

Prime Therapeutics LLC

Electronic Remittance Advice

ANSI ASC X12N 835, Version 4010A1

Trading Partner Companion Document

Health Insurance Portability and Accountability Act

August 2007

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Document Control

Date	Update By	Version	Reason
3/21/07	MWhite	V1.01	Added PR Claim Adjustment Group Code to CAS01.
8/15/07	MWhite	V2.0	Changes resulting from implementation of the ACH/EFT project.

Trading Partner Companion Document

Purpose of This Document

This document is provided as a companion document to the HIPAA ANSI X12N 835 May 2000 Implementation Guide and October 2002 Addenda (collectively, the “835 Implementation Guide”). The purpose is to assist the trading partners of Prime Therapeutics LLC (“Prime”) in understanding Prime’s implementation of the 835 transaction.

This companion document does NOT:

- Modify the definition, condition, or use of a data element or segment in the 835 Implementation Guide;
- Add any additional data elements or segments to the 835 Implementation Guide;
- Utilize any code or data values which are not valid in the 835 Implementation Guide; or
- Change the meaning or intent of the 835 Implementation Guide.

Sample Transaction

ISA*00* 00* *ZZ*PRIMET *ZZ*009501 *070212*1010*U*00401*000000131*0*P*:-~
GS*HP*PRIMET*009501*20070212*1010*131*X*004010X091A1~
ST*835*2568~
BPR*H*0*C*NON*****20061229~
TRN*1* NON 005920275*1999999999 ~
DTM*405*20061229~
N1*PR*PRIME THERAPEUTICS LLC~
N3*PO BOX 64812~
N4*ST. PAUL*MN*551640812~
PER*CX**EM*PHARMACYOPS@PRIMETHERAPEUTICS.COM*TE*6512864350~
N1*PE*BEDROCK PHARMACY*FI*921111111~
N3*123 MAIN STREET*SUITE 2000~
N4*BEVERLY HILLS*CA*902106666~
LX*2~
TS3*0539188*99*20061231*1*-163.19~
CLP*1045893*22*-163.19*-115.99**13*063514570207000999~
NM1*QC*1*LAST NAME*FIRST NAME****MI*888888888~
REF*1L*0005~
DTM*050*20061226~
DTM*232*20061223~
SVC*N4:00186504031*-163.19*-115.99~
DTM*472*20061217~
CAS*CR*90*-23.73~
CAS*CR*91*-3~
CAS*CR*2*-20.47~
AMT*B6*-115.99~
CLP*1048025*1*52.22*19.2*1*13*063606436969000999~
NM1*QC*1*LAST NAME*FIRST NAME****MI*999999999~
REF*1L*0009~
DTM*050*20061226~
DTM*232*20061223~
SVC*N4:53489011010*52.22*19.2~
DTM*472*20061226~
CAS*CO*90*31.02~
CAS*CO*91*1~
CAS*PR*2*1~
AMT*B6*19.2~
PLB*0539188*20061231*CS:01*-115.99~
PLB*1200889*20061231*CS:01*19.2~
SE*38*2568~
GE*1*131~
IEA*1*000000131~

