

# Express Scripts NCPDP Version D.0 Payer Sheet Workers' Compensation

**IMPORTANT NOTE:** *Express Scripts is currently accepting 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 in the transmission of a claim. However, Express Scripts may not use the information submitted to adjudicate claims.*

## General Information:

Payer Name: Express Scripts, Inc.	Communication Date: <b>December 2, 2016</b>
Processor: Express Scripts, Inc.	Switch:
Effective as of: <b>January 1, 2017</b>	Version/Release Number: D.0
Contact/Information Source: Network Contracting & Management Account Manager, or (800) 824-0898, or <a href="http://Express-Scripts.com">Express-Scripts.com</a>	
Testing Window: As determined by testing coordinator.	
Pharmacy Help Desk Info: (800) 824-0898	
Other versions supported: N/A	

## Section I: Claim Billing (In Bound)

NOTE: The Transaction Header Segment is the only FIXED length portion of the NCPDP version D.0 record. All 56 bytes must accompany the transaction along with the following defined rules:

- If numeric - Right justify; zero fill.
- If alphanumeric - Left justify; space fill.

### Transaction Header Segment – Mandatory in all cases

Field #	NCPDP Field Name	Value	Field Status
1Ø1-A1	BIN Number	ØØ2156 ØØ3592 ØØ3857 ØØ3858 123455 4ØØØØ4 61ØØ41 61ØØ77 61Ø544 677548 9ØØØØ2	M
1Ø2-A2	Version Release Number	DØ=Version D.0	M
1Ø3-A3	Transaction Code	B1=Billing	M
	Processor Control Number	Assigned by ESI	M



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Field #	NCPDP Field Name	Value	Field Status
1Ø9-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M
2Ø2-B2	Service Provider ID Qualifier	Ø1=NPI	M
2Ø1-B1	Service Provider ID	NPI	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor/Certification ID		O

### Patient Segment – Mandatory

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø1=Patient	M
3Ø4-C4	Date of Birth		R
3Ø5-C5	Patient Gender Code	1=Male 2=Female	R
31Ø-CA	Patient First Name	Example: John	R
311-CB	Patient Last Name	Example: Smith	R
3Ø7-C7	Place of Service		O

### Insurance Segment – Mandatory

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø4=Insurance	M
3Ø2-C2	Cardholder ID	ID assigned to the cardholder.	M
312-CC	Cardholder First Name		RW (Specific to Plan requirements)
313-CD	Cardholder Last Name		RW (Specific to Plan requirements)
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	P1-P9 Dependent person code (1-9 represents specific dependent; maximum of 9 dependents)	O
3Ø6-C6	Patient Relationship Code	Ø=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other	R



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### Claim Segment – Mandatory (Payer does not support partial fills.)

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø7=Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
4Ø2-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	Ø3=National Drug Code	M
4Ø7-D7	Product/Service ID*		M
442-E7	Quantity Dispensed		R
4Ø3-D3	Fill Number	Ø=Original Dispensing 1 to 99 = Refill number	R
4Ø5-D5	Days Supply		R
4Ø6-D6	Compound Code	1=Not a Compound 2=Compound	R
4Ø8-D8	Dispense as Written (DAW) / Product Selection Code	Ø=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace.	R**
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	Ø=No refills authorized 1 through 99, with 99 being as needed, refills unlimited	R
419-DJ	Prescription Origin Code	Ø=Not known 1= Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R
354-NX	Submission Clarification Code Count	Maximum count of 3	O
42Ø-DK	Submission Clarification Code		O
3Ø8-C8	Other Coverage Code		O
6ØØ-28	Unit of Measure	EA=Each GM=Grams ML=Milliliters	O



