

| | Claim Segment Segment Identification (111-AM) = "07" | | | Claim Billing/Claim Rebill |
|----------------|---|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| | | | | <p>02080000</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> <p><i>This is required when Covered Person's of BCBS of North Dakota USW Union Bobcat group has secondary coverage with BCBS of ND, BIN: 610455 PCN: NDBCSUP</i></p> |
| 429-DT | SPECIAL PACKAGING INDICATOR | | RW | <i>Payer Requirement: Applies for Multi – Ingredient Compound</i> |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | RW | <i>Payer</i> |