

Payer Sheet Summary

Required Field	Dean PDP Value	Dean Wrap Value	MO Input Values For PDP & Wrap
BIN	610602	610602	610602
PCN	5154	5154M	5154M
Group	Group from Id Card	Group from Id Card	Group from Id Card
Member ID	9 digit code	9 digit code	9 digit code
Person Code	2 digit code	2 digit code	2 digit code
Date of Birth	DOB	DOB	DOB
Gender	Male or Female	Male or Female	Male or Female
Location Code (see below)	00	00	00
COB Fields (Only Required if claim submission is not primary.)	n/a	Must submit Other Coverage Code = 2 and Other Payer Amount must be populated.	For secondary claims only: Must submit Other Coverage Code = 2 and Other Payer Amount must be populated.

- For Long Term Care (LTC) claims:

A location code of 03 or 04 must be submitted. (03 = Nursing Home and 04 = LTC)

- For Home Infusion claims:

A location code of 01 must be submitted.

- For Compound claims, the pharmacy must submit a Level of Service code of the following:

Level of Service Code Submitted	Compound Time (In Minutes)
11	1 - 5
12	6 – 15
13	16 – 30
14	31+