

**Express Scripts, Inc.  
NCPDP Version 5.1 Payer Sheet  
Commercial**

**IMPORTANT NOTE:** *Express Scripts is currently accepting NCPDP Version 5.1 electronic transactions. The purpose of this documentation is to be used for programming the fields and values Express Scripts will accept when processing for these claims.*

*Claim transaction segments not depicted within this document may be accepted in the transmission of a claim. However, Express Scripts may not use the information submitted to adjudicate claims.*

**General Information:**

Payer Name: Express Scripts, Inc.	Date: <b>September 30, 2009</b>
Plan Name/Group Name: Express Scripts, Inc. - Standard Plan - Exceptions Noted	
Processor: Express Scripts, Inc.	Switch:
Effective as of: September 13, 2002	Version/Release Number: 5.1
Contact/Information Source: Network Contracting & Management Account Manager, or (800) 824-0898, or <a href="http://www.express-scripts.com">www.express-scripts.com</a>	
Testing Window: As determined by testing coordinator	
Pharmacy Help Desk Info: (800) 824-0898	
Other versions supported: N/A	

*Please see the following pages for additional details regarding the transaction sections of the payer sheet.*

DATE	ADDITION
September 2009	Beginning September 2009, Express Scripts added vaccine administration costs for coverage under participating health plans for vaccines only.

DUR codes have been updated to include only the codes currently accepted by ESI in NCPDP fields Reason for Service Code (439-E4), Professional Service Code (440-E5) and Result of Service Code (441-E6).

Express Scripts, Inc. supports Partial Fill. Please review the Partial Fill segment for updates.

Partial Fills are not accepted for the following:

- Worker's Compensation claims
- On-line Coordination of Benefits (COB)

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Section: Billing Transaction (In Bound)**

NOTE: The Transaction Header Segment is the only FIXED length portion of the NCPDP version 5.1 record. All 56 bytes must accompany the transaction along with the following defined rules:

- If numeric - Right justify; zero fill.
- If alphanumeric - Left justify; space fill.

**Transaction Header Segment - Mandatory in all cases.**

Field #	NCPDP Field Name	Value	Field Status
1Ø1-A1	Bin Number	ØØ3858	M
1Ø2-A2	Version Release Number	51=Version 5.1	M
1Ø3-A3	Transaction Code	B1=Billing	M
1Ø4-A4	Processor Control Number	PCN= A4 PCN= SC: Use when secondary to Medicare D only	M
1Ø9-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M
2Ø2-B2	Service Provider ID Qualifier	Ø1=NPI	M
2Ø1-B1	Service Provider ID	NPI	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor/Certification ID		M

**Patient Segment - Segment is optional, but ESI requires some fields to expedite claim processing.**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø1=Patient	M
3Ø4-C4	Date of Birth		R
3Ø5-C5	Patient Gender Code	1=Male 2=Female	R
31Ø-CA	Patient First Name	Example: John	R
311-CB	Patient Last Name	Example: Smith	R
322-CM	Patient Street Address		R
323-CN	Patient City		R
324-CO	Patient State or Province		R
325-CP	Patient Zip/Postal Code		R

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Insurance Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø4=Insurance	M
3Ø2-C2	Cardholder ID	ID assigned to the cardholder.	M
312-CC	Cardholder First Name		R
313-CD	Cardholder Last Name		R
3Ø9-C9	Eligibility Clarification Code	Ø=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	R
3Ø1-C1	Group ID	As appears on card	R
3Ø3-C3	Person Code		R
3Ø6-C6	Patient Relationship Code	Ø=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other	R

**Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø7=Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing*  * Pharmacist should enter a "1" when processing a claim for a vaccine drug and vaccine administration.	M
4Ø2-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	Ø3=National Drug Code	M
4Ø7-D7	Product/Service ID		M
442-E7	Quantity Dispensed		R
4Ø3-D3	Fill Number	Ø=Original Dispensing 1 to 99 = Refill number	R
4Ø5-D5	Days Supply		R
4Ø6-D6	Compound Code	1=Not a Compound 2=Compound- submit highest cost legend ingredient NDC in field 407-D7	R
4Ø8-D8	Dispense as Written (DAW)/Product Selection Code	Ø=No Product Selection Indicated-This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed.	R