Transaction Envelope

Reference Designator	Data Element	Name	Value	Prime Usage
ISA – Interchange Control Header				
ISA*00* *00* *ZZ*PRIMET *ZZ*999999 *070212*1010*U*00401*000000131*0*P*::~~				
ISA01	I01	Authorization Information Qualifier	00	No Authorization Information Present
ISA02	I02	Authorization Information	Spaces	Not used
ISA03	I03	Security Information Qualifier	00	No Security Information Present
ISA04	I04	Security Information	Spaces	Not used
ISA05	I05	Interchange ID Qualifier	ZZ	Mutually Defined
ISA06	I06	Interchange Sender ID	PRIMET	PRIMET
ISA07	I05	Interchange ID Qualifier	ZZ	Mutually Defined
ISA08	I07	Interchange Receiver ID	Variable	Identification code published by the receiver of the data
ISA09	I08	Interchange Date	Variable	Date of the Interchange YYMMDD
ISA10	I09	Interchange Time	Variable	Time of the Interchange HHMM
ISA11	I10	Interchange Control Standards Identifier	U	U.S. EDI Community of ASC X12, TDCC, and UCS
ISA12	I11	Interchange Control Version Number	00401	Version Number
ISA13	I12	Interchange Control Number	Variable	Unique Incrementing Number assigned by Prime
ISA14	I13	Acknowledgment Requested	0	No Acknowledgement Requested
ISA15	I14	Usage Indicator	P or T	This code indicates whether the data enclosed by the interchange envelope is production 'P' or test 'T'
ISA16	I15	Component Element Separator	:	Prime uses a colon as the Component Element Separator
GS – Functional Group Header				
Example: GS*HP*PRIMET*999999*20070212*1010*131*X*004010X091A1~				
GS01	479	Functional Identifier Code	HP	Health Care Payment Advise/Advise (835)
GS02	142	Application Sender's Code	PRIMET	Identifies Prime as the sender of the information
GS03	124	Application Receiver's Code	Variable	Identifies the receiver of the information

Reference Designator	Data Element	Name	Value	Prime Usage
GS04	373	Date	Variable	Functional Group Creation Date CCYYMMDD
GS05	337	Time	Variable	Functional Group Creation Time HHMM
GS06	28	Group Control Number	Variable	Unique Incrementing Number assigned by Prime
GS07	455	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	480	Version / Release / Industry Identifier Code	004010X091A1	Version, Release, Industry Identifier, and Addendum Number
GE – Functional Group Trailer				
Example: GE*24*131~				
GE01	97	Number of Transaction Sets Included	Variable	Total number of transaction sets included in the functional group
GE02	28	Group Control Number	GS06	This number will always be equal to Reference Designator GS06
IEA – Interchange Control Trailer				
Example: IEA*1*000000131~				
IEA01	I16	Number of Included Functional Groups	Variable	A count of the number of functional groups included in an interchange
IEA02	I12	Interchange Control Number	ISA13	This number will always be equal to Reference Designator ISA13

Table 1 - Header

Reference Designator	Data Element	Name	Value	Prime Usage	
ST – TRANSACTION SET HEADER					
Example: ST*835*2568~					
ST01	143	Transaction Set Identifier Code	835	Health Care Claim Payment/Advice	
ST02	329	Transaction Set Control Number	Variable	Unique Incrementing Number assigned by Prime	
BPR – FINANCIAL INFORMATION					
Example: BPR*H*0*C*NON123456*****20061229~					
BPR01	305	Transaction Handling Code	Variable	Code	Description
				H	Notification Only
				I	Remittance Information Only
BPR02	782	Monetary Amount	>/= 0	Total Actual Payment Amount will always be greater than or equal to zero	
BPR03	478	Credit/Debit Flag Code	C	Credit	
BPR04	591	Payment Method Code	Variable	If Prime is sending the amount due via check, then the code is set to 'CHK'. If the amount due from Prime is zero, then the code is set to 'NON'. If Prime is sending the amount due via ACH, then the code is set to 'ACH'.	
BPR05- BPR15		Situational	N/A	Prime only populates BPR05 through BPR15 where payments are made via ACH. These are situational fields that apply only to ACH transmissions.	
BPR05	812	Payment Format Code	CCP	Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)	
BPR06	506	Depository Financial Institution (DFI) ID Number Qualifier	01	ABA Transit Routing Number Including Check Digits (9 digits)	
BPR07	507	DFI Identification Number	091000019	This is the DFI Identification Number for Prime's current Depository Financial Institution.	
BPR08	569	Account Number Qualifier	DA	Demand Deposit	
BPR09	508	Account Number	99999999	Prime's Bank Account Number. For security reasons, Prime does not publish its Bank Account Number in this Companion Document.	

