DATA DICTIONARY

II.   DATA ELEMENTS

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
9ØØ-BN	Absolute Row Number	The absolute row or line number in the file that contains the error.	9(1Ø)	F	6		
6Ø1-86	Accepted Quantity	Total quantity accepted for payment.	9(11)v999 b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign
512-FC	Accumulated Deductible Amount	Amount in dollars met by the patient/family in a deductible plan.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: The deductible amount on the patient's plan is $1ØØ.ØØ. The patient purchases two prescriptions, one for $15.ØØ and another for $35.ØØ. The accumulated deductible at that point would be $5Ø.ØØ. This field would reflect: 5ØØ{. RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
711	Action Code	Processing action requested.	x(1)	M	1	A=Add R=Reinstate S=Suspend T=Terminate U=Update Add – Member is being added as new member to the group and/or processor control number. If the member was previously in a different group and changes to a new one, this would be an add with a new effective date. Reinstate – The member, within the group, was previously terminated. This transaction makes the member eligible again. Suspend – Suspend eligibility of Group or Member until Reinstate is received. Terminate – The last day of coverage for the member, within the group. If the member is changing groups, the records are provided: (1) Terminate in previous group (2) Add in new group with or without lapse in coverage Update – Acts as Change if the record exists and an Add if it does not.	
369-2Q	Additional Documentation Type ID	Unique identifier for the data being submitted.	x(3)	T	3	See ECL	REQUEST ADDITIONAL DOCUMENTATION SEGMENT
526-FQ	Additional Message Information	Free text message.	x(1)-x(4Ø) -------------- x(1ØØ)	T -------------- F	4Ø ------------- 1ØØ		RESPONSE STATUS SEGMENT.
131-UG	Additional Message Information Continuity	Indicates continuity of the text found in the current repetition of 'Additional Message Information' (526-FQ) with the text found in the next repetition that follows.	X(1)	T	1	See ECL	RESPONSE STATUS SEGMENT.
13Ø-UF	Additional Message Information Count	Count of the 'Additional Message Information' (526-FQ) occurrences that follow.	9(2)	T	2		RESPONSE STATUS SEGMENT

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
132-UH	Additional Message Information Qualifier	Format qualifier of the 'Additional Message Information' (526-FQ) that follows. Each value may occur only once per transaction and values must be ordered sequentially (numeric characters precede alpha characters, i.e., Ø-9, A-Z).	X(2)	T	2	See ECL	Comments: Qualifies 'Additional Message Information' (526-FQ). RESPONSE STATUS SEGMENT.
726	Address Line 1	First line of address information.	x(3Ø) - -------------- x(55)	M, R - -------------- A	3Ø ------------- 55		Comments: First line of street address. May be only line of address.
727	Address Line 2	Second line of address information.	x(3Ø) - -------------- x(55)	M, R - -------------- A	3Ø ------------- 55		Comments: Second line of street address. Used only if first line will not accommodate a complete address.
578	Adjudication Date	Date the claim or adjustment is processed.	9(8)	A,R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
2Ø3	Adjudication Time	Time the claim or adjustment is processed.	9(6)	A,R	6		Format=HHMMSS
6ØØ-57	Adjudicator ID Code	Code identifying the adjudicator.	x(17)	R	17		
6ØØ-58	Adjudicator ID Qualifier	Identifies the type of code being submitted in the 'Adjudicator ID Code' (6ØØ-57) field.	x(1)	R	1	See ECL	
6ØØ-59	Adjudicator Name	The name of the adjudicator.	x(3Ø)	R	3Ø		
6Ø1-71	Adjusted Quantity	A correction between the 'Total Quantity' (6Ø1-39) submitted and the 'Accepted Quantity' (6Ø1-86).	9(11)v999 bor 9(11)v999-	R	15		Format=99999999999v999b or 99999999999v999- Note: b = Space - = Negative sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-7Ø	Adjusted Rebate Per Unit	The dollar difference between the 'Rebate Per Unit Amount' (6Ø1-52) and the 'Paid Per Unit Amount' (6Ø1-95).	9(5)v999999b or 9(5)999999-	R	12		Format=99999v999999b or 99999v999999- Note: *b* = Space - = Negative sign
6Ø1-72	Adjusted Variance Difference	The 'Total Quantity' (6Ø1-39) times the 'Adjusted Rebate Per Unit' (6Ø1-7Ø) amount.	9(9)v99b or 9(9)v99-	R	12		Format=999999999v99b or 999999999v99- Note: *b* = Space - = Negative sign
2Ø4	Adjustment Reason Code	Reason for adjustment	x(3)	A	3		Comments: Codes defined by processor.
8Ø1-5A	Adjustment/Reject Code-1	This code indicates the reason for adjustment or reject.	x(2)	P	2	See Appendix F, G, H - Reject Code Listing	
8Ø2-1A	Adjustment/Reject Code-2	This code indicates the reason for adjustment or reject.	x(2)	P	2	See Appendix F, G, H - Reject Code Listing	
8Ø3-1B	Adjustment/Reject Code-3	This code indicates the reason for adjustment or reject.	x(2)	P	2	See Appendix F, G, H - Reject Code Listing	
2Ø5	Adjustment Type	Type of adjustment.	x(1)	A	1	See ECL	
2Ø6	Administrative Fee Amount	Administrative fee charge per claim.	s9(2)v99	A	4		Format=s$$cc
2Ø7	Administrative Fee Effect Indicator	Indicates how the transaction should be counted for administrative fee determination.	x(1)	A	1	See ECL	
2Ø8	Age	Calculated from Date of Birth (3Ø4-C4).	9(3)	A	3		Format=YYY Y=Year
753	Alternate Benefit ID	Alternate benefit ID assigned by the client identifying specific plan benefit design.	x(15)	M	15		
754	Alternate Enrollment Verification Code	Code identifying any alternative enrollment system that must be accessed to verify eligibility.	x(2)	M	2	Blank=Not Specified Ø1=Deers 99=Processor specific	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
755	Alternate Financial Verification Code	Code identifying any alternative financial system that must be accessed to verify payment.	x(2)	M	2	Blank=Not Specified 99=Processor specific	
756	Alternate Group Number	Alternate group number assigned to the cardholder by the client.	x(15)	M	15		Comments: Client defined value to communicate the originator's internal grouping of the cardholder. Used in conjunction with Alternate ID Code.
33Ø-CW	Alternate ID	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(2Ø)	T	2Ø		REQUEST CLAIM SEGMENT.
723	Alternate ID Code	Indicates type of alternate ID.	x(1)	M	1	Blank=Not Specified S=Survivor X=Cross Reference	Comments: Identifies surviving spouse/dependent, or cross-references Cardholder ID Number.
724	Alternate ID Number	Alternate ID number assigned to the cardholder or family member.	x(2Ø)	M	2Ø		Comments: Alternate ID number identifying member.
725	Alternate Person Code	Alternate person code assigned to family members.	x(3)	M	3		
9Ø1-BP	Alternatives ID	ID for the alternative list	x(1Ø)	F	1Ø		
872-3Z	Amount Adjusted	The new amount that has been attributed to a claim after an adjustment has been processed.	s9(6)v99	P	8		Format=s$$$$$$cc
517-FH	Amount Applied To Periodic Deductible	Amount to be collected from a patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is applied to a periodic deductible.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: A patient has a $5Ø.ØØ deductible to meet. The patient's first prescription costs $95.ØØ. The amount applied to the periodic deductible would reflect $5Ø.ØØ. This field would reflect: 5ØØ{. A patient has a $1ØØ.ØØ deductible to meet. The patient has previously met $8Ø.ØØ of the deductible. The next prescription purchased costs $42.ØØ The amount applied to the periodic deductible would reflect $2Ø.ØØ. This field would reflect: 2ØØ{. RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
137-UP	Amount Attributed to Coverage Gap	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient being in the coverage gap (for example Medicare Part D Coverage Gap (donut hole)). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.
571-NZ	Amount Attributed to Processor Fee	Amount to be collected from the patient that is included in Patient Pay Amount (5Ø5-F5) that is due to the processing fee imposed by the processor.	s9(6)v99	T,A	8		Comments: FORMAT = s$$$$$$cc RESPONSE PRICING SEGMENT
519-FJ	Amount Attributed To Product Selection	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of drug product.	s9(6)v99	A	8		Format=s$$$$$$cc
134-UK	Amount Attributed to Product Selection / Brand Drug	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of a Brand product.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.
136-UN	Amount Attributed to Product Selection / Brand Non-Preferred Formulary Selection	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of a Brand Non-Preferred Formulary product.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.
135-UM	Amount Attributed to Product Selection / Non-Preferred Formulary Selection	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of a Non-Preferred Formulary product.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.
133-UJ	Amount Attributed to Provider Network Selection	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's provider network selection.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
523-FN	Amount Attributed To Sales Tax	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to sales tax paid.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: The patient may be required to pay some portion of the sales tax on a prescription. If the patient pays 1.5% of the sales tax on a $5Ø.ØØ prescription, this field would reflect: 7E. RESPONSE PRICING SEGMENT.
8Ø4-5B	Amount Billed	The submitted amount billed for each prescription.	s9(6)v99	C, D, P	8		Format=s$$$$$$cc
52Ø-FK	Amount Exceeding Periodic Benefit Maximum	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient exceeding a periodic benefit maximum.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: The patient is allowed a specific benefit amount. When the maximum benefit amount is exceeded, the remainder of the prescription price is added to the amount the patient pays in field 5Ø5-F5. If the amount exceeded is $32.56, this field would reflect: 325F. RESPONSE PRICING SEGMENT.
572-4U	Amount of Coinsurance	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5∅5-F5) that is due to a per prescription coinsurance.	s9(6)v99	T,A	8		Format=s$$$$$$cc RESPONSE PRICING SEGMENT
518-FI	Amount Of Copay	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to a per prescription copay.	s9(6)v99	T,A	8		Format=s$$$$$$cc RESPONSE PRICING SEGMENT.
6Ø1-73	Amount Paid This Transaction	Dollar amount paid with this transaction.	9(9)v99b or 9(9)v99-	R	12		Format=999999999v99b or 999999999v99- Note: b= Space - = Negative sign
8Ø5-1C	Amount Rejected	Amount rejected by processor for the prescription.	s9(6)v99	P	8		Format=s$$$$$$cc
548-6F	Approved Message Code	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	T	3	See ECL	RESPONSE STATUS SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
547-5F	Approved Message Code Count	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	T	1		RESPONSE STATUS SEGMENT.
457-EP	Associated Prescription/ Service Date	Date of the 'Associated Prescription/Service Reference Number' (456-EN).	9(8)	T,A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day REQUEST CLAIM SEGMENT.
456-EN	Associated Prescription/ Service Reference Number	Related 'Prescription/Service Reference Number' (4Ø2-D2) to which the service is associated.	9(12)	T,A	12		REQUEST CLAIM SEGMENT.
5Ø3-F3	Authorization Number	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	P, T,A	2Ø		REQUEST PRIOR AUTHORIZATION SEGMENT. RESPONSE STATUS SEGMENT.
498-PH	Authorized Representative City Address	Free-form text for city name.	x(2Ø)	T	2Ø		REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PE	Authorized Representative First Name	First name of the patient's authorized representative.	x(12)	T	12		REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PF	Authorized Representative Last Name	Last name of the patient's authorized representative.	x(15)	T	15		REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PJ	Authorized Representative State/Province Address	Standard State/Province code as defined by appropriate government agency.	x(2)	T	2	See ECL	REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PG	Authorized Representative Street Address	Free-form text for address information.	x(3Ø)	T	3Ø		REQUEST PRIOR AUTHORIZATION SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PK	Authorized Representative Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	T	15		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the patient's authorized representative is located.

REQUEST PRIOR AUTHORIZATION SEGMENT. |
2Ø9	Average Cost Per Quantity Unit Price	Average Cost Per Quantity as defined by processor.	s9(4)v9(5)	A	9		Format=s$$$$ccccc
21Ø	Average Generic Unit Price	Average Generic Price per unit as defined by processor.	s9(4)v9(5)	A	9		Format=s$$$$ccccc
211	Average Wholesale Unit Price	Average Wholesale Price per unit for the drug as defined by processor.	s9(4)v9(5)	A	9		Format=s$$$$ccccc
88Ø-KC	Balance Forward	Indicates an amount from a previous payment cycle that will be applied in the current cycle's claim activity. This field will not be populated if the amount is not being applied in the current payment cycle	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc
88Ø-KK	Bank Account	Identifies the bank account used to deposit funds when ACH deposits are made instead of checks.	x(25)	P	25		Comments: Blank if single chain ACH is issued
88Ø-KH	Bank Routing ID	Identifies the bank routing ID when ACH deposits are used instead of checks.	x(9)	P	9		Comments: Blank if single chain ACH is issued
573-4V	Basis of Calculation - Coinsurance	Code indicating how the Coinsurance reimbursement amount was calculated for 'Patient Pay Amount' (5∅5-F5).	x(2)	T, A	2	See ECL	RESPONSE PRICING SEGMENT
347-HJ	Basis Of Calculation-Copay	Code indicating how the Copay reimbursement amount was calculated for 'Patient Pay Amount' (5Ø5-F5).	x(2)	T,A	2	See ECL	RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
346-HH	Basis Of Calculation-Dispensing Fee	Code indicating how the reimbursement amount was calculated for 'Dispensing Fee Paid' (5Ø7-F7).	x(2)	T,A	2	See ECL	RESPONSE PRICING SEGMENT.
348-HK	Basis Of Calculation-Flat Sales Tax	Code indicating how the reimbursement amount was calculated for 'Flat Sales Tax Amount Paid' (558-AW).	x(2)	T,A	2	See ECL	RESPONSE PRICING SEGMENT.
349-HM	Basis Of Calculation-Percentage Sales Tax	Code indicating how the reimbursement amount was calculated for 'Percentage Sales Tax Amount Paid' (559-AX).	x(2)	T,A	2	See ECL	RESPONSE PRICING SEGMENT.
423-DN	Basis Of Cost Determination	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	x(2)	C, T	2	See ECL	REQUEST PRICING SEGMENT.
432-DW	Basis Of Days Supply Determination	Code indicating the method by which the days supply was determined.	9(1)	C, D, P	1	Ø=Not Specified 1=Explicit directions 2=PRN directions (take as needed pharmacist estimate) 3=As directed by physician	
522-FM	Basis Of Reimbursement Determination	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (5Ø6-F6).	9(2)	P, T,A	2	See ECL	RESPONSE PRICING SEGMENT.
498-PD	Basis Of Request	Code describing the reason for prior authorization request.	x(2)	T	2	See ECL	Comments: Used by processor to determine appropriate modules and editing for the prior authorization transaction. REQUEST PRIOR AUTHORIZATION SEGMENT.
88Ø-KR	Batch Amount	The amount being applied to the pharmacy batch amount equals 'Dollars Paid' (873-4A) plus 'Dollars Adjusted' (821-1M) plus 'Non-Claim Transmission Fee Dollars' (88Ø-KP) plus 'Non-Claim Adjustment Dollars' (88Ø-KQ) plus 'Balance Forward' (88Ø-KC).	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
8Ø6-5C	Batch Number	This number is assigned by the processor/sender.	9(7)	B, C, D, P _____ A	7		For B, C, D, P: Format=CCYYDDD CC=Century YY=Year DDD=Julian date Examples: 2ØØ2252=September 9, 2ØØ2 For A: A number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day.
761	Benefit Effective Date	Effective date of the benefit submitted in 'Benefit ID' (757).	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
757-U6	Benefit ID	Assigned by processor to identify a set of parameters, benefits, or coverage criteria used to adjudicate a claim.	x(15)	M, A, T	15		Comments: Note: For Part D, used to identify the PBP (Plan Benefit Package) Number. RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.
758	Benefit Qualifier	Code qualifying the delivery system to which the benefit submitted in 'Benefit ID' (757) applies.	x(2)	M	2	Blank=Not Specified ØØ=All Ø1=Retail Ø2=Mail Service Ø3=Maintenance Ø4=Participating Network Ø5=Non-Participating Network Ø6=Start-Up Group Ø7=N/H – Long Term Care Ø8=Staff Model Pharmacy Ø9=Ex-Patraite 1Ø=Emergency Care 11=Member Direct Claim 12=Case Management 13=Internet 14=Prescriber/Office Distrib. 99=Processor Defined	
394-MW	Benefit Stage Amount	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).	s9(6)v99	T	8		Format=s$$$$$$cc REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
392-MU	Benefit Stage Count	Count of 'Benefit Stage Amount' (394-MW) occurrences.	9(1)	T	1		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT RESPONSE PRICING SEGMENT.
393-MV	Benefit Stage Qualifier	Code qualifying the 'Benefit Stage Amount' (394-MW).	x(2)	T,R	2	See ECL	<u>Comments:</u> Qualifies 'Benefit Stage Amount' (392-MW). REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT RESPONSE PRICING SEGMENT.
759	Benefit Termination Date	Date that benefit submitted in 'Benefit ID' (757) will terminate. (Coverage continues through midnight of date submitted).	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
212	Benefit Type	Indicates the type of acceptable claims for the group based on the Benefit setup.	x(1)	A	1	See ECL	
213	Billing Cycle End Date	Cycle end date.	9(8)	A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
117-TR	Billing Entity Type Indicator	A code that identifies the entity submitting the billing transaction.	9(2)	T	2	See ECL	REQUEST WORKERS' COMPENSATION SEGMENT.
76Ø	Billing Level Indicator	Code indicating whether billing is performed at the level of hierarchy indicated.	x(1)	M	1	N=No Y=Yes	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
1Ø1-A1	BIN Number	Card Issuer ID or Bank ID Number used for network routing.	9(6)	T	6		Comments: Each processor will need to have an IIN (formerly BIN) assigned by: *American National Standards Institute 25 West 43rd Street* *New York, NY 1ØØ36* *(212) 642-49ØØ* or a Processor Number assigned by: *National Council for Prescription Drug Programs* *924Ø E Raintree Dr* *Scottsdale, AZ 8526Ø-7518* *Phone: (48Ø) 477-1ØØØ* *Fax: (48Ø) 767-1Ø42* *Contact: NCPDP Provider Services* *http://www.ncpdp.org* REQUEST TRANSACTION HEADER SEGMENT.
6ØØ-6Ø	Branded Generic Co-Pay Confidential	Indicates whether or not the branded generic co-pay is confidential; does not imply that the branded or generic product co-pay amount fields are reported.	x(1)	R	1	See ECL	
6ØØ-61	Branded Product Co-Pay Amount	The amount of the co-pay for the branded product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note: *b* = Space - = Negative sign
6ØØ-62	Calculation Multiplier	Represents an actuarial multiplier that a PMO may use to determine the contracting organization (PMO) total lives covered.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note: *b* = Space - = Negative sign
762	Card Production Indicator	Code indicating whether card production is done at the level of hierarchy indicated.	x(1)	M	1	N=No Y=Yes	
741	Cardholder Coverage Indicator	Identifying if the cardholder is covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
214	Cardholder Date Of Birth	Date of Birth of Member.	9(8)	A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
312-CC	Cardholder First Name	Individual first name.	x(12)	C, D, T	12		Examples: JOHN REQUEST INSURANCE SEGMENT.
3Ø2-C2	Cardholder ID	Insurance ID assigned to the cardholder or identification number used by the plan.	x(2Ø)	C, D, M, T,A	2Ø		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.
313-CD	Cardholder Last Name	Individual last name.	x(15)	C, D, T	15		Examples: SMITH REQUEST INSURANCE SEGMENT.
8Ø7-1D	Carrier Address	Address of the carrier.	x(25)	P	25		
8Ø8-1E	Carrier Correction Notice Fields	On the payment tape format, this field represents items 45A-45E.	9(3Ø)	P	3Ø		
327-CR	Carrier ID	Carrier code assigned in Worker's Compensation Program.	x(1Ø)	M, T	1Ø		REQUEST WORKER'S COMPENSATION SEGMENT.
8Ø9-1F	Carrier Location City	This field identifies the name of the city in which the carrier is located.	x(18)	P	18		
81Ø-1G	Carrier Location State	State of the carrier.	x(2)	P	2	See ECL	
811-1H	Carrier Name	Name of the carrier.	x(25)	P	25		
215	Carrier Number	Account Number assigned during installation.	x(9)	A	9		
812-1I	Carrier Telephone Number	Telephone number of the carrier.	9(1Ø)	P	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
813-1J	Carrier Zip Code	Zip code of the carrier, expanded.	x(15)	P	15		
763	Case Manager	Identifies case manager assigned to a claim/reference ID in a Worker's Compensation Program.	x(3Ø)	M	3Ø		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-63	Change Date	Identifies the date the change is effective.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6ØØ-64	Change Identifier	Identifies type of change being made.	x(1)	R, F	1	See ECL	
88Ø-KS	Check Amount	Dollar amount of check/ACH.	9(1Ø)	P	1Ø		Comments: If check number = blank this field will be zero.
216	Check Date	Member Claims - Actual member check date Non member Claims - Pharmacy check date	9(8)	A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
88Ø-KG	Check Number	The number of the payment document (check/ACH) used to associate reconciliation information with a specific payment transaction.	x(15)	P	15		Comments: Blank if single chain check is issued
728	City	Free-form text for city name.	x(2Ø) x(3Ø)	M, R A	2Ø 3Ø		
814-5Ø	Claim Count	Total number of claims in the batch.	9(8)	C, D, P	8		Comments: This field is used for tape or diskette submission of claims.
217	Claim Date Received In The Mail	Date paper claim was received in the mail.	9(8)	A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
218	Claim Media Type	Claim submission type code.	x(1)	A	1	See ECL	
6Ø1-68	Claim Number	A unique identifier for a prescription and claim processor	x(2Ø)	R	2Ø		
435-DZ	Claim/Reference ID	Identifies the claim number assigned by Worker's Compensation Program.	x(3Ø)	M, T,A	3Ø		REQUEST WORKER'S COMPENSATION SEGMENT.