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

		<p><u>1=Substitution Not Allowed by Prescriber</u>-This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written.</p> <p><u>2=Substitution Allowed-Patient Requested Product Dispensed</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.</p> <p><u>3=Substitution Allowed-Pharmacist Selected Product Dispensed</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.</p> <p><u>4=Substitution Allowed-Generic Drug Not in Stock</u>- This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.</p> <p><u>5=Substitution Allowed-Brand Drug Dispensed as a Generic</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity.</p> <p><u>6=Override</u>-This value is used by various claims processors in very specific instances as defined by that claims processor and/or its client(s).</p> <p><u>7=Substitution Not Allowed-Brand Drug Mandated by Law</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the</p>	
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

		product may be available in the marketplace.  <u>8=Substitution Allowed-Generic Drug Not Available in Marketplace</u> -This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable.  <u>9=Other</u> -This value is reserved and currently not in use. NCPDP does not recommend use of this value at the present time. Please contact NCPDP if you intend to use this value and document how it will be utilized by your organization.	
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	Ø=Not Specified 1 through 99, with 99 being as needed, refills unlimited	R
419-DJ	Prescription Origin Code	3= ePrescribing	R**
420-DK	Submission Clarification Code		O
3Ø8-C8	Other Coverage Code	Ø=Not Specified 1=No other coverage identified* 2=Other coverage exists-payment collected* 3=Other coverage exists-this claim not covered* 4=Other coverage exists-payment not collected* 5=Managed care plan denial* 6=Other coverage denied-not a participating provider* 7=Other coverage exists-not in effect at time of service* 8=Claim is a billing for a copay	R *Requires COB segment to be sent.
462-EV	Prior Auth Number Submitted	Submitted when requested by processor. <u>Examples:</u> Prior authorization procedures for physician authorized dosage or day supply increases for reject 79 'Refill Too Soon'.  Override Codes: 98798798798=Dosage Increase	R

\*\*Although "Prescription Origin" field 419 DJ is not widely used, the values assigned vary throughout the industry; e.g., chains use "3" to report the internal transfer of a prescription; some state Medicaid agencies use "0" to identify a transfer, etc. In 2009 the pharmacy industry will transition to consistently use "3" to identify all e-prescribing events.

Value	Description
0	Not Known
1	Written Prescription
2	Telephone
3	Electronic
4	Facsimile

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Prescriber Segment - Required**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø3=Prescriber	M
466-EZ	Prescriber ID Qualifier*	Ø1=NPI 12=Drug Enforcement Administration (DEA)	R
411-DB	Prescriber ID	DEA or NPI	R

\* Express Scripts edits the qualifiers in field 466-EZ.

**COB/Other Payments Segment - Required**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø5=COB/Other Payments	M
337-4C	Coordination of Benefits/Other Payments Count	Value=1	M
338-5C	Other Payer Coverage Type		M
341-HB	Other Payer Amount Paid Count	Value=1	R
342-HC	Other Payer Amount Paid Qualifier	Value= Ø8 Sum of All Reimbursements	R
431-DV	Other Payer Amount Paid	Valid value of \$Ø or greater to reflect appropriate Other Payer Amount	R
471-5E	Other Payer Reject Count	Optional with OCC value of 3-7	O
472-6E	Other Payer Reject Code	Optional with OCC value of 3-7	O

The COB segment and all required fields must be sent if the Other Coverage Code (308-C8) field with values = 1-8 is submitted in the claim segment.

