# MedImpact Comprehensive Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

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# MedImpact Comprehensive 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[1].

## General Information

| | |
|---|---|
| Payer Name | MedImpact Healthcare Systems, Inc. |
| Publication Date | April 4, 2025 |
| BIN(s) | See table below. |
| PCN(s) | See table below. |
| Processor | MedImpact Healthcare Systems, Inc. |
| Effective as of | September 1, 2020 |
| 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.elixirsolutions.com |
| Pharmacy Help Desk Phone Numbers: | MedImpact: 1-800-361-4542 |
| Other Versions Supported | Only D.Ø |

| Payer Name: MedImpact Healthcare Systems, Inc. | Revision Date: 1/11/2025 | |
|---|---|---|
| Plan Name/Group Name: Part D | BIN: 012312 | PCN: PARTD |
| Plan Name/Group Name: Commercial and Discount Card | BIN: 009893 | PCN: ROIRX |
| Plan Name/Group Name: VDCRX | BIN: 009893 | PCN: ROIRX |
| Plan Name/Group Name: Careington | BIN: 610303 | PCN: AE02 |
| Plan Name/Group Name: Cogent Works | BIN: 017134 | PCN: ROIRX |

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[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.

# MedImpact Comprehensive Payer Sheet for Legacy Elixir Clients and Claims

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| **Payer Name:** MedImpact Healthcare Systems, Inc. | Revision Date: 1/11/2025 | |
|---|---|---|
| Plan Name/Group Name: Medicaid | BIN: 610342 | PCN: ROIRX |
| Plan Name/Group Name: Bridgeport Claims | BIN: 019272 | PCN: ROIBPC |
| Plan Name/Group Name: OneRx | BIN: 637639 | PCN: ROIRX / AE02 |
| Plan Name/Group Name: AMWINS | BIN: 027489 | PCN: AMWINS |
| Plan Name/Group Name: Elixir Savings (formerly MedTrak) | BIN: 014244 | PCN: DCAE2/ ROIRX |
| Plan Name/Group Name: Elixir Medical Solutions (EMS) | BIN: 009893 | PCN: DCAE1 |
| Plan Name/Group Name: Medical Card System (MCS) | BIN: 012312 <br> *All B1 and B2 transactions need to be submitted with the Group Number. | PCN: PARTD |
| Plan Name/Group Name: Medical Card System (MCS) | BIN: 012312 | PCN: PARTB |
| Plan Name/Group Name: Elixir | BIN: 610288 | PCN: DCAE1/ ROIRX |
| Plan Name/Group Name: Rite Aid Rx Savings Program | BIN: 018852 | PCN: RAD |
| Plan Name/Group Name: Ameritas | BIN: 017529 | PCN: AMRX |
| Plan Name/Group Name: FetchMyMeds | BIN: 019926 | PCN: DCAE1 |
| Plan Name/Group Name: IronRx | BIN: 019819 | PCN: SX |
| Plan Name/Group Name: US-RxCare | BIN: 021783 | PCN: AE02 |
| Plan Name/Group Name: Elixir | BIN: 021072 | PCN: DCAE1/ ROIRX |
| Plan Name/Group Name: Elixir | BIN: 021791 | PCN: DCAE1/ ROIRX |
| Plan Name/Group Name: USA Rx | BIN: 610306 | PCN: DCAE1 |
| Plan Name/Group Name: Exemplar Health U50 | BIN: 610748 | PCN: PRORX |
| Plan Name/Group Name: Easy Drug Card | BIN: 018661 | PCN: N/A |
| Plan Name/Group Name: Rite Aid Pet Savings | BIN: 023187 | PCN: RXPET |
| Plan Name/Group Name: Elixir | BIN: 013477 | PCN: ROIRX |
| Plan Name/Group Name: Elixir | BIN: 610346 | PCN: N/A |
| Plan Name/Group Name: PharmaStrategies | BIN: 019389 | PCN: PS |
| Plan Name/Group Name: PharmaStrategies | BIN: 016359 | PCN: WD |
| Plan Name/Group Name: PharmaStrategies | BIN: 015566 | PCN: PS |
| Plan Name/Group Name: PharmaStrategies | BIN: 019983 | PCN: PS |
| Plan Name/Group Name: PharmaStrategies | BIN: 014582 | PCN: HT |
| Plan Name/Group Name: PharmaStrategies | BIN: 019975 | PCN: PS |
| Plan Name/Group Name: Famulus | BIN: 022287 | PCN: PWA |
| Plan Name/Group Name: Elixir Copay Card | BIN: 009893 | PCN: NOCOPAY |

