB Only Audit Adjustments

Legend

X12 005010X221A1 Field	Values/Comments
CLP02 – Claim Status Code ¹	1 = Processed as Primary 2 = Processed as Secondary 3 = Processed as Tertiary 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 correction should contain the same CLP02 value.
CLP06 – Claim Filing Indicator Code ²	13 = Point of service
CAS01 – Claim Adjustment Group Code ³	CO = Contractual obligation PR = Patient Responsibility
CAS02 – Claim Adjustment Reason Code	3 = Copayment amount 246 = This non-payable code is for required reporting only. This code is represented in this document to offset the Claim audit adjustments in conjunction with CARC code. 216 - Based on the findings of a review organization 90 = Ingredient cost adjustment
LQ01 – Code List Qualifier Code ⁴	HE = Claim payment remark code (411 Code Source)
LQ02 – Remark Code	N199 = Additional payment/adjustment approved based on payer-initiated review/audit
PLB03-1	CS = Adjustment FB = Forwarding balance

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

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

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

⁴ X12, Insurance Subcommittee, X12N. "Code List Qualifier" Health Care Claim Payment/Advice (835) 005010X221A1 page 215. Washington Publishing Company, Apr. 2006. <<https://www.wpc-edi.com>>.

<p>PLB03-02</p>	<p>This is a free-form text field that represents the reason for the adjustment. The format for Pharmacy Audit Adjustments is as follows AUDITX_CCYYMMDDXXXXXXXXXXXXXX</p> <p>Which is defined as</p> <p>AUDIT – This is an identifier on the remittance to relay Pharmacy Audit related information.</p> <p>X – Indicates the type of audit that was performed</p> <ul style="list-style-type: none"> • C = Completely adjusted. Meant for one-time use, not to be used subsequent to a partial audit adjustment. • P = Partially adjusted. Multiple use allowed. • F = Final adjustment. Only used subsequent to previous partial (P) adjustment(s). <p>_CCYYMMDD - This is the date on which the audit decision was finalized, preceded by an underscore.</p> <p>XXXXXXXXXXXXXX – Alphanumeric internal pharmacy audit number, audit reference number, control number or any unique identifier that ties back to a specific audit. Default to a unique alphanumeric identifier to differentiate between audits if no other identifiers are available.</p> <p>Example: AUDITP_20181201ABC123</p>
-----------------	--

3.1 BUSINESS CASE 1 – CLAIM LEVEL AUDIT ADJUSTMENTS

3.1.1 PAYER AUDIT FULL ADJUSTMENTS

The claim example⁵ below illustrates 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 adjusted in full as a result of a payer audit.

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

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

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		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

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Service Date	DTM02	20220701	DTM02	20220701	DTM02	20220701
	Claim Adjustment Group Code	CAS01	PR	CAS01	PR	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	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90	CAS02	90	CAS02/05 *	90/216*
	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

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

3.1.2 PAYER AUDIT PARTIAL ADJUSTMENT

The claim example⁶ below illustrates 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.

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

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

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	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		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	20220701	DTM02	20220701	DTM02	20220701

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	3.00	CAS03	-3.00	CAS03	3.00
	Claim Adjustment Group Code	CAS01	CO	CAS01	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90	CAS02	90	CAS02/05 *	90/216*
	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

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

3.2 BUSINESS CASE 2 – AUDIT ADJUSTMENTS AT PLB LEVEL WITH CLAIM LEVEL IDENTIFIERS

3.2.1 COMPLETE AUDIT ADJUSTMENTS AT PLB LEVEL WITH CLAIM LEVEL IDENTIFIERS. CLAIM ADJUSTED IN FULL

The claim example below illustrates a transaction set 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 fully adjusted as a result of a payer audit but is financially adjusted in full at PLB level.

