

Pharmacy Data Management Transaction Set 835 – Pharmacy Remittance Advice Template

General Information:

Processor: Pharmacy Data Management, Inc.	Date: 08/01/2003
I.S. Dept Phone #: (330)629-7340 x. 5412	Switch: NDC/WEBMD(ENVOY)/DIRECT DIAL
Pharmacy Services Representatives: Pharmacy@pdmi.com	Help Desk Phone #: 800-800-PDMI

Segment and Field Requirements:

Interchange Control Header – ISA

Field #	Loop ID	835 Field Name	Recommended 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 = Federal Tax ID
ISA06		Interchange Sender ID	Senders Tax ID
ISA07		Interchange ID Qualifier	30 = Federal Tax ID or ZZ = Mutually Defined Id
ISA08		Interchange Receiver ID	Receiver's Tax ID or Mutually Defined Value
ISA09		Interchange Date	YYMMDD
ISA10		Interchange Time	HHMM (Creation Time)
ISA11		Interchange Control Standards ID	U
ISA12		Interchange Control Version Number	00401
ISA13		Interchange Control Number	Sequential Number
ISA14		Acknowledgement Requested	0
ISA15		Usage Indicator	P = Production T = Test
ISA16		Component Element Separator	>

Functional Group Header – GS

Field #	Loop ID	835 Field Name	Recommended Values
GS01		Functional Identifier Code	HP
GS02		Application Sender's Code	Tax ID
GS03		Application Receiver's Code	Supplied Partner
GS04		Date	Creation Date CCYYMMDD
GS05		Time	Creation Time
GS06		Group Control Number	Sequential Number
GS07		Responsibility Agency Code	X
GS08		Version/Release	004010X091A1

BEGINNING OF 835 TRANSACTION SET

Transaction Set Header – ST

Field #	Loop ID	835 Field Name	Recommended Values
ST01		Transaction Set Identifier Code	835
ST02		Transaction Set Control Number	Supplied

Financial Information – BRP

Field #	Loop ID	835 Field Name	Recommended Values
BRP01		Transaction Handle Code	TRN
BRP02		Monetary Amount (Total Check Amount)	Supplied
BRP03		Credit/Debit Flag Code	C (Credit)
BRP04		Payment Method Code	CHK
BRP16		Check Date	CCYYMMDD

Reassociation Trace Number – TRN

Field #	Loop ID	835 Field Name	Recommended Values
TRN01		Trace Type Code	1
TRN02		Reference Identification	Check Number
TRN03		Originating Company Identifier	1 followed by Federal Tax Id

Production Date – DTM

Field #	Loop ID	835 Field Name	Recommended Values
DTM01		Date/Time Qualifier	405 = Production
DTM02		Date	Production Date (Cycle End Date) CCYYMMDD

Payer Identification – N1

Field #	Loop ID	835 Field Name	Recommended Values
N101	1000	Entity Identifier Code	PR
N102	1000	Payer Name	Name of Payer

Payer Address – N3

Field #	Loop ID	835 Field Name	Recommended Values
N301	1000	Payer Address Information	Supplied

Payer City, State, Zip Code – N4

Field #	Loop ID	835 Field Name	Recommended Values
N401	1000	Payer City Name	Boardman
N402	1000	Payer State Code	OH
N403	1000	Payer Postal Code	44512

Additional Payer Identification – REF

Field #	Loop ID	835 Field Name	Recommended Values
REF01	1000	Reference ID Qualifier	2U
REF02	1000	Reference Identification	1504

Payee Identification – N1

Field #	Loop ID	835 Field Name	Recommended Values
N101	1000	Entity Identifier Code	PE = Payee
N102	1000	Payee Name	Name of Payee
N103	1000	Identification Code Qualifier	PP
N104	1000	Identification Code	NCPDP Number

Payee Address – N3

Field #	Loop ID	835 Field Name	Recommended Values
N301	1000	Payee Address Information	Supplied
N302	1000	Payee Additional Address Information	Supplied

Payee City, State, Zip Code – N4

Field #	Loop ID	835 Field Name	Recommended Values
N401	1000	Payee City Name	Supplied
N402	1000	Payee State Code	Supplied
N403	1000	Payee Postal Code	Supplied

Header Number - LX

Field #	Loop ID	835 Field Name	Recommended Values
LX01	2000	Assigned Number	Assigned Number

