

# AscellaHealth

## NCPDP vD.0 Payer Sheet

### Claim Reversal

#### GENERAL INFORMATION

Payer Name: <b>AscellaHealth</b>	Date: 11/2/2014	
Plan Name/Group Name: <b>Varies by plan</b>	BIN: <b>017522</b>	PCN: <b>AC</b>
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:

#### FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	<b>NA</b>	The Field is not used for the Segment in the designated Transaction.  Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

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

#### 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	<b>X</b>	

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	See values listed in BIN field in General Information	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See values listed in PCN field in General Information	M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 - NPI	M	

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Transaction Header Segment			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID	NPI	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	All Spaces	M	

Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

Claim Segment Identification (111-AM) = "07"			Claim Reversal	
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 Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 - NDC	M	
407-D7	PRODUCT/SERVICE ID	11 digit NDC	M	
403-D3	FILL NUMBER	New = 00 (zeros must be sent)	R	<i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day

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

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## NCPDP vD.0 Payer Sheet Claim Reversal Response

### GENERAL INFORMATION

Payer Name: <b>AscellaHealth</b>	Date: 11/2/2015	
Plan Name/Group Name: <b>Varies by plan</b>	BIN: <b>017522</b>	PCN: <b>AC</b>
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	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, <i>Payer Situation</i>
This Segment is always sent	<b>X</b>	

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

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	<b>X</b>	Provide general information when used for transmission-level messaging.

Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Accepted/Approved <i>Payer Situation</i>
<i>Field #</i>	<i>NCPDP Field Name</i>		
504-F4	MESSAGE	RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>

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

	Response Status Segment Segment Identification (111-AM) = “21”			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
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	

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## CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i>
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 Message Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement: Same As Imp Guide</i>

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i>
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	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.  <i>Payer Requirement: Same As Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement: Same As Imp Guide</i>

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	<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>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement: Same As Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement: Same As Imp Guide</i>
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: Same As Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.  <i>Payer Requirement: Same As Imp Guide</i>
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement: Same As Imp Guide</i>

<b>Response Claim Segment Questions</b>	<b>Check</b>	<b>Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i></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	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	

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## CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
<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	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	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

	Response Message Segment Segment Identification (111-AM) = “20”			Claim Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement: Same As Imp Guide</i>

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

	Response Status Segment Segment Identification (111-AM) = “21”			Claim Reversal – Rejected/Rejected
<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	
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.  <i>Payer Requirement: Same As Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement: Same As Imp Guide</i>

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	<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>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement: Same As Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement: Same As Imp Guide</i>
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: Same As Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.  <i>Payer Requirement: Same As Imp Guide</i>
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement: Same As Imp Guide</i>

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

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