



EXPRESS SCRIPTS®

NCPDP Version D.0 Payer Sheet Commercial

Plan Name/Group Name	BIN	PCN
Emblem Health/Vytra Health Plan	010033	Not Required
Emblem Connecticare Medicare Part B only	013337	Not Required
Emblem HIP Medicare Part B only	400023	Not Required
Emblem Health GHI Part B only	013344	Not Required
WellPoint Commercial	610053 610575	Not Required
HealthSmart	012924	AMER9999

Section I: Claim Billing (In Bound)

Transaction Header Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
101-A1	BIN Number	See BIN/PCN table, above	M
102-A2	Version Release Number	D0=Version D.0	M
103-A3	Transaction Code	B1=Billing	M
104-A4	Processor Control Number	As indicated above	M
109-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M (BIN 610056 only allows TRANS COUNT = 1). All others allow 1-4
202-B2	Service Provider ID Qualifier	01=NPI	M
201-B1	Service Provider ID	Pharmacy NPI	M
401-D1	Date of Service		M
110-AK	Software Vendor/Certification ID		O

Patient Segment – Required

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	01=Patient	M
331-CX	Patient ID Qualifier		O
332-CY	Patient ID	As indicated on member ID card	O
304-C4	Date of Birth		R
305-C5	Patient Gender Code	1=Male 2=Female	R
310-CA	Patient First Name	Example: John	R
311-CB	Patient Last Name	Example: Smith	R
322-CM	Patient Street Address		O