

### Elixir Comprehensive D.0 Payer Sheet

<b>Payer Name:</b> ELIXIR		Revision Date: 2/27/2023	
Plan Name/Group Name: AmWINS – Commercial		BIN: 011289	PCN: N/A
Plan Name/Group Name: AmWINS – Commercial		BIN: 025169	PCN: AMWINS
Plan Name/Group Name: AmWINSRx		BIN: 015185	PCN: CMSPARTD
<b>Processor:</b> ELIXIR			
Effective as of: 9/1/2020		NCPDP Telecommunication Version/Release #: D.0	Transaction Code: B1 & B2
Contact/Information Source: <a href="http://elixirsolutions.com">elixirsolutions.com</a> *Please contact AmWINS at 1-855-693-3921 for all questions pertaining to the AmWINS Plan Names/Groups Names.			

<b>Payer Name:</b> ELIXIR		Revision Date: 2/27/2023	
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: Medicare Card System (MCS)		BIN: 012312 *All B1 and B2 transactions need to be submitted with the Group Number.	PCN: PARTD
Plan Name/Group Name: Medicare Card System (MCS)		BIN: 009893 *All B1 and B2 transactions need to be submitted with the Group	PCN: ROIRX
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: CaptureRx	BIN: 610724	PCN: N/A
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
<b>Processor: ELIXIR</b>		
Effective as of: 9/1/2020	NCPDP Telecommunication Version/Release #: D.0	Transaction Code: B1 & B2
Contact/Information Source: <a href="http://elixirsolutions.com">elixirsolutions.com</a> Pharmacy Help Desk Phone:1-800-361-4542		

<b>Payer Name: ELIXIR</b>	Revision Date: 9/22/2020	
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
<b>Processor: ELIXIR</b>		
Effective as of: 9/1/2020	NCPDP Telecommunication Version/Release #: D.0	Transaction Code: B1 & B2
Contact/Information Source: <a href="http://elixirsolutions.com">elixirsolutions.com</a> Pharmacy Help Desk Phone:1-800-771-4648		

<b>Payer Name:</b> ELIXIR		Revision Date: 3/14/2024	
Plan Name/Group Name: Gap Assist		BIN: 026069	PCN: 069
Plan Name/Group Name: Gap Assist		BIN: 017267	PCN: 069
<b>Processor:</b> ELIXIR			
Effective as of: 10/1/2023		NCPDP Telecommunication Version/Release #: D.0	Transaction Code: B1 & B2
*Please contact Gap Assist at 1-855-476-7967 for all questions pertaining to the Gap Assist Plan Names/Groups Names.			

### 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

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
101-A1	BIN Number		M	
102-A2	Version/Release Number	D.0	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**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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		R	
323-CN	Patient City Address		R	
324-CO	Patient State/Province Address		R	Must be valid two character alphabetic state code
325-CP	Patient Zip/Postal Zone		R	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 Address		O	
384-4X	Patient Residence		R	Home : 1 Long Term Care : 3,4,6,9 and 11

**Pharmacy Provider Segment: Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	02	M	

465-EY	Provider ID Qualifier		M	Valid value = 05
444-E9	Provider ID		M	Must be valid NPI

**Prescriber Segment: Required**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier	01	R	01 – National Provider Identifier (NPI)
411-DB	Prescriber ID		R	NPI (prescribing physician) must be 10 digits
427-DR	Prescriber Last Name		O	
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/Providence 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**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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	01	R	ALL (with noted exceptions)
306-C6	Patient Relationship Code	1	R	All Medicare Part D are
360-2B	Medicaid Indicator		O	Must be present with valid ST codes
361-2D	Provider Accept Assignment Indicator	Y, N	R	Must be present and = Y or N
997-G2	CMS Part D Defined Qualified Facility	Y, N	O	If present, must = Y or N
115-N5	Medicaid ID Number		R	
116-N6	Medicare Agency Number		R	

