

North Carolina Medicaid Direct NCPDP D.0 Payer Specifications Claim Billing

March 2, 2026

Claim Billing Payer Sheet

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

General Information

| | | |
|--|--|-----------------------|
| Payer Name: Prime Therapeutics State Government Solutions LLC (Prime) | | |
| Plan Names/Group Name: NC Medicaid Direct | BIN: 610242 | PCN: 781640064 |
| Effective as of: May 2, 2026 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: October 2025 | NCPDP External Code List Version Date: October 2025 | |
| Pharmacy Help Desk Information: 844-620-6116 | | |

Transactions Supported

| Transaction Code | Transaction Name |
|------------------|-------------------------|
| B1 | Claim Billing |
| B2 | Claim Reversal |
| B3 | Claim Rebill |
| E1 | Eligibility Transaction |

Field Legend for Columns

Fields that are not used in the Claim Billing transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the template.

| 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 "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 |

Claim Billing

The following lists the segments and fields in a Claim Billing Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

| Transaction Header Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|--|-------|--|
| This Segment is always sent. | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued. | X | Required when vendor certification is required by Prime – otherwise submit all zeroes. |

| Transaction Header Segment | | Claim Billing/Claim Rebill | | |
|----------------------------|----------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN Number | 610242 | M | |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B1, B3 | M | |
| 104-A4 | Processor Control Number | 781640064 | M | |
| 109-A9 | Transaction Count | | M | One transaction for compound claims; Up to 4 transactions allowed for B1 or B3. |
| 202-B2 | Service Provider ID Qualifier | 01 = NPI | M | |
| 201-B1 | Service Provider ID | | M | National Provider Identifier (NPI) of submitting pharmacy provider |
| 401-D1 | Date of Service | | M | |
| 110-AK | Software Vendor/Certification ID | This will be supplied by the provider's software vendor. | M | Submit ID or all zeroes. |

| Insurance Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is always sent. | X | |

| Insurance Segment Identification (111-AM) = "04" | | Claim Billing/Claim Rebill | | |
|--|------------------|----------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | Cardholder ID | | M | 10 Digits (nine numeric digits and one alphabetic character) |

| Insurance Segment Segment Identification (111-AM) = "04" | | Claim Billing/Claim Rebill | | |
|---|-----------------------|----------------------------|-------------|---------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 301-C1 | Group ID | | RW | Leave blank; Do Not Send |
| 312-CC | Cardholder First Name | | R | |
| 313-CD | Cardholder Last Name | | R | |

| Patient Segment Questions | Check | Claim Billing 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 | |
| 310-CA | Patient First Name | | R | |
| 311-CB | Patient Last Name | | R | |
| 307-C7 | Place of Service | | RW | Required if this field could result in different coverage, pricing or patient financial responsibility. NCDHHS will source all data from the Patient Residence field. |
| 384-4X | Patient Residence | 0 = Not Specified 2 = Skilled Nursing Facility 3 = Nursing Facility 9 = Intermediate Care Facility/Individuals with Intellectual Disabilities | RW | Use 2, 3 or 9 to identify Long-Term Care (LTC) Beneficiaries. Field is required only when residence results in different coverage, pricing or patient financial responsibility. |
| 335-2C | Pregnancy Indicator | Blank = Not Specified 1 = Not Pregnant 2 = Pregnant | RW | Required only if pregnancy could result in different coverage, pricing or patient financial responsibility. |

| Claim Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent. | X | |
| This plan 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 | | M | |
| 407-D7 | Product/Service ID | | M | |
| 442-E7 | Quantity Dispensed | | R | |
| 460-ET | Quantity Prescribed | | RW | Required when transmitting Schedule II drugs as defined in 21 CFR 1308.12 and per CMS-005-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). |
| 403-D3 | Fill Number | | R | |
| 405-D5 | Days' Supply | | R | |
| 406-D6 | Compound Code | 1 = Not A Compound 2 = Compound | R | |
| 408-D8 | Dispense as Written (DAW)/Product Selection Code | | R | NCDHHS requires a valid value to process a claim. |
| 414-DE | Date Prescription Written | | R | |
| 415-DF | Number of Refills Authorized | 0 = No Refills Authorized 1-99 = Authorized Refill Number | R | Required to identify the number of refills authorized by the prescriber. |
| 419-DJ | Prescription Origin Code | | R | Required for all claims per NCPDP standards |

