

# Rite Aid Corporation

835 – Claim Payment/Advice

<b>Segment ID</b>	<b>Description</b>	<b>Rite Aid Attributes</b>	<b>Location</b>
ISA	Interchange Control Header	M	Header
GS	Functional Group Header	M	Header
ST	Transaction Set Header	M	Header
BPR	Beginning Segment For Payment Order/Remittance Advice	M	Header
TRN	Re-association Trace Number	M	<b>Header</b>
REF	Situational (Receiver Identification Number)	S	Header
REF	Version Identification	O	Header*
DTM	Production Date	S	Header
	<b>LOOP ID-1000 PAYER</b>		
N1	Payer Identification (Name)	M	Header
N3	Payer Address Information	M	Header
N4	Payer City, State, Zip Code	M	Header
REF	Additional Payer Identification	O	Header*
PER	Payer Contract Information	O	Header*
	<b>LOOP ID-1000 PAYEE</b>		
N1	Payee Identification	M	Header
N3	Payee Address	S	Header
N4	Payee City, State, Zip Code	S	Header
REF	Payee Identification	S	Header
	<b>LOOP ID-2000</b>		
LX	Header Number	M	Detail
TS3	Provider Number /Information	M	Detail
TS2	Provider Supplemental Summary Information	O	Detail*
	<b>LOOP ID-2100 CLAIM INFORMATION</b>		
CLP	Claim Information	M	Detail
CAS	Claim Adjustment	S	Detail
NM1	Patient Name	M	Detail
NM1	Insured Name	S	Detail
NM1	Corrected Patient/Insured Name	S	Detail
NM1	Service Provider Name	S	Detail
NM1	Crossover Carrier Name	O	Detail*
NM1	Corrected Priority Payer Name	O	Detail*
REF	Other Claim Related Identification	S	Detail
REF	Rendering Provider Identification	O	Detail*
DTM	Claim Date	S	Detail
	<b>LOOP ID-2110 SERVICE INFORMATION</b>		
SVC	Medical Procedure	S	Detail
DTM	Service Date	S	Detail
CAS	<b>Claim Adjustment</b>	S	Detail

REF	Service Identification	O	Detail*
REF	Rendering Provider Information	O	Detail*
AMT	Service Supplemental Amount	O	Detail*
QTY	Service supplemental Quantity	O	Detail*
LQ	Health Care Remark Codes	S	Detail
	<b>SUMMARY</b>		
PLB	Provider Adjustment	S	Summary
SE	Transaction Set Control Number	M	Summary
GE	Functional Group Trailer	M	Summary
IEA	Interchange Control Trailer	M	Summary

- The Health Care Financing Administration is developing the Plan ID which will be proposed as the Standard Unique Identifier for each health plan under HIPAA.

Mapping is subject to revisions based on business needs. Proper notification will be given prior to any changes.

#### ISA Interchange Control Header

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
			ISA01 I01	Authorization Information Qualifier			00 M ID 2/2
ISA02	I02	Authorization Information		M	AN	10/10	Spaces
ISA03	I03	Security Information Qualifier	00	M	ID	2/2	
ISA04	I04	Security Information		M	AN	10/10	Spaces
ISA05	I05	Interchange ID Qualifier		M	AN	2/2	Assigned by partner
ISA06	I06	Interchange Sender ID		M	AN	15/15	Assigned by partner
ISA07	I07	Interchange ID Qualifier	01	M	ID	2/2	DUNS
ISA08	I08	Interchange Receiver ID	014578892	M	AN	15/15	Rite Aid's DUNS Number
ISA09	I09	Interchange Date	YYMMDD	M	DT	6/6	Current Date
ISA10	I10	Interchange Time	HHMM	M	TM	4/4	Current Time
ISA11	I11	Interchange Standards ID	U	M	ID	1/1	
ISA12	I12	Interchange Version ID	00300	M	ID	5/5	00400 and 00401 Also Accepted
ISA13	I13	Interchange Control Number		M	N0	9/9	Sequential number
ISA14	I14	Acknowledgment Requested	0	M	ID	1/1	

ISA15	I15	Test Indicator	P	M	ID	1/1	
ISA 16		Sub Element Separator	>				EBCDIC Hex 6E or ASCII Hex 3E
			*				EBCDIC Hex 5C or ASCII Hex 2A
			~				EBCDIC Hex A1 or ASCII Hex 7E

