

	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				61Ø455, PCN ADV  <i>This is required when Covered Person's of BCBSND have secondary coverage with BCBS of ND, BIN 61Ø455, PCN NDCOM</i>  <i>This is required when Covered Person's of Highmark have secondary coverage with Highmark, BIN 61Ø455, PCN NEHM</i>  <i>This is required when Covered Person's of FL Blue have secondary coverage with FL Blue, BIN Ø12833, PCN FLBC</i>  <i>This is required when Covered Person's of Bridgespan Idaho have secondary coverage with Bridgespan Idaho, BIN 61Ø212, PCN Ø23ØØØØØØ</i>  <i>This is required when Covered Person's of Bridgespan Oregon have secondary coverage with Bridgespan Oregon, BIN 61Ø212, PCN Ø232ØØØØØ</i>  <i>This is required when Covered</i>