

National Provider Identification (NPI) Test Claim Information

Test Claim Processing Requirements

- For software set-up information, please visit Prime's web site for both Commercial and Medicare Part D Payor Specification Sheets at [www.primetherapeutics.com/Pharmacists/Payor Sheets](http://www.primetherapeutics.com/Pharmacists/Payor%20Sheets)
- For test claim submission, you must submit a dummy (7-digit Rx number) Prescription/ Service Reference Number (NCPDP field 402-D2)
- For test claim submissions, you must submit your pharmacy NPI number
Note: If Prime does not have your pharmacy NPI number loaded into our claims processing system, test claims will reject 50 – *Non-Matched Pharmacy Number*
- All data used in this document is for testing purposes only

Test Scenario 1

BIN: 610455, PCN: TEST

Commercial claim, submit with Pharmacy NPI number and Prescriber NPI number.

Expected Result: Paid claim response.

NCPDP Field	Field Name	Test Value
1Ø1-A1	BIN NUMBER	610455
1Ø4-A4	PROCESSOR CONTROL NUMBER	TEST
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01
2Ø1-B1	SERVICE PROVIDER ID	Your NPI Number
4Ø1-D1	DATE OF SERVICE	Today's date CCYYMMDD
332-CY	PATIENT ID	12322333301
3Ø4-C4	DATE OF BIRTH	08/10/1977
305-C5	PATIENT GENDER CODE	M
311-CA	PATIENT FIRST NAME	PETER
311-CB	PATIENT LAST NAME	PARKER
3Ø2-C2	CARDHOLDER ID	12322333301
4Ø7-D7	PRODUCT/SERVICE ID	00071015523
442-E7	QUANTITY DISPENSED	30
4Ø5-D5	DAY SUPPLY	30
466-EZ	PRESCRIBER ID QUALIFIER	01
411-DB	PRESCRIBER ID	1234567893
4Ø9-D9	INGREDIENT COST SUBMITTED	REQUIRED
426-DQ	USUAL AND CUSTOMARY CHARGE	REQUIRED

Test Scenario 2

BIN: 610455, PCN: TEST

Medicare claim, submit with Pharmacy NPI number and Prescriber NPI number.

Expected Result: Paid claim response.

NCPDP Field	Field Name	Test Value
1Ø1-A1	BIN NUMBER	610455
1Ø4-A4	PROCESSOR CONTROL NUMBER	TEST
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01
2Ø1-B1	SERVICE PROVIDER ID	Your NPI number
4Ø1-D1	DATE OF SERVICE	Today's date CCYYMMDD
332-CY	PATIENT ID	804041404
3Ø4-C4	DATE OF BIRTH	06/16/1940
305-C5	PATIENT GENDER CODE	M
311-CA	PATIENT FIRST NAME	CLEAVER
311-CB	PATIENT LAST NAME	WARD
3Ø2-C2	CARDHOLDER ID	804041404
4Ø7-D7	PRODUCT/SERVICE ID	00071015523
442-E7	QUANTITY DISPENSED	30
4Ø5-D5	DAY SUPPLY	30
466-EZ	PRESCRIBER ID QUALIFIER	01
411-DB	PRESCRIBER ID	1234567893
4Ø9-D9	INGREDIENT COST SUBMITTED	REQUIRED
426-DQ	USUAL AND CUSTOMARY CHARGE	REQUIRED