

# NEW MEXICO MEDICAID FEE FOR SERVICE

## REQUEST CLAIM REVERSAL PAYER SHEET

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

### GENERAL INFORMATION

Payer Name: New Mexico Medicaid	Date: <b>Date</b>	
Plan Name/Group Name: NM Medicaid Fee For Service	BIN: 610084	PCN: DRNMPROD
Plan Name/Group Name: NM Medicaid Fee For Service (test)	BIN: 610084	PCN: DRNMACCP

### 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

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>	<a href="#">90 days generally</a> <a href="#">Schools: 120 days plus 120 days grace period</a> <a href="#">Indian Health Service: 2 years from date of service (no grace period)</a>

### 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	DRNMPROD = Production DRNMACCP = Test	M	
109-A9	TRANSACTION COUNT	<b>Max = 4</b>	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 – National Provider Identifier (NPI)	M	
201-B1	SERVICE PROVIDER ID	NPI	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	0000000000	M	Populate with zeros

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

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

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID	NEWMEXMED	R	

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	
403-D3	FILL NUMBER		?	<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.  <i>We may want to consider including this field for reversal matching</i>
308-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.
343-11D	DISPENSING STATUS	Not used for D.0 reversals	NA	This was listed as required on the 5.1 Payer Sheet but is not supported for D.0 reversals. This field is not needed because the DOS will always be different for partial and completion fills.

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

## RESPONSE CLAIM REVERSAL PAYER SHEET

### CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

#### GENERAL INFORMATION

Payer Name: <a href="#">New Mexico Medicaid</a>	Date:	
Plan Name/Group Name: <a href="#">Plan Name/Group Name NM Medicaid Fee For Service</a>	BIN:	PCN:
Plan Name/Group Name: <a href="#">Plan Name/Group Name NM Medicaid Fee For Service (test)</a>	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.Ø.

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
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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	NPI Number	M	
201-B1	SERVICE PROVIDER ID	CCYYMMDD	M	
401-D1	DATE OF SERVICE	This will be provided by the provider's software vender	M	

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

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER	17-digit NM TCN	R	
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	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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/Approved If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	Imp Guide: 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	

## 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	

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	

Response Transaction Header Segment				Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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, Payer Situation
This Segment is situational	X	Segment sent if necessary for reject clarification

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

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, Payer Situation
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		RW	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, Payer Situation
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 = Rx Billing	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		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	Same value as in request	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	Used if necessary to elaborate on Header level rejects.

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Rejected/Rejected Payer Situation
504-F4	MESSAGE			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.

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