### GS Functional Group Header

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
GS01	479	Functional ID Code	HP	M	ID	2/2	Healthcare Payment
GS02	142	Application Sender's Code	014578892	M	AN	2/15	Rite Aid's DUNS Number
GS03	124	Application Receiver's Code		M	AN	2/15	Assigned by Partner
GS04	373	Group Date	CCYYMMDD	M	DT	8/8	Current Date
GS05	337	Group Time	HHMM	M	TM	4/8	Current Time
GS06	28	Group Control Number		M	NO	1/9	Sequential Number
GS07	455	Responsible Agency Code		M	ID	1/2	
GS08	480	Version/Release Industry ID Code	004010X091A1	M	AN	1/12	Version Code

### ST Transaction Set Header

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
ST01	143	Transaction Set ID Code	835	M	ID	3/3	Payment advice/remittance
ST02	329	Transaction Set Control Number		M	AN	4/9	Sequential Number

### Financial Information

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
BPR01	305	Transaction Handling Code	C, D H, I, P, U, X	M	ID	1/2	Remittance Information Only  See (Table 1)
BPR02	782	Monetary Amount		M	R	1/11	Total Actual Provider Payment Amount
BPR03	478	Credit/Debit Flag Code	C	M	ID	1/1	Credit
BPR04	591	Payment Method Code	CHK ACH	M	ID	3/3	Check  > ACH Automated Clearing House
BPR05	812	Payment Format Code	CCP CTX	O	ID	1/10	> Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)

							➤ Corporate Trade Exchange (CTX), (ACH).
BPR06	506	(DFI) ID Number Qualifier	01, 04	X	ID	2/2	ABA Transit Routing Number Check number (9) digits
BPR07	507	(DFI) Identification Number		X	AN	3/12	
BPR08	569	Account Number Qualifier	DA	O	ID	1/3	Type Of Bank Account or Financial asset. (Demand Deposit)
BPR09	508	Account Number		X	AN	1/35	Sender Bank Account Number
BPR10	509	Originating Company Identifier		O	AN	10/10	◆
BPR11	510	Originating Company Supplemental Code		O	AN	9/9	❖
BPR12	506	DFI ID Number Qualifier	O1, 04	O	ID	2/2	ABA Transit Routing Number US & Canadian Bank Branch including Check Digits (9)
BPR13	507	DFI Identification Number		X	AN	3/12	
BPR14	569	Account Number Qualifier	DA, SG	O	ID	1/3	Type of account in BPR15 Demand Deposit or Savings.
BPR15	508	Account Number		X	AN	1/35	
BPR16	373	Check Issue or EFT Date	CCYYMMDD	M	DT	8/8	Payment Effective Date

➤ Use this code to move Funds electronically through the ACH, or to notify the provider that an ACH transfer was requested. When this code is used, information in BPR05 through BPR15 must also be included.

◆ BPR10 must be the Federal Tax ID Number, preceded by a "1". When BPR10 is used, it must be identical to TRN03.

❖ Use this code to further identify the payer by division or region. If used, this code must be identical to TRN04.

The total payment amount for this 835 cannot exceed eleven characters including Decimals (999999999.99). Although the value can be zero, the 835 cannot be issued for less than zero dollars.

### Transaction Handling Code (Table 1, BPR01)

CODE	DEFINITION
C	Payment Accompanies Remittance Advice – Use this code to instruct your third party processor to move both funds and remittance detail together through the banking system.
D	Make Payment Only – Use this code to instruct your third party processor to move only funds through the banking system and to ignore any remittance information
H	Notification Only - Use this code to pass information only without any reference to payment. Usually this code is used to pass predetermination of benefits information from a payer to a provider.
I	Remittance Information Only – Use this code to indicate to the payee that the remittance detail is moving separately from the payment.
P	Pre-notification of Future Transfers – This code is used by the payer and the banking system to initially validate account numbers before beginning an EFT relationship. Contact your VAB for additional information.

U	Split Payment and Remittance –Use this code to instruct the third party processor to split the payment and remittance detail, and send each on a separate path.
X	Handling Party’s Option to split Payment and Remittance – Use this code to instruct the third party processor to move the payment and remittance detail, either together or separately, based upon end point requests or capabilities.

### Re-association Trace Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
TRN01	481	Re-association Trace Number	1	M	ID	1/2	>Current Transaction Trace Number
TRN02	127	Reference Identification		M	AN	1/30	Unique ID for the Transaction (check or EFT trace number)
TRN03	509	Originating Company ID		M	AN	10/10	• Payer Identifier

> This number must be unique within the sender/receiver relationship the number is assigned by the sender. If payment and remittance detail is separated, this number is used to re-associate data to dollars.

