# Payer Specification Sheet

**For Prime Therapeutics' Commercial Clients**
**Other Payer Patient Responsibility Amount**

| General information | |
|---|---|
| Prime Therapeutics LLC | October16, 2026 |

| Plan Name | BIN | PCN |
|---|---|---|
| BCBS of Nebraska | 610455 | RXNEB |
| BCBS of Nebraska Medigap | | NESUP |

| 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.



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## 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 |
| 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 |



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

| | **Insurance Segment**<br><br>**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.<br><br>Payer Requirement: Same as Imp Guide |
| 312-CC | CARDHOLDER FIRST NAME | | R | |
| 313-CD | CARDHOLDER LAST NAME | | R | |

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

| | **Patient Segment**<br>**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 | |



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| | | | | |
|---|---|---|---|---|
| 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<br><br>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<br>2-Compound | R | See Compound Segment for support of multiingredient compounds |



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| | **Claim Segment<br>Segment Identification<br>(111-AM) = "Ø7"** | | | **Claim<br>Billing/Claim<br>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<br>2-Telephone<br>3-Electronic<br>4-Facsimile<br>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<br>10-Meets Plan Limitations<br>42-Prescriber ID Submitted is valid and prescribing requirements have been validated.<br>43-Prescriber's DEA is active with DEA Authorized Prescriptive Right<br>45-Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule.<br>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.<br>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.<br>49-Prescriber does not currently have an active Type 1 NPI | | |
| 3Ø8-C8 | OTHER COVERAGE CODE | Ø-Not specified by patient<br>1-No other coverage<br>3-Other coverage billed-claim not covered<br>8-Claim is billing for patient financial responsibility only | RW | *Payer Requirement:*<br><br>Required for Coordination of Benefits.<br><br>Required for covered persons of BCBS of Nebraska |



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| | Claim Segment<br>Segment Identification<br>(111-AM) = "Ø7" | | | Claim<br>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<br><br>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<br><br>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<br><br>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<br><br>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.<br><br>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 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<br>Ø2-Secondary-Second<br>Ø3-TertiaryThird | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | Ø3-Bank Identification Number (BIN)<br>99-Other | R | *Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.<br><br>*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<br><br>*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<br><br>*Payer Requirement: Same as Imp Guide* |
| 351-NR | OTHER PAYER-PATIENT RESPONSBILITY AMOUNT COUNT | | R | *Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.<br><br>*Payer Requirement: Same as Imp Guide* |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | Ø6-Patient Pay Amount | R | *Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used<br><br>*Payer Requirement: Same as Imp Guide* |
| 352-NQ | OTHER PAYER-PATIENT RESPONSBILITY AMOUNT | | R | *Imp Guide:* Required if necessary for patient financial responsibility only billing.<br><br>Required if necessary for state/federal/regulatory agency programs<br><br>Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.<br><br>*Payer Requirement: Same as Imp Guide* |
| 471-5E | OTHER PAYER REJECT COUNT | | R | *Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.<br><br>*Payer Requirement: Same as Imp Guide* |



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| | | | | |
|---|---|---|---|---|
| 472-6E | OTHER PAYER REJECT CODE | | R | *Imp Guide:* Required when the other payer has denied the payment for the billing,<br><br>*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 |
| 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. |



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| | | | | |
|---|---|---|---|---|
| | | | | Required if this field affects payment for or documentation of professional pharmacy service.<br><br>Payer Requirement: Same as Imp Guide |

| **Compound Segment Questions** | **Check** | **Claim Billing/Claim Rebill**<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is situational | X | Required when Compound Code is =2 |

| | **Compound Segment<br>Segment Identification (111-AM)<br>= "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)<br>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 | *Payer Requirement:* Required for each ingredient |
| 49Ø–UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | | R | *Payer Requirement:* Required for each ingredient |



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| Clinical Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is situational | X | |

| | Clinical Segment<br>Segment Identification<br>(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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