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

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

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Total Claim Charge Amount	CLP03	13.50	CLP03	-13.50	CLP03	13.50
	Claim Payment Amount	CLP04	9.50	CLP04	-9.50	CLP04	9.50
	Patient Responsibility Amount	CLP05	3.00	CLP05		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	9.50
	Quantity	SVC05	30	SVC05	30	SVC05	30
	Date Time Qualifier	DTM01	472	DTM01	472	DTM01	472
	Service Date	DTM02	20220701	DTM02	20220701	DTM02	20220701

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	3.00	CAS03	-3.00	CAS03	3.00
	Claim Adjustment Group Code	CAS01	CO	CAS01	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90	CAS02	90	CAS02/05/08*	90/246/216*
	Adjustment Amount	CAS03	1.00	CAS03	-1.00	CAS03/06/09*	1.00/9.5/-9.50*
	Code List Qualifier Code			LQ01	HE	LQ01	HE
	Remark Code			LQ02	N199	LQ02	N199
Summary	Provider Identifier	PLB01		PBL01		PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-01				PLB03-01	CS
	Provider Adjustment Identifier	PLB03-2				PLB03-02	AUDITC_20221201ABC123
	Provider Adjustment Amount	PLB04				PLB04	9.50

* = Used to indicate multiple data elements hence the CAS02/05 and CAS02/05/08.

3.2.2 COMPLETE AUDIT ADJUSTMENT AT PLB LEVEL WITH CLAIM LEVEL IDENTIFIERS. CLAIM PARTIALLY ADJUSTED

The claim example below illustrates 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 adjusted as a result of a payer audit but is financially adjusted at PLB level.

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

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	9.50
	Patient Responsibility Amount	CLP05	3.00	CLP05		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	9.50
	Quantity	SVC05	30	SVC05	30	SVC05	30
	Date Time Qualifier	DTM01	472	DTM01	472	DTM01	472

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Service Date	DTM02	20220701	DTM02	20220701	DTM02	20220701
	Claim Adjustment Group Code	CAS01	PR	CAS01	PR	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	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90	CAS02	90	CAS02/05/08*	90/246/216*
	Adjustment Amount	CAS03	1.00	CAS03	-1.00	CAS03/06/09*	1.00/3.00/-3.00*
	Code List Qualifier Code			LQ01	HE	LQ01	HE
	Remark Code			LQ02	N199	LQ02	N199
Summary	Provider Identifier	PLB01		PBL01		PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-01				PLB03-01	CS
	Provider Adjustment Identifier	PLB03-2				PLB03-02	AUDITC_20221201ABC123
	Provider Adjustment Amount	PLB04				PLB04	9.50

* = Used to indicate multiple data elements hence the CAS02/05 and CAS02/05/08.

3.2.3 COMPLETE AUDIT ADJUSTMENT AT PLB LEVEL WITH MULTIPLE CLAIM LEVEL IDENTIFIERS. CLAIMS PARTIALLY ADJUSTED

The claim examples below illustrate transaction sets where a payer makes full payment on two claims in cycle 1 and then sends a reversal and correction in a subsequent cycle (cycle 2) to indicate the claims are being partially adjusted as a result of a payer audit, but the audit is financially complete at PLB level.

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

CLAIM 1

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	9.50
	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	9.50
	Quantity	SVC05	30	SVC05	30	SVC05	30

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Date Time Qualifier	DTM01	472	DTM01	472	DTM01	472
	Service Date	DTM02	20220701	DTM02	20220701	DTM02	20220701
	Claim Adjustment Group Code	CAS01	PR	CAS01	PR	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	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90	CAS02	90	CAS02/05/08*	90/246/216*
	Adjustment Amount	CAS03	1.00	CAS03	-1.00	CAS03/06/09*	1.00/3.00/-3.00*
	Code List Qualifier Code			LQ01	HE	LQ01	HE
	Remark Code			LQ02	N199	LQ02	N199

* = Used to indicate multiple data elements hence the CAS02/05 and CAS02/05/08.

