

AETNA NCPDP D.Ø CLAIM BILLING (B1) MEDICARE PAYER SHEET

***IMPLEMENTATION GUIDE FOR VERSION D.Ø
VERSION 4.Ø***

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1. NCPDP VERSION D CLAIM BILLING MEDICARE

1.1 REQUEST CLAIM BILLING MEDICARE PAYER SHEET

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

GENERAL INFORMATION

Payer Name: Aetna		Date: October 2012
Plan Name/Group Name: Medicare Part D	BIN: 61Ø5Ø2	PCN: MEDDAET
Plan Name/Group Name: Medicare Advantage Part D	BIN: 61Ø5Ø2	PCN: MEDDAET
Plan Name/Group Name: Medicare Advantage Only (Part B Only)	BIN: 61Ø5Ø2	PCN: PARTBAET
Processor: Aetna Pharmacy Management		
Effective as of: 1/1/2013	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: October 2011	NCPDP External Code List Version Date: October 2011	
Contact/Information Source: NCPDPD.ØQuestions@aetna.com		
Provider Relations Help Desk Info: 8ØØ-238-6279		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
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
NOT USED	NA	The field is not used. Do not submit.	No
OPTIONAL	O	The field is optional.	Yes

Fields that are defined as NOT USED in the D.Ø implementation guide should not be submitted. If a field that is defined as NOT USED is submitted, the transaction will be rejected. Fields that are defined as Optional in the D.Ø Implementation guide are not required for Aetna Processing however if they are submitted they must conform to NCPDP format. All Character fields will be checked for length limitations and the exceeding characters will be truncated. Example: A field can hold 2 Chars. If the value received for the field is 'ABC', the value will be truncated to 2 Chars and send 'AB'.

NOTE: Aetna only supports B1 and B2 Transactions.

CLAIM BILLING TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing 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		

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing Payer Situation
1Ø1-A1	BIN NUMBER	61Ø5Ø2	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	MEDDAET PARTBAET	M	PDP/MAPD = MEDDAET MA Only = PARTBAET
1Ø9-A9	TRANSACTION COUNT	1 1=One Occurrence	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 Ø1 = NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Claim Billing Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
336-8C	FACILITY ID		NA	
3Ø1-C1	GROUP ID		R	The Group number from the member's ID card must be entered exactly as written on the card, excluding dashes and spaces.
3Ø3-C3	PERSON CODE		R	
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	

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

Field	Patient Segment Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Claim Billing Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
334-1C	SMOKER/NON-SMOKER CODE		NA	

Aetna NCPDP D. Ø CLAIM BILLING (B1) MEDICARE Payer Sheet

Patient Segment Segment Identification (111-AM) = "Ø1"				Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
384-4X	PATIENT RESIDENCE	0, 1, 3, 4, 6, 9, 11, 15 0=Not Specified 1=Home 3=Nursing Facility 4=Assisted Living Facility 6= Group Home 9= Intermediate care facilities for the mentally retarded (ICF/MR) and Institutes for mental disease (IMD) 11=Hospice 15=Correctional Institution	R	

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

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing
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	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ, Ø3 ØØ-Not Specified Ø3-National Drug Code (NDC)	M	Use ØØ when Compound Code (4Ø6-D6) = 2 Use Ø3 when Compound Code (4Ø6-D6) = 1
4Ø7-D7	PRODUCT/SERVICE ID		M	Use Ø when Compound Code (4Ø6-D6) = 2
442-E7	QUANTITY DISPENSED		R	Must be greater than zero
4Ø3-D3	FILL NUMBER	Ø - Original dispensing 1 - 99 - Refill number	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1, 2 1 = Not a Compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø - No Product Selection Indicated 1 - Substitution Not Allowed by Prescriber 2 - Substitution Allowed-Patient Requested Product Dispensed 3 - Substitution Allowed-Pharmacist Selected Product Dispensed 4 - Substitution Allowed-Generic Drug Not in Stock 5 - Substitution Allowed-Brand Drug Dispensed as a Generic 6 - Override 7 - Substitution Not Allowed-Brand Drug Mandated by Law 8 - Substitution Allowed-Generic Drug Not Available in Marketplace 9 - Substitution Allowed By Prescriber but Plan Requests Brand	R	When claim is for a Multi-Source Brand the Dispense As Written cannot be Ø. If the DAW submitted is Ø the claim will reject.
414-DE	DATE PRESCRIPTION WRITTEN		R	

