

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Version 10

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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 Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations
Version 10**

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Table of Contents

1. DISCLAIMER	4
2. PURPOSE	5
3. OVERVIEW.....	6
4. X12 005010X221A1 DIRECT AND INDIRECT REMUNERATION ADJUSTMENT EXAMPLES	7
4.1. BUSINESS CASE 1: Claim Level DIR Adjustments	9
4.1.1. <i>Assessment adjustment within two cycles</i>	9
4.1.2. <i>Assessment within one cycle</i>	9
4.1.3. <i>Payment Adjustment within two payment cycles</i>	10
4.2. BUSINESS CASE 2: PLB with Claim Level Identifiers.....	11
4.2.1. <i>DIR Adjustment payment at PLB level, where all claims impacted by DIR adjustment with claim level identifiers</i>	11
4.2.2. <i>DIR adjustment payment at PLB level, where some claims are impacted by DIR adjustments with claim level identifiers</i>	13
4.3. BUSINESS CASE 3: PLB Only.....	15
4.3.1. <i>Payment adjustment at PLB level</i>	15
4.3.2. <i>Multiple stores assessed at PLB level</i>	15
4.3.3. <i>Assessment with offsetting Forwarding Balance</i>	16
4.3.4. <i>Assessment with offsetting Forwarding Balance and unrelated claim detail</i>	16
4.3.5. <i>Assessment with offsetting Forwarding Balance and no claim level detail</i>	18
5. Revision History	19
Version 10 – September 2019	19
Version 10 (Republication) – January 2023.....	19

1. DISCLAIMER

This Recommendations Document must be used in conjunction with the *X12 005010X221A1 Health Care Claim Payment/Advice (835)*. This document does not supersede *X12 005010X221A1 Health Care Claim Payment/Advice (835)*. 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

Payers may use this document to convey a consistent solution for identifying Direct and Indirect Remuneration (DIR) adjustments of pharmacy claims using the *X12 005010X221A1 Health Care Claim Payment/Advice (835)* to their provider business partners. The document should not be used as a standard form by a payer to provide information that is important to pharmacy providers, pharmacy reconciliation vendors and other implementation units.

3. OVERVIEW

CMS indicates, “Fees, payments, or payment adjustments made after the point-of-sale that change the cost of Part D covered drugs for Part D sponsors or PBMs must be reported to CMS as Direct or Indirect Remuneration (DIR). DIR results from payment arrangements negotiated independent of CMS, between Part D sponsors, PBMs, network pharmacies, drug manufacturers, and other parties involved in the administration of the Part D benefit.”¹

These adjustments are common and thus require standardized reporting methods on remittances to payees for financial and performance self-evaluation purposes.

¹ <https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir>

4. X12 005010X221A1 DIRECT AND INDIRECT REMUNERATION ADJUSTMENT EXAMPLES

The following examples address the three most common DIR adjustment scenarios assessed at claim level and/or PLB level (Provider Level Adjustment) within the X12 005010X221A1 Health Care Claim Payment/Advice (835). These business cases are not meant to be all inclusive.

- [Business Case 1: Claim Level DIR Adjustments](#)
- [Business Case 2: PLB Level with Claim Level Identifiers](#)
- [Business Case 3: PLB Only](#)

Legend:

X12 005010X221A1 Field ²	Values/Comments
CLP02 – Claim Status Code	1 = Processed as Primary 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	13 = Point of service ZZ = Mutually Defined
CAS01 – Claim Adjustment Group Code	CO = Contractual obligation PR = Patient Responsibility
CAS02 – Claim Adjustment Reason Code used with Group Code CO	3 = Co-payment Amount 90 = Ingredient cost adjustment 91 = Dispensing fee adjustment 100 = Payment made to patient/insured/responsible party/employer 246 = This non-payable code is for required reporting only Note: This code is represented in this document to offset the Claim DIR Adjustments in conjunction with CARC code 295. 295 = Pharmacy Direct/Indirect Remuneration (DIR)
PLB02	FB = Forward Balance CS = Adjustment

² X12, Insurance Subcommittee, X12N. Health Care Claim Payment/Advice (835) 005010X221A1 Washington Publishing Company, Apr. 2006.

