

BIN: See BINs on page 2 (**in bold red type**)
PCN: See PCNs on page 2 (**in bold red type**)
States: Regional
Destination: PRIME/RxClaim
Accepting: Claim Adjudication, Reversals
Format: NCPDP Version 5.1
Prime Contact Center: 800.821.4795



Payor Sheet for Medicare Part D/ PDP and MA-PD

1. SEGMENT AND FIELD REQUIREMENTS BY TRANSACTION TYPE

BILLING (**B1**), REVERSAL (**B2**)

(**M** = Mandatory by HIPAA, **R** = Required by Prime, **S** = Situational, *****V** = Repeat Field)

NOTE: A “**Situational**” data element means the NCPDP Standard does NOT require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The “**Mandatory**” and “**Required**” fields within a “Situational” segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted, however, not all segments are supported. Please call the Prime Contact Center at **800.821.4795** for more information regarding the support of claim segments.

■ **CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS**

Prime does NOT SUPPORT controlled substance reporting transactions

■ **ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS**

Prime does NOT SUPPORT eligibility verification transactions – refer to NDC Health

■ **PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS**

Prime does NOT SUPPORT prior authorization transactions

■ **INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS**

Prime does SUPPORT informational transactions from and to the TrOOP facilitator

Functionality Highlights

- Compounds segment not supported
- Maximum transaction count is one (1)
- Paper claims (UCFs) will not be accepted from pharmacies that have the capability to adjudicate on-line
- Partial fills are not supported
- Product Service ID Qualifier supported is NDC
- Skilled nursing facilities should be identified by the patient location value

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Transaction Header Segment — Mandatory			Segment Is Required
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
101-A1	BIN NUMBER	M	610455: BCBS of OK
102-A2	VERSION/RELEASE NUMBER	M	Use 51
103-A3	TRANSACTION CODE	M	All Plans use B1, B2
104-A4	PROCESSOR CONTROL NUMBER	M	PDPOK: BCBS of OK, PDP Region 23 PDGOK: Employer Groups, BCBS of OK, PDP Region 23
109-A9	TRANSACTION COUNT	M	01 – 1 Occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	M	07 (NCPDP ID)
201-B1	SERVICE PROVIDER ID	M	Value for the qualifier used in 202-B2 above
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks

Patient Segment – Situational			Client REQUIRES to Locate Correct Member
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	01 – transmit ONLY if the segment is transmitted
331-CX	PATIENT ID QUALIFIER	S	
332-CY	PATIENT ID	R	
304-C4	DATE OF BIRTH	R	
305-C5	PATIENT GENDER CODE	R	
310-CA	PATIENT FIRST NAME	S	Captured if sent/not required
311-CB	PATIENT LAST NAME	S	Captured if sent/not required
322-CM	PATIENT STREET ADDRESS	S	Captured if sent/not required
323-CN	PATIENT CITY ADDRESS	S	Captured if sent/not required
324-CO	PATIENT STATE/PROVINCE ADDRESS	S	Captured if sent/not required
325-CP	PATIENT ZIP/POSTAL ZONE	S	Captured if sent/not required
326-CQ	PATIENT PHONE NUMBER	S	
307-C7	PATIENT LOCATION	S	Required to submit the values of: 01 – Home Infusion 03 – Nursing Home 05 – Rest Home

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NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
333-CZ	EMPLOYER ID	S	
334-1C	SMOKER/NON-SMOKER CODE	S	
335-2C	PREGNANCY INDICATOR	S	

Insurance Segment — Situational			Segment Is Required for B1, B2 Transactions
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	04 – transmit ONLY if the segment is transmitted
302-C2	CARDHOLDER ID	M	
312-CC	CARDHOLDER FIRST NAME	S	Captured if sent/not required
313-CD	CARDHOLDER LAST NAME	S	Captured if sent/not required
314-CE	HOME PLAN	S	Captured if sent/not required
524-FO	PLAN ID	S	Captured if sent/not required
309-C9	ELIGIBILITY CLARIFICATION CODE	S	Captured if sent/not required
336-8C	FACILITY ID	S	Captured if sent/not required
301-C1	GROUP ID	S	
303-C3	PERSON CODE	S	
306-C6	PATIENT RELATIONSHIP CODE	S	

