

# Payer Specification Sheet

For Prime Therapeutics' Commercial Clients



<b>General information</b>			
Prime Therapeutics LLC	March 1, 2021		
<b>Plan Name</b>	<b>BIN</b>	<b>PCN</b>	
BCBS of Alabama	ØØ4915	Not Required	
BCBS of Alabama Work Related Injury Benefit		WRI	
BCBS of Florida	Ø12833	FLBC	
Truli for Health		THP	
BCBS of North Carolina	Ø159Ø5	Not Required	
BCBS of Illinois	Ø11552	ILDR	
BCBS of Illinois (Blue Script)		ILSC	
BCBS of New Mexico		NMDR	
BCBS of Oklahoma (Drug Card)		1215	
BCBS of Oklahoma (Comp Card)		1217	
BCBS of Texas		BCTX	
Boeing		BOE	
Horizon BCBS of New Jersey		Ø16499	HZR X
Horizon BCBS of New Jersey Medigap	HZNPIP		
Horizon Casualty Services, Inc Personal Injury Protection	HZNWC		
Horizon Casualty Services, Inc Workers' Compensation			
AmeriHealth Administrators	61Ø455	AHA	
BlueCross BlueLink		KSBCS	
BCBS of Kansas		BCBSKS	
BCBS of Kansas		HMHS	
BCBS of Minnesota		PGIGN	
BCBS of Minnesota (Cenex Harvest)		PGNB1 or PGIGN	
BCBS of Minnesota (Gap Groups)		HMGAP	
NON BCBS Clients (Carve Out Groups)		CARVE	
BCBS of Montana		HMBC	
BCBS of North Dakota		NDCOM	
BCBS of Nebraska		RXNEB	
BCBS of Nebraska (CITY OF OMAHA PF DISABLED)		PPNI1	
Blue Cross Blue Shield of Rhode Island		BCRI	
Blue Cross Blue Shield of Rhode Island Work Related Injury			
Capital Blue Cross		CBC	
Capital Health Plan		ADV	
Capital Health Plan Dual Eligible		ADVD	
General Dynamics		GDEMP	
Highmark Blue Cross Blue Shield (ASO)		NEHM	
Hormel Foods		HORMEL	
IMA		IMAINC	
Jennie-O Turkey Store		JENNIE	
Medtronic-Covidien		MDT	
University of Minnesota UPlan		UMEMP	
BCBS of Wyoming		8ØØØØ1	BCSWY
Bridgespan Idaho		610212	Ø23ØØØØØ
Bridgespan Oregon			Ø232ØØØØ
Bridgespan Utah			Ø233ØØØØ

Bridgespan Washington		02310000
Regence BlueCross BlueShield of Oregon	610623	02050000
Asuris Northwest Health	610624	02090000
Regence BlueShield		02080000
Regence BlueShield of Idaho	610648	01820000
Regence BlueCross BlueShield of Utah		01890000

<b>Processor</b>	
Effective as of: 09/01/2011	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2019
Contact/Information Source: Prime Contact Center Phone number 800.821.4795. Other reference materials are available on Prime's web site. <a href="http://www.primetherapeutics.com/pharmacistsindex.html">http://www.primetherapeutics.com/pharmacistsindex.html</a>	
Other versions supported: Will continue to accept NCPDP Telecommunication version 5.1 based upon the CMS statement of "Discretionary Enforcement" until 03/30/2012	

#### OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Reversals

#### FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

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

#### CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	Multiple	M	BIN's listed in General Information Section
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	Multiple	M	PCN's listed in General Information Section
109-A9	TRANSACTION COUNT	Ø1-Ø4	M	Up to 4 transactions per B1 transmissions accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1-NPI	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use value for Switch's requirements

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID	BCRIWRI	RW	Payer Requirement: Required for BCBS of RI Work Related Injury only, BIN 610455, PCN BCRI
		RXCAP	RW	Required for Capital Blue Cross BIN 610455, PCN CBC
306-C6	PATIENT RELATIONSHIP CODE		RW	Payer Requirement: Required for BCBS of OK Comp Card only, BIN Ø11552, PCN 1217

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Patient Segment Identification (111-AM) = "Ø1"				Claim Billing/Claim Rebill
Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation

	<b>Patient Segment Segment Identification (111-AM) = "Ø1"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field#</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		RW	<i>Payer Requirement Required for: BCBS of IL, BIN Ø11552, PCN ILSC  This is required for all other BCBS plans when DOB and gender are identical</i>
311-CB	PATIENT LAST NAME		R	