| Claim Segment Segment Identification (111-AM) = "07" | | Claim Billing/Claim Rebill | | |
|--|-------------------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 354-NX | Submission Clarification Code Count | Maximum count of 3 | RW | Required if Submission Clarification Code (420-DK) is used. |
| 420-DK | Submission Clarification Code | 00 = Not Specified 02 = Other Override 03 = Vacation Supply 04 = Lost Prescription 05 = Therapy Change 08 = Process Compound for Approved Ingredients 10 = Meets Plan Limitations 11 = Certification on File 13 = Emergency/Disaster Situation (NEW) 18 = LTC Patient Admit/Readmit 20 = 340B Provider 99 = Other | RW | <ul style="list-style-type: none"> • Submit "2" for beneficiary ages 18 and older for an atypical antipsychotic or 2nd generation antipsychotic is rejecting for NCPDP 75 – Prior Authorization Required. <i>Submission indicates that pharmacy provider has confirmed PA criteria are met.</i> • Submit "3" for early refill to indicate a vacation supply. • Submit "4" for early refill to indicate lost medication. • Submit "5" for early refill to indicate a therapy change. • Submit "8" for compound claims containing both covered and non-covered ingredients to allow reimbursement of covered ingredients only. • Submit "10" for a behavioral health drug exceeds a dose limit. <i>Submission indicates the pharmacy has confirmed the dose.</i> • Submit "11" for beneficiary > 18 for an atypical antipsychotic or 2nd generation antipsychotic is rejecting for NCPDP 75 – Prior |

| Claim Segment Segment Identification (111-AM) = "07" | | Claim Billing/Claim Rebill | | |
|--|---------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | <p>Authorization Required. <i>Submission indicates that pharmacy provider has confirmed PA criteria are met.</i></p> <ul style="list-style-type: none"> • Submit "13" when a State of Emergency has been declared. • Submit "18" for early refill to indicate a beneficiary entering or re-entering an LTC facility. • Submit "20" when billing a 340B claim for drugs purchased under Section 340B of the Public Health Service Act. • Submit "99" when billing a 340B claim for a new 340B pharmacy not listed in the Medicaid Exclusion File on the claim date of service. <p>Note: Claims submitted with Submission Clarification Codes (SCC): 3, 4, 5, 13 or 18 that reject for early refill must also include applicable Drug Utilization Review (DUR) codes to continue through adjudication.</p> |
| 308-C8 | Other Coverage Code | 00 = Not Specified 01 = No Other Coverage Identified 02 = Other Coverage Exists – Payment Collected 03 = Other Coverage Exists – Claim Not Covered 04 = Other Coverage Exists – Payment Not Collected | RW | Required for Coordination of Benefits (COB) when other insurance coverage exists. |
| 600-28 | Unit of Measure | EA = Each GM = Grams | R | |

| Claim Segment Segment Identification (111-AM) = "07" | | Claim Billing/Claim Rebill | | |
|--|--------------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | ML = Milliliters | | |
| 418-DI | Level of Service | 2 = Home Delivery 3 = Emergency 6 = In-Home Service | RW | Required if this field could result in different coverage, pricing or patient financial responsibility. |
| 461-EU | Prior Authorization Type Code | 0 = Not Specified 1 = Prior Authorization 4 = Exemption from Copay and/or Coinsurance 9 = Emergency Preparedness | RW | Required if this field could result in different coverage, pricing or patient financial responsibility. |
| 462-EV | Prior Authorization Number Submitted | | RW | Required if this field could result in different coverage, pricing or patient financial responsibility. |
| 995-E2 | Route of Administration | SNO-MED | RW | Required when Compound Code (406-D6) = 2 (Compound) |
| 996-G1 | Compound Type | | RW | |

| Pricing Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|------------------------------|-------|--|
| This Segment is always sent. | X | |

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing | | |
|---|-------------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | Ingredient Cost Submitted | | R | |
| 412-DC | Dispensing Fee Submitted | | RW | Required if its value affects the Gross Amount Due (430-DU) calculation. |
| 433-DX | Patient Paid Amount Submitted | | RW | NOT REQUIRED; DO NOT SEND |
| 426-DQ | Usual and Customary Charge | | R | |
| 430-DU | Gross Amount Due | | R | |
| 423-DN | Basis of Cost Determination | 00 = Not Specified 08 = 340B/Disproportionate Share Pricing/Public Health Service | RW | <ul style="list-style-type: none"> Submit "08" when billing a 340B claim for drugs purchased under Section 340B of the Public Health Service Act. |

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing | | |
|---|------------------|---------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Required if needed for receiver claim/encounter adjudication. |

| Prescriber Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is always sent. | X | |

