Payer Specification Sheet

For Prime Therapeutics' Commercial Clients
Other Payer Patient Responsibility Amount

General information	
Prime Therapeutics LLC	October 4, 2026

Plan Name	BIN	PCN
BCBS of North Dakota	61Ø455	NDCOM
Regence BlueCross BlueShield of Oregon for Employer Group Clark County Only	61Ø623	Ø2Ø5ØØØØ

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 2Ø25
Contact/Information Source: Prime Contact Center Phone number 8ØØ.821.4795. Other reference materials are available on Prime's web site. https://www.primetherapeutics.com/providers-and-physicians	
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.

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

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	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	M	1 transaction per B1 transmission 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	

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

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	
31Ø-CA	PATIENT FIRST NAME		RW	*Payer Requirement* *This is required for all other BCBS plans when DOB and gender are identical*
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
407-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	

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

	Claim Segment Segment Identification (111-AM) = “Ø7”			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	
415-DF	NUMBER OF REFILLS AUTHORIZED		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
42Ø-DK	SUBMISSION CLARIFICATION CODE	8-Process Compound for Approved Ingredients 10-Meets Plan Limitations 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	RW	*Payer Requirement:* Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

	Claim Segment Segment Identification (111-AM) = “Ø7”			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		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. 49-Prescriber does not currently have an active Type 1 NPI		
3Ø8-C8	OTHER COVERAGE CODE	Ø-Not specified by patient 1-No other coverage 3-Other coverage billed-claim not covered 8-Claim is	RW	*Payer Requirement:* Required for covered persons of Regence BlueCross BlueShield of Oregon employer group Clark County

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		billing for patient financial responsibility only		Required for covered persons of BCBS of North Dakota EXCEPT USW Union Group Bobcat
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 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

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

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				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	
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 14 – Plan	R	NPI Required

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		Specific		Value 14 used only for Bridgespan Oregon BIN 61Ø623, PCN Ø2Ø5ØØØØ
411-DB	PRESCRIBER ID		R	*Payer Requirement:* 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 2-Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill Scenario 2 - 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	

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN) 99-Other	RW	*Payer Requirement:* Required for covered persons of Regence BlueCross BlueShield of Oregon employer group Clark County. Required for covered persons of BCBS of North Dakota EXCEPT USW Union Group Bobcat
34Ø-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		RW	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø6-Patient Pay Amount	RW	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

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*
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		RW	Payer Requirement: Required if DUR/PPS Segment is used
44Ø-E5	PROFESSIONAL SERVICE CODE	MA-Medication Administration	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

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) = "1Ø"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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		RW	*Payer Requirement:* Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	*Payer Requirement:* Required When instructed by POS Messaging

Materials reproduced with the consent of © National Council for Prescription Drug Programs, Inc. Payer Specification Sheet OPPRA for Commercial Clients
© 2011–2024 Prime Therapeutics LLC