

Payer Specification Sheet

For Prime Therapeutics' Medicare Part B Clients

General information			
Prime Therapeutics LLC		June 1, 2020	
Plan Name	BIN	PCN	
Arkansas BCBS Medi Pak Advantage Part B	Ø16895	MPPARTB	
BCBS of Alabama Part B	ØØ4915	PARTB	
BCBS of Rhode Island BlueCHIP for Medicare Core (HMO) Part B	61Ø455	RIMAONLY	
BCBS of Minnesota Platinum Blue Part B		HMPBB2	
BCBS of Minnesota Group Medicare High Value (PPO) Part B		MN42002	
BCBS of Minnesota Group Medicare Advantage(PPO) Part B		MN4200G2	
Capital Blue Cross EGWP (HMO) Part B		CAPBGM	
Capital Blue Cross EGWP (PPO) Part B		CAPBGM2	
Vibra Health Plan (PPO) Part B		VBPARTBG2	
Regence BlueShield MedAdvantage + Rx PPO Individual and Employer Group Part B		61Ø623	CBPARTB
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx PPO Individual and Employer Group Part B			
Regence BlueShield of Idaho MedAdvantage + Rx PPO Individual and Employer Group Part B			
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO Individual and Employer Group Part B			
Asuris Northwest Health TruAdvantage + Rx PPO Individual and Employer Group Part B			
Regence BlueShield of Idaho SLHP AlignBlue (HMO) Part B			
Regence BlueCross BlueShield of Oregon AlignBlue (HMO) Part B			
Regence BlueShield of Washington AlignBlue (HMO) Part B			
BCBS Texas Part B	011552	PARTBG2MA	

Processor	
Effective as of: Ø9/Ø1/2Ø11	NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: October 2Ø17
Contact/Information Source: Prime Contact Center Phone number 8ØØ.821.4795. Other reference materials are available on Prime's web site. http://www.primetherapeutics.com/pharmacistsindex.html	
Other versions supported: None	

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	No

		the situation of "Required" for the Segment in the designated Transaction.	
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.Ø.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	See General Info Section	M	BIN listed in General Information Section
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See General Info Section	M	PCN listed in General Information Section
1Ø9-A9	TRANSACTION COUNT	Ø1-Ø4	M	Up to 4 transactions per B1 transmissions accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1-NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	CCYYMMDD
11Ø-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 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>
3Ø2-C2	CARDHOLDER ID		M	

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

	Patient 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>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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
4Ø7-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 3-Electronic 4-Facsimile 5-Pharmacy	R	
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 42-Prescriber ID Submitted is valid and	RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client, or when for

	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>
		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		Prescriber ID clarification
429-DT	SPECIAL PACKAGING INDICATOR		RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>Payer Requirement:</i> Submit a value of '1' when a PA number is submitted in field 462-EV 8-Payer Defined Exemption
462-EV	PRIOR AUTHORIZATION NUMBER		RW	<i>Payer</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>
	SUBMITTED			<i>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, <i>Payer Situation</i>
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	Payer Requirement: Required when field 440-E5 is used
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

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

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	01-NPI	R	NPI Required
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> Applicable value for the qualifier used in 466-EZ

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

	DUR/PPS Segment Segment Identification (111-AM) = "08"			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
440-E5	PROFESSIONAL SERVICE CODE	MA-Medication Administration	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used

	DUR/PPS Segment 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>
441-E6	RESULT OF SERVICE CODE		RW	<i>Payer Requirement: Required if DUR/PPS Segment is used</i>

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 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: Required for each ingredient</i>
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	<i>Payer Requirement: Required for each ingredient</i>

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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	Payer Requirement: Required When instructed by POS Messaging
492-WE	DIAGNOSIS CODE QUALIFIER		RW	Payer Requirement: Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	Payer Requirement: Required When instructed by POS Messaging