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Field #	NCPDP Field Name	Value	Field Status
418-DI	Level of Service	Ø=Not specified 1=Patient consultation (professional service involving provider/patient discussion of disease, therapy or medication regimen or other health issues) 2=Home delivery—provision of medications from pharmacy to patient's place of residence 3=Emergency—urgent provision of care 4=24-hour service—provision of care throughout the day and night 5=Patient consultation regarding generic product selection—professional service involving discussion of alternatives to brand-name medications 6=In-Home Service – provision of care in patient's place of residence	O
461-EU	Prior Authorization Type Code		O
462-EV	Prior Auth Number Submitted		O
995-E2	Route of Administration		O

\*The Product/Service ID (4Ø7-D7) must contain a value of "Ø" and Product/Service ID Qualifier (436-E1) must contain a value of "ØØ" when used for multi-ingredient compounds.

\*\*For members in the states of California, Texas and Tennessee, the DAW code in field 4Ø8-D8 must either be 1, 4, or 8 to be valid.

### Pharmacy Provider Segment – Required\*

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø2=Pharmacy Provider	M
465-EY	Provider ID Qualifier	Ø2=State License	R
444-E9	Provider ID	State license	R

\*This segment required for Florida Workers' Compensation claims only.

### Prescriber Segment – Required

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø3=Prescriber	M
466-EZ	Prescriber ID Qualifier	Ø1=NPI Ø8 = State License 12=DEA (Drug Enforcement Administration)	O
411-DB	Prescriber ID		R

### Workers' Compensation Segment – Required

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø6=Worker's Compensation	M
434-DY	Date of Injury		M*
315-CF	Employer Name		O
316-CG	Employer Street Address		O
317-CH	Employer City Address		O

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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"

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Field #	NCPDP Field Name	Value	Field Status
318-CI	Employer State/Province Address		O
319-CJ	Employer Zip/Postal Code		O
435-DZ	Claim/Reference ID		R
117-TR	Billing Entity Type Indicator		O

\*Express Scripts does not require a prior authorization for Date of Injury (434-DY).

**DUR/PPS Segment – Situational**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	Ø8=DUR/PPS	M
473-7E	DUR/PPS Code Counter	1 = Rx Billing (maximum of 9 occurrences)	O
439-E4	Reason for Service Code	DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction HD=High Dose (Maximum Daily Dose) ID=Ingredient Duplication LD=Low Dose (Minimum Daily Dose) PG=Drug-Pregnancy SX=Drug-Gender TD=Therapeutic SD=Suboptimal Drug/Indication	O
44Ø-E5	Professional Service Code	ØØ=No intervention MØ=Prescriber consulted PE=Patient education/instruction PØ=Patient consulted RØ=Pharmacist consulted other source	R
441-E6	Result of Service Code	1A=Filled As Is, False Positive 1B=Filled As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3C=Discontinued Drug 3E=Therapy Changed 3H=Follow-Up/Report	R
474-8E	DUR/PPS Level of Effort	11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	R (For Compounds Only)

**Pricing Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	11=Pricing	M
4Ø9-D9	Ingredient Cost Submitted		R

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Field #	NCPDP Field Name	Value	Field Status
412-DC	Dispensing Fee Submitted		R
433-DX	Patient Paid Amount Submitted		O
438-E3	Incentive Amount Submitted		O
481-HA	Flat Sales Tax Amount Submitted		O
482-GE	Percentage Sales Tax Amount Submitted		O*
483-HE	Percentage Sales Tax Rate Submitted		O*
484-JE	Percentage Sales Tax Basis Submitted		O*
426-DQ	Usual and Customary Charge		R
430-DU	Gross Amount Due		R
423-DN	Basis of Cost Determination		O
478-H7	Other Amount Claimed Submitted Count		O
479-H8	Other Amount Claimed Submitted Qualifier		O
480-H9	Other Amount Claimed Submitted		O

\*It is not permissible to submit Sales Tax unless required by State law.

