



Kentucky Medicaid

NCPDP Post Adjudication 2.2 Companion Guide

Version 4.0_ FINAL

*Cabinet for Health and Family Services
Department for Medicaid Services*

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Document Change Log

Version	Changed Date	Changed By	Reason
4.0	01/18/2012	Kathy Dugan Martha Senn	Final DMS Approved.
3.0	1/9/2012	Kathy Dugan	Removed Page 137 and Added 519_FJ to Page 38
2.0	11/06/2011	Kathy Dugan	Updated Field 398 with correct values, Page 8 and Special Consideration corrected field 398 to 399, Page 5
3.0	11/09/2011	Kathy Dugan	Change Maximum Detail Records from 100,000 to 25,000, modified Record Delimiter, Page 2
4.0	11/09/2011	Kathy Dugan	Page 20, changed values for 102-A2
4.0	12/29/2011	Kathy Dugan	DMS requested we change the version number of this approved CG to 2.0.
3.0	01/11/2012	Kathy Dugan	DMS requested we change the version number of this approved CG to 3.0.
4.0	01/18/2012	Kathy Dugan Martha Senn	<p>Page 2, changed maximum details from 250,000 to 25,000</p> <p>Page 2, Over punch sign requirements</p> <p>Page 16, 411-DB Prescriber id and 466-EZ Prescriber id Qualifier (alternate) required comment.</p> <p>Page 17, updates to Start and End to the following: Primary care provider, Last name and First name.</p> <p>Page 20, 442-E7 Quantity Dispensed required comment</p> <p>Page 21, 414-DE Date Prescription Written required comment</p> <p>Page 23, 406-D6 Compound Code required comment. Corrected 452-EH End 16-2 to 1602.</p> <p>Page 24 – 29, updates to Start and End to the following: Diagnosis Code Qualifier, Diagnosis Code, and Reason for Service Code, professional Service Code and DUR/PPS Level of Effect.</p>

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1 NCPDP Post Adjudication Standard Version 2 Release 2 Transaction

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NCPDP Batch Transaction Standard Implementation Guide Version 1.1 defines the data structure and content of batch pharmacy transmissions only. NCPDP Telecommunication Standard Implementation Guide Version 5.1 defines the data structure and content of a single NCPDP standard transmission only.

The Kentucky Medicaid supports the following NCPDP transactions:

- Post Adjudication

These specifications cover the required fields per the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2 as well as the required fields needed for claims processing by Kentucky Medicaid. When additional segments and/or fields that are allowed within the supported NCPDP versions are provided, Kentucky Medicaid will accept the transaction but only those segments and fields pertinent to claims processing will be utilized. Any NCPDP transaction that is not supported by Kentucky Medicaid will be rejected.

Please refer to the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2, Data Dictionary (June 2010), and External Code List (June 2010) for further information on the various segments and fields allowed. Additional information for National Council for Prescription Drug Programs is found at www.ncdp.org.

2 NCPDP Post Adjudication Transaction Standard Version 2.2 File Information

The batch specifications contained in this document include the header, detail and trailer. Batch files should contain one header record, one trailer record, and a maximum of 25,000 transaction details.

- Post Adjudication History Header (Occurs 1);
 - Post Adjudication History Detail (Occurs 1 to 25,000);
 - Post Adjudication History Compound Detail 1 (Occurs 1 as Applicable with Detail Record);
 - Post Adjudication History Compound Detail 2 (Occurs 1 as Applicable with Detail Record); and,
- Post Adjudication History Trailer (Occurs 1).

Batch files should have a creation date in the batch header that is valid and less than 30 days old from the submission date of the file. Values in the header and trailer will be edited to verify that they contain appropriate values.

2.1 Record Delimiter

Carriage returns only – UNIX-based system (record length n+1)

2.2 Over Punch Sign Requirements

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
0	{	0	}
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

Examples

1. 10} is -100
2. 45A is 451

Decimal points are usually implied not explicit in the text. Using numbers with two decimal digits: 1000} is -100.00

2.3 Additional NCPDP Post Adjudication Transaction Standard Version 2.2 File Information.

Following is a list of the field, use, field name and values/comments for Kentucky Medicaid using the batch NCPDP Batch Transaction Standard Version v1.1 and Telecommunication Standard Version v5.1.

The following definitions are given to ensure consistency of interpretation:

- **Field** – The Post Adjudication Transaction Standard Version 2.2 field number;
 - **Field Name** – The Post Adjudication Transaction Standard Version 2.2 field name;
 - **Mandatory or Situational** – Field designation, Indicates whether a field is mandatory or situational. Mandatory fields may be mandatory by the NCPCP Post Adjudication Transaction Standard Version 2.2 and/or required by the processor. If a field is situational and data does not exist for the field, the field **MUST** be populated with the appropriate padding;
 - a. M – Mandatory field;
 - b. S – Situational field;
 - **Source** – Data source;
 - a. C – Submitted Claim or the Processor’s response to the Submitted Claim;
 - b. P – Processor/Payer;
 - **Format** – Field format values;
 - a. A/N – Alpha/Numeric, upper case when alpha, always left justified, space filled, upper case, printable characters and default values of spaces;
 - i. Example: X(14) represents “1234ABC44bbbb”;
 - b. N – Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of zeros;
 - i. Example: 9(7)v999 represents “999999999”;
 - c. NX – Numeric Extended, are always right justified and zero filled, with the right most position reserved for the sign. The field must be blank when not reported. The symbol “b” indicates a “blank” or a “positive” value. The symbol “-“ indicates a negative value. Zeros represent a valid numeric value and do not mean “null”. All decimals are implied not explicit;
 - i Example: 9999v99- represents a negative 9999.99
 - 9999v99b – represents a positive 9999.99.
- R – Numeric 0 – 9 with decimal point;

For numeric values that have a varying number of decimal positions, a decimal data element may contain an explicit decimal point and is used. This data element type is represented as “R.”.

The decimal point always appears if it is at any place other than the right most position. If the value is an integer (decimal point at the right most position), the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted. Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1, 000, 000, 000, 000) is prohibited. The length of a decimal type data element does not include the decimal point. A value of 12345.67 is valid in a field defined with a maximum length of 7.

Example: A transmitted value of 12.34 represents a decimal value of 12.34
a transmitted value of 25.4 when applied to a monetary use represents \$25.40.

- **Size** – The field length size;
- **Start** – The starting position in the record of the field;
- **End** – The ending position in the record of the field ; and,
- **Values/Comments** – Defines the Kentucky Medicaid required values or default values for each field.

3 Special Consideration

1. Identification of Denied Encounters

For NCPDP Post-Adjudication, a field in the record indicates if a claim paid or denied. Below are the details.

Field ID: 399

Field Name: Record Status Code

Field Values: 1 – Paid

2 – Denied

In addition to the denied claims the reject codes, will also be populated.

Field ID: 511-FB

Field Name: Reject Code

- The finalized naming convention for denied and paid Encounters files **KYW(837P/I/D/NCPDP)_(TPID)_(O/R/A/V)_20110801_123456.zip; and,**
- File submission; submit denied encounters files separately from paid encounters files using the instructed naming convention.

2. (837P/I/D/NCPDP)

- 837P – Professional;
- 837I – Institutional;
- 837D – Dental; and,
- NCPDP – Pharmacy.

3. (TPID) – 10 digit Trading Partner ID (O/R/A/V)

- O – Original (new claims);
- R – Resubmission (claims that have been billed before but did not process for some reason);
- A – Adjustment (adjustments to existing claims);
- V – Void (voids for both 837 and pharmacy); and,
- D – Denied.

4 Batch File Specifications

4.1 Post Adjudication History Header Record

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-04	RECORD TYPE	M	P	A/N	2	1	2	'PA' - Post Adjudication History Header Record
102-A2	VERSION/RELEASE NUMBER	M	P	A/N	2	3	4	'22' – Post Adjudication
879	SENDING ENTITY IDENTIFIER	M	P	A/N	24	5	28	Submitter Trading Partner ID – Ten digit Trading Partner ID assigned by HP
806-5C	BATCH NUMBER	M	P	N	7	29	35	A number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day.
880-K2	CREATIONDATE	M	P	N	8	36	43	Date the file was created.
880-K3	CREATIONTIME	M	P	N	4	44	47	Time the file was created.
880-K7	RECEIVER ID	M	P	A/N	24	48	71	'610461bbbbbbbbbbbbbb' – Kentucky Medicaid
601-06	REPORTING PERIOD STARTDATE	M	P	N	8	72	79	The first day of the period being reported in the file. Format: CCYYMMDD
601-05	REPORTING PERIOD END DATE	M	P	N	8	80	81	The last day of the period being reported in the file. Format: CCYYMMDD
702-MC	FILE TYPE	M	P	A/N	1	88	88	'T' - Test - In processing systems, the test environment 'P' - Production – In processing systems, the live environment

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
981-JV	TRANSMISSION ACTION	M	P	A/N	1	89	89	<p>'F' - Full Replace – A total substitute of the existing file</p> <p>'D' - Delete - Remove the existing file</p> <p>'U' - Update - Modify an existing file</p> <p>'O' - Original Submission (New) - A new file</p> <p>'C' - Correction/Adjustment to a previous batch - Modify a previously submitted batch</p> <p>'D' - Deletion of a previous batch - Removal of a previously submitted batch</p> <p>'P' - Replacement of a previous batch (delete followed by add) - The removal of an existing batch previously submitted with the addition of the submitted batch immediately following</p>
888	SUBMISSION NUMBER	M	P	A/N	2	90	91	<p>'bb' Blank - Not Specified</p> <p>'00' - Original Submission</p> <p>'01' - First resubmission</p> <p>'02' - Second resubmission</p> <p>'03' – '99' - Number of Resubmission</p>
	FILLER	M	P	A/N	3609	92	3700	Spaces.