| Prescriber Segment Segment Identification (111-AM) = "03" | | Claim Billing | | |
|--|-------------------------|-----------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | Prescriber ID Qualifier | 01 = NPI | R | Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> NCDHHS requires the NPI qualifier. |
| 411-DB | Prescriber ID | Prescriber's Individual NPI | R | A valid NPI must be submitted. |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|--|-------|---|
| This Segment is always sent when applicable. | | |
| This Segment is situational. | X | Required only for secondary, tertiary, etc. claims. |
| Scenario 3 – Other Payer Amount Paid, Other Payer – Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) | X | |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer – Patient Responsibility Amount and Benefit Stage Repetitions Present (Government Programs) | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | Coordination of Benefits/Other Payments Count | Maximum count of 9 occurrences | M | |
| 338-5C | Other Payer Coverage Type | | M | |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (340-7C) is used. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer – Patient Responsibility Amount and Benefit Stage Repetitions Present (Government Programs) | | |
|---|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 340-7C | Other Payer ID | | RW | Required when another payer has adjudicated the claim. |
| 443-E8 | Other Payer Date | | RW | Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. |
| 341-HB | Other Payer Amount Paid Count | Maximum count of 9 occurrences | RW | Required if Other Payer Amount Paid Qualifier (342-HC) is used. Required when another payer has adjudicated the claim. |
| 342-HC | Other Payer Amount Paid Qualifier | | RW | Required if Other Payer Amount Paid (431-DV) is used. Required when another payer has adjudicated this claim. |
| 431-DV | Other Payer Amount Paid | | RW | Required if other payer has approved payment for some/all of the billing. Not used for patient responsibility only billing. |
| 471-5E | Other Payer Reject Count | Maximum of 5 occurrences | RW | Required if Other Payer Reject Code (472-6E) is used. |
| 472-6E | Other Payer Reject Code | | RW | Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – Claim Not Covered). |
| 353-NR | Other Payer – Patient Responsibility Amount Count | Maximum Count of 25 occurrences | RW | Required if Other Payer-Patient Responsibility |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer – Patient Responsibility Amount and Benefit Stage Repetitions Present (Government Programs) | | |
|---|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Amount Qualifier (351-NP) is used. |
| 351-NP | Other Payer – Patient Responsibility Amount Qualifier | 05 – Amount of Copay 06 – Patient Pay Amount 07 – Amount of Coinsurance | RW | Required when Other Payer-Patient Responsibility Amount (352-NQ) is used. |
| 352-NQ | Other Payer – Patient Responsibility Amount | | RW | Required if necessary for patient financial responsibility only billing. |

| DUR/PPS Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is situational. | X | Submitted if required to affect outcome of claim related to DUR intervention. |

| DUR/PPS Segment Segment Identification (111-AM) = "08" | | Claim Billing | | |
|---|---------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR/PPS Code Counter | Maximum of 9 occurrences | RW | Required if DUR/PPS Segment is used. |
| 439-E4 | Reason for Service Code | | RW | Required when there is a conflict to resolve or reason for service to be explained. |
| 440-E5 | Professional Service Code | M0 = Prescriber Consulted P0 = Patient Consulted R0 = Pharmacist Consulted Other Source 00 = No Intervention Blank = Not Specified | RW | Required when there is a professional service to be identified. |
| 441-E6 | Result of Service Code | 1A = Filled, False Positive 1B = Filled Prescription As Is | RW | Required when there is a result of service to be submitted. |

| DUR/PPS Segment Segment Identification (111-AM) = "08" | | Claim Billing | | |
|---|-------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | 1C = Filled with different dose 1D = Filled with different directions 1E = Filled with different drug 1F = Filled with different quantity 1G = Filled with prescriber approval 2A = Prescription Not Filled 2B = Prescription Not Filled – Directions Clarified | | |
| 474-8E | DUR/PPS Level of Effort | | RW | Required if this field could result in different coverage, pricing, patient financial responsibility and/or drug utilization review outcome. |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|------------------------------|-------|--|
| This Segment is situational. | X | Submitted if the claim dispensed is a compound. |

| Compound Segment Segment Identification (111-AM) = "10" | | Claim Billing | | |
|--|---|---------------|-------------|---|
| 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 | 2 to 25 | M | At least 2 ingredients, up to a maximum of 25 ingredients |
| 488-RE | Compound Product ID Qualifier | | M | |
| 489-TE | Compound Product ID | | M | |
| 448-ED | Compound Ingredient Quantity | | M | |

| Compound Segment Segment Identification (111-AM) = "10" | | Claim Billing | | |
|--|---|---------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 449-EE | Compound Ingredient Drug Cost | | R | Enter the ingredient drug cost. |
| 490-UE | Compound Ingredient Basis of Cost Determination | | RW | Required if needed for receiver claim determination when multiple products are billed. |

| Clinical Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is situational. | X | |

| Clinical Segment Segment Identification (111-AM) = "13" | | Claim Billing | | |
|--|--------------------------|--------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 491-VE | Diagnosis Code Count | Maximum count of 5 occurrences | RW | Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE | Diagnosis Code Qualifier | 02 – ICD10 | RW | Required if Diagnosis Code (424-DO) is used. |
| 424-DO | Diagnosis Code | | RW | Required if this field could result in different coverage, pricing, patient financial responsibility and/or drug utilization review outcome. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. |

****End of Request Claim Billing (B1) Payer Sheet****

Response Claim Billing/Claim Rebill Payer Sheet

Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) Response

****Start of Response Claim Billing (B1)/Claim Rebill (B3) Payer Sheet****

General Information

| | | |
|--|--------------------|-----------------------|
| Payer Name: Prime Therapeutics State Government Solutions LLC | | |
| Plan Names/Group Name: North Carolina Medicaid Direct | BIN: 610242 | PCN: 781640064 |