Reference Designator	Data Element	Name	Value	Prime Usage
BPR10	509	Originating Company Identifier	1999999999	Prime's Federal Tax ID Number preceded by a '1'. For security reasons, Prime does not publish its Federal Tax ID in this Companion Document.
BPR11	510	Originating Company Supplemental Code	N/A	Prime does not populate
BPR12	506	Depository Financial Institution (DFI) ID Number Qualifier	01	ABA Transit Routing Number Including Check Digits (9 digits)
BPR13	507	DFI Identification Number	Variable	This is the DFI Identification Number for the receiver or Provider Bank ID Number.
BPR14	569	Account Number Qualifier	DA	Demand Deposit
BPR15	508	Account Number	Variable	The receiver or Provider Bank Account Number.
BPR16	373	Date	Variable	If BPR02 is greater than zero, this field is populated with the payment issue date; in all other situations, the field is populated with the cycle end date. CCYYMMDD
TRN – REASSOCIATION TRACE NUMBER				
Example: TRN*1* NON 005920275*1999999999*EHPTX~				
TRN01	481	Trace Type Code	1	Code identifying which transaction is being referenced
TRN02	127	Reference Identification	Variable	If BPR04 equals 'CHK,' this field will reference the check number. If BPR04 equals 'NON' then this field will reference a unique number specific to Prime's internal systems with a prefix of NON. If BPR04 equals 'ACH' this field will reference the ACH Reference number from the ACH transmission.
TRN03	509	Originating Company Identifier	1999999999	Prime's Federal Tax ID Number preceded by a '1'. For security reasons, Prime does not publish its Federal Tax ID in this Companion Document.
TRN04	127	Reference Identification	N/A	Prime does not populate
DTM – PRODUCTION DATE				
Example: DTM*405*20061229~				
DTM01	374	Date/Time Qualifier	405	Production
DTM02	373	Date	Variable	Production cycle end date CCYYMMDD
LOOP ID – 1000A PAYER IDENTIFICATION				

Reference Designator	Data Element	Name	Value	Prime Usage
N1 – Payer Identification				
Example: N1*PR*PRIME THERAPEUTICS LLC~				
N101	98	Entity Identifier Code	PR	Payer
N102	93	Name	Prime Usage→	Prime Therapeutics LLC
N3 – Payer Address				
Example: N3*PO BOX 64812~				
N301	166	Address Information	PO BOX 64812	Prime's mailing address
N4 – Payer City, State, Zip Code				
Example: N4*ST. PAUL *MN*551640812~				
N401	19	City Name	ST. PAUL	Prime's city name
N402	156	State or Province Code	MN	Prime's state code
N402	116	Postal Code	551640812	Prime's zip code
PER – Payer Contact Information				
Example: PER*CX**EM*PHARMACYOPS@PRIMETHERAPEUTICS.COM*TE*6512864350~				
PER01	366	Contact Function Code	CX	Prime's claim office
PER03	365	Communication Number Qualifier	EM	Electronic Mail Qualifier
PER04	364	Communication Number	Prime Usage	pharmacyops@primetherapeutics.com
PER05	365	Communication Number Qualifier	TE	Telephone Number Qualifier
PER06	364	Communication Number	6512864350	Prime's telephone number for communications regarding 835 remittance advices

LOOP ID – 1000B PAYEE IDENTIFICATION				
N1 – Payee Identification				
Example: N1*PE*BEDROCK PHARMACY*FI*92111111~				
N101	98	Entity Identifier Code	PE	Payee Name Code
N102	93	Name	Variable	Payee Name
N103	66	Identification Code Qualifier	FI or XX	Currently, Prime populates this field with 'FI' for payee's federal taxpayer identification number. Beginning on May 23, 2007, Prime will populate this field with 'XX' for Payee's National Provider Identifier.
N104	67	Identification Code	Variable	Currently, Prime populates this field with the payee's federal taxpayer identification number. Beginning on May 23, 2007, Prime will populate this field with the payee's National Provider Identifier.
N3 – Payee Address				
Example: N3*123 MAIN STREET*SUITE 2000~				
N301	166	Address Information	Variable	Payee address line one
N302	166	Address Information	Variable	Payee address line two
N4 – Payee City, State, Zip Code				
Example: N4*BEVERLY HILLS*CA*902106666~				
N401	19	City Name	Variable	Payee City
N402	156	State or Province Code	Variable	Payee State
N403	116	Postal Code	Variable	Payee Zip Code

