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MedImpact Medicare Prescription Payment Plan Program (MPPP) Payer Sheet for Legacy Elixir Clients and Claims Payer Sheet

NCPDP Version D.Ø

Note: This Payer Sheet applies only to those MedImpact clients, pharmacies, and claims associated with legacy Elixir clients¹.

General Information

Payer Name	MedImpact Healthcare Systems, Inc. Medicare Part D	
Publication Date	March 25, 2025	
BIN(s)	Plan/Group Name	BIN
	Elixir	012312
	Medical Card Systems (MCS)	012312
PCN(s)	Plan/Group Name	PCN
	Elixir	MPPP
	Medical Card Systems (MCS)	MPPP
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	www.medimpact.com	
Pharmacy Help Desk Phone Numbers:	MedImpact: 1-800-361-4542 MCS: 1-844-633-1064	
Other Versions Supported	Only D.Ø	

¹ 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.



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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	MPPP	M	Required for Medicare Prescription Payment Plan Program (MPPP)
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



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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	This will be the same as the Medicare Part D member's Cardholder ID with "M3P" prefix (e.g. Part D Cardholder ID 123456, MPPP Cardholder ID M3P123456)
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
3Ø1-C1	GROUP ID		R	Same as Medicare Part D Cardholder's Group ID with "M3P" prefix (e.g. Part D Group ID 78910, MPPP Group ID M3P78910)
3Ø3-C3	PERSON CODE	Ø1 = Cardholder	R	Always Ø1 for Medicare Part D M3P Member



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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



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



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Claim Segment (111-AM = "Ø7")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	Imp Guide: For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing)
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT / SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT / SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE		R	
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	RW	



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46Ø-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide:</i> ² 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).
3Ø8-C8	OTHER COVERAGE CODE	8 – Claim is billing for patient financial responsibility only	R	8 is the only value supported
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required for LTC billing and unbreakable packages
6ØØ-28	UNIT OF MEASURE		R	
995-E2	ROUTE OF ADMINISTRATION		RW	Required for Compounds
147-U7	PHARMACY SERVICE TYPE		RW	Required for LTC billing

² 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*.



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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
409-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	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	



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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



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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	Ø1 = 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	



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



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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	
353-NR	OTHER PAYER PATIENT – RESPONSIBILITY AMOUNT COUNT		RW	Required for all previous payers that a returned paid response
351-NP	OTHER PAYER PATIENT – RESPONSIBILITY AMOUNT QUALIFIER	Ø6 – Patient Pay Amount (5Ø5-F5) as reported by previous payer	RW	Required for all previous payers that a returned paid response. Beginning in July 2025, the only qualifier value that will be allowed for M3P claim submissions is Ø6.
352-NQ	OTHER PAYER PATIENT – RESPONSIBILITY AMOUNT		RW	Required if previous other payer returned a paid response Zero is a valid value
392-MU	BENEFIT STAGE COUNT		R	Maximum count of 4.
393-MV	BENEFIT STAGE QUALIFIER		R	Beginning July 1, 2025, all M3P claims must be submitted with the Benefit Stage Qualifier(s) returned on the Medicare Part D claim.
394-MW	BENEFIT STAGE AMOUNT		R	Beginning July 1, 2025, all M3P claims must be submitted with the Benefit Stage Qualifier details returned on the Medicare Part D claim.

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



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Compound Segment (111-AM = "10")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-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	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	



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Revision History

Revision Date	Version	Summary of Changes
3/25/2025	1.0	Created
6/23/2025	1.1	Updated the COB segment to require the OPPRA qualifier of 06 and the Benefit Stage details