### Compound Segment – Situational (Must be present on a compound claim.)

(Will support only one transaction per transmission.)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	10=Compound	M
450-EF	Compound Dosage Form Description Code		M
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M
447-EC	Compound Ingredient Component Count	Maximum 25 ingredients	M
488-RE	Compound Product ID Qualifier	03=NDC	M "R"
489-TE	Compound Product ID	At least 2 ingredients and 2 NDC #s. Number should equal field 447-EC.	M "R"
448-ED	Compound Ingredient Quantity		M "R"
449-EE	Compound Ingredient Drug Cost		M "R"
490-UE	Compound Ingredient Basis of Cost Determination		R "R"

### Clinical Segment – Situational

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	13=Clinical	M
491-VE	Diagnosis Code Count	Maximum count of 5	O
492-WE	Diagnosis Code Qualifier	02=ICD-10	O
424-DO	Diagnosis Code		O

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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"

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**Section II: Response Claim Billing (Out Bound)**

**Response Header Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
102-A2	Version Release Number	D0=Version D.0	M
103-A3	Transaction Code	B1=Billing	M
109-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M
501-F1	Header Response Status	A=Accepted R=Rejected	M
202-B2	Service Provider ID Qualifier	Same value as in request	M
201-B1	Service Provider ID	Same value as in request	M
401-D1	Date of Service		M

**Response Message Segment – Optional**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	20=Response Message	M
504-F4	Message		O

**Response Patient Segment – Situational**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	29=Response Patient Segment	M
310-CA	Patient First Name		R
311-CB	Patient Last Name		R
304-C4	Date of Birth		R

**Response Insurance Segment – Optional**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	25=Response Insurance	M
524-FO	Plan ID		O
545-2F	Network Reimbursement ID	Network ID	R

**Response Status Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid R=Reject	M

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Field #	NCPDP Field Name	Value	Field Status
503-F3	Authorization Number		RW (Transaction Response Status = P)
510-FA	Reject Count	Maximum count of 5	RW (Transaction Response Status = R)
511-FB	Reject Code		RW (Transaction Response Status = R)
546-4F	Reject Field Occurrence Indicator		RW (If repeating field is in error to identify repeating field occurrence)
130-UF	Additional Message Information Count	Maximum count of 9	RW (Additional Message 526-FQ is used)
132-UH	Additional Message Information	01-09 = Free Form Text 10 = Next Available Fill Date (CCYYMMDD)	RW (Additional Message( 526-FQ) is used)
526-FQ	Additional Message Information		RW (Additional text is needed for clarification or detail)
131-UG	Additional Message Information Continuity		RW (Current repetition of Additional Message Information (526-FQ) is used and another repetition (526-FQ) follows, and text is continuation of the current)
549-7F	Help Desk Phone Number Qualifier		O
550-8F	Help Desk Phone Number		O
987-MA	URL		R*

\*Returned on rejected claims. For informational purposes only.



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### Response Claim Segment – Mandatory

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M

### Response Pricing Segment – Mandatory (This segment will not be included with a rejected response.)

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	23=Response Pricing	M
505-F5	Patient Pay Amount		R
506-F6	Ingredient Cost Paid		R
507-F7	Dispensing Fee Paid		R
557-AV	Tax Exempt Indicator		RW (Required if sender and/or patient is tax exempt and exemption applies to this billing)
558-AW	Flat Sales Tax Amount Paid		O
559-AX	Percentage Sales Tax Amount Paid		O
560-AY	Percentage Sales Tax Rate Paid		O
561-AZ	Percentage Sales Tax Basis Paid	00=Not specified 01=Gross Amt Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee	O
521-FL	Incentive Amount Paid		O
566-J5	Other Payer Amount Recognized		O
509-F9	Total Amount Paid		R
522-FM	Basis of Reimbursement Determination		R
523-FN	Amount Attributed to Sales Tax		O
512-FC	Accumulated Deductible Amount		O
513-FD	Remaining Deductible Amount		O
514-FE	Remaining Benefit Amount		O
517-FH	Amount Applied to Periodic Deductible		RW (Patient Pay Amount (505-F5) includes deductible)
518-FI	Amount of Co-pay		RW (Patient Pay Amount (505-F5) includes co-pay as patient financial responsibility)