- A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI Identification Code Designation (ICD), followed by the nine-digit identification number which may be IRS employer ID, (EIN), Data Universal Numbering System (DUNS) or a user assigned number. The ICD for an EIN is 1, DUNS is 3, user assigned number is 9.

### Receiver Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	EV	M	ID	2/3	Receiver Identification Number
REF02	127	Reference Identification Number		X			Reference information as defined for a particular Transaction set.

### Version Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	F2	M	ID	2/3	Version Code - Local
REF02	127	Reference Identification Number		X			Version Identification Code.

### Production Date

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTM01	374	Date Qualifier	405	M	ID	3/3	Use this for the end data for the adjudication production cycle for claims included in this 835
DTM02	373	Date	CCYYMMDD	X	DT	8/8	= Production Date



PER03	365	Communication Number Qualifier	EM FX TE	X	ID	2/2	Electronic Mail Facsimile Telephone
PER04	364	Communication Number		X	AN	1/80	Payer Contact Communication Number
PER05	365	Communication Number Qualifier	EM EX FX TE	X	ID	2/2	Electronic Mail Telephone Extension Facsimile Telephone
PER06	364	Communication Number		X	AN	1/80	Payer Contact Communication Number
PER07	365	Communication Number Qualifier	EX	X	ID	2/2	Telephone Extension
PER08	364	Communication Number		X	AN	1/80	Payer Contact Communication Number

#### Payee Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N101	98	Entity ID Code	PE	M	ID	2/3	Payee Identification
N103	66	ID Code Qualifier	FI, XX	X	ID	1/2	Federal Taxpayers ID Number Health Care Financing Administration NPI
N104	67	ID Code		X	ID	2/80	Identification Code

#### Payee Address

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N301	166	Entity ID Code		M	ID	2/3	Payee Address

#### Payee City, State, Zip Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N401	19	City name		M	AN	2/30	
N402	156	State or Province Code		M	ID	2/2	
N403	116	Postal Code		M	ID	3/15	

#### Payee Additional Identification

Element	Ref	Description	Code or	Rite Aid	Comment
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	No.		Qualifier	Attributes			
REF01	128	Payee Additional ID	0B-State Lic 1G-UPIN D3-NABPN= PQ-Payee ID TJ= FTIN%	M	AN	1/6	Use when more than one identification number is required to identify the payee. Always use the N1 segment before using the REF segment.
REF02	127	Reference Identification		M	AN	1/30	

National Association of board of Pharmacy Number

Federal Taxpayer's Identification Number- This information should be in the N1 segment unless the National Provider ID was used in N103-N104. For individual providers as payees, use this

Number to represent the Social Security Number.

#### Header Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
LX	554	Assigned Number		M	NO	1/6	Grouping

#### Provider Summary Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
TS301	127	Reference ID		M	AN	1/30	Provider number
TS302	1331	Facility Code Value		M	AN	1/2	*
TS303	373	Date	CCYYMMDD	M	R	8/8	▪ Last day of the provider's fiscal year
TS304	380	Quantity					
TS305	782	Monetary Amount		M	R	1/18	Total Claim Charge Amount
TS306	782	Monetary Amount		O	R	1/18	Total Covered Charge Amount
TS307	782	Monetary Amount		O	R	1/18	Total Non- Covered Charge Amount
TS308	782	Monetary Amount		O	R	1/18	Total Denied Charge Amount
TS309	782	Monetary Amount		O	R	1/18	Total Provider Payment Amount
TS310	782	Monetary Amount		O	R	1/18	Total Interest Amount
TS311	782	Monetary Amount		O	R	1/18	Total Contractual Adjustment Amount
TS312	782	Monetary Amount		O	R	1/18	Total Graham-Rudman Reduction Amount
TS313	782	Monetary Amount		O	R	1/18	Total MSP Payer Amount
TS314	782	Monetary Amount		O	R	1/18	Total Blood Deductible Amount
TS315	782	Monetary Amount		O	R	1/18	Total Non-Lab Charge Amount
TS316	782	Monetary Amount		O	R	1/18	Total Coinsurance Amount
TS317	782	Monetary Amount		O	R	1/18	Total HCPCS Reported Charge Amount



TS318	782	Monetary Amount		O	R	1/18	Total HCPCS Payable Amount
TS319	782	Monetary Amount		O	R	1/18	Total Deductible Amount
TS320	782	Monetary Amount		O	R	1/18	Total Professional Component Amount
TS321	782	Monetary Amount		O	R	1/18	Total MSP Patient Liability Met Amount
TS322	782	Monetary Amount		O	R	1/18	Total Patient Reimbursement Amount
TS323	782	Quantity		O	R	1/15	Total PIP Claim Count
TS324	782	Monetary Amount		O	R	1/18	Total PIP Adjustment Amount

\* Code identifying the type of facility where services were performed; the first and second position of the Uniform Bill type code form the Electronic Media Claims National Standard Format.

