

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---------|--|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | 47-Shortened Days Supply Fill - only used to request an override to plan limitations when a shortened days supply is being dispensed. 48-Fill Subsequent to a Shortened Days Supply Fill-only used to request an override to plan limitations when a fill subsequent to a shortened days supply is being dispensed. 49-Prescriber does not currently have an active Type 1 NPI | | |
| 3Ø8-C8 | OTHER COVERAGE CODE | Ø-Not specified by patient 1-No other coverage 2-Other coverage exists/billed-payment collected 3-Other coverage billed-claim not covered 4-Other coverage exists/billed-payment not collected | RW | <i>Payer Requirement:</i> <i>This is required when Covered Person's of BCBSRI have secondary coverage with BCBS of RI, BIN 61Ø455, PCN BCRI</i> <i>This is required when Covered Person's of Capital Health have secondary coverage with Capital Health, BIN</i> |