Payer Specification Sheet

For Prime Therapeutics' Medicare Part B Clients

General information		
Prime Therapeutics LLC	January 1, 2024	
Plan Name	**BIN**	**PCN**
BCBS of North Carolina BlueMedicare HMO	Ø15905	PARTBMA
BCBS of North Carolina Group BlueMedicare HMO		PARTBMAG2
		PARTBMAG
FLBlue BlueMedicare Patriot (PPO)	Ø12833	FLMA
Braven Med Group PPO MA	Ø16499	PARTBBHMA
Braven Med Accs GP HMO MA		
BCBS of Rhode Island BlueCHIP for Medicare Core (HMO) Part B	61Ø455	RIMAONLY
BCBS of Rhode Island Healthmate Coast to Coast for Medicare Group		RIMAONLYG
Alignment Health Plan Retiree Options		AHPMAONLYG
BCBS of Minnesota Platinum Blue Part B		HMPBB2
BCBS of Minnesota Group Medicare High Value (PPO) Part B		MN42002
BCBS of Minnesota Group Medicare Advantage (PPO) Part B		MN4200G2
BCBS of Kansas Preferred Blue Medicare Advantage Part B		KSMAONLY
Capital Blue Cross EGWP (HMO) Part B		CAPBGM
Capital Blue Cross EGWP (PPO) Part B		CAPBGM2
Asuris Northwest Health TruAdvantage + Rx PPO Individual and Employer Group Part B	61Ø623	CBPARTB
Regence BlueShield MedAdvantage + Rx PPO Individual and Employer Group Part B		
Regence BlueCross BlueShield of Oregon MedAdvantage + Rx PPO Individual and Employer Group Part B		
Regence BlueShield of Idaho MedAdvantage + Rx PPO Individual and Employer Group Part B		
Regence BlueCross BlueShield of Utah MedAdvantage + Rx PPO Individual and Employer Group Part B		
Regence BlueShield of Idaho SLHP AlignBlue (HMO) Part B		
Regence BlueCross BlueShield of Oregon AlignBlue (HMO) Part B		
Regence BlueShield of Washington AlignBlue (HMO) Part B		
BCBS of Illinois Blue Cross Medicare Advantage (PPO)	Ø11552	ILMAONLY
BCBSIL Group Medicare Advantage (PPO Part) B		ILMAONLYG
BCBS of Montana Blue Cross Medicare Advantage (PPO)		MTMAONLY
BCBS of Oklahoma Blue Cross Medicare Advantage (PPO)		OKMAONLY
BCBS of Texas Blue Cross Medicare Advantage (PPO)		TXMAONLY
BCBS of Texas Blue Cross Medicare Advantage Group (PPO)		TXMAONLYG
BCBS Texas Part B		PARTBG2MA

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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 2Ø22
Contact/Information Source: Prime Contact Center Phone number 8ØØ.821.4795. Other reference materials are available on Prime's web site. http://www.primetherapeutics.com/pharmacistsindex.html	
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, *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 listed in General Information Section
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	

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1Ø4-A4	PROCESSOR CONTROL NUMBER	Multiple	M	PCN 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	

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	
311-CB	PATIENT LAST NAME		R	
3Ø7-C7	PLACE OF SERVICE	01-Pharmacy	RW	*Payer Requirement:* Required for Long Term Care 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	

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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 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	*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	RW	*Payer Requirement:* Applies for Multi – Ingredient Compound when determined by

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	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		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 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		client, or when submitting for LTC Short Cycle Dispensing or when split billing from a LTC or for Prescriber ID clarification

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

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	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		dispensed 57-Discharge Medication- new dispensing of medication and continuation of care due to the patient's 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 directions.		
3Ø8-C8	OTHER COVERAGE CODE	Ø-Not specified by patient 1-No other coverage 2-Other coverage exists/billed-payment collected 3-Other coverage billed-claim not covered 4-Other coverage exists/billed-payment not collected	RW	*Payer Requirement:* *This is required when Covered Person's of Arkansas Blue Cross Blue Shield have secondary coverage with Arkansas BCBS BIN* Ø16895 PCN PARTBMA *This is required when Covered Person's of* Capital Blue Cross *have secondary coverage with* Capital Blue Cross, BIN 61Ø455, PCN CAPBGM, CAPBGM2 *This is required when Covered Person's of* Cambia *have*

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	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				secondary coverage with Cambia, BIN 61Ø623, PCN CBPARTB *This is required when Covered Person's of* BCBS of North Carolina *have secondary coverage with BCBS of North Carolina BIN: Ø15905 PCN: PARTBMA, PARTBMAG and PARTBMAG2* *This is required when Covered Person's of BCBS of Rhode Island have secondary coverage with BCBS of Rhode Island BIN: 610455 PCN: RIMAONLY and RIMAONLYG*
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 8-Payer Defined Exemption

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	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
995-E2	ROUTE OF ADMINISTRATION		RW	*Payer Requirement:* 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*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
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 Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	PERCENTAGE SALES TAX RATE		RW	Required when

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	Pricing Segment Segment Identification (111-AM) = "11"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
	SUBMITTED			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 (483-HE)
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	

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	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 Ø2-Secondary-Second Ø3-Tertiary-Third	M	
339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN) 99-Other	RW	*Payer Requirement:* *This is required when Covered Person's of Arkansas Blue Cross Blue Shield have secondary coverage with Arkansas BCBS BIN* Ø16895 PCN PARTBMA *This is required when Covered Person's of* Capital Blue Cross *have secondary coverage with* Capital Blue Cross, BIN 61Ø455, PCN CAPBGM, CAPBGM2 *This is required when Covered Person's of* Cambia *have secondary coverage with* Cambia, BIN 61Ø623, PCN CBPARTB *This is required when Covered Person's of* BCBS of North Carolina *have secondary coverage with BCBS of North Carolina BIN:*

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				Ø15905 PCN: PARTBMA, PARTBMAG and PARTBMAG2 *This is required when Covered Person's of* BCBS of Rhode Island *have secondary coverage with* BCBS of Rhode Island, BIN 61Ø455, PCN RIMAONLY, RIMAONLYG
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 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*

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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	*Payer Requirement:* Required for each ingredient
49Ø–UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	*Payer Requirement:* 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	*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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