

	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	M	1 transaction 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 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