<p>PLB03</p>	<p>This is a free-form text field that represents the reason for the adjustment. The format for DIR Adjustments is as follows: DIRCCYMMDD_CCYMMDDXXXXXXXXXXXXXX</p> <p>Which is defined as:</p> <ul style="list-style-type: none"> • DIR – Direct/Indirect Remuneration. This is an identifier on the remittance to relay DIR related information. • CCYMMDD_CCYMMDD – This is the date range for which the trading partner agreed upon DIR adjustment is applied separated by an underscore as a text separator. For single date adjustments the date range format should still be used. • XXXXXXXXXXXXX – Reflected in the example below as ‘QualityMetricA’ and ‘QualityMetricB’. This is of variable length and specifies the specific DIR adjustment that was applied per trading partner agreement. Every program contains different arrangements. Unique PLB03 should be generated and monies not summed unless the program situation is the same (incentive versus fee assessments). <p>Example: DIR20220101_20220331QualityMetricA DIR20220101_20220331QualityMetricB</p>
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* All other fields not defined above are to be populated based on Trading Partner Agreement.

4.1. BUSINESS CASE 1: Claim Level DIR Adjustments

4.1.1. Assessment adjustment within two cycles

Payer adjusts on a per claim basis within cycle two.

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle Two (Payment Reversal)		Cycle Two (Payment)	
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	10.00	CLP04	-10.00	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	10.00	SVC03	-10.00	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
	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	90/295
	Adjustment Amount	CAS03	0.50	CAS03	-0.50	CAS03/06	0.50/0.50

Note: Reversal and Corrections are required to be submitted in the same cycle with the 005010X221A1.

4.1.2. Assessment within one cycle

Payer assesses DIR adjustment on a per claim basis within the same cycle.

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
2100	Claim Submitter's Identifier	CLP01	1234589	CLP01	1234589	CLP01	1234589

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
	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	8.50
	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	8.50
	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
	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	90/295
	Adjustment Amount	CAS03	1.00	CAS03	-1.00	CAS03/06	1.00/1.00

Note: Reversal and Corrections are required to be submitted in the same cycle with the 005010X221A1.

4.1.3. Payment Adjustment within two payment cycles

Payer adjusts payment on a per claim basis within cycle two that results in an increase in payment to the pharmacy.

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle Two (Payment Reversal)		Cycle Two (Payment)	
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	10.50
	Patient Responsibility Amount	CLP05	3.00	CLP05		CLP05	3.00
	Claim Filing Indicator Code	CLP06	13	CLP06	13	CLP06	13

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle Two (Payment Reversal)		Cycle Two (Payment)	
	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	10.50
	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
	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	90/295
	Adjustment Amount	CAS03	1.00	CAS03	-1.00	CAS03/06	1.00/-2.00

Note: Reversal and Corrections are required to be submitted in the same cycle with the 005010X221A1.

4.2. BUSINESS CASE 2: PLB with Claim Level Identifiers

4.2.1. DIR Adjustment payment at PLB level, where all claims impacted by DIR adjustment with claim level identifiers

Claim has DIR adjustment identification with offsetting adjustments that net to zero dollars, so the CLP04 is full payment amount and the DIR adjustment is financially taken at the PLB level.

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
	Total Actual Provider Payment Amount	BPR02		BPR02		BPR02	18.00
	Check or EFT Trace Number	TRN02		TRN02		TRN02	TRN123
2100	Claim Submitter's Identifier	CLP01	1234589	CLP01	1234589	CLP01	1234589
	Claim Status Code	CLP02	1	CLP02	1	CLP02	1
	Total Claim Charge Amount	CLP03	13.50	CLP03	-13.50	CLP03	13.50
	Claim Payment Amount	CLP04	10.50	CLP04	-10.50	CLP04	10.50
	Patient Responsibility Amount	CLP05	3.00	CLP05		CLP05	3.00
	Claim Filing Indicator Code	CLP06	13	CLP06	13	CLP06	13

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
	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	10.50	SVC03	10.50	SVC03	10.50
	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
	Adjustment Amount	CAS03	3.00	CAS03	-3.00	CAS03	3.00
	Claim Adjustment Group Code	CAS01		CAS01		CAS01	CO
	Claim Adjustment Reason Code	CAS02		CAS02		CAS02/05	246/295
	Adjustment Amount	CAS03		CAS03		CAS03/06	1.00/-1.00
2100	Claim Submitter's Identifier	CLP01	1234588	CLP01	1234588	CLP01	1234588
	Claim Status Code	CLP02	1	CLP02	1	CLP02	1
	Total Claim Charge Amount	CLP03	13.50	CLP03	-13.50	CLP03	13.50
	Claim Payment Amount	CLP04	10.50	CLP04	-10.50	CLP04	10.50
	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

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
	Line Item Provider Payment Amount	SVC03	10.50	SVC03	10.50	SVC03	10.50
	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
	Adjustment Amount	CAS03	3.00	CAS03	-3.00	CAS03	3.00
	Claim Adjustment Group Code	CAS01		CAS01		CAS01	CO
	Claim Adjustment Reason Code	CAS02		CAS02		CAS02/05	246/295
	Adjustment Amount	CAS03		CAS03		CAS03/06	2.00/-2.00
Summary	Provider Identifier	PLB01		PLB01		PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1		PLB03-1		PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2		PLB03-2		PLB03-2	DIR20220101_2 0170331Quality MetricA
	Provider Adjustment Amount	PLB04		PLB04		PLB04	3.00

Note: Reversal and Corrections are required to be submitted in the same cycle with the 005010X221A1.

