



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

## Table of Contents

---

General Information.....	2
Claim Billing/Claim Rebill Transaction.....	3
Revision History.....	15



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Note: This Payer Sheet applies only to those MedImpact clients, pharmacies, and claims associated with legacy Elixir clients<sup>1</sup>.

## General Information

Payer Name	MedImpact Healthcare Systems, Inc. Medicare Part D	
Publication Date	March 25, 2025	
BIN(s)	<b>Plan/Group Name</b>	<b>BIN</b>
	Elixir	012312
	Medical Card Systems (MCS)	012312
PCN(s)	<b>Plan/Group Name</b>	<b>PCN</b>
	Elixir	PARTD
	Medical Card Systems (MCS)	PARTD
Processor	MedImpact Healthcare Systems, Inc.	
Effective as of	January 1, 2025	
NCPDP Telecommunication Standard Version	D.Ø	
NCPDP Data Dictionary Version Date	July 2007	
NCPDP External Code List Version Date	January 2023	
Contact/Information Source	<a href="http://www.medimpact.com">www.medimpact.com</a>	
Pharmacy Help Desk Phone Numbers:	MedImpact: 1-800-361-4542 MCS: 1-844-633-1064	
Other Versions Supported	Only D.Ø	

---

<sup>1</sup> Certain assets of Elixir Rx Solutions, LLC ("Elixir") were acquired by and assigned to MedImpact Healthcare Systems, Inc. ("MedImpact"), including certain Elixir client and pharmacy contracts, claims adjudication platforms and processes. MedImpact did not acquire the Elixir entity itself. To ensure the continued seamless processing of legacy Elixir claims by MedImpact, please utilize this Payer Sheet until further notice.



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.0

## Claim Billing/Claim Rebill Transaction

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	012312	M	
102-A2	VERSION / RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	PARTD	M	Required for Medicare Part D claims
109-A9	TRANSACTION COUNT	1	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01=NPI	M	
201-B1	SERVICE PROVIDER ID	NPI	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR / CERTIFICATION ID		M	Must be populated but not used for validation



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Insurance Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent	X	

Insurance Segment (111-AM = "Ø4")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
3Ø1-C1	GROUP ID		R	Always required for Medicare Part D
3Ø3-C3	PERSON CODE	01 = Cardholder	R	Always 01 for Medicare Part D

Patient Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent	X	
This Segment is situational		

Patient Segment Segment Identification (111-AM) = "01"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	1 = Male, 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	
323-CN	PATIENT CITY ADDRESS		R	
324-CO	PATIENT STATE/PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
384-4X	PATIENT RESIDENCE	See NCPDP ECL	R	Must be submitted, used for LTC determination



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Claim Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent		
This payer supports partial fills	X	
This payer does not support partial fills		



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.0

Claim Segment (111-AM = "07")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing)
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT / SERVICE ID QUALIFIER		M	
407-D7	PRODUCT / SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction in a partial fill [Dispensing Status (343-HD) = "C" (Completed)]  Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed))  Required if Associated Prescription/Service Reference Number (456-EN) is used  Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE		R	



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Required if necessary for plan benefit administration
419-DJ	PRESCRIPTION ORIGIN CODE	1 – Written, 2 – Telephone, 3 – Electronic, 4 – Facsimile, 5 – Pharmacy	R	Required for Medicare Part D claims
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	8 – Process Compound for Approved Ingredients  13 – Payer-Recognized Emergency/Disaster Assistance Request  For LTC the following values are used alone or in combination per CMS Short Cycle Requirements: 14 – 19 and 21 – 36	RW	Required for LTC billing and Other Scenarios as needed
46Ø-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide:</i> <sup>2</sup> Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.Ø Editorial Document).

---

<sup>2</sup> Clarifications that affect the Telecommunication Standard Implementation Guide Version D.0 are cited in the *Telecommunication Version D and Above Questions, Answers and Editorial Updates*.



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

3Ø8-C8	OTHER COVERAGE CODE	0 – Not Specified by Patient 1 – No Other Coverage 2 – Other Coverage Exists – Payment Indicated 3 – Other Coverage Billed – Claim Rejected 4 – Other Coverage Exists – No Payment Indicated	R	Always required
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required for LTC billing and unbreakable packages
6ØØ-28	UNIT OF MEASURE		R	Required
343-HD	DISPENSING STATUS		RW	Required for the partial fill or the completion fill of a prescription
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription
995-E2	ROUTE OF ADMINISTRATION		RW	Required for Compounds
147-U7	PHARMACY SERVICE TYPE		RW	Required for LTC billing





# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Pricing Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent	X	

Pricing Segment (111-AM = "11")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	Required if its value affects the Gross Amount Due (430-DU) calculation
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required for Vaccines
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value affects the Gross Amount Due (430-DU) calculation
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if sales tax applies
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)
426-DQ	USUAL AND CUSTOMARY		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent		
This Segment is situational	X	

Pharmacy Provider Segment (111-AM) = "02"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER		RW	Required if Provider ID (444-E9) is used
444-E9	PROVIDER ID		RW	Required if necessary to identify the individual responsible for dispensing of the prescription

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment (111-AM = "Ø3")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider Identifier (NPI)	R	
411-DB	PRESCRIBER ID	NPI	R	
427-DR	PRESCRIBER LAST NAME		R	
498-PM	PRESCRIBER PHONE NUMBER		O	
364-2J	PRESCRIBER FIRST NAME		R	
365-2K	PRESCRIBER STREET ADDRESS		O	
366-2M	PRESCRIBER CITY ADDRESS		O	
367-2N	PRESCRIBER STATE / PROVINCE ADDRESS		R	
368-2P	PRESCRIBER ZIP / POSTAL ZONE		O	



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc. claims
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

If the payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The payer must choose the appropriate scenario method with the segment chart and delete the other scenario methods with their segment charts. See section Coordination of Benefits (COB) Processing for more information.



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Coordination of Benefits/Other Payments Segment (OPAP) (111-AM = "Ø5")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		R	
34Ø-7C	OTHER PAYER ID		R	
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT		RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required if Other Payer Amount Paid (431-DV) is used
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing. (i.e., previous payer returned a paid response with an amount ≥ \$0)
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	Required if 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



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent		
This Segment is situational	X	Required to submit DUR information to override DUR rejection

DUR/PPS Segment (111-AM = "Ø8")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS CODE COUNTER	Maximum count of 9	R	
439-E4	REASON FOR SERVICE CODE		R	
44Ø-E5	PROFESSIONAL SERVICE CODE		R	
441-E6	RESULT OF SERVICE CODE		R	
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required if needed for compound dispensing



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

Compound Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent		
This Segment is situational	X	Required for multi-ingredient compound claims

Compound Segment (111-AM = "1Ø")				
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		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

Clinical Segment Questions	Check	Claim Billing/Claim Rebill (If Situational, <i>Payer Situation</i> )
This Segment is always sent		
This Segment is situational	X	Required if coverage is based on Diagnosis

Clinical Segment (111-AM = "13")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	
492-WE	DIAGNOSIS CODE QUALIFIER	02 = ICD-10	RW	
424-DO	DIAGNOSIS CODE	ICD-10	RW	Required if needed for coverage determination



# MedImpact Medicare Part D Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

## Revision History

Revision Date	Version	Summary of Changes
3/25/2025	1.0	Created