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
219	Claim Sequence Number	Indicates the sequence of this claim within the set of claims submitted.	9(5)	A	5		
88Ø-KF	Claim Transmission Fee	The total dollar amount being deducted from an individual claim as a submission fee.	s9(4)v99	P	6		Format=s$$$$cc Comments: If an amount is being deducted the value in this field will be negative.
9Ø2-BQ	Class ID	ID for the proprietary designated class that the product falls within	9(5)	F	5		
9Ø3-BR	Class ID--Step Drug	ID for the proprietary designated class that the product falls within that is recommended to be tried first	9(5)	F	5		
9Ø5-BT	Classification ID	ID for the classification list	x(1Ø)	F	1Ø		
9Ø4-BS	Class Name	The proprietary classification name for the Class ID	x(5Ø)	F	5Ø		
22Ø	Client Assigned Location Code	The location of the member within the Client's Company from Client eligibility when submitted by the client.	x(2Ø	A	2Ø		
221	Client Formulary Flag	Indicates that client has a formulary.	x(1)	A	1	See ECL	
6ØØ-Ø1	Client ID Code	Code identifying the client/location/unit of the contracting organization (PMO).	x(17)	M	17		

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-Ø2	Client ID Code Qualifier	Code designating the system/method of code structure used for the 'Client ID Code' (6ØØ-Ø1).	x(2)	M	2	ØØ=Not Specified Ø1=Blue Cross Ø2=Employer Ø3=Government, Municipal Ø4=HMO Ø5=Insurance Carrier Ø6=Medicare Ø7=Medicaid Ø8=Medicare HMO Ø9=PPO 1Ø=TPA 11=Union 12=Workers Compensation 13=CHAMPUS 14=FEP 99=Processor Specified	
222	Client Pass Through	Information from Client eligibility when submitted by the client.	x(2ØØ)	A	2ØØ		
223	Client Pricing Basis Of Cost	Code indicating the method by which ingredient cost submitted is calculated based on client pricing.	x(2)	A	2	See ECL	
224	Client Specific Data	Trading partners mutually agreed upon specific data defined by client.	x(5Ø)	A	5Ø		
422-DM	Clinic ID Number	ID assigned to patient's clinic/host plan.	9(5)	C, D, P	5		Comments: Used by Blue Cross/Blue Shield.
493-XE	Clinical Information Counter	Counter number of clinical information measurement set/logical grouping.	9(1)	T	1		Comments: Fields in the logical set/grouping may include: 'Measurement Date' (494-ZE) 'Measurement Time' (495-H1) 'Measurement Dimension' (496-H2) 'Measurement Unit' (497-H3) 'Measurement Value '(499-H4) REQUEST CLINICAL SEGMENT.
528-FS	Clinical Significance Code	Code identifying the significance or severity level of a clinical event as contained in the originating database.	x(1)	T	1	See ECL	RESPONSE DUR/PPS SEGMENT.

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
997-G2	CMS Part D Defined Qualified Facility	Indicates that the patient resides in a facility that qualifies for the CMS Part D benefit.	X(1)	T	1	See ECL	REQUEST INSURANCE SEGMENT.
138-UQ	CMS Low Income Cost Sharing (LICS) Level	Free form text that provides the low-income subsidy copay level for a Part D patient.	X(2Ø)	T	2Ø		Format: If yes or no is supported, the field contains Y or N. Format: If dollar ranges supported, the format is $nn/$nn/$nn where the literal "$" is used, then the dollar amount, then the literal "/" to separate ranges. If only one dollar amount is supported, the format is $nn. The dollar amount is variable, such as n, nn, nnn. Format: If percentage is supported, the format is nn%/nn%/nn% where the literal "%" is used, then the percentage amount, then the literal "/" to separate ranges. If only one percentage is supported, the format is nn%. The percentage amount is variable, such as n, nn, nnn. An individual percentage amount must not be larger than nnn (1ØØ). Examples: Y N y=yes n=no $Ø $2/$5 $1/$3 15% 1Ø%/25%/5Ø% RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.
225	COB Carrier Submit Amount	The amount submitted by the COB carrier.	s9(6)v99	A	8		Format=s$$$$$$cc
226	COB Primary Claim Type	For secondary coordination of benefits claims. Indicates the claim type of the primary claim.	x(1)	A	1	See ECL	
227	COB Primary Payer Allowed Amount	Allowed amount according to primary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
228	COB Primary Payer Amount Paid	Amount paid by primary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
229	COB Primary Payer Coinsurance	Coinsurance amount according to primary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
23Ø	COB Primary Payer Copay	Co-pay amount according to primary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
231	COB Primary Payer Deductible	Deductible amount according to primary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
232	COB Primary Payer ID	ID assigned to primary payer.	x(1Ø)	A	1Ø		
233	COB Secondary Payer Allowed Amount	Allowed amount according to secondary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
234	COB Secondary Payer Amount Paid	Amount paid by secondary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
235	COB Secondary Payer Coinsurance	Coinsurance amount according to secondary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
236	COB Secondary Payer Copay	Co-pay amount according to secondary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
237	COB Secondary Payer Deductible	Deductible amount according to secondary payer for product or service.	s9(6)v99	A	8		Format=s$$$$$$cc
238	COB Secondary Payer ID	ID assigned to secondary payer.	x(1Ø)	A	1Ø		
815-1K	Comments-1	Free format for instructions/ communications.	x(52)	P	52		Comments: Used in pharmacy batch control record.
816-1L	Comments-2	Free format for instructions/ communications.	x(298)	C	298		Comments: Used in tape batch control record.
239	Communication Type Indicator	For Mail Service Claims Only - Identifies the type of communication used by either prescriber or patient to initiate the request for the fill.	x(2)	A	2	See ECL	

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
4Ø6-D6	Compound Code	Code indicating whether or not the prescription is a compound.	9(1)	C, D, P, T,A,R	1	See ECL	REQUEST CLAIM SEGMENT.
451-EG	Compound Dispensing Unit Form Indicator	NCPDP standard product billing codes.	9(1)	T	1	See ECL	REQUEST COMPOUND SEGMENT.
45Ø-EF	Compound Dosage Form Description Code	Dosage form of the complete compound mixture.	x(2)	T	2	See ECL	REQUEST COMPOUND SEGMENT.
49Ø-UE	Compound Ingredient Basis of Cost Determination	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	x(2)	T,A	2	See ECL	REQUEST COMPOUND SEGMENT.
447-EC	Compound Ingredient Component Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	9(2)	T,A	2		REQUEST COMPOUND SEGMENT.
449-EE	Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	s9(6)v99	T,A	8		Format=s$$$$$$cc REQUEST COMPOUND SEGMENT.
363-2H	Compound Ingredient Modifier Code	Identifies special circumstances related to the dispensing/payment of the product as identified in the Compound Product ID (498-TE).	X(2)	T	2		Healthcare Common Procedure Coding System (HCPCS) available at www.cms.hhs.gov/medicare/hcpcs/ Or Centers for Medicare & Medicaid Services 75ØØ Security Blvd. Baltimore, MD 21244 REQUEST COMPOUND SEGMENT.
362-2G	Compound Ingredient Modifier Code Count	Code indicating the number of Compound Ingredient Modifier Code (363-2H)	9(2)	T	2		REQUEST COMPOUND SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
448-ED	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound mixture.	9(7)v999	T,A	1Ø		Format=9999999.999 REQUEST COMPOUND SEGMENT.
489-TE	Compound Product ID	Product identification of an ingredient used in a compound.	x(19)	T,A	19		Comments: Qualified by 'Compound Product ID Qualifier' (488-RE). REQUEST COMPOUND SEGMENT.
488-RE	Compound Product ID Qualifier	Code qualifying the type of product dispensed.	x(2)	T,A	2	See ECL	Comments: Qualifies 'Compound Product ID' (489-TE). REQUEST COMPOUND SEGMENT.
452-EH	Compound Route of Administration	Code for the route of administration of the complete compound mixture.	9(2)	A	2	See ECL	
996-G1	Compound Type	Clarifies the type of compound.	X(2)	T	2	See ECL	REQUEST CLAIM SEGMENT.
6ØØ-65	Contracting Organization (PMO) Contract Number	Contract number assigned by the contracting organization.	x(15)	R	15		
6ØØ-66	Contracting Organization (PMO) ID Code	ID code assigned by the contracting organization.	x(17)	R	17		
6ØØ-71	Contracting Organization (PMO) ID Qualifier	Indicates the type of data being submitted in the 'Contracting Organization (PMO) ID Code' (6ØØ-66) field.	x(2)	R	2	See ECL	
6Ø1-64	Contracting Organization (PMO) Market Basket Code	The market basket name or code being submitted to PICO to identify market basket being submitted.	x(17)	R	17		
6ØØ-43	Contracting Organization (PMO) Name	The name of the contracting organization.	x(3Ø)	R	3Ø		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-67	Contracting Organization (PMO) Total Lives Covered	The total number of lives (the sum of enrollees and dependents or the product of enrollees and calculation multiplier) covered by the contracting organization.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = space - = negative sign
24Ø-U1	Contract Number	Account Number assigned during installation for segments of business	x(8)	A, T	8		RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.
337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Other Payer Coverage Type' (338-5C) 'Other Payer ID Qualifier' (339-6C) 'Other Payer ID' (34Ø-7C) 'Other Payer Date' (443-E8) 'Other Payer Amount Paid' (431-DV) "Other Payer-Patient Responsibility Amount Qualifier " (351-NP) "Other Payer-Patient Responsibility Amount" (352-NQ or if rejected 'Other Payer Reject Count' (471-5E) and 'Other Payer Reject Code' (472-6E) REQUEST COORDINATION OF BENEFITS/OTHER PAYMENTS SEGMENT.
817-5E	Co-Pay Amount	The co-pay amount represents the total amount to be collected from the patient (member) or customer at the time the prescription is filled.	s9(4)v99	C, D	6		Format=s$$$$cc
764	Copay Calculation Code	Code identifying how to apply copay dollar, copay percentage, minimum copay and maximum copay fields.	x(2)	M	2	Blank=Not Specified Ø1=Dollar + Percentage Ø2=Percentage + Dollar Ø3=Greater of Dollar or Percentage Ø4=Lesser of Dollar or Percentage Ø5=Dollar with Minimum and Maximum Ø6=Percentage with Minimum and Maximum	
765	Copay Dollar Amount	Flat dollar copay amount to charge for this drug product or service.	s9(6)v99	M	8		Format=s$$$$$$cc where ØØØ1ØØØ=$1Ø.ØØ

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
766	Copay Effective Date	Effective date of copay benefit submitted for group or member.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
9Ø6-BU	Copay ID	The membership population to which the copay rule applies.	x(4Ø)	F	4Ø		
9Ø7-BV	Copay List ID	ID for the benefit copay list	x(1Ø)	F	1Ø		<u>Comments:</u> Qualified by 'Copay List Type (9Ø8-BW).
9Ø8-BW	Copay List Type	Code identifying the type of copay being conveyed	x(2)	F	2	See ECL	<u>Comments:</u> Qualifies Copay List ID (9Ø7-BV).
241	Copay Modifier ID	Unique drug list ID that is coordinated for use with the clients copay set-up. Processor defined codes.	x(1Ø)	A	1Ø		
767	Copay Percentage Amount	Percentage copay amount to charge for this drug product or service.	9(1)v999	M	4		Format=NNNN where Ø75Ø = 75% and ØØ75 = 7.5%
768	Copay Qualifier	Code qualifying to which drug scenario copay dollar, copay percentage and copay calculation shall apply.	x(2)	M	2	Blank=Not Specified ØØ=All Ø1=Brand – Single Source Ø2=Generic Ø3=Brand – Multi-source Ø4=Maintenance Brand – Single Ø5=Maintenance Generic Ø6=Maintenance Brand – Multi Ø7=Non-formulary Brand – Single Ø8=Non-Formulary Generic Ø9=Non-formulary Brand – Multi 1Ø=Over the Counter 11=Durable Medical Supplies 12=Exceed Max Benefit 13=Exceed Max Out of Pocket 14=Diabetic Supplies 99=Processor Specific	
9Ø9-BX	Copay Tier	This medication's Tier; an indication of the cost to the patient. Lower values represent lower cost to the patient (e.g., Tier 1 is less costly to the patient than Tier 2)	9(2)	F	2		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
769	Copay Termination Date	Date that copay benefit submitted for group or member will terminate. (Coverage continues through midnight of date submitted).	9(8)	M	8		Format=CCYYMMDD CC=Century YY= Year MM=Month DD=Day
242	Cost Difference Amount	Difference between client contracted amount and the pharmacy or member submitted amount.	s9(6)v99	A	8		Format=s$$$$$$cc
6Ø1-12	Cost Index Point High Value	Cost index point high value if range of cost index point values is used.	9(4)v99*b* or 9(4)v99-	R	7		Format=9999v99*b* or 9999v99- Note *b* = Space - = Negative sign
6Ø1-13	Cost Index Point Low Value	Cost index point low value if range of cost index point values is used.	9(4)v99*b* or 9(4)v99-	R	7		Format=9999v99*b* or 9999v99- Note *b* = Space - = Negative sign
731	Country Code	Government codes for foreign country.	x(4)	M	4		
486-ME	Coupon Number	Unique serial number assigned to the prescription coupons.	x(15)	T	15		REQUEST COUPON SEGMENT.
485-KE	Coupon Type	Code indicating the type of coupon being used.	x(2)	T	2	See ECL	REQUEST COUPON SEGMENT.
487-NE	Coupon Value Amount	Value of the coupon.	s9(6)v99	T	8		Format=s$$$$$$vcc <u>Examples:</u> If the coupon value amount is $1Ø.ØØ, this field would reflect: 1ØØ{. REQUEST COUPON SEGMENT.
91Ø-BY	Coverage ID	The membership population to which the coverage rule applies.	x(4Ø)	F	4Ø		
911-BZ	Coverage List ID	ID for the coverage rule	x(1Ø)	F	1Ø		<u>Comments:</u> Qualified by Coverage List Type (912-B3).
912-B3	Coverage List Type	Code identifying the type of coverage rule being conveyed	x(2)	F	2	See ECL	<u>Comments:</u> Qualifies Coverage List ID (911-BZ).