Claim Segment — Mandatory			Segment Is Required for B1, B2 Transactions
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	07 – transmit ONLY if the segment is transmitted
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Only value '1' is accepted
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Only supports 7-digit Rx #
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03
407-D7	PRODUCT/SERVICE ID	M	NDC number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required ONLY if Procedure Modifier Code submitted
459-ER	PROCEDURE MODIFIER CODE	S	
442-E7	QUANTITY DISPENSED	R	
403-D3	FILL NUMBER	S	
405-D5	DAYS SUPPLY	R	
406-D6	COMPOUND CODE	S	When submitting a compound, submit the value "2" and the NDC value of the most expensive Federal Legend Drug within the compound

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NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	If null, revert to 0
414-DE	DATE PRESCRIPTION WRITTEN	R	
415-DF	NUMBER OF REFILLS AUTHORIZED	S	
419-DJ	PRESCRIPTION ORIGIN CODE	S	
420-DK	SUBMISSION CLARIFICATION CODE	S	
460-ET	QUANTITY PRESCRIBED	S	Partial fills not supported
308-C8	OTHER COVERAGE CODE	R	
429-DT	UNIT DOSE INDICATOR	S	Not supported
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Partial fills not supported
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Partial fills not supported
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Partial fills not supported
330-CW	ALTERNATE ID	S	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	
600-28	UNIT OF MEASURE	S	
418-DI	LEVEL OF SERVICE	S	
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	
464-EX	INTERMEDIARY AUTHORIZATION ID	S	
343-HD	DISPENSING STATUS	S	Partial fills not supported
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Partial fills not supported
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Partial fills not supported

Pharmacy Provider Segment — Situational			Segment Is Not Required
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	02 – transmit ONLY if the segment is transmitted
465-EY	PROVIDER ID QUALIFIER	S	
444-E9	PROVIDER ID (NCPDP #)	S	

Prescriber Segment — Situational			Segment Is Required for B1 Transaction
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	03 – transmit ONLY if the segment is transmitted
466-EZ	PRESCRIBER ID QUALIFIER	R	Value – 12
411-DB	PRESCRIBER ID	R	DEA
467-1E	PRESCRIBER LOCATION CODE	S	
427-DR	PRESCRIBER LAST NAME	S	
498-PM	PRESCRIBER PHONE NUMBER	S	

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NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	
421-DL	PRIMARY CARE PROVIDER ID	S	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	

COB/Other Payments Segment — Situational			SUPPORTED – ONLY When Medicare Part D Is Secondary to Commercial Plan, All Fields Required If Other Payor Processed
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	05 – transmit ONLY if the segment is transmitted
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	S	Up to 3 occurrences
338-5C	OTHER PAYOR COVERAGE TYPE	S	Values 01, 02, 03
339-6C	OTHER PAYOR ID QUALIFIER	S	
340-7C	OTHER PAYOR ID	S	
443-E8	OTHER PAYOR DATE	S	CCYYMMDD
341-HB	OTHER PAYOR AMOUNT PAID COUNT	S	
342-HC	OTHER PAYOR AMOUNT PAID QUALIFIER	S***V***	Values 07 – Drug Benefit 08 – Summary of all Reimbursement
431-DV	OTHER PAYOR AMOUNT PAID	S	
471-5E	OTHER PAYOR REJECT COUNT	S	
472-6E	OTHER PAYOR REJECT CODE	S***V***	

Workers' Compensation Segment — Situational			NOT REQUIRED
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	S	06 – transmit ONLY if the segment is transmitted
434-DY	DATE OF INJURY	S	
315-CF	EMPLOYER NAME	S	
316-CG	EMPLOYER STREET ADDRESS	S	
317-CH	EMPLOYER CITY ADDRESS	S	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S	
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S	
320-CK	EMPLOYER PHONE NUMBER	S	
321-CL	EMPLOYER CONTACT NAME	S	
327-CR	CARRIER ID	S	
435-DZ	CLAIM/REFERENCE ID	S	