- Use this date for the last day of the provider's fiscal year. If the end of the provider's fiscal year is not known, use December 31<sup>st</sup> of the current year.

### Provider Supplemental Summary Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
TS201	782	Monetary Amount		O	R	1/18	Total DRG Amount
TS202	782	Monetary Amount		O	R	1/18	Total Federal Specific Amount
TS203	782	Monetary Amount		O	R	1/18	Total Hospital Specific Amount
TS204	782	Monetary Amount		O	R	1/18	Total Disproportionate Share Amount
TS205	782	Monetary Amount		O	R	1/18	Total Capital Amount
TS206	782	Monetary Amount		O	R	1/18	Total Indirect Medical Education Amount
TS207	380	Quantity		O	R	1/15	Total Outlier Day Count
TS208	782	Monetary Amount		O	R	1/18	Total Day Outlier Amount
TS209	782	Monetary Amount		O	R	1/18	Total Cost Outlier Amount
TS210	380	Quantity		O	R	1/15	Average DRG Length of Stay
TS211	380	Quantity		O	R	1/15	Total Discharge Count
TS212	380	Quantity		O	R	1/15	Total Discharge Report Day Count
TS213	380	Quantity		O	R	1/15	Total Covered Day Count
TS214	380	Quantity		O	R	1/15	Total Non-covered Day Count
TS215	782	Monetary Amount		O	R	1/18	Total MSP Pass-Through Amount
TS216	380	Quantity		O	R	1/15	Average DRG Weight
TS217	782	Monetary Amount		O	R	1/18	Total PPS Capital FSP DRG Amount
TS218	782	Monetary Amount		O	R	1/18	Total PPS Capital HSP DRG Amount
TS219	782	Monetary Amount		O	R	1/18	Total PPS DSH DRG Amount

### Claim Payment Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CLP01	1028	Claim Submitter's ID		M	AN	1/38	Use this number for Patient Control Number Assigned by the provider. This data element is the primary key for posting the remittance information into the provider's database. (RX Number)

CLP02	1029	Claim Status Code		M	AN	1/2	Status of entire claim (see status codes list below <b>(Table 2)</b> )
CLP03	782	Monetary Amount		M	R	1/11	❖ Total Claim Charge Amount- Use this amount for submitting the submitted charges for this claim. The amount can be zero or less, but the value in BPR02 may not be negative. (Billed amount)
CLP04	782	Monetary Amount		M	R	1/11	Amount paid this claim
CLP05	782	Monetary Amount		O	R	1/18	Patient Responsibility Amount
CLP06	1032	Claim Filing Indicator Code		O	ID	1/2	Insurance plan code (see filing code below <b>(Table 3)</b> ).
CLP07	127	Reference Identification		O	AN	1/30	Payer Claim Control Number
CLP08	1331	Facility Code Value		O	AN	1/ 2	Facility Type Code
CLP09	1325	Claim Frequency Type Code		O	ID	1/1	Claim Frequency Code
CLP11	1354	Diagnosis Related Group (DRG) Code		O	ID	¼	Diagnosis Related Group (DRG) Code
CLP12	380	Quantity		O	R	1/15	Diagnosis Related Group (DRG) Weight
CLP13	954	Percent		O	R	1/10	Discharge Fraction

❖ Claim Balancing –Amount 7 –Amount 8 = Amount 9

1. Amount 7 – transmitted in the Claim Payment Segment, CLP03 – is the total submitted charge for the claim
2. Amount 8 – Transmitted in the Claim Adjustment Segment and/or Service Adjustment Segment, the sum of CAS03 is the monetary adjustment amount applied to this claim.
3. Amount 9 – Transmitted in the Claim Payment Segment, CLP04 – is the paid amount for this claim.

