

Medco X12N 835 Companion Guide - Summary

Part I - General Information:

Payer Name: Medco	Date: September 1, 2009
Processor:	Switch:
Effective as of POS Cutoff Date: November 13, 2009	Information Source:
Pharmacy Services Representatives: 1-800-922-1557	

High level summary of changes:

Functionality Changes
<p>Medco will be adding two new segments to the 835 pharmacy payment file:</p> <ul style="list-style-type: none"> • Payer Contact Information (PER Segment in Loop 1000A for Payer Identification): PER01 (Payer Contact Function Code) = 'CX' (Payer Claim Office), PER03 (Communication Number Qualifier) = 'TE' (Telephone), PER04 (Payer Contact Communication Number) = '1-800-922-1557'. • Service Supplemental Information (AMT Segment in Loop 2110 for Service Payment Information): Sales Tax, where applicable, will be returned on AMT02 (Service Supplemental Information Amount), preceded by AMT01 (Amount Qualifier Code) = 'T' (Tax).

Please see below for a list of **Supported Segments** and **Non Supported Segments**.

Non Supported - means that the segments are currently **not supported** by Medco. Unsupported Segments may be used in the near future if required for business purposes.

- **Supported Segments**

Segment ID	Loop ID	Segment Name
ISA		Interchange Control Header
GS		Functional Group Header
ST		Transaction Set Header
BPR		Financial Information
TRN		Reassociation 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 Contact Information
N1	1000B	Payee Identification
N3	1000B	Payee Address
N4	1000B	Payee City, State, ZIP Code
REF	1000B	Payee Additional Identification
LX	2000	Header Number
TS3	2000	Provider Summary Information
CLP	2100	Claim Payment Information
NM1	2100	Patient Name
NM1	2100	Insured Name
NM1	2100	Service Provider Name
SVC	2110	Service Payment Information
DTM	2110	Service Date
CAS	2110	Service Adjustment
AMT	2110	Service Supplemental Amount
LQ	2110	Health Care Remark Codes
PLB		Provider Adjustment
SE		Transaction Set Trailer
GE		Functional Group Trailer
IEA		Interchange Control Trailer

- Not Supported Segments

Segment ID	Loop ID	Segment Name
CUR		Foreign Currency Information
REF		Version Identification
REF	1000A	Additional Payer Identification
TS2	2000	Provider Supplemental Summary Information
CAS	2100	Claim Adjustment
NM1	2100	Corrected Patient/Insured Name
NM1	2100	Crossover Carrier Name
NM1	2100	Corrected Priority Payer Name
MIA	2100	Inpatient Adjudication Information
MOA	2100	Outpatient Adjudication Information

REF	2100	Other Claim Related Identification
REF	2100	Rendering Provider Identification
DTM	2100	Claim Date
PER	2100	Claim Contact Information
AMT	2100	Claim Supplemental Information
QTY	2100	Claim Supplemental Information Quantity
REF	2110	Service Identification
REF	2110	Rendering Provider Information
QTY	2110	Service Supplemental Quantity

Part II - High level summary:

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 sections:

1. **Header:** opens the transaction, provides payment information and identifies payer and payee.
2. **Detail:** provides claim- and service-specific remittance data.
3. **Summary:** provides payee-specific adjustment data and ends the transaction.

1. Service Level (Rx) Balancing

Within each prescription, the balancing must be such that the Line Item Charge Amount (SVC02) minus the sum of all Adjustment Amounts equals the Line Item Provider Payment Amount for this service line (SVC03).

$SVC03 = SVC02 - (\text{Sum of Adjustment Amounts})$

Note: Adjustments within the 835, at the Service Adjustment Segment (CAS), **decrease** the payment when the adjustment amount is **positive**, and **increase** the payment when the adjustment is **negative**.

2. Claim level balancing

The CAS segment at the claim level is not utilized and a claim is considered as a service line.

CLP03 = SVC02 = Line Item Charge Amount

CLP04 = SVC03 = Line Item Provider Payment Amount

CLP05 = Sum of SVC Adjustment Amounts under SVC Group Code 'PR'.

3. Check level Balancing

Within the Check, the sum of all claim payments minus the sum of all provider level adjustments equals the total payment amount.

$BPR02 = \text{Sum of All CLP04} - \text{Sum of All PLB04}$

BPRO2 is the total payment amount of this 835 transaction.

