Payer Specification Sheet

For Prime Therapeutics' Commercial Clients

General information	
Prime Therapeutics LLC	October 4, 2026

Plan Name	BIN	PCN
BCBS of Alabama	004915	Not Required
BCBS of Alabama Work Related Injury Benefit		WRI
Coupe Health		CPAL
BCBS of Kansas	610455	KSBCS
BCBS of Kansas		BCBSKS
BCBS of Minnesota		HMHS
BCBS of Minnesota		PGIGN
BCBS of Minnesota		HMSUP
BCBS of Nebraska		NEHMSUP
Coupe Health		CPMN
Local Government Health Insurance Board (LGHIB)		LGHIBRX
State Employees' Insurance Board (SEIB)		SEIBRX
EmblemHealth		NY1000
EmblemHealth ConnectiCare		
FELRA & UFCW Health and Welfare Plan		FELRA
UFCW Local 1500 Welfare Fund		1500
UFCW New England Health Fund		NEWENG
BCBS of Wyoming	8ØØØØ1	BCSWY

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

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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	M	1 transaction per B1 transmissions accepted

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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		R	
3Ø3-C3	PERSON CODE		RW	Payer Requirement: Leave field blank, not used for processing
3Ø6-C6	PATIENT RELATIONSHIP CODE		RW	Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder. Payer Requirement: Same as Imp Guide
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	

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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		R	
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"

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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

	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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

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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	*Payer Requirement:* Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification

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		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. 49Prescriber does not currently have an active Type 1 NPI		
3Ø8-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	*Payer Requirement:* Required for Coordination of Benefits. EmblemHealth: BIN: 610455 PCN: NY1000 FELRA & UFCW Health and Welfare Plan: BIN: 610455 PCN: FELRA UFCW Local 1500 Welfare Fund: BIN: 610455 PCN: 1500 UFCW New England Health Fund: BIN: 610455 PCN: NEWENG

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	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
429-DT	SPECIAL PACKAGING INDICATOR		RW	*Payer Requirement:* Applies for Multi – Ingredient Compound
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	*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
6ØØ -28	UNIT OF MEASURE		R	

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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	
412-DC	DISPENSING FEE SUBMITTED		RW	
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 (482GE) and Percentage Sales Tax Basis Submitted (484-JE)

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484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales TaxAmount Submitted (482GE) andPercentage Sales Tax Rate Submitted (483-HE)
423-DN	BASIS OF COST DETERMINATION		R	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	

Pharmacy Provider Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required only if law or regulation required

	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER		RW	Imp Guide: Required if Provider ID (444-E9) is used.
444-E9	PROVIDER ID		RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. Payer Requirement: REQUIRED ONLY IF LAW OR REGULATION REQUIRED

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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	
411-DB	PRESCRIBER ID		R	*Payer Requirement:* Applicable value for the qualifier used in 466-EZ
427-DR	PRESCRIBER LAST NAME		RW	*Imp Guide:* Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB)

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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 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	R	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement: Same as Imp Guide*
34Ø-7C	OTHER PAYER ID		R	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication *Payer Requirement: Same as Imp Guide*
443-E8	OTHER PAYER DATE		R	*Imp Guide:* Required if identification of the

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				Other Payer Date is necessary for claim/encounter adjudication *Payer Requirement: Same as Imp Guide*
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	R	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement: Same as Imp Guide*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7-Drug Benefit	R	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used *Payer Requirement: Same as Imp Guide*
431-DV	OTHER PAYER AMOUNT PAID		R	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement: Same as Imp Guide*

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471-5E	OTHER PAYER REJECT COUNT		R	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement: Same as Imp Guide*
472-6E	OTHER PAYER REJECT CODE		R	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered *Payer Requirement: Same as Imp Guide*

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

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441-E6	RESULT OF SERVICE CODE		RW	*Payer Requirement:* Required if DUR/PPS Segment is used
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide

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	

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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		RW	*Payer Requirement:* Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	*Payer Requirement* Required When instructed by POS Messaging

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