

Payer Specification Sheet

for Prime Therapeutics Medicare Part D/PDP and MA-PD

Revised December 2011

Inside

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

→ 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	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, PrimeWest, South Country Health Alliance, BCBS of AZ 011552: HCSC Insurance Service Corp. (HISC): BCBS of IL, NM, TX, Employer Groups 012833: BCBS of FL, Employer Groups 014897: BCBS of AL, BCBS of TN
102-A2	VERSION/RELEASE NUMBER	M	Use 51
103-A3	TRANSACTION CODE	M	All plans allow B1, B2
104-A4	PROCESSOR CONTROL NUMBER	M	MBG: BCBS of AL Blue Advantage (MA-PD) MPD19: Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, MA-PD Region 19, Employer Groups MPDBP: BCBS of MN, Secure Blue (MSHO) MPDSA: South Country Health Alliance – AbilityCare (SNBC) MPDSM: South Country Health Alliance (MSHO) MPDPH: PrimeWest Health Special Needs BasicCare (SNBC) MPDPW: PrimeWest MSHO MPGNM: Employer Groups, HISC BCBS of NM MPGTX: Employer Groups PDG25: Employer Groups, Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, PDP Region 25 PDP25: Northern Plains Alliance: BCBS of MN, MT, ND, NE, WY, Wellmark BCBS of IA, SD, PDP Region 25 PDPAZ: BCBSAZ PDP Individual PDGAZ: BCBSAZ PDP Employer Group PDGIL: Employer Groups, HISC Insurance Service Corp. (HISC): BCBS of IL, PDP Region 17 PDPIIL: HISC Insurance Service Corp. (HISC): BCBS of IL, PDP Region 17 PDGNM: Employer Groups, BCBS of NM, PDP Region 26 PDPNM: BCBS of NM, PDP Region 26 PDPTX: BCBS of TX, PDP Region 22 PDGTX: Employer Groups, BCBS of TX, PDP Region 22 PDGOK: Employer Groups, BCBS of OK, PDP Region 23 PDPOK: BCBS of OK, PDP Region 23

Continued

			MEDDPRIME: BCBS of FL MEDDPRIMEG: Employer Groups, BCBS of FL RPD: BCBS of AL BlueRx (PDP), BCBS of TN BlueRx (PDP)
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 number.

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	
313-CD	CARDHOLDER LAST NAME	S	
314-CE	HOME PLAN	S	
524-FO	PLAN ID	S	

Continued

309-C9	ELIGIBILITY CLARIFICATION CODE	S	
336-8C	FACILITY ID	S	
301-C1	GROUP ID	R	
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
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	

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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
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	
421-DL	PRIMARY CARE PROVIDER ID	S	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	

Supported — only when Medicare Part D is secondary to commercial plan, all fields required if other payer processed.

COB/Other Payments Segment — Situational

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

Continued

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***	
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	

DUR/PPS Segment — Situational

Segment is not required. Use for MTM services.

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

Continued

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	
430-DU	GROSS AMOUNT DUE	S	
423-DN	BASIS OF COST DETERMINATION	S	Medicaid Programs: 340B claims require the value of “9”

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	M	Required if segment used
486-ME	COUPON NUMBER	M	Required if segment used
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	

Continued

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***	

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 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	
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	

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 only 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

Continued

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 one (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