



Elixir Medicare Part D Payer Sheet

General Information

Payer Name: Elixir Medicare Part D		Revision Date: 4/1/2023	
Plan Name/Group Name: Elixir		BIN: 012312	PCN: PARTD
Plan Name/Group Name: AMWINS		BIN: 015185	PCN: CMSPARTD
Plan Name/Group Name: Medical Card Systems (MCS)		BIN: 009893 or 012312	PCN: PARTD
Processor: Elixir			
Effective as of: 4/19/2023		NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July, 2007		NCPDP External Code List Version Date: January, 2021	
Pharmacy Help Desk Phone numbers: Elixir: 1-800-361-4542 AMWINS: 1-855-693-3921 MCS: 1-844-633-1064			

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing Request

Field Legend for Columns

Payer Usage	Value	Explanation	Payer Situation
Mandatory	M	The Field is mandatory for the Segment in the designated Transaction.	No
Required	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
Qualified Requirement	RW	"Required when." The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP

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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			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	Valid BINs are: 012312, 015185, or 009893	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1	M	
104-A4	Processor Control Number	For BIN 015185 use CMSPARTD For BINs 012312 and 009890 use 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

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

Insurance Segment Segment Identification (111-AM) = "04"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	
301-C1	Group ID		R	Always required for Medicare Part D
303-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"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	Date Of Birth		R	
305-C5	Patient Gender Code	1 = Male 2 = Female	R	
310-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	
326-CQ	Patient Phone Number			Optional
350-HN	Patient E-Mail Address			Optional
384-4X	Patient Residence	See NCPDP ECL	R	Must be submitted, used for LTC determination

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		

Claim Segment Segment Identification (111-AM) = "07"				Claim Billing/Claim Rebill
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	
414-DE	Date Prescription Written		R	
415-DF	Number Of Refills Authorized			Required if necessary for plan benefit administration
419-DJ	Prescription Origin Code	1 – Written 2 – Telephone 3 – Electronic 4 – Facsimile	R	Required for Medicare Part D claims

Claim Segment Segment Identification (111-AM) = "07"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		5 – Pharmacy		
354-NX	Submission Clarification Code Count	Maximum count of 3	RW	Required if Submission Clarification Code (420-DK) is used
420-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
460-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
308-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
600-28	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

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
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 effects 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 effects 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 Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	

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 Segment Identification (111-AM) = "02"				Claim Billing/Claim Rebill
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 Segment Identification (111-AM) = "03"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	Prescriber ID Qualifier	01 – 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	

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.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"				Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
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	
340-7C	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

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 Identification (111-AM) = "08"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS Code Counter	Maximum of 9 occurrences	R	
439-E4	Reason For Service Code		R	
440-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

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 Identification (111-AM) = "10"				Claim Billing/Claim Rebill
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	

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 Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill	
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 decision