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
77Ø	Covered Through Qualifier	Code qualifying the calculation to be used for the termination of dependents, disabled dependents, adult dependents or students that use the covered through age fields or the cover through date fields.	x(2)	M	2	Blank=Not Specified Ø1=Through Date of Birth Ø2=To Date of Birth Ø3=Through Week of Birth Ø4=Through Month of Birth Ø5=Through Year of Birth Ø6=To Date Specified 99=Processor Defined	
88Ø-K2	Creation Date	Date the file was created.	9(8)	B,A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
88Ø-K3	Creation Time	Time the file was created.	9(4)	B,A	4		Format: HHMM HH=Hour MM=Minute
6Ø1-8Ø	Current Amount Paid To Date	The cumulative dollar amount of rebates paid to date.	9(9)v99b or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
6Ø1-81	Current Rebate Per Unit	The current rebate per unit amount after adjustment.	9(5)v999999b or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note: *b* = Space -= Negative sign
6Ø1-82	Current Units Disputed To Date	The cumulative number of units in dispute.	9(11)v999b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign
6Ø1-83	Current Units Paid To Date	The cumulative number of units paid to date.	9(11)v999b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-84	Current Units To Date	The cumulative number of units submitted for rebate calculation.	9(11)v999 b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign
7Ø3	Data Category	Code identifying which type of enrollment transactions are included within the file.	x(1)	M	1	C=Combination (Group & Member) G=Group Only M=Member Only	
913-B4	Data In Error	Copy of the bad data	x(1ØØ)	F	1ØØ		
6Ø1-31	Data Level	The level of data being submitted.	x(2)	R	2	See ECL	
6Ø1-32	Data Provider ID Code	Code assigned to identify the data provider.	x(17)	R	17		
6Ø1-37	Data Provider ID Qualifier	Identifies the type of data being submitted in the 'Data Provider ID Code' (6Ø1-32) field.	x(2)	R	2	See ECL	
6Ø1-33	Data Provider Name	Name of the data provider.	x(3Ø)	R	3Ø		
532-FW	Database Indicator	Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.	x(1)	T, A	1	See ECL	RESPONSE DUR/PPS SEGMENT.
3Ø4-C4	Date Of Birth	Date of birth of patient.	9(8)	C, D, M, T,A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If a patient was born on July 27, 197Ø, this field would reflect: 197ØØ727. REQUEST PATIENT SEGMENT. RESPONSE PATIENT SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
434-DY	Date Of Injury	Date on which the injury occurred.	9(8)	M,T,A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If injury occurred on July 1, 1999, field would reflect: 1999Ø7Ø1. REQUEST WORKER'S COMPENSATION SEGMENT.
4Ø1-D1	Date Of Service	Identifies date the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only.	9(8)	C, D, P, R, T,A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If the prescription was dispensed on April 22, 2ØØØ, this field would reflect 2ØØØØ422. REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
414-DE	Date Prescription Written	Date prescription was written.	9(8)	C, D, T,A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: For a prescription written on August 1, 1999, field would reflect: 1999Ø8Ø1. REQUEST CLAIM SEGMENT.
4Ø5-D5	Days Supply	Estimated number of days the prescription will last.	9(3)	C, D, R, T,A	3		Examples: The prescription is estimated to last 3Ø days. This field would reflect: 3Ø. REQUEST CLAIM SEGMENT.
345-HG	Days Supply Intended To Be Dispensed	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(3)	T,A	3		REQUEST CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
988-MB	Days Supply Per Copay	The days' supply associated with the stated copay terms	9(3)	F	3		
357-NV	Delay Reason Code	Code to specify the reason that submission of the transactions has been delayed.	9(2)	T	2	See ECL	REQUEST CLAIM SEGMENT
749	Dependent Adult Coverage Indicator	Code indicating if dependent adults related to cardholder are covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
75Ø	Dependent Adult Covered Through Age	The age through which dependent adults are covered.	9(3)	M	3		Comments: Required in Member Coverage (Segment 4Ø) if Dependent Adult Coverage Indicator = Y (ØØØ=Unlimited)
743	Dependent Coverage Indicator	Code indicating if dependents related to cardholder are covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
744	Dependent Covered Through Age	The age through which dependents are covered.	9(3)	M	3		Comments: Required in Member Coverage (Segment 4Ø) if Dependent Coverage Indicator = Y (ØØØ=Unlimited)
885	Dependent Covered Through Date	Date dependent coverage expires. (Coverage continues through midnight of date submitted).	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6ØØ-68	Dependents	Number of dependents covered by the contracting organization.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative sign
818-5F	Destination Name	The destination name to whom the file is being sent.	x(15)	C, D, P	15		
819-5G	Destination Processor Number	The NCPDP processor number where the file is being sent.	9(1Ø)	C, D, P	1Ø		Comments: Number is assigned by NCPDP.
424-DO	Diagnosis Code	Code identifying the diagnosis of the patient.	x(15)	C, D, M, R, T, F,A	15		Comments: Qualified by a 'Diagnosis Code Qualifier' (492-WE). The format must adhere to the owner's code set rules and formats. REQUEST CLINICAL SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
491-VE	Diagnosis Code Count	Count of diagnosis occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Diagnosis Code Qualifier' (492-WE) 'Diagnosis Code' (424-DO) REQUEST CLINICAL SEGMENT.
492-WE	Diagnosis Code Qualifier	Code qualifying the 'Diagnosis Code' (424-DO).	x(2)	M, T, F,A	2	See ECL	REQUEST CLINICAL SEGMENT.
747	Disabled Dependent Coverage Indicator	Code indicating if disabled dependents related to cardholder are covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
748	Disabled Dependent Covered Through Age	The age through which disabled dependents are covered.	9(3)	M	3		Comments: Required in Member Coverage (Segment 4Ø) if disabled Dependent Coverage Indicator = Y (ØØØ=Unlimited)
82Ø-9A	Diskette Record ID	Identifies diskette record.	9(1)	D	1	1=Record Number 2=Record Number 3=Record Number	
4Ø8-D8	Dispense As Written (DAW)/ Product Selection Code	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	C, D, R, T,A	1	See ECL	REQUEST CLAIM SEGMENT.
149-U9	Dispensing Fee Contracted/ Reimbursable Amount	Informational field used when Other Payer-Patient Responsibility Amount (352-NQ) or Patient Pay Amount (5Ø5-F5) is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.	s9(6)99	T	8		RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
5Ø7-F7	Dispensing Fee Paid	Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	P, T,A	8		Format=s$$$$$$cc **Telecommunication Standard:** Examples: If the dispensing fee paid is $3.5Ø, this field would reflect: 35{. RESPONSE PRICING SEGMENT. - - - - - - - - - - - - - - - - - - -- - - - - - - **Claim Payment Tape Standard:** Comments: For use of this field in the Payment Standard v3.Ø, refer to the Implementation Guide.
412-DC	Dispensing Fee Submitted	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the pharmacy submitted a $5.62 dispensing fee, this field would reflect: 56B. REQUEST PRICING SEGMENT.
343-HD	Dispensing Status	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)	T,A,R	1	See ECL	REQUEST CLAIM SEGMENT.
6Ø1-85	Disputed Quantity	The number of units that are in question or the difference between the 'Total Quantity' (6Ø1-39) and the 'Accepted Quantity' (6Ø1-86).	9(11)v999 b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign
6Ø1-14	Dollar Sign Rating	Denotes the number of dollar signs assigned to a product within a formulary.	x(1Ø)	R	1Ø		Format=$$$$
821-1M	Dollars Adjusted	The sum of individual claim adjustment amounts (Field 872-3Z) in the batch.	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc
822-5H	Dollars Billed	The sum of individual claim amount billed fields (Field 8Ø4-5B) in the batch.	s9(8)v99	C, D, P	1Ø		Format=s$$$$$$$$cc

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
873-4A	Dollars Paid	The sum of individual amount paid fields (Field 5Ø9-F9) in the batch.	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc
824-1N	Dollars Rejected	The sum of individual claim reject fields (Field 8Ø5-1C) in the batch.	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc
243	Dosage Form Code	Dosage form code for product identified.	x(4)	A	4		Values are Trading Partner Defined
6Ø1-34	Dosage Form ID Code	Dosage form of product being reported.	x(2)	R	2	See ECL	
244	Drug Category Code	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.	x(1)	A	1		Values are Trading Partner Defined
516-FG	Drug Description	The name of the drug or compound dispensed when used in the Billing Format, or the name of the drug returned by the processor.	x(3Ø)	C, D, R	3Ø		
914-B5	Drug Qualifier-Step Drug	Indicates whether the Product/Service ID represents a specific medication versus a pharmacological class	x(2)	F	2	See ECL	
915-B6	Drug Reference Number	Identifier for the drug from proprietary drug sources	x(35)	F	35		Comments: Qualified by Drug Reference Qualifier (916-B7).
917-B8	Drug Reference Number - Alternative	Identifier for the alternative drug from proprietary drug sources	x(35)	F	35		Comments: Qualified by Drug Reference Qualifier-Alternative (918-B9).
919-CS	Drug Reference Number-Source	Identifier for the drug from proprietary drug sources	x(35)	F	35		Comments: Qualified by Drug Reference Qualifier-Source (92Ø-CT).
921-CU	Drug Reference Number-Step Drug	Identifier for the drug from proprietary drug sources that is recommended to be tried first	x(35)	F	35		Comments: Qualified by Drug Reference Qualifier-Step Drug (922-CV).
916-B7	Drug Reference Qualifier	Code value that identifies the source and type for the Drug Reference Number.	x(3)	F	3	See ECL	Comments: Qualifies Drug Reference Number (915-B6).

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
918-B9	Drug Reference Qualifier-Alternative	Code value that identifies the source and type for the Drug Reference Number-Alternative.	x(3)	F	3	See ECL	Comments: Qualifies Drug Reference Number-Alternative (918-B9).
92Ø-CT	Drug Reference Qualifier-Source	Code value that identifies the source and type for the Drug Reference Number-Source.	x(3)	F	3	See ECL	Code qualifying the value in Drug Reference Number-Source (919-CS).
922-CV	Drug Reference Qualifier-Step Drug	Code value that identifies the source and type for the Drug Reference Number -Step Drug.	x(3)	F	3	See ECL	Code qualifying the value in Drug Reference Number-Step Drug (921-CU).
425-DP	Drug Type	Code to indicate the type of drug dispensed.	9(1)	C, D, P, A	1	See ECL	
57Ø-NS	DUR Additional Text	Descriptive information that further defines the referenced DUR alert.	x(1ØØ)	T	1ØØ		RESPONSE DUR/PPS SEGMENT.
476-H6	DUR Co-Agent ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).	x(19)	T,A,S	19		Comments: Qualified by 'DUR Co-Agent ID Qualifier' (475-J9). REQUEST DUR/PPS SEGMENT.
475-J9	DUR Co-Agent ID Qualifier	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).	x(2)	T,A	2	See ECL	REQUEST DUR/PPS SEGMENT.
544-FY	DUR Free Text Message	Text that provides additional detail regarding a DUR conflict.	x(3Ø)	T	3Ø		Comments: Response data may provide: -drug names involved in an interaction -reported disease contraindication -other applicable DUR information RESPONSE DUR/PPS SEGMENT.
771	DUR Type Indicator	Code indicating if processor should use DUR modules for this group or member.	x(1)	M	1	N=No Y=Yes	
473-7E	DUR/PPS Code Counter	Counter number for each DUR/PPS set/logical grouping.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Reason of Service Code' (439-E4) 'Professional Service Code' (44Ø-E5) 'Result of Service Code' (441-E6) 'DUR/PPS Level of Effort' (474-8E) 'DUR Co-Agent ID Qualifier' (475-9E) 'DUR Co-Agent ID' (476-H6) REQUEST DUR/PPS SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
474-8E	DUR/PPS Level Of Effort	Code indicating the level of effort as determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.	9(2)	T,A	2	See ECL	Examples: Definitions for Levels 1 through 5 are left to the discretion of trading partners. The following is one example of how the field might be used. Level 1 Straightforward: Service involved minimal diagnosis or treatment options, minimal amount or complexity of data considered, and minimal risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 5 MINUTES of the pharmacist's time Level 2 Low Complexity: Service involved limited diagnosis or treatment options, limited amount or complexity of data considered, and low risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 15 MINUTES of the pharmacist's time. Level 3 Moderate Complexity: Service involved moderate diagnosis or treatment options, moderate amount or complexity of data considered, and moderate risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 3Ø MINUTES of the pharmacist's time. Level 4 High Complexity: Service involved multiple diagnosis or treatment options, extensive amount or complexity of data considered, and high risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 1 HOUR of the pharmacist's time. Level 5 Comprehensive: Service involved extensive diagnosis or treatment options, exceptional amount or complexity of data considered, and very high risk; OR Counseling or coordination of care dominated the encounter and required GREATER THAN 1 HOUR of the pharmacist's time. REQUEST DUR/PPS SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
567-J6	DUR/PPS Response Code Counter	Counter number for each DUR/PPS response set/logical grouping.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Reason for Service Code' (439-E4) 'Clinical Significance Code' (528-FS) 'Other Pharmacy Indicator' (529-FT) 'Previous Date of Fill' (53Ø-FU) 'Quantity of Previous Fill' (531-FV) 'Database Indicator' (532-FW) 'Other Prescriber Indicator' (533-FX) 'DUR Free Text Message' (544-FY) RESPONSE DUR/PPS SEGMENT.
772	Early Refill Percentage	Percentage of medication that must be used prior to allowing refill.	9(1)v999	M	4		Format=NNNN where Ø75Ø=75% and 1ØØØ=1ØØ%
712	Effective Date	The effective date of group member participation in current group or submitted change. Member is represented by 'Cardholder ID' (3Ø2-C2) or by the Cardholder/'Person Code' (3Ø3-C3) combination.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
3Ø9-C9	Eligibility Clarification Code	Code indicating that the pharmacy is clarifying eligibility for a patient.	9(1)	C, D, P, T,A	1	See ECL	Examples: The patient has become a student but eligibility has not yet been updated. The pharmacy can indicate "3" so that the carrier may override eligibility for this patient. REQUEST INSURANCE SEGMENT.
245	Eligibility COB Indicator	Coordination of Benefits code as provided on Client eligibility.	x(1)	A	1	See ECL	
246	Eligibility Group ID	Identifier of the group that determines eligibility parameters for the member when submitted by the client.	x(15)	A	15		
247	Eligibility/Patient Relationship Code	Individual Relationship Code. Code indicating the relationship between two individuals or entities.	9(2)	A	2	See ECL	
773	Eligibility Type	Code identifying the level of enrollment detail provided.	x(2)	M	2	Blank=Not Specified Ø1=Member Level Ø2=Contract Level	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
248	Eligible Coverage Code	Coverage Level Code. Code indicating the level of coverage being provided for the insured.	x(3)	A	3	See ECL	
6ØØ-69	Eligible Plan	Indicates whether or not the plan is eligible for rebates.	x(1)	R	1	See ECL	
317-CH	Employer City Address	Free-form text for city name.	x(2Ø)	T	2Ø		Examples: CHICAGO REQUEST WORKER'S COMPENSATION SEGMENT.
321-CL	Employer Contact Name	Employer primary contact.	x(3Ø)	T	3Ø		Examples: JOHN SMITH REQUEST WORKER'S COMPENSATION SEGMENT.
333-CZ	Employer ID	ID assigned to employer.	x(15)	M, T	15		**Comments:** The Internal Revenue Service, Department of the Treasury, assigns the Employer ID. The format of this field is nine-digits with a hyphen, as in ØØ-ØØØØØØØ. The hyphen must be transmitted as part of the Employer ID Number. Information on the Employer ID may be found at http://www.irs.ustreas.gov/. REQUEST PATIENT SEGMENT.
315-CF	Employer Name	Complete name of employer.	x(3Ø)	T	3Ø		Examples: GENERAL MOTORS CORPORATION REQUEST WORKER'S COMPENSATION SEGMENT.
32Ø-CK	Employer Phone Number	Ten-digit phone number of employer.	9(1Ø)	T	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number Examples: A phone number of 212-555-1212 would reflect: 2125551212. REQUEST WORKER'S COMPENSATION SEGMENT.
318-CI	Employer State/ Province Address	Standard State/Province Code as defined by appropriate government agency.	x(2)	T	2	See ECL	Comments: Standard United States and Canadian province two-letter postal service abbreviations should be used. REQUEST WORKER'S COMPENSATION SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
316-CG	Employer Street Address	Free-form text for address information.	x(3Ø)	T	3Ø		Examples: 123 MAIN STREET REQUEST WORKER'S COMPENSATION SEGMENT.
319-CJ	Employer Zip/ Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	T	15		Comments: This left-justified field contains the five-digit zip code and may include the four-digit expanded zip code in which the employer is located. Examples: If the zip code is 98765-4321, this field would reflect: 987654321. If the zip code is 98765, this field would reflect: 98765 left justified. REQUEST WORKER'S COMPENSATION SEGMENT.
6Ø1-35	Encrypted Patient ID Code	Encrypted patient ID.	x(17)	R	17		
6ØØ-7Ø	Enrollees	Number of primary cardholders (excluding dependents) covered by the contracting organization.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative sign
715	Enrollment Relationship Code	Code specifying the relationship of the family member to the cardholder.	x(1)	M	1	Blank=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other	Comments: ID of family member's relationship to the cardholder.
774	Enrollment Tax Exempt Indicator	Code indicating the payer's tax exemption status.	x(1)	M	1	Blank=Not Specified 1=Tax exempt 2=Not tax exempt	
775	Enrollment Version/Release Number	Code identifying the Enrollment Standard format of the file sent or received.	9(2)	M	2	2Ø=1999 Version 2.Ø Format	
776	Entity Address Line 1	First line of the address of the entity indicated (Worker's Compensation).	x(3Ø)	M	3Ø		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
777	Entity Address Line 2	Second line of the address of the entity indicated (Worker's Compensation).	x(3Ø)	M	3Ø		
778	Entity City	City in which the entity indicated is located (Worker's Compensation).	x(2Ø)	M	2Ø		
779	Entity Contact Name	Complete contact name within the entity indicated (Worker's Compensation).	x(3Ø)	M	3Ø		
78Ø	Entity Name	Complete name of the entity indicated (Worker's Compensation).	x(3Ø)	M	3Ø		
781	Entity Segment Qualifier	Code qualifying entity type, location, and/or contact for Worker's Compensation injuries.	x(2)	M	2	Blank=Not Specified Ø1=Employer (Benefits Office) Ø2=Employer (Location) Ø3=Insurer Ø4=Location Injury Occurred Ø5=Case Manager 99=Other	
782	Entity State	State in which the entity indicated is located.	x(2)	M	2	See ECL	
783	Entity Telephone Number	Telephone number of the entity indicated.	9(1Ø)	M	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
784	Entity Zip/Postal Code	Zip code of the entity indicated.	x(15)	M,R	15		
577-G3	Estimated Generic Savings	The amount, not included in the Total Amount Paid (5Ø9-F9), that the patient would have saved if they had chosen the generic drug instead of the brand drug.	s9(6)v99	T	8		Response Pricing Segment.
249	Excess Copay Amount	Amount of the copay that exceeds the approved amount for this claim.	s9(6)v99	A	8		Format=s$$$$$$cc
874-GD	Expansion Area	Reserved for future NCPDP contingencies.	x Varies	C, P	Varies		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
923-DD	Extract Date	Date the file was extracted from the internal source system	9(8)	F	8		Format: CCYYMMDD
388-5J	Facility City Address	Free form text for facility city name	x(2Ø)	T	2Ø		REQUEST FACILITY SEGMENT
336-8C	Facility ID	ID assigned to the patient's clinic/host party.	x(1Ø)	T,A	1Ø		REQUEST FACILITY SEGMENT.
385-3Q	Facility Name	Name identifying the location of the service rendered.	x(3Ø)	T	3Ø		Note: This is not the name of the dispensing pharmacy. REQUEST FACILITY SEGMENT
387-3V	Facility State/Province Address	Standard state /province code as defined by appropriate government agency.	x(2)	T	2	See ECL	REQUEST FACILITY SEGMENT
386-3U	Facility Street Address	Free form text for Facility address information.	X(3Ø)	T	3Ø		REQUEST FACILITY SEGMENT
389-6D	Facility Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks	x(15)	T	15		REQUEST FACILITY SEGMENT
785	Family ID Number	ID number that represents that family.	x(2Ø)	M	2Ø		Comments: Used to link families when unique ID numbers are assigned to each member.
25Ø	FDA Drug Efficacy Code	A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.	x(1)	A	1	See ECL	
251	Federal Upper Limit Indicator	Indicates if a Federal Upper Limit exists for the drug.	x(1)	A	1	See ECL	
252	Federal DEA Schedule	The controlled substance schedule as defined by the Drug Enforcement Administration.	x(1)	A	1	See ECL	
253	Federal Upper Limit Unit Price	Federal Upper Limit Unit Price as defined by processor.	s9(4)v9(5)	A	9		Format=s$$$$ccccc
7Ø2-MC	File Type	Code identifying whether the file contained is test or production data.	x(1)	B, M, F,A	1	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
4Ø3-D3	Fill Number	The code indicating whether the prescription is an original or a refill.	9(2)	T,A,R	2	See ECL	REQUEST CLAIM SEGMENT.
254	Fill Number Calculated	Code identifying whether the prescription is an original (ØØ) or by refill number (Ø1-99) as calculated by system based on historical claims data. This field represents the Fill Number as calculated (not submitted by pharmacy)	9(2)	A	2	See ECL	
924-DH	First Copay Term	First Copay term (flat copay amount or percent copay) to be considered	x(1)	F	1	See ECL	
717	First Name	First name.	x(15) ———— x(25)	M ———— A	15 ——— 25		
925-ES	Flat Copay Amount	Fixed copay amount	R(1Ø)	F	1Ø		Format: 999999.99 Comments: No dollar sign. Decimal required if value includes cents. The length includes the decimal point. Currency: USD
558-AW	Flat Sales Tax Amount Paid	Flat sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: If the flat sales tax paid is $2.6Ø. this field would reflect: 26{. RESPONSE PRICING SEGMENT.
481-HA	Flat Sales Tax Amount Submitted	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Comments:. The submission of sales tax is governed by regulatory agencies (state, local, parish, etc). If the sales tax reported is a flat rate, then it is a fixed amount for a certain dollar value (for example for $xxx it is a certain amount). For example, for $1ØØ the flat rate is $1.99. This flat rate is then reported in Flat Sales Tax Amount Submitted (481-HA).Examples: If the flat sales tax amount submitted is $3.Ø8, this field would reflect: 3ØH. REQUEST PRICING SEGMENT.
6ØØ-73	Formulary Benefit Design Type	Identifies the type of formulary benefit design utilized by the plan.	x(4)	R	4	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-74	Formulary Code	Code assigned by PMO to identify the formulary used.	x(17)	R	17		
255	Formulary Code Type	Indicates how the Formulary Benefit is set up. As defined by processor.	x(1)	A	1		
6ØØ-75	Formulary Description	Description of the formulary used by the PMO.	x(3Ø)	R	3Ø		
256	Formulary File ID	Identifies the formulary ID used during adjudication of the claim.	x(15)	A	15		
926-FF	Formulary ID	ID for the formulary list	x(1Ø)	F,T	1Ø		RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.
6Ø1-15	Formulary Manager Company Name	The name of the formulary management company.	x(3Ø)	R	3Ø		
6Ø1-16	Formulary Manager Person Name	The formulary management company's contact person.	x(3Ø)	R	3Ø		
989-MF	Formulary Name	Name for the formulary list	x(35)	F	35		
6ØØ-76	Formulary Non-Formulary Co-Pay Confidential	Indicates whether or not the co-pay is confidential; does not imply that the formulary non-formulary co-pay amounts are reported.	x(1)	R	1	See ECL	
6ØØ-77	Formulary Product Co-Pay Amount	Co-pay amount for the formulary product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note *b* = Space - = Negative Sign
6Ø1-17	Formulary Product Co-Pay Confidential	Indicates whether the co-pay is confidential or not; does not imply that the formulary product co-pay is reported.	x(1)	R	1	See ECL	
927-FP	Formulary Status	Status of the drug within the formulary.	x(2)	F	2	See ECL	Comment: The higher the number for the preferred level, the more preferred the drug is
257	Formulary Status	Indicates the Formulary status of the Drug.	x(1)	A	1	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
88Ø-K9	Fund Destination ID	Processor ID assigned by provider to identify a unique group pharmacies where the funds are being sent.	9(1Ø)	P	1Ø		
88Ø-K8	Fund Destination Name	Name to whom the claim funds are being sent.	x(25)	P	25		
258	GCN Number	Generic code number as defined by First DataBank	x(6)	A	6		
259	GCN Sequence Number	Represents a generic formulation specific to ingredients, Route of administration, & drug strength as indicated by First DataBank.	x(6)	A	6		Example: NDC = 495Ø2Ø697Ø3 GCNSEQ# = ØØ5Ø39
721-MD	Gender Code	Code identifying the gender of the individual.	x(1) ——— 9(1)	F ——— A	1	See ECL	
126-UA	Generic Equivalent Product ID	Identifies the generic equivalent of the brand product dispensed.	x(19)	T	19		Comments: Qualified by 'Generic Equivalent Product ID Qualifier' (125-TZ). Qualifier' (118-TS). REQUEST WORKERS' COMPENSATION SEGMENT.
125-TZ	Generic Equivalent Product ID Qualifier	Code qualifying the 'Generic Equivalent Product ID' (126-UA).	X(2)	T	2	See ECL	Comments: Qualifies 'Generic Equivalent Product ID' (126-UA). REQUEST WORKERS' COMPENSATION SEGMENT.
26Ø	Generic Indicator	Distinguishes if product priced as Generic or Branded product: As defined by processor.	x(1)	A	1		
261	Generic Name	Generic name of the product identified in Product/Service Name.	x(3Ø)	A	3Ø		
6ØØ-78	Generic Product Co-Pay Amount	Co-pay amount for the generic product.	9(3)v99b or 9(3)v99-	R	6		Format=999v99b or 999v99- Note b = Space - = Negative Sign
262	Generic Product Identifier	Medi-Span Product Line Generic Product Identifier (GPI)	x(14)	A	14		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-87	Grand Total Accepted Quantity	The sum of the 'Accepted Quantity' (6Ø1-86) fields submitted within the 'RD' record type.	9(11)v999b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign
6Ø1-88	Grand Total Paid Amount	The sum of the 'Paid Rebate Amount' (6Ø1-96) fields submitted within the 'RS' record type OR the sum of the 'Paid Amount 1' (175-WH), 'Paid Amount 2' (176-WJ), 'Paid Amount 3' (177-WK), 'Paid Amount 4' (178-WL), and 'Paid Amount 5' (179-WM) fields submitted within the 'RD' record type.	9(9)v99b or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
6Ø1-41	Grand Total Quantity	The sum of the 'Total Quantity' (6Ø1-39) fields submitted within the 'UD' record type.	9(11)v999b or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- If detail records contain this field, the total is required on the trailer record. Note *b* = Space - = Negative Sign
6Ø1-42	Grand Total Requested Amount	The sum of the 'Requested Rebate Amount' (6Ø1-55) fields submitted within the 'UD' record type.	9(9)v99b or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- If detail records contain this field, the total is required on the trailer record. Note *b* = Space - = Negative Sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
43Ø-DU	Gross Amount Due	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-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' (48Ø-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' (48Ø-H9).	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: If the gross amount due is $14.95, this field would reflect: 149E. REQUEST PRICING SEGMENT.
3Ø1-C1	Group ID	ID assigned to the cardholder group or employer group.	x(15)	C, D, M, P, R, T,A	15		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.
786	Group Name	Name of group being submitted.	x(3Ø)	M	3Ø		
787	Group Sequence Number	Sequence number to identify the number of group header and group trailer segment pairings that will be in the file.	9(5)	M	5		
5Ø1-F1	Header Response Status	Code indicating the status of the transmission.	x(1)	T	1	See ECL	RESPONSE HEADER SEGMENT.
263	Health Care Reimbursement Account Amount Applied	Client-defined benefit that provides funds to patients that can be used to offset Out of Pocket expenses.	s9(6)v99	A	8		Format=s$$$$$$cc
264	Health Care Reimbursement Account Amount Remaining	Client-defined benefit that provides funds to patients that can be used to offset Out of Pocket expenses.	s9(6)v99	A	8		Format=s$$$$$$cc

