

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: Colorado Medical Assistance Program	Date: January 1, 2012	
Plan Name/Group Name: Colorado Medical Assistance Program	BIN: 610084	PCN: DRcoprod = Production
Plan Name/Group Name: Colorado Medical Assistance Program (test)	BIN: 610084	PCN: DRcoaccp = Test

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?)	unlimited

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, Payer Situation
This Segment is always sent	X	
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	610084	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	DRcoprod = Production DRcoaccp = Test	M	
109-A9	TRANSACTION COUNT	DRcoprod = Production DRcoaccp = Test	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	This will be provided by the provider's software vendor	M	If no number is supplied, populate with zeros

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

Field #	Insurance Segment Segment Identification (111-AM) = "04"	Value	Payer Usage	Claim Reversal Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID	Colorado	R	

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Number assigned by the pharmacy	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code	M	
4Ø7-D7	PRODUCT/SERVICE ID	NDC Number	M	
4Ø3-D3	FILL NUMBER	Ø = Original Dispensing 1-99 = Number of refills	R	
3Ø8-C8	OTHER COVERAGE CODE	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected	RW	Required when submitting a claim for a recipient who has other coverage.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal
This Segment is situational	X	If Situational, <i>Payer Situation</i> Required for COB claim reversals

	Coordination of Benefits/Other Payments Segment 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 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

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