Claim Billing/Claim Rebill PAID (or Duplicate of PAID) Response

The following lists the segments and fields in a Claim Billing response (Paid or Duplicate of Paid) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|-------------------------------------|-------------------------------|---|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B1 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | A = Accepted | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational. | X | Sent if additional information is available from the payer/processor. |

| Response Message Segment Segment Identification (111-AM) = "20" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | R | <i>Imp Guide:</i> Required if text is needed for clarification or detail |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|--------------------------------------|-------|---|
| This Segment is situational. | X | |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|------------------|---|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 524-FO | Plan ID | | RW | |
| 301-C1 | Group ID | | RW | |
| 302-C2 | Cardholder ID | | RW | |

| Response Patient Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational. | X | |

| Response Patient Segment Segment Identification (111-AM) = "29" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------|---|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 310-CA | Patient First Name | | RW | |
| 311-CB | Patient Last Name | | RW | |
| 304-C4 | Date of Birth | | RW | |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|-----------------------------------|-------|---|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|---|-----------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | P = Paid D = Duplicate of Paid | M | |
| 503-F3 | Authorization Number | | RW | Required if needed to identify the transaction. |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 547-5F | Approved Message Code Count | Maximum count = 5 occurrences | RW | Required if Approved Message Code (548-6F) is used. |
| 548-6F | Approved Message Code | | RW | Required if Approved Message Code Count (547- 5F) is used. |
| 130-UF | Additional Message Information Count | Maximum count of 25 = occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used. |
| 549-7F | Help Desk Phone Number Qualifier | | RW | Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | Help Desk Phone Number | | RW | Required if needed to provide a support telephone number to the receiver. |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent. | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | Prescription/Service Reference Number Qualifier | 1 = RxBilling | M | |
| 402-D2 | Prescription/Service Reference Number | | M | |

| Response Pricing Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent. | | |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 505-F5 | Patient Pay Amount | | R | |
| 506-F6 | Ingredient Cost Paid | | R | |
| 507-F7 | Dispensing Fee Paid | | RW | Required if this value is used to arrive at the final reimbursement. |
| 521-FL | Incentive Amount Paid | | RW | Required if Incentive Amount Submitted (438-E3) is greater than zero (0). |
| 563-J2 | Other Amount Paid Count | | RW | Required if Other Amount Paid (565-J4) is used. |
| 564-J3 | Other Amount Paid Qualifier | | RW | Required if Other Amount Paid (565-J4) is used. |
| 565-J4 | Other Amount Paid | | RW | Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (0). |
| 566-J5 | Other Payer Amount Recognized | | | Required if Other Payer Amount Paid (431-DV) is greater than zero and Coordination of Benefits/Other Payments Segment is supported. |
| 509-F9 | Total Amount Paid | | R | |
| 522-FM | Basis of Reimbursement Determination | | RW | Required if Ingredient Cost Paid (506-F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on billing. |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational. | X | Sent when DUR intervention is encountered during claim processing. |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|-------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS Response Code Counter | Maximum 9 occurrences supported | RW | Required if Reason for Service Code (439-E4) is used. |

| Response DUR/PPS Segment Identification (111-AM) = "24" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|---|----------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 439-E4 | Reason for Service Code | | RW | Required if utilization conflict is detected. |
| 528-FS | Clinical Significance Code | | RW | Required if needed to supply additional information for the utilization conflict. |
| 529-FT | Other Pharmacy Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 530-FU | Previous Date of Fill | | RW | Required if Quantity of Previous Fill (531-FV) is used. |
| 531-FV | Quantity of Previous Fill | | RW | Required if Previous Date of Fill (530-FU) is used. |
| 532-FW | Database Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 533-FX | Other Prescriber Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR Free Text Message | | RW | Required if needed to supply additional information for the utilization conflict. |
| 570-NS | DUR Additional Text | | RW | Required if needed to supply additional information for the utilization conflict. |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|--|-------|---|
| This Segment is situational. | X | Sent when Other Health Insurance (OHI) is encountered during claims processing. |

| Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|---|---------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 355-NT | Other Payer ID Count | Maximum count of 3 occurrences | M | |
| 338-5C | Other Payer Coverage Type | | M | |
| 356-NU | Other Payer Cardholder ID | | RW | Required if other insurance information is available for coordination of benefits. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) | | |
|--|---------------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (340-7C) is used. |
| 340-7C | Other Payer ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 991-MH | Other Payer Processor Control Number | | RW | Required if other insurance information is available for coordination of benefits. |
| 992-MJ | Other Payer Group ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 142-UV | Other Payer Person Code | | RW | Required if needed to uniquely identify the family members within the cardholder ID, as assigned by the other payer. |
| 127-UB | Other Payer Help Desk Phone Number | | RW | Required if needed to provide a support telephone number of the other payer to the receiver. |
| 143-UW | Other Payer Patient Relationship Code | | RW | Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. |
| 144-UX | Other Payer Benefit Effective Date | | RW | Required when other coverage is known, which is after the Date of Service submitted. |
| 145-UY | Other Payer Benefit Termination Date | | RW | Required when other coverage is known, which is after the Date of Service submitted. |