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
129-UD	Health Plan-funded Assistance Amount	The amount from the health plan-funded assistance account for the patient that was applied to reduce Patient Pay Amount (5Ø5-F5). This amount is used in Healthcare Reimbursement Account (HRA) benefits only. This field is always a negative amount or zero.	s9(6)v99	T	8		**Comments:** This field will be returned on a PAID (P) or Duplicate Paid (D) transaction when a patient meets the plan-funded assistance criteria. **Health Plan-funded Assistance Amount** is part of the patient pay amount calculation and is used to report back to the provider and patient the portion of Patient Pay Amount (5Ø5-F5) that was <u>reduced</u> due to this plan-funded assistance. In this transaction, the patient pays the value reported in Patient Pay Amount (5Ø5-F5) however without this field, the patient would have been required to pay a higher dollar amount. NOTE: There is no credit card transaction involved in this type of Patient Spending Assistance, as in a Flexible Spending Account (FSA). RESPONSE PRICING SEGMENT
55Ø-8F	Help Desk Phone Number	Ten-digit phone number of the help desk.	x(18)	T	18		Format=AAAEEENNNNXXXXXXXX AAA=Area Code EEE=Exchange Code NNNN=Number XXXXXXXX=Extension <u>Comments:</u> Qualified by 'Help Desk Qualifier' (549-7F). <u>Examples:</u> A phone number of 212-555-1212 would reflect: 2125551212. With an extension of 123 the same number would reflect: 2125551212123 or 2125551212x123 or 2125551212ext123. RESPONSE STATUS SEGMENT.
549-7F	Help Desk Phone Number Qualifier	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	T	2	See ECL	RESPONSE STATUS SEGMENT.
6ØØ-79	Hierarchical Level Terminology	Description of level in PMO hierarchy.	x(3Ø)	R	3Ø		
788	Hierarchy Level Name	Name applied by the originator to the eligibility level submitted as indicated by the hierarchy level number.	x(18)	M	18		

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
789	Hierarchy Level Number	Level number within the hierarchy of the originator's eligibility structure.	9(2)	M	2		
265	Hold Harmless Amount	Amount payable to member when paper claims amount exceeds Pharmacy Network Reimbursement.	s9(6)v99	A	8		Format=s$$$$$$cc
314-CE	Home Plan	Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage.	x(3)	C, D, T	3		Comments: Used for interstate processing between Blue Cross and Blue Shield plans. The Blue Cross codes are in the range less than 6ØØ and Blue Shield codes are greater than 599. REQUEST INSURANCE SEGMENT
826-5K	Host Plan	The Blue Cross or Blue Shield number of the servicing or processing plan.	x(3)	C	3		Comments: Used for interstate processing between Blue Cross and Blue Shield plans. The Blue Cross codes are in the range less than 6ØØ and Blue Shield codes are greater than 599.
79Ø	ID Card Reason Code	Code defining reason for card production request.	x(1)	M	1	Blank=Not Specified N=New A=Additional R=Replacement C=Card Info Change	
521-FL	Incentive Amount Paid	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	P, T,A	8		Format=s$$$$$$cc Examples: If the incentive amount paid is $4.55, this field would reflect: 45E. RESPONSE PRICING SEGMENT
438-E3	Incentive Amount Submitted	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the incentive amount submitted is $4.5Ø, this field would reflect: 45{. REQUEST PRICING SEGMENT.
791	Industry Classification Code	Code assigned to this group by NAICS indicating specific industry classification.	x(6)	M	6		Comments: See NAICS Code List at: www.naics.org
827-1Ø	Ingredient Cost Billed	Cost of the ingredient billed.	s9(6)v99	P	8		Format=s$$$$$$cc

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
148-U8	Ingredient Cost Contracted/ Reimbursable Amount	Informational field used when Other Payer-Patient Responsibility Amount (352-NQ) or Patient Pay Amount (5Ø5-F5) is used for reimbursement. Amount is equal to contracted or reimbursable amount for product being dispensed.	s9(6)99	T	8		RESPONSE PRICING SEGMENT.
5Ø6-F6	Ingredient Cost Paid	Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	P, T,A	8		Format=s$$$$$$cc . Examples: If the ingredient cost paid is $15Ø.ØØ, this field would reflect: 15ØØ{. RESPONSE PRICING SEGMENT.
4Ø9-D9	Ingredient Cost Submitted	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T,A	8		Format=s$$$$$$cc Comments: This field can be further defined by using the Basis of Cost Determination Field 423-DN. Examples: If the ingredient cost submitted is $65.ØØ, this field would reflect: 65Ø{. REQUEST PRICING SEGMENT.
266	In Network Indicator	Indicates if the pharmacy dispensing the prescription is considered in network.	x(1)	A	1	See ECL	
267	Insurance Code	Special group/member data as supplied on eligibility record when supplied by the client.	x(2Ø)	A	2Ø		
6Ø1-89	Interest Amount	The dollar amount of any interest penalty.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
464-EX	Intermediary Authorization ID	Value indicating intermediary authorization occurred.	x(11)	T	11		REQUEST CLAIM SEGMENT.
463-EW	Intermediary Authorization Type ID	Value indicating that authorization occurred for intermediary processing.	9(2)	T	2	See ECL	Comments See Implementation Guide (Under *Claim Segment* in *Specific Segment Discussion)* when value = 99 . REQUEST CLAIM SEGMENT

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
993-A7	Internal Control Number	Number assigned by the processor to identify an adjudicated claim when supplied in payer-to-payer coordination of benefits only.	X(3Ø)	T	3Ø		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT. RESPONSE STATUS SEGMENT.
268	Internal Mail Order (Prescription/Service) Reference Number	Field designating the internal prescription number assigned by pharmacies.	x(15)	A	15		
269	Invoiced Amount	Amount invoiced for this transaction. Determined by Processor.	s9(9)v99	A	11		Format=s$$$$$$$$$cc
15Ø-VF	Invoiced Amount 1	The dollar amount requested for this specific calculation type.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
151-VG	Invoiced Amount 2	The dollar amount requested for this specific calculation type.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
152-VH	Invoiced Amount 3	The dollar amount requested for this specific calculation type.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
153-VJ	Invoiced Amount 4	The dollar amount requested for this specific calculation type.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
154-VK	Invoiced Amount 5	The dollar amount requested for this specific calculation type.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
155-VL	Invoiced Per Unit Amount 1	The calculation amount at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
156-VM	Invoiced Per Unit Amount 2	The calculation amount at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
157-VN	Invoiced Per Unit Amount 3	The calculation amount at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
158-VP	Invoiced Per Unit Amount 4	The calculation amount at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
159-VQ	Invoiced Per Unit Amount 5	The calculation amount at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
16Ø-VR	Invoice Price 1	The price used for the calculation.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
161-VS	Invoice Price 2	The price used for the calculation.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
162-VT	Invoice Price 3	The price used for the calculation.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
163-VU	Invoice Price 4	The price used for the calculation.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
164-VV	Invoice Price 5	The price used for the calculation.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
165-VW	Invoice Rate 1	The rate used for the calculation.	9(3)v99999*b* or 9(3)v99999-	R	9		Format:=999v99999b or 999v99999- Note *b* = Space - = Negative Sign
166-VX	Invoice Rate 2	The rate used for the calculation.	9(3)v99999*b* or 9(3)v99999-	R	9		Format:=999v99999b or 999v99999- Note *b* = Space - = Negative Sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
167-VY	Invoice Rate 3	The rate used for the calculation.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
168-VZ	Invoice Rate 4	The rate used for the calculation.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
169-WA	Invoice Rate 5	The rate used for the calculation.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
17Ø-WB	Invoice Type 1	Description of transaction type.	X(3)	R	3	See ECL	
171-WC	Invoice Type 2	Description of transaction type.	X(3)	R	3	See ECL	
172-WD	Invoice Type 3	Description of transaction type.	X(3)	R	3	See ECL	
173-WF	Invoice Type 4	Description of transaction type.	X(3)	R	3	See ECL	
174-WG	Invoice Type 5	Description of transaction type.	X(3)	R	3	See ECL	
716	Last Name	Last name.	x(25) x(35)	M A	25 35		
37Ø-2R	Length of Need	Length of time the physician expects the patient to require use of the ordered item.	9(3)	T	3		Qualified by 'Length of Need Qualifier' (371-2S). REQUEST ADDITIONAL DOCUMENTATION SEGMENT
371-2S	Length of Need Qualifier	Code qualifying the length of need.	9(2)	T	2	See ECL	Qualifies 'Length of Need' (37Ø-2R). Note: If value is 6, length of need would be 1. REQUEST ADDITIONAL DOCUMENTATION SEGMENT
418-DI	Level Of Service	Coding indicating the type of service the provider rendered.	9(2)	P, T,A	2	See ECL	REQUEST CLAIM SEGMENT.
27Ø	Line Of Business Code	Line of Business Code from Client eligibility or as defined by trading partner agreement.	x(6)	A	6		
928-FR	List Action	Indicates whether this is a replacement list, list updates or a list delete	x(1)	F	1	See ECL	

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
929-FZ	List Effective Date	Date the list goes into effect	9(8)	F	8		Format: CCYYMMDD
6Ø1-43	Line Number	Unique number that identifies the record.	x(11)	R	11		
93Ø-F2	Load Status	Code explaining the status of the load	x(2)	F	2	See ECL	
271	MAC Price	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.	s9(4)v9(5)	A	9		Format=s$$$$ccccc
272	MAC Reduced Indicator	Indicates if a claim payment was reduced due to a MAC (Maximum Allowable Cost) program.	x(1)	A	1	See ECL	
6ØØ-8Ø	Mail Order ID Code	Code identifying the mail order vendor used by the plan	x(17)	R	17		
6ØØ-81	Mail Order ID Qualifier	Identifies the type of data being submitted in the 'Mail Order ID Code' (6ØØ-8Ø) field.	x(1)	R	1	See ECL	
6Ø1-11	Mail Order Name	The name of the mail order vendor for the plan.	x(3Ø)	R	3Ø		
273	Maintenance Drug Indicator	Indicates if the drug is a maintenance drug under the client's benefit plan.	x(1)	A	1	See ECL	
6ØØ-47	Manufacturer (PICO) Contract Number	Contract number assigned by the manufacturer.	x(15)	R	15		
6ØØ-48	Manufacturer (PICO) ID Code	Code assigned to identify the manufacturer.	x(17)	R	17		
6ØØ-72	Manufacturer (PICO) ID Qualifier	Indicates the type of data being submitted in the 'Manufacturer (PICO) ID Code' (6ØØ-48) field.	x(2)	R	2	See ECL	
6Ø1-65	Manufacturer (PICO) Market Basket Code	This is the name or code for the market basket being submitted to the PMO.	x(17)	R	17		
6ØØ-5Ø	Manufacturer (PICO) Name	Name of the manufacturer.	x(3Ø)	R	3Ø		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-63	Market Basket Description	Description of market basket being submitted.	x(3Ø)	R	3Ø		
6Ø1-62	Market Basket Start Date	The effective date of the market basket.	9(8)	R	8		Format=CCYYMMDD
6Ø1-61	Market Basket Termination Date	The termination date of the market basket.	9(8)	R	8		Format=CCYYMMDD
828-1P	Master Sequence Number	On an adjustment or reject, this code indicates the master sequence number (tape field number) of the data element associated with the reject or adjustment.	x(2)	P	2	See Appendix F, G, H - reject code listing	
932-GA	Maximum Age	Maximum age at which the drug is covered (inclusive).	9(3)	F	3		Comments: Qualified by Maximum Age Qualifier (931-F8)
931-F8	Maximum Age Qualifier	Code qualifying the maximum age.	x(1)	F	1	See ECL	Comments: Qualifies Maximum Age (932-GA)
933-GB	Maximum Amount	Maximum amount for a quantity limit.	R(1Ø)	F	1Ø		Comments: Qualified by Maximum Amount Qualifier (934-GC). If Maximum Amount Qualifier = "DL" (Dollar Amount), Format: 9999999.99 If dollar amount, no dollar sign. Decimal required if value includes cents. Currency: USD The length includes the decimal point. For all other values of Maximum Amount Qualifier, Format: 9999999999 with no implicit or explicit decimal point.
934-GC	Maximum Amount Qualifier	This field qualifies the amount in the Maximum Amount (933-GB).	x(2)	F	2	See ECL	Comments: Qualifies Maximum Amount (933-GB).
935-GF	Maximum Amount Time Period	Type of time period associated with the overall Maximum Amount Qualifier (934-GC).	x(2)	F	2	See ECL	
937-GH	Maximum Amount Time Period End Date	Ending date of Specific Date Range	9(8)	F	8		Format: CCYYMMDD
936-GG	Maximum Amount Time Period Start Date	Starting date of Specific Date Range	9(8)	F	8		Format: CCYYMMDD

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
938-GJ	Maximum Amount Time Period Units	Number of units associated with the overall Maximum Amount Time Period (935-GF)	9(4)	F	4		Format: 9999
939-GK	Maximum Copay	Maximum total copay to be paid by the patient	R(1Ø)	F	1Ø		Format: 999999.99 Comments: No dollar sign. Decimal required if value includes cents. The length includes the decimal point. Currency: USD
792	Maximum Copay Amount	Maximum amount of copay required for this drug product or service.	9(6)v99	M	8		Format=s$$$$$$cc where $$$$$$ is dollars and CC is cents (i.e. ØØØ1ØØØØ would be $1ØØ.ØØ. Submission of ØØØØØØØØ represents no maximum.
94Ø-GM	Maximum Copay Tier	Provides the range within which the Copay Tier is stated. The highest Copay Tier within that range	9(2)	F	2		
494-ZE	Measurement Date	Date clinical information was collected or measured.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day REQUEST CLINICAL SEGMENT.
496-H2	Measurement Dimension	Code indicating the clinical domain of the observed value in 'Measurement Value' (499-H4).	x(2)	T	2	See ECL	REQUEST CLINICAL SEGMENT.
495-H1	Measurement Time	Time clinical information was collected or measured.	9(4)	T	4		Format: HHMM HH=Hour MM=Minute Examples: Reported in military time. Two o'clock P.M.=14ØØ. REQUEST CLINICAL SEGMENT.
497-H3	Measurement Unit	Code indicating the metric or English units used with the clinical information.	x(2)	T	2	See ECL	REQUEST CLINICAL SEGMENT.

