

Payer Specification Sheet

for Prime Therapeutics' Medicare Part D Clients



| General information | | | | |
|--|------------|--------------|----------|--|
| Prime Therapeutics LLC | | July 1, 2022 | | |
| Plan Name | BIN | PCN | | |
| Arkansas Blue Cross Blue Shield Medi-Pak Rx (PDP) | Ø16895 | PDPAR | | |
| Arkansas Blue Cross Blue Shield Medi-Pak Advantage MA-PD (PFFS) | | PFFSAR | | |
| Arkansas Blue Cross Blue Shield Medi-Pak Advantage (HMO) | | HMOAR | | |
| Arkansas BlueMedicare Premier (HMO) | | HMOAR2 | | |
| Arkansas Blue Cross Blue Shield Medi-Pak Rx Group (PDP) | | PDPARG | | |
| Arkansas BlueMedicare Saver Choice (PPO) | | PPOAR2 | | |
| Arkansas BlueMedicare Value Choice (PPO) | | | | |
| Arkansas BlueMedicare Premier Choice (PPO) | | | | |
| Arkansas BlueMedicare Premier Choice Group (PPO) | | | PPOAR2G | |
| BCBS of Alabama Blue Advantage (MA-PD) | | Ø14897 | MBG | |
| BCBS of Alabama BlueRx (PDP) Employer Group | RPDG | | | |
| BCBS of Alabama BlueRx (PDP) | RPD | | | |
| UTIC Insurance Company | | | | |
| BCBS of Florida | Ø12833 | | | |
| Florida Blue BlueMedicare Preferred HMO | | | | |
| Florida Healthcare Plans BlueMedicare Preferred HMO | | MEDDPRIME | | |
| BCBS of Florida Employer Groups | | MEDDPRIMEG | | |
| BCBS of North Carolina HealthyBlue + Medicare (HMO D-SNP) | Ø15905 | DSNPNC | | |
| BCBS of North Carolina Blue Medicare HMO (MA-PD) | | HMONC | | |
| BCBS of North Carolina Blue Medicare PPO (MA-PD) | | PPONC | | |
| BCBS of North Carolina Blue Medicare Rx (PDP) | | PDPNC | | |
| BCBS of North Carolina Blue Medicare HMO Enhanced Employer Group (MA-PD) | | HMONCG | | |
| BCBS of North Carolina Blue Medicare PPO Enhanced Freedom Employer Group (MA-PD) | | PPONCG | | |
| BCBS of North Carolina Blue Medicare Rx (PDP) Enhanced Employer Group | | PDPNCG | | |
| Boeing-Blue Cross Group MedicareRx | | Ø11552 | PDPILBOG | |
| HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO) | MAPDIL | | | |
| HISC BCBS of Illinois Blue Cross Medicare Advantage (PPO) | MAPDIL1 | | | |
| HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO) | MAPDIL2 | | | |
| HISC BCBS of Illinois Blue Cross Medicare Advantage (HMO) | MAPDILG | | | |
| HISC BCBS of Illinois Blue Cross Medicare Advantage Employer Group (PPO) | MAPDILG1 | | | |
| HISC BCBS of Illinois Blue Cross MedicareRx Employer Groups (PDP) | PDGIL | | | |
| HISC BCBS of Illinois Blue Cross MedicareRx (PDP) | PDPIL | | | |
| HISC BCBS of Illinois Blue Cross Community MMAI (Medicare-Medicaid Plan) | ILDDEM | | | |
| HISC BCBS of Montana Blue Cross Medicare Advantage (PPO) | MAPDMT | | | |
| HISC BCBS of Montana Blue Cross Medicare Advantage Employer Group (PPO) | MAPDMTG | | | |