CLAIM 2

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
2100	Claim Submitter's Identifier	CLP01	2234589	CLP01	2234589	CLP01	2234589
	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	9.50

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	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	9.50
	Quantity	SVC05	30	SVC05	30	SVC05	30
	Date Time Qualifier	DTM01	472	DTM01	472	DTM01	472
	Service Date	DTM02	20220701	DTM02	20220701	DTM02	20220701
	Claim Adjustment Group Code	CAS01	PR	CAS01	PR	CAS01	PR
	Claim Adjustment Reason Code	CAS02	3	CAS02	3	CAS02	3

Loop	Reference Designator Definition	Cycle 1 (Payment)		Cycle 2 (Reversal)		Cycle 2 (Correction)	
	Adjustment Amount	CAS03	3.00	CAS03	-3.00	CAS03	3.00
	Claim Adjustment Group Code	CAS01	CO	CAS01	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90	CAS02	90	CAS02/05/08*	90/246/216*
	Adjustment Amount	CAS03	1.00	CAS03	-1.00	CAS03/06/09*	1.00/5.00/-5.00*
	Code List Qualifier Code			LQ01	HE	LQ01	HE
	Remark Code			LQ02	N199	LQ02	N199
Summary	Provider Identifier	PLB01		PLB01		PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1				PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2				PLB03-2	ADUITC_20221201ABC123
	Provider Adjustment Amount	PLB04				PLB04	8.00

* = Used to indicate multiple data elements hence the CAS02/05 and CAS02/05/08.

3.3 BUSINESS CASE 3 – PLB ONLY AUDIT ADJUSTMENT

3.3.1 PLB AUDIT COMPLETE ADJUSTMENT

The example below shows two separate audits at the same store and the same date, both adjusted completely at the PLB level; claim detail not shown.

Loop	Element Name	Cycle 1 (Payment)	
	Check or EFT Trace Number	TRN02	TRN123
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS

Loop	Element Name	Cycle 1 (Payment)	
	Provider Adjustment Identifier	PLB03-2	AUDITC_20221201ABC123
	Provider Adjustment Amount	PLB04	2000.00
	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	AUDITC_20221201DEF456
	Provider Adjustment Amount	PLB04	1500.00

3.3.2 PLB AUDIT PARTIAL ADJUSTMENT

The example below shows a partial audit adjustment at the PLB level for one audit, and the remaining audit will be adjusted in a later cycle. Claim detail not shown.

Loop	Element Name	Cycle 1 (Payment)	
	Check or EFT Trace Number	TRN02	TRN123
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	AUDITP_20221201ABC123
	Provider Adjustment Amount	PLB04	2000.00

3.3.3 PLB PHARMACY AUDIT FINAL ADJUSTMENT

The example below shows an audit adjustment at the PLB level. The 'F' (FINAL) indicates it is now completely adjusted subsequent to a previous partial audit adjustment.

Loop	Element Name	Cycle 2 (Payment)	
	Check or EFT Trace Number	TRN02	TRN123
Summary	Provider Identifier	PLB01	Pharmacy A

Loop	Element Name	Cycle 2 (Payment)	
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	AUDITF_20221201ABC123
	Provider Adjustment Amount	PLB04	2000.00

4. REVISION HISTORY

VERSION 1.1 - 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.

VERSION 12 - SEPTEMBER 2019

Added examples to sections 3.2 and 3.3 for PLB Only with Claim Level Identifiers and PLB only as approved at May Work Group 2019.

VERSION 12 (REPUBLICATIION) - JANUARY 2023

Editorial updates to remove Accredited Standards Committee from footnotes to align with the removal of ASC from Version 1.1 and updated URLs for X12 and WPC resources.

Updated dates in examples to be more current.

Added negative sign in CLP03 for cycle 2 on each example.

Removed CAS adjustment codes that had no corresponding dollar value from cycle 2 reversal on each example.

Made grammatical and formatting corrections throughout.