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
499-H4	Measurement Value	Actual value of clinical information.	x(15)	T	15		Comments: Blood pressure entered in XXX/YYY format in which XXX=systolic, /=divider, and YYY is diastolic. Temperature entered in XXX.X format always including decimal point. REQUEST CLINICAL SEGMENT.
116-N6	Medicaid Agency Number	Number assigned by processor to identify the individual Medicaid Agency or representative.	X(15)	T,S	15		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.
115-N5	Medicaid ID Number	A unique member identification number assigned by the Medicaid Agency.	X(2Ø)	T,S	2Ø		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.
36Ø-2B	Medicaid Indicator	Two character State Postal Code indicating the state where Medicaid coverage exists.	X(2)	T	2	See ECL	REQUEST INSURANCE SEGMENT.
113-N3	Medicaid Paid Amount	Amount paid by the Medicaid Agency.	s9(6)V99	T,S	8		REQUEST PRICING SEGMENT.
114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	Claim number assigned by the Medicaid Agency.	X(2Ø)	T,S	2Ø		REQUEST CLAIM SEGMENT. RESPONSE CLAIM SEGMENT.
139-UR	Medicare Part D Coverage Code	Code indicating the position of Medicare Part D in the billing order.	9(2)	T,S	2	See ECL	RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.
274	Medicare Plan Code	This represents if the member is eligible for Medicare coverage as provided in eligibility data.	x(1)	A	1	See ECL	
275	Medicare Recovery Dispensing Indicator	Field to indicate if days supply on prescription was reduced due to plan limits.	x(1)	A	1	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
276	Medicare Recovery Indicator	Field to indicate if Medicare was billed in order to recover funds for current or previous claims billed to the client.	x(1)	A	1	See ECL	
359-2A	Medigap ID	Patient's ID assigned by the Medigap Insurer	X(2Ø)	T	2Ø		REQUEST INSURANCE SEGMENT.
71Ø	Member Sequence Number	Number to identify the sequence of member enrollment records.	9(2)	M	2		Comments: Used when multiple eligibility segments are submitted for a single member.
6ØØ-82	Membership Calculation Multiplier	Represents an actuarial multiplier that a PMO may use to determine the membership total count for a plan or sub-plan.	9(3)v99*b* or 9(3v)99-	R	6		Format=999v99*b* or 999v99- Note *b* = Space - = Negative Sign
6ØØ-83	Membership Count Qualifier	Further specifies the membership period qualifier in order to calculate the data submitted in the 'Membership Total Count' (6ØØ-88) field.	x(1)	R	1	See ECL	
6ØØ-84	Membership Dependents	Number of covered dependents.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6ØØ-85	Membership Enrollees	Number of covered enrollees.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6ØØ-86	Membership Period Qualifier	Identifies the period of time for which the membership counts cover.	x(1)	R	1	See ECL	
6ØØ-87	Membership Reporting Period Start Date	The first day of the membership reporting period.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-88	Membership Total Count	The total number of persons covered (the sum of enrollees and dependents or the product of enrollees and the calculation multiplier).	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6ØØ-89	Membership Type Qualifier	Identifies the type of membership being reported.	x(1)	R	1	See ECL	
277	Member Submit Amount	Ingredient Cost as submitted by member (Paper claims only).	s9(6)v99	A	8		Format=s$$$$$$cc
278	Member Submitted Claim Payment Release Date	Indicates the date the member submitted claim became payable, which could differ from the check date.	9(8)	A	8		Format: CCYYMMDD
279	Member Submitted Claim Program Code	A one-position field indicating the type of member submitted claim program used to process this claim.	x(1)	A	1	See ECL	
5Ø4-F4	Message	Free form message.	x(1)-x(2ØØ)	B, P, T	1-2ØØ		Comments: Variable length is from 1-2ØØ characters. RESPONSE MESSAGE SEGMENT.
941-GN	Message-Long	Text message.	x(2ØØ)	F	2ØØ		
942-GP	Message-Short	Text message.	x(1ØØ)	F	1ØØ		
4Ø4-D4	Metric Quantity	Number of metric units of medication dispensed.	9(5)	C, D	5		
718	Middle Initial	Individual middle initial.	x(1)	M, A	1		
944-GR	Minimum Age	Minimum age at which the drug is covered (inclusive).	9(3)	F	3		Comments: Qualified by Minimum Age Qualifier (943-GQ)
943-GQ	Minimum Age Qualifier	Code qualifying the Minimum Age (944-GR).	x(1)	F	1	See ECL	Comments: Qualifies Minimum Age (944-GR)
945-GS	Minimum Copay	Minimum total copay to be paid by the patient	R(1Ø)	F	1Ø		Format: 999999.99 Comments: No dollar sign. Decimal required if value includes cents. The length includes the decimal point. Currency: USD

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
793	Minimum Copay Amount	Minimum amount of copay required for this drug product or service.	9(6)v99	M	8		Format=s$$$$$$cc where $$$$$$ is dollars and CC is cents (i.e. ØØØØØØ1ØØ would be $1.ØØ). Submission of ØØØØØØØØ represents no minimum.
72Ø	Multiple Birth Code	Number assigned to each family member with the same birth date.	9(1)	M	1	1=1st 2=2nd 3=3rd 4=4th 5=5th 6=6th 7=7th 8=8th 9=9th	
719	Name Extension	Identifies more about the member name.	x(6)	M	6		Examples: Jr, Sr, III, MD, etc.
28Ø	Name Suffix	Individual name suffix.	x(1Ø)	A	1Ø		
39Ø-BM	Narrative Message	Free form text	x(2ØØ)	T	2ØØ		REQUEST NARRATIVE SEGMENT
281	Net Amount Due	Net amount paid to provider by the payer or net amount due from the client to the payer, determined by trading partner agreement.	s9(6)v99	A	8		Format=s$$$$$$cc
545-2F	Network Reimbursement ID	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.	x(1Ø)	T,A	1Ø		RESPONSE INSURANCE SEGMENT.
14Ø-US	Next Medicare Part D Effective Date	Future date Part D coverage begins for the patient.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
141-UT	Next Medicare Part D Termination Date	Future date Part D coverage ends for the patient	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day RESPONSE INSURANCE ADDITIONAL INFORMATION SEGMENT.
88Ø-KQ	Non-Claim Adjustment Dollars	The dollar amount being adjusted to the pharmacy payment as non-claim related dollars.	s9(6)v99	P	8		Format=s$$$$$$cc Comments: This does not include balance forward.
88Ø-KP	Non-Claim Transmission Fee Dollars	Non-claim level dollar amount being deducted from pharmacy payment for transaction charges at store level.	s9(6)v99	P	8		Format=s$$$$$$cc Comments: This does not include claim transmission fees from #5 records.
6ØØ-9Ø	Non-Formulary Product Co-Pay Amount	Co-pay required for the non-formulary product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99-
948-GV	Non-Listed Brand Over The Counter Formulary Status	Tells the receiver how to treat non-listed branded over the counter drugs.	x(2)	F	2	See ECL	Comment: The higher the number for the preferred level, the more preferred the drug is.
949-GW	Non-Listed Generic Over The Counter Formulary Status	Tells the receiver how to treat non-listed generic over the counter drugs.	x(2)	F	2	See ECL	Comment: The higher the number for the preferred level, the more preferred the drug is.
946-GT	Non-Listed Prescription Brand Formulary Status	Tells the receiver how to treat non-listed prescription branded drugs.	x(2)	F	2	See ECL	Comment: The higher the number for the preferred level, the more preferred the drug is.
947-GU	Non-Listed Prescription Generic Formulary Status	Tells the receiver how to treat non-listed prescription generic drugs.	x(2)	F	2	See ECL	Comment: The higher the number for the preferred level, the more preferred the drug is.
95Ø-GX	Non-Listed Supplies Formulary Status	Tells the receiver how to treat non-listed supplies.	x(2)	F	2	See ECL	Comment: The higher the number for the preferred level, the more preferred the drug is.
282	Non-POS Claim Override Code	Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.	x(1)	A	1	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
951-GY	Number of Drugs To Try	The number of drugs to try within a class, subclass, or pharmacological class.	9(2)	F	2		
794	Number of ID Cards	Number of cards to be generated for the member based on the ID card reason code.	9(1)	M	1		Comments: ID Card Reason Code must contain valid code for number of ID cards to process.
6Ø1-6Ø	Number of Market Product Records	The number of "MP" records for the one "MB" record.	9(1Ø)b or 9(1Ø)-	R	11		Format=9999999999b or 999999999- Note: b = Space - = Negative sign
415-DF	Number of Refills Authorized	Number of refills authorized by the prescriber.	9(2)	C, D, P, T,A	2	See ECL	REQUEST CLAIM SEGMENT.
6Ø1-59	Numerator Indicator	Product is part of numerator and denominator of market share calculation.	x(1)	R	1	See ECL	
88Ø-KT	Open Balance	The remaining balance amount to be applied in a future payment cycle.	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc Comments: Open balance = batch amount minus check amount.
6Ø1-92	Original Amount Invoiced	The first dollar amount invoiced.	9(9)v99b or 9(9)v99-	R	12		Format=999999999v99b or 999999999v99- Note: b = Space -= Negative sign
283	Original Claim Received Date	The date the pharmacy submitted the claim electronically for a paper claim-matching program.	9(8)	A	8		Format: CCYYMMDD
714	Original Effective Date	Date of original participation at which time group or member first became eligible for coverage as provided by the file originator.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
445-EA	Originally Prescribed Product/Service Code	Code of the initially prescribed product or service.	x(19)	T	19		Comments: Qualified by 'Originally Prescribed Product/Service Code Qualifier' (453-EJ). REQUEST CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
453-EJ	Originally Prescribed Product/Service ID Qualifier	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)	T	2	See ECL	REQUEST CLAIM SEGMENT.
446-EB	Originally Prescribed Quantity	Product initially prescribed amount expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 REQUEST CLAIM SEGMENT.
6Ø1-93	Original Rebate Per Unit	The original amount per unit.	9(5)v999999b or 9(5)v999999-	R	12		Format=99999v999999b or 99999v999999- Note: b = Space -= Negative sign
6Ø1-94	Original Units Invoiced	The number of units originally invoiced.	9(11)v999b or 9(11)v999-	R	15		Format=99999999999v999b or 99999999999v999- Note: b = Space -= Negative sign
6Ø1-66	Originator ID Code	This is the code for the originator submitted this file.	x(17)	R	17		
7Ø6	Originator Name	Identifies originator of transaction file.	x(3Ø)	M	3Ø		Comments: Identifies the source of the file.
6Ø1-67	Originator Name	This is the name for the originator submitting this file.	x(3Ø)	R	3Ø		
48Ø-H9	Other Amount Claimed Submitted	Amount representing the additional incurred costs for a dispensed prescription or service.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Qualified by 'Other Amount Claimed Submitted Qualifier' (479-H8). Examples: If the other amount claimed submitted is $12.55, this field would reflect: 125E. REQUEST PRICING SEGMENT.
478-H7	Other Amount Claimed Submitted Count	Count of other amount claimed submitted occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Other Amount Claimed Submitted Qualifier' (479-H8) 'Other Amount Claim Submitted' (48Ø-H9) REQUEST PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
479-H8	Other Amount Claimed Submitted Qualifier	Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	x(2)	T	2	See ECL	REQUEST PRICING SEGMENT.
565-J4	Other Amount Paid	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	s9(6)v99	P, T,A	8		Format=s$$$$$$cc Comments: Qualified by 'Other Amount Paid Qualifier' (564-J3). RESPONSE PRICING SEGMENT.
563-J2	Other Amount Paid Count	Count of the other amount paid occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Other Amount Paid Qualifier' (564-J3) 'Other Amount Paid' (565-J4) RESPONSE PRICING SEGMENT.
564-J3	Other Amount Paid Qualifier	Code clarifying the value in the 'Other Amount Paid' (565-J4).	x(2)	T,A	2	See ECL	RESPONSE PRICING SEGMENT.
3Ø8-C8	Other Coverage Code	Code indicating whether or not the patient has other insurance coverage.	9(2)	M, P, T,A,R	2	See ECL	REQUEST CLAIM SEGMENT.
735	Other Coverage Effective Date	Date on which the other coverage code is effective and required if 'Other Coverage Code' (3Ø8-C8) is submitted.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
431-DV	Other Payer Amount Paid	Amount of any payment known by the pharmacy from other sources.	s9(6)v99	P, T	8		Format=s$$$$$$cc Examples: If the other payer amount paid is $32.56, this field would reflect: 325F. REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
341-HB	Other Payer Amount Paid Count	Count of the payer amount paid occurrences.	9(1)	T	1		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
342-HC	Other Payer Amount Paid Qualifier	Code qualifying the 'Other Payer Amount Paid' (431-DV).	x(2)	T	2	See ECL	REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
566-J5	Other Payer Amount Recognized	Total amount recognized by the processor of any payment from another source.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: If the other payer amount recognized is $5.27. This field would reflect: 52G. RESPONSE PRICING SEGMENT.
144-UX	Other Payer Benefit Effective Date	Other Payer's effective date of the patient's benefit.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
145-UY	Other Payer Benefit Termination Date	Other Payer's termination date of the patient's benefit.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
99Ø-MG	Other Payer BIN Number	The secondary, tertiary, etc. card issuer or bank ID number used for network routing.	9(6)	T	6		REQUEST INSURANCE SEGMENT.
356-NU	Other Payer Cardholder ID	Cardholder ID for this member that is associated with the Payer noted.	X(2Ø)	T	2Ø		RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT. REQUEST INSURANCE SEGMENT.
338-5C	Other Payer Coverage Type	Code identifying the type of 'Other Payer ID' (34Ø-7C).	x(2)	T	2	See ECL	REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT. RESPONSE COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
443-E8	Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If the primary payer denial date was August 1,1999, this field would reflect: 1999Ø8Ø1. REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
992-MJ	Other Payer Group ID	ID assigned to the cardholder group or employer group by the secondary, tertiary, etc. payer.	x(15)	T	15		REQUEST INSURANCE SEGMENT. RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
127-UB	Other Payer Help Desk Phone Number	Phone number of the other payer's help desk.	x(18)	T	18		Format=AAAEEENNNNXXXXXXXX AAA=Area Code EEE=Exchange Code NNNN=Number XXXXXXXX=Extension Examples: A phone number of 212-555-1212 would reflect: 2125551212. With an extension of 123 the same number would reflect: 2125551212123 or 2125551212x123 or 2125551212ext123. RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
34Ø-7C	Other Payer ID	ID assigned to the payer.	x(1Ø)	T	1Ø		Comments: Qualified by 'Other Payer ID Qualifier' (339-6C). REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT. RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
355-NT	Other Payer ID Count	Count of other payers with payment responsibility.	9(1)	T	1		RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT
339-6C	Other Payer ID Qualifier	Code qualifying the 'Other Payer ID' (34Ø-7C).	x(2)	T	2	See ECL	REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT. RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
143-UW	Other Payer-Patient Relationship Code	Code assigned by the other payer to indicate the relationship of patient to cardholder.	9(1)	T	1	See ECL	RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
352-NQ	Other Payer-Patient Responsibility Amount	The patient's cost share from a previous payer.	S9(8)v99	T,A	1Ø		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
353-NR	Other Payer-Patient Responsibility Amount Count	Count of "Other Payer-Patient Responsibility Amount" (352-NQ) and "Other Payer-Patient Responsibility Amount Qualifier" (351-NP) occurrences.	9(2)	T	2		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)".	X(2)	T,A	2	See ECL	Comments: This field is submitted by the pharmacist for the purpose of qualifying the entry in the "Other Payer-Patient Responsibility Amount" field. REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
142-UV	Other Payer Person Code	Code assigned by the other payer to a specific person within a family.	X(3)	T	3		RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
991-MH	Other Payer Processor Control Number	A number that uniquely identifies the secondary, tertiary, etc. payer to the processor.	x(1Ø)	T	1Ø		REQUEST INSURANCE SEGMENT. RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT.
472-6E	Other Payer Reject Code	The error encountered by the previous "Other Payer" in 'Reject Code' (511-FB).	x(3)	T	3		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
471-5E	Other Payer Reject Count	Count of 'Other Payer Reject Code' (472-6E) occurrences.	9(2)	T	2		Comments: Number of reject codes identified by the previous "Other Payer" in 'Reject Count' (51Ø-FA). REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
529-FT	Other Pharmacy Indicator	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.	9(1)	T	1	See ECL	RESPONSE DUR/PPS SEGMENT.
533-FX	Other Prescriber Indicator	Code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription.	9(1)	T	1	See ECL	RESPONSE DUR/PPS SEGMENT.
284	Out Of Pocket Apply Amount	Amount applied to out of pocket expense.	s9(6)v99	A	8		Format=s$$$$$$cc

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
953-HP	Out of Pocket Range End	If the copay varies according to the patient's out of pocket, this is the upper range value.	R(1Ø)	F	1Ø		Comments: No dollar sign. Decimal required if value includes cents. Currency: USD The length includes the decimal point. Blank indicates no upper limit to range.
952-GZ	Out of Pocket Range Start	If the copay varies according to the patient's out of pocket, this is the lower range value.	R(1Ø)	F	1Ø		Comments: No dollar sign. Decimal required if value includes cents. Currency: USD The length includes the decimal point.
175-WH	Paid Amount 1	The amount paid for this specific calculation type.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
176-WJ	Paid Amount 2	The amount paid for this specific calculation type.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
177-WK	Paid Amount 3	The amount paid for this specific calculation type.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
178-WL	Paid Amount 4	The amount paid for this specific calculation type.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
179-WM	Paid Amount 5	The amount paid for this specific calculation type.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
18Ø-WN	Paid Base Price 1	The price used in the paid amount calculations.	9(5)v99999 9*b* or 9(5)v99999 99-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
181-WP	Paid Base Price 2	The price used in the paid amount calculations.	9(5)v99999 9*b* or 9(5)v99999 99-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign

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182-WQ	Paid Base Price 3	The price used in the paid amount calculations.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
183-WR	Paid Base Price 4	The price used in the paid amount calculations.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
184-WS	Paid Base Price 5	The price used in the paid amount calculations.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
6Ø1-95	Paid Per Unit Amount	The amount per unit that is paid.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note: *b* = Space -= Negative sign
185-WT	Paid Per Unit Amount 1	The amount paid calculated at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
186-WU	Paid Per Unit Amount 2	The amount paid calculated at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
187-WV	Paid Per Unit Amount 3	The amount paid calculated at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
188-WW	Paid Per Unit Amount 4	The amount paid calculated at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
189-WX	Paid Per Unit Amount 5	The amount paid calculated at a per unit level.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
19Ø-WY	Paid Quantity 1	The quantity accepted for payment processing.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign
191-WZ	Paid Quantity 2	The quantity accepted for payment processing.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign
192-XA	Paid Quantity 3	The quantity accepted for payment processing.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign
193-XB	Paid Quantity 4	The quantity accepted for payment processing.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign
194-XC	Paid Quantity 5	The quantity accepted for payment processing.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign
195-XD	Paid Rate 1	The rate used to calculate the paid amount.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
196-XF	Paid Rate 2	The rate used to calculate the paid amount.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
197-XG	Paid Rate 3	The rate used to calculate the paid amount.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
198-XH	Paid Rate 4	The rate used to calculate the paid amount.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
199-XJ	Paid Rate 5	The rate used to calculate the paid amount.	9(3)v99999*b* or 9(3)v99999-	R	9		Format=999v99999*b* or 999v99999- Note *b* = Space - = Negative Sign
6Ø1-96	Paid Rebate Amount	The total rebate amount paid within the 'RS' record type for the reported product.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
875-6E	P.A./M.C./S.C. Number	Prior authorization or medical certification number submitted by provider for claims payment.	x(7)	C, D	7		
391-MT	Patient Assignment Indicator (Direct Member Reimbursement Indicator)	Code to indicate a patient's choice on assignment of benefits.	X(1)	T	1	See ECL	Note: Currently used by providers of Medicare Part B REQUEST CLAIM SEGMENT.
323-CN	Patient City Address	Free-form text for city name.	x(2Ø)	T	2Ø		Examples: CHICAGO REQUEST PATIENT SEGMENT.
35Ø-HN	Patient E-Mail Address	The E-Mail address of the patient (member).	x(8Ø)	T	8Ø		Examples: JSMITH@NCPDP.ORG REQUEST PATIENT SEGMENT
31Ø-CA	Patient First Name	Individual first name.	x(12)	C, D, T	12		Examples: JOHN REQUEST PATIENT SEGMENT. RESPONSE PATIENT SEGMENT
3Ø5-C5	Patient Gender Code	Code indicating the gender of the individual.	9(1)	T,A	1	See ECL	REQUEST PATIENT SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
332-CY	Patient ID	ID assigned to the patient.	x(2Ø)	T,A	2Ø		Comments: Qualified by 'Patient Id Qualifier' (331-CX). REQUEST PATIENT SEGMENT.
331-CX	Patient ID Qualifier	Code qualifying the 'Patient ID' (332-CY).	x(2)	T, A	2	See ECL	REQUEST PATIENT SEGMENT.
311-CB	Patient Last Name	Individual last name.	x(15)	C, D, T	15		Examples: SMITH REQUEST PATIENT SEGMENT. RESPONSE PATIENT SEGMENT
6Ø1-44	Patient Liability Amount	Amount of patient's out-of-pocket cost.	9(11)b or 9(11)-	R	12		Format=99999999999b or 99999999999- Note b = Space - = Negative Sign
285	Patient Medicare Formulary Rebate Amount	Credit the patient receives on this claim from the drug manufacturer.	s9(6)v99	A	8		Format=s$$$$$$cc
433-DX	Patient Paid Amount Submitted	Amount the pharmacy received from the patient for the prescription dispensed.	s9(6)v99	T	8		Comment: This field is not used in coordination of benefit transactions to pass patent liability information to a downstream payer. See Other Payer-Patient Responsibility Amount (352-NQ) Format=s$$$$$$cc Examples: If the patient paid amount submitted is $1Ø.5Ø, this field would reflect: 1Ø5{. REQUEST PRICING SEGMENT.
5Ø5-F5	Patient Pay Amount	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.	s9(6)v99	P, T,A	8		Format=s$$$$$$cc Examples: If the patient pay amount is $56.96, this field would reflect: 569F. RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
326-CQ	Patient Phone Number	Ten-digit phone number of patient.	9(1Ø)	T	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange NNNN=Number Examples: If the phone number is (313) 555-1212, this field would reflect: 3135551212. REQUEST PATIENT SEGMENT.
3Ø6-C6	Patient Relationship Code	Code indicating relationship of patient to cardholder.	9(1)	T,A	1	See ECL	REQUEST INSURANCE SEGMENT.
384-4X	Patient Residence	Code identifying the patient's place of residence.	9(2)	T	2	See ECL	REQUEST PATIENT SEGMENT.
575-EQ	Patient Sales Tax Amount	Patient sales tax responsibility. This field is not a component of the Patient Pay Amount (5Ø5-F5) formula.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.
286	Patient Spend Down Amount	Claim dollars applied to patient's spend down account (example Flexible Spending Account).	s9(6)v99	A	8		Format=s$$$$$$cc
324-CO	Patient State/Province Address	Standard State/Province Code as defined by appropriate government agency.	x(2)	T	2	See ECL	Comments: Standard United States and Canadian province two-letter postal service abbreviations should be used. REQUEST PATIENT SEGMENT.
322-CM	Patient Street Address	Free-form text for address information.	x(3Ø)	T	3Ø		Examples: 123 MAIN STREET REQUEST PATIENT SEGMENT.
325-CP	Patient Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	T	15		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the patient is located. Examples: If the zip code is 98765-4321, this field would reflect: 987654321. If the zip code is 98765, this field would reflect: 98765 left justified. REQUEST PATIENT SEGMENT.

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
569-J8	Payer ID	ID of the payer.	x(1Ø)	T	1Ø		Comments: Qualified by 'Payer ID Qualifier' (568-J7). RESPONSE INSURANCE SEGMENT.
568-J7	Payer ID Qualifier	Code indicating the type of payer ID.	x(2)	T	2	See ECL	Comments: Qualifies 'Payer ID' (569-J8). RESPONSE INSURANCE SEGMENT.
88Ø-KB	Payment Cycle End Date	Ending date of payment cycle.	9(8)	P	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
88Ø-KA	Payment Cycle Start Date	Starting date of payment cycle.	9(8)	P	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
287	Payment/Reference ID	Identifies ID assigned by sender to reference individual pharmacy and member reimbursement. Check or EFT trace number.	x(3Ø)	A	3Ø		
288	Payroll Class	A field defined by the client indicating the payroll class of the member.	x(1)	A	1	See ECL	
122-TW	Pay To City Address	City of the entity to receive payment for claim.	X(2Ø)	T	2Ø		REQUEST WORKERS' COMPENSATION SEGMENT.
119-TT	Pay To ID	Identifying number of the entity to receive payment for claim.	X(15)	T	15		Comments: Qualified by 'Pay To Qualifier' (118-TS). REQUEST WORKERS' COMPENSATION SEGMENT.
12Ø-TU	Pay To Name	Name of the entity to receive payment for claim.	X(2Ø)	T	2Ø		REQUEST WORKERS' COMPENSATION SEGMENT.
118-TS	Pay To Qualifier	Code qualifying the 'Pay To ID' (119-TT).	X(2)	T	2	See ECL	Comments: Qualifies 'Pay To ID' (119-TT). REQUEST WORKERS' COMPENSATION SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
123-TX	Pay to State/ Province Address	Standard state /province code as defined by appropriate government agency.	X(2)	T	2	See ECL	REQUEST WORKERS' COMPENSATION SEGMENT.
121-TV	Pay To Street Address	Street address of the entity to receive payment for claim.	X(3Ø)	T	3Ø		REQUEST WORKERS' COMPENSATION SEGMENT.
124-TY	Pay To Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	T	15		Examples: If the zip code is 98765-4321, this field would reflect: 987654321. If the zip code is 98765, this field would reflect: 98765 left justified. .REQUEST WORKERS' COMPENSATION SEGMENT.
88Ø-KM	Pending Claim Count	Total number of claims pending in the batch (count of transaction type Ø8 on #5 records).	9(8)	P	8		
559-AX	Percentage Sales Tax Amount Paid	Amount of percentage sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: If the percentage sales tax paid is $3.62, this field would reflect: 36B. RESPONSE PRICING SEGMENT.
482-GE	Percentage Sales Tax Amount Submitted	Percentage sales tax submitted.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: The submission of sales tax is governed by regulatory agencies (state, local, parish, etc).. Examples: If the percentage sales tax amount submitted is $4.47, this field would reflect: 44G. REQUEST PRICING SEGMENT.
561-AZ	Percentage Sales Tax Basis Paid	Code indicating the percentage sales tax paid basis.	x(2)	T,A	2	See ECL	RESPONSE PRICING SEGMENT.
484-JE	Percentage Sales Tax Basis Submitted	Code indicating the basis for percentage sales tax.	x(2)	T	2	See ECL	Comments:. The submission of sales tax is governed by regulatory agencies (state, local, parish, etc). REQUEST PRICING SEGMENT.
56Ø-AY	Percentage Sales Tax Rate Paid	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Paid' (559-AX).	s9(3)v4	T,A	7		Format=s999.9999 RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
483-HE	Percentage Sales Tax Rate Submitted	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Submitted' (482-GE).	s9(3)v4	T	7		<u>Comments:</u>. The submission of sales tax is governed by regulatory agencies (state, local, parish, etc). Format=s999.9999 REQUEST PRICING SEGMENT.
954-HQ	Percent Copay Rate	Percentage copay rate	R(1Ø)	F	1Ø		<u>Comments:</u> Percentage expressed as a decimal (e.g., Ø.Ø through 1.Ø represents Ø% through 1ØØ%) The length includes the decimal point.
3Ø3-C3	Person Code	Code assigned to a specific person within a family.	x(3)	C, D, P, M R, T,A	3		Regarding the Telecommunication Standard: REQUEST INSURANCE SEGMENT. - Enrollment Standard Examples: <u>Examples:</u> ØØ1=Cardholder ØØ2=Spouse ØØ3-999=Dependents and Others (including second spouses, etc.)
829-5L	Pharmacy Address	The street address for a pharmacy.	x(2Ø)	C,D	2Ø		
289	Pharmacy Class Code	Indicates class of the pharmacy.	x(1)	A	1	See values in NCPDP *Pharmacy Database Files Standard Implementation Guide*.	
83Ø-5M	Pharmacy Count	Total number of pharmacies on a tape or batch type file.	9(5)	C, D, P	5		
29Ø	Pharmacy Dispenser Type	Type of pharmacy dispensing product.	x(2)	A	2	See values in NCPDP *Pharmacy Database Files Standard Implementation Guide*.	
831-5N	Pharmacy Location City	City of pharmacy.	x(18)	C, D	18		
832-6F	Pharmacy Location State	State abbreviation of pharmacy.	x(2)	C, D	2	See ECL	
833-5P	Pharmacy Name	Name of pharmacy.	x(2Ø) ——— x(35)	C, D ——— A	2Ø ——— 35		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
147-U7	Pharmacy Service Type	The type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy, or when benefits are based upon the type of service performed.	9(2)	T	2	See ECL	REQUEST CLAIM SEGMENT.
834-5Q	Pharmacy Telephone Number	Telephone number of pharmacy.	9(1Ø)	C, D	1Ø		Format=AAAEEENNNN AAA=Area Code EEE-Exchange Code NNNN=Number
955–HR	Pharmacy Type	Type of Pharmacy.	x(1)	F	1	See ECL	
835-5R	Pharmacy Zip Code	This field identifies the expanded zip code of the pharmacy.	x(9)	C, D	9		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the pharmacy is located.
3Ø7-C7	Place of Service	Code identifying the place where a drug or service is dispensed or administered.	9(2)	T	2	See ECL	REQUEST PATIENT SEGMENT.
6ØØ-91	Plan Affiliation Parent Plan ID	ID assigned to the parent plan.	x(17)	R	17		
6ØØ-92	Plan Affiliation Parent Plan ID Qualifier	Identifies the type of data being submitted in the 'Plan Affiliation Parent Plan ID' (6ØØ-91) field.	x(1)	R	1	See ECL	
291	Plan Benefit Code	Determines the method by which Insulin and OTC claims are paid. Defined by processor.	x(2)	A	2		
292	Plan Cutback Reason Code	Indicates the type of cutback, if any, imposed by plan.	x(1)	A	1	See ECL	
6ØØ-93	Plan Degree Managed	Identifies the level of formulary management.	x(4)	R	4	See ECL	
524-FO	Plan ID	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	M, T	8		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-94	Plan ID Code	ID assigned to identify the plan.	x(17)	R	17		
734	Plan ID Effective Date	Date on which the specified plan goes into effect. The date is required if the 'Plan ID' (524-FO) is submitted.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
733	Plan ID Extension	Additional information to describe the plan identification.	x(8)	M	8		Comments: Maybe appended to Plan ID (524-FO) to yield a 16 position extended Plan Identification field.
6ØØ-95	Plan ID Qualifier	Identifies the type of data being submitted in the 'Plan ID Code' (6ØØ-94) field.	x(1)	R	1	See ECL	
6ØØ-96	Plan Name	The name of the plan.	x(3Ø)	R	3Ø		
574-2Y	Plan Sales Tax Amount	Plan sales tax responsibility. This field is not a component of the Patient Pay Amount (5Ø5-F5) formula.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT.
6ØØ-97	Plan Total Adjudicators Records	Total number of Adjudicators Records being submitted for the plan.	9(4)b	R	5		Format=9999b Note b = Space
6ØØ-98	Plan Total Formulary Benefit Design Records	Total number of Formulary Benefit Design Records being submitted for the plan.	9(4)b	R	5		Format=9999b Note b = Space
6ØØ-99	Plan Total Mail Order Records	Total number of Mail Order Records being submitted for the plan.	9(4)b	R	5		Format=9999b Note b = space
6Ø1-Ø1	Plan Type	Identifies the type of plan.	x(4)	R,A	4	See ECL	
6Ø1-Ø2	Plan Type Service	Indicates the type of service for the plan.	x(4)	R	4	See ECL	
428-DS	Postage Amount Claimed	Dollar amount of postage claimed.	s9(2)v99	C, D, P	4		Format=s$$cc