4.2 Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-04	RECORD TYPE	M	P	A/N	2	1	2	'DE' – Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
398	RECORD INDICATOR	S	P	A/N	1	3	3	Blank - not specified 0 - New Record. Insert new record (this value should be assigned to most records in an original submission, i.e. those records that represent new data and are not corrections/additions to previously sent records). 1 - Overwrite existing record. An error was discovered in a previously sent version of this record; therefore the receiver should delete the previously sent version and replace it with this record. Note: The previously sent version may be identified by the Health Plan ID, Claim Number, Prescription #, and Payment Status. 2 - Delete existing record. This record was previously sent in error; therefore the receiver should delete the previously sent version of this record. There is no corresponding replacement record.
Section Eligibility Category								
248	ELIGIBILITY COVERAGE CODE	S	P	A/N	3	4	6	'IND' - Individual
898	USER BENEFIT ID	S	P	A/N	1Ø	7	16	Member's benefit ID based upon User Group Number from Eligibility when submitted by Client OR 'bbbbbbbbbb'
899	USER COVERAGE ID	S	P	A/N	1Ø	17	26	Program Code/Status Code

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
246	ELIGIBILITY GROUP ID	S	P	A/N	15	27	41	Identifier of the group that determines eligibility parameters for the member when submitted by the client OR 'bbbbbbbbbbbbbb'
270	LINE OF BUSINESS CODE	S	P	A/N	6	42	47	'bbbbbb' - Line of Business Code from Client eligibility or as defined by trading partner agreement.
267	INSURANCE CODE	S	P	A/N	20	48	67	'bbbbbbbbbbbbbbbbbb' - Special group/member data as supplied on eligibility record when supplied by the client.
220	CLIENT ASSIGNED LOCATION CODE	S	P	A/N	20	68	87	'bbbbbbbbbbbbbbbbbb' - The location of the member within the Client's Company from Client eligibility when submitted by the client.
222	CLIENT PASSTHROUGH	S	P	A/N	200	88	287	'b' (200) - Information from Client eligibility when submitted by the client.
Sub-Section Cardholder Information								
302-C2	CARDHOLDER ID	M	C/P	A/N	20	288	307	The cardholder ID from the submitted claim or the adjudicated cardholder ID. For example: Pharmacy submits a Medicaid ID. Payer has internal ID stored. Medicaid ID is converted to internal ID. When reported to clients, the internal ID is reported in this field.
716-SY	LAST NAME	S	P	A/N	35	308	342	Member Last Name, Required

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
717-SX	FIRST NAME	S	P	A/N	25	343	367	Member First Name, if available Else, 25 spaces
718-SZ	MIDDLE INITIAL	S	P	A/N	1	368	368	Member Middle Initial, if available Else, 1 space
28Ø	NAME SUFFIX	S	P	A/N	1Ø	369	378	Member Suffix, if available Else 10 spaces
726-SR	ADDRESS LINE 1	S	P	A/N	55	379	433	Member Address Line 1, if available Else 55 spaces
727-SS	ADDRESS LINE 2	S	P	A/N	55	434	488	Member Address Line 2, if available and Address Line 1 is present Else 55 spaces
728-SU	CITY	S	P	A/N	3Ø	489	518	Member city name, if available Else 30 spaces
729-TA	STATE	S	P	A/N	2	519	52Ø	Member State abbreviation, if available Else 2 spaces
73Ø-TC	ZIP/POSTAL CODE	S	P	A/N	15	521	535	Member Zip Code, if available Else 15 spaces
214	CARDHOLDER DATE OF BIRTH	S	P	N	8	536	543	Format: CCYYMMDD
721-MD	GENDER CODE	S	P	N	1	544	544	'B' - Unknown '1' - Male '2' -Female
274	MEDICARE PLAN CODE	S	P	A/N	1	545	545	'b' - This represents if the member is eligible for Medicare coverage as provided in eligibility data.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
288	PAYROLL CLASS	S	P	A/N	1	546	546	'b' - A field defined by the client indicating the payroll class of the member.
Sub-Section Patient Information								
331-CX	PATIENT ID QUALIFIER	S	P	A/N	2	547	548	'06' – Medicaid ID Number Qualifier
332-CY	PATIENT ID	S	P	A/N	20	549	568	'b' (20)
716-SY	LAST NAME	S	P	A/N	35	569	603	'b' (35)
717-SX	FIRST NAME	S	P	A/N	25	604	628	'b' (25)
718-SZ	MIDDLE INITIAL	S	P	A/N	1	629	629	'b' (1)
280	NAME SUFFIX	S	P	A/N	10	630	639	'b' (10)
726-SR	ADDRESS LINE 1	S	P	A/N	55	640	694	'b' (55)
727-SS	ADDRESS LINE 2	S	P	A/N	55	695	749	'b' (55)
728-SU	CITY	S	P	A/N	30	750	779	'b' (30)
729-TA	STATE	S	P	A/N	2	780	781	'bb' (2)
730-TC	ZIP/POSTAL CODE	S	P	A/N	15	782	796	'b' (15)
304-C4	DATE OF BIRTH	S	P	N	8	797	804	'00000000'
305-C5	PATIENT GENDER CODE	S	P	N	1	805	805	'0'
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	S	P	N	2	806	807	'18' - Self
208	AGE	S	P	N	3	808	810	'000'
303-C3	PERSON CODE	S	P	A/N	3	811	813	'bbb'
306-C6	PATIENT RELATIONSHIP CODE	S	C	N	1	814	814	'1'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
309-C9	ELIGIBILITY CLARIFICATION CODE	S	C	A/N	1	815	815	'0' – Not Specified '1' – No Override '2' – Override '3' – Full Time Student '4' – Disabled Dependent '5' Dependent Parent '6' – Significant Other
336-8C	FACILITY ID	S	P	A/N	10	816	825	'bbbbbbbbbb'
Section Benefit Category								
301-C1	GROUP ID	M	P	A/N	15	826	840	'KYMEDICAIDbbbb' - ID assigned to the cardholder group or employer group.
215	CARRIER NUMBER	S	P	A/N	9	841	849	'bbbbbbbbbb' - Account Number assigned during installation.
757-U6	BENEFIT ID	S	P	A/N	15	850	864	Assigned by processor to identify a set of parameters, benefits, or coverage criteria used to adjudicate a claim OR 'bbbbbbbbbbbbbb'
240	CONTRACT NUMBER	S	P	A/N	8	865	872	'bbbbbbbb' - Account Number assigned during installation for segments of business
212	BENEFIT TYPE	S	P	A/N	1	873	873	'5' - Standard Program (Integrated Card, Mail Service & Member Paper Programs) – Claims accepted from all types of dispensing providers and paper claims submitted requesting reimbursement after dispensing.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
279	MEMBER SUBMITTED CLAIM PROGRAM CODE	S	P	A/N	1	874	874	'b' - A one-position field indicating the type of member submitted claim program used to process this claim.
282	NON-POS CLAIM OVERRIDE CODE	S	P	A/N	1	875	875	'b' - Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.
282	NON-POS CLAIM OVERRIDE CODE	S	P	A/N	1	876	876	'b' - Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.
282	NON-POS CLAIM OVERRIDE CODE	S	P	A/N	1	877	877	'b' - Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.
241	COPAY MODIFIER ID	S	P	A/N	1Ø	878	887	'bbbbbbbbbb' - Unique drug list ID that is coordinated for use with the clients copay set-up. Processor defined codes.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	888	888	'b' - Indicates the type of cutback, if any, imposed by plan.
293	PREFERRED ALTERNATIVE FILE ID	S	P	A/N	1Ø	889	898	'bbbbbbbbbb' - Indicates the preferred alternative file ID number used to determine processing.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
308-C8	OTHER COVERAGE CODE	S	C	N	2	899	900	'0' - Not Specified by patient '1' - No other coverage '2' - Other coverage exists-payment collected '3' - Other Coverage Billed – claim not covered '4' - Other coverage exists-payment not collected '8' - Claim is billing for patient financial responsibility only
291	PLAN BENEFIT CODE	S	P	A/N	2	901	902	'bb' - Determines the method by which Insulin and OTC claims are paid. Defined by processor.
601-01	PLAN TYPE	S	P	A/N	4	903	906	'1920' - Medicaid
Section Pharmacy Category								
202-B2	SERVICE PROVIDER ID QUALIFIER	M	C	A/N	2	907	908	'01' - National Provider Identifier (NPI) = a standard unique health identifier for health care providers. The NPI is a 10 position numeric identifier with a check digit in the 10th position and is assigned by the National Provider System (NPS).
201-B1	SERVICE PROVIDER ID	M	C	A/N	15	909	923	10 digit Pharmacy NPI
202-B2	SERVICE PROVIDER ID QUALIFIER (ALTERNATE)	S	P	A/N	2	924	925	'bb'
201-B1	SERVICE PROVIDER ID (ALTERNATE)	S	P	A/N	15	926	940	'bbbbbbbbbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
886	SERVICE PROVIDER CHAIN CODE	S	P	A/N	7	941	947	Processor specific ID assigned to a chain by processor OR 'bbbbbb'
833-5P	PHARMACY NAME	S	P	A/N	35	948	982	Physical Location Name
726	ADDRESS LINE 1	S	P	A/N	55	983	1037	Physical Location Address 1
727	ADDRESS LINE 2	S	P	A/N	55	1038	1092	Physical Location Address 2
728	CITY	S	P	A/N	30	1093	1122	Physical Location City
729	STATE	S	P	A/N	2	1123	1124	Physical Location State
730	ZIP/POSTAL CODE	S	P	A/N	15	1125	1139	Physical Location Zip Code
887	SERVICE PROVIDER COUNTY CODE	S	P	A/N	3	1140	1142	'bbb'
732	TELEPHONE NUMBER	S	P	N	10	1143	1152	Physical Location Telephone Number
146	PHARMACY DISPENSER TYPE QUALIFIER	S	P	A/N	1	1153	1153	'b' - Blank - Not Used
290	PHARMACY DISPENSER TYPE	S	P	A/N	2	1154	1155	'bb' - Type of pharmacy dispensing product.
150	PHARMACY CLASS CODE QUALIFIER	S	P	A/N	1	1156	1156	'b' - Blank - Not Used
289	PHARMACY CLASS CODE	S	P	A/N	1	1157	1157	'b' - Indicates class of the pharmacy.
266	IN NETWORK INDICATOR	S	P	A/N	1	1158	1158	'b' – Not Specified