**Claim Segment: Required**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	07	M	
455-EM	Prescription/Service Ref No. Qualifier	1	M	Must = 1
402-D2	Prescription/Service Ref No.		M	Max 12 digits
436-E1	Product/Service ID Qualifier	00,03	M	00 if Compound Code in 406-D6 = 2
407-D7	Product/Service ID		M	NDC; If 436-E1 = 00, then must submit 0
456-EN	Associated Prescription/Service Ref No.		S	Must be present if 343-HD = "C"
457-EP	Associated Prescription/Serv. 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	Must be present and > 0

403-D3	Fill Number	0,1-99	R	The values defined for this field are 0 = Original fill, 1-99 = refill
405-D5	Days Supply		M	Must be present and > 0
406-D6	Compound Code	1,2	R	1=Not a Compound, 2=Compound, If 2 is submitted, then compound segment is required.
408-D8	DAW / Prod 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	If 384-4X = 3,4,6,9 or 11 then 420-DK must be 16 or 21-36*Per CMS mandate effective 2/28/13. Code of 20 is populated if 340b
	Left blank intentionally			

**Claim Segment: Required (cont.)**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
308-C8	Other Coverage Code	00, 01, 02, 03, 04, 08	R	If 308-C8 = 02, 03, 04, 08, 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 455-EA is used
445-EA	Orig Prescribed Prod/Serv Code		O	Must be present if 453-EJ 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
463-EW	Intermediary Authorization Type ID		O	
464-EX	Intermediary Authorization ID		O	
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	
391-MT	Patient Assignment Indicator	Y,N	R	Must be present and Y or N
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		R	Retail: 01 Home Infusion: 03 Long Term Care : 05

### Workers' Compensation Segment: Optional

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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 6 <sup>th</sup> through 9 <sup>th</sup> 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	Pay To Qualifier		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**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	05	M	
337-4C	Coordination of Benefits/Other Payments Count	1-9	M	Must = total # of group occurrences that follow
338-5C	Other Payer Coverage Type		M	Must be present with values = 01-09
339-6C	Other Payer ID Qualifier		R	If 338-5C is populated then values = 01, 02, 03,04, 05, 1C, 1D, 99
340-7C	Other Payer ID		R	Must be populated with Other Payer ID
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	Values are = ECL Appendix 1; Must be present when 308-C8 = 3
993-A7	Internal Control Number		S	
353-NR	Other Payer- Patient Responsibility Amount Count	1-25	S	Required if 308-C8 = 02** or 08. Required if 351-NP is populated
351-NP	Other Payer- Patient Responsibility Amount Qualifier		S	Required if 308-C8 = 02** or 08.If present, must =, 01-13, must be present when 352-NQ is used.
352-NQ	Other Payer- Patient Responsibility Amount		S	Required if 308-C8 = 02** or 08.Required if 351-NP is
392-MU	Benefit Stage Count	1-4	S	If present, must = total # of group occurrences that follow, 393-MV, 394-MW, must be present when 394-MW is used
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 when 393-MV is used

**DUR/PPS Segment: Required**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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	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	
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**Compound Segment: Optional**

**\*Required when submitting a compound formulation with multiple active ingredients**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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	
449-EE	Compound Ingredient Drug Cost		M	Must be present
490-UE	Compound Ingredient Basis of Cost Determination		R	Submit 08 to identify 340b acquisition cost
362-2G	Compound Ingredient Modifier Count		S	
363-2H	Compound Ingredient Modifier		S	

**Coupon Segment: Optional**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	09	M	
485-KE	Coupon Type		O	
486-ME	Coupon Number		O	
487-NE	Coupon Value Amount		O	

**Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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	Incentive Amount used when billing Vaccine Admin Fees. Enter Vaccine Admin Fee amount provider is billing. Field 440-E5 MUST also be populated for claim to pay
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		M	
430-DU	Gross Amount Due		O	
423-DN	Basis of Cost Determination		O	Submit 08 to identify 340b acquisition cost

**Clinical Segment: Required**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
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