



Indiana State
Department of Health

NCPDP Version D.Ø

**Telecommunication
Payer Sheet**

November 2Ø16

Payer Sheet – NCPDP Version D.Ø

Address any comments concerning the contents of this manual to:

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1. REVISION HISTORY

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	March 2007	All	New document	ISDH HIPAA
Version 1.1	May 2007	9, 18, 28	Added NPI	ISDH HIPAA
Version 1.2	August 2007	All	Correct phone number	ISDH HIPAA
Version 1.2	August 2007	9	System rejects	ISDH HIPAA
Version 1.2	August 2007	13	IOT contact information	ISDH HIPAA
Version 1.2	August 2007	14	Message format	ISDH HIPAA
Version 1.4	May 2008	9,18,26,28	NPI update	ISDH HIPAA
Version 1.5	July 2009	17,21,23	COB clarification	ISDH HIPAA
Version 2.0	January 2011	All	Version D.0 Implementation	ISDH HIPAA
Version 2.1	September 2011	7, 9	COB clarification	ISDH HIPAA
Version 2.2	January 2012	9, 10	COB clarification	ISDH HIPAA
Version 2.3	November 2016	All	Correct phone number and typographical errors	ISDH HIPAA

2. NCPDP VERSION D.0 CLAIM BILLING TEMPLATE

2.1 REQUEST CLAIM BILLING PAYER SHEET TEMPLATE

** Start of Request Claim Billing (B1) Payer Sheet Template **

GENERAL INFORMATION

Payer Name: ISDH		Date: 12/31/2010
Plan Name/Group Name: ISDH-001 CSHCS: Children's Special Health Care Services	BIN: 636104	PCN: ISDH-001 (production) ISDH-T (testing)
Processor:		
Effective as of: 1/1/2012	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: June 2010	
Contact/Information Source: 1-800-475-1355 opt. #5 and then opt. #1 or 317-233-1351		
Certification Testing Window: 1/3/2011 – 9/30/2011 and then on-going for new providers		
Certification Contact Information: 1-800-475-1355 opt. #5 and then opt. #1 or 317-233-1351		
Provider Relations Help Desk Info: 1-800-475-1355 opt. #5 and then opt. #3		
Other versions supported: 5.1 until 12/31/2011		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing Request
B2	Billing Reversal

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

Fields that are not used in the Claim Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTIONS

The following lists the segments and fields in a Claim Billing Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing <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 Payer Issued	X	Assigned by ISDH Contact EDI Department @ 1-800-475-1355 opt. #5 and then opt. #1

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing <i>Payer Situation</i>
101-A1	BIN NUMBER	636104	M	BIN for ISDH
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	Claim Billing
104-A4	PROCESSOR CONTROL NUMBER	ISDH-T (Testing) ISDH-001 (CSHCS Production)	M	Assigned by Indiana State Department of Health. Different Processor Control Numbers are used for Testing and Production.

Transaction Header Segment			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
109-A9	TRANSACTION COUNT	1	M	Valid values are '1' through '4'
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	National Provider Identifier (NPI)
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Assigned by ISDH	M	Contact EDI Department @ 1-800-475-1355 opt. #5 and then opt. #1

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

Insurance Segment Identification (111-AM) = "04"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID	6 Digit Patient ID number assigned by ISDH program.	M	Member's ID as shown on card

Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Patient Segment Identification (111-AM) = "01"			Claim Billing	
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	All code set values supported	R	
310-CA	PATIENT FIRST NAME		RW	Imp Guide: Required when the patient has a first name. Payer Requirement: Required as all patients are enrolled with a first name
311-CB	PATIENT LAST NAME		R	

Claim Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This payer does not support partial fills	X	

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Billing Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	CSHCS only accepts RX billing in Real-Time transactions. Supplies (DME claims) must be submitted on an 837.
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ = Compound Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	Enter the 11-digit National Drug Code (NDC) for the drug dispensed; for Compound, this field should be a single digit 'Ø'.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	All values supported	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	<i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement: 1 or more refills have been authorized by physician.</i>
3Ø8-C8	OTHER COVERAGE CODE	Ø: Not Specified 1: No Other Coverage (OC) 2: Other Coverage Exists- Payment Collected 3: OC Billed-Claim not Covered 4: OC Exists-payment not collected	RW	<i>Imp Guide:</i> Required, if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. <i>Payer Requirement: Required for COB processing</i>
461-EU	PRIOR AUTHORIZATION TYPE CODE	1 = Prior Authorization	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: ISDH follows standard IG</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: 7 digit Prior Authorization # if available</i>

