

# Florida Healthcare Plan

## REQUEST CLAIM REVERSAL PAYER SHEET

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

### GENERAL INFORMATION

Payer Name: Florida Healthcare Plan		Date: January 1, 2012
Plan Name/Group Name: Florida Healthcare Plan (FHCP)	BIN: 610084	PCN: DRCPROD = Production
Plan Name/Group Name: Florida Healthcare Plan (FHCP) (test)	BIN: 610084	PCN: DRCPACCP = 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
NOT USED	NA	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?) <b>Specify timeframe</b>	365 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 <i>If Situational, Payer Situation</i>
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 <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
101-A1	BIN NUMBER	610084	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	DRCPROD = Production DRCPACCP = Test.	M	
109-A9	TRANSACTION COUNT	1 = One Occurrence	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider Identifier (NPI).	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWAREVENDOR/CERTIFICATION ID	This will be provided by the provider's software vender	M	If no number is supplied, populate with zeros

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

Insurance Segment Segment Identification (111-AM) = "04"	Claim Reversal

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID	As indicated on member's card	M	Usually the SSN
301-C1	GROUP ID	000833833 or 0008340001	R	

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

Claim Segment 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	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	Number assigned by pharmacy	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 = NDC	M	
407-D7	PRODUCT/SERVICE ID	NDC Number	M	

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

# FLORIDA HEALTHCARE PLAN

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

### GENERAL INFORMATION

Payer Name: Chargeurs Florida Healthcare Plan		Date: January 1, 2012
Plan Name/Group Name: Florida Healthcare Plan (FHCP)	BIN: 610084	PCN: DRCPROD = Production
Plan Name/Group Name: Florida Healthcare Plan (FHCP) (test)	BIN: 610084	PCN: DRCPACCP = Test

### 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	1 = One Occurrence	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider Identifier (NPI).	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Used if necessary to elaborate on Header level rejects.

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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	17-digit FHCP TCN	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Approved
<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 = RxBilling	M	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	Number assigned by the pharmacy	M	

## 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	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	1 = One Occurrence	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier (NPI).	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	

Response Message Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is situational	X	Used if necessary to elaborate on Header level rejects.

Field #	Response Message Segment Segment Identification (111-AM) = “2Ø” <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Accepted/Approved <i>Payer Situation</i>
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

Field #	Response Status Segment Segment Identification (111-AM) = “21” <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Accepted/Rejected <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	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
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.

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 = RxBilling	M	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	Number assigned by the pharmacy	M	

## 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	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Rejected/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	1 = One Occurrence	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier (NPI).	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is situational	X	Used if necessary to elaborate on Header level rejects.

Field #	Response Message Segment Segment Identification (111-AM) = “2Ø” <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Accepted/Approved <i>Payer Situation</i>
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

Field #	Response Status Segment Segment Identification (111-AM) = “21” <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Rejected/Rejected <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	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.
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: (any unique payer requirement(s))</i>

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