### CLAIM STATUS CODE (Table 2, CLP02 Segment)

CODE	DEFINITION
1	Processed as Primary
2	Processed as Secondary
3	Processed as Tertiary
4	Denied
5	Pending
10	Received by not in process
13	Suspended
15	Suspended – Investigation with field
16	Suspended return with material
17	Suspended – review pending
19	Processed as Primary, Forwarded to Additional Payer (s)
20	Processed as Secondary, Forwarded to Additional Payer (s)
21	Processed as Tertiary, Forwarded to Additional Payer (s)
22	Reversal of Previous Payment
23	Not Our Claim, Forwarded to Additional Payer (s)
25	Predetermination Pricing Only –No Payment

**CLAIM FILING INDICATOR CODE (Table 3, CLP Segment)**

Code	Definition
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medial
CH	Champus
DS	Disability
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
WC	Workers' Compensation Health Claim

**Claim Adjustment**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CAS01	020	Claim Adj Group Code		M	ID	1/2	Refer to <b>(Table 4 )</b> below
CAS02	1033	Claim Adj Reason Code		M	ID	1/5	For a complete list of codes refer to; <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
CAS03	782	Monetary Amount		M	R	1/11	Adjustment amount
CAS04	380	Quantity		O	R	1/15	Adjustment Quantity
CAS05	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS06	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS07	380	Quantity		X	R	1/15	Adjustment Quantity
CAS08	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS09	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS10	380	Quantity		X	R	1/15	Adjustment Quantity
CAS11	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS12	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS13	380	Quantity		X	R	1/15	Adjustment Quantity
CAS14	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS15	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS16	380	Quantity		X	R	1/15	Adjustment Quantity
CAS17	1034	Claim Adjustment		X	ID	1/5	Adjustment Reason Code

		Reason Code					
CAS18	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS19	380	Quantity		X	R	1/15	Adjustment Quantity

**CLAIM ADJUSTMENT GROUP CODE (Table 4 CAS01 Segment)**

CODE	DEFINITION
CO	Contractual Obligations Use this code when a joint payer/payee contractual agreement or regulatory requirements result in an adjustment
CR	Correction and Reversals
OA	Other Adjustments
PI	Payor Initiated Reductions
PR	Patient Responsibility

**Patient Name**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity ID	QC	M	ID	2/3	Patient
NM102	1065	Entity Type Qualifier	1	O	ID	1/1	Person
NM103	1035	Name Last or Organization Name		O	AN	1/35	Patient Last Name
NM104	1036	First Name		O	AN	1/25	Patient First Name
NM105	1037	Middle Name		O	AN	1/25	Patient Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Patient Name Suffix
NM108	66	Identification Code Qualifier		X	ID	1/ 2	Identification Code Qualifier
Nm109	67	Identification Code		X	AN	2/80	Patient Identifier

**Insured Name**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity ID	IL	M	ID	2/3	Insured or Subscriber
NM102	1065	Entity Type Qualifier	1	O	ID	1/1	Person
			2				Non-person Entity
NM103	1035	Name Last or Organization Name		O	AN	1/35	Subscriber Last Name
NM104	1036	First Name		O	AN	1/25	Subscriber First Name
NM105	1037	Middle Name		O	AN	1/25	Subscriber Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Subscriber Name Suffix
NM108	66	Identification Code Qualifier	34	O	AN	1/2	Social Security
			HN				Health Insurance Claim (HIC) number
			MI				Member Identification Number (use this Number for the payer's ID

							number for the insured.
NM109	67	Identification Code		X	AN	2/80	

**Corrected Patient / Insured Name**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity ID	74	M	ID	2/3	Corrected Insured
NM102	1065	Entity Type Qualifier	1	O	ID	1/1	Person
			2				Non-person Entity
NM103	1035	Name Last or Organization Name		O	AN	1/35	Corrected Patient or Insured Last Name
NM104	1036	First Name		O	AN	1/25	Corrected Patient or Insured First Name
NM105	1037	Middle Name		O	AN	1/25	Corrected Patient or Insured Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Corrected Patient or Insured Name Suffix
NM108	66	Identification Code Qualifier		O	AN	1/2	Identification Code Qualifier
NM109	67	Identification Code		X	AN	2/80	Corrected Insured Identification Indicator

**Service Provider Name**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity ID	82	M	ID	2/3	Rendering Provider
NM102	1065	Entity Type Qualifier	1	O	ID	1/1	Person
			2				Non Person
NM103	1035	Name Last or Organization Name		O	AN	1/35	Rendering provider Last or Organization Name
NM104	1036	First Name		O	AN	1/25	Rendering Provider First Name
NM105	1037	Middle Name		O	AN	1/25	Rendering Provider Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Rendering Provider Name Suffix
NM108	66	ID Code Qualifier		X	AN	1/2	Refer Below <b>(Table 5)</b>
NM109	67	Identification Code		X	ID	2/2	Rendering Provider ID

**IDENTIFICATION CODE QUALIFIER (TABLE 5, NM108 Segment)**

CODE	DEFINITION
BD	Blue Cross Provider Number
BS	Blue Shield Provider Number
FI	Federal Taxpayer's Identification Number for Individual Providers as Payee's -use this number to represent the SSN.
MC	Medicaid Provider Number
PC	Provider Commercial Number



