

Payer Specification Sheet

For Prime Therapeutics' Commercial Clients



General information				
Prime Therapeutics LLC		June 1, 2020		
Plan Name	BIN	PCN		
BCBS of Alabama	ØØ4915	Not Required		
BCBS of Alabama Work Related Injury Benefit		WRI		
BCBS of Florida	Ø12833	FLBC		
Truli for Health		THP		
BCBS of North Carolina	Ø159Ø5	Not Required		
BCBS of Illinois	Ø11552	ILDR		
BCBS of Illinois (Blue Script)		ILSC		
BCBS of New Mexico		NMDR		
BCBS of Oklahoma (Drug Card)		1215		
BCBS of Oklahoma (Comp Card)		1217		
BCBS of Texas		BCTX		
Horizon BCBS of New Jersey		Ø16499	HZRX	
Horizon BCBS of New Jersey Medigap			HZNPIP	
Horizon Casualty Services, Inc Personal Injury Protection	HZNWC			
Horizon Casualty Services, Inc Workers' Compensation				
BCBS of Kansas	61Ø455	KSBCS		
BCBS of Kansas		BCBSKS		
BCBS of Minnesota		HMHS		
BCBS of Minnesota		PGIGN		
BCBS of Minnesota (Cenex Harvest)		PGNB1 or PGIGN		
BCBS of Minnesota (Gap Groups)		HMGAP		
NON BCBS Clients (Carve Out Groups)		CARVE		
BCBS of Montana		HMBC		
BCBS of North Dakota		NDBCS		
BCBS of North Dakota		NDCOM		
BCBS of Nebraska		RXNEB		
BCBS of Nebraska (CITY OF OMAHA PF DISABLED)		PPNI1		
Highmark Blue Cross Blue Shield (ASO)		NEHM		
Blue Cross Blue Shield of Rhode Island		BCRI		
Blue Cross Blue Shield of Rhode Island Work Related Injury				
AmeriHealth Administrators		AHA		
BlueCross BlueLink		ADV		
Capital Health Plan		ADVD		
Capital Health Plan Dual Eligible		ARX		
AllianceRx Walgreens +PRIME		GDEMP		
General Dynamics		HORMEL		
Hormel Foods		IMAINC		
IMA		JENNIE		
Jennie-O Turkey Store		MDT		
Medtronic-Covidien		CLAIMCR		
Mississippi State and Employees Life and Health Plan		UMEMP		
University of Minnesota UPlan		CBC		
Capital Blue Cross				
BCBS of Wyoming		8ØØØØ1	BCSWY	
Bridgespan Oregon		61Ø212	Ø232ØØØØ	

Bridgespan Idaho		02300000
Bridgespan Washington		02310000
Bridgespan Utah		02330000
Regence BlueCross BlueShield of Oregon	610623	02050000
Regence BlueShield	610624	02080000
Asuris Northwest Health		02090000
Regence BlueShield of Idaho	610648	01820000
Regence BlueCross BlueShield of Utah		01890000

Processor	
Effective as of: 09/01/2011	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2017
Contact/Information Source: Prime Contact Center Phone number 800.821.4795. Other reference materials are available on Prime's web site. http://www.primetherapeutics.com/pharmacistsindex.html	
Other versions supported: Will continue to accept NCPDP Telecommunication version 5.1 based upon the CMS statement of "Discretionary Enforcement" until 03/30/2012	

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Reversals

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Transaction Header Segment	Claim Billing/Claim
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				Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
101-A1	BIN NUMBER	Multiple	M	BIN's listed in General Information Section
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	Multiple	M	PCN's listed in General Information Section
109-A9	TRANSACTION COUNT	Ø1-Ø4	M	Up to 4 transactions per B1 transmissions accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1-NPI	M	
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

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID	BCRIWRI	RW	<i>Payer Requirement:</i> Required for BCBS of RI Work Related Injury only, BIN 610455, PCN BCRI
		RXCAP	RW	Required for Capital Blue Cross BIN 610455, PCN CBC
306-C6	PATIENT RELATIONSHIP CODE		RW	<i>Payer Requirement:</i> Required for BCBS of OK Comp Card only, BIN Ø11552, PCN 1217

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
<i>Field#</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
<i>Field#</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
31Ø-CA	PATIENT FIRST NAME		RW	<i>Payer Requirement Required for: BCBS of IL, BIN Ø11552, PCN ILSC This is required for all other BCBS plans when DOB and gender are identical</i>
311-CB	PATIENT LAST NAME		R	

