

Payer Specification Sheet

for Prime Therapeutics Supplemental to Medicare Part D

Revised November 2010

Inside

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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 | 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

This payer sheet is used when an individual enrolled in Part D also carries commercial coverage that is supplemental to Medicare Part D, as identified by the PCNs on page 2.

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

- COB segment supported
- Maximum transaction count is one (1)
- Paper claims (UCFs) will not be accepted from pharmacies that have the capability to adjudicate on-line
- Note unique PCNs for this commercial business; Prime’s website, www.primetherapeutics.com, will be updated as new processing information becomes available
- Partial fills are not supported

Transaction Header Segment – Mandatory

Segment is required.

| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
|-------------|----------------------------------|-------------------------------------|---|
| 101-A1 | BIN NUMBER | M | 012833: BCBS of FL 610455: BCBS of MN, MT, ND, NE, Noridian 011552: BCBS of IL, NM, OK, TX 800001: BCBS of WY |
| 102-A2 | VERSION/RELEASE NUMBER | M | Use 51 |
| 103-A3 | TRANSACTION CODE | M | All plans allow B1 and B2 |
| 104-A4 | PROCESSOR CONTROL NUMBER | M | FLSUP: BCBS of FL PGSUP: BCBS of MN HMBCS: BCBS of MT NESUP: BCBS of NE NDSUP: BCBS of ND NORSUP: BCBS of Noridian OKSUP: BCBS of OK WYSUP: BCBS of WY ILSUP: BCBS of IL NMSUP: BCBS of NM TXSUP: BCBS of TX |
| 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 | CCYMMDD |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | M | Use value for Switch’s requirements. If submitting claim without a Switch, populate with blanks |

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

Patient Segment – Situational

| 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 | 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 | |
| 310-CA | PATIENT FIRST NAME | R | |

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|--------|----------------------------------|---|--|
| 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 | 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 | 01– 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 | |
| 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 | |

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|--------|--|---|---|
| 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 o |
| 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 | |
| 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 | |
| 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 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 | |

COB/Other Payments Segment — Situational

Required.

| 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 | R | Up to 3 occurrences |
| 338-5C | OTHER PAYER COVERAGE TYPE | R | Values 01 – Primary, 02 – Secondary, 03 – Tertiary |
| 339-6C | OTHER PAYER ID QUALIFIER | R | |
| 340-7C | OTHER PAYER ID | R | |
| 443-E8 | OTHER PAYER DATE | R | CCYYMMDD |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | R | |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | R | Values: 07 – Drug benefit, 08 – Summary of all reimbursement |
| 431-DV | OTHER PAYER AMOUNT PAID | R | Required if other payer paid |
| 471-5E | OTHER PAYER REJECT COUNT | R | Required if other payer paid |
| 472-6E | OTHER PAYER REJECT CODE | R | Required if other payer paid |

Segment is not required. Not required for B2 transactions

Worker's Compensation Segment — Situational

| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
|-------------|---------------------------------|-------------------------------------|---|
| 111-AM | SEGMENT IDENTIFICATION | M | o6 – transmit only 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 | |

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

DUR/PPS Segment — Situational

| NCPDP Field | Field Name | Mandatory, Required, or Situational | Comments/Values |
|-------------|---------------------------|-------------------------------------|--|
| 111-AM | SEGMENT IDENTIFICATION | M | o8 – 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*** | Required if segment used |
| 440-E5 | PROFESSIONAL SERVICE CODE | S***V*** | Required if segment used |
| 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 is 476-H6 used. Values of o1, o2, o3, 20 |
| 476-H6 | DUR CO-AGENT ID | S***V*** | Encouraged if code DC, DD, ID, MC, TD, in 439-E4 |

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 only if the segment is transmitted |
| 409-D9 | INGREDIENT COST SUBMITTED | S | |
| 412-DC | DISPENSING FEE SUBMITTED | S | |
| 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 | |

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|--------|--|----------|--|
| 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 | |

Required in B1 transaction **only** if coupons apply to the claim. 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 only if the segment is transmitted |
| 485-KE | COUPON TYPE | M | Required if segment is used |
| 486-ME | COUPON NUMBER | M | Required if segment is 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 | |
| 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 |

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|--------|---|---|----------------------------|
| 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 |
| 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: 1
- Pharmacy Registration with Payer required
- Preferred entry for Prescriber ID is DEA # or NPI (beginning May 2007)
- Prime provides online prospective DUR edits for all of its plans. Call the Prime Contact Center at 800.821.4795 for further information
- Prime’s Switch Support: Relay Health, Emdeon/WebMD, eRx