

## PART 3: REVERSAL TRANSACTION

### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name                 | Value  | Req | Comment  |
|---------|----------------------------------|--|-----|--|
| 1Ø1-A1  | BIN Number                       | 004336, 610591<br>610084, 025771<br>020107, 020396<br>025052 | M   | The same value in the request billing  |
| 1Ø2-A2  | Version/Release Number           | DØ   | M   |  |
| 1Ø3-A3  | Transaction Code                 | B2   | M   |  |
| 1Ø4-A4  | Processor Control Number         |  | M   | The same value in the request billing  |
| 1Ø9-A9  | Transaction Count                |  | M   | Up to four billing reversal transactions (B2) per transmission   |
| 2Ø2-B2  | Service Provider ID Qualifier    | Ø1   | M   | Ø1 – NPI   |
| 2Ø1-B1  | Service Provider ID              |  | M   | National Provider ID Number assigned to the dispensing pharmacy. The same value in the request billing   |
| 4Ø1-D1  | Date of Service                  |  | M   | The same value in the request billing – CCYYMMDD   |
| 11Ø-AK  | Software Vendor/Certification ID |  | M   | The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 1Ø bytes and should begin with the letter “D”. |

### Insurance Segment: Situational

| Field # | NCPDP Field Name       | Value | Req | Comment                       |
|---------|------------------------|-------|-----|-------------------------------|
| 111-AM  | Segment Identification | Ø4    | M   | Insurance Segment             |
| 3Ø2-C2  | Cardholder ID          |       | RW  | Required when segment is sent |
| 3Ø1-C1  | Group ID               |       | RW  | Required when segment is sent |

### Claim Segment: Mandatory

| Field # | NCPDP Field Name                                | Value | Req | Comment                          |
|---------|---|-------|-----|----------------------------------|
| 111-AM  | Segment Identification                          | Ø7    | M   | Claim Segment                    |
| 455-EM  | Prescription/Service Reference Number Qualifier | 1     | M   | 1 – Rx Billing                   |
| 4Ø2-D2  | Prescription/Service Reference Number           |       | M   | Same value as in request billing |
| 436-E1  | Product/Service ID Qualifier                    |       | M   | Same value as in request billing |
| 4Ø7-D7  | Product/Service ID                              |       | M   | Same value as in request billing |
| 4Ø3-D3  | Fill Number                                     |       | R   | Same value as in request billing |
| 3Ø8-C8  | Other Coverage Code                             |       | RW  | Same value as in request billing |