

# Payer Specification Sheet

for Prime Therapeutics Commercial Clients (excludes Medicare Part D)

Revised December 2011

## Inside

BIN .....	See BINs on page 2 (in <b>bold blue</b> type)
PCN .....	See PCNs on page 2 (in <b>bold blue</b> type)
States .....	National
Destination .....	PRIME/RxClaim
Accepting .....	Claim Adjudication, Reversals
Format .....	NCPDP Version 5.1
Prime Contact Center .....	800.821.4795

## Segment and field requirements by transaction type

Billing (**B1**) and Reversal (B2) Transaction Data Elements:

- M** = Mandatory by HIPAA
- R** = Required by Prime
- S** = Situational
- \*\*\*V** = Repeat Field

A “**Situational**” data element means the NCPDP Standard does **not** require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The “**Mandatory**” and “**Required**” fields within a “**Situational**” segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted, however, not all segments are supported. Please call the Prime Contact Center at 800.821.4795 for more information regarding the support of claim segments.

- B3 transactions **not** supported
- CONTROLLED SUBSTANCE REPORTING (**C1, C2, C3**) TRANSACTION DATA ELEMENTS  
Prime does **not** support controlled substance reporting transactions
- ENHANCED ELIGIBILITY VERIFICATION (**E1**) TRANSACTION DATA ELEMENTS  
Prime does **not** support eligibility verification transactions
- INFORMATION (**N1, N2, N3**) TRANSACTION DATA ELEMENTS  
Prime does **not** support informational transactions
- PRIOR AUTHORIZATION (**P1, P2, P3**) TRANSACTION DATA ELEMENTS  
Prime does **not** support prior authorization transactions

## Transaction Header Segment — Mandatory

Segment is required.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
101-A1	BIN NUMBER	M	<b>004915:</b> BCBS of AL <b>011552:</b> BCBS of IL, NM, OK, TX, and Medicare Advantage PPO <b>012833:</b> BCBS of FL <b>610455:</b> BCBS of KS, MN, MT, NE, ND, CHS, Noridian, PrimeWest, SCHA Medicaid, SCHA MSCPlus, UPlan, Hormel, NPA Part B <b>800001:</b> BCBS of WY
102-A2	VERSION/RELEASE NUMBER	M	Use 51
103-A3	TRANSACTION CODE	M	All plans allow B1, B2
104-A4	PROCESSOR CONTROL NUMBER	M	<b>BCTX:</b> BCBS of TX <b>CARVE:</b> Non-BCBS Clients <b>FLBC:</b> BCBS of FL <b>HMBC:</b> BCBS of MT <b>HMON, HRTLD, RXNEB or PPN1:</b> BCBS of NE <b>HORMEL:</b> Hormel Foods <b>ILDR or ILSC:</b> BCBS of IL <b>KSBCS:</b> BCBS of KS <b>NDBCS:</b> BCBS of ND <b>NMDR:</b> BCBS of NM <b>NMMCARE:</b> Medicare Advantage PPO (BCBS of NM) <b>NORID:</b> Noridian <b>PARTB:</b> BCBS of AL Medicare Part B Benefits, NPA Part B <b>PGIGN:</b> BCBS of MN <b>PGNB1 or PGIGN:</b> CHS <b>PWEST:</b> PrimeWest <b>SALUD:</b> BCNS of NM BlueSalud <b>SHMCD:</b> SCHA Medicaid <b>SHMSC:</b> SCHA MSCPlus <b>TXMCARE:</b> Medicare Advantage PPO (BCBS of TX) <b>UMEMP:</b> UPlan <b>WRI:</b> BCBS of AL Work Related Injury Benefit <b>WYBCS:</b> BCBS of WY <b>1215:</b> BCBS of OK Drug Card <b>1217:</b> BCBS of OK Comp Card
109-A9	TRANSACTION COUNT	M	01 – 04 (up to 4 transactions per B1 transmission) accepted; only 01 for a B2 transaction
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 – NPI
201-B1	SERVICE PROVIDER ID	M	
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks

Continued

Client requires segment for B1 and B2 transactions to locate correct member number.