4.2.2. DIR adjustment payment at PLB level, where some claims are impacted by DIR adjustments with claim level identifiers

Claim has payment adjustment identification with offsetting adjustments that net to zero dollars, so the CLP04 is full payment amount and the DIR fee is financially taken at the PLB level.

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
	Total Actual Provider Payment Amount	BPR02		BPR02		BPR02	2.89
	Check or EFT Trace Number	TRN02		TRN02		TRN02	TRN123
2100	Claim Submitter's Identifier	CLP01	1234589	CLP01	1234589	CLP01	1234589
	Claim Status Code	CLP02	1	CLP02	1	CLP02	1
	Total Claim Charge Amount	CLP03	13.50	CLP03	-13.50	CLP03	13.50
	Claim Payment Amount	CLP04	10.50	CLP04	-10.50	CLP04	10.50
	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

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Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
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	10.50	SVC03	-10.50	SVC03	10.50
	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
	Adjustment Amount	CAS03	3.00	CAS03	-3.00	CAS03	3.00
	Claim Adjustment Group Code	CAS01		CAS01		CAS01	CO
	Claim Adjustment Reason Code	CAS02		CAS02		CAS02/05	246/295
	Adjustment Amount	CAS03		CAS03		CAS03/06	0.51/-0.51
2100	Claim Submitter's Identifier	CLP01	12347879	CLP01	12347879	CLP01	12347879
	Claim Status Code	CLP02	1	CLP02	1	CLP02	1
	Total Claim Charge Amount	CLP03	94.13	CLP03	-94.13	CLP03	94.13
	Claim Payment Amount	CLP04	3.40	CLP04	-3.40	CLP04	3.40
	Patient Responsibility Amount	CLP05		CLP05		CLP05	
	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	94.13	SVC02	-94.13	SVC02	94.13
	Line Item Provider Payment Amount	SVC03	3.40	SVC03	-3.40	SVC03	3.40
	Quantity	SVC05	30	SVC05	30	SVC05	30
	Date Time Qualifier	DTM01	472	DTM01	472	DTM01	472
	Service Date	DTM02	20220701	DTM02	20220701	DTM02	20220701

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Reference Designator Definition	Cycle One (Payment)		Cycle One (Payment Reversal)		Cycle One (Payment)	
	Claim Adjustment Group Code	CAS01		CAS01		CAS01	
	Claim Adjustment Reason Code	CAS02		CAS02		CAS02	
	Adjustment Amount	CAS03		CAS03		CAS03	
	Claim Adjustment Group Code	CAS01	CO	CAS01	CO	CAS01	CO
	Claim Adjustment Reason Code	CAS02/05	90/91	CAS02/05	90/91	CAS02/05	90/91
	Adjustment Amount	CAS03/06	93.23/-2.50	CAS03/06	-93.23/2.50	CAS03/06	93.23/-2.50
Summary	Provider Identifier	PLB01		PLB01		PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1		PLB03-1		PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2		PLB03-2		PLB03-2	DIR20220101_20170331QualityMetricA
	Provider Adjustment Amount	PLB04		PLB04		PLB04	0.51

Note: Reversal and Corrections are required to be submitted in the same cycle with the 005010X221A1.

4.3. BUSINESS CASE 3: PLB Only

4.3.1. Payment adjustment at PLB level

Payment adjustment received for prior period (quarter, year, etc.) based on quality measure. May be a set fee, a flat fee based on the number of qualifying services, all paid services or a percentage of paid dollars for the period.

Loop	Element Name	Cycle 1 (Payment)	
	Total Actual Provider Payment Amount	BPR02	3500.00
	Check or EFT Trace Number	TRN02	TRN123
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	DIR20220101_20220331QualityMetricA
	Provider Adjustment Amount	PLB04	-2000.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	DIR20220101_20220331QualityMetricB
	Provider Adjustment Amount	PLB04	-1500.00

4.3.2. Multiple stores assessed at PLB level

Assessment at PLB for multiple pharmacies on the same remittance.

Loop	Element Name	Cycle 1 (Payment)	
	Total Actual Provider Payment Amount	BPR02	0.00
	Check or EFT Trace Number	TRN02	TRN123
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Element Name	Cycle 1 (Payment)	
	Provider Adjustment Identifier	PLB03-2	DIR20220101_20220331QualityMetricA
	Provider Adjustment Amount	PLB04	200.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	DIR20220101_200331QualityMetricB
	Provider Adjustment Amount	PLB04	-200.00

4.3.3. Assessment with offsetting Forwarding Balance

PLB assessment with offsetting Balance Forward (no claims, cycle one).