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
545-2F	NETWORK REIMBURSEMENT ID	S	P	A/N	1Ø	1159	1168	'bbbbbbbbbb' - Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.
Section Prescriber Category								
466-EZ	PRESCRIBER ID QUALIFIER	S	C	A/N	2	1169	117Ø	'01' - National Provider Identifier (NPI) = a standard unique health identifier for health care providers. The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS). KY Medicaid requires to process claim
411-DB	PRESCRIBER ID	S	C	A/N	15	1171	1185	10 digit Prescriber NPI KY Medicaid requires to process claim
466-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE)	S	P	A/N	2	1186	1187	'bb'
411-DB	PRESCRIBER ID (ALTERNATE)	S	P	A/N	15	1188	12Ø2	'bbbbbbbbbbbbbb'
296	PRESCRIBER TAXONOMY	S	P	A/N	1Ø	12Ø3	1212	'bbbbbbbbbb' - The taxonomy is defined as a classification scheme that codifies provider type and provider area of specialization.
295	PRESCRIBER CERTIFICATION STATUS	S	P	A/N	2	1213	1214	Blank - Not Specified 1 - Active

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
716-SY	LAST NAME	S	P	A/N	35	1215	1249	Physical Location Last Name OR 35(b)
717-SX	FIRST NAME	S	P	A/N	25	1250	1274	Physical Location First Name OR 25(b)
732	TELEPHONE NUMBER	S	P	N	10	1275	1284	Physical Telephone Number
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	C/P	A/N	2	1285	1286	bb
421-DL	PRIMARY CARE PROVIDER ID	S	C/P	A/N	15	1287	1301	bbbbbbbbbbbbbbb
716	Last Name	S	P	AN	35	1302	1336	b (35)
717	First Name	S	P	AN	25	1337	1361	b (25)
Section Claim Category								
399	RECORD STATUS CODE	M	P	A/N	1	1362	1362	1 - Paid 2 – Rejected/Denied 3 – Reversed Paid
218	CLAIM MEDIA TYPE	M	P	A/N	1	1363	1363	Blank - Not Specified 1 - POS Claim 2 - Batch Claim 3 - Pharmacy Submitted Paper Claim (UCF) 5 - Other - Different from the codes already specified
395	PROCESSOR PAYMENT CLARIFICATION CODE	M	P	A/N	2	1364	1365	Blank - Not Specified

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	C	A/N	1	1366	1366	1 - Rx Billing - Transaction is a billing for a prescription or OTC drug product
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	C	N	12	1367	1378	Rx Number - Reference number assigned by the provider for the dispensed drug/product and/or service provided.
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	C	A/N	2	1379	1380	'03' – National Drug Code
407-D7	PRODUCT/SERVICE ID	M	C	A/N	19	1381	1399	ID of the product dispensed or service provided.
401-D1	DATE OF SERVICE	M	C	N	8	1400	1407	Identifies date the prescription was filled. Format: CCYYMMDD
578	ADJUDICATION DATE	M	P	N	8	1408	1415	Date the claim or adjustment is processed Format: CCYYMMDD
203	ADJUDICATION TIME	S	P	N	6	1416	1421	Time the claim or adjustment is processed. Format: HHMMSS
283	ORIGINAL CLAIM RECEIVED DATE	S	P	N	8	1422	1429	'00000000'
219	CLAIM SEQUENCE NUMBER	S	P	N	5	1430	1434	'1', '2', '3', '4' - Indicates the sequence of this claim within the set of claims submitted.
213	BILLING CYCLE END DATE	S	P	N	8	1435	1442	Cycle End Date Format: CCYYMMDD
239	COMMUNICATION TYPE INDICATOR	S	P	A/N	2	1443	1444	'bb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
307-C7	PLACE OF SERVICE	S	C	N	2	1445	1446	'01' - Pharmacy
384-4X	PATIENT RESIDENCE	S	C	N	2	1447	1448	'Ø' - Not Specified '1' – Home '2' - Skilled Nursing Facility '3' - Nursing Facility '4' - Assisted Living Facility '5' - Custodial Care Facility '6' - Group Home '9' - Intermediate Care Facility/Mentally Retarded '11' - Hospice '15' - Correctional Institution
419-DJ	PRESCRIPTION ORIGIN CODE	S	C	N	1	1449	1449	'Ø' - Not Known '1' - Written '2' - Telephone '3' - Electronic Standard transactions. '4' - Facsimile '5' - Pharmacy
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	S	P	N	8	1450	1457	'00000000'
217	CLAIM DATE RECEIVED IN THE MAIL	S	P	N	8	1458	1465	'00000000'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
268	INTERNAL MAIL ORDER PRESCRIPTION/SERVICE REFERENCE NUMBER	S	P	A/N	15	1466	1480	'bbbbbbbbbbbbbb' - Field designating the internal prescription number assigned by pharmacies.
102-A2	VERSION/RELEASE NUMBER (OF THE CLAIM)	S	C	A/N	2	1481	1482	'51' – Version 5.1 'DO' – Version D.0
216	CHECK DATE	S	P	N	8	1483	1490	Check Date Format: CCYYMMDD
287	PAYMENT/REFERENCE ID	S	P	A/N	30	1491	1520	Check or EFT Number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S	C	N	12	1521	1532	Related 'Prescription/Service Reference Number' (402-D2) to which the service is associated OR 12(b)
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	C	N	8	1533	1540	Date of the 'Associated Prescription/Service Reference Number' (456-EN) OR '00000000'
442-E7	QUANTITY DISPENSED	S	C	N	10	1541	1550	Quantity dispensed expressed in metric decimal units. KY Medicaid requires to process claim
403-D3	FILL NUMBER	S	C	N	2	1551	1552	'0' - Original dispensing '1'-'99' - Refill number

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
405-D5	DAYS SUPPLY	S	C	N	3	1553	1555	Estimated number of days the prescription will last OR '000'
414-DE	DATE PRESCRIPTION WRITTEN	S	C	N	8	1556	1563	Date prescription was written Format: CCYYMMDD KY Medicaid requires to process claim
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	C	A/N	1	1564	1564	'0' - No Product Selection Indicated '1' - Substitution Allowed-Patient Requested Product Dispensed '2' - Substitution Allowed-Pharmacist Selected Product Dispensed '3' - Substitution Allowed-Pharmacist Selected Product '4' - Substitution Allowed-Generic Drug Not in Stock '5' - Substitution Allowed-Brand Drug Dispensed as a Generic '6' - Override '7' - Substitution Not Allowed-Brand Drug Mandated by Law '8' - Substitution Allowed-Generic Drug Not Available in Marketplace '9' - Substitution Allowed By Prescriber but Plan Requests Brand

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
415-DF	NUMBER OF REFILLS AUTHORIZED	S	C	N	2	1565	1566	'Ø' - No refills authorized '1'-'99' - Authorized Refill number
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	1567	1567	'Ø' - Not Specified '1' - Not Unit Dose '2' - Manufacturer Unit Dose '3' - Pharmacy Unit '4' - Custom Packaging '5' - Multi-drug compliance packaging
6ØØ-28	UNIT OF MEASURE	S	C	A/N	2	1568	1569	'EA' – Each 'GM' – Grams 'ML' - Milliliters
418-DI	LEVEL OF SERVICE	S	C	N	2	157Ø	1571	'Ø' - Not Specified '1' - Patient consultation '2' - Home delivery '3' - Emergency '4' - 24 hour service '5' - Patient consultation regarding generic product selection '6' - In-Home Service
343-HD	DISPENSING STATUS	S	C	A/N	1	1572	1572	'P' – Partial Fill 'C' – Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	C	N	1Ø	1573	1582	Required if 343-HD is submitted
46Ø-ET	QUANTITY PRESCRIBED	S	C	N	1Ø	1583	1592	Amount expressed in metric decimal units.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	C	N	3	1593	1595	Required if 343-HD is submitted
254	FILL NUMBER CALCULATED	S	P	N	2	1596	1597	'00' – New - Original '1'-'99' - Refill number
406-D6	COMPOUND CODE	S	C	N	1	1598	1598	'0' - Not Specified '1' - Not a Compound '2' - Compound (Required if compound)
996-G1	COMPOUND TYPE	S	C	A/N	2	1599	1600	'01' - Anti-infective '02' - Inotropic '03' - Chemotherapy '04' - Pain management '05' - TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition '06' - Hydration '07' - Ophthalmic '99' - Other
452-EH	COMPOUND ROUTE OF ADMIN	S		A/N	2	1601	1602	'bb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
995-E2	ROUTE OF ADMINISTRATION	S	C	A/N	11	1603	1613	Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) SNOMED CT® terminology which is available from the International Health Terminology Standards Development Organization (IHTSDO) http://www.ihtsdo.org/snomed-ct/ OR 11(b)
492-WE	DIAGNOSIS CODE QUALIFIER	S	C	A/N	2	1614	1615	'ØØ' - Not Specified 'Ø1' - International Classification of Diseases (ICD9)
424-DO	DIAGNOSIS CODE	S	C	A/N	15	1616	163Ø	Code identifying the diagnosis of the patient OR 15(b)
492-WE	DIAGNOSIS CODE QUALIFIER	S	C	A/N	2	1631	1632	'ØØ' - Not Specified 'Ø1' - International Classification of Diseases (ICD9)
424-DO	DIAGNOSIS CODE	S	C	A/N	15	1633	1647	Code identifying the diagnosis of the patient OR 15(b)
492-WE	DIAGNOSIS CODE QUALIFIER	S	C	A/N	2	1648	1649	'ØØ' - Not Specified 'Ø1' - International Classification of Diseases (ICD9)