# MedImpact Comprehensive Payer Sheet for Legacy Elixir Clients and Claims

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| | |
|---|---|
| Payer Name | MedImpact Healthcare Systems, Inc. |
| Publication Date | April 4, 2025 |
| BIN(s) | See table below. |
| PCN(s) | See table below. |
| Processor | MedImpact Healthcare Systems, Inc. |
| Effective as of | September 1, 2020 |
| 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.elixirsolutions.com](www.elixirsolutions.com) |
| Pharmacy Help Desk Phone Numbers: | 1-800-771-4648 |
| Other Versions Supported | Only D.Ø |

| Payer Name: MedImpact Healthcare Systems, Inc. | Revision Date: 9/22/2024 | |
|---|---|---|
| Plan Name/Group Name: Elixir | BIN: 800004 | PCN: N/A |
| Plan Name/Group Name: Elixir | BIN: 017944 | PCN: N/A |
| Plan Name/Group Name: Elixir | BIN: 600518 | PCN: N/A |
| Plan Name/Group Name: New Mexico Medicare Wrap Plan | BIN: 019950<br><br>*All B1 and B2 transactions need to be submitted with the Group Number. | PCN: NMSPAP |
| Plan Name/Group Name: Tria | BIN: 019074 | PCN: N/A |

| Payer Name | MedImpact Healthcare Systems, Inc. |
|---|---|
| Publication Date | April 4, 2025 |
| BIN(s) | See table below. |
| PCN(s) | See table below. |
| Processor | MedImpact Healthcare Systems, Inc. |
| Effective as of | October 1, 2023 |
| 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: | Please contact Gap Assist at 1-888-553-5590 for all questions pertaining to the Gap Assist Plan Names/Groups Names. |
| Other Versions Supported | Only D.Ø |

| Payer Name: MedImpact Healthcare Systems, Inc. | Revision Date: 9/18/2024 | |
|---|---|---|
| Plan Name/Group Name: Gap Assist | BIN: 026069 | PCN: 069 |
| Plan Name/Group Name: Gap Assist | BIN: 017267 | PCN: 069 |
| Plan Name/Group Name: Gap Assist | BIN: 018547 | PCN: 069 |

| | |
|---|---|
| Payer Name | MedImpact Healthcare Systems, Inc. |
| Publication Date | April 4, 2025 |
| BIN(s) | See table below. |
| PCN(s) | See table below. |
| Processor | MedImpact Healthcare Systems, Inc. |
| Effective as of | December 1, 2023 |
| 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.archimedesrx.com |
| Pharmacy Help Desk Phone Numbers: | Please contact Archimedes at 888-504-5563, option 2 for all questions pertaining to member benefits/coverages. |
| Other Versions Supported | Only D.Ø |

| Payer Name: MedImpact Healthcare Systems, Inc. | Revision Date: 9/18/2024 | |
|---|---|---|
| Plan Name/Group Name: Archimedes | BIN: 020040 | Multiple PCNs |
| Plan Name/Group Name: Archimedes | BIN: 023491 | Multiple PCNs |
| Plan Name/Group Name: Archimedes | BIN: 020594 | Multiple PCNs |

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| | |
|---|---|
| Payer Name | MedImpact Healthcare Systems, Inc. |
| Publication Date | March 25, 2025 |
| BIN(s) | See table below. |
| PCN(s) | See table below. |
| Processor | MedImpact Healthcare Systems, Inc. |
| Effective as of | December 13, 2024 |
| 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.bayvrio.com |
| Pharmacy Help Desk Phone Numbers: | 1-800-771-4648 |
| Other Versions Supported | Only D.Ø |

| Payer Name: MedImpact Healthcare Systems, Inc. | Revision Date: 12/13/2024 | |
|---|---|---|
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: RA030 |
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: MP140 |
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: W9001 |
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: RA060 |
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: RA230 |
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: RA200 |
| Plan Name/Group Name: Bayvrio | BIN: 611793 | PCN: RA570 |