Loop	Element Name	Cycle 1 (Payment)	
	Total Actual Provider Payment Amount	BPR02	0.00
	Check or EFT Trace Number	TRN02	TRN123
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	DIR20220101_20220331QualityMetricB
	Provider Adjustment Amount	PLB04	2000.00
	Adjustment Reason Code	PLB05-1	CS
	Provider Adjustment Identifier	PLB05-2	TRN123
	Provider Adjustment Amount	PLB06	-2000.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	DIR20220101_20220331QualityMetricA
	Provider Adjustment Amount	PLB04	1500.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	FB
	Provider Adjustment Identifier	PLB03-2	TRN123
	Provider Adjustment Amount	PLB04	-1500.00

4.3.4. Assessment with offsetting Forwarding Balance and unrelated claim detail

PLB assessment with offsetting Balance Forward with Claim Detail (two pharmacies) – Other PLB adjustments are included.

Loop	Element Name	Cycle 2 (Payment)	
	Total Actual Provider Payment Amount	BPR02	2.00
	Check or EFT Trace Number	TRN02	TRN456
2100	Total Claim Charge Amount	CLP03	225.00
	Claim Payment Amount	CLP04	213.00

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Element Name	Cycle 2 (Payment)	
	Patient Responsibility Amount	CLP05	9.00
2110	Claim Adjustment Group Code	CAS01	PR
	Claim Adjustment Reason Code	CAS02	3
	Adjustment Amount	CAS03	9.00
	Claim Adjustment Group Code	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90
	Claim Adjustment Group Code	CAS03	3.00
2100	Total Claim Charge Amount*	CLP03	200.00
	Claim Payment Amount	CLP04	184.00
	Patient Responsibility Amount	CLP05	12.00
2110	Claim Adjustment Group Code	CAS01	PR
	Claim Adjustment Reason Code	CAS02	3
	Adjustment Amount	CAS03	12.00
	Claim Adjustment Group Code	CAS01	CO
	Claim Adjustment Reason Code	CAS02	90
	Adjustment Amount	CAS03	4.00
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	TRN123
	Provider Adjustment Amount	PLB04	1500.00
	Adjustment Reason Code	PLB03-1	AH
	Provider Adjustment Identifier	PLB03-2	TRN456
	Provider Adjustment Amount	PLB04	-1287.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	TRN123
	Provider Adjustment Amount	PLB04	2000.00
	Adjustment Reason Code	PLB05-1	CS
	Provider Adjustment Identifier	PLB05-2	DIR20220101_20220331QualityMetricA
	Provider Adjustment Amount	PLB06	786.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	FB

NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations

Loop	Element Name	Cycle 2 (Payment)	
	Provider Adjustment Identifier	PLB03-2	TRN456
	Provider Adjustment Amount	PLB04	-2600.00

4.3.5. Assessment with offsetting Forwarding Balance and no claim level detail

PLB assessment with offsetting Balance Forward (2 Pharmacies) – Other PLB adjustments are included.

Loop	Element Name	Cycle 2 (Payment)	
	Total Actual Provider Payment Amount	BPR02	0.00
	Check or EFT Trace Number	TRN02	TRN456
Summary	Provider Identifier	PLB01	Pharmacy A
	Adjustment Reason Code	PLB03-1	AH
	Provider Adjustment Identifier	PLB03-2	TRN123
	Provider Adjustment Amount	PLB04	1500.00
	Adjustment Reason Code	PLB03-1	AH
	Provider Adjustment Identifier	PLB03-2	TRN456
	Provider Adjustment Amount	PLB04	-2335.00
	Adjustment Reason Code	PLB03-1	CS
	Provider Adjustment Identifier	PLB03-2	TRN123
	Provider Adjustment Amount	PLB04	835
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	AH
	Provider Adjustment Identifier	PLB03-2	TRN123
	Provider Adjustment Amount	PLB04	2000.00
	Adjustment Reason Code	PLB05-1	CS
	Provider Adjustment Identifier	PLB05-2	DIR20220101_20220331QualityMetricA
	Provider Adjustment Amount	PLB06	786.00
Summary	Provider Identifier	PLB01	Pharmacy B
	Adjustment Reason Code	PLB03-1	FB
	Provider Adjustment Identifier	PLB03-2	TRN456
	Provider Adjustment Amount	PLB04	-2786.00

5. Revision History

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Updated URLs for X12 resources

Updated dates in examples to be more current

Made grammatical and formatting corrections throughout

Version 10 (Republication)

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