

Maryland Medical Assistance Program ADAP

Request Claim Reversal Payer Sheet

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

GENERAL INFORMATION

| | | |
|--|-----------------------|----------------------------|
| Payer Name: Maryland Medical Assistance Program | Date: January 1, 2012 | |
| Plan Name/Group Name: Maryland AIDS Drug Assistance Program (MADAP) | BIN: 610084 | PCN: DRAPPROD = Production |
| Plan Name/Group Name: Maryland AIDS Drug Assistance Program (MADAP) (test) | BIN: 610084 | PCN: DRAPACCP = 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?) Specify timeframe | ? |

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 | DRAPPROD = Production DRAPACCP = 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 If Situational, Payer Situation |
|-----------------------------|-------|---|
| 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 | Recipient's 11 digit MADAP ID | M | |
| 301-C1 | GROUP ID | MADAP | R | |

| 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 | 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 | |
| 403-D3 | FILL NUMBER | 0 = Original Dispensing 1-99 = Number of refills | R | Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day. |
| 308-C8 | OTHER COVERAGE CODE | 0=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 | Imp Guide: Required if needed by receiver to match the claim that is being reversed. |

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

RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

| | | |
|---|-----------------------|----------------------------|
| Payer Name: Maryland Medical Assistance Program | Date: January 1, 2012 | |
| Plan Name/Group Name: Maryland AIDS Drug Assistance Program (MADAP) | BIN: 610084 | PCN: DRAPPROD = Production |
| Plan Name/Group Name: Maryland AIDS Drug Assistance Program (MADAP) | BIN: 610084 | PCN: DRAPACCP = 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 | |

| Response Transaction Header Segment | | | | Claim Reversal – Accepted/Approved |
|-------------------------------------|-------------------------------|--|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | 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 | |

| Response Transaction Header Segment | | | | Claim Reversal – Accepted/Approved |
|-------------------------------------|---------------------|------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 201-B1 | SERVICE PROVIDER ID | NPI Number | M | |
| 401-D1 | DATE OF SERVICE | CCYYMMDD | M | |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|-----------------------------------|-------|---|
| 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 | 17-digit MD TCN | R | |
| 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 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 = 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, 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 | 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/Rejected If Situational, <i>Payer Situation</i> | |
|------------------------------------|--|-------|--|--|
| This Segment is situational | | X | Segment sent if required for reject clarification | |

| Response Message Segment Segment Identification (111-AM) = "20" | | | | Claim Reversal – Accepted/Approved |
|--|------------------|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | 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, <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 | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | Imp Guide: 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 | | | Imp Guide: 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 If Situational, <i>Payer Situation</i> | |
|----------------------------------|--|-------|--|--|
| This Segment is always sent | | X | | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Reversal – Accepted/Rejected |
|--|---|---------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 NCPDP Field Name | Value | Payer Usage | Claim Reversal – Rejected/Rejected 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 | R = Rejected | 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 – Rejected/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is situational | X | <i>Segment sent if required for reject clarification</i> |

| 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 - Rejected/Rejected If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | Value | Payer Usage | Claim Reversal – Rejected/Rejected 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 | 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> |