



EXPRESS SCRIPTS®

NCPDP Version D.0 Payer Sheet Commercial

Claim Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	07=Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing* *Pharmacist should enter "1" when processing claim for a vaccine drug and vaccine administration.	M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	00 = Not specified* 03=National Drug Code	M
407-D7	Product/Service ID		M
442-E7	Quantity Dispensed		R
403-D3	Fill Number	0=Original Dispensing 1 to 99 = Refill number	R
405-D5	Days Supply		R
406-D6	Compound Code	1=Not a Compound 2=Compound*	R
408-D8	Dispense as Written (DAW)/Product Selection Code		R
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	00 =No refills authorized 01 through 99, with 99 being as needed, refills unlimited	R
419-DJ	Prescription Origin Code	0=Not known 1=Written 2=Telephone 3=Electronic 4=Facsimile 5=Pharmacy	R
354-NX	Submission Clarification Code Count	Maximum count of 3	O
420-DK	Submission Clarification Code	See ECL for available values	O
308-C8	Other Coverage Code	0=Not Specified by patient 1=No other coverage 2=Other coverage exists - payment collected* 3=Other coverage billed - claim not covered* 4=Other coverage exists - payment not collected* 8=Claim is billing for patient financial responsibility only*	R (*Requires COB segment to be sent.)