

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required when overriding Drug-Drug Interactions and High Dose Rejects FOR BIN 610279 ONLY

	Compound Segment Segment Identification (111-AM) = "10"	Optional Segment Required for Compounds		Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		RW	Required when compound is being submitted.
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		RW	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	RW	
488-RE	COMPOUND PRODUCT ID QUALIFIER		RW	
489-TE	COMPOUND PRODUCT ID		RW	
448-ED	COMPOUND INGREDIENT QUANTITY		RW	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Required if needed for receiver claim determination when multiple products are billed.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 10.	O	Imp Guide: Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		O	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	O	Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER		O	Imp Guide: Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		O	