



MedImpact Medicare Prescription Payment Plan Program (MPPP) 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 clients¹.

General Information

Payer Name: MedImpact Medicare Part D		Revision Date: 12/10/2024	
Plan Name/Group Name: Elixir		BIN: 012312	PCN: MPPP
Plan Name/Group Name: Medical Card Systems (MCS)		BIN: 012312	PCN: MPPP
Processor: MedImpact			
Effective as of: 1/1/2025		NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July, 2007		NCPDP External Code List Version Date: January, 2023	
Pharmacy Help Desk Phone numbers: MedImpact: 1-800-361-4542 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.

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.

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

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	This will be the same as the Medicare Part D member's Cardholder ID with M3P prefix (eg: Part D Cardholder ID 123456, MPPP Cardholder ID M3P123456)
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	
301-C1	Group ID		R	Same as Medicare Part D Cardholder's Group ID with M3P Prefix (eg: Part D Group ID 78910, MPPP Group ID M3P78910)
303-C3	Person Code	01 = Cardholder	R	Always 01 for Medicare Part D M3P Member

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		
This payer does not support partial fills	X	

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	
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, 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 (420-DK) is used
420-DK	Submission Clarification Code	8 – Process Compound for Approved Ingredients 13 – Payer-Recognized Emergency/Disaster Assistance Request	RW	
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	8 – Claim is billing for patient financial responsibility only	R	Always required
429-DT	Special Packaging Indicator		RW	Required for LTC billing and unbreakable packages
600-28	Unit Of Measure		R	Required
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 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 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 Provider 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	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.

Coordination of Benefits/Other Payments 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	
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		RW	Required for all previous payers that a returned paid response
352-NQ	Other Payer Patient – Responsibility Amount		RW	Required if previous other payer returned a paid response Zero is a valid value
471-5E	Other Payer Reject Count	Maximum count of 5	RW	Required if Other Payer Reject Code (472-6E) is used Only allowed for non-Medicare Part D payers
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing Only allowed for non-Medicare Part D payers

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 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	O	
439-E4	Reason For Service Code		O	
440-E5	Professional Service Code		O	
441-E6	Result Of Service Code		O	
474-8E	DUR/PPS Level Of Effort		O	

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 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			Claim Billing/Claim Rebill	
Segment Identification (111-AM) = "13"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	Diagnosis Code Count	Maximum count of 5	<input type="radio"/>	
492-WE	Diagnosis Code Qualifier	02 = ICD-10	<input type="radio"/>	
424-DO	Diagnosis Code	ICD-10	<input type="radio"/>	