



EXPRESS SCRIPTS®

NCPDP Version D.0 Payer Sheet Commercial

Field #	NCPDP Field Name	Value	Payer Usage
471-5E	Other Payer Reject Count	Maximum count of 5	RW (Other Payer Reject Code (472-6E) is used)
472-6E	Other Payer Reject Code		RW (Other Payer Reject Count (471-5E) is used)
353-NR	Other Payer – Patient Responsibility Amount Count	Maximum count of 13	RW (Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used)
351-NP	Other Payer – Patient Responsibility Amount Qualifier		RW (Other Payer-Patient Responsibility Amount (352-NQ) is used)
352-NQ	Other Payer – Patient Responsibility Amount		RW (Necessary for Patient Financial Responsibility Only Billing)
392-MU	Benefit Stage Count	Maximum count of 4	RW (Secondary to Medicare)
393-MV	Benefit Stage Qualifier	Occurs up to 4 times	RW (Secondary to Medicare)
394-MW	Benefit Stage Amount		RW (Secondary to Medicare)

The COB segment and all required fields must be sent if the Other Coverage Code (308-C8) field with values = 2 through 4 or 8 are submitted in the claim segment.

Note: If field 308-C8 (Other Coverage Code) is populated with:

- Value of 2 = Other coverage exists – payment collected; fields 341-HB, 342-HC and 431-DV are required and must have values entered. Field 431-DV must **not** be zero (\$0.00). The sum of all occurrences must not be zero.