



January 1, 2006 – CMS PART D PAYOR SHEET

ELDERPLAN

BIN #: 012478

States: ALL

Switch: NDC

Processor: MaxorPlus

Accepting: Claim Billing

Format: NCPDP Version 5.1

1. NCPDP Data Elements Version 5.1

Transaction Header Segment (Mandatory)

First

Field#	Field Name	Submit	Value	Comments
101-A1	BIN #	M	012478	
102-A2	Version #	M	51	NCPDP v5.1
103-A3	Transaction Code	M	B1, B2	Claim Billing, Reversal
104-A4	Processor Control #	M	10012478	
109-A9	Transaction Count	M	1	
202-B2	Service Provider ID Qualifier	M	07	
201-B1	Service Provider ID	M	7-digit NCPDP	
401-D1	Date of Service	M	CCYYMMDD	
110-AK	Software Vendor/Certification ID	M	Blank fill	

Patient Segment (Required)

Second

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	01	
304-C4	Date of Birth	M	CCYYMMDD	
305-C5	Patient Gender Code	M	1=male, 2=female	
307-C7	Patient Location	RW	07-Long Term Care Prescription 01-Home Infusion Prescription	
310-CA	Patient First Name	M		
311-CB	Patient Last Name	M		

Insurance Segment (Mandatory)

Third

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	04	
302-C2	Cardholder ID	M		
301-C1	Group ID	M		As printed on ID card

303-C3	Person Code	O		
306-C6	Patient Relationship	M	1=subscriber 2=spouse 3=dependent 4=other	

Claim Segment (Mandatory)

Up to 4/submission.

Partial fills not supported.

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	07	
455-EM	Prescription/Service Reference # Qualifier	M	1=billing	
402-D2	Prescription/Service Reference #	M		
436-E1	Product/Service ID Qualifier	M	03=NDC #	
407-D7	Product/Service ID	M	11-digit NDC	
442-E7	Quantity Dispensed	M		
403-D3	Fill Number	M		
405-D5	Days Supply	M		
406-D6	Compound Code	M	1=not a compound 2=compound	
408-D8	Dispense as Written (DAW)	M	0-9	
414-DE	Date Prescription Written	O	CCYYMMDD	
415-DF	# of Fills Authorized	O		
308-C8	Other Coverage Code	RW		If other payer Id is identified
461-EU	Prior Authorization Type Code	RW		
461-EV	Prior Authorization Number	RW		

Prescriber Segment (Optional)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	03	
466-EZ	Prescriber ID Qualifier	M	12=DEA	
411-DB	Prescriber ID	M	9-digit DEA	

COB/Other Payments Segment (Optional)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	05	
339-6C	Other Payer Id Qualifier	RW	03 = BIN Number	If Other Cvg. identified
340-7C	Other Payer Id	RW		If Other Cvg. identified
342-HC	Other Payer Amt Paid Qualifier	RW	08=Drug Benefit	If Other Cvg. identified
431-DV	Other Payer Amount Paid	RW		If Other Cvg. identified

Pricing Segment (Mandatory)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	11	
409-D9	Ingredient Cost Submitted	M		
412-DC	Dispensing Fee Submitted	O		
426-DQ	Usual and Customary Charge	M		
430-DU	Gross Amount Due	O		
433-DX	Patient Paid Amount	O		

481-HA	Flat Sales Tax Amount	O	
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“M” fields are Mandatory, in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, and the only fields designated as mandatory.

“O” fields are Optional- conditional based on data content- but may be made Mandatory by the Payer.

“RW” fields are Required When another condition is met.

2. General Information

BIN #:	012478
Test Claims, on or after:	December 15, 2005
Live Claims, on or after:	January 1, 2006
Maximum prescriptions per transaction:	1
Pharmacy Helpdesk for Claims, and Eligibility:	1-800-687-0707
Customer Satisfaction (Members):	1-800-353-3765
Pharmacy Agreement with Payor Required:	Yes
Pharmacy Register with NDC Required:	No
Total Switch Contract with NDC Required:	No

3. Test Data

BIN#	012478
PRESCRIBER ID	AA0000240
CARDHOLDER ID	987654321
DATE OF BIRTH	01/01/1970
PATIENT FIRST NAME	PARTD
PATIENT LAST NAME	MAXTSTMBR
RELATIONSHIP	1
GROUP	TESTMAXPARTD