Provider Summary Information – TS3

Field #	Loop ID	835 Field Name	Recommended Values
TS301	2000	Reference Identifier	NCPDP Pharmacy Number
TS302	2000	Facility Code	99 = Other
TS303	2000	Date	CCYYMMDD
TS304	2000	Quantity	Total Claim Count
TS305	2000	Monetary Amount	Total Amount Charged (Billed)

Claim Payment Information - CLP

Field #	Loop ID	835 Field Name	Recommended Values
CLP01	2100	Claim Submitter's Identifier	Rx Number
CLP02	2100	Claim Status Code	1 = Approved 4 = Denied 22 = Reversed
CLP03	2100	Total Claim Charge Amount	Submitted Charges
CLP04	2100	Claim Payment Amount	Paid Amount = Ing Cost Paid + Disp Fee - Copay
CLP05	2100	Patient Responsibility Amt.	Copay
CLP07	2100	Reference Identification	Payer's Internal Control Number (Batch & Claim #)
CLP08	2100	Facility Code Value	99

Patient Name – NM1

Field #	Loop ID	835 Field Name	Recommended Values
NM101	2100	Entity Identifier Code	QC = Patient
NM102	2100	Entity Type Qualifier	1
NM103	2100	Name Last	Name on File
NM104	2100	Name First	Name on File
NM105	2100	Name Middle Initial	Initial on File
NM108	2100	Identification Code Qualifier	MI
NM109	2100	Identification Code	Patient ID
NM110	2100	Entity Relationship Code	02 = Child 12 = Member 41 = Spouse

Insured Name – NM1

Field #	Loop ID	835 Field Name	Recommended Values
NM101	2100	Entity Identifier Code	IL = Cardholder
NM102	2100	Entity Type Qualifier	1
NM103	2100	Name Last	Name on File
NM104	2100	Name First	Name on File
NM105	2100	Name Middle Initial	Initial on File
NM108	2100	Identification Code Qualifier	MI
NM109	2100	Identification Code	Patient ID
NM110	2100	Entity Relationship Code	12 = Member

Other Claim Related Information – REF

Field #	Loop ID	835 Field Name	Recommended Values
REF01	2100	Reference Identification Qualifier	CE
REF02	2100	Reference Identification	Name of Carrier

Service Payment Information - SVC

Field #	Loop ID	835 Field Name	Recommended Values
SVC01-1	2110	Product/Service ID Qualifier	N4
SVC01-2	2110	Product/Service ID	NDC
SVC01-7	2110	Product Description	Drug Name
SVC02	2110	Monetary Amount	Submitted Charges
SVC03	2110	Monetary Amount	Paid Amount
SVC07	2110	Quantity	Metric Quantity

Service Date - DTM

Field #	Loop ID	835 Field Name	Recommended Values
DTM01	2110	Date/Time Qualifier	472 = Fill Date
DTM02	2110	Date	Prescription Fill Date CCYYMMDD

Service Adjustment - CAS

Field #	Loop ID	835 Field Name	Recommended Values
CAS01	2110	Claim Adjustment Group Code	CR – Correct / Reverse CO – Contract Obligation OA – Other Adjustments PR – Patient Responsibility
CAS02	2110	Claim Adjustment Reason Code	90 = Ingredient Cost Adjustment 91 = Dispensing Fee 137 = Tax 3 = Copay Amount
CAS03	2110	Monetary Amount	Adjustment Amount

SUMMARY LEVEL

Provider Adjustment - PLB

Field #	Loop ID	835 Field Name	Recommended Values
PLB01		Reference Identifier	NCPDP Pharmacy Number
PLB02		Adjustment Date	CCYYMMDD
PLB03		Adjustment Identifier	Supplied
PLB03-1		Adjustment Reason Code	CS = Adjustment
PLB03-2		Payer's Internal Control Number	Supplied
PLB04		Monetary Amount	Provider Adjustment Amount

Transaction Set Trailer - SE

Field #	Loop ID	835 Field Name	Recommended Values
SE01		Number of Included Segments	Total Segments in Transaction Set
SE02		Transaction Set Control Number	Same as ST02

END OF 835 TRANSACTION SET

Functional Group Trailer - GE

Field #	Loop ID	835 Field Name	Recommended Values
GE01		Number of Transaction Sets Included	Total Transaction Sets
GE02		Group Control Number	Same as GS06

Interchange Control Trailer - IEA

Field #	Loop ID	835 Field Name	Recommended Values
IEA01		Number of Included Groups	Number of GS Segments
IEA02		Interchange Control Number	Same as ISA13