Aetna
Payer Sheet

Commercial
Other Payer Patient Responsibility

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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 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**

- **Required fields needed for Sales Tax on Mail and Specialty**

- **Updated Patient Zip Code Comments**

- **Added field 46Ø-ET Quantity Prescribed (Effective/Accepted 09/21/2020)**

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PART 1: GENERAL INFORMATION

Payer/Processor Name: Aetna®

Plan Name/Group Name: All

Effective as of: September 2Ø2Ø

Payer Sheet Version: 1.5.7

NCPDP Version/Release #: D.Ø

NCPDP ECL Version: **Oct 2Ø18**

NCPDP Emergency ECL Version: **Jan 2Ø19**

- **Pharmacy Help Desk Information**

Inquiries can be directed to the Interactive Voice Response (IVR) system or the Pharmacy Help Desk. (24 hours a day)

The Pharmacy Help Desk numbers are provided below:

Aetna System	BIN	Help Desk Number
Aetna	610502	1-8ØØ-238-6279

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PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following table lists the segments available in a Billing Transaction. Pharmacies are required to submit upper case values on B1/B2 transactions. The table also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

> M – Mandatory as defined by NCPDP
> R – Required as defined by the Processor
> RW – Situational as defined by Plan

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	610502	M	
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code	B1	M	Billing Transaction
1Ø4-A4	Processor Control Number		M	Use value as printed on ID card, as communicated by CVS Aetna®, or as stated in Appendix A
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
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
4Ø1-D1	Date of Service		M	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".

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Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		R	As printed on the ID card or as communicated
3Ø3-C3	Person Code		R	As printed on the ID card or as communicated
3Ø6-C6	Patient Relationship Code		R	

Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth		R	CCYYMMDD
3Ø5-C5	Patient Gender Code		R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		RW	Required for some federal programs or when submitting Tax
323-CN	Patient City Address		RW	Required for some federal programs or when submitting Tax
324-CO	Patient State/Province Address		RW	Required for some federal programs or when submitting Tax
325-CP	Patient Zip/Postal Zone		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
335-2C	Pregnancy Indicator		RW	Required for some federal programs
384-4X	Patient Residence		RW	Required when necessary for plan benefit administration

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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	Rx Number
436-E1	Product/Service ID Qualifier	Ø3	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (ØØ)
4Ø7-D7	Product/Service ID		M	If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero (Ø)
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1 or 2	R	1 – Not a Compound 2 – Compound
4Ø8-D8	DAW / Product Selection Code		R	
414-DE	Date Prescription Written		R	CCYYMMDD
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code		RW	Required when necessary for plan benefit administration
354-NX	Submission Clarification Code Count	Max of 3	RW	Required when Submission Clarification Code (42Ø-DK) is used
42Ø-DK	Submission Clarification Code		RW	Required for specific overrides or when requested by processor
46Ø-ET	Quantity Prescribed		RW	**Effective 09/21/2020** **Accepted 09/21/2020** Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.
3Ø8-C8	Other Coverage Code		R	**Required for Coordination of Benefits** Ø3 – Other coverage billed, claim not covered Ø8 – Claim is billing for patient financial responsibility only
418-DI	Level of Service		RW	Required for specific overrides or when requested by processor
454-EK	Scheduled Prescription ID Number		RW	Required when requested by processor
461-EU	Prior Authorization Type Code		RW	Required for specific overrides or when requested by processor
462-EV	Prior Authorization Number Submitted		RW	Required for specific overrides or when requested by processor

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Claim Segment: Mandatory (Cont.)

Field #	NCPDP Field Name	Value	Req	Comment
995-E2	Route of Administration		RW	Required when Compound Code – 2
996-G1	Compound Type		RW	Required when Compound Code – 2
147-U7	Pharmacy Service Type		RW	**Required when necessary for plan benefit administration or when Mail Order / Specialty is submitting sales tax**

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
438-E3	Incentive Amount Submitted		RW	Required when requested by processor
481-HA	Flat Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	

Pharmacy Provider Segment: Situational
Required when needed by plan for Workers Compensation reporting

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	Ø2	R	Ø2 – State License Number
444-E9	Provider ID		R	Pharmacist State License Number (must be the number of the pharmacist dispensing the medication)

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Prescriber Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	**Ø1 – NPI (Required)** 12 – DEA (Required when permitted by Federal and State laws) Ø8 – State License (Required when requested by plan, and permitted by Federal and State laws)
411-DB	Prescriber ID		R	
367-2N	Prescriber State/Province Address		R	

Coordination of Benefits: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø5	M	Coordination of Benefits Segment
337-4C	Coordination of Benefits/Other Payments Count	Max of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		R	
34Ø-7C	Other Payer ID		R	Required for identification of the Other Payer when necessary for claim/encounter adjudication
443-E8	Other Payer Date		R	Required for identification of the Other Payer Date when necessary for claim/encounter adjudication – CCYYMMDD
471-5E	Other Payer Reject Count	Max of 5	RW	Required when Other Payer Reject Code (472-6E) is used
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) – 3
353-NR	Other Payer-Patient Responsibility Amount Count	Max of 25	RW	Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used
351-NP	Other Patient-Payer Responsibility Amount Qualifier		RW	Required when Other Payer-Patient Responsibility Amount (352-NQ) is used
352-NQ	Other Payer-Patient Responsibility Amount		RW	Required when necessary for patient financial responsibility only

