

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Imp Guide: Required if Other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID		RW	Other Payer BIN
443-E8	OTHER PAYER DATE		R	Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Imp Guide: Required if necessary for patient financial responsibility only billing.  Not used if Other Payer Amount Paid (431-DV) is submitted along with other coverage code 02 or 03.

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	This segment is always sent
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		O	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	S	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		S	Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		S	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		S	
426-DQ	USUAL AND CUSTOMARY CHARGE		M	
430-DU	GROSS AMOUNT DUE		M	
423-DN	BASIS OF COST DETERMINATION		R	

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	DD HD	RW	Imp Guide: Required for drug utilization review outcome.  Required when overriding Drug-Drug Interactions and High Dose Rejects FOR BIN 610279 ONLY
440-E5	PROFESSIONAL SERVICE CODE	M0	RW	Imp Guide: Required for drug utilization review outcome.  Required when overriding Drug-Drug Interactions and High Dose Rejects FOR BIN 610279 ONLY
441-E6	RESULT OF SERVICE CODE	1G	RW	Imp Guide: Required for drug utilization review outcome.