

# **AETNA NCPDP D.Ø CLAIM REVERSAL (B2) PAYER SHEET**

***IMPLEMENTATION GUIDE FOR VERSION D.Ø  
VERSION 1.Ø***

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# 1. NCPDP VERSION D CLAIM REVERSAL

## 1.1 REQUEST CLAIM REVERSAL PAYER SHEET

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

### GENERAL INFORMATION

Payer Name: Aetna	Date: July 2Ø11	
Plan Name/Group Name: All Commercial	BIN: 61Ø5Ø2	PCN: 00670000
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

### FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	<b>NA</b>	The Field is not used for the Segment in the designated Transaction.	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	18Ø days

**NOTE: Aetna only supports B1 and B2 Transactions.**

### CLAIM REVERSAL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Reversal 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 Reversal Payer Situation
1Ø1-A1	BIN NUMBER	61Ø5Ø2	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	00670000	M	
1Ø9-A9	TRANSACTION COUNT	1-4  1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M	If COMPOUND CODE (4Ø6-D6) = 2, TRANSACTION COUNT (1Ø9-A9) must = 1.  If Medicare then TRANSACTION COUNT (1Ø9-A9) must = 1.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1  Ø1 = NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	

**Aetna NCPDP D.Ø Claim Reversal (B2) Payer Sheet**

Transaction Header Segment			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment Questions	Check	Claim Reversal If Situational, Payer Situation
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		M	
312-CC	CARDHOLDER FIRST NAME		NA	
313-CD	CARDHOLDER LAST NAME		NA	
314-CE	HOME PLAN		NA	
524-FO	PLAN ID		NA	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		NA	
3Ø3-C3	PERSON CODE		NA	
3Ø6-C6	PATIENT RELATIONSHIP CODE		NA	
99Ø-MG	OTHER PAYER BIN NUMBER		NA	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		NA	
356-NU	OTHER PAYER CARDHOLDER ID		NA	
992-MJ	OTHER PAYER GROUP ID		NA	
36Ø-2B	MEDICAID INDICATOR		NA	
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		NA	
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		NA	
115-N5	MEDICAID ID NUMBER		NA	
116-N6	MEDICAID AGENCY NUMBER		NA	

Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
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	
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
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		NA	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		NA	
458-SE	PROCEDURE MODIFIER CODE COUNT		NA	
459-ER	PROCEDURE MODIFIER CODE		NA	
442-E7	QUANTITY DISPENSED		NA	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		NA	
4Ø6-D6	COMPOUND CODE		NA	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		NA	

**Aetna NCPDP D.Ø Claim Reversal (B2) Payer Sheet**

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
414-DE	DATE PRESCRIPTION WRITTEN		NA	
415-DF	NUMBER OF REFILLS AUTHORIZED		NA	
419-DJ	PRESCRIPTION ORIGIN CODE		NA	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		NA	
42Ø-DK	SUBMISSION CLARIFICATION CODE		NA	
46Ø-ET	QUANTITY PRESCRIBED		NA	
3Ø8-C8	OTHER COVERAGE CODE		R	
429-DT	SPECIAL PACKAGING INDICATOR		NA	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		NA	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		NA	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		NA	
33Ø-CW	ALTERNATE ID		NA	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		NA	
6ØØ-28	UNIT OF MEASURE		NA	
418-DI	LEVEL OF SERVICE		NA	
461-EU	PRIOR AUTHORIZATION TYPE CODE		NA	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		NA	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		NA	
464-EX	INTERMEDIARY AUTHORIZATION ID		NA	
343-HD	DISPENSING STATUS		NA	
344-HF	QUANTITY INTENDED TO BE DISPENSED		NA	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		NA	
357-NV	DELAY REASON CODE		NA	
88Ø-K5	TRANSACTION REFERENCE NUMBER		NA	
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		NA	
995-E2	ROUTE OF ADMINISTRATION		NA	
996-G1	COMPOUND TYPE		NA	
114-N4	MEDICAID SUBROGATION INTERNAL CONTROL NUMBER/TRANSACTION CONTROL NUMBER (ICN/TCN)		NA	

The following Segments are Not Used in the Claim Reversal (B2) Transaction

- Pricing
- Prescriber
- Coordination of Benefits/Other Payments
- DUR/PPS
- Coupon
- Compound

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

## 1.2 RESPONSE CLAIM REVERSAL PAYER SHEET

### 1.2.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

#### GENERAL INFORMATION

Payer Name: Aetna	Date: July 2Ø11	
Plan Name/Group Name: All Commercial	BIN: 61Ø5Ø2	PCN: 00670000
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

#### 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 If Situational, Payer Situation
This Segment is always sent	X	

Field #	Response Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved 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	
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 Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

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

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved S = Duplicate of Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9	RW	
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.

Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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 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 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

## 1.2.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

### CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

Response Transaction Header Segment				Claim Reversal – Accepted/Rejected
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	
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 Reversal - Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		

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

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

Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Rejected
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Field #	NCPDP Field Name	Value	Payer Usage	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 Reversal - Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Rejected Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

### 1.2.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

#### CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Reversal – Rejected/Rejected 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	R = Rejected	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 Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		

**Aetna NCPDP D.Ø Claim Reversal (B2) Payer Sheet**

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

Response Status Segment Questions	Check	Claim Reversal - Rejected/Rejected If Situational, Payer Situation
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	
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	

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

## **2. FREQUENTLY ASKED QUESTIONS**

## **3. APPENDIX A. HISTORY OF IMPLEMENTATION GUIDE CHANGES**

### **3.1 VERSION 1.Ø**

Initial Creation of Aetna NCPDP D.Ø Claim Reversal (B2) Payer Sheet.