Table 2 - Detail

Reference Designator	Data Element	Name	Value	Prime Usage	
LOOP ID – 2000 HEADER NUMBER					
LX – Assigned Number Example: LX*1~					
LX01	554	Assigned Number	Variable	If the pharmacy claim count is zero, then the LX segment is not written; in all other situations, the value will be equal to the record number.	
TS3 – Provider Summary Information Example: TS3*0539188*99*20071231*1*-163.19~					
TS301	127	Reference Identification	Variable	Provider Number	
TS302	1331	Facility Code Value	99	Facility Type Code	
TS303	373	Date	Variable	Fiscal Period Date set to December 31 st of the current year CCYYMMDD	
TS304	380	Quantity	Variable	Total Claim Count	
TS305	782	Monetary Amount	Variable	Total Claim Charge Amount	
CLP – Claim Level Data Example: CLP*1045893*22*-163.19*-115.99**13*063514570207000999~					
CLP01	1028	Claim Submitter's Identifier	Variable	This is the patient control number assigned by the provider. The value entered here must be identical to any value received as a Claim Submitter's Identifier on the original claim.	
CLP02	1029	Claim Status Code	Variable	Code	Description
				1	Processed as Primary
				4	Denied
22	Reversal of Previous Payment				
CLP03	782	Monetary Amount	Variable	Total Claim Charge Amount	
CLP04	782	Monetary Amount	Variable	Claim Payment Amount	
CLP05	782	Monetary Amount	Variable	The Patient Responsibility amount will be provided here. If the Patient Responsibility amount is equal to zero, this field will be left blank.	
CLP06	1032	Claim Filing Indicator Code	13	Point of Service	
CLP07	127	Reference Identification	Variable	Claim Number	

Reference Designator	Data Element	Name	Value	Prime Usage
NM1 – Patient Name				
Example: NM1*QC*1*PATIENT LAST NAME*PATIENT FIRST NAME****MI*88888888~				
NM101	98	Entity Identifier Code	QC	Patient
NM102	1065	Entity Type Qualifier	1	Person
NM103	1035	Name Last or Organization	Variable	Patient Last Name
NM104	1036	Name First	Variable	Patient First Name
NM108	66	Identification Code Qualifier	MI	Member Identification Number Qualifier
NM109	67	Identification Code	Variable	Member Identification Number
NM1 – Insured Name:				
Example: NM1*QC*1*INSURED LAST NAME*INSURED FIRST NAME****MI*99999999~				
Notes:				
<ol style="list-style-type: none"> 1. Use this NM1 segment to identify the insured or subscriber whenever the insured or subscriber is different from the patient. 2. In the Case of Medicare and Medicaid, the insured patient is always the subscriber and this segment should not be used. 				
NM101	98	Entity Identifier Code	IL	Insured or Subscriber
NM102	1065	Entity Type Qualifier	1	Person
NM103	1035	Name Last or Organization	Variable	Insured Last Name
NM104	1036	Name First	Variable	Insured First Name
NM108	66	Identification Code Qualifier	MI	Member Identification Number Qualifier
NM109	67	Identification Code	Variable	Insured Identification Number
REF – Other Claim Related Identification				
Example: REF*1L*0005~				
REF01	128	Reference Identification Qualifier	1L	Group or Policy Number
REF02	127	Reference Identification	Variable	The group or policy number for the insured or subscriber

Reference Designator	Data Element	Name	Value	Prime Usage
DTM – Claim Date Example: DTM*050*20061226~				
DTM01	374	Date/Time Qualifier	050	Received
DTM02	373	Date	Variable	The date that the claim was received by Prime CCYYMMDD
DTM – Claim Date Example: DTM*232*20061223~				
DTM01	374	Date/Time Qualifier	232	Claim Statement Period Start
DTM02	373	Date	Variable	The date that the claim statement period was started by Prime CCYYMMDD
LOOP ID – 2110 SERVICE PAYMENT INFORMATION				
SVC – Service Payment Information Example: SVC*N4:00186504031*-163.19*-115.99~				
SVC01-1	235	Product/Service ID Qualifier	N4	National Drug Code Qualifier
SVC01-2	234	Product/Service ID	Variable	National Drug Code in 5-4-2 format
SVC02	782	Monetary Amount	Variable	Line Item Charge Amount
SVC03	782	Monetary Amount	Variable	Line Item Provider Payment Amount
DTM – Service Date Example: DTM*472*20061217~				
DTM01	374	Date/Time Qualifier	472	Service Date Qualifier
DTM02	373	Date	Variable	Prescription Fill Date CCYYMMDD
CAS – Service Adjustment Example: CAS*CR*90*-23.73~ Note: Prime reports each claim adjustment in a separate CAS segment. The number of claim adjustment segments varies by transaction.				

