Payer Specification Sheet Specifications

For Prime Therapeutics' Medicare Part D Clients

General information			
Prime Therapeutics LLC	January 1, 2026		
Plan Name		**BIN**	**PCN**
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			
Patrius Health			PLX
BCBS of Florida		Ø12833	MEDDPRIME
Florida Blue BlueMedicare Preferred HMO			
Florida Healthcare Plans BlueMedicare Preferred HMO			
BCBS of Florida Employer Groups			MEDDPRIMEG
BCBS of North Carolina HealthyBlue + Medicare (HMO D-SNP)		Ø159Ø5	DSNPNC
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 Group (MAPD)			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
Boeing-Blue Cross Group MedicareRx		Ø11552	PDPILBOG
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)			MAPDIL2
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 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 New Mexico Blue Cross Medicare Advantage (HMO SNP)	NMSNP2
HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO SNP)	NMSNP3
HISC BCBS of New Mexico Blue Cross Medicare Advantage Flex Access (PPO)	MAPDNM2
HISC BCBS of Oklahoma Blue Cross Medicare Advantage Dual Care Plus (HMO D-SNP)	OKSNP1
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 Classic (PPO)		MAPDOK3
HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)		MAPDOK4
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
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO)		MAPDTX3
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)		MAPDTX5
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO)		MAPDTXG
HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO)		MAPDTXG2
HISC BCBS of Texas Blue Cross Medicare Advantage (PPO)		MAPDTX4
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
HISC BCBS of Texas Blue Cross Medicare Advantage (HMO SNP)		TXSNP2
Braven Medicare Choice (PPO)	Ø16499	PPOBH
Braven Medicare Freedom (PPO)		
Braven Medicare Group w/Rx (PPO)		PPOBHG
Braven Medicare Group w/Rx Ideal (PPO)		

Braven Medicare Group w/Rx Complete (PPO)		
Horizon BSBS of New Jersey Medicare BlueRx Standard and Enhanced (PDP)		PDPNJ
Horizon BCBS of New Jersey Medicare Blue Group w/ Rx (Group PDP)		PDPNJG
Horizon BCBS of New Jersey Horizon NJ TotalCare (HMOSNP)		DSNPPRI
Alignment Health Plan Employer Group		AHPPARTDG
Alignment Health Plan		AHPPARTD
BCBS of Kansas		KSPARTD
BCBS of Kansas Blue MedicareRx (PDP)	61Ø455	KSPDP
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		ENEH8181
BCBS of Nebraska		ENEH8181G
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

Capital BlueCross		CAPD
Capital BlueCross		CAPDG
Capital BlueCross		CAPD2
Capital BlueCross		CAPDG2
Capital BlueCross (Employer Group PDP)		CAPPDPG
MedicareBlue℠ Rx (PDP)		CSPDP
Group MedicareBlue℠ Rx (PDP)		CSPDPG
Solis Health Plans		SOMAPD
Regence BlueShield MedAdvantage + Rx HMO and PPO	61Ø623	Ø21ØØØØØ
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO		
Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO		
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO		
Asuris Northwest Health TruAdvantage + Rx PPO		Ø211ØØØØ
Asuris Medicare Script PDP		
Regence BlueShield of Idaho Regence Medicare Script		Ø212ØØØØ
Regence BlueCross BlueShield of Utah Regence Medicare Script		
Regence BlueShield MedAdvantage + Rx HMO and PPO Employer Group		Ø21ØØØØ1
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO Employer Group		
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		Ø212ØØØ1
Regence BlueCross BlueShield of Utah Regence Medicare Script Employer Group		
Experience Health	Ø2Ø289	EHPARTD

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 2Ø24
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.

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-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	

3Ø1-C1	GROUP ID			RW	*Payer Requirement:* Required for: BIN: Ø11552 PCN: ILDEMD, MAPDIL, MAPDIL1, MAPDILG, MAPDILG1, MAPDIL2, MAPDMT, MAPDMTG, MAPDNM, MAPDNM1, MAPDNM2, MAPDNMG, MAPDNMG1, MAPDOK, MAPDOK1, MAPDOK2, MAPDOK3, MAPDOK4 MAPDOKG, MAPDTX, MAPDTX1, MAPDTXG, MAPDTX2, MAPDTX3, MAPDTX4, MAPDTX5 MAPDTXG2, MPGNM, MPGTX , NMPARTD1, NMPARTDG, NMSNP, NMSNP2, NMSNP3, OKSNP1,

				OKMAPDG, PDPIL, PDPILBOG, PDGIL, PDPNM,PDGNM, PDPTX, PDGTX, TXSNP, TXSNP2
				BIN: Ø12833 PCN: MEDDPRIME and MEDDPRIMEG
				BIN: Ø14897 PCN: MBG, PLX, RPD and RPDG
				BIN: Ø159Ø5 PCN: DSNPNC, HMONC, PPONC, PDPNC, HMONCG, PPONCG AND PDPNCG
				BIN: Ø16499 PCN: PARTBBHMA, PDPNJ, PPOBH, PPOBHG, PDPNJG, DSNPPRI
				BIN: 61Ø455 PCN: AHPPARTD, AHPPARTDG, BCRIMA, BCRIMAG, CAPD, CAPDG, CAPD2, CAPDG2, CAPPDPG,

| | | | | | CSPDP, CSPDPG, EMNH5959, EMNH5959G, EMNH2446, ENEH8181, ENEH8181G, ENEH3170, HMPBD, KSPARTD, KSPDP, MEDDADV, MEDDADVG, SBPARTD, SOMAPD, PDPOK, PDGOK, BIN: 61Ø623 PCN: Ø21ØØØØØ, Ø211ØØØØ, Ø212ØØØØ, Ø21ØØØØ1, Ø211ØØØ1, Ø212ØØØ1 BIN: Ø2Ø289 PCN: EHPARTD |

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

Field#	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	
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 Ø4Assisted Living Facility Ø6-Group Home Ø9- Intermediate Care Facility /Mentally Retarded 11-Hospice	R	*Payer Requirement:* 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	

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill
	Claim Segment **Segment Identification** **(111-AM) = "Ø7"**			
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	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"
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when Schedule II drug
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 multiingredient 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 (111AM) = "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 15-Medication has been contaminated during administration in an LTPAC facility 16-Long Term Care Emergency box (kit) or automated dispensing machine. Replacement supply for doses previously dispensed to the patient (ekit) 17-Remainder of the medication originally begun from an Emergency Kit 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:	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

		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 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

57-Discharge Medication- new dispensing of medication and continuation of care due to the patient's discharge from LTPAC, Clinic, Hospital or similar setting.

60- Long Term Care Same Drug Strength and Dosage From with Multiple Dosing Directions- Separate prescriptions of the same drug being taken concurrently exist due to different dosing direction. | | |

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:* Situation Determined by Client
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Payer Requirement:* Situation determinedby 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 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 (483HE)
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:* 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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

337-4C	COORDINATION OF ENEFITS/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)	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*

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 MAMedication 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)	RW	*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) = "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) Ø3National Drug Code (NDC)	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
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