

# Payer Specification Sheet

for Prime Therapeutics' Medicare Part D Clients



<b>General information</b>		
Prime Therapeutics LLC	June 1, 2020	
<b>Plan Name</b>	<b>BIN</b>	<b>PCN</b>
Arkansas Blue Cross Blue Shield Medi-Pak Rx (PDP)	Ø16895	PDPAR
Arkansas Blue Cross Blue Shield Medi-Pak Advantage MA-PD (PFFS)		PFFSAR
Arkansas Blue Cross Blue Shield Medi-Pak Advantage (PPO)		PPOAR
Arkansas Blue Cross Blue Shield Medi-Pak Advantage (HMO)		HMOAR
Arkansas Blue Cross Blue Shield Medi-Pak Rx Group (PDP)		PDPARG
BCBS of Alabama Blue Advantage (MA-PD)	Ø14897	MBG
BCBS of Alabama BlueRx (PDP) Employer Group		RPDG
BCBS of Alabama BlueRx (PDP)		RPD
UTIC Insurance Company	Ø12833	
BCBS of Florida		
Florida Blue BlueMedicare Preferred HMO		MEDDPRIME
Florida Healthcare Plans BlueMedicare Preferred HMO		MEDDPRIMEG
BCBS of Florida Employer Groups	Ø159Ø5	
BCBS of North Carolina Blue Medicare HMO (MA-PD)		HMONC
BCBS of North Carolina Blue Medicare PPO (MA-PD)		PPONC
BCBS of North Carolina Blue Medicare Rx (PDP)		PDPNC
BCBS of North Carolina Blue Medicare HMO Enhanced Employer Group (MA-PD)		HMONCG
BCBS of North Carolina Blue Medicare PPO Enhanced Freedom Employer Group (MA-PD)		PPONCG
BCBS of North Carolina Blue Medicare Rx (PDP) Enhanced Employer Group		PDPNCG
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)	Ø11552	MAPDIL
HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO)		MAPDIL1
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)		MAPDILG
HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO)		MAPDILG1
HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP)		PDGIL
HISC BCBS of Illinois Blue Cross MedicareRx (PDP)		PDPIL
HISC BCBS of Illinois Blue Cross Community MMAI (Medicare-Medicaid Plan)		ILDEMD
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)		MAPDMT
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO)		MAPDMTG
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)		MAPDNM
HISC BCBS of New Mexico Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS)		MAPDNM1
HISC BCBS of New Mexico Blue Cross Medicare Advantage Employer Groups		MPGNM
HISC BCBS of New Mexico Blue Cross MedicareRx Employer Groups (PDP)		PDGNM
HISC BCBS of New Mexico Blue Cross MedicareRx (PDP)		PDPNM
HISC BCBS of New Mexico Blue Cross Medicare Advantage Choice (PPO)		NMPARTD1
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO)		NMPARTDG
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)		MAPDNMG
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO)		MAPDNMG1
HISC BCBS of New Mexico Blue Cross Medicare Advantage Dual Care (HMO SNP)		NMSNP
HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO SNP)		NMSNP2
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Basic or Premier Plus (HMO)		MAPDOK
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Choice (PPO)		MAPDOK1
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS)		MAPDOK2
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (HMO)		MAPDOKG
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)		OKMAPDG
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)		MAPDTX
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)		MAPDTX1

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HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)		MAPDXTX2
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)		MAPDXTX3
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)		MAPDXTXG
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)		MAPDXTXG2
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups		MPGTX
HISC BCBS of Texas Blue Cross MedicareRx Employer Groups (PDP)		PDGTX
HISC BCBS of Texas Blue Cross MedicareRx (PDP)		PDPTX
HISC BCBS of Texas Blue Cross Medicare Advantage Dual Care (HMO SNP)		TXSNP
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO SNP)		TXSNP2
Horizon BCBS of New Jersey Medicare Blue Value w/Rx Standard (HMO)	Ø16499	HMOPOSNJ
Horizon BSBS of New Jersey Medicare BlueRx Standard and Enhanced (PDP)		PDPNJ
Horizon BCBS of New Jersey Medicare Blue PPO (MA-PD)		PPONJ
Horizon BCBS of New Jersey Medicare Blue Access Group w/ Rx (HMO-POS)		HMOPOSNJG
Horizon BCBS of New Jersey Medicare Blue Group w/ Rx (Group PDP)		PDPNJG
Horizon BCBS of New Jersey Medicare Advantage Group PPO w/ Rx		PPONJG
Horizon BCBS of New Jersey Horizon NJ TotalCare (HMOSNP)		DSNPRI
BCBS of Minnesota (Secure Blue (MSHO))BCBS of Minnesota (Secure Blue (MSHO))	61Ø455	SBPARTD
BCBS of Minnesota Platinum Blue with Rx (Cost)		HMPBD
BCBS of Minnesota Medicare Advantage PPO		EMNH5959
BCBS of Minnesota Medicare Advantage Employer Group		EMNH5959G
BCBS of Minnesota Medicare Advantage (HMO)		EMNH2446
BCBS of Nebraska MA Choice (HMO POS) and MA Core (HMO)		ENEH3170
Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23)		PDGOK
Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23		PDPOK
BCBS of Rhode Island BlueCHIP for Medicare MAPD Individual		BCRIMA
BCBS of Rhode Island BlueCHIP for Medicare MAPD Group		BCRIMAG
Capital Health Plan Medicare Advantage Plus (HMO) and Preferred Advantage (HMO)		MEDDADV
Capital Health Plan Medicare Retiree Advantage (HMO)		MEDDADVG
Alignment Health Plan		AHPPARTD
Vibra Health Plan		PPOVB
Capital BlueCross		CAPD
Capital BlueCross		CAPDG
Capital BlueCross		CAPD2
Capital BlueCross		CAPDG2
Capital BlueCross (PDP)		CAPPDP
Capital BlueCross (Employer Group PDP)		CAPPDPG
BCBS of Nebraska		ENEH8181
BCBS of Nebraska		ENEH8181G
BCBS of Kansas	KSPARTD	
Regence BlueShield MedAdvantage + Rx HMO and PPO	61Ø623	Ø21ØØØØØ
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO		
Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO		Ø211ØØØØ
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO		
Asuris Northwest Health TruAdvantage + Rx PPO		
Asuris Medicare Script PDP		Ø212ØØØØ
Regence BlueShield of Idaho Regence Medicare Script		
Regence BlueCross BlueShield of Utah Regence Medicare Script		Ø21ØØØØ1
Regence BlueShield MedAdvantage + Rx HMO and PPO Employer Group		
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO Employer Group		
Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO Employer Group		

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Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO Employer Group		
Asuris Medicare Script PDP Employer Group		Ø211ØØØ1
Regence BlueShield of Idaho Regence Medicare Script Employer Group		Ø212ØØØ1
Regence BlueCross BlueShield of Utah Regence Medicare Script Employer Group		
Experience Health	Ø2Ø289	EHPARTD

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<b>Processor</b>	
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. <a href="http://www.primetherapeutics.com/pharmacistsindex.html">http://www.primetherapeutics.com/pharmacistsindex.html</a>	
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**

<b>Transaction Code</b>	<b>Transaction Name</b>
B2	Reversals

## **FIELD LEGEND FOR COLUMNS**

<b>Payer Usage Column</b>	<b>Value</b>	<b>Explanation</b>	<b>Payer Situation Column</b>
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"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.

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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 (11Ø-AK) is Not used	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	Multiple	M	BIN's listed in General Information Section
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Multiple	M	PCN's 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, Payer Situation
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	

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	<b>Insurance Segment Segment Identification (111-AM) = "Ø4"</b>			<b>Claim Billing/Claim Rebill</b>
3Ø1-C1	GROUP ID		RW	<i>Payer Requirement:</i> Required for:  BIN: Ø11552 PCN: ILDEMD, MAPDIL, MAPDIL1, MAPDILG, MAPDILG1, MAPDMT, MAPDMTG, MAPDNM, MAPDNM1, MAPDNMG, MAPDNMG1, MAPDOK, MAPDOK1, MAPDOK2, MAPDOKG, MAPDTX, MAPDTX1, MAPDTXG, MAPDTX2, MAPDTX3, MAPDTXG2, MPGNM, MPGTX , NMPARTD1, NMPARTDG, NMSNP, NMSNP2, OKMAPDG, PDPIL, PDGIL, PDPNM, PDGNM, , PDPTX, PDGTX, TXSNP, TXSNP2  BIN: Ø12833 PCN: MEDDPRIME and

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	Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Rebill
			<p>MEDDPRIMEG</p> <p>BIN: Ø14897 PCN: MBG, RPD and RPDG</p> <p>BIN: Ø159Ø5 PCN: HMONC, PPONC, PDPNC, HMONCG, PPONCG AND PDPNCG</p> <p>BIN: Ø16499 PCN: HMOPOSNJ, PDPNJ, PPONJ, HMOPOSNJG, PDPNJG, PPONJG , DSNPPRI</p> <p>BIN: Ø16895 PCN: PDPAR, PFFSAR, PPOAR, HMOAR, PDPARG</p> <p>BIN: 61Ø455 PCN: MEDDADV, MEDDADVG, SBPARTD, EMNH5959G, EMNH2446, HMPBD, ENEH3170, PDPOK, PDGOK, BCRIMA, BCRIMAG, AHPPARTD, PPOVB, EMNH5959, CAPD, CAPDG, CAPD2, CAPDG2, CAPPDP, CAPPDPG, ENEH8181,</p>

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	<b>Insurance Segment Segment Identification (111-AM) = "Ø4"</b>			<b>Claim Billing/Claim Rebill</b>
				ENEH8181G, KSPARTD  BIN: 61Ø623 PCN: Ø21ØØØØØ, Ø211ØØØØØ, Ø212ØØØØØ, Ø21ØØØØ1, Ø211ØØØ1, Ø212ØØØ1  BIN: Ø2Ø289 PCN: EHPARTD
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	Y-CMS Qualified Facility N-Not a CMS Qualified Facility	RW	<i>Payer Requirement:</i> Required for: Long Term Care Pharmacy claim submission

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

	<b>Patient Segment Segment Identification (111-AM) = "Ø1"</b>			<b>Claim Billing/Claim Rebill</b>
<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	



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	<b>Patient Segment Segment Identification (111-AM) = "Ø1"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field#</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø7-C7	PLACE OF SERVICE	Ø1-Pharmacy	RW	<i>Payer Requirement:</i> Required for Long Term Care, Asst Living or Home Infusion claim processing
384-4X	PATIENT RESIDENCE	ØØ-Not Specified Ø1-Home Ø3-Nursing Facility Ø4-Assisted Living Facility Ø6-Group Home Ø9- Intermediate Care Facility /Mentally Retarded 11-Hospice	R	<i>Payer Requirement:</i> Ø4- Required for Long Term Care, Asst Living or Home Infusion claim processing

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

	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<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	Ø1-Universal Product Code (UPC) Ø2-Health Related Item (HRI) 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

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	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				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

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	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
42Ø-DK	SUBMISSION CLARIFICATION CODE	8- Process Compound for Approved Ingredients 15- Medication has been contaminated during administration in an LTPAC facility 16- Long Term Care Emergency box (kit) or automated dispensing machine. Replacement supply for doses previously dispensed to the patient (ekit) 17- Remainder of the medication originally begun from an Emergency Kit 19- Split Billing 21- LTC dispensing: 14 days or less not applicable 22- LTC dispensing: 7 days 23- LTC dispensing: 4 days 24- LTC dispensing: 3 days 25- LTC dispensing: 2 days 26- LTC dispensing: 1 day 27- LTC dispensing: 4-3 days 28- LTC dispensing: 2-2-3 days 29- LTC dispensing: daily and 3-day weekend 3Ø- LTC dispensing: Per shift dispensing 31- LTC dispensing: Per med pass dispensing	RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client, or when submitting for LTC Short Cycle Dispensing or when split billing from a LTC or for Prescriber ID clarification

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		<p>32- LTC dispensing: PRN on demand</p> <p>33- LTC dispensing: 7 day or less cycle not otherwise represented</p> <p>34- LTC dispensing: 14 days dispensing</p> <p>35- LTC dispensing: 8-14 day dispensing method not listed above</p> <p>36- LTC dispensing: dispensed outside short cycle</p> <p>42- Prescriber ID Submitted is valid and prescribing requirements have been validated</p> <p>43- Prescriber's DEA is active with DEA Authorized Prescriptive Right</p> <p>45- Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule</p> <p>46- Prescriber's DEA has prescriptive authority for this drug DEA Schedule</p> <p>47- Shortened Days Supply Fill - only used to request an override to plan limitations when a shortened days supply is being Dispensed</p> <p>48- Fill Subsequent to a Shortened Days Supply Fill - only used to request an override to plan limitations when a fill subsequent to a shortened days supply is being dispensed</p>		
308-C8	OTHER COVERAGE CODE	Ø-Not specified by patient	RW	<i>Payer Requirement:</i>

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		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		Required for Coordination of Benefits
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 SUBMITTED		RW	<i>Payer Requirement:</i> Situation determined by client
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client
147-U7	PHARMACY SERVICE TYPE	1- Community/Retail Pharmacy Services 3- Home Infusion Therapy Provider Services 5- Long Term Care Pharmacy Services 6- Mail Order Pharmacy Services 8- Specialty Care Pharmacy Services	R	

<b>Pricing Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
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This Segment is always sent	X
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	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing/Claim Rebill</b>
<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	

<b>Prescriber Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, Payer Situation
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This Segment is always sent	X
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Prescriber Segment Segment Identification (111-AM) = "Ø3"				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

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
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	
339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN)	RW	
34Ø-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	Ø7-Drug Benefit	RW	
431-DV	OTHER PAYER AMOUNT PAID		RW	

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

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	<b>DUR/PPS Segment Identification (111-AM) = "Ø8"</b>			<b>Claim Billing/Claim Rebill</b>
<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	DC-Drug-Disease(Inferred) DD-Drug-Drug Interaction	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
44Ø-E5	PROFESSIONAL SERVICE CODE	MØ-Prescriber Consulted MA-Medication Administration MR-Medication Review PH-Patient Medication History PO-Patient Consulted	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
475-J9	DUR CO-AGENT ID QUALIFIER	Ø1-Universal Product Code (UPC) Ø2-Health Related Item (HRI) Ø3-National Drug Code (NDC) 2Ø-International Classification of Diseases (ICD1Ø)	RW	<i>Payer Requirement:</i> Required if 476-H6 is used
476-H6	DUR CO-AGENT ID		RW	<i>Payer Requirement:</i> Required if 439-E4 is used

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

	<b>Compound Segment Identification (111-AM) = "1Ø"</b>			<b>Claim Billing/Claim Rebill</b>
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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-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
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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	Ø2-International Classification of Diseases (ICD1Ø)	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