

## NCPDP VERSION D CLAIM REVERSAL REQUEST CLAIM REVERSAL PAYER SHEET

### GENERAL INFORMATION

Payer Name: <b>US SCRIPT</b>	Date: 1/2/2012	
Plan Name/Group Name: Non Medicare D	BIN: 008019	PCN:
Plan Name/Group Name: Medicare D Plans	BIN: 008019	PCN: PARTD
Plan Name/Group Name: Superior Health Plan	BIN: 008019	PCN: SHP

### 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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	30 days

### 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
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	X	

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
101-A1	BIN NUMBER	008019	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		M	See General Information
109-A9	TRANSACTION COUNT	1-4	M	PCN=PARTD only allows TRANSACTION COUNT = 1
202-B2	SERVICE PROVIDER ID QUALIFIER	07	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Software Vendor ID

Claim Segment Questions	Check	Claim Reversal
This Segment is always sent	X	

Claim Segment Segment Identification (111-AM) = "07"	Claim Reversal

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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1=UPC Ø2=HRI Ø3=NDC	M	
407-D7	PRODUCT/SERVICE ID		M	
308-C8	OTHER COVERAGE CODE		RW	<i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed.  Payer Situation: Submit on secondary claim reversals

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal
This Segment is situational	X	Required only when secondary, tertiary, etc claim is being reversed.

Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

## RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE

### CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

#### GENERAL INFORMATION

Payer Name: US SCRIPT	Date: 12/6/2011	
Plan Name/Group Name: Commercial/Non Medicare D	BIN: 008019	PCN:
Plan Name/Group Name: Medicare D Plans	BIN: 008019	PCN: PARTD
Plan Name/Group Name: Superior Health Plan	BIN: 008019	PCN: SHP

#### 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
This Segment is always sent	X	

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Reversal – Accepted/Approved
	<i>NCPDP Field Name</i>			<i>Payer Situation</i>
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 Message Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is situational	X	Will not be supplied when message is blank.

Field #	Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Accepted/Approved
	<i>NCPDP Field Name</i>			<i>Payer Situation</i>
504-F4	MESSAGE		R	Will not be supplied when message is blank.

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Field #	Response Status Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Reversal – Accepted/Approved
	<i>NCPDP Field Name</i>			<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Only when Additional Message Information is not blank.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Only when Additional Message Information is not blank.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Only when not blank.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Only when not blank.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Field #	Response Claim Segment Identification (111-AM) = "22"	Value	Payer Usage	Claim Reversal – Accepted/Approved
	<i>NCPDP Field Name</i>			<i>Payer Situation</i>

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	<b>Response Claim Segment Segment Identification (111-AM) = "22"</b>			<b>Claim Reversal – Accepted/Approved</b>
<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	Same value as in request billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request billing	M	

## CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

### CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

<b>Response Transaction Header Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Accepted/Rejected</b>
This Segment is always sent	X	

	<b>Response Transaction Header Segment</b>			<b>Claim Reversal – Accepted/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	

<b>Response Message Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Accepted/Rejected</b>
This Segment is situational	X	Will not be supplied when message is blank.

	<b>Response Message Segment Segment Identification (111-AM) = "20"</b>			<b>Claim Reversal – Accepted/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		R	Will not be supplied when message is blank.

<b>Response Status Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Accepted/Rejected</b>
This Segment is always sent	X	

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Reversal – Accepted/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
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.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Only when Additional Message Information is not blank.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Only when Additional Message Information is not blank.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Only when not blank.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Only when not blank.

<b>Response Claim Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Accepted/Rejected</b>
This Segment is always sent	X	

	<b>Response Claim Segment Segment Identification (111-AM) = "22"</b>			<b>Claim Reversal – Accepted/Rejected</b>
<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	Same value as in request 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	Same value as in request billing	M	

## CLAIM REVERSAL REJECTED/REJECTED RESPONSE

### CLAIM REVERSAL REJECTED/REJECTED RESPONSE

<b>Response Transaction Header Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Rejected/Rejected</b>
This Segment is always sent	X	

	<b>Response Transaction Header Segment</b>			<b>Claim Reversal – Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	R – Rejected	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	

<b>Response Message Segment Questions</b>	<b>Check</b>	<b>Claim Reversal – Rejected/Rejected</b>
This Segment is situational	X	Will not be supplied when message is blank.

	<b>Response Message Segment Segment Identification (111-AM) = "20"</b>			<b>Claim Reversal – Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		R	

<b>Response Status Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Rejected/Rejected</b>
This Segment is always sent	X	

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Reversal – Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Will be supplied only when applicable</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Only when Additional Message Information is not blank.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Only when Additional Message Information is not blank.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Only when not blank.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Only when not blank.