REF01	128	Reference Identification Qualifier	1L, 1W, 9A, 9C, A6, BB, CE,EA,F8, G1,G3,IG, SY	M	NO	1/6	Refer to <b>(Table 6)</b>
REF02	127	Reference Identification		M	AN	1/30	

**Rendering provider Identification**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1A, 1B, 1C, 1D, 1G, 1H, D3, G2	M	NO	1/6	Refer to <b>(Table 6)</b>
REF02	127	Reference Identification		M	AN	1/30	Rendering Provider Secondary Identifier

**OTHER CLAIM RELATED IDENTIFICATION (Table 6, REF01 Segment)**

CODE	DEFINITION
1L	Group or Policy Number
1W	Member Identification Number
9A	Re-priced Claim Reference Number
A6	Employee Identification Number
BB	Authorization Number
CE	Class of Contract Code
EA	Medical Records Identification Number
F8	Original Reference Number
G1	Prior Authorization Number
G3	Predetermination of Benefits Identification Number
IG	Insurance Policy Number
SY	Social Security Number
9C	Adjustment Re-priced Claim Reference Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
1J	Facility ID Number
HPI	Health Care Financing Administration National Provider Identifier
TJ	Federal Tax Payer's Identification Number
D3	National Association of Boards of Pharmacy Number
G2	Provider Commercial Number

**Claim Date**

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTM01	374	Date/Time Qualifier	036,	M	ID	3/3	Expiration date of coverage

			050				Received date of claim by payer
			232				Claim Statement Period Start
			233				Claim Statement Period End
DTM02	373	Date		M	DT	8/8	

### Claim Contact Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PER01	366	Contact Function Code	CX	M	ID	2/2	Payers Claim Office
PER02	93	Name		X	AN	1/60	Reference information as defined for a particular Transaction set.
PER03	365	Communication Number Qualifier	EM FX TE	X	ID	2/2	Electronic Mail  Facsimile  Telephone
PER04	364	Communication Number		X	AN	1/80	Claim Contact Communications Number
PER05	365	Communication Number Qualifier	EM EX FX TE	X	ID	2/2	Electronic Mail  Telephone Extension  Facsimile  Telephone
PER06	364	Communication Number		X	AN	1/80	Claim Contact Communications Number
PER07	365	Communication Number Qualifier	EX	X	ID	2/2	Telephone Extension
PER08	364	Communication Number		X	AN	1/80	Claim Contact Communication Number

### Claim Supplemental Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
AMT01	522	Amount Qualifier Code	AU, D8, DY, F5, I, NL, T T2, ZK, ZL, ZM, ZN, ZO, ZZ	M	NO	1/6	Refer to <b>(Table 7)</b>
AMT02	782	Claim Supplemental Information Amount		M	R	1/18	Monetary Amount

### Claim Supplemental Information—Amount Qualifier Code (Table 7, AMT01 Date Element)

CODE	DEFINITION





SVC01	C003	Composite Medical Procedure *This code is a composite data structure		M			To identify a medical procedure by its standardized codes and applicable modifiers
C00301	235	Product Service ID Qualifier	N3, N4, ND	M	AN	2/2	Nation Drug Format
C00302	234	Product/Service ID		M	R	1/11	
C00303	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00304	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00305	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00306	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00307	352	Description		O	AN	1/80	Procedure Code Description
SVC02	782	Monetary Amount		M	R	1/18	❖ Line Item Charge Amount
SVC03	782	Monetary Amount		O	R	1/18	Line Item Provider Payment Amount
SVC04	234	Product/Service ID		O	AN	1/48	National Uniform Billing Committee Revenue Code
SVC05	380	Quantity		O	R	1/15	Units of Service Paid Count
SVC06	C003	Composite Medical Procedure Identifier		O			
C00301	235	Product Service ID Qualifier	N3, N4, ND	M	AN	2/2	Nation Drug Format
C00302	234	Product/Service ID		M	R	1/11	
C00303	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00304	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00305	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00306	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier
C00307	352	Description		O	AN	1/80	Procedure Code Description
SVC07	380	Quantity		O	R	1/15	Original Units of Service Count

❖ Service Line Balancing –Amount 1 - Amount 2 = Amount 3

1. submitted charge or this service
2. Amount 2 – Transmitted in the Service Adjustment Segment, the sum of CAS03 – is the monetary adjustment amount applied to this service.
3. Amount 3 – Transmitted in the Service Payment Information Segment, SVC03 – is the paid amount for this service.

