

	<b>Prescriber Segment Segment Identification (111-AM) = "Ø3"</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>
				Regence BlueCross Blueshield of Oregon BIN 61Ø623, PCN Ø2Ø5ØØØØ
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> Applicable value for the qualifier used in 466-EZ

<b>Workers' Compensation Segment</b>	<b>Check</b>	<b>Workers' Comp Claim Billing</b> If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required for BCBS of RI Work Related Injury claims only

	<b>Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"</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>
434-DY	DATE OF INJURY		M	<i>Payer Requirement:</i> This is required on second fill of claim for BCBS of RI Work Related Injury
117-TR	BILLING ENTITY TYPE INDICATOR	Ø –Provider Submitted- Pay to Provider	R	<i>Payer Requirement:</i> This is required for BCBS of RI Work Related Injury

<b>Coordination of Benefits/Other Payments Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	