Sum of ALL CLP04 is the total of all service payments included in this 835.

PLB04 is the provider level adjustment amounts (transmission fee etc.).

Note: Adjustments within the 835, at the PLB segments, *decrease* the payment when the adjustment amount is *positive*, and *increase* the payment when the adjustment is *negative*.

Part III - Segment and Field Requirements:

(* = Refer to **835 Companion Guide v4010 Detail - November 2009** available via the Internet at www.medco.com/rph.)

Interchange Control Header Segment - ISA

Field #	Loop ID	Field Name	Medco Supported Values
ISA01		Authorization Information Qualifier	00
ISA02		Authorization Information	10 spaces
ISA03		Security Information Qualifier	00
ISA04		Security Information	10 spaces
ISA05		Interchange ID Qualifier	30
ISA06		Interchange Sender ID	Medco Tax ID
ISA07		Interchange ID Qualifier	*
ISA08		Interchange Receiver ID	Defaults to Medco 's Chain or Franchise #
ISA09		Interchange Date	Creation Date
ISA10		Interchange Time	Creation Time
ISA11		Interchange Control Standards Identifier	U
ISA12		Interchange Control Version Number	00401
ISA13		Interchange Control Number	Control # assigned by Medco
ISA14		Acknowledgement Requested	0
ISA15		Usage Indicator	P
ISA16		Component Element Separator	X'1A'

Functional Group Header Segment - GS

Field #	Loop ID	Field Name	Medco Supported Values
GS01		Functional Identifier Code	HP
GS02		Application Sender's Code	Medco Tax ID
GS03		Application Receiver's Code	Default to Medco 's Chain or Franchise #
GS04		Date	Creation Date
GS05		Time	Creation Time

GS06		Group Control Number	Medco assigned number
GS07		Responsibility Agency Code	X
GS08		Version/Release/Industry Identifier Code	004010X091 - When Check Issue Date (BPR16) is prior to 6/5/03 or 004010X091A1 - When Check Issue Date (BPR16) is 6/5/03 onwards

BEGINNING OF 835 TRANSACTION SET

Transaction Set Header Segment - ST

Field #	Loop ID	835 Field Name	Medco Supported Values
ST01		Transaction Set Identifier Code	835
ST02		Transaction Set Control Number	Medco assigned number

Financial Information Segment - BPR

Field #	Loop ID	835 Field Name	Medco Supported Values
BPR01		Transaction Handling Code	I or H**
BPR02		Total Actual Provider Payment Amount	Total Check Amount
BPR03		Credit or Debit Flag Code	C
BPR04		Payment Method Code	ACH, CHK, or NON
BPR05		Payment Format Code	CCP
BPR06		Sender DFI ID Number Qualifier	01
BPR07		Sender DFI Identifier	*
BPR08		Account Number Qualifier	DA
BPR09		Sender Bank Account Number	*
BPR10		Payer Identifier	Federal Tax ID preceded by a '1'
BPR11		Originating Company Supplemental Code	*
BPR12		Receiver DFI ID Number Qualifier	01
BPR13		Receiver Bank ID Number	*
BPR14		(Receiver) Account Number Qualifier	DA, SG
BPR15		Receiver (Bank) Account Number	*
BPR16		Check Issue or EFT Effective Date	*

** When BPR02 = \$0.00, BPR01 = 'H' and BPR04 = 'NON' indicating that this is information only and no dollars are to be moved.

Reassociation Trace Number - TRN

Field #	Loop ID	835 Field Name	Medco Supported Values
TRN01		Trace Type Code	1
TRN02		Check Number	Check #
TRN03		Payer Identifier	*

Receiver Identification - REF

Field #	Loop ID	835 Field Name	Medco Supported Values
REF01		Reference Identification Qualifier	EV
REF02		Receiver Identifier	Chain Identification # / Franchise Identification #

Production Date - DTM

Field #	Loop ID	835 Field Name	Medco Supported Values
DTM01		Date Time Qualifier	405
DTM02		Production Date	Cycle End Date

Payer Identification - N1

Field #	Loop ID	835 Field Name	Medco Supported Values
N101	1000A	Entity Identifier Code	PR
N102	1000A	Payer Name	Payer Name (from position 1 to 58) + Check Stock ID (from position 59 to 60)
N103	1000A	Identification Code Qualifier	XV (When National Plan ID is available)
N104	1000A	Payer Identifier	National Plan ID (When National Plan ID is available)

