

Payer Specification Sheet

For Prime Therapeutics' Commercial Clients

General information		
Prime Therapeutics LLC	September 27, 2026	
Plan Name	BIN	PCN
BCBS of Florida	Ø12833	FLBC
Truli for Health		THP
BCBS of North Carolina	Ø159Ø5	Not Required
BCBS of Illinois	Ø11552	ILDR
BCBS of Illinois (Blue Script)		ILSC
BCBS of Illinois Trustmark		ILTM
BCBS of New Mexico		NMDR
BCBS of Oklahoma (Drug Card)		1215
BCBS of Oklahoma (Comp Card)		1217
BCBS of Texas		BCTX
Boeing		BOE
HCSC Collective Health		HCCH
Horizon BCBS of New Jersey	Ø16499	HZRX
Horizon BCBS of New Jersey Medigap		HZNPIP
Horizon Casualty Services, Inc Personal Injury Protection		HZNWC
Horizon Casualty Services, Inc Workers' Compensation	61Ø455	
AmeriHealth Administrators		AHA
BlueCross BlueLink		AHPCOM
AHP StandaloneRx		ALLNT
Alliant Health Plans Simple		ALLNTLF
Alliant Health Plans 4 Corners		ALLNTON
Alliant Health Plans SoloCare On Exchange		ALLNTOFF
Alliant Health Plans SoloCare Off Exchange		NATALL
BCBS FL TPA		HMBC
BCBS of Montana		NDBCSUP
BCBS of North Dakota		BCRI
Blue Cross Blue Shield of Rhode Island		CBC
Blue Cross Blue Shield of Rhode Island Work Related Injury		ADV
Capital Blue Cross		ADVD
Capital Health Plan		NEHM
Capital Health Plan Dual Eligible		HORMEL
Highmark Blue Cross Blue Shield (ASO)		MDT
Hormel Foods		UHCO
Medtronic-Covidien		UMEMP
Sheet Metal #10		
University of Minnesota UPlan		

Bridgespan Idaho	610212	02300000
Bridgespan Oregon		02320000
Bridgespan Utah		02330000
Bridgespan Washington		02310000
Regence BlueCross BlueShield of Oregon	610623	02050000
Asuris Northwest Health	610624	02090000
Regence BlueShield		02080000
Regence BlueShield of Idaho	610648	01820000
Regence BlueCross BlueShield of Utah		01890000

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 2024
Contact/Information Source: Prime Contact Center Phone number 800.821.4795. 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.

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	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 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 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	
3Ø1-C1	GROUP ID	BCRIWRI	RW	<i>Payer Requirement:</i> Required for BCBS of RI Work Related Injury only, BIN 61Ø455, PCN BCRI
		RXCAP	RW	Required for Capital Blue Cross BIN 61Ø455, PCN CBC
3Ø6-C6	PATIENT RELATIONSHIP CODE		RW	<i>Payer Requirement:</i> Required for BCBS of OK Comp Card only, BIN Ø11552, PCN 1217

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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	

310-CA	PATIENT FIRST NAME		RW	<i>Payer Requirement</i> Required for: BCBS of IL, BIN 011552, PCN ILSC <i>This is required for all other BCBS plans when DOB and gender are identical</i>
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) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1-Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03-National Drug Code (NDC)	M	If billing for a Multi-Ingredient Compound, value is "00"-Not Specified
407-D7	PRODUCT/SERVICE ID		M	NDC Number If billing for a Multi-Ingredient Compound, value is "0"
460-ET	QUANTITY PRESCRIBED		RW	Required when Schedule II drug
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1-Not a Compound 2-Compound	R	See Compound Segment for support of multiingredient compounds
408-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	<i>Payer Requirement:</i> 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 this drug DEA Schedule. 46-Prescriber's DEA has prescriptive authority for this drug DEA Schedule	RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification

