

1. NCPDP VERSION D CLAIM REVERSAL TEMPLATE

1.1 REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE

**** Start of Request Claim Reversal (B2) Payer Sheet Template****

GENERAL INFORMATION

Payer Name: State of North Dakota	Date: November 15, 2011	
Plan Name/Group Name: Medicaid	BIN: 601364	PCN:
Plan Name/Group Name: ADAP	BIN: 610115	PCN:
Plan Name/Group Name: CSHS	BIN: 610110	PCN:
Plan Name/Group Name: YCC	BIN: 610116	PCN:

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	NA	The Field is not used for the Segment in the designated Transaction.	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	One year from date of payment

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used		

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
101-A1	BIN NUMBER		M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		M	
109-A9	TRANSACTION COUNT	01-04	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	Only NPI Accepted
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank	M	

Insurance Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	

Claim Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

**** End of Request Claim Reversal (B2) Payer Sheet Template****

1.2 RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE

1.2.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

**** Start of Claim Reversal Response (B2) Payer Sheet Template****

GENERAL INFORMATION

Payer Name: State of North Dakota	Date: November 15, 2011	
Plan Name/Group Name: Medicaid	BIN: 601364	PCN:
Plan Name/Group Name: ADAP	BIN: 610115	PCN:
Plan Name/Group Name: CSHS	BIN: 610110	PCN:
Plan Name/Group Name: YCC	BIN: 610116	PCN:

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Field #	Response Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	Imp Guide: Required if needed to identify the transaction.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Implementation Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Implementation Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Implementation Guide.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Implementation Guide.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Will be returned.
550-8F	HELP DESK PHONE NUMBER		R	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.2.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Implementation Guide.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Implementation Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Implementation Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. Payer Requirement: Same as Implementation Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. Payer Requirement: Same as Implementation Guide.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. Payer Requirement: Will be returned.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
55Ø-8F	HELP DESK PHONE NUMBER		R	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. Payer Requirement: Will be returned.

Response Claim Segment Questions	Check	Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.2.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = “21”			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Implementation Guide.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Implementation Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Implementation Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. Payer Requirement: Same as Implementation Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. Payer Requirement: Same as Implementation Guide.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. Payer Requirement: Will be returned.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
55Ø-8F	HELP DESK PHONE NUMBER		R	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Will be returned.

** End of Claim Reversal (B2) Response Payer Sheet Template**