Claim Billing/Claim Rebill Accepted/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|-------------------------------------|-------------------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B1 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | A = Accepted | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | |

| Response Message Segment Identification (111-AM) = "20" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|--------------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Insurance Segment Identification (111-AM) = "25" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 301-C1 | Group ID | | RW | |

| Response Insurance Segment Identification (111-AM) = "25" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|--------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 524-FO | Plan ID | | RW | Required if needed to identify the actual plan parameters, benefit or coverage criteria when available. |
| 568-J7 | Payer ID Qualifier | | RW | Required if Payer ID (569-J8) is used. |
| 569-J8 | Payer ID | | RW | Required to identify the ID of the payer responding. |
| 302-C2 | Cardholder ID | | RW | Required if the identification to be used in future transactions is different than what was submitted on the request. |

| Response Patient Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | Sent when known by plan |

| Response Patient Segment Identification (111-AM) = "29" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|--------------------|--|-------------|--------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 310-CA | Patient First Name | | RW | Required if known. |
| 311-CB | Patient Last Name | | RW | Required if known. |
| 304-C4 | Date of Birth | | RW | Required if known. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Identification (111-AM) = "21" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|--|-----------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | | M | |
| 503-F3 | Authorization Number | | RW | Required if needed to identify the transaction. |
| 510-FA | Reject Count | Maximum count 5 occurrences | R | |
| 511-FB | Reject Code | | R | |

| Response Status Segment Identification (111-AM) = "21" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|--|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | Additional Message Information Count | Maximum count 25 occurrences | RW | Required if Additional Message Information (526- FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526- FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526- FQ) is used. |
| 549-7F | Help Desk Phone Number Qualifier | | RW | Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | Help Desk Phone Number | | RW | Required if needed to provide a support telephone number to the receiver. |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Claim Segment Identification (111-AM) = "22" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|---|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | Prescription/Service Reference Number Qualifier | | M | |
| 402-D2 | Prescription/Service Reference Number | | M | |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | Sent when DUR intervention is encountered during claim adjudication. |

| Response DUR/PPS Segment Identification (111-AM) = "24" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|-------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS Response Code Counter | Maximum 9 occurrences supported | RW | Required if Reason for Service Code (439-E4) is used. |
| 439-E4 | Reason for Service Code | | RW | Required if utilization conflict is detected. |
| 528-FS | Clinical Significance Code | | RW | Required if needed to supply additional information for the utilization conflict. |
| 529-FT | Other Pharmacy Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 530-FU | Previous Date of Fill | | RW | Required if Quantity of Previous Fill (531-FV) is used. |
| 531-FV | Quantity of Previous Fill | | RW | Required if Previous Date of Fill (530-FU) is used. |
| 532-FW | Database Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 533-FX | Other Prescriber Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR Free Text Message | | RW | Required if needed to supply additional information for the utilization conflict. |
| 570-NS | DUR Additional Text | | RW | Required if needed to supply additional information for the utilization conflict. |

| Response Prior Authorization Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|--|-------|--|
| This Segment is situational. | X | Sent when claim adjudication outcome requires subsequent PA number for payment |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|--|-------|---|
| This Segment is situational. | X | Sent when Other Health Insurance (OHI) is encountered during claim processing |

| Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|---|---------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 355-NT | Other Payer ID Count | Maximum count of 3 occurrences | M | |
| 338-5C | Other Payer Coverage Type | | M | |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (340-7C) is used. |
| 340-7C | Other Payer ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 991-MH | Other Payer Processor Control Number | | RW | Required if other insurance information is available for coordination of benefits. |
| 356-NU | Other Payer Cardholder ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 992-MJ | Other Payer Group ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 142-UV | Other Payer Person Code | | RW | Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB | Other Payer Help Desk Phone Number | | RW | Required if needed to provide a support telephone number of the other payer to the receiver. |
| 143-UW | Other Payer Patient Relationship Code | | RW | Required if needed to uniquely identify the relationship of the patient to the Cardholder ID, |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Rebill Accepted/Rejected | | |
|--|--------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | as assigned by the other payer. |
| 144-UX | Other Payer Benefit Effective Date | | RW | Required when other coverage is known, which is after the Date of Service submitted. |
| 145-UY | Other Payer Benefit Termination Date | | RW | Required when other coverage is known, which is after the Date of Service submitted. |