# MedImpact Comprehensive Payer Sheet for Legacy Elixir Clients and Claims

NCPDP Version D.Ø

| | |
|---|---|
| Payer Name | MedImpact Healthcare Systems, Inc. |
| Publication Date | April 4, 2025 |
| BIN(s) | See table below. |
| PCN(s) | See table below. |
| Processor | MedImpact Healthcare Systems, Inc. |
| Effective as of | April 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.bayvrio.com |
| Pharmacy Help Desk Phone Numbers: | 1-404-889-8520 |
| Other Versions Supported | Only D.Ø |

| Payer Name: MedImpact Healthcare Systems, Inc. | Revision Date: 12/13/2024 | |
|---|---|---|
| Plan Name/Group Name: Pillow PH | BIN: 019611 | PCN: 1208 |

## 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*.

## Other Transaction Information

| | |
|---|---|
| Maximum Number of Transactions Supported per transmission | 4 |
| Reversal Window | 180 days old<br>Can vary by group |
| COB Processing | NCPDP Option 2 (OPPRA)<br>** Indicates Government entity requiring NCPDP COB processing Option 3; See General Information, Plan and Group listing for applicable Group Number, BIN and PCN combinations |

| Transaction Header Segment - Mandatory | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 1Ø1-A1 | BIN NUMBER | | M | |
| 1Ø2-A2 | VERSION / RELEASE NUMBER | D.Ø | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1 or B2 | M | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | | M | |
| 1Ø9-A9 | TRANSACTION COUNT | 1-4 | M | Maximum of 4 transactions per transmission |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | | M | NPI REQUIRED |
| 4Ø1-D1 | DATE OF SERVICE | | M | CCYYMMDD |
| 11Ø-AK | SOFTWARE VENDOR / CERTIFICATION ID | | S | |

| Patient Segment - Mandatory<br>Segment Identification (111-AM) = "01" | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 01 | M | |
| 331-CX | PATIENT ID QUALIFIER | | O | |
| 332-CY | PATIENT ID | | O | |
| 3Ø4-C4 | DATE OF BIRTH | | R | CCYYMMDD |
| 3Ø5-C5 | PATIENT GENDER CODE | 1 = Male,<br>2 = Female | R | |
| 3Ø7-C7 | PLACE OF SERVICE | | O | |
| 31Ø-CA | PATIENT FIRST NAME | | R | |
| 311-CB | PATIENT LAST NAME | | R | |
| 322-CM | PATIENT STREET ADDRESS | | O | |
| 323-CN | PATIENT CITY ADDRESS | | O | |
| 324-CO | PATIENT STATE/PROVINCE ADDRESS | | O | Must be valid two-character alphabetic state code |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | O | The ZIP code must be a valid 5- or 9-digit USPS ZIP code and must not include hyphens or all zeros in 6th through 9th positions. |
| 326-CQ | PATIENT PHONE NO. | | O | If present, must be 10 digit numeric |
| 333-CZ | EMPLOYER ID | | O | |
| 335-2C | PREGNANCY INDICATOR | | O | If present, valid values = null, 1,2 |
| 35Ø-HN | PATIENT EMAIL ADD | | O | |
| 384-4X | PATIENT RESIDENCE | See NCPDP ECL | RW | Required for Medicare Part D claims, used for LTC determination |

# MedImpact Comprehensive Payer Sheet for Legacy Elixir Clients and Claims

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| Pharmacy Provider Segment - Mandatory<br>Segment Identification (111-AM) = "02" | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 02 | M | |
| 465-EY | PROVIDER ID QUALIFIER | | M | 05 = NPI |
| 444-E9 | PROVIDER ID | | M | Must be valid NPI |

