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## HIGHLIGHTS – Updates, Changes & Reminders

This payer sheet refers to Commercial Other Payer Patient Responsibility (OPPR) Billing. Refer to [www.Aetna.com](http://www.Aetna.com) under the Health Care Professionals link for additional payer sheets.

To prevent point of service disruption, the RxGroup must be submitted on all claims and reversals.

The following is a summary of our new requirements. The items highlighted in the payer sheet illustrate the updated processing rules.

- Updated ECL Version to Oct 2018
- Updated Emergency ECL Version to Jan 2019





















## PART 3: REVERSAL TRANSACTION

### Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	013089, 610468 006144, 004245 610449, 610474 603604, 007093 610473, 601475 012189, 013303 014046, 610130 610477, 610239	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



## PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE

### Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
103-A3	Transaction Code		M	Same value as in request billing – B1
109-A9	Transaction Count		M	1-4 occurrences supported for B1 transaction
501-F1	Header Response Status	A	M	
202-B2	Service Provider ID Qualifier		M	Same value as in request billing
201-B1	Service Provider ID		M	Same value as in request billing
401-D1	Date of Service		M	Same value as in request billing – CCYYMMDD

### Response Message Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
504-F4	Message		RW	Required when text is needed for clarification or detail

### Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
301-C1	Group ID		RW	This field may contain the Group ID echoed from the request

### Response Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Response Insurance Segment
310-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
304-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD













## PART 5: REJECT RESPONSE

### Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
103-A3	Transaction Code		M	Billing Transaction Same value as in request billing B1
109-A9	Transaction Count		M	Same value as in request billing
501-F1	Header Response Status	A	M	
202-B2	Service Provider ID Qualifier		M	Same value as in request billing
201-B1	Service Provider ID		M	Same value as in request billing
401-D1	Date of Service		M	Same value as in request billing – CCYYMMDD

### Response Message Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
504-F4	Message		R	

### Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
301-C1	Group ID		R	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available

### Response Patient Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Response Patient Segment
310-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
304-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD









## APPENDIX A: BIN / PCN COMBINATIONS

- **BIN and PCN Values**

Other PCNs may be required as communicated or printed on card.

BIN	Processor Control Number
610502	00670000

## APPENDIX B: COORDINATION OF BENEFITS (COB)

- **Commercial COB**

Submission Requirements for Commercial OPPR Billing (Other Payer Patient Responsibility)

Claim Order	BIN	Processor Control Number (PCN)	Comments	Other Coverage Code
Primary	610502	00670000		
Secondary	610502	00670000	OPPR Billing	Ø3, Ø8

## APPENDIX C: COMPOUND BILLING

- **Route of Administration Transition**

This appendix was added to assist in transition from the NCPDP code values formerly found in Compound Route of Administration (452-EH) in the Compound Segment to the Route of Administration (995-E2) in the Claim Segment, which only uses Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) available at <http://www.snomed.org/>.

High level SNOMED Value	High Level Description of Route of Administration (995-E2)
112239003	by inhalation
47056001	by irrigation
372454008	gastroenteral route
421503006	hemodialysis route
424494006	infusion route
424109004	injection route
78421000	intramuscular route
72607000	intrathecal route
47625008	intravenous route
46713006	nasal route
54485002	ophthalmic route
26643006	oral route
372473007	oromucosal route
10547007	otic route
37161004	per rectum route
16857009	per vagina
421032001	peritoneal dialysis route
34206005	subcutaneous route
37839007	sublingual route
6064005	topical route
45890007	transdermal route
372449004	dental route
58100008	intra-arterial route
404817000	intravenous piggyback route
404816009	intravenous push route