Payer Address - N3

Field #	Loop ID	835 Field Name	Medco Supported Values
N301	1000A	Payer Address Line	*
N302	1000A	Payer Address Line	*

Payer City, State, ZIP Code - N4

Field #	Loop ID	835 Field Name	Medco Supported Values
N401	1000A	Payer City Name	*
N402	1000A	Payer State Code	*
N403	1000A	Payer Postal Zone or ZIP Code	*

Payer Contact Information - PER

Field #	Loop ID	835 Field Name	Medco Supported Values
PER01	1000A	Contact Function Code	CX
PER03	1000A	Communication Number Qualifier	TE
PER04	1000A	Payer Contact Communication Number	1-800-922-1557

Payee Identification - N1

Field #	Loop ID	835 Field Name	Medco Supported Values
N101	1000B	Entity Identifier Code	PE
N102	1000B	Payee Name	Chain Name or Pharmacy Name
N103	1000B	Identification Code Qualifier	FI or XX
N104	1000B	Payee Identification Code	Federal Taxpayer ID or National Provider ID for Chain or Pharmacy

Payee Address - N3

Field #	Loop ID	835 Field Name	Medco Supported Values
N301	1000B	Payee Address Line	*
N302	1000B	Payee Address Line	*

Payee City, State, ZIP Code - N4

Field #	Loop ID	835 Field Name	Medco Supported Values
N401	1000B	Payee City Name	*
N402	1000B	Payee State Code	*
N403	1000B	Payee Postal Zone or ZIP Code	*

Payee Additional Identification - REF

Field #	Loop ID	835 Field Name	Medco Supported Values
REF01	1000B	Reference Identification Qualifier	PQ
REF02	1000B	Additional Payee Identifier	Payee ID assigned by Medco

Header Number - LX

Field	Loop	835 Field Name	Medco Supported Values
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#	ID		
LX01	2000	Assigned Number	Medco assigned Sequence Number

Provider Summary Information - TS3

Field #	Loop ID	835 Field Name	Medco Supported Values
TS301	2000	Provider Identifier	NCPDP ID or National Provider ID
TS302	2000	Facility Type Code	*
TS303	2000	Fiscal Period Date	Last day of the current year
TS304	2000	Total Claim Count	*
TS305	2000	Total Claim Charge Amount	Total of NCPDP Gross Amount Due (Total of Dollars Billed)

Claim Payment Information - CLP (Occurrences can exceed 10,000)

Field #	Loop ID	835 Field Name	Medco Supported Values
CLP01	2100	Patient Control Number	Rx #
CLP02	2100	Claim Status Code	*
CLP03	2100	Total Claim Charge Amount	NCPDP Gross Amount Due (Dollars Billed)
CLP04	2100	Claim Payment Amount	NCPDP Total Amount Paid (Dollars Paid)
CLP05	2100	Patient Responsibility Amount	NCPDP Patient Pay Amount
CLP06	2100	Claim Filing Indicator Code	13
CLP07	2100	Payer Claim Control Number	Medco Claim Batch ID

Patient Name - NM1

Field #	Loop ID	835 Field Name	Medco Supported Values
NM101	2100	Entity Identifier Code	QC
NM102	2100	Entity Type Qualifier	1
NM103	2100	Patient Last Name	When not submitted by Pharmacy will be populated with ON FILE WITH PROVIDER
NM104	2100	Patient First Name	When not submitted by Pharmacy will be populated with ON FILE WITH PROVIDER

NM108	2100	Identification Code Qualifier	MI
NM109	2100	Patient Identifier	Cardholder ID + Person Code

Insured Name - NM1 (This segment is populated when the Patient is Dependent.)

Field #	Loop ID	835 Field Name	Medco Supported Values
NM101	2100	Entity Identifier Code	IL
NM102	2100	Entity Type Qualifier	1
NM103	2100	Subscriber Last Name	Cardholder Last Name (When not submitted by Pharmacy will be populated with ON FILE WITH PROVIDER)
NM104	2100	Subscriber First Name	Cardholder First Name (When not submitted by Pharmacy will be populated with ON FILE WITH PROVIDER)
NM108	2100	Identification Code Qualifier	MI
NM109	2100	Subscriber Identifier	Cardholder ID

Service Provider Name - NM1 (This segment is populated for CHAIN and is NOT populated for FRANCHISE.)