Patient Segment — Situational

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	01 – transmit <b>only</b> if the segment is transmitted
331-CX	PATIENT ID QUALIFIER	S	Required for Worker's Comp
332-CY	PATIENT ID	R	Required for Worker's Comp
304-C4	DATE OF BIRTH	R	
305-C5	PATIENT GENDER CODE	S	Required for BCBS of AL, BIN 004915 BCBS of Minnesota Blue Advantage BIN 610455, PCN PGIGN BCBS of Minnesota MN Care BIN 610455, PCN PGIGN PrimeWest BIN 610455, PCN PWEST South Country Health Alliance Medicaid BIN 610455, PCN SHMCD South Country Health Alliance MSCPlus BIN 610455, PCN SHMSC
310-CA	PATIENT FIRST NAME	R	<b>Note:</b> For BCBS of MN, this is required only for group MP10705. This is required for all other BCBS plans, when DOB and gender are identical
311-CB	PATIENT LAST NAME	S	Required for Worker's Comp. Required for BCBS of IL BlueScript BIN = <b>011552</b> , PCN = <b>ILSC</b>
322-CM	PATIENT STREET ADDRESS	S	Required for Worker's Comp
323-CN	PATIENT CITY ADDRESS	S	Required for Worker's Comp
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Required for Worker's Comp
325-CP	PATIENT ZIP/POSTAL ZONE	S	Required for Worker's Comp
326-CQ	PATIENT PHONE NUMBER	S	Required for Worker's Comp
307-C7	PATIENT LOCATION	S	
333-CZ	EMPLOYER ID	S	
334-1C	SMOKER / NON-SMOKER CODE	S	
335-2C	PREGNANCY INDICATOR	S	

Segment is required for B1 transactions.  
Not required for B2 transactions.

Insurance Segment — Situational

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	04 – transmit <b>only</b> if the segment is transmitted
302-C2	CARDHOLDER ID	M	
312-CC	CARDHOLDER FIRST NAME	S	
313-CD	CARDHOLDER LAST NAME	S	
314-CE	HOME PLAN	S	
524-FO	PLAN ID	S	
309-C9	ELIGIBILITY CLARIFICATION CODE	S	As needed to override a Reject (3 for full-time student)
336-8C	FACILITY ID	S	
301-C1	GROUP ID	S	
303-C3	PERSON CODE	S	
306-C6	PATIENT RELATIONSHIP CODE	S	Required for BCBSOK Comp Card only BIN 011552, PCN 1217

Continued

Claim Segment — Mandatory

Segment is required for B1 and B2 transactions.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	07 – transmit <b>only</b> if the segment is transmitted
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Only value ‘1’ is accepted
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Only supports 7-digit Rx #
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03
407-D7	PRODUCT/SERVICE ID	M	NDC number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required <b>only</b> if Procedure Modifier Code submitted
459-ER	PROCEDURE MODIFIER CODE	S	
442-E7	QUANTITY DISPENSED	R	
403-D3	FILL NUMBER	R	
405-D5	DAYS SUPPLY	R	
406-D6	COMPOUND CODE	S	When submitting a compound, submit the value of “2” and the NDC value of the most expensive Federal Legend Drug within the compound Required for: BCBS of Minnesota Blue Advantage BIN 610455, PCN PGIGN BCBS of Minnesota MN Care BIN 610455, PCN PGIGN PrimeWest BIN 610455, PCN PWEST South Country Health Alliance Medicaid BIN 610455, PCN SHMCD South Country Health Alliance MSCPlus BIN 610455, PCN SHMSC
408-D8	DISPENSE AS WRITTEN (DAW)/ PRODUCT SELECTION CODE	R	
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for: BCBS of AL, BIN 004915 BCBS of Minnesota Blue Advantage BIN 610455, PCN PGIGN BCBS of Minnesota MN Care BIN 610455, PCN PGIGN PrimeWest BIN 610455, PCN PWEST South Country Health Alliance Medicaid BIN 610455, PCN SHMCD South Country Health Alliance MSCPlus BIN 610455, PCN SHMSC
415-DF	NUMBER OF REFILLS AUTHORIZED	S	
419-DJ	PRESCRIPTION ORIGIN CODE	S	Effective 1/1/11 required for all prescriptions including refills for: BCBS of NM BIN 011552, PCN NMDR Accepted Values: 1-Written                      3-Electronic 2-Telephone                  4-Facsimile
420-DK	SUBMISSION CLARIFICATION CODE	S	
460-ET	QUANTITY PRESCRIBED	S	Partial fills not supported
308-C8	OTHER COVERAGE CODE	S	Value 04: Other Coverage Exists Required for: BCBS NM Blue Salud BIN 011552, PCN NMDR
429-DT	UNIT DOSE INDICATOR	S	