<b>Claim Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill If Situational, Payer Situation</b>
This Segment is always sent	X	
This payer does not support partial fills	X	

	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1-Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3-National Drug Code (NDC)	M	If billing for a Multi-Ingredient Compound, value is "ØØ"-Not Specified
407-D7	PRODUCT/SERVICE ID		M	NDC Number  If billing for a Multi-Ingredient Compound, value is "Ø"
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when Schedule II drug
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1-Not a Compound 2-Compound	R	See Compound Segment for support of multi-ingredient compounds
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	

	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
419-DJ	PRESCRIPTION ORIGIN CODE	1-Written 2-Telephone 3-Electronic 4-Facsimile 5-Pharmacy	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	<i>Payer Requirement:</i> Required if Submission Clarification Code (42Ø-DK) is used
42Ø-DK	SUBMISSION CLARIFICATION CODE	8-Process Compound for Approved Ingredients 10-Meets Plan Limitations 42-Prescriber ID Submitted is valid and prescribing requirements have been validated. 43- Prescriber's DEA is active with DEA Authorized Prescriptive Right 45- Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule. 46- Prescriber's DEA has prescriptive authority for this drug DEA Schedule 49-Prescriber does not currently have an active Type 1 NPI	RW	<i>Payer Requirement:</i> Applies for Multi – Ingredient Compound when determined by client or when for Prescriber ID clarification

	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
308-C8	OTHER COVERAGE CODE	Ø-Not specified by patient 1-No other coverage 2-Other coverage exists/billed-payment collected 3-Other coverage billed-claim not covered 4-Other coverage exists/billed-payment not collected	RW	<i>Payer Requirement:</i>  <i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 610455, PCN BCRI</i>  <i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN 610455, PCN ADV</i>  <i>This is required when Covered Person's of BCBSND have secondary coverage with BCBS of ND, BIN 610455, PCN NDCOM</i>  <i>This is required when Covered Person's of BCBSNE have secondary coverage with BCBS of NE, BIN 610455, PCN RXNEB</i>  <i>This is required when Covered Person's of Highmark have secondary coverage with Highmark, BIN 610455, PCN NEHM</i>  <i>This is required</i>

	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				<p><i>when Covered Person's of FL Blue have secondary coverage with FL Blue, BIN 012833, PCN FLBC</i></p> <p><i>This is required when Covered Person's of Bridgespan Idaho have secondary coverage with Bridgespan Idaho, BIN 610212, PCN 02300000</i></p> <p><i>This is required when Covered Person's of Bridgespan Oregon have secondary coverage with Bridgespan Oregon, BIN 610212, PCN 02320000</i></p> <p><i>This is required when Covered Person's of Bridgespan Utah have secondary coverage with Bridgespan Utah, BIN 610212, PCN 02330000</i></p> <p><i>This is required when Covered Person's of Bridgespan Washington have secondary coverage with Bridgespan Washington, BIN 610212, PCN 02310000</i></p> <p><i>This is required when Covered Person's of</i></p>

	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				<p>Regence BlueCross BlueShield of Oregon have secondary coverage with Regence BlueCross BlueShield of Oregon, BIN 610623, PCN 02050000</p> <p><i>This is required when Covered Person's of Asuris Northwest Health have secondary coverage with Asuris Northwest Health, BIN 610624, PCN 02090000</i></p> <p><i>This is required when Covered Person's of Regence BlueShield have secondary coverage with Regence BlueShield, BIN 610624, PCN 02080000</i></p> <p><i>This is required when Covered Person's of Regence BlueShield of Idaho have secondary coverage with Regence BlueShield of Idaho, BIN 610648, PCN 01820000</i></p> <p><i>This is required when Covered Person's of Regence BlueCross BlueShield of Utah have secondary coverage with</i></p>



	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				Regence BlueCross BlueShield of Utah, BIN 610648, PCN 01890000  <i>This is required when Covered Person's of Truli have secondary coverage with Truli, BIN 012833, PCN THP</i>
429-DT	SPECIAL PACKAGING INDICATOR		RW	<i>Payer Requirement: Applies for Multi – Ingredient Compound</i>
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>Payer Requirement: Submit a value of '1' when a PA number is submitted in field 462-EV  8-Payer Defined Exemption</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Payer Requirement: Situation Determined by Client</i>
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Payer Requirement: Applies for Multi – Ingredient Compound when determined by client</i>

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

	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing/Claim Rebill</b>
<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	<i>Payer Requirement: Required when field 440-E5 is used</i>

	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax  Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax  Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when provider is claiming sales tax  Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