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| HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO) | MAPDNM |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage Select (HMO) and Flex (HMO POS) | MAPDNM1 |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage Employer Groups | MPGNM |
| HISC BCBS of New Mexico Blue Cross MedicareRx Employer Groups (PDP) | PDGNM |
| HISC BCBS of New Mexico Blue Cross MedicareRx (PDP) | PDPNM |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage Choice (PPO) | NMPARTD1 |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO) | NMPARTDG |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO) | MAPDNMG |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO) | MAPDNMG1 |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage Dual Care (HMO SNP) | NMSNP |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage (HMO SNP) | NMSNP2 |
| HISC BCBS of New Mexico Blue Cross Medicare Advantage (PPO SNP) | NMSNP3 |
| HISC BCBS of Oklahoma Blue Cross Medicare Advantage Basic or Premier Plus (HMO) | MAPDOK |
| HISC BCBS of Oklahoma Blue Cross Medicare Advantage Choice (PPO) | MAPDOK1 |
| HISC BCBS of Oklahoma Blue Cross Medicare Advantage Basic (HMO) and Premier Plus (HMO POS) | MAPDOK2 |
| HISC BCBS of Oklahoma Blue Cross Medicare Advantage Classic (PPO) | MAPDOK3 |
| HISC BCBS of Oklahoma Blue Cross Medicare Advantage (HMO) | MAPDOKG |
| HISC BCBS of Oklahoma Blue Cross Medicare Advantage (PPO) | OKMAPDGD |
| HISC BCBS of Texas Blue Cross Medicare Advantage (PPO) | MAPDXTX |
| HISC BCBS of Texas Blue Cross Medicare Advantage (HMO) | MAPDXTX1 |
| HISC BCBS of Texas Blue Cross Medicare Advantage (HMO) | MAPDXTX2 |
| HISC BCBS of Texas Blue Cross Medicare Advantage (HMO) | MAPDXTX3 |
| HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups (PPO) | MAPDXTXG |
| HISC BCBS of Texas Blue Cross Medicare Advantage Employer Group (PPO) | MAPDXTXG2 |
| HISC BCBS of Texas Blue Cross Medicare Advantage (PPO) | MAPDXTX4 |
| HISC BCBS of Texas Blue Cross Medicare Advantage Employer Groups | MPGTX |
| HISC BCBS of Texas Blue Cross MedicareRx Employer Groups (PDP) | PDGTX |
| HISC BCBS of Texas Blue Cross MedicareRx (PDP) | PDPTX |
| HISC BCBS of Texas Blue Cross Medicare Advantage Dual Care (HMO SNP) | TXSNP |
| HISC BCBS of Texas Blue Cross Medicare Advantage (HMO SNP) | TXSNP2 |
| Braven Medicare Plus (HMO) | HMOBH |
| Braven Medicare Choice (PPO) | PPOBH |
| Braven Medicare Freedom (PPO) | |
| Braven Medicare Group w/Rx (PPO) | PPOBHG |
| Braven Medicare Group w/Rx Ideal (PPO) | |
| Braven Medicare Group w/Rx Complete (PPO) | |
| Braven Medicare Access Group w/ Rx (HMO-POS) | HMOPOSBHG |
| Braven Medicare Access Group w/Rx Value (HMO-POS) | |
| Horizon BCBS of New Jersey Medicare Blue Value w/Rx Standard (HMO) | HMOPOSNJ |