#### Service Date

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTM01	080	Date Time Qualifier	472	M	ID	3/3	
DTM02	373	Date	CCYYMMDD	O	ID	8/8	Service Date (Dispense Date),

#### Service Adjustment

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CAS01	020	Claim Adj Group Code		M	ID	1/2	Refer to <b>(Table 4 )</b> below
CAS02	1033	Claim Adj Reason Code		M	ID	1/5	For a complete list of codes refer to; <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
CAS03	782	Monetary Amount		M	R	1/11	Adjustment Amount
CAS04	380	Quantity		O	R	1/15	Adjustment Quantity
CAS05	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS06	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS07	380	Quantity		X	R	1/15	Adjustment Quantity
CAS08	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS09	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS10	380	Quantity		X	R	1/15	Adjustment Quantity
CAS11	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS12	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS13	380	Quantity		X	R	1/15	Adjustment Quantity
CAS14	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS15	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS16	380	Quantity		X	R	1/15	Adjustment Quantity
CAS17	1034	Claim Adjustment Reason Code		X	ID	1/5	Adjustment Reason Code
CAS18	782	Monetary Amount		X	R	1/18	Adjustment Amount
CAS19	380	Quantity		X	R	1/15	Adjustment Quantity

#### Service Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference ID	6R	M	ID	1/2	Provider Control Number- This is the line item control number submitted in the 837, which is utilized by the provider for tracking purposes and if submitted on the claim, must be returned on the remittance advice.
REF02	1033	Reference Identification		M	AN	1/30	

#### Rendering provider Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1A, 1B, 1C, 1D, 1G, 1H, 1J, HPI, SY, TJ	M	NO	1/6	Refer to <b>(Table 6)</b>
REF02	127	Reference Identification		M	AN	1/30	Rendering Provider Secondary Identifier

### Service Supplemental Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
AMT01	522	Amount Qualifier Code	B6, DY, KH, NE, T, T2, ZK, ZL, ZM, ZN, ZO	M	NO	1/6	Refer to <b>(Table 7)</b>
AMT02	782	Service Supplemental Information Amount		M	R	1/18	Monetary Amount

### Service Supplemental Quantity

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
QTY01	673	Quantity Qualifier Code	NE, ZK, ZL, ZM, ZN, ZO	M	NO	1/6	Refer to <b>(Table 8)</b>
QTY02	380	Service Supplemental Information quantity		M	R	1/18	Quantity

### Health Care Remark Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
LQ01	1270	Code List Qualifier Code	RX	O	ID	1/3	Claim Payment Remark Codes  National Council For Prescription Drug Programs Reject/Payment Codes. (NCPDP)
LQ02	1271	Industry Code		X	AN	1/30	Remark Code – For a complete list of codes refer to <a href="http://www.ncdp.org">www.ncdp.org</a>

### Provider Adjustment

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PLB01	127	Reference ID		M	AN	1//30	Provider Number Assigned by Payer
PLB02	373	Reference Identification		M	DT	8/8	Last Day of the Provider's Fiscal Year
PLB03	C042	Adjustment ID		M			This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount n PLB04
C04201	426	Adjustment Reason Code					Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo or payment. <b>(Table 9)</b>
C04202	127	Reference Adjustment ID		O	AN	1/30	Provider Adjustment Identifier
PLB04	782	Monetary Amount		M	R	1/18	❖ Adjustment Amount

PLB05	C042	Adjustment Identifier		X			Used when additional adjustments apply
C04201	426	Adjustment Reason Code		M	ID	2/2	Adjustment Reason Code
C04202	127	Reference Identification		O	AN	1/30	Provider Adjustment Identifier
PBL06	782	Monetary amount		X	R	1/18	Provider Adjustment Amount
PLB07	C042	Adjustment Identifier		X			Used when additional adjustments apply
C04201	426	Adjustment Reason Code		M	ID	2/2	Adjustment Reason Code
C04202	127	Reference Identification		O	AN	1/30	Provider Adjustment Identifier
PBL08	782	Monetary Amount		X	R	1/18	Provider Adjustment Amount
PLB09	C042	Adjustment Identifier		X			Used when additional adjustments apply
C04201	426	Adjustment Reason Code		M	ID	2/2	Adjustment Reason Code
C04202	127	Reference Identification		O	AN	1/30	Provider Adjustment Identifier
PLB10	782	Monetary Amount		X	R	1/18	Provider Adjustment Amount
PLB11	C042	Adjustment Identifier		X			Used when additional adjustments apply
C04201	426	Adjustment Reason Code		M	ID	2/2	Adjustment Reason Code
C04202	127	Reference Identification		O	AN	1/30	Provider Adjustment Identifier
PLB12	782	Monetary Amount		X	R	1/18	Provider Adjustment Amount
PLB13	C042	Adjustment Identifier		X			Used when additional adjustments apply
C04201	426	Adjustment Reason Code		M	ID	2/2	Adjustment Reason Code
C04202	127	Reference Identification		O	AN	1/30	Provider Adjustment Identifier
PLB14	782	Monetary Amount		X	R	1/18	Provider Adjustment Amount

