

Payer Specification Sheet

For Prime Therapeutics' Medicare Part B Clients

General information			
Prime Therapeutics LLC		November 1, 2018	
Plan Name	BIN	PCN	
Arkansas BCBS Medi Pak Advantage Part B	Ø16895	MPPARTB	
BCBS of Alabama Part B	ØØ4915	PARTB	
BCBS of Illinois Blue Cross Community Part B	Ø11552	ILDEMB	
BCBS of Illinois Blue Cross Medicare Advantage Part B		ILPARTB	
BCBS of Illinois Blue Cross Medicare Advantage (HMO) Part B		PARTBG	
BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO) Part B			
BCBS of New Mexico Blue Cross Medicare Advantage (PPO) Part B			
BCBS of New Mexico Blue Cross Medicare Advantage (HMO) Part B			
BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO) Part B			
BCBS of Montana Blue Cross Medicare Advantage Employer Group (HMO) Part B			
BCBS of Oklahoma Blue Cross Medicare Advantage (HMO) Part B			
Chicago Teacher's Pension Fund (EGWP) Part B			
BCBS of Oklahoma Blue Cross Medicare Advantage (PPO) Part B			
BCBS of Texas Blue Cross Medicare Advantage (PPO) Part B			
Chicago Teachers' Pension Fund		MTPARTB	
BCBS of Montana Blue Cross Medicare Advantage (PPO) Part B		NMPARTB	
BCBS of New Mexico Blue Cross Medicare Advantage Part B		NMPARTB1	
BCBS of New Mexico Blue Cross Medicare Advantage Choice (PPO) Part B		NMPARTB2	
BCBS of New Mexico Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS)		PARTBG	
BCBS of New Mexico Blue Cross Medicare Advantage Dual Care (HMO & SNP) Part B		NMPARTBS	
BCBS of Oklahoma Blue Cross Medicare Advantage Basic or Premier Plus (HMO) Part B		OKPARTB	
BCBS of Oklahoma Blue Cross Medicare Advantage Choice (PPO) Part B		OKPARTB1	
BCBS of Oklahoma Blue Cross Medicare Advantage Basic (HMO) and Premier (HMO POS) Part B	OKPARTB2		
BCBS of Texas Blue Cross Medicare Advantage Dual Care (HMO & SNP) Part B	TXPARTBS		
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO) Part B	TXPARTB		
HISC PPO MAPD Texas Part B			
Horizon BCBS of New Jersey Part B	Ø16499	PARTB	
Capital Health Plan Medicare Advantage Plus (HMO) & Medicare Preferred Advantage (HMO) Part B	61Ø455	CHPPRTB	
Capital Health Plan Medicare Retiree Advantage (HMO) Part B		CHPPRTBG	
BCBS of Nebraska MA Choice (HMO POS) and MA Core (HMO) Part B		NE4ØØØ	
BCBS BluePlus of Minnesota SecureBlue (HMO SNP) Part B		SBPARTB	
BCBS of Minnesota Platinum Blue Part B		HMPBB	
BCBS of Minnesota Medicare Advantage PPO Part B		MN42ØØ	
Alignment Health Plan Part B		PARTBH3815	

BCBS of Rhode Island BlueCHIP for Medicare Core (HMO) Part B		RIMAONLY
Vibra Health Plan Part B		VBPARTB
Florida Blue BlueMedicare Preferred HMO PART B	Ø12833	PARTBH2758
Florida Healthcare Plans BlueMedicare Preferred HMO PART B		PARTBH1Ø35
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		

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 2Ø14
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 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, <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, <i>Payer Situation</i>
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"
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 prescribing requirements	RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client, or when for Prescriber ID clarification

	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>
		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		
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

	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>
				Determined by Client
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client

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	<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