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
424-DO	DIAGNOSIS CODE	S	C	A/N	15	1650	1664	Code identifying the diagnosis of the patient OR 15(b)
492-WE	DIAGNOSIS CODE QUALIFIER	S	C	A/N	2	1665	1666	'ØØ' - Not Specified 'Ø1' - International Classification of Diseases (ICD9)
424-DO	DIAGNOSIS CODE	S	C	A/N	15	1667	1681	Code identifying the diagnosis of the patient OR 15(b)
492-WE	DIAGNOSIS CODE QUALIFIER	S	C	A/N	2	1682	1683	'ØØ' - Not Specified 'Ø1' - International Classification of Diseases (ICD9)
424-DO	DIAGNOSIS CODE	S	C	A/N	15	1684	1698	Code identifying the diagnosis of the patient OR 15(b)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1699	17ØØ	See June 2010 External Code List – Appendix S
44Ø-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	17Ø1	17Ø2	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	17Ø3	17Ø4	See June 2010 External Code List – Appendix T

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1705	1706	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1707	1708	See June 2010 External Code List – Appendix S
440-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1709	1710	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1711	1712	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1713	1714	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1715	1716	See June 2010 External Code List – Appendix S
440-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1717	1718	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1719	1720	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1721	1722	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1723	1724	See June 2010 External Code List – Appendix S
440-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1725	1726	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1727	1728	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1729	1730	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1731	1732	See June 2010 External Code List – Appendix S
440-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1733	1734	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1735	1736	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1737	1738	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1739	1740	See June 2010 External Code List – Appendix S
440-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1741	1742	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1743	1744	See June 2010 External Code List – Appendix T

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1745	1746	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1747	1748	See June 2010 External Code List – Appendix S
44Ø-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1749	1750	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1751	1752	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1753	1754	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1755	1756	See June 2010 External Code List – Appendix S
44Ø-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1757	1758	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1759	1760	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1761	1762	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
439-E4	REASON FOR SERVICE CODE	S	C	A/N	2	1763	1764	See June 2010 External Code List – Appendix S
440-E5	PROFESSIONAL SERVICE CODE	S	C	A/N	2	1765	1766	See June 2010 External Code List – Appendix R
441-E6	RESULT OF SERVICE CODE	S	C	A/N	2	1767	1768	See June 2010 External Code List – Appendix T
474-8E	DUR/PPS LEVEL OF EFFORT	S	C	N	2	1769	1770	'Ø' - Not Specified '11' - Level 1 (Lowest) '12' - Level 2 '13' - Level 3 '14' - Level 4 '15' - Level 5 (Highest)
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	1771	1772	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	1773	1791	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service) OR 19(b)
878	REJECT OVERRIDE CODE	S	P	A/N	1	1792	1792	Blank - Not Specified
511-FB	REJECT CODE	S	C	A/N	3	1793	1795	See June 2010 External Code List – Appendix A
511-FB	REJECT CODE	S	C	A/N	3	1796	1798	See June 2010 External Code List – Appendix A
511-FB	REJECT CODE	S	C	A/N	3	1799	1801	See June 2010 External Code List – Appendix A
511-FB	REJECT CODE	S	C	A/N	3	1802	1804	See June 2010 External Code List – Appendix A

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
511-FB	REJECT CODE	S	C	A/N	3	1805	1807	See June 2010 External Code List – Appendix A
Section Worker's Compensation Category								
435-DZ	CLAIM/REFERENCE ID	S	C	A/N	30	1808	1837	'b' (30)
434-DY	DATE OF INJURY	S	C	N	8	1838	1845	'00000000'
Section Product Category								
532-FW	Database indicator	S	P	A/N	1	1846	1846	1 - First DataBank
397	PRODUCT/SERVICE NAME	S	P	A/N	30	1847	1876	Product Service Name
261	GENERIC NAME	S	P	A/N	30	1877	1906	Generic name of the product identified in Product/Service Name. Must be within Database Indicator (532-FW) source.
601-24	PRODUCT STRENGTH	S	P	A/N	15	1907	1921	The strength of the product. Must be within Database Indicator (532-FW) source.
243	DOSAGE FORM CODE	S	P	A/N	4	1922	1925	Dosage form code for product identified. Must be within Database Indicator (532-FW) source.
	FILLER	S	P	A/N	8	1926	1933	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
425-DP	DRUG TYPE	S	P	N	1	1934	1934	<p>‘Ø’ - Not Specified</p> <p>‘1’ - Single Source</p> <p>‘2’ - Authorized Generic (aka “Branded Generic</p> <p>‘3’ - Generic</p> <p>‘4’ - Over the Counter</p> <p>‘5’ - Multi-source Brand</p> <p>Must be within Database Indicator (532-FW) source.</p>
273	MAINTENANCE DRUG INDICATOR	S	P	A/N	1	1935	1935	<p>‘Blank’ - Not Specified</p> <p>‘Y’ - Maintenance Drug</p> <p>‘N’ - Not Maintenance</p> <p>Must be within Database Indicator (532-FW) source.</p>
244	DRUG CATEGORY CODE	S	P	A/N	1	1936	1936	<p>The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.</p> <p>Must be within Database Indicator (532-FW) source.</p>
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	1937	1937	<p>‘Blank’ - Not Specified</p> <p>‘1’ - Schedule I Substance (no known use)</p> <p>‘2’ - Schedule II Narcotic Substances</p> <p>‘3’ - Schedule III Narcotic Substances</p> <p>‘4’ - Schedule IV Substances</p> <p>‘5’ - Schedule V Substances</p> <p>Must be within Database Indicator (532-FW) source.</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
297	PRESCRIPTION OVER THE COUNTER INDICATOR	S	P	A/N	1	1938	1938	'Blank' - Not Specified 'O' - Over the counter (OTC) 'F' - Federal/Legend (Rx Prescription Only) 'S' - State Restricted Medication Must be within Database Indicator (532-FW) source.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	C	N	2	1939	194Ø	1 - No Override 2 - Other Override 3 - Vacation Supply 4 - Lost Prescription 5 - Therapy Change 6 - Starter Dose 7 - Medically Necessary 8 - Process Compound For Approved Ingredients 9 - Encounters 1Ø - Meets Plan Limitations 11 - Certification on 12 - DME Replacement Indicator 13 - Payer-Recognized Emergency/Disaster Assistance Request 14 - Long Term Care Leave of 15 - Long Term Care Replacement Medication 16 - Long Term Care Emergency box (kit) or automated dispensing 17 - Long Term Care Emergency supply remainder 18 - Long Term Care Patient Admit/Readmit 19 - Split Billing 2Ø - 34ØB 99 - Other

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	C	N	2	1941	1942	1 - No Override 2 - Other Override 3 - Vacation Supply 4 - Lost Prescription 5 - Therapy Change 6 - Starter Dose 7 - Medically Necessary 8 - Process Compound For Approved Ingredients 9 - Encounters 1Ø - Meets Plan Limitations 11 - Certification on 12 - DME Replacement Indicator 13 - Payer-Recognized Emergency/Disaster Assistance Request 14 - Long Term Care Leave of 15 - Long Term Care Replacement Medication 16 - Long Term Care Emergency box (kit) or automated dispensing 17 - Long Term Care Emergency supply remainder 18 - Long Term Care Patient Admit/Readmit 19 - Split Billing 2Ø - 34ØB 99 - Other

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	C	N	2	1943	1944	1 - No Override 2 - Other Override 3 - Vacation Supply 4 - Lost Prescription 5 - Therapy Change 6 - Starter Dose 7 - Medically Necessary 8 - Process Compound For Approved Ingredients 9 - Encounters 1Ø - Meets Plan Limitations 11 - Certification on 12 - DME Replacement Indicator 13 - Payer-Recognized Emergency/Disaster Assistance Request 14 - Long Term Care Leave of 15 - Long Term Care Replacement Medication 16 - Long Term Care Emergency box (kit) or automated dispensing 17 - Long Term Care Emergency supply remainder 18 - Long Term Care Patient Admit/Readmit 19 - Split Billing 2Ø - 34ØB 99 - Other

