



EXPRESS SCRIPTS®

NCPDP Version D.0 Payer Sheet Commercial

IMPORTANT NOTE: *Express Scripts only accepts NCPDP Version D.0 electronic transactions. This documentation is to be used for programming the fields and values Express Scripts will accept when processing these claims.*

Claim transaction segments not depicted within this document may be accepted during the transmission of a claim. However, Express Scripts may not use the information submitted to adjudicate claims. All values submitted will be validated against the NCPDP External Code List version as indicated below.

This payer sheet includes processing information for both Legacy Express Scripts and Legacy Medco.

General Information:

Payer Name: Express Scripts	Date: December 2017
Processor: Express Scripts	Switch:
Effective: January 1, 2018	Version/Release Number: D.0
NCPDP Data Dictionary Version Date: October 2016	NCPDP External Code List Version Date: October 2016
	NCPDP Emergency External Code List Version Date: July 2017
Contact/Information Source: Network Contracting & Management Account Manager, or (800) 824-0898, or Express-Scripts.com	
Pharmacy Help Desk Info: (800) 824-0898	
Other versions supported: N/A	

Note: All fields requiring alphanumeric data must be submitted in UPPER CASE.

BIN/PCN Table

Plan Name/Group Name	BIN	PCN
Legacy ESI Commercial	003858	A4 (or as assigned by ESI) SC (When secondary to Medicare Part D only)
Legacy Medco Commercial	610014	Provided on card or anything but zeros
Legacy Medco Commercial – Copay only	610014	COPAY
Legacy Medco Commercial – Secondary Payer Non-Medicare Part D (Based on Other Payer Paid)	610014	COBSEG
Legacy Medco Commercial – Secondary to Medicare Part D Other Payer Primary (Based on Other Payer Paid)	610031	MEDDCOBSEG
Legacy Medco Commercial – Secondary to Medicare Part D Other Payer Patient Responsibility	610031	MEDDCOPAY
Legacy Medco Member Balance Inquiry	610056	Provided on card or anything but zeros
Legacy Medco Member Balance Inquiry – Secondary Payer Non-Medicare Part D	610056	COBSEG
Legacy Medco Member Balance Inquiry – Secondary Payer Non-Medicare Part D (Co-Pay Only)	610056	COPAY
Emblem Health/GHI Commercial	013865	Not Required
Emblem Health/HIP Commercial	400023	Not Required
Emblem Health Commercial (Healthcare Exchange)	400023	01071998 (or as appears on card)