

Payer Specification Sheet Specifications

For Prime Therapeutics' Medicare Clients

General information		
Prime Therapeutics LLC	January 1, 2026	
Plan Name	BIN	PCN
EmblemHealth VIP Gold (HMO)	610455	NY4000
EmblemHealth VIP Gold Plus (HMO)		
EmblemHealth VIP Value (HMO-POS)		
EmblemHealth VIP Dual (HMO-DSNP)		
EmblemHealth VIP Dual Enhanced (HMO-DSNP)		
EmblemHealth VIP Dual Reserve (HMO-DSNP)		
EmblemHealth Group Access Rx (PPO)		
EmblemHealth VIP Premier (HMO) Group		
EmblemHealth City of NY GHI Enhanced		
EmblemHealth City of NY GHI Standard		
EmblemHealth VIP Rx Carveout (HMO) Group		NY4020
Gold Coast Health Plan Total Care Advantage SM		GCMAPD

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-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	
312-CC	CARDHOLDER FIRST NAME		RW	Required when necessary for state/federal/regulatory agency programs
313-CD	CARDHOLDER LAST NAME		RW	Required when necessary for state/federal/regulatory agency programs

3Ø1-C1	GROUP ID		RW	Payer Requirement: Required for: BIN: 61Ø455 PCN:NY4000, GCMAPD
3Ø3-C3	PERSON CODE		R	As printed on the ID card or as communicated
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	
322-CM	PATIENT STREET ADDRES		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
323-CN	PATIENT CITY ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code

324-CO	PATIENT STATE/PROVINCE ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
325-CP	PATIENT ZIP/POSTAL ZONE		R	
3Ø7-C7	PLACE OF SERVICE	Ø1-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 Ø4-Assisted 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	

	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	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

408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	Ø = No refills authorized 1–99 = Authorized
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 (420-DK) is used
420-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		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

		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: 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		
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		<p>36-LTC dispensing: dispensed outside short cycle</p> <p>42-Prescriber ID Submitted is valid 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</p>		
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		<p>due to the patient's discharge from LTPAC, Clinic, Hospital or similar setting.</p> <p>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.</p>		
308-C8	OTHER COVERAGE CODE	<p>Ø-Not specified by patient 1-No other coverage</p> <p>2-Other coverage exists/billed payment collected</p> <p>3-Other coverage billed-claim not covered</p> <p>4-Other coverage exists/billed payment not collected</p>	RW	<i>Payer Requirement:</i> Required for Coordination of Benefits
429-DT	SPECIAL PACKAGING INDICATOR		RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>Payer Requirement:</i> Situation Determined by Client

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	

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
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE 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 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	
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 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
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		R	

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 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)	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	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	<i>Required if Other Payer Reject Code (472-6E) is used.</i>
472-6E	OTHER PAYER REJECT CODE		RW	<i>Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) – 3</i>

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	<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 MR-Medication Review PH-Patient Medication History PO-Patient Consulted	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
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	<i>Payer Requirement:</i> Required if 476-H6 is used
476-H6	DUR CO-AGENT ID		RW	<i>Payer Requirement:</i> Required if 439-E4 is used
474-8E	DUR/PPS LEVEL OF EFFORT		RW	

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	
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	Max of 1Ø	RW	<i>Required when Compound Ingredient Modifier Code (363- 2H) is sent</i>
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	<i>Required when necessary for state/federal/regulatory agency programs</i>

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	<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