Claim Billing Rejected/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Claim Billing/Claim Rebill Rejected/Rejected | | |
|-------------------------------------|-------------------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B1 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | R = Rejected | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | |

| Response Message Segment Segment Identification (111-AM) = "20" | | Claim Billing/Claim Rebill Rejected/Rejected | | |
|--|------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Identification (111-AM) = "21" | | Claim Billing/Claim Rebill Rejected/Rejected | | |
|---|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | R = Reject | M | |
| 503-F3 | Authorization Number | | RW | Required if needed to identify the transaction. |
| 510-FA | Reject Count | Maximum count 5 occurrences | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526FQ) is used. |
| 549-7F | Help Desk Phone Number Qualifier | | RW | Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | Help Desk Phone Number | | RW | Required if needed to provide a support telephone number to the receiver. |

**** End of Response Claim Billing (B1/B3) Payer Sheet****

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

**** Start of Request Claim Reversal (B2) Payer Sheet ****

General Information

| | | |
|--|--------------------------|-----------------------|
| Payer Name: Prime Therapeutics State Government Solutions LLC | Date: May 2, 2026 | |
| Plan Names/Group Name: North Carolina Medicaid Direct | BIN: 610242 | PCN: 781640064 |

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

| Transaction Header Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|--|-------|--|
| This Segment is always sent. | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110- AK) is Payer Issued | X | Required when vendor certification is required by (Prime) – otherwise submit all zeroes. |

| Transaction Header Segment | | Claim Reversal | | |
|----------------------------|----------------------------------|----------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN NUMBER | 610242 | M | |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B2 | M | |
| 104-A4 | Processor Control Number | 781640064 | M | |
| 109-A9 | Transaction Count | | M | |
| 202-B2 | Service Provider ID Qualifier | 01 = NPI | M | |
| 201-B1 | Service Provider ID | NPI Number | M | |
| 401-D1 | Date of Service | | M | |
| 110-AK | Software Vendor/Certification ID | | M | If no number is supplied, populate with zeroes. |

| Insurance Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is always sent. | X | |

| Insurance Segment Segment Identification (111-AM) = "04" | | Claim Reversal | | |
|---|------------------|----------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | Cardholder ID | | M | |

| Claim Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is always sent. | X | |

| Claim Segment Segment Identification (111-AM) = "07" | | Claim Reversal | | |
|---|---|---|-------------|--|
| 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 - NDC | M | |
| 407-D7 | Product/Service ID | | M | |
| 403-D3 | Fill Number | 0 = Original Dispensing 1–99 = Number of refills | RW | Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day. |
| 308-C8 | Other Coverage Code | | RW | Required if needed by receiver to match the claim that is being reversed. |

| Pricing Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is situational. | X | |

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Reversal | | |
|---|----------------------------|----------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 438-E3 | Incentive Amount Submitted | | RW | Required if this field could result in contractually agreed upon payment. |
| 430-DU | Gross Amount Due | | RW | Required if this field could result in contractually agreed upon payment. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | Claim Reversal | | |
|--|---|--------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | Coordination of Benefits/Other Payments Count | Maximum count of 9 occurrences | M | |
| 338-5C | Other Payer Coverage Type | | M | |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (34Ø-7C) is used. |
| 340-7C | Other Payer ID | | RW | Required when another payer has adjudicated this claim. |
| 443-E8 | Other Payer Date | | RW | Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. |

**** End of Request Claim Reversal (B2) Payer Sheet****

Response Claim Reversal Payer Sheet Claim Reversal Accepted/Approved Response

**** Start of Claim Reversal Response (B2) Payer Sheet****

General Information

| | | |
|--|--------------------------|-----------------------|
| Payer Name: Prime Therapeutics State Government Solutions LLC | Date: May 2, 2026 | |
| Plan Names/Group Name: North Carolina Medicaid Direct | BIN: 610242 | PCN: 781640064 |

Claim Reversal Accepted/Approved Response

The following lists the segments and fields in a Claim Reversal Response (Approved) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Claim Reversal – Accepted/Approved | | |
|-------------------------------------|-------------------------------|------------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B2 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | A = Accepted | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational. | X | Provide general information when used for transmission-level messaging. |

| Response Message Segment Segment Identification (111-AM) = “20” | | Claim Reversal – Accepted/Approved | | |
|---|------------------|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = “21” | | Claim Reversal – Accepted/Approved | | |
|--|---|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | A = Approved | M | |
| 503-F3 | Authorization Number | | RW | Required if needed to identify the transaction. |
| 547-5F | Approved Message Code Count | Maximum count of 5 occurrences | RW | Required if Approved Message Code (548-6F) is used. |
| 548-6F | Approved Message Code | | RW | Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow-up for a potential opportunity. |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current. |
| 549-7F | Help Desk Phone Number Qualifier | | RW | Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | Help Desk Phone Number | | RW | Required if needed to provide a support telephone number to the receiver. |

| Response Claim Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Claim Segment Segment Identification (111-AM) = “22” | | Claim Reversal – Accepted/Approved | | |
|---|---|------------------------------------|-------------|-----------------|
| 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 | |

| Response Pricing Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | Sent if reversal results in generation of pricing detail. |

| Response Pricing Segment Segment Identification (111-AM) = “23” | | Claim Reversal – Accepted/Approved | | |
|---|-----------------------|------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 521-FL | Incentive Amount Paid | | RW | Required if this field is reporting a contractually agreed upon payment. |
| 509-F9 | Total Amount Paid | | RW | Required if any other payment fields sent by the sender. |