DUR/PPS Segment: Situational
Required when DUR/PPS codes are submitted

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	Max of 9	R	
439-E4	Reason for Service Code		RW	Required when billing for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, Professional Service Code (44Ø-E5) must also be transmitted
44Ø-E5	Professional Service Code		RW	Value of MA required for Primary and Secondary Medicare Part D Vaccine Administration billing transactions. MA value must be in first occurrence of DUR/PPS segment
441-E6	Result of Service Code		RW	Submitted when requested by processor
474-8E	DUR/PPS Level of Effort		RW	Required when submitting compound claims

Compound Segment: Situational
Required when Multi Ingredient Compound is submitted

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count		M	Maximum count of 25 ingredients
488-RE	Compound Product ID Qualifier		M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		R	Required when requested by processor
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	Required when requested by processor
362-2G	Compound Ingredient Modifier Code Count	Max of 1Ø	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	Compound Ingredient Modifier Code		RW	Required when necessary for state/federal/regulatory agency programs

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Clinical Segment: Situational
Required when requested by plan

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	Max of 5	R	
492-WE	Diagnosis Code Qualifier	Ø2	R	Ø2 – International Classification of Diseases (ICD10)
424-DO	Diagnosis Code		R	

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
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

PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code		M	Same value as in request billing – B1
1Ø9-A9	Transaction Count		M	1-4 occurrences supported for B1 transaction
5Ø1-F1	Header Response Status	A	M	
2Ø2-B2	Service Provider ID Qualifier		M	Same value as in request billing
2Ø1-B1	Service Provider ID		M	Same value as in request billing
4Ø1-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
5Ø4-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
3Ø1-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
31Ø-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
3Ø4-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

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Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	P – Paid D – Duplicate of Paid
5Ø3-F3	Authorization Number		RW	Required when needed to identify the transaction
13Ø-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when 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 when 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		RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number

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Response Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	23	M	Response Pricing Segment
5Ø5-F5	Patient Pay Amount		R	This data element will be returned on all paid claims
5Ø6-F6	Ingredient Cost Paid		R	This data element will be returned on all paid claims
5Ø7-F7	Dispensing Fee Paid		RW	This data element will be returned on all paid claims
557-AV	Tax Exempt Indicator		RW	Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing
558-AW	Flat Sales Tax Amount Paid		RW	Required when Flat Sales Tax Amount Submitted (48Ø-HA) is greater than zero (Ø) or if the Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement
559-AX	Percentage Sales Tax Amount Paid		RW	Tax dollar amount paid to pharmacy
56Ø-AY	Percentage Sales Tax Rate Paid		RW	Rate used to calculate Percentage Sales Amount Paid
561-AZ	Percentage Sales Tax Basis Paid		RW	Code indicating basis of dollars used in calculating tax in the final paid claim
521-FL	Incentive Amount Paid		RW	Required when Incentive Amount Submitted (438-E3) is greater than zero
563-J2	Other Amount Paid Count	Max of 3	RW	Required when Other Amount Paid (565-J4) is used
564-J3	Other Amount Paid Qualifier		RW	Required when Other Amount Paid (565-J4) is used
565-J4	Other Amount Paid		RW	Required when Other Amount Claimed Submitted (48Ø-H9) is greater than zero
566-J5	Other Payer Amount Recognized		RW	Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø)
5Ø9-F9	Total Amount Paid		R	
522-FM	Basis of Reimbursement Determination		RW	Required when Ingredient Cost Paid (5Ø6-F6) is greater than zero
523-FN	Amount Attributed to Sales Tax		RW	Required when Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount
512-FC	Accumulated Deductible Amount		RW	Returned if known
513-FD	Remaining Deductible Amount		RW	Returned if known
514-FE	Remaining Benefit Amount		RW	Returned if known
517-FH	Amount Applied to Periodic Deductible		RW	Required when Patient Pay Amount (5Ø5-F5) includes deductible

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Response Pricing Segment: Mandatory (Cont.)

Field #	NCPDP Field Name	Value	Req	Comment
518-FI	Amount of Copay		RW	Required when Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility
52Ø-FK	Amount Exceeding Periodic Benefit Maximum		RW	Required when Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum
572-4U	Amount of Coinsurance		RW	Required when Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility

Response DUR/PPS Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter		RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when needed to supply additional information for the utilization conflict
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when needed to supply additional information for the utilization conflict

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Response Coordination of Benefits Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	M	Response Coordination of Benefits Segment
355-NT	Other Payer ID Count	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other Payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other Payer Person Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required when needed to provide a support telephone number of the other payer to the receiver
143-UW	Other Payer Patient Relationship Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer

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PART 5: REJECT RESPONSE

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code		M	Billing Transaction Same value as in request billing B1
1Ø9-A9	Transaction Count		M	Same value as in request billing
5Ø1-F1	Header Response Status	A	M	
2Ø2-B2	Service Provider ID Qualifier		M	Same value as in request billing
2Ø1-B1	Service Provider ID		M	Same value as in request billing
4Ø1-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
5Ø4-F4	Message		R	

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
3Ø1-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
31Ø-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
3Ø4-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

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Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	R – Reject
51Ø-FA	Reject Count	Max of 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required when a repeating field is in error, to identify repeating field occurrence
13Ø-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when 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 when 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		RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number

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Response DUR/PPS Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter	Max of 9	RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when Previous Date of Fill (53Ø-FU) is used
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when Reason for Service Code (439-E4) is used

Response Prior Authorization Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	26	M	Response Prior Authorization Segment
498-PY	Prior Authorization Number – Assigned		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim

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Response Coordination of Benefits Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	M	Response Coordination of Benefits Segment
355-NT	Other Payer ID Count	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other Payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other Payer Person Code		RW	Required when known
127-UB	Other Payer Help Desk Phone Number		RW	Required when known
143-UW	Other Payer Patient Relationship Code		RW	Required when known

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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

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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

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