Aetna NCPDP D. Ø CLAIM BILLING (B1) MEDICARE Payer Sheet

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
419-DJ	PRESCRIPTION ORIGIN CODE	Ø - 4 Ø - Not Known 1 - Written 2 - Telephone 3 - Electronic 4 - Facsimile	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	1, 2 or 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	3, 4, 5, 7, 8, 13, 19, 21 – 36, 42 3 - Vacation Supply 4 - Lost Prescription 5 - Therapy Change 7 - Medically Necessary 8 - Process Compound For Approved Ingredients 13 - Payer-Recognized Emergency/Disaster Assistance Request 19-Split Billing 21- LTC Dispensing: 14 days or less not applicable 22- LTC Dispensing: 7 days 23- LTC Dispensing: 4 days 24- LTC Dispensing: 3 days 25- LTC Dispensing : 2 days 26- LTC Dispensing: 1 day 27- LTC Dispensing: 4-3 days 28- LTC Dispensing: 2-2-3 days 29- LTC Dispensing: daily and 3-day weekend 30- LTC Dispensing: Per shift dispensing 31-LTC Dispensing: Per med pass dispensing 32- LTC Dispensing: PRN on demand 33- LTC Dispensing: 7 day or less dispensing method not listed above 34- LTC Dispensing: 14 day or less 35- LTC Dispensing: 8-14 day dispensing method not listed above 36- LTC Dispensing: dispensed outside short cycle 42 - Prescriber ID Submitted has been validated, is active	RW	Required when pharmacist approves to process Compound for approved ingredients only or when submitting for LTC Short Cycle Dispensing or when submitting a split billing claim from a LTC or to override rejected claims due to a DUR threshold being met.
46Ø-ET	QUANTITY PRESCRIBED		NA	
3Ø8-C8	OTHER COVERAGE CODE	Ø - Not Specified by patient 1 - No other coverage	R	See COB Payer Sheet for COB values.
418-DI	LEVEL OF SERVICE	3 - Emergency	RW	Required when filling an emergency prescription.
88Ø-K5	TRANSACTION REFERENCE NUMBER		NA	
995-E2	ROUTE OF ADMINISTRATION		O	
996-G1	COMPOUND TYPE		RW	Required when Compound Code (4Ø6-D6) = 2
147-U7	PHARMACY SERVICE TYPE	1 – 8, 99 1=Community//Retail Pharmacy Services	R	

Aetna NCPDP D. Ø CLAIM BILLING (B1) MEDICARE Payer Sheet

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		2=Compounding Pharmacy Services 3=Home Infusion Therapy Provider Services 4=Institutional Pharmacy Services 5=Long Term Care Pharmacy Services 6=Mail Order Pharmacy Services 7=Managed Care Organization Pharmacy Services 8=Specialty Care Pharmacy Services 99=Other		
429-DT	SPECIAL PACKAGING INDICATOR	0 - 8 0- Not Specified 1- Not Unit Dose 2- Manufacturer Unit Does 3- Pharmacy Unit Does 4- Pharmacy Unit Does Patient Compliance Packaging 5- Pharmacy Multi-drug Patient Compliance Packaging 6- Remote device unit does 7- Remote device Multi-drug compliance 8- Manufacturer unit of use packaging	RW	Required for LTC Short Cycle Dispensing

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
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		NA	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Required when for Medicare Part D Vaccine Administration Fee.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Valid values - Ø, 1, 2, 3	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. Required when Other Amount Claimed Submitted Qualifier and Other Amount Claimed Submitted Amount are used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Valid values - Ø1 to Ø4, 99 (Blank is not allowed) Ø1 - Delivery Cost Ø2 - Shipping Cost Ø3 - Postage Cost Ø4 - Administrative Cost 99 - Other	RW	Required if Other Amount Claimed Submitted (48Ø-H9) is used. Required when Other Amount Claimed Submitted Count and Other Amount Claimed Submitted Amount are used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Amount Due (43Ø-DU) calculation. Required when Other Amount Claimed Submitted Count and Other Amount Claimed Submitted Qualifier are used.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Required when Percentage Sales Tax Rate Submitted and Percentage Sales Tax Basis Submitted are used. Required when percentage sales tax applies to the claim for states with sales tax. Note: This currently applies to the following states: IL, and LA (for non-Part D drugs)
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when Percentage Sales Tax Rate Submitted and Percentage Sales Tax Basis Submitted are used.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Ø2, Ø3 Ø2 - Ingredient Cost Ø3 - Ingredient Cost + Dispensing Fee	RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	Value in this field must balance with all submitted amount fields.
423-DN	BASIS OF COST DETERMINATION	Ø1 - 13 Ø1 - AWP (Average Wholesale Price) Ø2 - Local Wholesaler Ø3 - Direct Ø4 - EAC (Estimated Acquisition Cost) Ø5 - Acquisition Ø6 - MAC (Maximum Allowable Cost) Ø7 - Usual & Customary Ø8 - 34ØB / Disproportionate Share Pricing/Public Health Service Ø9 - Other 1Ø - ASP (Average Sales Price) 11 - AMP (Average Manufacturer Price) 12 - WAC (Wholesale Acquisition Cost) 13 - Special Patient Pricing – The cost calculated by the pharmacy for the drug for this special patient.	R	