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement: As payer of last resort, ISDH requires to determine payment.</i>
430-DU	GROSS AMOUNT DUE		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<i>Required only for secondary, tertiary, etc claims.</i>
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	ISDH is <u>ALWAYS</u> Payer of last resort according to State Law 410 IAC 3.2-5-1(d) Health insurance information and utilization . If a participant has one or more other payers including Medicaid, any claim must be submitted to the primary and/or secondary payer(s) first before submitting to ISDH for reimbursement. ISDH can only accept up to 9 COB Payer information segments. <i>As payer of last resort, we have to verify that all prior payers have been considered based on the information we have on hand as well as information submitted with the Billing Transaction.</i>

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing
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	
339-6C	OTHER PAYER ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used. <i>Payer Requirement: ISDH follows standard IG</i>
340-7C	OTHER PAYER ID		RW	<i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. <i>Payer Requirement: Required if available</i>
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used. <i>Payer Requirement: ISDH follows standard IG</i>
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used. <i>Payer Requirement: ISDH follows standard IG</i>
431-DV	OTHER PAYER AMOUNT PAID		RW	<i>Imp Guide:</i> Required if other payer has approved payment for some/all of the billing.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. <i>Payer Requirement: Required if Other Payer has approved payment for some or all of the billing.</i>
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement: ISDH follows standard IG</i>
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). <i>Payer Requirement: When coverage code=3, all previous payer(s) have denied the claim.</i>
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. <i>Payer Requirement: ISDH follows standard IG</i>
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	<p>Ø1: Amount Applied to Periodic</p> <p>Ø2: Amount Attributed to Product Selection/Brand</p> <p>Ø3: Amount Attributed to Sales Tax</p> <p>Ø4: Amount Exceeding Periodic Benefit Maximum</p> <p>Ø5: Amount of Co-pay</p> <p>Ø6: Patient Pay Amount</p> <p>Ø7: Amount of Coinsurance</p> <p>Ø8: Amount Attributed to Product Selection/Non-Preferred Formulary Selection</p> <p>Ø9: Amount Attributed to Health Plan Assistance Amount</p> <p>1Ø: Amount Attributed to Provider Network Selection</p> <p>11: Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection</p>	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement: ISDH follows standard IG</i> For Qualifier Ø6: Should only be used when secondary payers (or additional payers) are passing on the Patient Responsibility amount from the Primary payer.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		<p>12: Amount Attributed to Coverage Gap (137-UP)</p> <p>13: Amount Attributed to Processor Fee</p>		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	<p><i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> <p>Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.</p> <p><i>Payer Requirement:</i> ISDH requires if after other payer has made payment or denied and there is still a balance that is the patient responsibility.</p> <p>For Qualifier Ø6: Should only be used when secondary payers (or additional payers) are passing on the Patient Responsibility amount from the Primary payer.</p>

Compound Segment Questions	Check	Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Required when Compound Code (4Ø6-D6) = 2 (compound).</i>

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients.	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	
489-TE	COMPOUND PRODUCT ID	11-digit NDC	M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	

**** End of Request Claim Billing (B1) Payer Sheet Template ****

2.2 RESPONSE CLAIM BILLING PAYER SHEET TEMPLATE

2.2.1 CLAIM BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

**** Start of Response Claim Billing (B1) Payer Sheet Template ****

GENERAL INFORMATION

Payer Name: ISDH	Date: 12/31/2010	
Plan Name/Group Name: ISDH-001 CSHCS: Children's Special Health Care Services	BIN: 636104	PCN: ISDH-001 (production) ISDH-T (testing)

CLAIM BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

The following lists the segments and fields in a Claim Billing Response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing– Accepted/Paid (or Duplicate of Paid) Payer Situation
Field #	NCPDP Field Name	Value	Payer Usage	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	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	

Response Message Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	ISDH will return information that is relevant to the claim.

	Response Message Segment Identification (111-AM) = "20"			Claim Billing– Accepted/Paid (or Duplicate of Paid) Payer Situation
Field #	NCPDP Field Name	Value	Payer Usage	
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. Payer Requirement: ISDH will return information that is relevant to the claim.

Response Status Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing– Accepted/Paid (or Duplicate of Paid) Payer Situation
Field #	NCPDP Field Name	Value	Payer Usage	
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing– Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> ISDH will return the System assigned Claim Number for this claim.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Will be returned.
55Ø-8F	HELP DESK PHONE NUMBER	8ØØ4751355	RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned.

Response Claim Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Billing– Accepted/Paid (or Duplicate of Paid)
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		M	

Response Pricing Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Pricing Segment Segment Identification (111-AM) = "23"				Claim Billing– Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. <i>Payer Requirement:</i> Will be returned.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	8: Contract Pricing – Price based upon contractual agreement between trading partners.	RW	<i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i> Will be returned.