		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		
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308-C8	OTHER COVERAGE CODE	Ø-Not specified by patient 1-No other coverage 2-Other coverage exists/billedpayment collected 3-Other coverage billed-claim not covered 4-Other coverage exists/billedpayment not collected	RW	<i>Payer Requirement:</i> <i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 610455, PCN BCRI</i> <i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN 610455, PCN ADV</i>
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				<i>This is required when Covered Person's of FL Blue have secondary coverage with FL Blue, BIN Ø12833, PCN FLBC</i> <i>This is required when Covered Person's of Bridgespan Idaho have secondary coverage with Bridgespan Idaho, BIN 61Ø212, PCN Ø23ØØØØØ</i> <i>This is required when Covered Person's of Bridgespan Oregon have secondary coverage with Bridgespan Oregon, BIN 61Ø212, PCN Ø232ØØØØ</i> <i>This is required when Covered Person's of Bridgespan Utah have secondary coverage with Bridgespan Utah, BIN 61Ø212, PCN Ø233ØØØØ</i> <i>This is required when Covered Person's of Bridgespan Washington have secondary coverage with Bridgespan Washington, BIN 61Ø212, PCN Ø231ØØØØ</i>
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				<i>This is required when Covered</i> <i>Person's of</i> Regence BlueCross BlueShield of Oregon <i>have secondary coverage with</i> Regence BlueCross BlueShield of Oregon, BIN 610623, PCN 02050000 <i>This is required when Covered</i> <i>Person's of Asuris</i> Northwest Health <i>have secondary coverage with</i> Asuris Northwest Health, BIN 610624, PCN 02090000 <i>This is required when Covered</i> <i>Person's of</i> Regence BlueShield <i>have secondary coverage with</i> Regence BlueShield, BIN 610624, PCN 02080000 <i>This is required when Covered</i> <i>Person's of</i> Regence BlueShield of Idaho <i>have secondary coverage with</i> Regence BlueShield of Idaho , BIN 610648, PCN 01820000
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	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<i>This is required when Covered Person's of Regence BlueCross BlueShield of Utah have secondary coverage with Regence BlueCross BlueShield of Utah, BIN 61Ø648, PCN Ø189ØØØØ</i> <i>This is required when Covered Person's of Truli have secondary coverage with Truli, BIN Ø12833, PCN THP</i> <i>This is required when Covered Person's of BCBS of North Dakota USW Union Bobcat group has secondary coverage with BCBS of ND, BIN: 610455 PCN: NDBCSUP</i>
429-DT	SPECIAL PACKAGING INDICATOR		RW	Payer Requirement: Applies for Multi – Ingredient Compound

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>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

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	<i>Payer Requirement:</i> Required when field 44Ø-E5 is used
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
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 (482GE) 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 (482GE) 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 If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	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>
466-EZ	PRESCRIBER ID QUALIFIER	Ø1-NPI 14 –Plan Specific	R	NPI Required Value 14 used only for of BCBS of New Mexico BIN Ø11552, PCN NMDR, Horizon BCBS of New Jersey BIN Ø16499, PCN HZRX Regence BlueCross Blueshield of Oregon BIN 61Ø623, PCN Ø2Ø5ØØØØ
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> Applicable value for the qualifier used in 466-EZ

Workers' Compensation Segment	Check	Workers' Comp Claim Billing If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required for BCBS of RI Work Related Injury claims only

	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
434-DY	DATE OF INJURY		M	<i>Payer Requirement:</i> This is required on second fill of claim for BCBS of RI Work Related Injury

117-TR	BILLING ENTITY TYPE INDICATOR	Ø –Provider Submitted-Pay to Provider	R	<i>Payer Requirement:</i> This is required for BCBS of RI Work Related Injury
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Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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 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-TertiaryThird	M	

339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN) 99-Other	RW	<i>Payer Requirement:</i> <i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 61Ø455, PCN BCRI</i> <i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN 61Ø455, PCN ADV</i> <i>This is required when Covered Person's of FL Blue have secondary coverage with FL Blue, BIN Ø12833, PCN FLBC</i> <i>This is required when Covered Person's of Bridgespan Idaho have secondary coverage with Bridgespan Idaho, BIN 61Ø212, PCN Ø23ØØØØØ</i> <i>This is required when Covered Person's of Bridgespan Oregon have secondary coverage with Bridgespan Oregon, BIN 61Ø212, PCN Ø232ØØØØØ</i>
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				<i>This is required when Covered</i> <i>Person's of Bridgespan Utah have secondary coverage with</i> Bridgespan Utah, BIN 610212, PCN 02330000 <i>This is required when Covered</i> <i>Person's of Bridgespan Washington have secondary coverage with</i> Bridgespan Washington, BIN 610212, PCN 02310000 <i>This is required when Covered</i> <i>Person's of Regence BlueCross BlueShield of Oregon have secondary coverage with</i> Regence BlueCross BlueShield of Oregon, BIN 610623, PCN 02050000 <i>This is required when Covered</i> <i>Person's of Asuris Northwest Health have secondary coverage with</i> Asuris Northwest Health, BIN 610624, PCN 02090000 <i>This is required when Covered</i> <i>Person's of Regence BlueShield have secondary coverage with</i> Regence BlueShield, BIN 610624, PCN 02080000
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				<i>This is required when Covered Person's of Regence BlueShield of Idaho have secondary coverage with Regence BlueShield of Idaho , BIN 610648, PCN 01820000</i> <i>This is required when Covered Person's of Regence BlueCross BlueShield of Utah have secondary coverage with Regence BlueCross BlueShield of Utah, BIN 610648, PCN 01890000</i> <i>This is required when Covered Person's of Truli have secondary coverage with Truli, BIN 012833, PCN THP</i> <i>This is required when Covered Person's of BCBS of North Dakota USW Union Bobcat group has secondary coverage with BCBS of ND, BIN: 610455 PCN: NDBCSUP</i>
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340-7C	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, <i>Payer Situation</i>
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	<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
441-E6	RESULT OF SERVICE CODE		RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used

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
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, <i>Payer Situation</i>
This Segment is situational	X	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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