Field #	Loop ID	835 Field Name	Medco Supported Values
NM101	2100	Entity Identifier Code	82
NM102	2100	Entity Type Qualifier	2
NM103	2100	Rendering Provider Last or Organization Name	Pharmacy Name
NM108	2100	Identification Code Qualifier	PC or XX
NM109	2100	Rendering Provider Identifier	Medco Pharmacy ID or National Provider ID

Service Payment Information - SVC (Only one occurrence)

Field #	Loop ID	835 Field Name	Medco Supported Values
SVC01-1	2110	Product or Service ID Qualifier	N4
SVC01-2	2110	Product/Service ID	As Submitted by Pharmacy

SVC02	2110	Line Item Charge Amount	NCPDP Gross Amount Due
SVC03	2110	Line Item Provider Payment Amount	NCPDP Total Amount Paid
SVC05	2110	Unit of Service Paid Count	NCPDP Quantity Dispensed
SVC07	2110	Original Units of Service Count	(Submitted Quantity Prior to Cutback) Not sent if same as SVC05

Service Date - DTM

Field #	Loop ID	835 Field Name	Medco Supported Values
DTM01	2110	Date Time Qualifier	472
DTM02	2110	Service Date	Date of Service

Service Adjustment - CAS

Field #	Loop ID	835 Field Name	Medco Supported Values
CAS01	2110	Claim Adjustment Group Code	*
CAS02**	2110	Adjustment Reason Code****	*
CAS03**	2110	Adjustment Amount	*
CAS04**	2110	Adjustment Quantity	*
		Other Trios may be sent**	

** A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first adjustment is reported in the first adjustment trio (CAS02-04). The second adjustment is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

**** For Reject Claims, CAS02, adjustment reason code, will be populated with '16' and will be sent along with the LQ segment which contains the NCPDP reject codes.

Note: Effective on POS Cutoff Date 12/14/07, '205' will replace 'A2' to represent the Discount Count Processing Fee (DCPF).

Please refer to <http://www.wpc-edi.com/codes/claimadjustment> for additional X12 Adjustment Reason Codes.

Service Supplemental Amount - AMT

Field #	Loop ID	835 Field Name	Medco Supported Values
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AMT01	2110	Amount Qualifier Code	T
AMT02	2110	Service Supplemental Amount	NCPDP Flat Sales Tax Amount Paid

Health Care Remark Codes - LQ (Maximum 5 occurrences)

Field #	Loop ID	835 Field Name	Medco Supported Values
LQ01	2110	Code List Qualifier Code	RX
LQ02	2110	Remark Code	NCPDP Reject Code

Please refer to <http://www.medco.com/rph> for a list of NCPDP 5.1 reject codes.

Provider Adjustment - PLB

Field #	Loop ID	835 Field Name	Medco Supported Values
PLB01		Provider Identifier	NCPDP ID or National Provider ID
PLB02		Fiscal Period Date	12/31 of the year that the drug was dispensed.
PLB03-1		Adjustment Reason Code	*
PLB03-2		Provider Adjustment Identifier	*
PLB04		Provider Adjustment Amount	*
PLB05-1		Adjustment Reason Code	*
PLB05-2		Provider Adjustment Identifier	*
PLB06		Provider Adjustment Amount	*
PLB07-1		Adjustment Reason Code	*
PLB07-2		Provider Adjustment Identifier	*
PLB08		Provider Adjustment Amount	*
PLB09-1		Adjustment Reason Code	*
PLB09-2		Provider Adjustment Identifier	*
PLB10		Provider Adjustment Amount	*

Transaction Set Trailer - SE

Field #	Loop ID	835 Field Name	Medco Supported Values
SE01		Transaction Segment Count	*
SE02		Transaction Set Control Number	Same as ST02

END OF 835 TRANSACTION SET

Functional Group Trailer Segment - GE

Field #	Loop ID	Field Name	Medco Supported Values
GE01		Number of Transaction Sets Included	*
GE02		Group Control Number	Same as GS06

Interchange Control Trailer Segment - IEA

Field #	Loop ID	Field Name	Medco Supported Values
IEA01		Number of Included Functional Groups	*
IEA02		Interchange Control Number	Same as ISA13