

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
<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	
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 Highmark have secondary coverage with Highmark, BIN 61Ø455, PCN NEHM</i></p>