

Payer Specification Sheet

for Prime Therapeutics' Medicare Part D Clients



General information		
Prime Therapeutics LLC	November 1, 2018	
Plan Name	BIN	PCN
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		
BCBS of Florida Employer Groups		MEDDPRIMEG
BCBS of North Carolina Blue Medicare HMO (MA-PD)	Ø159Ø5	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)		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 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)	OKMAPDGG	
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	
	Ø11552	

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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	
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)		DSNPPRI	
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 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	
Regence BlueShield MedAdvantage + Rx HMO and PPO		61Ø623	
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO			Ø21ØØØØØ
Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO			
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO			
Asuris Northwest Health TruAdvantage + Rx PPO			
Asuris Medicare Script PDP	Ø211ØØØØ		
Regence BlueShield of Idaho Regence Medicare Script			
Regence BlueCross BlueShield of Utah Regence Medicare Script	Ø212ØØØØ		
Regence BlueShield MedAdvantage + Rx HMO and PPO Employer Group			
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO Employer Group	Ø21ØØØØ1		
Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO Employer Group			
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			
Regence BlueCross BlueShield of Utah Regence Medicare Script Employer Group	Ø212ØØØ1		

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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 2014
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.

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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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	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
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, MAPDTXG2, MPGNM, MPGTX , NMPARTD1, NMPARTDG, NMSNP, OKMAPDG, PDPIL, PDGIL, PDPNM,PDGNM, , PDPTX, PDGTX, TXSNP BIN: Ø12833 PCN: MEDDPRIME and MEDDPRIMEG BIN: Ø14897 PCN:

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	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
				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, MPDBP, HMPBD, ENEH3170, PDPOK, PDGOK, BCRIMA, BCRIMAG, AHPPARTD, PPOVB, EMNH5959 BIN: 61Ø623 PCN: Ø21ØØØØØ, Ø211ØØØØ, Ø212ØØØØ, Ø21ØØØØ1, Ø211ØØØ1, Ø212ØØØ1

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	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
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

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
<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	
3Ø7-C7	PLACE OF SERVICE	01-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> 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	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>

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	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	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 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

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	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>
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: 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 32- LTC dispensing: PRN on demand 33- LTC dispensing: 7 day or less cycle not otherwise represented 34- LTC dispensing: 14 days dispensing 35- LTC dispensing: 8-14 day dispensing method not listed above 36- LTC dispensing: dispensed outside	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>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 fill subsequent to a shortened days supply is being dispensed</p>		
308-C8	OTHER COVERAGE CODE	<p>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</p>	RW	<p><i>Payer Requirement:</i> Required for Coordination of Benefits</p>

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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	

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
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		RW	Required when

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	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>
	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	
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
<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>

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	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	

	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>

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	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	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

Compound Segment Questions	Check	Claim Billing/Claim Rebill <i>If Situational, 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>

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Compound Segment Segment Identification (111-AM) = "10"				Claim Billing/Claim Rebill
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	01-Universal Product Code (UPC) 03-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	02-International Classification of Diseases (ICD10)	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