MedImpact Comprehensive D.0 Payer Sheet for Legacy Elixir Clients and Claims

Note: This Payer Sheet applies only to those MedImpact clients, pharmacies, and claims associated with legacy Elixir clients[1].

General Information

Payer Name: MedImpact	Revision Date: 7/2/2024	
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
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: 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 *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

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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.

Payer Name: MedImpact	Revision Date: 7/2/2024	
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
Processor: MedImpact		
Effective as of: 9/1/2020	NCPDP Telecommunication Version/Release #: D.0	
Transaction Code: B1 & B2		
Contact/Information Source: elixirsolutions.com Pharmacy Help Desk Phone:1-800-361-4542		

Payer Name: MedImpact	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 *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
Processor: MedImpact		
Effective as of: 9/1/2020	NCPDP Telecommunication Version/Release #: D.0	
Transaction Code: B1 & B2		
Contact/Information Source: elixirsolutions.com Pharmacy Help Desk Phone:1-800-771-4648		

Payer Name: MedImpact	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
Processor: MedImpact		
Effective as of: 10/1/2023	NCPDP Telecommunication Version/Release #: D.0	
Transaction Code: B1 & B2		
Please contact Gap Assist at 1-888-553-5590 for all questions pertaining to the Gap Assist Plan Names/Groups Names.		

Payer Name: MedImpact	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
Processor: MedImpact		
Effective as of: 12/1/2023	NCPDP Telecommunication Version/Release #: D.0	
Transaction Code: B1 & B2		
Contact/Information Source: www.archimedesrx.com		

*Please contact Archimedes at 888-504-5563, option 2 for all questions pertaining to member benefits/coverages.

Payer Name: MedImpact	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
Processor: MedImpact		
Effective as of: 12/13/2024	NCPDP Telecommunication Version/Release #: D.0	
Transaction Code: B1 & B2		
Contact/Information Source: www.bayvrio.com Pharmacy Help Desk Phone:1-800-771-4648		

Billing Transaction \ Segments and Fields

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version D.0. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields.

M = Mandatory – The Field is mandatory for the Segment in the designated transaction.

R = Required – The Field has been designated with the situation of "Required" for the segment in the designated Transaction.

O = Optional / S = Situational – The situations designated have qualifications for usage

Other Transaction Information

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

Certification Requirements

Certification is not required.

	Transaction Header Segment: Mandatory			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number		M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1 or B2	M	
104-A4	Processor Control Number		M	
109-A9	Transaction Count	1-4	M	Maximum of 4 transactions per transmission
202-B2	Service Provider ID Qualifier	01	M	
201-B1	Service Provider ID		M	NPI REQUIRED
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vendor/ Certification ID		S	

	Patient Segment: Mandatory			Claim Billing/Claim Rebill
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	
304-C4	Date of Birth		R	CCYYMMDD
305-C5	Patient Gender Code		R	1- MALE, 2- FEMALE
307-C7	Place of Service		O	
310-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
350-HN	Patient Email Add		O	
384-4X	Patient Residence	See NCPDP ECL	RW	Required for Medicare Part D claims, used for LTC determination

Pharmacy Provider Segment: Mandatory				Claim Billing/Claim Rebill
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				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier	01	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	Primary 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				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	
302-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	
309-C9	Eligibility Clarification Code		O	
336-8C	Facility ID		O	
301-C1	Group ID		R	
303-C3	Person Code		R	
306-C6	Patient Relationship Code		RW	Required for Medicare Part D

Insurance Segment: Mandatory				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
997-G2	CMS Part D Defined Qualified Facility	Y, N	O	Y = qualified CMS facility N = not a qualified CMS facility
115-N5	Medicaid ID Number		O	
116-N6	Medicare Agency Number			

Claim Segment: Required				Claim Billing/Claim Rebill
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)
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03	M	Must = 3 (NDC)
407-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 is 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	
403-D3	Fill Number		R	0 = Original fill, 1-99 = Refill
405-D5	Days Supply		M	
406-D6	Compound Code	1,2	R	1=Not a Compound, 2=Compound, If 2 is submitted, then compound segment is required.
408-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	1-5	M	1=Written, 2=Telephonic, 3=Electronic, 4=Facsimile, 5=Pharmacy
354-NX	Submission Clarification Code Count	1-3	S	Must be present if 420-DK is used
420-DK	Submission Clarification Code		S	
308-C8	Other Coverage Code	0, 1, 2, 3, 4, 8	R	If 308-C8 = 2, 3, 4, or 8, COB segment** must be submitted

	Claim Segment: Required			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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 455-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	
600-28	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	
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
147-U7	Pharmacy Service Type		RW	Required for Medicare Part D claims

	Workers' Compensation Segment: Optional			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	

	Workers' Compensation Segment: Optional			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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.
320-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	
120-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	

	COB/Other Payments Segment: Situational *Required when other insurance processing is involved			Claim Billing/Claim Rebill
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
340-7C	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

	COB/Other Payments Segment: Situational *Required when other insurance processing is involved			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
472-6E	Other Payer Reject Code		S	Must be present when 308-C8 = 3
353-NR	Other Payer- Patient Responsibility Amount Count	1-25	S	Required if 308-C8 = 8 or if Government COB
351-NP	Other Payer- Patient Responsibility Amount Qualifier		S	Required if 308-C8 = 8 or if Government COB
352-NQ	Other Payer- Patient Responsibility Amount		S	Required if 308-C8 = 8 or if Government COB
392-MU	Benefit Stage Count	1-4	S	If
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			Claim Billing/Claim Rebill
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
440-E5	Reason for 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			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	10	M	If 406-D6 = 2, then segment is required
450-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	

	Compound Segment: Optional *Required when submitting a compound formulation with multiple active ingredients			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation	
449-EE	Compound Ingredient Drug Cost		M	Must be present	
490-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			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation	
111-AM	Segment Identification	11	M		
409-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		
480-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 Charge		R		
430-DU	Gross Amount Due		R		
423-DN	Basis Of Cost Determination		O	Submit 08 to identify 340b acquisition cost	

	Clinical Segment: Optional			Claim Billing/Claim Rebill
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