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
25Ø	FDA DRUG EFFICACY CODE	S	P	A/N	1	1945	1945	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1946	1946	Identifies the type of data being submitted in the Product Code (6Ø1-18) field.
6Ø1-18	PRODUCT CODE	S	P	A/N	17	1947	1963	See June 2010 External Code List – Appendix O
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1964	1964	Identifies the type of data being submitted in the Product Code (6Ø1-18) field.
6Ø1-18	PRODUCT CODE	S	P	A/N	17	1965	1981	See June 2010 External Code List – Appendix O
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1982	1982	Identifies the type of data being submitted in the Product Code (6Ø1-18) field.
6Ø1-18	PRODUCT CODE	S	P	A/N	17	1983	1999	See June 2010 External Code List – Appendix O
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	2ØØØ	2ØØØ	'Blank' - Not Specified '1' - Yes '2' - No
294	PRESCRIBED DAYS SUPPLY	S	P	N	3	2ØØ1	2ØØ3	'000'
6Ø1-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	2ØØ4	2ØØ4	Identifies type of data being submitted in the 'Therapeutic Class Code' (6Ø1-25) field.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	2005	2021	See June 2010 External Code List – Appendix O
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	2022	2022	Identifies type of data being submitted in the 'Therapeutic Class Code' (601-25) field.
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	2023	2039	See June 2010 External Code List – Appendix O
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	2040	2040	Identifies type of data being submitted in the 'Therapeutic Class Code' (601-25) field.
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	2041	2057	See June 2010 External Code List – Appendix O
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	2058	2058	Identifies type of data being submitted in the 'Therapeutic Class Code' (601-25) field.
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	2059	2075	See June 2010 External Code List – Appendix O
Section Formulary Category								
257	FORMULARY STATUS	S	P	A/N	1	2076	2076	'Blank' - Not Specified
221	CLIENT FORMULARY FLAG	S	P	A/N	1	2077	2077	'Y' - Yes
889	THERAPEUTIC CHAPTER	S	P	A/N	8	2078	2085	'bbbbbbbb' - The therapeutic chapter; from formulary file as defined by processor
256	FORMULARY FILE ID	S	P	A/N	15	2086	2100	'bbbbbbbbbbbbbbbb' - Identifies the formulary ID used during adjudication of the claim.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
255	FORMULARY CODE TYPE	S	P	A/N	1	2101	2101	'b' - Indicates how the Formulary Benefit is set up. As defined by processor.
Section Pricing Category								
506-F6	INGREDIENT COST PAID	M	C	D	8	2102	2109	Drug ingredient cost paid included in the 'Total Amount Paid' (509-F9).
507-F7	DISPENSING FEE PAID	M	C	D	8	2110	2117	Dispensing fee paid included in the 'Total Amount Paid' (509-F9).
894	TOTAL AMOUNT PAID BY ALL SOURCES	M	P	D	8	2118	2125	Total amount of the prescription regardless of party responsible for payment.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	S	C	D	8	2126	2133	'00000000' - Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to sales tax paid.
505-F5	PATIENT PAY AMOUNT	M	C	D	8	2134	2141	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.
518-FI	AMOUNT OF COPAY	S	C	D	8	2142	2149	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription copay.
572-4U	AMOUNT OF COINSURANCE	S	C	D	8	2150	2157	'00000000'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	S	C	D	8	2158	2165	'00000000'
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	S	C	D	8	2166	2173	'00000000'
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	S	C	D	8	2174	2181	'00000000'
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	S	C	D	8	2182	2189	'00000000'
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	S	C	D	8	2190	2197	'00000000'
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION	S	C	D	8	2198	2205	'00000000'
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION	S	C	D	8	2206	2213	'00000000'
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	S	C	D	8	2214	2221	'00000000'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
272	MAC REDUCED INDICATOR	S	P	A/N	1	2222	2222	'Y' - Reduced to MAC pricing 'N' - Not reduced to MAC pricing
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	2223	2224	'Blank' - Not Specified 'Ø1' - Average Wholesale Price 'Ø2' - Acquisition Cost (ACQ) 'Ø3' - Manufacturer Direct Price 'Ø4' - Federal Upper Limit (FUL) 'Ø5' - Average Generic 'Ø6' - Usual & Customary 'Ø7' - Submitted Ingredient Cost 'Ø8' - State MAC 'Ø9' - Unit '1Ø' - Usual & Customary or Copay
260	GENERIC INDICATOR	S	P	A/N	1	2225	2225	Distinguishes if product priced as Generic or Branded product: As defined by processor.
284	OUT OF POCKET APPLY AMOUNT	S	P	D	8	2226	2233	'00000000'
2Ø9	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	2234	2242	'000000000'
21Ø	AVERAGE GENERIC UNIT PRICE	S	P	D	9	2243	2251	'000000000'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	2252	2260	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	2261	2269	Federal Upper Limit Unit Price as defined by processor.
430-DU	GROSS AMOUNT DUE	S	C	D	8	2270	2277	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (480-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (480-H9).
271	MAC PRICE	S	P	D	9	2278	2286	Indicates the unit maximum allowable cost price for the product/service as defined by the processor
409-D9	INGREDIENT COST SUBMITTED	S	C	D	8	2287	2294	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU).

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
426-DQ	USUAL AND CUSTOMARY CHARGE	S	C	D	8	2295	2302	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.
558-AW	FLAT SALES TAX AMOUNT PAID	S	C	D	8	2303	2310	'00000000'
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	C	D	8	2311	2318	'00000000'
560-AY	PERCENTAGE SALES TAX RATE PAID	S	C	D	7	2319	2325	'00000000'
561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	C	A/N	2	2326	2327	'00'
521-FL	INCENTIVE AMOUNT PAID	S	C	D	8	2328	2335	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (509-F9).
562-J1	PROFESSIONAL SERVICE FEE PAID	S	C	D	8	2336	2343	'00000000'
564-J3	OTHER AMOUNTS PAID QUALIFIER	S	C	A/N	2	2344	2345	01 - Delivery 02 - Shipping 03 - Postage 04 - Administrative 09 - Compound Preparation Cost Paid 99 - Other
565-J4	OTHER AMOUNTS PAID	S	C	D	8	2346	2353	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-H9).

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
564-J3	OTHER AMOUNTS PAID QUALIFIER	S	C	A/N	2	2354	2355	Ø1 - Delivery Ø2 - Shipping Ø3 - Postage Ø4 - Administrative Ø9 - Compound Preparation Cost Paid 99 - Other
565-J4	OTHER AMOUNTS PAID	S	C	D	8	2356	2363	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).
564-J3	OTHER AMOUNTS PAID QUALIFIER	S	C	A/N	2	2364	2365	Ø1 - Delivery Ø2 - Shipping Ø3 - Postage Ø4 - Administrative Ø9 - Compound Preparation Cost Paid 99 - Other
565-J4	OTHER AMOUNTS PAID	S	C	D	8	2366	2373	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	C	D	8	2374	2381	Total amount recognized by the processor of any payment from another source.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	2382	2383	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer.</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p> <p>1Ø - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	1Ø	2384	2393	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	2394	2395	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer.</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p> <p>1Ø - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	1Ø	2396	24Ø5	The patient's cost share from a previous payer.
281	NET AMOUNT DUE	M	P	D	8	24Ø6	2413	Net amount paid to provider by the payer or net amount due from the client to the payer, determined by trading partner agreement.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	2414	2415	Ø - Not Specified 1 - Ingredient Cost Paid as Submitted 2 - Ingredient Cost Reduced to AWP 3 - Ingredient Cost Reduced to AWP Less X% Pricing 4 - Usual & Customary Paid as Submitted 5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6 - MAC Pricing Ingredient Cost Paid 7 - MAC Pricing Ingredient Cost Reduced to 8 - Contract Pricing 9 - Acquisition Pricing 10 - ASP (Average Sales Price) 11 - AMP (Average Manufacturer Price) 12 - 34ØB/Disproportionate Share/Public Health Service Pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								13 - WAC (Wholesale Acquisition Cost) 14 - Other Payer 15 - Patient Pay 16 - Coupon Payment 17 - Special Patient Reimbursement 18 - Direct Price (DP)
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S	C	D	8	2416	2423	'00000000'
513-FD	REMAINING DEDUCTIBLE AMOUNT	S	C	D	8	2424	2431	'00000000'
514-FE	REMAINING BENEFIT AMOUNT	S	C	D	8	2432	2439	'00000000'
242	COST DIFFERENCE AMOUNT	S	P	D	8	2440	2447	'00000000'
249	EXCESS COPAY AMOUNT	S	P	D	8	2448	2455	'00000000'
277	MEMBER SUBMIT AMOUNT	S	P	D	8	2456	2463	'00000000'
265	HOLD HARMLESS AMOUNT	S	P	D	8	2464	2471	'00000000'
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S	C	D	8	2472	2479	'00000000'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	C	A/N	2	2480	2481	01 - Quantity Dispensed 02 - Quantity Intended To Be Dispensed 03 - Usual and Customary/Prorated 04 - Waived Due To Partial Fill 99 - Other
347-HJ	BASIS OF CALCULATION – COPAY	S	C	A/N	2	2482	2483	01 - Quantity Dispensed 02 - Quantity Intended To Be Dispensed 03 - Usual and Customary/Prorated 04 - Waived Due To Partial Fill 99 - Other
348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S	C	A/N	2	2484	2485	Blank - Not Specified
349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S	C	A/N	2	2486	2487	Blank - Not Specified
573-4V	BASIS OF CALCULATION – COINSURANCE	S	C	A/N	2	2488	2489	Blank - Not Specified
557-AV	TAX EXEMPT INDICATOR	S	C	A/N	1	2490	2490	Blank - Not Specified
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	2491	2498	'00000000'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
276	MEDICARE RECOVERY INDICATOR	S	P	A/N	1	2499	2499	'b'
275	MEDICARE RECOVERY DISPENSING INDICATOR	S	P	A/N	1	2500	2500	'b'
286	PATIENT SPEND DOWN AMOUNT	S	P	D	8	2501	2508	'00000000'
263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	S	P	D	8	2509	2516	'00000000'
264	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	S	P	D	8	2517	2524	'00000000'
207	ADMINISTRATIVE FEE EFFECT INDICATOR	S	P	A/N	1	2525	2525	Blank - Not Specified
206	ADMINISTRATIVE FEE AMOUNT	S	P	D	4	2526	2529	'000'
269	INVOICED AMOUNT	S	P	D	11	2530	2540	'00000000000'
	FILLER	S	P	A/N	10	2541	2550	Spaces
128-UC	SPENDING ACCOUNT AMOUNT REMAINING	S	C	D	8	2551	2558	'00000000'
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	S	C	D	8	2559	2566	'00000000'
Section Prior Authorization Category								

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	C	N	2	2567	2568	0 - Not Specified 1 - Prior Authorization 2 - Medical Certification 3 - EPSDT (Early Periodic Screening Diagnosis Treatment) 4 - Exemption from Copay and/or Coinsurance 5 - Exemption from RX 6 - Family Planning Indicator 7 - TANF (Temporary Assistance for Needy Families) 8 - Payer Defined Exemption 9 - Emergency Preparedness
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	C	N	11	2569	2579	Number submitted by the provider to identify the prior authorization.
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	S	P	N	11	2580	2590	'bbbbbbbbbbb' - Unique number identifying the prior authorization assigned by the processor.
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	2591	2592	'00' - Not Specified
Section Adjustment Category								
204	ADJUSTMENT REASON CODE	S	P	N	3	2593	2595	'000' - Reason for adjustment
205	ADJUSTMENT TYPE	S	P	A/N	1	2596	2596	Blank - Not Specified

