# Payer Specification Sheet

**For Prime Therapeutics' BCBS of Texas CHIP, STAR and STAR KIDS Medicaid Programs**

| General information | | | |
|---|---|---|---|
| Prime Therapeutics LLC | December 1, 2026 | | |
| **Plan Name** | | **BIN** | **PCN** |
| BCBS of Texas Medicaid CHIP | | Ø11552 | TXCHIP |
| BCBS of Texas Medicaid STAR and STAR Kids | | | TXCAID |

| 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.

**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.



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| Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill<br>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<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |

| | Insurance Segment<br>Segment Identification (111-AM) = "Ø4" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 3Ø2-C2 | CARDHOLDER ID | | M | |

| Patient Segment Questions | Check | Claim Billing/Claim Rebill<br>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 | |



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| | Patient Segment<br>Segment Identification<br>(111-AM) = "Ø1" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 3Ø5-C5 | PATIENT GENDER CODE | | R | |
| 311-CB | PATIENT LAST NAME | | R | |

| Claim Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |
| This payer does not support partial fills | X | |

| | Claim Segment<br>Segment Identification<br>(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 |
| 4Ø7-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 | *Payer Requirement: For a 72 hr Emergency supply submit a value of 3* |
| 4Ø6-D6 | COMPOUND CODE | 1-Not a Compound<br>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<br>2-Telephone<br>3-Electronic | R | |



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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* |
| | | 4-Facsimile<br>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 | 7- Medically Necessary<br>8-Process Compound for Approved Ingredients<br>2Ø- 34ØB - Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 34ØB of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 34ØB (a)(1Ø) and those made through the Prime Vendor Program (Section 34ØB(a)(8)).<br>42-Prescriber ID Submitted is valid and prescribing requirements | RW | *Payer Requirement:* Applies for 340B claim processing or for Prescriber ID clarification |



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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* |
| | | 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<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 | 1-No Other Coverage<br>2-Other Coverage Exists-billed- | RW | *Payer Requirement:* Required for Coordination of Benefits |



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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* |
| | | payment collected<br>3-Other Coverage Billed-claim not covered<br>4-Other Coverage Exists-billed/payment not collected<br>8-Claim is billing for patient financial responsibility | | |
| 429-DT | SPECIAL PACKAGING INDICATOR | | RW | *Payer Requirement:* Applies for Multi – Ingredient Compound |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | RW | *Payer Requirement: Submit a value of '1' when a PA number is submitted in field 462-EV. For a 72 Hr Emergency Supply submit a value of 8* |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | *Payer Requirement: Situation Determined by Client. For a 72 hr Emergency supply submit a value of 801.* |
| 995-E2 | ROUTE OF ADMINISTRATION | | RW | *Payer Requirement: Applies for Multi – Ingredient Compound* |

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

| | Pricing Segment<br>Segment Identification<br>(111-AM) = "11" | | | Claim<br>Billing/Claim<br>Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | | R | |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW | Payer Requirement: |



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| | Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| | | | | Required when field 44Ø-E5 is used |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | |
| 43Ø-DU | GROSS AMOUNT DUE | | R | |

| Prescriber Segment Questions | Check | Claim Billing/Claim Rebill<br>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<br>12-DEA | R | NPI Preferred Value |
| 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<br>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<br>Ø2-Secondary-Second<br>Ø3-Tertiary-Third | M | |



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| | | | | |
|---|---|---|---|---|
| 339-6C | OTHER PAYER ID QUALIFIER | Ø3-Bank Identification Number (BIN)<br>99-Other | R | |
| 34Ø-7C | OTHER PAYER ID | | R | |
| 443-E8 | OTHER PAYER DATE | | R | |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9 | R | |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Ø7-Drug Benefit | R | |
| 431-DV | OTHER PAYER AMOUNT PAID | | R | |

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

| | **DUR/PPS Segment<br>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 | R | *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 when DUR/PPS Segment is used |



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| 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<br>(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)<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 | |

| 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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