Reference Designator	Data Element	Name	Value	Prime Usage																		
CAS01	1033	Claim Adjustment Group Code	Variable	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>Contractual Obligations</td> </tr> <tr> <td>CR</td> <td>Corrections and Reversals</td> </tr> <tr> <td>OA</td> <td>Other Adjustments If the Claim Adjustment Reason Code is equal to '89' or '22' and the adjustment is not the result of a reversal, then Prime will use this code</td> </tr> <tr> <td>PR</td> <td>Patient Responsibility</td> </tr> </tbody> </table>	Code	Description	CO	Contractual Obligations	CR	Corrections and Reversals	OA	Other Adjustments If the Claim Adjustment Reason Code is equal to '89' or '22' and the adjustment is not the result of a reversal, then Prime will use this code	PR	Patient Responsibility								
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CAS02	1034	Claim Adjustment Reason Code	Variable	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Patient Responsibility</td> </tr> <tr> <td>22</td> <td>Coordination of Benefits Amount</td> </tr> <tr> <td>89</td> <td>Professional Service Fee</td> </tr> <tr> <td>90</td> <td>Ingredient Cost</td> </tr> <tr> <td>91</td> <td>Dispensing Fee</td> </tr> <tr> <td>105</td> <td>Sales Tax</td> </tr> <tr> <td>130</td> <td>Submission Fee</td> </tr> <tr> <td>144</td> <td>Incentive Fee</td> </tr> </tbody> </table>	Code	Description	2	Patient Responsibility	22	Coordination of Benefits Amount	89	Professional Service Fee	90	Ingredient Cost	91	Dispensing Fee	105	Sales Tax	130	Submission Fee	144	Incentive Fee
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CAS03	782	Monetary Amount	Variable	Use this monetary amount for the adjustment amount. A negative amount increases the payment, and a positive amount decreases the payment contained in SVC03 and CLP04.																		
AMT – Service Supplemental Amount																						
Example: AMT*B6*-115.99~																						
AMT01	522	Amount Qualifier Code	B6	Allowed/Actual Service Supplemental Amount																		
AMT02	782	Monetary Amount	Variable	Service Supplemental Amount Paid																		
LQ – Health Care Remark Codes																						
Example: LQ*RX*12345~																						
Note: Prime can report up to three occurrences of claim reject remark codes.																						
LQ01	1270	Code List Qualifier Code	RX	NCPDP Reject/Payment Code																		
LQ02	1271	Industry Code	Variable	Remark Code																		

Table 3 - Summary

Reference Designator	Data Element	Name	Value	Prime Usage
PLB – Provider Adjustment				
Example: PLB*0539188*20061231*CS:01*-115.99~ PLB*1200889*20061231*CS:01*19.2~				
PLB01	127	Reference Identification	Variable	Pharmacy Number
PLB02	373	Date	Variable	Fiscal Period Date set to December 31 st of the current year CCYYMMDD
PLB03-1	426	Adjustment Identifier	CS	Adjustment Reason Code
PLB03-2	127	Reference Identification	Variable	01 Forward Balance Adjustment 02 Open Balance Adjustment 03 Non-claim Adjustment
PLB04	782	Monetary Amount	Variable	Use this monetary amount for the adjustment amount. A negative amount increases the payment, and a positive amount decreases the payment.
SE – Transaction Set Trailer				
Example: SE*134*2568~				
SE01	96	Number of Included Segments	Variable	Count of segments within and including ST through SE
SE02	329	Transaction Set Control Number	ST02	Same as ST02