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| Horizon BSBS of New Jersey Medicare BlueRx Standard and Enhanced (PDP) | | PDPNJ |
| Horizon BCBS of New Jersey Medicare Blue PPO (MA-PD) | | PPONJ |
| Horizon BCBS of New Jersey Medicare Blue Access Group w/ Rx (HMO-POS) | | HMOPOSNJG |
| Horizon BCBS of New Jersey Medicare Blue Group w/ Rx (Group PDP) | | PDPNJG |
| Horizon BCBS of New Jersey Medicare Advantage Group PPO w/ Rx | | PPONJG |
| Horizon BCBS of New Jersey Horizon NJ TotalCare (HMOSNP) | | DSNPPRI |
| Alignment Health Plan Employer Group | 610455 | AHPPARTDG |
| Alignment Health Plan | | AHPPARTD |
| BCBS of Kansas | | KSPARTD |
| BCBS of Minnesota (Secure Blue (MSHO)) BCBS of Minnesota (Secure Blue (MSHO)) | | SBPARTD |
| BCBS of Minnesota Platinum Blue with Rx (Cost) | | HMPBD |
| BCBS of Minnesota Medicare Advantage PPO | | EMNH5959 |
| BCBS of Minnesota Medicare Advantage Employer Group | | EMNH5959G |
| BCBS of Minnesota Medicare Advantage (HMO) | | EMNH2446 |
| BCBS of Nebraska | | ENEH8181 |
| BCBS of Nebraska | | ENEH8181G |
| BCBS of Nebraska MA Choice (HMO POS) and MA Core (HMO) | | ENEH3170 |
| Blue Plus Medicare Advantage BCBS of Oklahoma (Employer Groups PDP Region 23) | | PDGOK |
| Blue Plus Medicare Advantage BCBS of Oklahoma PDP Region 23 | | PDPOK |
| BCBS of Rhode Island BlueCHIP for Medicare MAPD Individual | | BCRIMA |
| BCBS of Rhode Island BlueCHIP for Medicare MAPD Group | | BCRIMAG |
| Capital Health Plan Medicare Advantage Plus (HMO) and Preferred Advantage (HMO) | | MEDDADV |
| Capital Health Plan Medicare Retiree Advantage (HMO) | | MEDDADVG |
| Capital BlueCross | | CAPD |
| Capital BlueCross | | CAPDG |
| Capital BlueCross | | CAPD2 |
| Capital BlueCross | | CAPDG2 |
| Capital BlueCross (PDP) | | CAPPDP |
| Capital BlueCross (Employer Group PDP) | | CAPPDPG |
| Vibra Health Plan | | PPOVB |
| Vibra EGWP | | PPOVBG |
| Regence BlueShield MedAdvantage + Rx HMO and PPO | | |
| Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO | | 02100000 |
| Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO | | |
| Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO | | 02110000 |
| Asuris Northwest Health TruAdvantage + Rx PPO | | |
| Asuris Medicare Script PDP | | |
| Regence BlueShield of Idaho Regence Medicare Script | 610623 | 02120000 |
| Regence BlueCross BlueShield of Utah Regence Medicare Script | | |
| Regence BlueShield MedAdvantage + Rx HMO and PPO Employer Group | | 02100001 |

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| Regence BlueCross BlueShield of Oregon MedAdvantage + Rx HMO and PPO Employer Group | | |
| Regence BlueShield of Idaho MedAdvantage + Rx HMO and PPO Employer Group | | |
| Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO Employer Group | | |
| Asuris Medicare Script PDP Employer Group | | Ø211ØØØ1 |
| Regence BlueShield of Idaho Regence Medicare Script Employer Group | | Ø212ØØØ1 |
| Regence BlueCross BlueShield of Utah Regence Medicare Script Employer Group | | |
| Experience Health | Ø2Ø289 | EHPARTD |

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|---|---|
| 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 2020 |
| Contact/Information Source: Prime Contact Center Phone number 800.821.4795. Other reference materials are available on Prime's web site. http://www.primetherapeutics.com/pharmacistsindex.html | |
| Other versions supported: Will continue to accept NCPDP Telecommunication version 5.1 based upon the CMS statement of "Discretionary Enforcement" until 03/30/2012 | |

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.0.

| 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 (110-AK) is Not used | X | |

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| | Transaction Header Segment | | | Claim Billing/Claim Rebill |
|---------|----------------------------------|----------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN NUMBER | Multiple | M | BIN's listed in General Information Section |
| 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 | Upto4 transactions per B1 transmissions 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, 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 |
| 302-C2 | CARDHOLDER ID | | M | |

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| | Insurance Segment Segment Identification (111-AM) = "Ø4" | | | Claim Billing / Claim Rebill |
|--------|---|--|----|--|
| 3Ø1-C1 | GROUP ID | | RW | <i>Payer Requirement:</i> Required for: BIN: Ø11552 PCN: ILDEMD, MAPDIL, MAPDIL1, MAPDILG, MAPDILG1, MAPDIL2, MAPDMT, MAPDMTG, MAPDNM, MAPDNM1, MAPDNMG, MAPDNMG1, MAPDOK, MAPDOK1, MAPDOK2, MAPDOK3, MAPDOKG, MAPDTX, MAPDTX1, MAPDTXG, MAPDTX2, MAPDTX3, MAPDTX4, MAPDTXG2, MPGNM, MPGTX , NMPARTD1, NMPARTDG, NMSNP, NMSNP2, NMSNP3, OKMAPDG, PDPIL, PDPILBOG, PDGIL, PDPNM, PDGNM, PDPTX, PDGTX, TXSNP, TXSNP2 |