2.2.2 CLAIM BILLING ACCEPTED/REJECTED RESPONSE

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing Accepted/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	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	

Response Message Segment Questions	Check	Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>ISDH will return information that is relevant to the claim.</i>

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Billing Accepted/Rejected <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i>

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Accepted/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide: Required if needed to identify the transaction.</i> <i>Payer Requirement: ISDH will return the System assigned Claim Number for this claim.</i>
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> <i>Payer Requirement: Will be returned.</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	<i>Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.</i> <i>Payer Requirement: Will be returned.</i>
55Ø-8F	HELP DESK PHONE NUMBER	8ØØ4751355	RW	<i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> <i>Payer Requirement: Will be returned.</i>

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	If ISDH is unable to adjudicate claim because the patient has Other Insurance and Coordination of Benefits/Other Payers Segment that was not submitted with the claim or the number of Other Payer segments does not match the number of other payers on record.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All values supported	M	
356-NU	OTHER PAYER CARDHOLDER ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> ISDH will return any Cardholder information we have on file.
992-MJ	OTHER PAYER GROUP ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> ISDH will return any Group# information we have on file.

2.2.3 CLAIM BILLING REJECTED/REJECTED RESPONSE

CLAIM BILLING REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing Rejected/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	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	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 Billing Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>ISDH will return information that is relevant to the claim.</i>

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Billing Accepted/Rejected <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i>

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Rejected/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide: Required if needed to identify the transaction.</i> <i>Payer Requirement: Will be returned.</i>
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	<i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> <i>Payer Requirement: Will be returned.</i>
550-8F	HELP DESK PHONE NUMBER	8004751355	RW	<i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> <i>Payer Requirement: Will be returned.</i>

**** End of Response Claim Billing (B1) Payer Sheet Template ****

3. NCPDP VERSION D.0 CLAIM REVERSAL TEMPLATE

3.1 REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE

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

GENERAL INFORMATION

Payer Name: ISDH	Date: 12/31/2010
Plan Name/Group Name: ISDH-001 CSHCS: Children's Special Health Care Services	BIN: 636104 PCN: ISDH-001 (production) ISDH-T (testing)

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?)	2 Business 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 Payer Issued	X	Assigned by ISDH Contact EDI Department @ 1-800-475-1355 opt. #5 and then opt. #1

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
101-A1	BIN NUMBER	636104	M	BIN for ISDH
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	Claim Reversal
104-A4	PROCESSOR CONTROL NUMBER	ISDH-T (Testing) ISDH-001 (CSHCS Production)	M	Assigned by Indiana State Department of Health. Different Processor Control Numbers are used for Testing and Production.
109-A9	TRANSACTION COUNT	1	M	Valid values are '1' through '4'
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	National Provider Identifier (NPI)
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Assigned by ISDH	M	Contact EDI Department @ 1-800-475-1355 opt. #5 and then opt. #1

Insurance Segment Questions	Check	Claim Reversal <i>If Situational, Payer Situation</i>
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	6 Digit Patient ID number assigned by ISDH Program.	M	Member's ID as shown on card

Claim Segment Questions	Check	Claim Reversal <i>If Situational, Payer Situation</i>
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	1=RX Billing	M	CSHCS only accepts RX billing in Real-Time transactions. Supplies (DME claims) must be submitted on an 837.
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ = Compound Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	Enter the 11-digit National Drug Code (NDC) for the drug dispensed; for Compound, this field should be a single digit 'Ø'.

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

3.2 RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE

3.2.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: ISDH	Date: 12/31/2Ø1Ø
Plan Name/Group Name: ISDH-ØØ1 CSHCS: Children's Special Health Care Services	BIN: 6361Ø4 PCN: ISDH-ØØ1 (production) ISDH-T (testing)

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 <i>If Situational, Payer Situation</i>
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	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	

Response Transaction Header Segment				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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 Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	ISDH will return information that is relevant to the claim.

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	Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: ISDH will return information that is relevant to the claim.

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		R	Imp Guide: Required if needed to identify the transaction. Payer Requirement: ISDH will return the System assigned Claim Number for this claim.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	03 = Processor/PBM	RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used. Payer Requirement: Will be returned.
550-8F	HELP DESK PHONE NUMBER	8004751355	RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Will be returned.

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 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

3.2.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected <i>If Situational, 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	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/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>ISDH will return information that is relevant to the claim.</i>

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i>

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	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	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	<i>Ø3 = Processor/PBM</i>	RW	<i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> <i>Payer Requirement: Will be returned.</i>
550-8F	HELP DESK PHONE NUMBER	<i>8004751355</i>	RW	<i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> <i>Payer Requirement: Will be returned.</i>

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

Field #	Response Claim Segment Segment Identification (111-AM) = "22"	Value	Payer Usage	Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

3.2.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i>
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	R = Rejected	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 Status Segment Questions	Check	Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i>
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	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement: Will be returned.</i>
55Ø-8F	HELP DESK PHONE NUMBER	8ØØ4751355	RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement: Will be returned.</i>

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