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
897	TRANSACTION ID CROSS REFERENCE	S	P	A/N	30	2597	2626	30(b)
Section Coordination of Benefits Category								
225	COB CARRIER SUBMIT AMOUNT	S	P	D	8	2627	2634	'00000000'
245	ELIGIBILITY COB INDICATOR	S	P	A/N	1	2635	2635	Blank - Not Specified 1 - Payer is primary 2 - Payer is secondary 3 - Payer is tertiary
226	COB PRIMARY CLAIM TYPE	S	P	A/N	1	2636	2636	R - Retail - Pharmaceutical claims dispensed out of a Retail pharmacy.
232	COB PRIMARY PAYER ID	S	C/P	A/N	10	2637	2646	ID assigned to primary payer.
	FILLER	S	P	A/N	8	2647	2654	8(b)
228	COB PRIMARY PAYER AMOUNT PAID	S	C/P	D	8	2655	2662	Amount paid by primary payer for product or service.
231	COB PRIMARY PAYER DEDUCTIBLE	S	C/P	D	8	2663	267	Deductible amount according to primary payer for product or service.
229	COB PRIMARY PAYER COINSURANCE	S	C/P	D	8	2671	2678	Coinsurance amount according to primary payer for product or service.
230	COB PRIMARY PAYER COPAY	S	C/P	D	8	2679	2686	Co-pay amount according to primary payer for product or service.
238	COB SECONDARY PAYER ID	S	C/P	A/N	10	2687	2696	ID assigned to secondary payer.
	FILLER	S	P	A/N	8	2697	2704	8(b)

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
234	COB SECONDARY PAYER AMOUNT PAID	S	C/P	D	8	2705	2712	Amount paid by secondary payer for product or service.
237	COB SECONDARY PAYER DEDUCTIBLE	S	C/P	D	8	2713	2720	Deductible amount according to secondary payer for product or service.
235	COB SECONDARY PAYER COINSURANCE	S	C/P	D	8	2721	2728	Coinsurance amount according to secondary payer for product or service.
236	COB SECONDARY PAYER COPAY	S	C/P	D	8	2729	2736	Co-pay amount according to secondary payer for product or service.
Section Reference Category								
896	TRANSACTION ID	S	C	A/N	30	2737	2766	Internally assigned unique claim ID by the payer.
503-F3	AUTHORIZATION NUMBER	S	C	A/N	20	2767	2786	Number assigned by the processor to identify an authorized transaction.
224	CLIENT SPECIFIC DATA	S	C	A/N	50	2787	2836	1st 10 bytes - Processor Control Number - Claims AR061 FHSC - AR Recovery File 2nd 10 bytes - DME61 FHSC or spaces - Claims and AR Recovery File
396	PROCESSOR SPECIFIC DATA	S	C	A/N	50	2837	2886	50(b)
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	S	P	A/N	1	2887	2887	'N'
Section Fields Added In Versions Category								

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
393-MV	BENEFIT STAGE QUALIFIER	S	C	A/N	2	2888	2889	01 - Deductible 02 - Initial Benefit 03 - Coverage Gap (donut hole) 04 - Catastrophic Coverage
394-MW	BENEFIT STAGE AMOUNT	S	C	D	8	2890	2897	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).
393-MV	BENEFIT STAGE QUALIFIER	S	C	A/N	2	2898	2899	01 - Deductible 02 - Initial Benefit 03 - Coverage Gap (donut hole) 04 - Catastrophic Coverage
394-MW	BENEFIT STAGE AMOUNT	S	C	D	8	2900	2907	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).
393-MV	BENEFIT STAGE QUALIFIER	S	C	A/N	2	2908	2909	01 - Deductible 02 - Initial Benefit 03 - Coverage Gap (donut hole) 04 - Catastrophic Coverage
394-MW	BENEFIT STAGE AMOUNT	S	C	D	8	2910	2917	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).
393-MV	BENEFIT STAGE QUALIFIER	S	C	A/N	2	2918	2919	01 - Deductible 02 - Initial Benefit 03 - Coverage Gap (donut hole) 04 - Catastrophic Coverage

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
394-MW	BENEFIT STAGE AMOUNT	S	C	D	8	2920	2927	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).
690-ZG	INVOICED DATE	S	P	N	8	2928	2935	Financial Cycle Date
691-ZH	OUT OF POCKET REMAINING AMOUNT	S	P	D	8	2936	2943	'00000000'
302-C2	CARDHOLDER ID (ALTERNATE)	S	P	A/N	20	2944	2963	20(b)
692-ZJ	NUMBER OF GENERIC MANUFACTURERS	S	P	N	3	2964	2966	'000'
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	2967	2968	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	2969	2987	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	2988	2989	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	2990	3008	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	3009	3010	See June 2010 External Code List Appendix B

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
476-H6	DUR CO-AGENT ID	S	C	A/N	19	3011	3029	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	3030	3031	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	3032	3050	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	3051	3052	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	3053	3071	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	3072	3073	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	3074	3092	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	3093	3094	See June 2010 External Code List Appendix B

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
476-H6	DUR CO-AGENT ID	S	C	A/N	19	3095	3113	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	3114	3115	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	3116	3134	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3135	3136	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3137	3146	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3147	3148	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3149	3158	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3159	3160	Blank - Not Specified Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer. Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer. Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer. Ø5 - Amount of Copay (518-FI) as reported by previous payer. Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer. Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer. Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3161	3170	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3171	3172	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3173	3182	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3183	3184	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3185	3194	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3195	3196	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3197	3206	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3207	3208	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3209	3218	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3219	3220	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3221	3230	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3231	3232	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3233	3242	The patient's cost share from a previous payer.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	C	A/N	2	3243	3244	<p>Blank - Not Specified</p> <p>Ø1 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer</p> <p>Ø2 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>Ø3 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>Ø4 - Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer.</p> <p>Ø5 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>Ø8 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer</p> <p>Ø9 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
								<p>10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.</p> <p>13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	C	D	10	3245	3254	The patient's cost share from a previous payer.
A37	SPECIALTY CLAIM INDICATOR	S	P	A/N	1	3255	3255	Blank
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	P	A/N	3	3256	3258	'bbb'
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	P	A/N	3	3259	3261	'bbb'
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	P	A/N	3	3262	3264	'bbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	P	A/N	3	3265	3267	'bbb'
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	P	A/N	3	3268	3270	'bbb'
A39	COPAY WAIVER AMOUNT	S	P	D	8	3271	3278	'00000000'
A33-ZX	CMS PART D CONTRACT ID	S	P	A/N	5	3279	3283	'bbbb'
A34-ZY	MEDICARE PARTS D PLAN BENEFIT PACKAGE (PBP)	S	P	N	3	3284	3286	'bbb'
	FILLER	M	P	A/N	414	3287	3700	414(b)

4.3 Post Adjudication Compound Detail 1

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-04	RECORD TYPE	M	P	A/N	2	1	2	CD - Post Adjudication History Compound Detail Record 1
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		C	A/N	1	3	3	1 - Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		C	N	12	4	15	Rx Number - Reference number assigned by the provider for the dispensed drug/product and/or service provided.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	C	N	2	16	17	Count of compound product IDs (both active and inactive) in the compound mixture submitted.
Section First Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	18	19	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	20	38	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	39	48	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	49	56	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	57	58	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	59	59	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	60	89	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	90	119	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	120	129	The strength of the product.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
243	DOSAGE FORM CODE	S	P	A/N	4	130	133	Dosage form code for product identified.
532-FW	DATABASE INDICATOR	S	P	A/N	1	134	134	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	135	135	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	136	136	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	137	137	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	138	138	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
25Ø	FDA DRUG EFFICACY CODE	S	P	A/N	1	139	139	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	14Ø	14Ø	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	141	157	Code identifying the product being reported.
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	158	158	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	159	175	Code identifying the product being reported.
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	176	176	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	177	193	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	194	194	Blank - Not Specified 1 - Yes 2 - No
6Ø1-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	195	195	See June 2010 External Code List Appendix O
6Ø1-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	196	212	Code assigned to product being reported.
6Ø1-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	213	213	See June 2010 External Code List Appendix O
6Ø1-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	214	23Ø	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	231	231	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	232	248	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	249	249	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	250	266	Code assigned to product being reported.
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	267	267	Ø - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	268	269	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	270	271	'00'
272	MAC REDUCED INDICATOR	S	P	A/N	1	272	272	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	273	274	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	275	276	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	277	295	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
26Ø	GENERIC INDICATOR	S	P	A/N	1	296	296	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	297	297	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	298	3Ø5	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	306	314	'000000000'
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	315	323	'000000000'
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	324	332	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	333	341	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	342	350	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	351	352	<p>Ø - Not Specified</p> <p>1 - Ingredient Cost Paid as Submitted</p> <p>2 - Ingredient Cost Reduced to AWP Pricing</p> <p>3 - Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 - Usual & Customary Paid as Submitted</p> <p>5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>6 - MAC Pricing Ingredient Cost Paid</p> <p>7 - MAC Pricing Ingredient Cost Reduced to</p> <p>8 - Contract Pricing</p> <p>9 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 34ØB/Disproportionate Share/Public Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer</p> <p>15 - Patient Pay Amount.</p> <p>16 - Coupon Payment</p> <p>17 - Special Patient</p> <p>18 - Direct Price (DP)</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	353	360	'00000000'
Section Second Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	18	19	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	20	38	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	39	48	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	49	56	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	57	58	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	59	59	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	60	89	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	90	119	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	120	129	The strength of the product.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
243	DOSAGE FORM CODE	S	P	A/N	4	130	133	Dosage form code for product identified.
532-FW	DATABASE INDICATOR	S	P	A/N	1	134	134	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	135	135	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	136	136	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	137	137	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	138	138	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
25Ø	FDA DRUG EFFICACY CODE	S	P	A/N	1	139	139	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	14Ø	14Ø	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	141	157	Code identifying the product being reported.
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	158	158	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	159	175	Code identifying the product being reported.
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	176	176	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	177	193	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	194	194	Blank - Not Specified 1 - Yes 2 - No
6Ø1-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	195	195	See June 2010 External Code List Appendix O
6Ø1-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	196	212	Code assigned to product being reported.
6Ø1-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	213	213	See June 2010 External Code List Appendix O
6Ø1-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	214	23Ø	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	231	231	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	232	248	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	249	249	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	250	266	Code assigned to product being reported.
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	267	267	0 - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	268	269	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	270	271	'00' - Not Specified
272	MAC REDUCED INDICATOR	S	P	A/N	1	272	272	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	273	274	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	275	276	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	277	295	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
26Ø	GENERIC INDICATOR	S	P	A/N	1	296	296	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	297	297	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	298	3Ø5	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	306	314	'000000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	315	323	'000000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	324	332	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	333	341	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	342	350	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	351	352	Ø - Not Specified 1 - Ingredient Cost Paid as Submitted 2 - Ingredient Cost Reduced to AWP Pricing 3 - Ingredient Cost Reduced to AWP Less X% Pricing 4 - Usual & Customary Paid as Submitted 5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6 - MAC Pricing Ingredient Cost Paid 7 - MAC Pricing Ingredient Cost Reduced to 8 - Contract Pricing 9 - Acquisition Pricing 10 - ASP (Average Sales Price) 11 - AMP (Average Manufacturer Price) 12 - 34ØB/Disproportionate Share/Public Health Service Pricing 13 - WAC (Wholesale Acquisition Cost) 14 - Other Payer 15 - Patient Pay Amount. 16 - Coupon Payment 17 - Special Patient 18 - Direct Price (DP)

