

Payer Specification Sheet

For Prime Therapeutics' BCBS of New Mexico Blue Cross Turquoise Care (Medicaid)

General information		
Prime Therapeutics LLC	July 1, 2024	
Plan Name	BIN	PCN
BCBS of New Mexico Blue Cross Turquoise Care	Ø11552	SALUD

Processor	
Effective as of: 09/Ø1/2Ø11	NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: October 2Ø21
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	See General Info Section	M	BIN listed in General Information Section
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See General Info Section	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

302-C2	CARDHOLDER ID		M	
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Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
311-CB	PATIENT LAST NAME		R	

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) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1-Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03-National Drug Code (NDC)	M	If billing for a Multi-Ingredient Compound , value is "00"-Not Specified
407-D7	PRODUCT/SERVICE ID		M	NDC Number If billing for a Multi-Ingredient Compound , value is "0"
460-ET	QUANTITY PRESCRIBED		RW	Required when Schedule II drug
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	

406-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	
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 (420-DK) is used
420-DK	SUBMISSION CLARIFICATION CODE	8-Process Compound for Approved Ingredients 20-340B Indicates that, prior to providing	RW	<i>Payer Requirement:</i>

	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>

		<p>service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 340B of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 340B (a)(1) and those made through the Prime Vendor Program (Section 340B(a)(8)).</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</p>		
	<p>Claim Segment Segment Identification (111-AM) = "07"</p>			<p>Claim Billing/Claim Rebill</p>

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
		authority for this drug DEA Schedule 49-Prescriber does not currently have an active Type 1 NPI		
308-C8	OTHER COVERAGE CODE	1-No Other Coverage 2-Other Coverage Exists-billedpayment collected 3-Other Coverage Billed-claim not covered 4-Other Coverage Existsbilled/payment not collected 8-Claim is billing for patient financial responsibility	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> Submit a value of '1' when a PA number is submitted in field 462-EV 8-Payer Defined Exemption
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Payer Requirement:</i> Situation Determined by Client

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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Payer Requirement: Required when field 440-E5 is used
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	08- 340B/Disproportionate Share Pricing/Public Health Service	RW	<i>Payer Requirement:</i> 340B claims require the value of 08

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	01-NPI	R	<i>Payer Requirement</i> Prescriber NPI required
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> 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 Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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) 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 If Situational, Payer Situation		
This Segment is situational		X			
				Claim Billing/Claim Rebill	
DUR/PPS Segment Identification (111-AM) = "Ø8"					
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		RW	<i>Payer Requirement:</i> Required if DUR/PPS Segment is used	
				Claim Billing/Claim Rebill	
DUR/PPS Segment Identification (111-AM) = "Ø8"					
44Ø-E5	PROFESSIONAL SERVICE CODE	MA-Medication Administration	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	
474-8E	DUR/PPS LEVEL OF EFFORT	11=Level 1 (Lowest) 12=Level 2 (Low Complexity) 13=Level 3 (Moderate Complexity) 14=Level 4 (High Complexity)	RW	<i>Payer Requirement:</i> Required when pharmacists with prescriptive authority provide preventative medicine counseling and/or intervention service	

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	

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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	<i>Payer Requirement: Required When instructed by POS Messaging</i>
492-WE	DIAGNOSIS CODE QUALIFIER		RW	<i>Payer Requirement: Required When instructed by POS Messaging</i>
424-DO	DIAGNOSIS CODE		RW	<i>Payer Requirement Required When instructed by POS Messaging</i>