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

	<b>Prescriber Segment Segment Identification (111-AM) = "03"</b>			<b>Claim Billing/Claim Rebill</b>
<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 14 --Plan Specific	R	NPI Required Value 14 used only for of BCBS

	<b>Prescriber Segment Segment Identification (111-AM) = "Ø3"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				of New Mexico BIN Ø11552, PCN NMDR,  Horizon BCBS of New Jersey BIN Ø16499, PCN HZRX  Regence BlueCross Blueshield of Oregon BIN 61Ø623, PCN Ø2Ø5ØØØØ
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> Applicable value for the qualifier used in 466-EZ

<b>Workers' Compensation Segment</b>	<b>Check</b>	<b>Workers' Comp Claim Billing If Situational, Payer Situation</b>
This Segment is situational	X	Required for BCBS of RI Work Related Injury claims only

	<b>Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
434-DY	DATE OF INJURY		M	<i>Payer Requirement:</i> This is required on second fill of claim for BCBS of RI Work Related Injury
117-TR	BILLING ENTITY TYPE INDICATOR	Ø -Provider Submitted- Pay to Provider	R	<i>Payer Requirement:</i> This is required for BCBS of RI Work Related Injury

<b>Coordination of Benefits/Other</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b>
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<b>Payments Segment Questions</b>		If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	

	<b>Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"</b>			<b>Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only</b>
<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-Tertiary-Third	M	

	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
339-6C	OTHER PAYER ID QUALIFIER	Ø3-Bank Identification Number (BIN) 99-Other	RW	<p><i>Payer Requirement:</i></p> <p><i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 61Ø455, PCN BCRI</i></p> <p><i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN 61Ø455, PCN ADV</i></p> <p><i>This is required when Covered Person's of BCBSND have secondary coverage with BCBS of ND, BIN 61Ø455, PCN NDCOM</i></p> <p><i>This is required when Covered Person's of BCBSNE have secondary coverage with BCBS of NE, BIN 61Ø455, PCN RXNEB</i></p> <p><i>This is required when Covered Person's of Highmark have secondary coverage with Highmark, BIN 61Ø455, PCN NEHM</i></p> <p><i>This is required when Covered Person's of FL Blue</i></p>

			<p><i>have secondary coverage with FL Blue, BIN 012833, PCN FLBC</i></p> <p><i>This is required when Covered Person's of Bridgespan Idaho have secondary coverage with Bridgespan Idaho, BIN 610212, PCN 02300000</i></p> <p><i>This is required when Covered Person's of Bridgespan Oregon have secondary coverage with Bridgespan Oregon, BIN 610212, PCN 02320000</i></p> <p><i>This is required when Covered Person's of Bridgespan Utah have secondary coverage with Bridgespan Utah, BIN 610212, PCN 02330000</i></p> <p><i>This is required when Covered Person's of Bridgespan Washington have secondary coverage with Bridgespan Washington, BIN 610212, PCN 02310000</i></p> <p><i>This is required when Covered Person's of Regence BlueCross BlueShield of Oregon have secondary coverage with Regence BlueCross BlueShield of Oregon, BIN 610623, PCN 02050000</i></p>
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				<p><i>This is required when Covered Person's of Asuris Northwest Health have secondary coverage with Asuris Northwest Health, BIN 610624, PCN 02090000</i></p> <p><i>This is required when Covered Person's of Regence BlueShield have secondary coverage with Regence BlueShield, BIN 610624, PCN 02080000</i></p> <p><i>This is required when Covered Person's of Regence BlueShield of Idaho have secondary coverage with Regence BlueShield of Idaho , BIN 610648, PCN 01820000</i></p> <p><i>This is required when Covered Person's of Regence BlueCross BlueShield of Utah have secondary coverage with Regence BlueCross BlueShield of Utah, BIN 610648, PCN 01890000</i></p> <p><i>This is required when Covered Person's of Truli have secondary coverage with Truli, BIN 012833, PCN THP</i></p>
340-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	

342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7-Drug Benefit	RW	
431-DV	OTHER PAYER AMOUNT PAID		RW	

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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
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



<b>Compound Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required when Compound Code is =2

<b>Compound Segment Identification (111-AM) = "10"</b>				<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
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
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	<i>Payer Requirement:</i> Required for each ingredient

<b>Clinical Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is situational	X	

<b>Clinical Segment Identification (111-AM) = "13"</b>				<b>Claim Billing/Claim Rebill</b>
<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:</i> Required When instructed by POS Messaging
492-WE	DIAGNOSIS CODE QUALIFIER		RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging
424-DO	DIAGNOSIS CODE		RW	<i>Payer Requirement:</i> Required When instructed by POS Messaging