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
956-HS	Preference Level	If there are multiple alternatives for a given Source drug, this is the payer's order of preference (a higher number equals greater preference).	9(2)	F	2	See ECL	Comments: A higher number indicates more preferred.
293	Preferred Alternative File ID	Indicates the preferred alternative file ID number used to determine processing.	x(1Ø)	A	1Ø		
555-AT	Preferred Product Cost Share Incentive	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the preferred product copay is $6.ØØ this field would reflect: 6Ø{. RESPONSE CLAIM SEGMENT.
551-9F	Preferred Product Count	Count of preferred product occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Preferred Product ID Qualifier' (552-AP) 'Preferred Product ID' (553-AR) 'Preferred Product Incentive' (554-AS) 'Preferred Product Cost Share Incentive' (555-AT) 'Preferred Product Description' (556-AU) RESPONSE CLAIM SEGMENT.
556-AU	Preferred Product Description	Free text message.	x(4Ø)	T	4Ø		RESPONSE CLAIM SEGMENT.
553-AR	Preferred Product ID	Alternate product recommended by the plan.	x(19)	T	19		Comments: Qualified by 'Preferred Product ID Qualifier' (552-AP). RESPONSE CLAIM SEGMENT.
552-AP	Preferred Product ID Qualifier	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	T	2	See ECL	RESPONSE CLAIM SEGMENT.
554-AS	Preferred Product Incentive	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the preferred product incentive is $2.5Ø, this field would reflect: 25{. RESPONSE CLAIM SEGMENT.
335-2C	Pregnancy Indicator	Code indicating the patient as pregnant or non-pregnant.	x(1)	M, T	1	See ECL	REQUEST PATIENT SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
294	Prescribed Days Supply	Indicates the original days supply of the prescription. Applies to internal Mail Service only.	9(3)	A	3		
295	Prescriber Certification Status	Indicates a provider's certification in the health plan program.	x(2)	A	2	See ECL	
364-2J	Prescriber First Name	Individual first name.	x(12)	T	12		REQUEST PRESCRIBER SEGMENT.
366-2M	Prescriber City Address	Free form text for prescriber city name.	x(2Ø)	T	2Ø		REQUEST PRESCRIBER SEGMENT.
411-DB	Prescriber ID	ID assigned to the prescriber.	x(15)	M, T,A,R	15		Regarding the Telecommunication Standard: Comments: Qualified by 'Prescriber ID Qualifier' (466-EZ) for the Telecommunications Standard. REQUEST PRESCRIBER SEGMENT
466-EZ	Prescriber ID Qualifier	Code qualifying the 'Prescriber ID' (411-DB).	x(2)	M,T,A,R	2	See ECL	REQUEST PRESCRIBER SEGMENT.
427-DR	Prescriber Last Name	Individual last name.	x(15)	C, D, P, T	15		Examples: BROWN REQUEST PRESCRIBER SEGMENT.
467-1E	Prescriber Location Code	Location address code assigned to the prescriber as identified in the National Provider System (NPS).	x(3)	A	3		REQUEST PRESCRIBER SEGMENT.
498-PM	Prescriber Phone Number	Ten-digit phone number of the prescriber.	9(1Ø)	T	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number Examples: This field would reflect the telephone number of (414) 555-1212 as 4145551212. REQUEST PRESCRIBER SEGMENT.
367-2N	Prescriber State/Province Address	Standard state /province code as defined by appropriate government agency.	X(2)	T	2	See ECL	REQUEST PRESCRIBER SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
365-2K	Prescriber Street Address	Free form text for prescriber address information.	X(3Ø)	T	3Ø		REQUEST PRESCRIBER SEGMENT.
372-2T	Prescriber/Supplier Date Signed	The date the form was completed and signed by the ordering physician.	9(8)	T	8		Format = CCYYMMDD REQUEST ADDITIONAL DOCUMENTATION SEGMENT
296	Prescriber Taxonomy Code	The taxonomy is defined as a classification scheme that codifies provider type and provider area of specialization.	x(1Ø)	A	1Ø	See ECL	
368-2P	Prescriber Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks.	x(15)	T	15		REQUEST PRESCRIBER SEGMENT.
419-DJ	Prescription Origin Code	Code indicating the origin of the prescription.	9(1)	P, T,A	1	See ECL	REQUEST CLAIM SEGMENT.
297	Prescription Over The Counter Indicator	The indicator that specifies this prescription is a federal/legend (RX prescription only) or non-prescription drug (OTC).	x(1)	A	1	See ECL	
6Ø1-49	Prescription Type	Identifies the prescription as either a new/refill, an adjusted prescription or a reversal.	9(1)*b* or 9(1)-	R	2	See ECL	
4Ø2-D2	Prescription/ Service Reference Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(12)	T,A,R	12		Qualified by 'Prescription/Service Reference Number Qualifier' (455-EM). REQUEST CLAIM SEGMENT. RESPONSE CLAIM SEGMENT.
455-EM	Prescription/ Service Reference Number Qualifier	Indicates the type of billing submitted.	x(1)	C,D,P,R,T, A	1	See ECL	Comments: Qualifies 'Prescription/Service Reference Number' (4Ø2-D2). REQUEST CLAIM SEGMENT. RESPONSE CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
53Ø-FU	Previous Date of Fill	Date prescription was previously filled.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If the prescription was previously filled on August 1, 1999, this field would reflect: 1999Ø8Ø1. RESPONSE DUR/PPS SEGMENT.
737	Primary Care Provider Effective Date	Date on which primary care provider is effective for member. Required if 'Primary Care Provider ID' (421-DL) is submitted.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
421-DL	Primary Care Provider ID	ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.	x(15)	M,P,T,A	15		Comments: Qualified by 'Primary Care Provider ID Qualifier' (468-2E). REQUEST PRESCRIBER SEGMENT.
468-2E	Primary Care Provider ID Qualifier	Code qualifying the 'Primary Care Provider ID' (421-DL).	x(2)	M,T,A	2	See ECL	REQUEST PRESCRIBER SEGMENT.
47Ø-4E	Primary Care Provider Last Name	Individual last name.	x(15)	T	15		REQUEST PRESCRIBER SEGMENT.
469-H5	Primary Care Provider Location Code	Location address code assigned to the primary care provider as identified in the National Provider System (NPS).	x(3)	A	3		REQUEST PRESCRIBER SEGMENT.
795	Primary Care Provider Termination Date	Date that primary care provider's treatment of this patient for this Workers Comp. Claim will terminate (coverage continues through midnight of date submitted).	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
739	Primary Pharmacy Effective Date	Date on which primary pharmacy, chain or PPO is effective for member. Required if 'Primary Pharmacy ID' (738) is submitted.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
738	Primary Pharmacy ID	Identifies the pharmacy, chain, or Preferred Provider Organization (PPO) that the member must use in order to obtain benefits.	9(12)	M	12		
496	Primary Pharmacy ID Qualifier	Code qualifying the 'Primary Pharmacy ID' (738).	x(2)	M	2	Blank-Not Specified Ø1=DEA Ø2=State License Ø3=Social Security Number Ø4=Name Ø5=National Provider ID (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	
6Ø2-Ø1	Prior Amount Paid	The cumulative dollar amount of previously paid rebates.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
797	Prior Approval Amount	Maximum claim total price allowed before prior approval is required.	9(6)v99	M	8		Format=s$$$$$$cc where $$$$$$ is dollars and CC is cents (i.e. ØØ1ØØØØØ would be $1ØØØ.ØØ). Submission of ØØØØØØØØ represents no maximum automatic Prior Auth. Limit.
498-RB	Prior Authorization Dollars Authorized	Amount authorized in the prior authorization.	s9(6)v99	T	8		Format= s$$$$$$cc RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PS	Prior Authorization Effective Date	Date the prior authorization became effective.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Provided by the processor to the pharmacy to indicate the date on which the prior authorization became effective. RESPONSE PRIOR AUTHORIZATION SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PT	Prior Authorization Expiration Date	Date the prior authorization ends.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Provided by the processor to the pharmacy to indicate the date on which the prior authorization approval expires. RESPONSE PRIOR AUTHORIZATION SEGMENT.
416-DG	Prior Authorization/ Medical Certification Code And Number	Value indicating prior authorization or medical certification occurred, and the number associated with the code in the left most position.	9(12)	C,D	12	Ø=Not Specified 1=Prior authorization 2=Medical certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from co-pay 5=Exemption from prescription limits 6=Family planning indicator 7=TANF (Temporary Assistance for Needy Families) 8=Payer defined exemption	Format=VNNNNNNNNNNN Comments: V = Prior Authorization/Medical Certification Code And Number must be left justified in the full field. The remaining 11 digits must be right justified and zero filled for V. Value 7 formerly was AFDC (Aid to Families with Dependent Children)
498-PY	Prior Authorization Number-Assigned	Unique number identifying the prior authorization assigned by the processor.	9(11)	T,A	11		Comments: Provided to the pharmacy by the processor to be used by the pharmacy for billing, and if applicable, reversal purposes. REQUEST PRIOR AUTHORIZATION SEGMENT. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PW	Prior Authorization Number Of Refills Authorized	Number of refills authorized by the prior authorization.	9(2)	T	2		RESPONSE PRIOR AUTHORIZATION SEGMENT.
462-EV	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization.	9(11)	T,A	11		REQUEST CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PR	Prior Authorization Processed Date	Date the prior authorization request was processed.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Provided by the processor to the pharmacy to indicate the date on which the prior authorization transaction was processed. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-RA	Prior Authorization Quantity	Amount authorized expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 Comments: Provided to the pharmacy by the processor to convey the number of units authorized. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PX	Prior Authorization Quantity Accumulated	Accumulated authorized amount expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 Comments: Provided to the pharmacy by the processor to determine quantity remaining for billing. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PP	Prior Authorization Supporting Documentation	Free text message.	x(1)-x(5ØØ)	T	1-5ØØ		Comments: Could be used, if applicable, to supply information not already included in NCPDP data fields that may be required to process a prior authorization transaction. REQUEST PRIOR AUTHORIZATION SEGMENT.
461-EU	Prior Authorization Type Code	Code clarifying the 'Prior Authorization Number Submitted' (462-EV) or benefit/plan exemption.	9(2)	T,A	2	See ECL *(See ECL for Emergency Disaster Standard Values)*	REQUEST CLAIM SEGMENT
6Ø2-Ø2	Prior Units Disputed	The number of units in dispute.	9(11)v999 *b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø2-Ø3	Prior Units Paid	The number of units previously paid.	9(11)v999 *b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note: *b* = Space -= Negative sign
298	Procedure Code	Identifies the service.	x(6)	A	6		Codes available from CMS. Available from: Centers for Medicare & Medicaid Services, 75ØØ Security Blvd., Baltimore, MD 21244
459-ER	Procedure Modifier Code	Identifies special circumstances related to the performance of the service.	x(2)	T,A	2		Available from: Centers for Medicare & Medicaid Services 75ØØ Security Blvd. Baltimore, MD 21244 REQUEST CLAIM SEGMENT.
458-SE	Procedure Modifier Code Count	Count of the 'Procedure Modifier Code' (459-ER) occurrences.	9(2)	T	2		REQUEST CLAIM SEGMENT.
7Ø8	Process Begin Date	Earliest process date contained between the data header and data trailer segments.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day <u>Comments:</u> Begin date of the period in which this record was processed by the submitter.
7Ø4	Process Date	Date on which file is created.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
7Ø9	Process End Date	Latest process date contained between the data header and data trailer segments.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day <u>Comments:</u> End date of the period in which this record was processed by the submitter.
836-5S	Processor Address	Address of the processor corresponding to field 84Ø-5W.	x(2Ø)	C,D	2Ø		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
1Ø4-A4	Processor Control Number	Number assigned by the processor.	x(1Ø)	T,M	1Ø		REQUEST TRANSACTION HEADER SEGMENT.
752	Processor Defined Data	Contains data elements mutually defined by processor/ originator.	x(176)	M	176		
299	Processor Defined Prior Authorization Reason Code	Code clarifying the Prior Authorization Number.	9(2)	A	2	See ECL	
7Ø7	Processor Indicator	Code describing file contents and corresponding action to be taken by processor.	x(1)	M	1	A=Active only-terminate by absence R=Replacement: of complete file C=Comparison: only-no updates M=Maintenance-changes only F=Full file with member terms T=Full file with member terms-terminate by absence	
837-5T	Processor Location City	The name of the city in which the processor is located, corresponding to field 84Ø-5W.	x(18)	C,D	18		
838-5U	Processor Location State	The name of the state in which the processor is located, corresponding to field 84Ø-5W.	x(2)	C,D	2	See ECL	
839-5V	Processor Name	Name of the processor.	x(2Ø)	C,D,M	2Ø		
84Ø-5W	Processor Number	Number assigned by NCPDP to identify the source of the claim billing file and the source of the payment file.	x(1Ø)	C,D,P	1Ø		
395	Processor Payment Clarification Code	Provides additional information of the status of the payment of the claim.	x(2)	A	2	See ECL	
396	Processor Specific Data	Trading partners mutually agreed upon specific data defined by processor.	x(5Ø)	A	5Ø		
841-5X	Processor Telephone Number	Telephone number of processor corresponding to field 84Ø-5W.	9(1Ø)	C,D	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
842-5Y	Processor Zip Code	This field identifies the expanded zip code of the processor, corresponding to field 84Ø-5W.	x(9)	C,D	9		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the processor is located.
7Ø5	Process Time	The time file or record was created.	9(6)	M	6		Format=HHMMSS HH=Hours MM=Minutes SS=Seconds
6Ø1-58	Product Daily Consumption	A value that the units would be divided by to convert to days of therapy, canister, etc. for the calculation of market share.	9(2)v99b or 9(2)v99-	R	5		Format=99v99b or 99v99- Note: b=Space -=Negative Sign
6Ø1-2Ø	Product Description	Description of product being submitted.	x(3Ø)	R	3Ø		
6Ø1-21	Product Dosage Form	The dosage form of the reported product.	x(15)	R	15		
6Ø1-22	Product Formulary Status Code	Identifies the formulary status of the product.	x(4)	R	4	See ECL	
6Ø1-23	Product Generic Name	The generic name of the product identified in the 'Product/Service ID' (4Ø7-D7) field.	x(3Ø)	R	3Ø		
957-HT	Product Name-Health Plan	User-recognizable health plan product name	x(35)	F	35		
4Ø7-D7	Product/Service ID	ID of the product dispensed or service provided.	x(19)	T, F,A,R	19		Format=MMMMMDDDDPP MMMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size Comments: Qualified by 'Product/Service ID Qualifier' (436-E1) If 'Product Service ID Qualifier' (436-E1) is Ø3=NDC REQUEST CLAIM SEGMENT.
958-HU	Product/Service ID-Alternative	ID of the preferred alternative drug.	x(19)	F	19		
436-E1	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (4Ø7-D7).	x(2)	T, F,A,R	2	See ECL	REQUEST CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
959-HV	Product/Service ID Qualifier-Alternative	Code qualifying the value in Product/Service ID-Alternative	x(2)	F	2	See ECL	
961-HX	Product/Service ID Qualifier-Step Drug	Code qualifying the value in Product/Service ID-Step Drug	x(2)	F	2	See ECL	
963-HZ	Product/Service ID Qualifier-Source	Code qualifying the value in Product/Service ID-Source	x(2)	F	2	See ECL	
962-HY	Product/Service ID-Source	Identifier for the drug for which the alternative is given.	x(19)	F	19		
397	Product/Service Name	Product or Service Description or Product Label Name.	x(3Ø)	A	3Ø		
6Ø1-24	Product Strength	The strength of the product.	x(15)	R, A	15		
964-JA	Product Type	Code to indicate the type of product.	X(1)	F	1	See ECL	
44Ø-E5	Professional Service Code	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	x(2)	T,A,S	2	See ECL	Examples: If the pharmacist spoke with the patient as a result of a conflict code being transmitted on a prescription, the field would reflect PØ. REQUEST DUR/PPS SEGMENT.
562-J1	Professional Service Fee Paid	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	P,T,A	8		Format=s$$$$$$cc Examples: If the professional service fee paid is $5.5Ø this field would reflect: 55{. RESPONSE PRICING SEGMENT.
477-BE	Professional Service Fee Submitted	Amount submitted by the provider for professional services rendered.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the Professional Service Fee Submitted is $7.ØØ, this field would reflect: 7Ø{. REQUEST PRICING SEGMENT.
361-2D	Provider Accept Assignment Indicator	Code indicating whether the provider accepts assignment.	X(1)	T	1	See ECL	REQUEST INSURANCE SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
444-E9	Provider ID	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	x(15)	T	15		Comments: Qualified by 'Provider ID Qualifier' (465-EY). REQUEST PHARMACY PROVIDER SEGMENT.
465-EY	Provider ID Qualifier	Code qualifying the 'Provider ID' (444-E9).	x(2)	T	2	See ECL	REQUEST PHARMACY PROVIDER SEGMENT.
442-E7	Quantity Dispensed	Quantity dispensed expressed in metric decimal units.	9(7)v999	T,A	1Ø		Format=9999999.999 REQUEST CLAIM SEGMENT.
344-HF	Quantity Intended To Be Dispensed	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(7)V999	T,A	1Ø		Format=9999999.999 REQUEST CLAIM SEGMENT.
531-FV	Quantity Of Previous Fill	Amount expressed in metric decimal units of the conflicting agent that was previously filled.	9(7)v999	T	1Ø		Format=9999999.999 RESPONSE DUR/PPS SEGMENT.
46Ø-ET	Quantity Prescribed	Amount expressed in metric decimal units.	9(7)v999	T,A	1Ø		Format=9999999.999 REQUEST CLAIM SEGMENT.
383-4K	Question Alphanumeric Response	Alphanumeric response to a question (part of the question information).	x(3Ø)	T	3Ø		REQUEST ADDITIONAL DOCUMENTATION SEGMENT
38Ø-4G	Question Date Response	Date response to a question (part of the question information)	9(8)	T	8		Format=CCYYMMDD REQUEST ADDITIONAL DOCUMENTATION SEGMENT
381-4H	Question Dollar Amount Response	Dollar Amount response to a question (part of the question information).	s9(9)v99	T	11		Format=s$$$$$$$$$cc REQUEST ADDITIONAL DOCUMENTATION SEGMENT
382-4J	Question Numeric Response	Numeric response to a question (part of the question information).	9(11)	T	11		REQUEST ADDITIONAL DOCUMENTATION SEGMENT
378-4B	Question Number/Letter	Identifies the question number/letter that the question response applies to (part of the question information).	x(3)	T	3	Values to be determined by Trading Partner Agreement	REQUEST ADDITIONAL DOCUMENTATION SEGMENT

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
377-2Z	Question Number/Letter Count	Count of Question Number/Letter occurrences.	9(2)	T	2		Fields included in the set/logical grouping are: Question Number/Letter (378-4B), Question Percent Response (379-4D), Question Date Response (38Ø-4G), Question Dollar Amount Response (381-4H), Question Numeric Response (382-4J), Question Alphanumeric Response (383-4K) REQUEST ADDITIONAL DOCUMENTATION SEGMENT
379-4D	Question Percent Response	Percent response to a question (part of the question information).	9(3)v99	T	5		Examples: 25.75% = Ø2575 or Ø.5% = ØØØ5 REQUEST ADDITIONAL DOCUMENTATION SEGMENT
439-E4	Reason For Service Code	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	T,A,S	2	See ECL	REQUEST DUR/PPS SEGMENT. RESPONSE DUR/PPS SEGMENT.
6Ø1-5Ø	Rebate Batch Number	Unique number identifying the batch being submitted.	x(15)	R	15		<u>Comments:</u> Can be invoice number.
6Ø1-51	Rebate Days Supply	Days supply of the product being reported.	9(3)*b* or 9(3)-	R	4		Format=999*b* or 999- Note *b* = Space - = Negative Sign
6Ø1-52	Rebate Per Unit Amount	Amount per unit being submitted.	9(5)v999999*b* or 9(5)v999999-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
6ØØ-39	Rebate Period End Date	Last day of the rebate period.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6ØØ-38	Rebate Period Start Date	First day of the rebate period.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-Ø3	Rebate Version Release Number	Version and release number of standard being submitted.	x(5)	R	5	See ECL	Format=VV.RR VV=Version RR=Release
88Ø-K7	Receiver ID	An identification number of the endpoint receiver of the data file.	x(24) --------------- x(3Ø)	B,A --------------- F	24 ------------- 3Ø		
6Ø2-Ø8	Reconciliation Error Description	Description of the 'R99' Reason Code.	x(3Ø)	R	3Ø		
6Ø2-Ø9	Reconciliation Line Number	Unique number that identifies the record.	x(11)	R	11		
6Ø2-1Ø	Reconciliation Reason Code	This code indicates the reason for the dispute.	x(3)	R	3	See ECL	
6Ø2-11	Reconciliation Status Code	Indicates how the line is being adjudicated.	x(1)	R	1	See ECL	
6Ø2-12	Reconciliation Transmission Control Number	Unique number identifying the whole transmission.	x(9)	R	9		
751-M9	Record Count	**For Enrollment Standard:** Record count within submitted enrollment batch files. This count will be a different value depending upon the enrollment segment in which this count is kept. **For Batch Standard:** Includes the total number of records in the batch, including the header and trailer records. **For Formulary & Benefit Standard:** The count of the detail records between the subordinate header and the trailer records. Record Count does not include the subordinate header and trailer records, or the file header or trailer records.	9(1Ø)	B,M,F	1Ø		Batch Standard: <u>Comments</u>: Data trailer segment record count = total number of enrollment segments in the processor set. File trailer segment record count = total number of enrollment segments in the entire file. Member Enrollment Standard: <u>Comments</u>: '9Ø' RECORD COUNT=total number of segments in a group set (each '1Ø' to '9Ø' segment counted separately) '99' SEGMENT RECORD COUNT=total number of segments in the entire file (includes the 'ØØ' and '99')

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
843-5Z	Record Identifier	Indicator at the beginning of the record that determines type of record.	9(1)	C,D,P	1	Claims Billing Tape and Diskette Billing Ø=Processor Record 2=Pharmacy Record 4=Claim Record 6=Batch Control Record 8=Diskette and Tape Batch Control Record -------------------------------------- Payment Tape 1=Carrier Record 3=Pharmacy Record 5=Payment Record 7=Pharmacy Batch Control Record 9=Tape Batch Control Record	
398	Record Indicator	Action to be taken on the record.	x(1)	A	1	See ECL	
6Ø1-53	Record Purpose Indicator	Identifies the purpose of the record being submitted.	x(1)	R	1	See ECL	
399	Record Status Code	Identifies the transaction status as assigned by the processor.	x(1)	A	1	See ECL	
6Ø1-Ø4	Record Type	Type of record being submitted.	x(2) --------------- x(3)	R, A --------------- F	2 ------------- 3	See ECL	
6Ø1-47	Reimbursement Amount	The amount that the plan reimburses the pharmacy.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
6Ø1-54	Reimbursement Date	Date provider was reimbursed for product being reported.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6Ø1-48	Reimbursement Qualifier	Identifies the content of the data submitted in the 'Reimbursement Amount' (6Ø1-47) field.	x(2)	R	2	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
511-FB	Reject Code	Code indicating the error encountered.	x(3) -------------- x(4)	T,A --------------- F	3 ------------- 4	See ECL	RESPONSE STATUS SEGMENT.
51Ø-FA	Reject Count	Count of 'Reject Code' (511-FB) occurrences.	9(2)	B,T	2		RESPONSE STATUS SEGMENT.
88Ø-KN	Rejected Claim Count	Total number of claims rejected in the batch. (Count of transaction type Ø3 on #5 records.)	9(8)	P	8		
546-4F	Rejected Field Occurrence Indicator	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	T	2		RESPONSE STATUS SEGMENT.
878	Reject Override Code	Indicates the reason for paying a claim when override is used.	x(1)	A	1	See ECL	
74Ø	Relationship Coverage Effective Date	The effective date of all relationship coverage flags.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: This field is used in contract level eligibility when only the cardholder is submitted with coverage flags. It signifies the date coverage charges i.e., "send to employer/spouse etc."
966-JC	Relative Cost	The relative cost of this drug within its classification. Represents cost to the plan.	9(2)	F	2		
967-JD	Relative Cost Limit	Number of levels used within the Relative cost indicator.	9(2)	F	2		
514-FE	Remaining Benefit Amount	Amount remaining in a patient/family plan with a periodic maximum benefit.	s9(6)v99	T,A	8		Format=s$$$$$$cc Note: ØØØØØØØ{ (No benefit remaining) RESPONSE PRICING SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
513-FD	Remaining Deductible Amount	Amount not met by the patient/family in the deductible plan.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: The patient has $5Ø.ØØ deductible. The patient pays $2Ø.ØØ for a prescription. The remaining deductible is $3Ø.ØØ, and this field would reflect: 3ØØ{. RESPONSE PRICING SEGMENT.
798	Report Level Indicator	Code indicating whether reporting is printed and/or summarized at the level of hierarchy indicated.	x(1)	M	1	N=No Y=Yes	
6Ø1-Ø5	Reporting Period End Date	The last day of the period being reported in the file. Or For Manufacturer Rebates: The last day of the period being reported in the plan flat file. For Post Adjudication History: The last day of the period being reported in the file.	9(8)	R, A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6Ø1-Ø6	Reporting Period Start Date	The first day of the period being reported in the file. Or For Manufacturer Rebate: The first day of the period being reported in the plan flat file. For Post Adjudication History: The first day of the period being reported in the file.	9(8)	R, A	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
374-2V	Request Period Begin Date	The beginning date of need.	9(8)	T	8		Format = CCYYMMDD REQUEST ADDITIONAL DOCUMENTATION SEGMENT
498-PB	Request Period Date-Begin	Beginning date for a prior authorization request.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Used by processor to determine starting date of a prior authorization request. REQUEST PRIOR AUTHORIZATION SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PC	Request Period Date-End	Ending date for a prior authorization request.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Used by processor to determine the ending date for a prior authorization request. REQUEST PRIOR AUTHORIZATION SEGMENT.
375-2W	Request Period Recert/Revised Date	The effective date of the revision or re-certification provided by the certifying physician.	9(8)	T	8		Format = CCYYMMDD REQUEST ADDITIONAL DOCUMENTATION SEGMENT
373-2U	Request Status	Code identifying type of request.	x(1)	T	1	See ECL	REQUEST ADDITIONAL DOCUMENTATION SEGMENT
498-PA	Request Type	Code identifying type of prior authorization request.	x(1)	T	1	See ECL	Comments: Used by processor to distinguish reason for prior authorization request. REQUEST PRIOR AUTHORIZATION SEGMENT.
6Ø1-55	Requested Rebate Amount	The total rebate being requested for the reported product.	9(9)v99*b* or (9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
968-JF	Resource Link Type	Identifies the type of coverage information contained at the URL contained in URL (987-MA).	x(2)	F	2	See ECL	
844-6A	Resubmission Cycle Count	Number of times claims submitted.	9(2)	C,D	2	Ø=Original Submission 1=First Re-submission 2=Second Re-submission	
441-E6	Result of Service Code	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)	T,A,S	2	See ECL	REQUEST DUR/PPS SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø2-13	Revised Invoice Amount	The 'Original Rebate Per Unit' (6Ø1-93) is different than the 'Current Rebate Per Unit' (6Ø1-81). The dollar amount of the Current Units times the Current Rebate Per Unit.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
995-E2	Route of Administration	This is an override to the "default" route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.	x(11)	T	11	See ECL	REQUEST CLAIM SEGMENT
845-6B	Run Date	Date on which the file was generated by carrier.	9(8)	C,D,P	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
969-JG	RxNorm Code	ID from RxNorm database.	x(15)	F	15		Comments: Qualified by RxNorm Qualifier (97Ø-JH).
97Ø-JH	RxNorm Qualifier	Code qualifying the RxNorm code submitted in 'RxNorm Code' (969-JG).	x(3)	F	3		
41Ø-DA	Sales Tax	Sales tax for the prescription dispensed.	s9(6)v99	P	8		Format=s$$$$$$cc
454-EK	Scheduled Prescription ID Number	The serial number of the prescription blank/form.	x(12)	T	12		REQUEST CLAIM SEGMENT.
971-JJ	Section Column In Error	Column number that contains the error	9(2)	F	2		
638-XK	Segment 1	The business segmentation of rebates to permit one file to go to each manufacturer.	X(2Ø)	R	2Ø		
639-XL	Segment 2	The business segmentation of rebates to permit one file to go to each manufacturer.	X(2Ø)	R	2Ø		
64Ø-XM	Segment 3	The business segmentation of rebates to permit one file to go to each manufacturer.	X(2Ø)	R	2Ø		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
641-XN	Segment 4	The business segmentation of rebates to permit one file to go to each manufacturer.	X(2Ø)	R	2Ø		
642-XP	Segment 5	The business segmentation of rebates to permit one file to go to each manufacturer.	X(2Ø)	R	2Ø		
643-XQ	Segment 6	The business segmentation of rebates to permit one file to go to each manufacturer.	X(2Ø)	R	2Ø		
111-AM	Segment Identification	Identifies the segment in the request and/or response.	x(2)	T	2	See ECL	ALL SEGMENTS EXCEPT: REQUEST TRANSACTION HEADER SEGMENT AND RESPONSE HEADER SEGMENT.
7Ø1	Segment Identifier	Unique record type required on Enrollment/Batch Transaction Standard.	x(2)	B,M	2	For Batch Standard: See ECL - For Member Enrollment: ØØ=File Control 1Ø=Group Header 11=Group Demographics 12=Group Benefits 13=Group Copay 18=Group Copay Proc. Defined 19=Group Benefits Proc. Defined 2Ø=Member Enrollment Core 3Ø=Member Demographic 4Ø=Member Coverage 42=Member Benefits 43=Member Copay 48=Member Copay Proc. Defined 49=Member Benefits Proc. Defined 5Ø=Workers Compensation 51=Workers Compensation Demographics 59=Workers Compensation Proc. Defined 8Ø=Member Processor Defined 89=Group Processor Defined 9Ø=Group Trailer 99=File Trailer	
644-XR	Segment Qualifier 1	Indicates for the Segment Field the definition of how the rebates are stratified in the batch number.	X(2)	R	2	See ECL	