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

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 Ø1=National Provider Identifier (NPI)	R	
411-DB	PRESCRIBER ID		R	
467-1E	PRESCRIBER LOCATION CODE		NA	

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

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R	Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW	Required when used for DUR conflict resolution (drug/drug interactions or therapeutic duplication)
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Required when used for DUR conflict resolution Use value 'MA' when billing for Medicare Part D Vaccine Administration Fee.
441-E6	RESULT OF SERVICE CODE		RW	Required when used for DUR conflict resolution
474-8E	DUR/PPS LEVEL OF EFFORT	Ø, 11 - 15 Ø - Not Specified 11 - Level 1 (Lowest) 12 - Level 2 13 - Level 3 14 - Level 4 15 - Level 5 (Highest)	RW	Required when Compound Code (4Ø6-D6) = 2

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

	Coupon Segment Segment Identification (111-AM) = "Ø9"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
485-KE	COUPON TYPE		M	
486-ME	COUPON NUMBER		M	

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

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing
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Aetna NCPDP D. Ø CLAIM BILLING (B1) MEDICARE Payer Sheet

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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		M	
448-ED	COMPOUND INGREDIENT QUANTITY	Must be greater than zero.	M	
449-EE	COMPOUND INGREDIENT DRUG COST	Must be greater than zero.	R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	01 - 13 Ø1 - AWP (Average Wholesale Price) Ø2 - Local Wholesaler Ø3 - Direct Ø4 - EAC (Estimated Acquisition Cost) Ø5 - Acquisition Ø6 - MAC (Maximum Allowable Cost) Ø7 - Usual & Customary Ø8 - 34ØB /Disproportionate Share Pricing/Public Health Service Ø9 - Other 1Ø - ASP (Average Sales Price) 11 - AMP (Average Manufacturer Price) 12 - WAC (Wholesale Acquisition Cost) 13 - Special Patient Pricing – The cost calculated by the pharmacy for the drug for this special patient.	R	

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

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT		R	
492-WE	DIAGNOSIS CODE QUALIFIER		R	
424-DO	DIAGNOSIS CODE		O	
493-XE	CLINICAL INFORMATION COUNTER		O	
494-ZE	MEASUREMENT DATE		O	
495-H1	MEASUREMENT TIME		O	
496-H2	MEASUREMENT DIMENSION		O	
497-H3	MEASUREMENT UNIT		O	
499-H4	MEASUREMENT VALUE		O	

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

1.2 RESPONSE CLAIM BILLING MEDICARE PAYER SHEET

1.2.1 CLAIM BILLING MEDICARE ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

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

GENERAL INFORMATION

Payer Name: Aetna	Date: July 2012	
Plan Name/Group Name: Medicare Part D	BIN: 610502	PCN: MEDDAET
Plan Name/Group Name: Medicare Advantage Part D	BIN: 610502	PCN: MEDDAET
Plan Name/Group Name: Medicare Advantage Only (Part B Only)	BIN: 610502	PCN: PARTBAET

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.Ø*.

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	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing– Accepted/Paid (or Duplicate of Paid) <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/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>If transmission level messaging applies.</i>

Field #	Response Message Segment Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Claim Billing– Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
504-F4	MESSAGE		O	

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

Field #	Response Insurance Segment Segment Identification (111-AM) = "25"	Value	Payer Usage	Claim Billing– Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
301-C1	GROUP ID		R	
524-FO	PLAN ID		O	Will send back if available

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	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing– Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
568-J7	PAYER ID QUALIFIER	Ø3 Ø3 = Bank Identification Number (BIN)	R	
569-J8	PAYER ID	61Ø5Ø2	R	
3Ø2-C2	CARDHOLDER ID		O	Will Send back the ID that is used in Adjudication, only if different than what was submitted on request.

Response Patient Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	When the submitted Patient First Name and/or Last Name are different than what is on the member record.

	Response Patient Segment Segment Identification (111-AM) = "29"			Claim Billing– Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
3Ø4-C4	DATE OF BIRTH		R	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing– Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3	R	
55Ø-8F	HELP DESK PHONE NUMBER	8ØØ2386279	R	

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

Field #	Response Claim Segment Identification (111-AM) = "22"	Value	Payer Usage	Claim Billing– Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

Field #	Response Pricing Segment Identification (111-AM) = "23"	Value	Payer Usage	Claim Billing– Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		R	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID		RW	Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	<i>Returned if known or if applicable.</i>
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	<i>Returned if known or if applicable.</i>
514-FE	REMAINING BENEFIT AMOUNT		RW	<i>Returned if known or if applicable.</i>
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<i>Returned if known and impacts Patient Pay</i>
518-FI	AMOUNT OF COPAY		RW	<i>Returned if known and impacts Patient Pay</i>

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing– Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	Returned if known and impacts Patient Pay.
572-4U	AMOUNT OF COINSURANCE		RW	Returned if known and impacts Patient Pay.
392-MU	BENEFIT STAGE COUNT		RW	Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		RW	Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT		RW	Required when financial amounts are applied to Medicare Part D beneficiary benefit stages.
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	Returned if known and impacts Patient Pay.
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Returned if known and impacts Patient Pay.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	Returned if known and impacts Patient Pay.