| Prescriber Segment – Required<br>Segment Identification (111-AM = "Ø3") | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 03 | M | |
| 466-EZ | PRESCRIBER ID QUALIFIER | 01 = National Provider Identifier (NPI) | R | 01 – NPI |
| 411-DB | PRESCRIBER ID | | R | NPI of prescribing physician |
| 427-DR | PRESCRIBER LAST NAME | | R | |
| 498-PM | PRESCRIBER PHONE NUMBER | | O | If present, must be 10 digit numeric |
| 468-2E | PRIMARY CARE PROVIDER ID QUALIFIER | 01 | O | If present, value must = 01 |
| 421-DL | PRIMARY CARE PROVIDER ID | | O | Must be valid NPI If 468-2E is present and =01 |
| 470-4E | PRMARY CARE PROVIDER LAST NAME | | O | |
| 364-2J | PRESCRIBER FIRST NAME | | O | |
| 365-2K | PRESCRIBER STREET ADDRESS | | O | |
| 366-2M | PRESCRIBER CITY ADDRESS | | O | |
| 367-2N | PRESCRIBER STATE / PROVINCE ADDRESS | | O | If present, must be valid two-character alphabetic state code |
| 368-2P | PRESCRIBER ZIP / POSTAL ZONE | | O | If 368-2P is present, ZIP code must be a valid 5- or 9-digit USPS ZIP code, must not include hyphens or all zeros in 6th through 9th positions. |

| Insurance Segment – Mandatory<br>Segment Identification (111-AM = "Ø4") | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 04 | M | |
| 3Ø2-C2 | CARDHOLDER ID | | M | |
| 312-CC | CARDHOLDER FIRST NAME | | R | |
| 313-CD | CARDHOLDER LAST NAME | | R | |
| 314-CE | HOME PLAN | | O | |
| 524-FO | PLAN ID | | O | |
| 3Ø9-C9 | ELIGIBILITY CLARIFICATION CODE | | O | |
| 336-8C | FACILITY ID | | O | |
| 3Ø1-C1 | GROUP ID | | R | |
| 3Ø3-C3 | PERSON CODE | | R | |
| 3Ø6-C6 | PATIENT RELATIONSHIP CODE | | RW | Required for Medicare Part D |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | Y, N | O | Y = qualified CMS facility<br>N = not a qualified CMS facility |
| 115-N5 | MEDICAID ID NUMBER | | O | |
| 116-N6 | MEDICARE AGENCY NUMBER | | O | |

| Claim Segment – Required Segment Identification (111-AM = "Ø7") | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 07 | M | |
| 455-EM | PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER | 1 | M | Must = 1 (Rx Billing) |
| 4Ø2-D2 | PRESCRIPTION / SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT / SERVICE ID QUALIFIER | 03 | M | Must = 3 (NDC) |
| 4Ø7-D7 | PRODUCT / SERVICE ID | | M | |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | | S | Must be present if 343-HD = "C" |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | | S | CCYYMMDD / Must be present if 343-HD = "C" and 456-EN are present |
| 458-SE | PROCEDURE MODIFIER CODE COUNT | 1-10 | S | If present, must = total # of group occurrences |
| 459-ER | PROCEDURE MODIFIER CODE | | S | Must be present if 459-ER |
| 442-E7 | QUANTITY DISPENSED | | M | |
| 4Ø3-D3 | FILL NUMBER | | R | 0 = Original fill, 1-99 = Refill |
| 4Ø5-D5 | DAYS SUPPLY | | M | |
| 4Ø6-D6 | COMPOUND CODE | 1, 2 | R | 1=Not a Compound, 2=Compound, If 2 is submitted, then compound segment is required. |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE | 0-5,7,9 | R | 6,8 Not allowed |
| 414-DE | DATE PRESCRIPTION WRITTEN | | M | CCYYMMDD |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | O | If present, must = 0,1- 99 |
| 419-DJ | PRESCRIPTION ORIGIN CODE | 1 – Written, 2 – Telephone, 3 – Electronic, 4 – Facsimile, 5 – Pharmacy | M | |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | 1 – 3 | S | Required if Submission Clarification Code (42Ø-DK) is used. |