Claim Reversal Accepted/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Rejected If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Claim Reversal – Accepted/Rejected | | |
|-------------------------------------|------------------------|------------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B2 | M | |

| Response Transaction Header Segment | | Claim Reversal – Accepted/Rejected | | |
|-------------------------------------|-------------------------------|------------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | A = Accepted | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal – Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | |

| Response Message Segment Segment Identification (111-AM) = “20” | | Claim Reversal – Accepted/Rejected | | |
|---|------------------|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = “21” | | Claim Reversal – Accepted/Rejected | | |
|--|--------------------------------------|------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | R = Reject | M | |
| 503-F3 | Authorization Number | | R | |
| 510-FA | Reject Count | Maximum count of 5 occurrences | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Accepted/Rejected | | |
|--|---|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current. |
| 549-7F | Help Desk Phone Number Qualifier | | RW | Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | Help Desk Phone Number | | RW | Required if needed to provide a support telephone number to the receiver. |

| Response Claim Segment Questions | Check | Claim Reversal – Accepted/Rejected If Situational, Payer Situation |
|----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Reversal – Accepted/Rejected | | |
|---|---|------------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | Prescription/Service Reference Number Qualifier | 1 = RxBilling | M | |
| 402-D2 | Prescription/Service Reference Number | | M | |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|---|-------|--|
| This Segment is situational. | X | |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | Claims Reversal | | |
|---|---|--------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | Coordination of Benefits/Other Payments Count | Maximum count of 9 occurrences | M | |
| 338-5C | Other Payer Coverage Type | | M | |

Claim Reversal Rejected/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Reversal – Rejected/Rejected If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Claim Reversal – Rejected/Rejected | | |
|-------------------------------------|-------------------------------|------------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | B2 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | R = Rejected | M | |
| 202-B2 | Service Provider ID Qualifier | 01 - NPI | M | |
| 201-B1 | Service Provider ID | NPI | M | |
| 401-D1 | Date of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal – Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational. | X | |

| Response Message Segment Segment Identification (111-AM) = "20" | | Claim Reversal – Rejected/Rejected | | |
|--|------------------|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Reversal – Rejected/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Rejected/Rejected | | |
|--|---|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | R = Reject | M | |
| 503-F3 | Authorization Number | | R | |
| 510-FA | Reject Count | Maximum count of 5 occurrences | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current. |
| 549-7F | Help Desk Phone Number Qualifier | | RW | Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | Help Desk Phone Number | | RW | Required if needed to provide a support telephone number to the receiver. |

**** End of Claim Reversal (B2) Response Payer Sheet****

Eligibility Verification

****Start of Request Eligibility Verification (E1) Payer Sheet****

Request Eligibility Verification Payer Sheet

General Information

| | | |
|--|--------------------------|-----------------------|
| Payer Name: Prime Therapeutics State Government Solutions LLC | Date: May 2, 2026 | |
| Plan Names/Group Name: North Carolina Medicaid Direct | BIN: 610242 | PCN: 781640064 |

Other Transactions Supported

| Transaction Code | Transaction Name |
|------------------|------------------|
| B1 | Claim Billing |
| B2 | Claim Reversal |
| B3 | Claim Rebill |

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 |

Eligibility Verification Transaction

The following lists the segments and fields in Eligibility Verification Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

| Transaction Header Segment Questions | Check | Eligibility Verification |
|--|-------|--------------------------|
| This Segment is always sent. | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued. | X | |

| Transaction Header Segment | | | Eligibility Verification | |
|----------------------------|------------------------|--------|--------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN Number | 610242 | M | |
| 102-A2 | Version/Release Number | D0 | M | |

| Transaction Header Segment | | | Eligibility Verification | |
|----------------------------|----------------------------------|--------------------|--------------------------|-------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 103-A3 | Transaction Code | E1 | M | |
| 104-A4 | Processor Control Number | 781640064 | M | |
| 109-A9 | Transaction Count | 1 - One Occurrence | M | |
| 202-B2 | Service Provider ID Qualifier | 01 = NPI | M | |
| 201-B1 | Service Provider ID | | M | NPI of submitting pharmacy provider |
| 401-D1 | Date Of Service | | M | |
| 110-AK | Software Vendor/Certification ID | | M | Submit ID or all zeroes. |

| Insurance Segment Questions | Check | Eligibility Verification |
|------------------------------|-------|--------------------------|
| This Segment is always sent. | X | |

| Insurance Segment Segment Identification (111-AM) = "04" | | | Eligibility Verification | |
|---|------------------|-------|--------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | Cardholder ID | | M | |

| Patient Segment Questions | Check | Eligibility Verification |
|------------------------------|-------|--------------------------|
| This Segment is always sent. | X | |

| Patient Segment Segment Identification (111-AM) = "01" | | | Eligibility Verification | |
|---|-------------------|-------|--------------------------|--|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | Date Of Birth | | RW | Required if needed for receiver inquiry validation and/or determination. Required if necessary for state/federal/regulatory agency programs. |
| 311-CB | Patient Last Name | | R | |