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	353	360	'00000000'
Section Third Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	704	705	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	706	724	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	725	734	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	735	742	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	743	744	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	745	745	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	746	775	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	776	805	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	806	815	The strength of the product.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
243	DOSAGE FORM CODE	S	P	A/N	4	816	819	Dosage form code for product identified.
532-FW	DATABASE INDICATOR	S	P	A/N	1	820	820	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	821	821	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	822	822	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	823	823	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	824	824	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
250	FDA DRUG EFFICACY CODE	S	P	A/N	1	825	825	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	826	826	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	827	843	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	844	844	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	845	861	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	862	862	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	863	879	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	880	880	Blank - Not Specified 1 - Yes 2 - No
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	881	881	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	882	898	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	899	899	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	900	916	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	917	917	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	918	934	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	935	935	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	936	952	Code assigned to product being reported.
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	953	953	Ø - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	954	955	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	956	957	'00' - Not Specified
272	MAC REDUCED INDICATOR	S	P	A/N	1	958	958	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	959	960	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	961	962	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	963	981	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
260	GENERIC INDICATOR	S	P	A/N	1	982	982	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	983	983	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	984	991	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	992	1000	'000000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	1001	1009	'000000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	1010	1018	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	1019	1027	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	1028	1036	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	1037	1038	<p>Ø - Not Specified</p> <p>1 - Ingredient Cost Paid as Submitted</p> <p>2 - Ingredient Cost Reduced to AWP Pricing</p> <p>3 - Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 - Usual & Customary Paid as Submitted</p> <p>5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>6 - MAC Pricing Ingredient Cost Paid</p> <p>7 - MAC Pricing Ingredient Cost Reduced to</p> <p>8 - Contract Pricing</p> <p>9 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 34ØB/Disproportionate Share/Public Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer</p> <p>15 - Patient Pay Amount.</p> <p>16 - Coupon Payment</p> <p>17 - Special Patient</p> <p>18 - Direct Price (DP)</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	1039	1046	'00000000'
Section Fourth Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	1047	1048	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	1049	1067	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	1068	1077	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	1078	1085	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	1086	1087	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	1088	1088	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	1089	1118	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	1119	1148	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	1149	1158	The strength of the product.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
243	DOSAGE FORM CODE	S	P	A/N	4	1159	1162	Dosage form code for product identified.
532-FW	DATABASE INDICATOR	S	P	A/N	1	1163	1163	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	1164	1164	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	1165	1165	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	1166	1166	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	1167	1167	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
250	FDA DRUG EFFICACY CODE	S	P	A/N	1	1168	1168	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1169	1169	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	1170	1186	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1187	1187	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	1188	1204	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1205	1205	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	1206	1222	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	1223	1223	Blank - Not Specified 1 - Yes 2 - No
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1224	1224	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1225	1241	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1242	1242	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1243	1259	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1260	1260	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1261	1277	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1278	1278	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1279	1295	Code assigned to product being reported.
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	1296	1296	0 - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	1297	1298	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	1299	1300	'00' - Not Specified
272	MAC REDUCED INDICATOR	S	P	A/N	1	1301	1301	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	1302	1303	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT ID QUALIFIER	S	C	A/N	2	1304	1305	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT ID	S	C	A/N	19	1306	1324	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
26Ø	GENERIC INDICATOR	S	P	A/N	1	1325	1325	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	1326	1326	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	1327	1334	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	1335	1343	'000000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	1344	1352	'000000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	1353	1361	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	1362	1370	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	1371	1379	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	1380	1381	<p>0 - Not Specified</p> <p>1 - Ingredient Cost Paid as Submitted</p> <p>2 - Ingredient Cost Reduced to AWP Pricing</p> <p>3 - Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 - Usual & Customary Paid as Submitted</p> <p>5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>6 - MAC Pricing Ingredient Cost Paid</p> <p>7 - MAC Pricing Ingredient Cost Reduced to</p> <p>8 - Contract Pricing</p> <p>9 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 340B/Disproportionate Share/Public Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer</p> <p>15 - Patient Pay Amount.</p> <p>16 - Coupon Payment</p> <p>17 - Special Patient</p> <p>18 - Direct Price (DP)</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	1382	1389	'00000000'
	Section Fifth Ingredient	S			343	1390	1732	
	Section Sixth Ingredient	S			343	1733	2075	
	Section Seventh Ingredient	S			343	2076	2418	
	Section Eight Ingredient	S			343	2419	2761	
	Filler				939	2762	3700	939 Spaces

4.4 Compound Detail 2

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-04	RECORD TYPE	M	P	A/N	2	1	2	CD - Post Adjudication History Compound Detail Record1
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	C	A/N	1	3	3	1 - Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	C	N	12	4	15	Reference number assigned by the provider for the dispensed drug/product and/or service provided.
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	C	N	2	16	17	Count of compound product IDs (both active and inactive) in the compound mixture submitted.
Section Ninth Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	18	19	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	20	38	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	39	48	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	49	56	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	57	58	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	59	59	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	60	89	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	90	119	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	120	129	The strength of the product.
243	DOSAGE FORM CODE	S	P	A/N	4	130	133	Dosage form code for product identified.
532-FW	DATABASE INDICATOR	S	P	A/N	1	134	134	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	135	135	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	136	136	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	137	137	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	138	138	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances
25Ø	FDA DRUG EFFICACY CODE	S	P	A/N	1	139	139	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	14Ø	14Ø	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	141	157	Code identifying the product being reported.
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	158	158	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	159	175	Code identifying the product being reported.
6Ø1-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	176	176	See June 2010 External Code List Appendix O
6Ø1-18	PRODUCT CODE	S	P	A/N	17	177	193	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	194	194	Blank - Not Specified 1 - Yes 2 - No

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	195	195	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	196	212	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	213	213	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	214	230	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	231	231	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	232	248	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	249	249	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	250	266	Code assigned to product being reported.
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	267	267	0 - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	268	269	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	270	271	'00' - Not Specified