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Field #	NCPDP Field Name	Value	Field Status
520-FK	Amount Exceeding Periodic Benefit Maximum		O
571-NZ	Amount Attributed to Processor Fee		O
575-EQ	Patient Sales Tax Amount		RW (Used when necessary to identify Patient's portion of the Sales Tax)
574-2Y	Plan Sales Tax Amount		RW (Used when necessary to identify Plan's portion of Sales Tax)
572-4U	Amount of Coinsurance		RW (Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility)
577-G3	Estimated Generic Savings		RW (Patient selects brand drug when generic was available)
128-UC	Spending Account Amount Remaining		RW (If known when transaction had spending account dollars reported as part of patient pay amount)
129-UD	Health Plan-Funded Assistance Amount		RW (Patient meets the plan-funded assistance criteria to reduce Patient Pay Amount (505-F5))



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Field #	NCPDP Field Name	Value	Field Status
134-UK	Amount Attributed to Product Selection/Brand Drug		RW (Patient Pay Amount (505-F5) includes an amount that is attributable to patient's selection of a Brand drug)

**Response DUR/PPS Segment – Situational**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	24 = Response DUR/PPS	M
567-J6	DUR/PPS Response Code Counter	Maximum 3 occurrences supported	RW (Reason for Service Code (439-E4) is used)
439-E4	Reason for Service Code	DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction HD=High Dose (Maximum Daily Dose) ID=Ingredient Duplication LD=Low Dose DG=Drug-Pregnancy SX=Drug-Gender TD=Therapeutic Duplication SD=Suboptimal Dug/Indication	O
528-FS	Clinical Significance Code		O
529-FT	Other Pharmacy Indicator		O
531-FV	Quantity of Previous Fill		O
530-FU	Previous Date of Fill		O
532-FW	Database Indicator		O
533-FX	Other Prescriber Indicator		O
544-FY	DUR Free Text Message		O

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**Section III: Reversal Transaction (In Bound)**

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**Transaction Header Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
101-A1	BIN Number	003858 (or as used on original submission)	M
102-A2	Version Release Number	D0=Version D.0	M
103-A3	Transaction Code	B2=Reversal	M
104-A4	Processor Control Number	Assigned by ESI	M
109-A9	Transaction Count	1=One Occurrence, one reversal per B2 transmission	M
202-B2	Service Provider ID Qualifier	01=NPI	M

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Field #	NCPDP Field Name	Value	Field Status
201-B1	Service Provider ID	NPI	M
401-D1	Date of Service		M
110-AK	Software Vendor/Certification ID		M

**Claim Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	07=Claim	M
445-EM	Prescription /Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	03=National Drug Code	R
407-D7	Product/Service ID		R
403-D3	Fill Number		R

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**Section IV: Reversal Response Transaction (Out Bound)**

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**Response Header Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
102-A2	Version Release Number	D0=Version D.0	M
103-A3	Transaction Code	B2=Reversal	M
109-A9	Transaction Count	1=One Occurrence, per B2 transmission	M
501-F1	Header Response Status	A=Accepted R=Rejected	M
202-B2	Service Provider ID Qualifier	01=NPI	M
201-B1	Service Provider ID	NPI	M
401-D1	Date of Service		M

**Response Message Segment – Situational**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	20=Response Message	M
504-F4	Message		O

**Response Status Segment – Situational**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	A=Approved R=Rejected	M
510-FA	Reject Count		RW (Transaction Response Status=R)



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Field #	NCPDP Field Name	Value	Field Status
511-FB	Reject Code		RW "R" (Transaction Response Status=R)
549-7F	Help Desk Phone Number Qualifier		O
550-8F	Help Desk Phone Number		O

**Response Claim Segment – Mandatory**

Field #	NCPDP Field Name	Value	Field Status
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M

