Express Scripts®

NCPDP Version D.0 Payer Sheet
Commercial

Field #	NCPDP Field Name	Value	Payer Usage
323-CN	Patient City		O
324-CO	Patient State or Province		O
325-CP	Patient Zip/Postal Code		R*
3Ø7-C7	Place of Service	Ø1 = Pharmacy	R
335-2C	Pregnancy Indicator	Blank = Not Specified 1=Not Pregnant 2=Pregnant	O
384-4X	Patient Residence		R

*For Emergency/Natural Disaster claims, enter the current ZIP code of displaced patient in conjunction with Prior Authorization Type Code (461-EU) and Prior Auth ID (462-EV) fields.

Insurance Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
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
524-FO	Plan ID		O
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	001-010 Code assigned to specific person in a family	R
3Ø6-C6	Patient Relationship Code	1=Cardholder – The individual that is enrolled in and receives benefits from a health plan 2=Spouse – Patient is the husband/wife/partner of the cardholder 3=Child – Patient is a child of the cardholder 4=Other – Relationship to cardholder is not precise	R
359-2A	Medigap ID		O
36Ø-2B	Medicaid Indicator		O
115-N5	Medicaid ID Number		O

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing,
"R"=Repeating Field, RW=Required when; required if "x", not required if "y"