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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing– Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL		RW	Required if needed to supply additional information for the utilization conflict.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict.
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict.

1.2.2 CLAIM BILLING MEDICARE ACCEPTED/REJECTED RESPONSE

CLAIM BILLING MEDICARE ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing Accepted/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 Billing Accepted/Rejected Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-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 Billing Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	If transmission level messaging applies.

Field #	Response Message Segment Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
5Ø4-F4	MESSAGE		O	

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

Field #	Response Insurance Segment Segment Identification (111-AM) = "25"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
3Ø1-C1	GROUP ID		R	
524-FO	PLAN ID		O	Will send back if available
568-J7	PAYER ID QUALIFIER	Ø3 Ø3 = Bank Identification Number (BIN)	R	
569-J8	PAYER ID	61Ø5Ø2	R	
3Ø2-C2	CARDHOLDER ID		O	Will Send back the ID that is used in Adjudication, only if different than what was submitted on request.

Response Patient Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	When the submitted Patient First Name and/or Last Name are different than is on the member record.

Field #	Response Patient Segment Segment Identification (111-AM) = "29"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
3Ø4-C4	DATE OF BIRTH		R	

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	M	
511-FB	REJECT CODE		M	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3	R	
55Ø-8F	HELP DESK PHONE NUMBER	8ØØ2386279	R	

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

Field #	Response Claim Segment Segment Identification (111-AM) = "22"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	If DUR information applies.

Field #	Response DUR/PPS Segment Segment Identification (111-AM) = "24"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences .	RW	Imp Guide: Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing Accepted/Rejected
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict
530-FU	PREVIOUS DATE OF FILL		RW	Required if needed to supply additional information for the utilization conflict
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict
570-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict

1.2.3 CLAIM BILLING MEDICARE REJECTED/REJECTED RESPONSE

CLAIM BILLING MEDICARE REJECTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing Rejected/Rejected Payer Situation
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 Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	If transmission level messaging applies.

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

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing 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.	M	
511-FB	REJECT CODE		M	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.

Aetna NCPDP D. Ø CLAIM BILLING (B1) MEDICARE Payer Sheet

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Required if Additional Message Information (526-FQ) is used
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> 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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3	R	
55Ø-8F	HELP DESK PHONE NUMBER	8ØØ2386279	R	

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

2. FREQUENTLY ASKED QUESTIONS

3. APPENDIX A. HISTORY OF IMPLEMENTATION GUIDE CHANGES

3.1 VERSION 1.Ø

July 2011 - Initial Creation of Aetna NCPDP D.Ø Claim Billing (B1) Medicare Payer Sheet.

3.2 VERSION 2.Ø

June 2012 - Modified ECL version to October 2011 from March 2010. Modified NCPDP Data Dictionary Version Date to October 2011 from March 2010.

3.3 VERSION 3.Ø

September 2012 - Modified 466-EZ PRESCRIBER ID QUALIFIER valid values to remove values: DEA (12), and State License (08). Note: Prescriber ID Qualifier field change is effective 1/1/2013. Added new value of 9 - Intermediate care facilities for the mentally retarded (ICF/MR) and Institutes for mental disease (IMD) to 384-4X PATIENT RESIDENCE. Updated 354-NX SUBMISSION CLARIFICATION CODE COUNT and 42Ø-DK SUBMISSION CLARIFICATION CODE to be required when submitting for LTC Short Cycle Dispensing or to override rejected claims due to a DUR threshold being met. Added 429-DT SPECIAL PACKAGING INDICATOR in the Claim Segment to be required when submitting for LTC Short Cycle Dispensing. Added valid values to 42Ø-DK SUBMISSION CLARIFICATION CODE and 429-DT SPECIAL PACKAGING INDICATOR. Updated 384-4X PATIENT RESIDENCE to be a required field and added valid values. Updated 147-U7 PHARMACY SERVICE TYPE to be a required field.

3.4 VERSION 4.Ø

October 2012 - Updated 384-4X Patient Residence description of value 9 to state Intermediate care facilities for the mentally retarded (ICF/MR) and Institutes for mental disease (IMD). Updated 42Ø-DK SUBMISSION CLARIFICATION CODE to add "or when submitting a split billing claim from a LTC" Added value 19 – Split Billing to 42Ø-DK SUBMISSION CLARIFICATION CODE.