| 42Ø-DK | SUBMISSION CLARIFICATION CODE | | S | |
|--------|-------------------------------|----------------|---|---|
| 3Ø8-C8 | OTHER COVERAGE CODE | 0, 1, 2, 3, 4, 8 | R | If 308-C8 = 2, 3, 4, or 8, COB segment** must be submitted |
| 429-DT | SPECIAL PACKAGING INDICATOR | | O | If present, values accepted are '0- 5' |
| 453-EJ | ORIG PRESCRIBED/PROD SERV ID QUALIFIER | 03 | O | Must be present if 453-EA is used |
| 445-EA | ORIG PRESCRIBED/PROD SERV CODE | | O | Must be present if 453-EA is used |
| 446-EB | ORIGINALLY PRESCRIBED QUANTITY | | O | |
| 6ØØ-28 | UNIT OF MEASURE | | S | If present, must be EA, GM, ML |
| 418-DI | LEVEL OF SERVICE | | S | If present, must be 0,1-6 |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | O | May be Required if Submitting Prior Auth |
| 462-EV | PRIOR AUTHORIZATION NO. SUBMITTED | | O | May be Required if Submitting Prior Auth – not in either |
| 343-HD | DISPENSING STATUS | P, C | R | If present, P= Partial, C= Completion |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | | S | Must be present and > 0 if 343-HD = P or C |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | | S | Must be present and > 0 if 343-HD = P or C |
| 357-NV | DELAY REASON CODE | | O | |
| 995-E2 | ROUTE OF ADMINISTRATION | | S | |
| 996-G1 | COMPOUND TYPE | | O | |
| 46Ø-ET | QUANTITY PRESCRIBED | | RW | Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F |
| 147-U7 | PHARMACY SERVICE TYPE | | RW | Required for Medicare Part D claims |

| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
|---------|------------------|-------|-------------|-----------------|
| **Workers' Compensation – Optional Segment Identification (111-AM = "Ø6")** |
| 111-AM | SEGMENT IDENTIFICATION | 06 | M | |
| 434-DY | DATE OF INJURY | | M | CCYYMMDD |
| 315-CF | EMPLOYER NAME | | O | |
| 316-CG | EMPLOYER STREET ADDRESS | | O | |
| 317-CH | EMPLOYER CITY ADDRESS | | O | |
| 318-CI | EMPLOYER STATE/PROVINCE ADDRESS | | O | |
| 319-CJ | EMPLOYER ZIP/POSTAL ZONE | | O | The ZIP code must be a valid 5- or 9-digit USPS ZIP code and must not include hyphens or all zeros in 6th through 9th positions. |
| 32Ø-CK | EMPLOYER PHONE NUMBER | | O | |
| 321-CL | EMPLOYER CONTACT NAME | | O | |
| 327-CR | CARRIER ID | | O | |
| 435-DZ | CLAIM REFERENCE/ID | | R | |
| 117-TR | BILLING ENTITY TYPE INDICATOR | | R | |
| 118-TS | COMPOUND CODE | | R | |
| 119-TT | PAY TO ID | | O | |
| 12Ø-TU | PAY TO NAME | | O | |
| 121-TV | PAY TO STREET ADDRESS | | O | |
| 122-TW | PAY TO CITY | | O | |
| 123-TX | PAY TO STATE/PROVINCE ADDRESS | | O | |
| 124-TY | PAY TO ZIP/POSTAL ZONE | | O | |
| 125-TZ | GENERIC EQUIVALENT PRODUCT ID QUALIFIER | | O | |
| 126-UA | GENERIC EQUIVALENT PRODUCT ID | | O | |

