

NCPDP Version D Request Claim Reversal Template

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

General Information

Payer Name: Capital Rx	Updated: December 1, 2020	
Commercial	BIN: 610852	PCN: CAPLRX; CHM Varies by plan, refer to member ID card.
	610770	CAPLRX

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

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 (11Ø-AK) is Payer Issued	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Transaction Header Segment			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

1Ø1-A1	BIN NUMBER	See above	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See above	M	Payer Requirement: Required for all claims – send PCN on member card
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	Payer Requirement: Send NPI of submitting pharmacy provider
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Required when vendor certification is required by Capital Rx – otherwise submit all zeroes

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

Insurance Segment Segment Identification (111-AM) = “Ø4”			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		RW	Imp Guide: Required if needed to match the reversal to the original billing transaction.

				Payer Requirement: Same as Imp Guide
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Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

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		M	Imp Guide: For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Number Qualifier (455-EM) is "1" (Rx Billing).
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. Payer Requirement: Same as Imp Guide
3Ø8-C8	OTHER COVERAGE CODE		RW	Imp Guide: Required if needed by receiver to match the claim that is being reversed. Payer Requirement: Same as Imp Guide

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

Pricing Segment Segment Identification (111-AM) = "11"			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Imp Guide: Required if this field could result in contractually agreed upon payment. Payer Requirement: Same as Imp Guide
430-DU	GROSS AMOUNT DUE		RW	Imp Guide: Required if this field could result in contractually agreed upon payment. Payer Requirement: Same as Imp Guide

** 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: Capital Rx	Updated: December 1, 2020	
Commercial	BIN: 610852	PCN: CAPLRX; CHM Varies by plan, refer to member ID card.
	610770	CAPLRX

Claim Reversal Accepted/Approved Response

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP TelecommunicationStandard Implementation Guide VersionD.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		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-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/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

Number Qualifier (455-EM) is “1” (Rx Billing).	Number Qualifier (455-EM) is “1” (Rx Billing).	Number Qualifier (455-EM) is “1” (Rx Billing).
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		RW	Imp Guide: Required if needed to identify the transaction. Payer Requirement: Same as Imp Guide
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Imp Guide: Required if Approved Message Code (548-6F) is used. Payer Requirement: Same as Imp Guide
548-6F	APPROVED MESSAGE CODE		RW	Imp Guide: Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. Payer Requirement: Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

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	Imp Guide: For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

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. Payer Requirement: Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used. Payer Requirement: Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Reversal – Accepted/Approved	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	INCENTIVE AMOUNT PAID		RW	Imp Guide: Required if this field is reporting a contractually agreed upon payment. Payer Requirement: Same as Imp Guide
509-F9	TOTAL AMOUNT PAID		RW	Imp Guide: Required if any other payment fields sent by the sender. Payer Requirement: Same as Imp Guide

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	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	

2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = “2Ø”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

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
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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	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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. Payer Requirement: Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used. Payer Requirement: Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide

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

Response Claim 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	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 Rejected/Rejected Response

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

Response Transaction Header Segment			Claim Reversal – Rejected/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	
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Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

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

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

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Rejected/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	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide
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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. Payer Requirement: Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used. Payer Requirement: Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide

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