

Payer Specification Sheet for Prime Therapeutics

MEDICARE PART D/PDP and MA-PD

Revised November 24, 2009

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|---------------------------|---|
| BIN..... | See BINs on page 2 (in bold blue type) |
| PCN..... | See PCNs on page 2 (in bold blue type) |
| States..... | Regional |
| 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)**:

M = Mandatory by HIPAA

R = Required by Prime

S = Situational,

*****V** = Repeat Field

Note: 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.

- 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 — refer to Relay Health
- INFORMATION (**N1, N2, N3**) TRANSACTION DATA ELEMENTS
Prime does support informational transactions from and to the TrOOP facilitator
- PRIOR AUTHORIZATION (**P1, P2, P3**) TRANSACTION DATA ELEMENTS
Prime does **not** support prior authorization transactions

FUNCTIONALITY HIGHLIGHTS

- Compounds segment not supported
- Maximum transaction count is one (1)
- Paper claims (UCFs) will not be accepted from pharmacies that have the capability to adjudicate on-line
- Partial fills are not supported
- Product Service ID Qualifier supported is NDC
- Skilled nursing facilities should be identified by the patient location value

| TRANSACTION HEADER Segment — Mandatory | | | Segment is required. |
|--|--------------------------|-------------------------------------|--|
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 101-A1 | BIN NUMBER | M | <p>610455: Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, Employer Groups. Blue Plus Medicare Advantage, BCBS of OK, FirstPlan, PrimeWest, South Country Health Alliance, CareBlue</p> <p>011552: HCSC Insurance Service Corp. (HISC): BCBS of IL, NM, TX, Employer Groups</p> <p>012833: BCBS of FL, Employer Groups</p> |
| 102-A2 | VERSION/RELEASE NUMBER | M | Use 51 |
| 103-A3 | TRANSACTION CODE | M | All plans allow B1, B2 |
| 104-A4 | PROCESSOR CONTROL NUMBER | M | <p>PDP25: Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, PDP Region 25</p> <p>PDG25: Employer Groups, Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, PDP Region 25</p> <p>MPD19: Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, MA-PD Region 19, Employer Groups</p> <p>PDPII: HISC Insurance Service Corp. (HISC): BCBS of IL, PDP Region 17</p> <p>PDGIL: Employer Groups, HISC Insurance Service Corp. (HISC): BCBS of IL, PDP Region 17</p> <p>PDPNM: BCBS of NM, PDP Region 26</p> <p>PDGNM: Employer Groups, BCBS of NM, PDP Region 26</p> <p>PDPTX: BCBS of TX, PDP Region 22</p> <p>PDGTX: Employer Groups, BCBS of TX, PDP Region 22</p> <p>MPDNM: HISC BCBS of NM, MA-PD Region 20</p> <p>MPGNM: Employer Groups, HISC BCBS of NM, MA-PD Region 20</p> <p>MPDPTX: HISC BCBS of TX, MA-PD Region 17</p> <p>MPGTX: Employer Groups, HISC BCBS of TX, MA-PD Region 17</p> <p>PDPOK: BCBS of OK, PDP Region 23</p> <p>PDGOK: Employer Groups, BCBS of OK, PDP Region 23</p> <p>MPDSM: South Country Health Alliance (MSHO)</p> |

continued

Transaction Header Segment continued

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| | | | <p>MPDSA: South Country Health Alliance – AbilityCare (SNBC) MPDPW: PrimeWest MSHO MPDPH: PrimeWest Health Special Needs BasicCare (SNBC) MPDFH: FirstPlan Blue (MSHO) MPDFP: FirstPlan Blue Basic (SNBC) MPDBP: BCBS of MN, Secure Blue (MSHO) MPDCB: BCBS of MN, CareBlue (SNBC) MEDDPRIME: BCBS of FL MEDDPRIMEG: Employer Groups, BCBS of FL</p> |
| 109-A9 | TRANSACTION COUNT | M | 01 – 1 Occurrence |
| 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 |
| PATIENT SEGMENT — Situational | | | Client requires to locate correct member. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 01 – transmit only if the segment is transmitted |
| 331-CX | PATIENT ID QUALIFIER | S | |
| 332-CY | PATIENT ID | R | |
| 304-C4 | DATE OF BIRTH | R | |
| 305-C5 | PATIENT GENDER CODE | S | |
| 310-CA | PATIENT FIRST NAME | S | |
| 311-CB | PATIENT LAST NAME | S | |
| 322-CM | PATIENT STREET ADDRESS | S | |
| 323-CN | PATIENT CITY ADDRESS | S | |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS | S | |
| 325-CP | PATIENT ZIP/POSTAL ZONE | S | |
| 326-CQ | PATIENT PHONE NUMBER | S | |
| 307-C7 | PATIENT LOCATION | R | Required to submit the values of: 00–Non-specified, 01–Home Infusion, 03–Nursing Home, 05–Rest Home |
| 333-CZ | EMPLOYER ID | S | |
| 334-1C | SMOKER / NON-SMOKER CODE | S | |
| 335-2C | PREGNANCY INDICATOR | S | |
| INSURANCE SEGMENT — Situational | | | Segment is required for B1, B2 transactions. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 04 – transmit only if the segment is transmitted |
| 302-C2 | CARDHOLDER ID | M | |
| 312-CC | CARDHOLDER FIRST NAME | S | |