❖ Transaction Balancing – Amount 10 – Amount 11 = Amount 12

The sum of all claim payments minus the sum of all provider level adjustments equals the total payment amount

1. Amount 10 – the sum of all CLP04 amounts transmitted in the Claim Payment Segment – Is the total of all claim amounts included in this transaction set.
2. Amount 11 – the sum of PLB04 transmitted in the Provider Adjustments Segment – is the provider level adjustment made to the claim payment
3. Amount 12 – Transmitted in the Financial Information Segment, BPR02 – is the total payment amount of this claim payment

**Adjustment Reason Code (Table 9, PBL03 Sub Element C04201)**

<b>Code</b>	<b>Description</b>
50	Late Charge

51	Interest Penalty Charge
72	Authorized Return
90	Early Payment Allowance
AM	Applied to Borrower's Account
AP	Acceleration of Benefits
B2	Rebate
B3	Recovery Allowance
BD	Bad Debt Adjustment
BN	Bonus
C5	Temporary Allowance

-Cont-

**Adjustment Reason Code (Table 9, PBL03 Sub Element C04201)**

<b>CODE</b>	<b>DISCRIPTION</b>
CR	Capitation Interest
CS	Adjustment
CT	Capitation Payment
CV	Capital Passthru
CW	Certified Registered Nurse Anesthetist Passthru
DM	Direct Medical Education Passthru
E3	Withholding
FB	Forwarding Balance
FC	Fund Allocation
GO	Graduate Medical Education Passthru
IP	Incentive Premium Payment
IR	Internal Revenue Service Withholding
IS	Interim Settlement
J1	Non-reimbursable
L3	Penalty
L6	Interest Owed
LE	Levy
LS	Lump Sum
OA	Organ Acquisition Passthru
OB	Offset for Affiliated Providers
PI	Periodic Interim Payment
PL	Payment Final
RA	Retro-activity Adjustment
RE	Return on Equity
SL	Student Loan Repayment
TL	Third party Liability
WO	Overpayment Recovery
WU	Unspecified Recovery

**Transaction Set Trailer**

<b>Element</b>	<b>Ref No.</b>	<b>Description</b>	<b>Code or Qualifier</b>	<b>Comment</b>
SE01	96	Number of included Segments		
SE02	329	Transaction Set Control Number		

**GE Functional Group Trailer**

<b>Element</b>	<b>Ref No.</b>	<b>Description</b>	<b>Code or Qualifier</b>	<b>Comment</b>
GE01	97	Number of Included Sets		
GE02	28	Group Control Number		

***IEA Interchange Control Trailer***

Element	Ref No.	Description	Code or Qualifier	Comment
IEA01	I16	Number of Included Groups		
IEA02	I12	Interchange Control Number		

**Notes for Physical Media:** If you are using physical media (magnetic tape reel/cartridge, etc.) as data communication means; please make sure you use the ISA, IEA, GS, GE, ST and SE Segments including all the mandatory data elements. Please DO NOT use dot “.” as Data Element Separator, or Segment Terminator or Composite Element Separator.

**Notes for Version:** The HIPAA Version used by Rite Aid Corporation is the 004010X091A1. If you are not able to produce a transaction set with version 4010X091A1, Rite Aid can accommodate for testing purpose only version 004010X091. However, we strongly recommend that all of our trading partners move to version 4010X091A1 by October 16<sup>th</sup>, 2003.

**Note for Service Loop:** The Service Date and the Reject Codes are essential to Rite Aid Corporation’s application. Subsequently, we (Rite Aid) are requesting that our trading partners that ARE NOT SENDING THE 2110 LOOP (Service Loop—SVC Segment/Loop) in the 835 Transaction Set use the DTM segment with '232' as qualifier (DTM01 = 232) to convey the service date at the Claim level (2100 Loop), and a CAS segment with CAS01 = OA (Other Adjustment), and CAS02 = any valid code value for Rejection or Denial for Data Element Reference Number 1034 also at the Claim level (2100 Loop). Example: CAS01 = OA and CAS02 = A2. Please refer to the Health Care Claim Adjustment Reason Codes for valid code values.