Continued

Claim Segment continued

445-EA	ORIGINALLY PRESCRIBED PRODUCT/ SERVICE CODE	S	Partial fills not supported
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Partial fills not supported
330-CW	ALTERNATE ID	S	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	
600-28	UNIT OF MEASURE	S	Not supported
418-DI	LEVEL OF SERVICE	S	
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Submit a value of "1" when a PA number is submitted in field 462-EV
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	Situation determined by client
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	
464-EX	INTERMEDIARY AUTHORIZATION ID	S	
343-HD	DISPENSING STATUS	S	Partial fills not supported
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Partial fills not supported
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Partial fills not supported

Pharmacy Provider Segment — Situational

Segment is not required.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	02 – transmit <b>only</b> if the segment is transmitted
465-EY	PROVIDER ID QUALIFIER	S	
444-E9	PROVIDER ID (NCPDP #)	S	

Prescriber Segment

Segment is required for B1 transactions.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	03 – transmit <b>only</b> if the segment is transmitted
466-EZ	PRESCRIBER ID QUALIFIER	R	Accepted values 01 – NPI (preferred value) 12 – DEA Prescriber NPI required for: BCBS of NM, BIN 011552, PCN NMDR SCHA Medicaid, BIN 610455, PCN SHMCD SCHA MSCPlus, BIN 610455, PCN SHMSC
411-DB	PRESCRIBER ID	R	Applicable value for the qualifier used in 466-EZ above
467-1E	PRESCRIBER LOCATION CODE	S	
427-DR	PRESCRIBER LAST NAME	S	
498-PM	PRESCRIBER PHONE NUMBER	S	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	
421-DL	PRIMARY CARE PROVIDER ID	S	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	

Continued

## COB/Other Payments Segment — Situational

Not supported.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	05 – transmit <b>only</b> if the segment is transmitted
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	
338-5C	OTHER PAYER COVERAGE TYPE	M***V***	
339-6C	OTHER PAYER ID QUALIFIER	S***V***	
340-7C	OTHER PAYER ID	S***V***	
443-E8	OTHER PAYER DATE	S***V***	
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***V***	
431-DV	OTHER PAYER AMOUNT PAID	S***V***	
471-5E	OTHER PAYER REJECT COUNT	S	
472-6E	OTHER PAYER REJECT CODE	S***V***	

## Worker's Compensation Segment — Situational

Segment is not required.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	06 – transmit <b>only</b> if the segment is transmitted
434-DY	DATE OF INJURY	M	
315-CF	EMPLOYER NAME	S	
316-CG	EMPLOYER STREET ADDRESS	S	
317-CH	EMPLOYER CITY ADDRESS	S	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S	
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S	
320-CK	EMPLOYER PHONE NUMBER	S	
321-CL	EMPLOYER CONTACT NAME	S	
327-CR	CARRIER ID	S	
435-DZ	CLAIM/REFERENCE ID	S	

## DUR/PPS Segment — Required — Situational

Segment is not required. Use encouraged if applicable. Not required for B2 transaction.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	08 – transmit <b>only</b> if the segment is transmitted
473-7E	DUR/PPS CODE COUNTER	S***V***	Required if segment used. 1 to 9 occurrences are supported
439-E4	REASON FOR SERVICE CODE	S***V***	Required if segment used
440-E5	PROFESSIONAL SERVICE CODE	S***V***	Vaccine Admin, MA – Medication Administration
441-E6	RESULT OF SERVICE CODE	S***V***	Required if segment used
474-8E	DUR/PPS LEVEL OF EFFORT	S***V***	Required if segment used
475-J9	DUR CO-AGENT ID QUALIFIER	S***V***	Required if 476-H6 used. Values 01, 02, 03, 20
476-H6	DUR CO-AGENT ID	S***V***	Encouraged if code DC, DD, ID, MC, TD, in 439-E4

Continued

Segment is required for B1 transactions.  
Not required for B2 transactions

Pricing Segment — Mandatory

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	11 – transmit <b>only</b> if the segment is transmitted
409-D9	INGREDIENT COST SUBMITTED	R	Medicaid Programs: 340B claims require the actual acquisition cost as purchased under the 340B program. Required for: BCBS of Minnesota Blue Advantage BIN 610455, PCN PGIGN BCBS of Minnesota MN Care BIN 610455, PCN PGIGN PrimeWest BIN 610455, PCN PWEST South Country Health Alliance Medicaid BIN 610455, PCN SHMCD South Country Health Alliance MSCPlus BIN 610455, PCN SHMSC BCBS of NM BlueSalud BIN 011552, PCN NMDR
412-DC	DISPENSING FEE SUBMITTED	S	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Required when needed by plan for proper adjudication
438-E3	INCENTIVE AMOUNT SUBMITTED	S	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***V***	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***V***	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	
426-DQ	USUAL AND CUSTOMARY CHARGE	R	
430-DU	GROSS AMOUNT DUE	S	
423-DN	BASIS OF COST DETERMINATION	S	Medicaid Programs: 340B claims require the value of “9”

Required for B1 transactions **only** if coupons apply to the claims. Not required for B2 transactions.