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This payer does not support partial fills	X	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1-Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3-National Drug Code (NDC)	M	If billing for a Multi-Ingredient Compound, value is "ØØ"-Not Specified
407-D7	PRODUCT/SERVICE ID		M	NDC Number If billing for a Multi-Ingredient Compound, value is "Ø"
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when Schedule II drug
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1-Not a Compound 2-Compound	R	See Compound Segment for support of multi-ingredient compounds
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
419-DJ	PRESCRIPTION ORIGIN CODE	1-Written 2-Telephone	R	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
		3-Electronic 4-Facsimile 5-Pharmacy		
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	<i>Payer Requirement:</i> Required if Submission Clarification Code (42Ø-DK) is used
42Ø-DK	SUBMISSION CLARIFICATION CODE	8-Process Compound for Approved Ingredients 10-Meets Plan Limitations 42-Prescriber ID Submitted is valid and prescribing requirements have been validated. 43- Prescriber's DEA is active with DEA Authorized Prescriptive Right 45- Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule. 46- Prescriber's DEA has prescriptive authority for this drug DEA Schedule 49-Prescriber does not currently have an active Type 1 NPI	RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification
3Ø8-C8	OTHER COVERAGE CODE	Ø-Not specified by patient	RW	<i>Payer Requirement:</i>

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
		1-No other coverage 2-Other coverage exists/billed-payment collected 3-Other coverage billed-claim not covered 4-Other coverage exists/billed-payment not collected		<p><i>This is required when Covered Person's of BCBSMT's employer group NorthWestern Energy only has secondary coverage with BCBS of MT, BIN 61Ø455, PCN HMBCS</i></p> <p><i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 61Ø455, PCN BCRI</i></p> <p><i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN 61Ø455, PCN ADV</i></p> <p><i>This is required when Covered Person's of BCBSND have secondary coverage with BCBS of ND, BIN 61Ø455, PCN NDCOM</i></p> <p><i>This is required when Covered Person's of BCBSNE have secondary coverage with BCBS of NE, BIN 61Ø455, PCN RXNEB</i></p> <p><i>This is required</i></p>

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				<p><i>when Covered Person's of Highmark have secondary coverage with Highmark, BIN 61Ø455, PCN NEHM</i></p> <p><i>This is required when Covered Person's of FL Blue have secondary coverage with FL Blue, BIN Ø12833, PCN FLBC</i></p>
429-DT	SPECIAL PACKAGING INDICATOR		RW	<i>Payer Requirement: Applies for Multi – Ingredient Compound</i>
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<p><i>Payer Requirement: Submit a value of '1' when a PA number is submitted in field 462-EV</i></p> <p><i>8-Payer Defined Exemption</i></p>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Payer Requirement: Situation Determined by Client</i>
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Payer Requirement: Applies for Multi – Ingredient Compound when determined by client</i>

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Required when field 440-E5 is used
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1-NPI	R	NPI Required
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> Applicable value for the qualifier used in 466-EZ

Workers' Compensation Segment	Check	Workers' Comp Claim Billing If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required for BCBS of RI Work Related Injury claims only

Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
434-DY	DATE OF INJURY		M	<i>Payer Requirement:</i> This is required on second fill of claim for BCBS of RI Work Related Injury
117-TR	BILLING ENTITY TYPE INDICATOR	Ø -Provider Submitted-Pay to Provider	R	<i>Payer Requirement:</i> This is required for BCBS of RI Work Related Injury

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE	Ø1-Primary-First Ø2-Secondary-Second Ø3-Tertiary-Third	M	

	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN) 99-Other	RW	<p><i>Payer Requirement:</i></p> <p><i>This is required when Covered Person's of BCBSMT's employer group NorthWestern Energy only has secondary coverage with BCBS of MT, BIN 61Ø455, PCN HMBCS</i></p> <p><i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 61Ø455, PCN BCRI</i></p> <p><i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN 61Ø455, PCN ADV</i></p> <p><i>This is required when Covered Person's of BCBSND have secondary coverage with BCBS of ND, BIN 61Ø455, PCN NDCOM</i></p> <p><i>This is required when Covered Person's of BCBSNE have secondary coverage with BCBS of NE, BIN 61Ø455, PCN RXNEB</i></p> <p><i>This is required</i></p>

				<i>when Covered Person's of Highmark have secondary coverage with Highmark, BIN 610455, PCN NEHM</i>
340-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	07-Drug Benefit	RW	
431-DV	OTHER PAYER AMOUNT PAID		RW	

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	

	DUR/PPS Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
439-E4	REASON FOR SERVICE CODE		RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
44Ø-E5	PROFESSIONAL SERVICE CODE	MA-Medication Administration	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
441-E6	RESULT OF SERVICE CODE		RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required when Compound Code is =2

	Compound Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø1-Universal Product Code (UPC) Ø3-National Drug Code (NDC)	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	<i>Payer Requirement:</i> Required for each ingredient

Compound Segment Segment Identification (111-AM) = "10"				Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	<i>Payer Requirement:</i> Required for each ingredient

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational	X	

Clinical Segment Segment Identification (111-AM) = "13"				Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging
492-WE	DIAGNOSIS CODE QUALIFIER		RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging