

General information		
Prime Therapeutics LLC Jar	nuary 1, 2019	
Plan Name	BIN	PCN
Arkansas Blue Cross Blue Shield Medi-Pak Rx (PDP)		PDPAR
Arkansas Blue Cross Blue Shield Medi-Pak Advantage MA-PD (PFFS)		PFFSAR
Arkansas Blue Cross Blue Shield Medi-Pak Advantage (PPO)	Ø16895	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)		MBG
BCBS of Alabama BlueRx (PDP) Employer Group	~	RPDG
BCBS of Alabama BlueRx (PDP)	Ø14897	
UTIC Insurance Company		RPD
BCBS of Florida		
Florida Blue BlueMedicare Preferred HMO	~	
Florida Healthcare Plans BlueMedicare Preferred HMO	Ø12833	MEDDPRIME
BCBS of Florida Employer Groups		MEDDPRIMEG
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 Grou	p (MA-PD) Ø159Ø5	HMONCG
BCBS of North Carolina Blue Medicare PPO Enhanced Freedom Emplo		PPONCG
BCBS of North Carolina Blue Medicare Rx (PDP) Enhanced Employer	Group	PDPNCG
HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO)		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 Grou	p (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-Medica	aid Plan)	ILDEMD
HISC BCBS of Montana Blue Cross Medicare Advantage (PPO)		MAPDMT
HISC BCBS of Montana Blue Cross Medicare Advantage Employer Gro	oup (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)	Ø11552	PDPNM
HISC BCBS of New Mexico Blue Cross Medicare Advantage Choice (PF	20)	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 Oklahoma Blue Cross Medicare Advantage Basic or Pre	mier Plus (HMO)	MAPDOK
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Choice (PPC	-	MAPDOK1
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Basic (HMO (HMO POS) $$) and Premier Plus	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
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)		MAPDTX2

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HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)	7	MAPDTXG
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)		MAPDTXG2
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups		MPGTX
HISC BCBS of Texas Blue Cross MedicareRx Employer Groups (PDP)	1	PDGTX
HISC BCBS of Texas Blue Cross MedicareRx (PDP)	1	PDPTX
HISC BCBS of Texas Blue Cross Medicare Advantage Dual Care (HMO SNP)	1	TXSNP
Horizon BCBS of New Jersey Medicare Blue Value w/Rx Standard (HMO)		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)	Ø16499	HMOPOSNJG
Horizon BCBS of New Jersey Medicare Blue Group w/ Rx (Group PDP)	<u> </u>	PDPNJG
Horizon BCBS of New Jersey Medicare Advantage Group PPO w/ Rx		PPONJG
Horizon BCBS of New Jersey Horizon NJ TotalCare (HMOSNP)		DSNPPRI
BCBS of Minnesota (Secure Blue (MSHO))BCBS of Minnesota (Secure Blue (MSHO))		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)	61Ø455	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
Regence BlueShield MedAdvantage + Rx HMO and PPO		
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO		an addad
Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO		Ø21ØØØØØ
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO		
Asuris Northwest Health TruAdvantage + Rx PPO		Ø211ØØØØ
Asuris Medicare Script PDP		Ø211ØØØØ
Regence BlueShield of Idaho Regence Medicare Script	61Ø623	Ø212ØØØØ
Regence BlueCross BlueShield of Utah Regence Medicare Script		02120000
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	_	Ø21ØØØØ1
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO Employer Group	1	
Asuris Medicare Script PDP Employer Group	+	Ø211ØØØ1
Regence BlueShield of Idaho Regence Medicare Script Employer Group	1	22112001
Regence BlueCross BlueShield of Utah Regence Medicare Script Employer Group	1	Ø212ØØØ1
Regarde State 1933 State State of State Regence Ficulture Script Employer Group		

Payer Specification Sheet

for Prime Therapeutics' Medicare Part D Clients



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 800.821.4795. Other reference			
materials are available on Prime's web site.			
http://www.primetherapeutics.com/pharmacistsinde	<u>ex.html</u>		
Other versions supported: Will continue to accept NCPDP Telecommunication version 5.1 based upon			
the CMS statement of "Discretionary Enforcement" until Ø3/3Ø/2Ø12			

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Reversals

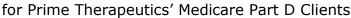
FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the	No
		Segment in the designated	
		Transaction.	
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.Ø.





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	М	BIN's listed in General Information Section
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	М	Section
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Multiple	М	PCN's listed in General Information Section
1Ø9-A9	TRANSACTION COUNT	Ø1-Ø4	М	Up to 4 transactions per B1 transmissions accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1-NPI	М	
2Ø1-B1	SERVICE PROVIDER ID		М	
4Ø1-D1	DATE OF SERVICE		М	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		М	Use value for Switch's requirements

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

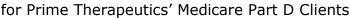
	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		М	



	Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Rebill
3Ø1-C1	GROUP ID	RW	Payer Requirement: Required for:
			BIN: Ø11552 PCN:
			ILDEMD,
			MAPDIL, MAPDIL1,
			MAPDILG,
			MAPDILG1,
			MAPDMT,
			MAPDMTG,
			MAPDNM,
			MAPDNM1,
			MAPDNMG,
			MAPDNMG1,
			MAPDOK,
			MAPDOK1,
			MAPDOK2,
			MAPDOKG,
			MAPDTX,
			MAPDTX1,
			MAPDTXG,
			MAPDTX2,
			MAPDTXG2,
			MPGNM, MPGTX,
			NMPARTD1,
			NMPARTDG,
			NMSNP, OKMAPDG,
			PDPIL, PDGIL,
			PDPNM,PDGNM,,
			PDPTX, PDGTX,
			TXSNP
			BIN: Ø12833 PCN:
			MEDDPRIME and
			MEDDPRIMEG
			BIN: Ø14897 PCN:



Insurance Segment Segment Identification (111-AM) = "Ø4"	Claim Billing/Claim Rebill
(222 3113)	MBG, RPD and
	RPDG
	BIN: Ø159Ø5 PCN:
	HMONC, PPONC,
	PDPNC, HMONCG,
	PPONCG AND
	PDPNCG
	BIN: Ø16499 PCN:
	HMOPOSNJ, PDPNJ,
	PPONJ,
	HMOPOSNJG,
	PDPNJG, PPONJG ,
	DSNPPRI
	BIN: Ø16895 PCN:
	PDPAR, PFFSAR,
	PPOAR, HMOAR,
	PDPARG
	BIN: 61Ø455 PCN:
	MEDDADV,
	MEDDADVG,
	SBPARTD,
	EMNH5959G,
	EMNH2446,
	HMPBD, ENEH3170,
	PDPOK, PDGOK,
	BCRIMA, BCRIMAG,
	AHPPARTD, PPOVB,
	EMNH5959
	BIN: 61Ø623 PCN:
	ø21øøøøø,
	ø211øøøø,
	ø212øøøø,
	Ø21ØØØØ1,
	Ø211ØØØ1,
	Page C of 1C

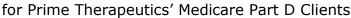




	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
	(III-AM) – 94			Ø212ØØØ1
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	Y-CMS Qualified Facility N-Not a CMS Qualified Facility	RW	Payer Requirement: Required for: Long Term Care Pharmacy claim submission

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

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
311-CB	PATIENT LAST NAME		R	

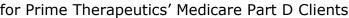




	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø7-C7	PLACE OF SERVICE	01-Pharmacy	RW	Payer Requirement: Required for Long Term Care, Asst Living or Home Infusion claim processing
384-4X	PATIENT RESIDENCE	ØØ-Not Specified Ø1-Home Ø3-Nursing Facility Ø4-Assisted Living Facility Ø6-Group Home Ø9- Intermediate Care Facility /Mentally Retarded 11-Hospice	R	Payer Requirement: 04- Required for Long Term Care, Asst Living or Home Infusion claim processing

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	Χ	
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	М	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		М	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1-Universal Product Code (UPC) Ø2-Health Related Item (HRI) Ø3-National Drug Code (NDC)	М	If billing for a Multi-Ingredient Compound, value is "ØØ"-Not Specified
4Ø7-D7	PRODUCT/SERVICE ID		М	NDC Number If billing for a Multi-Ingredient Compound, value





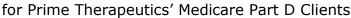
	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				is "Ø"
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1-Not a Compound 2-Compound	R	See Compound Segment for 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	Payer Requirement: Required if Submission Clarification Code (42Ø-DK) is used



	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
42Ø-DK	SUBMISSION CLARIFICATION CODE	8-Process Compound for Approved Ingredients 16-Long Term Care Emergency box (kit) or automated dispensing machine 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: 4 days 25- LTC dispensing: 1 day 27- LTC dispensing: 1 day 27- LTC dispensing: 1 day 27- LTC dispensing: 4-3 days 28- LTC dispensing: 4-3 days 28- LTC dispensing: 4-1 dispensing: 4-2 dispensing: 4-3 days 29- LTC dispensing: 4-3 days 29- LTC dispensing: 4-1 dispensing: 4-2 dispensing: 4-3 days 29- LTC dispensing: 4-1 dispensing: 4-1 LTC dispensing: 4-1 day or less cycle 4-1 day dispensing:	RW	Payer Requirement: 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



		,		
		short cycle 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 47-Shortened Days Supply Fill - only used to request an override to plan limitations when a shortened days supply is being Dispensed 48-Fill Subsequent to a Shortened Days Supply Fill - only used to request an override to plan limitations when 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		
3Ø8-C8	OTHER COVERAGE CODE	Ø-Not specified by patient 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	RW	Payer Requirement: Required for Coordination of Benefits





429-DT	SPECIAL PACKAGING INDICATOR		RW	Payer Requirement: Applies for Multi – Ingredient Compound
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Payer Requirement: Submit a value of '1' when a PA number is submitted in field 462-EV 8-Payer Defined
460 5)/			5147	Exemption
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Payer Requirement: Situation determined by client
995-E2	ROUTE OF ADMINISTRATION		RW	Payer Requirement: 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	

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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Payer Requirement: Required when field 44Ø-E5 is used
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT		RW	Required when



	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	SUBMITTED			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	
43Ø-DU	GROSS AMOUNT DUE		R	

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

	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	Payer Requirement:

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	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				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	Χ	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	Х	

	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	М	
338-5C	OTHER PAYER COVERAGE TYPE	Ø1-Primary- First Ø2-Secondary- Second Ø3-Tertiary- Third	М	
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	

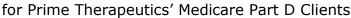
	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation



	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW	Payer Requirement: Required if DUR/PPS Segment is used
439-E4	REASON FOR SERVICE CODE	DC-Drug- Disease(Inferred) DD-Drug-Drug Interaction	RW	Payer Requirement: 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	Payer Requirement: Required if DUR/PPS Segment is used
441-E6	RESULT OF SERVICE CODE		RW	Payer Requirement: 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)		Payer Requirement: Required if 476-H6 is used
476-H6	DUR CO-AGENT ID		RW	Payer Requirement: Required if 439-E4 is used

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

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation





	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		М	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		М	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	М	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø1-Universal Product Code (UPC) Ø3-National Drug Code (NDC)	М	
489-TE	COMPOUND PRODUCT ID		М	
448-ED	COMPOUND INGREDIENT QUANTITY		М	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Payer Requirement: Required for each ingredient
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	Payer Requirement: 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	Payer Requirement: Required When instructed by POS Messaging
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2- International Classification of Diseases (ICD1Ø)	RW	Payer Requirement: Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	Payer Requirement Required When instructed by POS Messaging