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Insurance Segment continued

| 313-CD | CARDHOLDER LAST NAME | S | |
|---------------------------|--|-------------------------------------|---|
| 314-CE | HOME PLAN | S | |
| 524-FO | PLAN ID | S | |
| 309-C9 | ELIGIBILITY CLARIFICATION CODE | S | |
| 336-8C | FACILITY ID | S | |
| 301-C1 | GROUP ID | S | |
| 303-C3 | PERSON CODE | S | |
| 306-C6 | PATIENT RELATIONSHIP CODE | S | |
| CLAIM SEGMENT — Mandatory | | | Segment is required for B1, B2 transactions. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 07 – transmit only 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 only 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 |
| 408-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | R | If null, revert to 0 |
| 414-DE | DATE PRESCRIPTION WRITTEN | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | S | |
| 419-DJ | PRESCRIPTION ORIGIN CODE | R | 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 | R | |
| 429-DT | UNIT DOSE INDICATOR | S | Not supported |
| 453-EJ | ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | S | Partial fills not supported |

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Claim Segment continued

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| 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 | |
| 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 | Part B vs. D. When payment determination is Part D, enter PA number 98098098098. All other situations are 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 only 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 only if the segment is transmitted |
| 466-EZ | PRESCRIBER ID QUALIFIER | R | Accepted values 01 – NPI (preferred value) 12 – DEA |
| 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 | |

continued

Prescriber Segment continued

| 421-DL | PRIMARY CARE PROVIDER ID | S | |
|---|--|-------------------------------------|---|
| 469-H5 | PRIMARY CARE PROVIDER LOCATION CODE | S | |
| 470-4E | PRIMARY CARE PROVIDER LAST NAME | S | |
| COB/OTHER PAYMENTS SEGMENT — Situational | | | Supported — only when Medicare Part D is secondary to commercial plan, all fields required if other payer processed. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 05 – transmit only if the segment is transmitted |
| 337-4C | COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT | S | Up to 3 occurrences |
| 338-5C | OTHER PAYER COVERAGE TYPE | S | Values 01, 02, 03 |
| 339-6C | OTHER PAYER ID QUALIFIER | S | |
| 340-7C | OTHER PAYER ID | S | |
| 443-E8 | OTHER PAYER DATE | S | CCYYMMDD |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | S | |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | S***V*** | Values: 07 – Drug benefit, 08 – Summary of all reimbursement |
| 431-DV | OTHER PAYER AMOUNT PAID | S | |
| 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 | S | 06 – transmit only if the segment is transmitted |
| 434-DY | DATE OF INJURY | S | |
| 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 | |

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| DUR/PPS SEGMENT — Situational | | | Segment is not required. Use for MTM services. |
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| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 08 – transmit only 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*** | MTM, DC – Drug-DiseaseinfrdPrecautn or DD – Drug-Drug Interaction |
| 440-E5 | PROFESSIONAL SERVICE CODE | S***V*** | MTM, MR – Medication review, MO – Prescriber consulted, PH – Patient medicaton history, PO – Patient consulted Vaccine Admin, MA – Medication Administration |
| 441-E6 | RESULT OF SERVICE CODE | S***V*** | MTM, Any application NCPDP value other than 0 (not specified) |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S***V*** | MTM, Any application NCPDP value other than 0 (not specified) |
| 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 |
| PRICING SEGMENT — Mandatory | | | Segment is required for B1, B2 transactions. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 11 – transmit only if the segment is transmitted |
| 409-D9 | INGREDIENT COST SUBMITTED | R | |
| 412-DC | DISPENSING FEE SUBMITTED | R | |
| 477-BE | PROFESSIONAL SERVICE FEE SUBMITTED | S | |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | S | |
| 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 | |

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| COUPON SEGMENT — Situational | | | Not supported. |
|---|---|-------------------------------------|--|
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 09 – transmit only if the segment is transmitted |
| 485-KE | COUPON TYPE | S | |
| 486-ME | COUPON NUMBER | S | |
| 487-NE | COUPON VALUE AMOUNT | S | |
| COMPOUND SEGMENT — Situational | | | Not supported. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 10 – transmit only 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 | |
| 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*** | |
| PRIOR AUTHORIZATION SEGMENT — Situational | | | Submit segment for B1 transactions upon pharmacy contact center request. Not required for B2 transactions. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 12 – transmit only 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 | |

continued

Prior Authorization Segment continued

| 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 | |
| 498-PY | PRIOR AUTHORIZATION NUMBER—ASSIGNED | S | |
| 503-F3 | AUTHORIZATION NUMBER | R | |
| 498-PP | PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION | S | |
| CLINICAL SEGMENT — Situational | | | Not required. Submit segment for B1 transactions only if one or more specific fields are required for a specific claim. |
| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 13 – transmit only if the segment is transmitted |
| 491-VE | DIAGNOSIS CODE COUNT | S | |
| 492-WE | DIAGNOSIS CODE QUALIFIER | S***V*** | |
| 424-DO | DIAGNOSIS CODE | S***V*** | |
| 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: 1
- Pharmacy Registration with Payer required
- Preferred entry for Prescriber ID is DEA # or NPI (beginning May 2007)
- Prime’s Switch Support: Relay Health, Emdeon/WebMD, eRx