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
272	MAC REDUCED INDICATOR	S	P	A/N	1	272	272	Y - Reduced to MAC pricing N - Not reduced to MAC pricing
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	273	274	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT IDS QUALIFIER	S	C	A/N	2	275	276	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT IDS	S	C	A/N	19	277	295	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
26Ø	GENERIC INDICATOR	S	P	A/N	1	296	296	Distinguishes if product priced as Generic or Branded product: As defined by processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	297	297	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	298	305	'bbbbbbbb'
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	306	314	'00000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	315	323	'00000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	324	332	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	333	341	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	342	350	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	351	352	<p>Ø - Not Specified</p> <p>1 - Ingredient Cost Paid as Submitted</p> <p>2 - Ingredient Cost Reduced to AWP Pricing</p> <p>3 - Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 - Usual & Customary Paid as Submitted</p> <p>5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>6 - MAC Pricing Ingredient Cost Paid</p> <p>7 - MAC Pricing Ingredient Cost Reduced to</p> <p>8 - Contract Pricing</p> <p>9 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 34ØB/Disproportionate Share/Public Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer</p> <p>15 - Patient Pay Amount.</p> <p>16 - Coupon Payment</p> <p>17 - Special Patient</p> <p>18 - Direct Price (DP)</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	353	360	'00000000'
Section Tenth Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	18	19	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	20	38	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	39	48	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	49	56	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	57	58	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	59	59	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	60	89	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	90	119	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	120	129	The strength of the product.
243	DOSAGE FORM CODE	S	P	A/N	4	130	133	Dosage form code for product identified.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
532-FW	DATABASE INDICATOR	S	P	A/N	1	134	134	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	135	135	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	136	136	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	137	137	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	138	138	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances
25Ø	FDA DRUG EFFICACY CODE	S	P	A/N	1	139	139	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	140	140	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	141	157	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	158	158	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	159	175	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	176	176	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	177	193	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	194	194	Blank - Not Specified 1 - Yes 2 - No
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	195	195	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	196	212	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	213	213	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	214	230	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	231	231	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	232	248	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	249	249	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	250	266	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	267	267	Ø - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	268	269	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	270	271	'00' - Not Specified
272	MAC REDUCED INDICATOR	S	P	A/N	1	272	272	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	273	274	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT IDS QUALIFIER	S	C	A/N	2	275	276	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT IDS	S	C	A/N	19	277	295	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
26Ø	GENERIC INDICATOR	S	P	A/N	1	296	296	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	297	297	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	298	3Ø5	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	306	314	'000000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	315	323	'000000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	324	332	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	333	341	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	342	350	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	351	352	<p>Ø - Not Specified</p> <p>1 - Ingredient Cost Paid as Submitted</p> <p>2 - Ingredient Cost Reduced to AWP Pricing</p> <p>3 - Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 - Usual & Customary Paid as Submitted</p> <p>5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>6 - MAC Pricing Ingredient Cost Paid</p> <p>7 - MAC Pricing Ingredient Cost Reduced to</p> <p>8 - Contract Pricing</p> <p>9 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 34ØB/Disproportionate Share/Public Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer</p> <p>15 - Patient Pay Amount.</p> <p>16 - Coupon Payment</p> <p>17 - Special Patient</p> <p>18 - Direct Price (DP)</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	353	360	'00000000'
Section Eleventh Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	704	705	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	706	724	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	725	734	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	735	742	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	743	744	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	745	745	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	746	775	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	776	805	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	806	815	The strength of the product.
243	DOSAGE FORM CODE	S	P	A/N	4	816	819	Dosage form code for product identified.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
532-FW	DATABASE INDICATOR	S	P	A/N	1	820	820	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	821	821	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	822	822	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	823	823	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	824	824	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances
250	FDA DRUG EFFICACY CODE	S	P	A/N	1	825	825	Blank - Not Specified 0 - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	826	826	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	827	843	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	844	844	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	845	861	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	862	862	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	863	879	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	880	880	Blank - Not Specified 1 - Yes 2 - No
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	881	881	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	882	898	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	899	899	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	900	916	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	917	917	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	918	934	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	935	935	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	936	952	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	953	953	Ø - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	954	955	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	956	957	'00' - Not Specified
272	MAC REDUCED INDICATOR	S	P	A/N	1	958	958	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	959	960	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT IDS QUALIFIER	S	C	A/N	2	961	962	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT IDS	S	C	A/N	19	963	981	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
260	GENERIC INDICATOR	S	P	A/N	1	982	982	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	983	983	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	984	991	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	992	1000	'000000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	1001	1009	'000000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	1010	1018	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	1019	1027	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	1028	1036	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	1037	1038	<p>Ø - Not Specified</p> <p>1 - Ingredient Cost Paid as Submitted</p> <p>2 - Ingredient Cost Reduced to AWP Pricing</p> <p>3 - Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 - Usual & Customary Paid as Submitted</p> <p>5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>6 - MAC Pricing Ingredient Cost Paid</p> <p>7 - MAC Pricing Ingredient Cost Reduced to</p> <p>8 - Contract Pricing</p> <p>9 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 34ØB/Disproportionate Share/Public Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer</p> <p>15 - Patient Pay Amount.</p> <p>16 - Coupon Payment</p> <p>17 - Special Patient</p> <p>18 - Direct Price (DP)</p>

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	1039	1046	'00000000'
Section Twelfth Ingredient								
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	C	A/N	2	1047	1048	See June 2010 External Code List Appendix B
489-TE	COMPOUND PRODUCT ID	M	C	A/N	19	1049	1067	Product identification of an ingredient used in a compound.
448-ED	COMPOUND INGREDIENT QUANTITY	S	C	D	10	1068	1077	Amount expressed in metric decimal units of the product included in the compound mixture.
449-EE	COMPOUND INGREDIENT DRUG COST	S	C	D	8	1078	1085	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	C	A/N	2	1086	1087	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.
221	CLIENT FORMULARY FLAG	S	P	A/N	1	1088	1088	'b'
397	PRODUCT/SERVICE NAME	S	P	A/N	30	1089	1118	Product or Service Description or Product Label Name.
261	GENERIC NAME	S	P	A/N	30	1119	1148	Generic name of the product identified in Product/Service Name.
601-24	PRODUCT STRENGTH	S	P	A/N	10	1149	1158	The strength of the product.
243	DOSAGE FORM CODE	S	P	A/N	4	1159	1162	Dosage form code for product identified.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
532-FW	DATABASE INDICATOR	S	P	A/N	1	1163	1163	1 - First DataBank
425-PD	DRUG TYPE	S	P	N	1	1164	1164	1 - Single Source 2 - Authorized Generic (aka "Branded Generic" 3 - Generic 4 - Over the Counter 5 - Multi-source Brand
257	FORMULARY STATUS	S	P	A/N	1	1165	1165	Blank - Not Specified
244	DRUG CATEGORY CODE	S	P	A/N	1	1166	1166	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.
252	FEDERAL DEA SCHEDULE	S	P	A/N	1	1167	1167	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances
25Ø	FDA DRUG EFFICACY CODE	S	P	A/N	1	1168	1168	Blank - Not Specified Ø - Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer 1 - Drug Efficacy Study Implementation (DESI) Drug

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1169	1169	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	1170	1186	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1187	1187	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	1188	1204	Code identifying the product being reported.
601-19	PRODUCT CODE QUALIFIER	S	P	A/N	1	1205	1205	See June 2010 External Code List Appendix O
601-18	PRODUCT CODE	S	P	A/N	17	1206	1222	Code identifying the product being reported.
251	FEDERAL UPPER LIMIT INDICATOR	S	P	A/N	1	1223	1223	Blank - Not Specified 1 - Yes 2 - No
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1224	1224	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1225	1241	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1242	1242	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1243	1259	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1260	1260	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1261	1277	Code assigned to product being reported.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	P	A/N	1	1278	1278	See June 2010 External Code List Appendix O
601-25	THERAPEUTIC CLASS CODE	S	P	A/N	17	1279	1295	Code assigned to product being reported.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
429-DT	SPECIAL PACKAGING INDICATOR	S	C	N	1	1296	1296	Ø - Not Specified 1 - Not Unit Dose 2 - Manufacturer Unit Dose 3 - Pharmacy Unit Dose 4 - Custom Packaging 5 - Multi-drug compliance packaging
600-28	UNIT OF MEASURE	S	C	A/N	2	1297	1298	EA - Each GM - Grams ML - Milliliters
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	P	N	2	1299	1300	'00' - Not Specified
272	MAC REDUCED INDICATOR	S	P	A/N	1	1301	1301	Y - Reduced to MAC pricing N - Not reduced to MAC pricing

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
223	CLIENT PRICING BASIS OF COST	S	P	A/N	2	1302	1303	Blank - Not Specified Ø1 - Average Wholesale Price Ø2 - Acquisition Cost (ACQ) Ø3 - Manufacturer Direct Price Ø4 - Federal Upper Limit (FUL) Ø5 - Average Generic Price Ø6 - Usual & Customary Ø7 - Submitted Ingredient Cost Ø8 - State MAC Ø9 - Unit 1Ø - Usual & Customary or Copay
475-J9	DUR CO-AGENT IDS QUALIFIER	S	C	A/N	2	1304	1305	See June 2010 External Code List Appendix B
476-H6	DUR CO-AGENT IDS	S	C	A/N	19	1306	1324	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).
26Ø	GENERIC INDICATOR	S	P	A/N	1	1325	1325	Distinguishes if product priced as Generic or Branded product: As defined by processor.
292	PLAN CUTBACK REASON CODE	S	P	A/N	1	1326	1326	Blank - Not Specified
889	THERAPEUTIC CHAPTER	S	P	A/N	8	1327	1334	'bbbbbbbb'

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	P	D	9	1335	1343	'000000000' - Average Cost Per Quantity as defined by processor.
210	AVERAGE GENERIC UNIT PRICE	S	P	D	9	1344	1352	'000000000' - Average Generic Price per unit as defined by processor.
211	AVERAGE WHOLESALE UNIT PRICE	S	P	D	9	1353	1361	Average Wholesale Price per unit for the drug as defined by processor.
253	FEDERAL UPPER LIMIT UNIT PRICE	S	P	D	9	1362	1370	Federal Upper Limit Unit Price as defined by processor.
271	MAC PRICE	S	P	D	9	1371	1379	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	C	N	2	1380	1381	0 - Not Specified 1 - Ingredient Cost Paid as Submitted 2 - Ingredient Cost Reduced to AWP Pricing 3 - Ingredient Cost Reduced to AWP Less X% Pricing 4 - Usual & Customary Paid as Submitted 5 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6 - MAC Pricing Ingredient Cost Paid 7 - MAC Pricing Ingredient Cost Reduced to 8 - Contract Pricing 9 - Acquisition Pricing 10 - ASP (Average Sales Price) 11 - AMP (Average Manufacturer Price) 12 - 13 - WAC (Wholesale Acquisition Cost) 14 - Other Payer 15 - Patient Pay Amount. 16 - Coupon Payment 17 - Special Patient 18 - Direct Price (DP)

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
285	PATIENT FORMULARY REBATE AMOUNT	S	P	D	8	1382	1389	'00000000'
	Section Thirteenth Ingredient	S			343	1390	1732	
	Section Fourteenth Ingredient	S			343	1733	2075	
	Section Fifteenth Ingredient	S			343	2076	2418	
	Filler	M		A/N	343	2419	3700	343 Spaces

4.5 Post Adjudication History Trailer Record

Field	Field Name	Mandatory or Situational	Source	Format	Size	Start	End	Values/Comments
601-04	RECORD TYPE	M	P	A/N	2	1	2	'PT' - Post Adjudication History Trailer Record
601-09	TOTAL RECORD COUNT	M	P	N	10	3	12	Total number of records being submitted, including header and trailer.
895	TOTAL NET AMOUNT DUE	M	P	D	12	13	24	Summarization of Net Amount Due (281).
693	TOTAL GROSS AMOUNT DUE	S	P	D	12	25	36	Total sum of the gross amount due fields on the claim level.
694	TOTAL PATIENT PAY AMOUNT	M	P	D	12	37	48	Total sum of the patient pay amount fields on the claim level
	FILLER	M	P	A/N	3652	49	3700	3652 Spaces