****End of Request Eligibility Verification (E1) Payer Sheet****

Eligibility Verification Response

Eligibility Verification Accepted/Approved Response

****Start of Eligibility Verification Response (E1) Payer Sheet****

General Information

| | | |
|---|--------------------------|-----------------------|
| Payer Name: Prime Therapeutics State Government Solutions LLC | Date: May 2, 2026 | |
| Plan Names/Group Name: North Carolina Medicaid Direct / NCMEDICAID | BIN: 610242 | PCN: 781640064 |

Eligibility Verification Accepted/Approved Response

The following lists the segments and fields in an Eligibility Verification Response (Approved) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

| Response Status Segment Questions | Check | Eligibility Verification – Accepted/Approved |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | Eligibility Verification – Accepted/Approved | | |
|-------------------------------------|-------------------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | E1 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | A = Accepted | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date Of Service | Same value as in request | M | |

| Response Message Header Segment Questions | Check | Eligibility Verification – Accepted/Approved |
|---|-------|---|
| This Segment is situational. | X | Provide general information when used for transmission-level messaging. |

| Response Message Segment Segment Identification (111-AM) = "20" | | | Eligibility Verification – Accepted/Approved | |
|--|------------------|-------|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Eligibility Verification – Accepted/Approved |
|-----------------------------------|-------|---|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | | Eligibility Verification – Accepted/Approved | |
|---|---|---------------------------------|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | A = Approved | M | |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current. |

Eligibility Verification Accepted/Rejected Response

| Response Transaction Header Segment Questions | Check | Eligibility Verification – Accepted/Rejected |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | | Eligibility Verification – Accepted/Rejected | |
|-------------------------------------|------------------------|-------|--|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |

| Response Transaction Header Segment | | | Eligibility Verification – Accepted/Rejected | |
|-------------------------------------|-------------------------------|--------------------------|--|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 103-A3 | Transaction Code | E1 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | A = Accepted | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date Of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Eligibility Verification – Accepted/Rejected |
|------------------------------------|-------|---|
| This Segment is situational. | X | Provide general information when used for transmission-level messaging. |

| Response Message Segment Segment Identification (111-AM) = “20” | | | Eligibility Verification – Accepted/Rejected | |
|---|------------------|-------|--|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Eligibility Verification – Accepted/Rejected |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = “21” | | | Eligibility Verification – Accepted/Rejected | |
|--|-----------------------------|------------|--|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | R = Reject | M | |

| Response Status Segment Segment Identification (111-AM) = "21" | | | Eligibility Verification – Accepted/Rejected | |
|---|---|---------------------------------|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 510-FA | Reject Count | Maximum count of 5 occurrences | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current. |

| Response Transaction Header Segment Questions | Check | Eligibility Verification – Rejected/Rejected |
|---|-------|--|
| This Segment is always sent. | X | |

| Response Transaction Header Segment | | | Eligibility Verification – Rejected/Rejected | |
|-------------------------------------|-------------------------------|--------------------------|--|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | |
| 103-A3 | Transaction Code | E1 | M | |
| 109-A9 | Transaction Count | Same value as in request | M | |
| 501-F1 | Header Response Status | R = Rejected | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 201-B1 | Service Provider ID | Same value as in request | M | |
| 401-D1 | Date Of Service | Same value as in request | M | |

| Response Message Segment Questions | Check | Eligibility Verification – Rejected/Rejected |
|------------------------------------|-------|---|
| This Segment is situational. | X | Provide general information when used for transmission-level messaging. |

| Response Message Segment Segment Identification (111-AM) = “20” | | | Eligibility Verification – Rejected/Rejected | |
|---|------------------|-------|--|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | Message | | RW | Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Eligibility Verification – Rejected/Rejected |
|-----------------------------------|-------|--|
| This Segment is always sent. | X | |

| Response Status Segment Segment Identification (111-AM) = “21” | | | Eligibility Verification – Rejected/Rejected | |
|--|---|---------------------------------|--|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | Transaction Response Status | R = Rejected | M | |
| 510-FA | Reject Count | Maximum count of 5 occurrences | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | Additional Message Information Count | Maximum count of 25 occurrences | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | Additional Message Information Qualifier | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional Message Information | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | Additional Message Information Continuity | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current. |

****End of Eligibility Verification Response (E1) Payer Sheet****