| Coordination of Benefits/Other Payments Segment – Situational | | | | |
|---|---|---|---|---|
| *Required when other insurance processing is involved | | | | |
| Segment Identification (OPAP) (111-AM = "Ø5") | | | | |
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 05 | M | |
| 337-4C | COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT | 1-9 | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | Must be present with values = 01 – 09 |
| 339-6C | OTHER PAYER ID QUALIFIER | | R | 03 = BIN/IIN |
| 34Ø-7C | OTHER PAYER ID | | R | BIN of Other Payer |
| 443-E8 | OTHER PAYER DATE | | S | CCYYMMDD |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | 1-9 | S | If present, must be = total # of group occurrences, 342-HC and 431-DV |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | | S | If present, must be values = 01-07, 09, 10 when 341-HB is used |
| 431-DV | OTHER PAYER AMOUNT PAID | | S | **Must be present for Government COB Processing |
| 471-5E | OTHER PAYER REJECT COUNT | | S | Must be present when 472-6E is used |
| 472-6E | OTHER PAYER REJECT CODE | | S | Must be present when 3Ø8-C8 = 3 |
| 353-NR | OTHER PAYER- PATIENT RESPONSIBILITY AMOUNT COUNT | 1-25 | S | Required if 3Ø8-C8 = 8 or if Government COB |
| 351-NP | OTHER PAYER- PATIENT RESPONSIBILITY AMOUNT QUALIFIER | | S | Required if 3Ø8-C8 = 8 or if Government COB |
| 352-NQ | OTHER PAYER- PATIENT RESPONSIBILITY AMOUNT | | S | Required if 3Ø8-C8 = 8 or if Government COB |
| 392-MU | BENEFIT STAGE COUNT | 1-4 | S | |
| 393-MV | BENEFIT STAGE QUALIFIER | 01, 02, 03, 04, 50, 61, 62, 70, 80, 90 | S | Must be present when 394-MW is used |
| 394-MW | BENEFIT STAGE AMOUNT | | S | Must be present if Other Payer is Medicare Part D |

## DUR/PPS Segment – Required
### Segment Identification (111-AM = "Ø8")

| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
|---|---|---|---|---|
| 111-AM | SEGMENT IDENTIFICATION | 08 | M | |
| 473-7E | DUR / PPS CODE COUNTER | 1-9 | R | Submitted when requested by processor |
| 439-E4 | REASON FOR SERVICE CODE | | R | Submitted when requested by processor |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | R | Submit MA when provider billing Vaccine Admin Fees |
| 441-E6 | RESULT OF SERVICE CODE | | R | Submitted when requested by processor |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | O | |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | | O | |
| 476-H6 | DUR CO-AGENT ID | | O | |

## Compound Segment – Optional
### *Required when submitting a compound formulation with multiple active ingredients
### Segment Identification (111-AM = "1Ø")

| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
|---|---|---|---|---|
| 111-AM | SEGMENT IDENTIFICATION | 10 | M | If 406-D6 = 2, then segment is required |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | | 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 | | M | Must be present |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | | R | Submit 08 for 340b |
| 362-2G | COMPOUND INGREDIENT MODIFIER COUNT | | S | |
| 363-2H | COMPOUND INGREDIENT MODIFIER | | S | |

| Pricing Segment – Mandatory Segment Identification (111-AM = "11") | | | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 111-AM | SEGMENT IDENTIFICATION | 11 | M | |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | | M | Must be present |
| 412-DC | DISPENSING FEE SUBMITTED | | R | |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | S | |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | | O | |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | | O | |
| 48Ø-H9 | OTHER AMOUNT CLAIMED SUBMITTED | | O | |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | O | |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | O | |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | | O | |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | | O | |
| 426-DQ | USUAL AND CUSTOMARY | | R | |
| 43Ø-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | | O | Submit 08 to identify 340b acquisition cost |

| Clinical Segment – Optional Segment Identification (111-AM = "13") | | | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 111-AM | SEGMENT IDENTIFICATION | 13 | M | |
| 491-VE | DIAGNOSIS CODE COUNT | 1-9 | O | |
| 492-WE | DIAGNOSIS CODE QUALIFIER | | O | |
| 424-DO | DIAGNOSIS CODE | | O | |
| 493-XE | CLINICAL INFORMATION COUNTER | | O | |
| 494-ZE | MEASUREMENT DATE | | O | CCYYMMDD |
| 495-H1 | MEASUREMENT TIME | | O | HHMM |
| 496-H2 | MEASUREMENT DIMENSION | | O | |
| 497-H3 | MEASUREMENT UNIT | | O | |
| 499-H4 | MEASUREMENT VALUE | | O | |

Additional Information:

Zip Codes:
If the zip code is 98765-4321, this field would reflect: 987654321.
If the zip code is 98765, this field would reflect: 98765 left justified

## Revision History

| Revision Date | Version | Summary of Changes |
|---|---|---|
| 4/4/2025 | 1.0 | Created |