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**DUR/PPS Segment - Required**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø8=DUR/PPS	M
473-7E	DUR/PPS Code Counter	1=Rx Billing	R
439-E4	Reason for Service Code	DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction HD=High Dose (Maximum Daily Dose) ID=Ingredient Duplication LD=Low Dose (Minimum Daily Dose) PG=Drug-Pregnancy SX=Drug-Gender TD=Therapeutic Duplication	R
44Ø-E5	Professional Service Code	ØØ=No intervention MØ=Prescriber consulted PE=Patient education/instruction PØ=Patient consulted RØ=Pharmacist consulted other source <b>MA=Medication Administered – indicates the administration of a covered vaccine*</b>	R
441-E6	Result of Service Code	1A=Filled As Is, False Positive 1B=Filled As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3C=Discontinued Drug 3E=Therapy Changed 3H=Follow-Up/Report	R
474-8E	DUR/PPS Level of Effort	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	R

\* Indicates the claim billing includes a charge for the administration of the vaccine; leave blank if dispensing vaccine without administration.

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Pricing Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	11=Pricing	M
409-D9	Ingredient Cost Submitted		R
412-DC	Dispensing Fee Submitted		R
433-DX	Patient Paid Amount Submitted		R
478-H7	Other Amount Claimed Submitted Count		
479-H8	Other Amount Claimed Submitted Qualifier		R
480-H9	Other Amount Claims Submitted		R
426-DQ	Usual and Customary Charge	Vaccine Drug Cost + Vaccine Administration Fee	R
430-DU	Gross Amount Due		R
423-DN	Basis of Cost Determination		R
438-E3	Incentive Fee Submitted	Vaccine Administration Fee*	

\*The dollar amount in field 438-E3 will be deducted from the U&C field 426-DQ to determine the cost of the vaccine drug only. These two fields must be populated correctly to ensure accurate payment to the pharmacy.

---

**Section: Billing Response Transaction (Out Bound)**

---

**Response Header Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
102-A2	Version Release Number	51=Version 5.1	M
103-A3	Transaction Code	B1=Billing	M
109-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M
501-F1	Header Response Status	A=Accepted R=Rejected	M
202-B2	Service Provider ID Qualifier	01=NPI	M
201-B1	Service Provider ID	NPI	M
401-D1	Date of Service		M

**Response Message Segment - Optional**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	20=Response Message	M
504-F4	Message		O

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Response Status Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	P=Paid R=Rejected D=Duplicate of Paid	M
503-F3	Authorization Number		R
510-FA	Reject Count*	* Required if Transaction Response Status=R.	O
511-FB	Reject Code*	* Required if Transaction Response Status=R.	O"R"
526-FQ	Additional Message Info		O
549-7F	Help Desk Phone Number Qualifier		O
550-8F	Help Desk Phone Number		O

**Response Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Response Pricing Segment – Mandatory** \*This segment will not be included with a rejected response.

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	23=Response Pricing	M
505-F5	Patient Pay Amount		R
506-F6	Ingredient Cost Paid		R
507-F7	Dispensing Fee Paid		R
557-AV	Tax Exempt Indicator		R
558-AW	Flat Sales Tax Amount Paid		O
559-AX	Percentage Sales Tax Amount Paid		O
560-AY	Percentage Sales Tax Rate Paid		O
561-AZ	Percentage Sales Tax Basis Paid	00=Not specified 01=Gross Amt Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee	O
521-FL	Incentive Amount Paid		O
566-J5	Other Payer Amount Recognized		O
509-F9	Total Amount Paid		R
522-FM	Basis of Reimbursement Determination	01=Ingredient Cost as submitted 02=Ingredient Cost reduced to AWP pricing 03=Ingredient Cost reduced to AWP less x% pricing 04=Paid lower of (Ingredient Cost + Fee) vs. U&C 06=Mac pricing Ingredient Cost Paid 07=Mac Pricing Ingredient Cost reduced to MAC 08=Contract pricing	R
523-FN	Amount Attributed to Sales Tax		O
512-FC	Accumulated Deductible Amount		O
513-FD	Remaining Deductible Amount		O
514-FE	Remaining Benefit Amount		O
517-FH	Amount Applied to Periodic Deductible		O
518-FI	Amount of Copay/Coinsurance		O
519-FJ	Amount Attributed to Product Selection		O
520-FK	Amount Exceeding Periodic Benefit Maximum		O