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|--|--|--|--|--|
| | | | | <p>BIN: Ø12833 PCN: MEDDPRIME and MEDDPRIMEG</p> <p>BIN: Ø14897 PCN: MBG, RPD and RPDG</p> <p>BIN: Ø159Ø5 PCN: DSNPNC, HMONC, PPONC, PDPNC, HMONCG, PPONCG AND PDPNCG</p> <p>BIN: Ø16499 PCN: HMOBH, HMOPOSBHG, HMOPOSNJ, PARTBBHMA, PDPNJ, PPOBH, PPOBHG, PPONJ, HMOPOSNJG, PDPNJG, PPONJG, DSNPPRI</p> <p>BIN: Ø16895 PCN: PDPAR, PFFSAR, PPOAR, PPOAR2, HMOAR, HMOAR2, PDPARG, PPOAR2G</p> <p>BIN: 61Ø455 PCN: AHPPARTD, AHPPARTDG, BCRIMA, BCRIMAG, CAPD, CAPDG, CAPD2, CAPDG2, CAPPDP, CAPPDPG, EMNH5959, EMNH5959G</p> |
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|--|--|--|--|---|
| | | | | <p>EMNH2446, ENEH8181, ENEH8181G, ENEH3170, HMPBD, KSPARTD, MEDDADV, MEDDADVG, SBPARTD, PDPOK, PDGOK, PPOVB</p> <p>BIN: 610623 PCN: 02100000, 02110000, 02120000, 02100001, 02110001, 02120001</p> <p>BIN: 020289 PCN: EHPARTD</p> |
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| Patient Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is always sent | X | |

| | Patient 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 | |
| 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 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 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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|--------|--|--|----|---|
| 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 multi-ingredient compounds |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | 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 | <i>Payer Requirement:</i> Required if Submission Clarification Code (42Ø-DK) is used |

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| | Claim Segment Segment Identification (111-AM) = "07" | | | Claim Billing/Claim Rebill |
|----------------|---|---|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 420-DK | SUBMISSION CLARIFICATION CODE | <p>8- Process Compound for Approved Ingredients</p> <p>15- Medication has been contaminated during administration in an LTPAC facility</p> <p>16- Long Term Care Emergency box (kit) or automated dispensing machine. Replacement supply for doses previously dispensed to the patient (ekit)</p> <p>17- Remainder of the medication originally begun from an Emergency Kit</p> <p>19- Split Billing</p> <p>21- LTC dispensing: 14 days or less not applicable</p> <p>22- LTC dispensing: 7 days</p> <p>23- LTC dispensing: 4 days</p> <p>24- LTC dispensing: 3 days</p> <p>25- LTC dispensing: 2 days</p> <p>26- LTC dispensing: 1 day</p> | RW | <p><i>Payer Requirement:</i> 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</p> |

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| | | <p>27- LTC dispensing: 4-3 days</p> <p>28- LTC dispensing: 2-2-3 days</p> <p>29- LTC dispensing: daily and 3-day weekend</p> <p>30- LTC dispensing: Per shift dispensing</p> <p>31- LTC dispensing: Per med pass dispensing</p> <p>32- LTC dispensing: PRN on demand</p> <p>33- LTC dispensing: 7 day or less cycle not otherwise represented</p> <p>34- LTC dispensing: 14 days dispensing</p> <p>35- LTC dispensing: 8-14 day dispensing method not listed above</p> <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> | |
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| | | <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 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> | | |
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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 |
| 409-D9 | INGREDIENT COST 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) |

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| 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 | |
| 43Ø-DU | GROSS AMOUNT DUE | | 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) = "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 |

| 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 |

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| 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 | |

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

| | DUR/PPS 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 | DC-Drug-Disease(Inferred) DD-Drug-Drug Interaction | RW | Payer Requirement: Required if DUR/PPS Segment is used |

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| 440-E5 | PROFESSIONAL SERVICE CODE | M0-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 | 01-Universal Product Code (UPC) 02-Health Related Item (HRI) 03-National Drug Code (NDC) 20-International Classification of Diseases (ICD10) | 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 |

| 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) = "10" | | | Claim Billing/Claim Rebill |
|---------|---|------------------------|-------------|----------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 450-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 | |

Payer Specification Sheet

for Prime Therapeutics' Medicare Part D Clients



| | | | | |
|--------|---|--|---|---|
| 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 |

| 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 |