

Payer Sheet Specification

for Prime Therapeutics' Medicare M3P Program

General information					
Prime Therapeutics LLC			January 1, 2026		
Plan Name	Part D BIN	Part D PCN	Part D RxGroup	M3P BIN	M3P PCN
EmblemHealth VIP Gold (HMO)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth VIP Gold Plus (HMO)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth VIP Value (HMO-POS)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth VIP Dual (HMO-DSNP)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth VIP Dual Enhanced (HMO-DSNP)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth VIP Dual Reserve (HMO-DSNP)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth Group Access Rx (PPO)	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth VIP Premier (HMO) Group	610455	NY4000	MAPD	610455	MPPPMAPD
EmblemHealth City of NY GHI Enhanced	610455	NY4000	PDP	610455	MPPPPDP
EmblemHealth City of NY GHI Standard	610455	NY4000	PDP	610455	MPPPPDP
Gold Coast Health Plan Total Care Advantage SM	610455	GCMAPD	H9623	610455	MPPPGCMAPD

Processor	
Effective as of: 01/01/2011	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/24-hour-contact-center	
Other versions supported: Will continue to accept NCPDP Telecommunication version 5.1 based upon the CMS statement of "Discretionary Enforcement" until 03/30/2012	

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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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	Multiple	M	BIN's listed in General Information Section

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102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	Multiple	M	PCN's listed in General Information Section
109-A9	TRANSACTION COUNT	Ø1-Ø4	M	Up to 4 transactions per B1 transmission accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1-NPI	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	CCYYMMDD
110-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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	Refer to the Medicare Part D Response Other Payers Segment, the last other payer occurrence to obtain the Cardholder ID (302-C2) required for the M3P COB transaction.
301-C1	GROUP ID		RW	Refer to Group ID returned within the last occurrence of

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	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				the Response COB Other Payer Segment from the Medicare Part D Claim Response
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	

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	
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	R	Payer Requirement: Required for Long Term Care,

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	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
		Ø3-Nursing Facility Ø4-Assisted Living Facility Ø6-Group Home Ø9-Intermediate Care Facility /Mentally Retarded 11-Hospice		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	

	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	

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

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	Claim Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "Ø7"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		3-Electronic 4-Facsimile 5-Pharmacy		
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 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	RW	Payer Requirement: Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification

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Claim Segment				Claim Billing/Claim Rebill
Segment Identification (111-AM) = "Ø7"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		24- LTC dispensing: 3 days 25- LTC dispensing: 2 days 26- LTC dispensing: 1 day 27- LTC dispensing: 4-3 days 28- LTC dispensing: 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		

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	Claim Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "Ø7"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		<p>and prescribing requirements have been validated</p> <p>43-Prescriber's DEA is active with DEA Authorized Prescriptive Right</p> <p>45-Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule</p> <p>46-Prescriber's DEA has prescriptive authority for this drug DEA Schedule</p> <p>47-Shortened Days Supply Fill - only used to request an override to plan limitations when a shortened days supply is being Dispensed</p> <p>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</p> <p>57-Discharge Medication- new dispensing of medication and continuation of care due to the patient's</p>		

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	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		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	8-Claim is billing for patient financial responsibility only	R	Payer Requirement: All M3P claims must use COB Method 2 - Other Payer Patient Responsibility Amount (OPPRA).
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

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

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Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAY AMOUNT SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Required when field 440-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

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	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				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	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		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) = "03"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01-NPI	R	NPI Required
411-DB	PRESCRIBER ID		R	Payer Requirement: Applicable value for the qualifier used in 466-EZ

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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 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	
339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN)	RW	<i>Payer Requirement:</i>
34Ø-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	

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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	
392-MU	Benefit Stage Count		RW	
393-MV	Benefit Stage Qualifier		RW	
394-MW	Benefit Stage Amount		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	DC-Drug-Disease(Inferred) DD-Drug-Drug Interaction	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used
44Ø-E5	PROFESSIONAL SERVICE CODE	MØ-Prescriber Consulted MA-Medication Administration	RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used

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	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		MR-Medication Review PH-Patient Medication History PO-Patient Consulted		
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	

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	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	<i>Payer Requirement:</i> Required for each ingredient
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT		RW	
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	

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Clinical Segment Questions		Check	Claim Billing/Claim Rebill	
This Segment is situational		X	If Situational, <i>Payer Situation</i>	

	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	<i>Payer Requirement:</i> Required When instructed by POS Messaging
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2- International Classification of Diseases (ICD1Ø)	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