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DUR/PPS Segment — Situational			Segment Is Not Required. Use Encouraged If Applicable. Not Required for B2 Transaction.
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	08 – transmit ONLY if the segment is transmitted
473-7E	DUR/PPS CODE COUNTER	S***V***	Required if segment used, 1 to 9 occurrences supported
439-E4	REASON FOR SERVICE CODE	S***V***	Required if segment used
440-E5	PROFESSIONAL SERVICE CODE	S***V***	Required if segment used
441-E6	RESULT OF SERVICE CODE	S***V***	Required if segment used
474-8E	DUR/PPS LEVEL OF EFFORT	S***V***	Required if segment used
475-J9	DUR CO-AGENT ID QUALIFIER	S***V***	Required if 476-H6 used, Values 01, 02, 03, 20
476-H6	DUR CO-AGENT ID	S***V***	Encouraged if code DC, DD, ID, MC, TD in 439-E4

Pricing Segment — Mandatory			Segment Is Required for B1, B2 Transactions
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	11 – transmit ONLY if the segment is transmitted
409-D9	INGREDIENT COST SUBMITTED	R	
412-DC	DISPENSING FEE SUBMITTED	R	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	
438-E3	INCENTIVE AMOUNT SUBMITTED	S	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***V***	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***V***	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	
426-DQ	USUAL AND CUSTOMARY CHARGE	R	
430-DU	GROSS AMOUNT DUE	S	
423-DN	BASIS OF COST DETERMINATION	S	

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Coupon Segment — Situational			NOT SUPPORTED
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	09 – transmit ONLY if the segment is transmitted
485-KE	COUPON TYPE	S	
486-ME	COUPON NUMBER	S	
487-NE	COUPON VALUE AMOUNT	S	

Compound Segment — Situational			NOT SUPPORTED
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	10 – transmit ONLY if the segment is transmitted
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***V***	
489-TE	COMPOUND PRODUCT ID	M***V***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***V***	
449-EE	COMPOUND INGREDIENT DRUG COST	S***V***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***V***	

Prior Authorization Segment — Situational			Submit Segment for B1 Transaction Upon Pharmacy Contact Center Request – Not Required for B2
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	12 – transmit ONLY if the segment is transmitted
498-PA	REQUEST TYPE	M	Values 1, 2, 3 accepted
498-PB	REQUEST PERIOD DATE-BEGIN	M	Only stored at this time – Format must be correct, though
498-PC	REQUEST PERIOD DATE-END	M	Only stored at this time – Format must be correct, though
498-PD	BASIS OF REQUEST	M	Values ME, PR, PL accepted
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	

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NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S	
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S	
498-PY	PRIOR AUTHORIZATION NUMBER—ASSIGNED	S	
503-F3	AUTHORIZATION NUMBER	R	
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	

Clinical Segment — Situational			Not Required. Submit Segment for B1 Transaction ONLY If One or More Specific Fields Are Required for a Specific Claim
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
111-AM	SEGMENT IDENTIFICATION	M	13 – transmit ONLY if the segment is transmitted
491-VE	DIAGNOSIS CODE COUNT	S	
492-WE	DIAGNOSIS CODE QUALIFIER	S***V***	
424-DO	DIAGNOSIS CODE	S***V***	
493-XE	CLINICAL INFORMATION COUNTER	S***V***	
494-ZE	MEASUREMENT DATE	S***V***	
495-H1	MEASUREMENT TIME	S***V***	
496-H2	MEASUREMENT DIMENSION	S***V***	
497-H3	MEASUREMENT UNIT	S***V***	
499-H4	MEASUREMENT VALUE	S***V***	

2. GENERAL INFORMATION

- Direct any 5.1 claim production questions to the Prime Contact Center at **800.821.4795**
- Maximum prescriptions per transaction: 1
- Pharmacy Registration with Payor required
- Preferred entry for Prescriber ID is DEA #
- Prime’s Switch Support: NDC Health, Emdeon/WebMD, eRx