Coupon Segment — Situational

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	09 – transmit <b>only</b> if the segment is transmitted
485-KE	COUPON TYPE	M	Required if segment used
486-ME	COUPON NUMBER	M	Required if segment used
487-NE	COUPON VALUE AMOUNT	S	

Continued

## Compound Segment — Situational

Not supported.

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	10 – transmit <b>only</b> if the segment is transmitted
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	Required for: BCBS of Minnesota Blue Advantage BIN 610455, PCN PGIGN BCBS of Minnesota MN Care BIN 610455, PCN PGIGN PrimeWest BIN 610455, PCN PWEST South Country Health Alliance Medicaid BIN 610455, PCN SHMCD South Country Health Alliance MSCPlus BIN 610455, PCN SHMSC
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***V***	
489-TE	COMPOUND PRODUCT ID	M***V***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***V***	
449-EE	COMPOUND INGREDIENT DRUG COST	S***V***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***V***	Required for: BCBS of Minnesota Blue Advantage BIN 610455, PCN PGIGN BCBS of Minnesota MN Care BIN 610455, PCN PGIGN PrimeWest BIN 610455, PCN PWEST South Country Health Alliance Medicaid BIN 610455, PCN SHMCD South Country Health Alliance MSCPlus BIN 610455, PCN SHMSC

Submit segment for B1 transactions upon pharmacy contact center request. Not required for B2 transactions.

## Prior Authorization Segment — Situational

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	12 – transmit <b>only</b> if the segment is transmitted
498-PA	REQUEST TYPE	M	Values 1, 2, 3 accepted
498-PB	REQUEST PERIOD DATE-BEGIN	M	Only stored at this time, format must be correct
498-PC	REQUEST PERIOD DATE-END	M	Only stored at this time, format must be correct
498-PD	BASIS OF REQUEST	M	Values ME, PR, PL accepted
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	
498-PJ	AUTHORIZED REPRESENTATIVE STATE/ PROVINCE ADDRESS	S	
498-PK	AUTHORIZED REPRESENTATIVE ZIP/ POSTAL ZONE	S	

Continued

Prior Authorization Segment continued

498-PY	PRIOR AUTHORIZATION NUMBER—ASSIGNED	S	
503-F3	AUTHORIZATION NUMBER	R	
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	

Segment is not required. Submit segment for B1 transactions only if one or more specific fields are required for a specific claim.

Clinical Segment — Situational

NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	13 – transmit <b>only</b> if the segment is transmitted
491-VE	DIAGNOSIS CODE COUNT	S	Required when instructed by POS messaging
492-WE	DIAGNOSIS CODE QUALIFIER	S***V***	Required when instructed by POS messaging
424-DO	DIAGNOSIS CODE	S***V***	Required when instructed by POS messaging
493-XE	CLINICAL INFORMATION COUNTER	S***V***	
494-ZE	MEASUREMENT DATE	S***V***	
495-H1	MEASUREMENT TIME	S***V***	
496-H2	MEASUREMENT DIMENSION	S***V***	
497-H3	MEASUREMENT UNIT	S***V***	
499-H4	MEASUREMENT VALUE	S***V***	

**General information**

- Direct any 5.1 claim production questions to the Prime Contact Center at 800.821.4795
- Maximum prescriptions per transaction is four (4)
- Pharmacy Registration with Payer required
- Preferred entry for Prescriber ID is DEA # or NPI (beginning May 2007)
- The data elements listed in the Specification Sheet are presented so as to encompass all Prime subscriber plans; however, specific requirements may vary from plan to plan; call the Prime Contact Center for detailed information regarding specific plan requirements
- Prime’s Switch Support: Relay Health/PerSé Technologies, Emdeon/WebMD, eRx
- Prime provides online prospective DUR edits for its plans; please call the Prime Contact Center for more information