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Response DUR/PPS Segment - Optional**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	24 = Response DUR/PPS	M
567-J6	DUR/PPS Response Code Counter		O
439-E4	Reason for Service Code	DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction HD=High Dose (Maximum Daily Dose) ID=Ingredient Duplication LD=Low Dose (Minimum Daily Dose) PG=Drug-Pregnancy SX=Drug-Gender TD=Therapeutic Duplication	O
528-FS	Clinical Significance Code		O
529-FT	Other Pharmacy Indicator		O
531-FV	Quantity of Previous Fill		O
530-FU	Previous Date of Fill		O
532-FW	Database Indicator		O
533-FX	Other Prescriber Indicator		O
544-FY	DUR Free Text Message		O"R"

---

***Section: Reversal Transaction (In Bound)***

---

**Transaction Header Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
101-A1	Bin Number	003858 (Or as Assigned by ESI)	M
102-A2	Version Release Number	51=Version 5.1	M
103-A3	Transaction Code	B2=Reversal	M
104-A4	Processor Control Number	Assigned by ESI	M
109-A9	Transaction Count	1=One Occurrence, one reversal per B2 transmission	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

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	07=Claim	M
445-EM	Prescription /Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	03=National Drug Code	R
407-D7	Product/Service ID		R
403-D3	Fill Number		R
308-C8	Other Coverage Code	0=Not Specified* 1=No other coverage identified* 2=Other coverage exists-payment collected* 3=Other coverage exists-this claim not covered* 4=Other coverage exists-payment not collected* 5=Managed care plan denial* 6=Other coverage denied-not a participating provider* 7=Other coverage exists-not in effect at time of service*	R *Please use Other Coverage Code submitted on the original COB transaction.

---

**Section: Reversal Response Transaction (Out Bound)**

---

**Response Header Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
102-A2	Version Release Number	51=Version 5.1	M
103-A3	Transaction Code	B2=Reversal	M
109-A9	Transaction Count	1=One Occurrence, per B2 transmission	M
501-F1	Header Response Status	A=Accepted R=Rejected	M
202-B2	Service Provider ID Qualifier	01=NPI	M
201-B1	Service Provider ID	NPI	M
401-D1	Date of Service		M

**Response Message Segment - Optional**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	20=Response Message	M
504-F4	Message		O

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

**Response Status Segment - Optional**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	A=Approved R=Rejected	M
510-FA	Reject Count	Required if Transaction Response Status=R	O
511-FB	Reject Code	Required if Transaction Response Status=R	O"R"
549-7F	Help Desk Phone Number Qualifier		O
550-8F	Help Desk Phone Number		O

**Response Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M

***Additional Fields Required for Partial Fills:***

Express Scripts, Inc. supports Partial Fill. However, Partial Fills are not accepted for the following:

- Worker's Compensation claims
- On-line Coordination of Benefits (COB)

---

***Section: Billing Transaction (In Bound)***

---

**Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
456-EN	Associated Rx/Service Reference #	Only Required on Completion Transaction	R
457-EP	Associated Rx/Service Date	Only Required on Completion Transaction	R
343-HD	Dispensing Status	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	R
344-HF	Quantity Intended to be Dispensed	Required on both Partial & Completion	R
345-HG	Days Supply Intended to be Dispensed	Required on both Partial & Completion	R

**Express Scripts, Inc.**  
**NCPDP Version 5.1 Payer Sheet**  
**Commercial**

---

***Section: Billing Response Transaction (Out Bound)***

---

**Response Pricing Segment - Optional**

Field #	NCPDP Field Name	Value	Field Status
346-HH	Basis of Calculation – Disp Fee	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity intended to be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived due to Partial Fill 99=Other	R
347-HJ	Basis of Calculation – Copay	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity intended to be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived due to Partial Fill 99=Other	R
348-HK	Basis of Calculation – Flat Sales Tax	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity intended to be Dispensed	R
349-HM	Basis of Calculation – Percentage Sales Tax	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity intended to be Dispensed	R

---

***Section: Reversal Transaction (In Bound)***

---

**Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Field Status
343-HD	Dispensing Status	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	R

Reversals-Partial Fills Transactions: If both "P" and "C" transactions have been accepted by the processor, always reverse out "C" transaction before reversing the "P" transaction.