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
645-XS	Segment Qualifier 2	Indicates for the Segment Field the definition of how the rebates are stratified in the batch number.	X(2)	R	2	See ECL	
646-XT	Segment Qualifier 3	Indicates for the Segment Field the definition of how the rebates are stratified in the batch number.	X(2)	R	2	See ECL	
647-XU	Segment Qualifier 4	Indicates for the Segment Field the definition of how the rebates are stratified in the batch number.	X(2)	R	2	See ECL	
648-XV	Segment Qualifier 5	Indicates for the Segment Field the definition of how the rebates are stratified in the batch number.	X(2)	R	2	See ECL	
649-XW	Segment Qualifier 6	Indicates for the Segment Field the definition of how the rebates are stratified in the batch number.	X(2)	R	2	See ECL	
88Ø-K1	Sender ID	An identification number assigned to the sender of the data by the processor/receiver of the data.	x(24) -------------- x(3Ø)	B -------------- F	24 ------------- 3Ø		
973-JM	Sender Participant Password	Trading Partner Defined - Password for the Source Participant	x(1Ø)	F	1Ø		
879	Sending Entity Identifier	Party creating the data enclosed or the entity for whom the data is being enclosed.	x(24)	A	24		
886	Service Provider Chain Code	Processor specific ID assigned to a chain by processor.	9(7)	A	7		
887	Service Provider County Code	Indicates the county of the pharmacy	x(3)	A	3		Comment: Trading partner defined.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
2Ø1-B1	Service Provider ID	ID assigned to a pharmacy or provider.	x(15)	C,D,P,R,T, A	15		Comments: If NCPDP Provider Identification Number or Dispensing Physician ID Number assigned by NCPDP, this is the following format: Format: SSNNNNC SS=State code (see ECL) NNNN =Number assigned to specific pharmacy or dispensing physician within the state C=Check digit with the remaining positions blank. The check digit is calculated as follows: If the number is "123456" 1+3+5 = 9 (sum the 1st, 3rd, & 5th digits) +(2+4+6)x2 = <u>24</u> (2 times the sum of 2nd, 4th, & 6th digits) <u>33</u> (the units digit is the check digit) The check digit is "3", giving the full number "1234563". Qualified by 'Service Provider ID Qualifier' (2Ø2-B2). REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
2Ø2-B2	Service Provider ID Qualifier	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	T,A,R	2	See ECL	REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
799	Significant Other Coverage Indicator	Code indicating whether significant other related to cardholder is covered.	x(1)	M	1	N=No Y=Yes	
334-1C	Smoker/Non-Smoker Code	Code indicating the patient as a smoker or non-smoker.	x(1)	M,T	1	See ECL	REQUEST PATIENT SEGMENT.
722	Social Security Number	The social security number of the individual member.	9(9)	M	9		If the Social security Number is 555-66-7777, this field would reflect: 555667777.
11Ø-AK	Software Vendor/ Certification ID	ID assigned by the switch or processor to identify the software source.	x(1Ø)	T	1Ø		REQUEST TRANSACTION HEADER SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
972-JK	Source Name	Name of Source supplying the formulary - Formulary Source	x(35)	F	35		
429-DT	Special Packaging Indicator	Code indicating the type of dispensing dose.	9(1)	C, D, P, T,A	1	See ECL	REQUEST CLAIM SEGMENT.
128-UC	Spending Account Amount Remaining	The balance from the patient's spending account after this transaction was applied.	s9(6)v99	T	8		RESPONSE PRICING SEGMENT
742	Spouse Coverage Indicator	Code indicating if spouse related to cardholder is covered for Rx benefits.	x(1)	M	1	N=No Y=Yes	
6Ø1-Ø7	Start Date	The first day of eligibility.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
729	State	Abbreviation of state.	x(2)	M,R,A	2	See ECL	
974-JN	Step Order	The suggested order in which the step medication is to be tried	x(1)	F	1	See ECL	
745	Student Coverage Indicator	Code indicating if student related to cardholder is eligible for Rx benefits.	x(1)	M	1	N=No Y=Yes	
746	Student Covered Through Age	The age through which students are covered.	9(3)	M	3		Comments: Required in Member Coverage (Segment 4Ø) if Student Coverage Indicator = Y (ØØØ = Unlimited)
884	Student Covered Through Date	Date student coverage expires. (Coverage continues through midnight of date submitted).	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
975-JP	Subclass ID	ID for the designated sub-class that the product falls within	9(5)	F	5		
976-JQ	Subclass ID-Step Drug	ID for the designated sub-class that the product falls within that is recommended to be tried first	9(5)	F	5		

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
977-JR	Subclass Name	The proprietary classification name for the Subclass ID	x(5Ø)		5Ø		
42Ø-DK	Submission Clarification Code	Code indicating that the pharmacist is clarifying the submission.	9(2)	P, T,A	2	See ECL	Examples: Since the patient will be out of state for the next three months, they have requested a three-month supply of their medication. This situation can cause the claim to reject, because it was refilled too soon. By indicating an Ø3, the processor is made aware of the situation, and can properly adjudicate the claim. REQUEST CLAIM SEGMENT.
354-NX	Submission Clarification Code Count	Count of the 'Submission Clarification Code' (42Ø-DK) occurrences.	9(1)	T	1		REQUEST CLAIM SEGMENT
376-2X	Supporting Documentation	Free text message	x(65)	T	65		REQUEST ADDITIONAL DOCUMENTATION SEGMENT
888	Submission Number	Indicates the number of times a data set has been resent.	x(2)	A	2	See ECL	
6Ø1-36	Submit Code	The code on the file defining the type of submission for the entire batch (identified by the batch number). Indicates the action to perform on the submitted file.	x(2)	R	2	See ECL	
557-AV	Tax Exempt Indicator	Code indicating the payer and/or the patient is exempt from taxes.	x(1)	T,A	1	See ECL	RESPONSE PRICING SEGMENT.
732	Telephone Number	Telephone number.	9(1Ø)	M,A	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
713	Termination Date	Date that group or member's participation in this group will terminate. Coverage continues through midnight of the termination date.	9(8)	M, R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
88Ø-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	x(1)	B	1		Comments: Start of text (STX)=x'Ø2' End of text (ETX)=x'Ø3'
889	Therapeutic Chapter	An eight position field representing the therapeutic chapter; from formulary file as defined by processor	x(8)	A	8		
6Ø1-25	Therapeutic Class Code	Code assigned to product being reported.	x(17)	R	17		
89Ø	Therapeutic Class Code - AHFS	Identifies therapeutic category of drug according to the American Hospital Formulary Service classification system.	9(6)	A	6		
891	Therapeutic Class Code - Generic	Classification of drug according to the most common intended use; least specific therapeutic grouping. As Defined by First DataBank.	9(2)	A	2		
6Ø1-26	Therapeutic Class Code Qualifier	Identifies type of data being submitted in the 'Therapeutic Class Code' (6Ø1-25) field.	x(1)	R	1	See ECL	
892	Therapeutic Class Code - Specific	Specific classification of drug for users needing a definitive therapeutic classification system. As Defined by First DataBank.	x(3)	A	3		
893	Therapeutic Class Code - Standard	Standard classification of drug for users needing a definitive, but not comprehensive therapeutic classification system. As Defined by First DataBank.	x(2)	A	2		
6Ø1-27	Therapeutic Class Description	A text description of the 'Therapeutic Class Code' (6Ø1-25) field.	x(3Ø)	R	3Ø		
6Ø1-28	Therapeutic Use Code	Code assigned by contracting organization to identify the therapeutic use of the product being reported.	x(17)	R	17		

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-29	Therapeutic Use Description	A text description of the 'Therapeutic Use Code' (6Ø1-28) field.	x(3Ø)	R	3Ø		
846-6C	Third Party Type	Type of claim.	x(1)	C, D	1	M=Government P=Private	
5Ø9-F9	Total Amount Paid	Total amount to be paid by the claims processor (i.e. pharmacy receivable). Represents a sum of 'Ingredient Cost Paid' (5Ø6-F6), 'Dispensing Fee Paid' (5Ø7-F7), 'Flat Sales Tax Amount Paid' (558-AW), 'Percentage Sales Tax Amount Paid' (559-AX), 'Incentive Amount Paid' (521-FL), 'Professional Service Fee Paid' (562-J1), 'Other Amount Paid' (565-J4), less 'Patient Pay Amount' (5Ø5-F5) and 'Other Payer Amount Recognized' (566-J5).	s9(6)v99	P, T	8		Comments: Format=s$$$$$$cc Examples: Ingredient Cost Paid (5Ø6-F6)=$2Ø.ØØ+ Dispensing Fee Paid (5Ø7-F7)=2.ØØ+ Flat Sales Tax Amount Paid (558-AW)=1.ØØ+ Percentage Sales Tax Amount Paid (559-AX)=.ØØ+ Incentive Amount Paid (521-FL)=ØØ+ Other Amount Paid (565-J4)=.ØØ+ Professional Service Fee Paid (562-J1)=.ØØ- Patient Pay Amount (5Ø5-F5)=5.ØØ- Other Payer Amount Recognized (566-J5)=3.ØØ = Total Amount Paid (5Ø9-F9) =$15.ØØ This field would reflect: 15Ø{ RESPONSE PRICING SEGMENT.
894	Total Amount Paid By All Sources	Total amount of the prescription regardless of party responsible for payment.	s9(6)v99	A	8		Format=s$$$$$$cc
88Ø-U2	Total Batch Amount	The sum of all 88Ø-KR 'Batch Amount' from the #7 record.	s9(1Ø)v99	P	12		Format=s$$$$$$$$$$cc
88Ø-KU	Total Claim Count	Total number of claims on the tape batch.	9(1Ø)	P	1Ø		
88Ø-KY	Total Dollars Adjusted	The sum of all 821-1M 'Dollars Adjusted' from the #7 record.	s9(8)v99	P	1Ø		Format:s$$$$$$$$cc
88Ø-KW	Total Dollars Billed	The sum of all 822-5H 'Dollars Billed' from the #7 record.	s9(8)v99	P	1Ø		Format:s$$$$$$$$cc
88Ø-KX	Total Dollars Paid	The sum of all 873-4A 'Dollars Paid' from the #7 record.	s9(8)v99	P	1Ø		Format:s$$$$$$$$cc
88Ø-KZ	Total Dollars Rejected	The sum of all 824-1N 'Dollars Rejected' from the #7 record.	s9(8)v99	P	1Ø		Format=s$$$$$$$$cc

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
979-JT	Total Errors	Total number of errors for entire file. Some rows could have more than one error.	9(1Ø)	F	8		
895	Total Net Amount Due	Summarization of Net Amount Due (281).	s9(1Ø)v99	A	12		Format=s$$$$$$$$$$cc
88Ø-U5	Total Non-Claim Adjustment Dollars	The sum of all 88Ø-KR 'Batch Amount' from the #7 record.	s9(6)v99	P	8		Format=s$$$$$$cc
88Ø-U4	Total Non-Claim Transmission Fee Dollars	The sum of all 88Ø-KP 'Non' Claim Transmission Fee Dollars' from #7 record.	s9(6)v99	P	8		Format=s$$$$$$cc
6Ø1-3Ø	Total Number of Formularies	Total number of "FO" records in the submission.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6Ø1-69	Total # of Market Basket Records	Total number of "MB" records in the submission.	9(1Ø)*b* or 9(1Ø)-	R	11		Format-9999999999*b* or 9999999999-
6Ø1-Ø8	Total Number Of Plans	Total number of "PD" records in the submission.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6Ø1-4Ø	Total Number Of Prescriptions	Value is total net number of prescriptions.	9(7)*b* or 9(7)-	R	8		Format=9999999*b* or 9999999- For summary-level records only Note *b* = Space - = Negative Sign
88Ø-KV	Total Pending Claim Count	Total number of claims pending on the tape batch.	9(1Ø)	P	1Ø		
6Ø1-39	Total Quantity	Total quantity being submitted.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-Ø9	Total Record Count	Total number of records being submitted, including header and trailer.	9(1Ø)*b* or 9(1Ø)- _____ 9(1Ø)	R,A	11 _____ 1Ø		For Rebates: Format=9999999999*b* or 9999999999- Note *b* = Space - = Negative Sign For Post Adjudication: Comment: Include header and trailer in count.
978-JS	Total Records	Total Records Processed	9(1Ø)	F	1Ø		Comments: Do not include the file header and trailer in this count. Total Records in file minus 2.
88Ø-U3	Total Rejected Claim Count	Total number of claims rejected on the tape batch.	9(1Ø)	P	1Ø		
6Ø2-14	Total Remittance	The total amount paid, plus interest, if applicable.	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign
98Ø-JU	Total Rows In Error	Number of rows in file that have errors	9(1Ø)	F	6		
1Ø3-A3	Transaction Code	Code identifying the type of transaction.	x(2)	T	2	See ECL	REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
1Ø9-A9	Transaction Count	Count of transactions in the transmission.	x(1)	T	1	See ECL	Comments: A transaction count of >'1' is not allowed for 'Eligibility' and 'Prior Authorization' transactions.REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
896	Transaction ID	Internally assigned unique claim ID by the payer.	x(3Ø)	A	3Ø		
897	Transaction ID Cross Reference	For adjustments, ID associated with original claim.	x(3Ø)	A	3Ø		

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
88Ø-K5	Transaction Reference Number	A reference number assigned by the provider to each of the data records in the batch or real-time transactions. The purpose of this number is to facilitate the process of matching the transaction response to the transaction. The transaction reference number assigned should be returned in the response.	x(1Ø)	T, B	1Ø		Comments: To be assigned by provider. REQUEST CLAIM SEGMENT. RESPONSE STATUS SEGMENT.
112-AN	Transaction Response Status	Code indicating the status of the transaction.	x(1)	T	1	See ECL	RESPONSE STATUS SEGMENT.
88Ø-KD	Transaction Type	Defines the status of the billed transaction.	9(2)	P	2	1=Payment 2=Adjustment 3=Rejection 4=Passthru 5=Capture 6=Out of Cycle Reversal 7=In Cycle Reversal 8=Pending Payment 9=Partial Claim Payment 1Ø=Partial Claim Adjustment	
981-JV	Transmission Action	Indicates whether this is a replacement file, file updates or a file delete	x(1)	F,A	1	See ECL	
6Ø1-56	Transmission Control Number	Unique number identifying the whole transmission.	x(9) --------------- x(1Ø)	R - -------------- F	9 ------------- (1Ø)		
6Ø1-1Ø	Transmission Date	Date the file was created.	9(8)	R, F	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
982-JW	Transmission Date-Originating	Date original incoming file was created.	9(8)	F	8		Format: CCYYMMDD
986-KJ	Transmission File Type	Identifier of the file type	x(3)	F	3	See ECL	
983-JX	Transmission Number-Originating	Transmission number of the original incoming file processed	x(1Ø)	F	1Ø		

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
984-JY	Transmission Time	Time the file was created	9(6)	F	6		Format: HHMMSSDD
985-JZ	Transmission Time-Originating	Time original incoming file was created.	9(8)	F	8		Format: HHMMSSDD
88Ø-K6	Transmission Type	A value to define the type of transmission being sent.	x(1)	B	1	See ECL	
6ØØ-28	Unit Of Measure	NCPDP standard product billing codes.	x(2)	R,T,A	2	See ECL	REQUEST CLAIM SEGMENT.
987-MA	URL	The web page address.	x(255)	F,T	255		RESPONSE STATUS SEGMENT.
898	User Benefit ID	Member's benefit ID based upon User Group Number from Eligibility when submitted by Client.	x(1Ø)	A	1Ø		
899	User Coverage ID	Member's coverage ID based upon User Group Number submitted by Client on eligibility data.	x(1Ø)	A	1Ø		
426-DQ	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	s9(6)v99	T,A	8		Format=s$$$$$$cc Examples: If the usual and customary charge is $32.56, this field would reflect: 325F. REQUEST PRICING SEGMENT.
1Ø2-A2	Version/Release Number	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	A, B, C, D, P,T, F,G	2	For T, B, A, F, and G See ECL **Claims Billing, Payment Tape, Diskette Standards:** 1Ø=Version 1.Ø 2Ø= Version 2.Ø 3Ø=Payment Tape Version 3.Ø 4Ø= Payment Tape Version 4.Ø	REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
6Ø2-15	Withheld Invoice Amount	The 'Disputed Quantity' (6Ø1-85) times the 'Paid Per Unit Amount' (6Ø1-95).	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note: *b* = Space -= Negative sign

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
881	Workers Compensation Effective Date	Effective date of current workers compensation claim benefit.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
882	Workers Compensation Original Effective Date	Original effective date of current workers compensation claim benefit. This may or may not precede the workers compensation effective date.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
883	Workers Compensation Termination Date	Date that current workers compensation claim benefit will terminate. (Coverage continues through midnight of date submitted).	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
73Ø	Zip/Postal Code	Code defining international postal zone excluding punctuation and blanks.	x(15)	M, R,A	15		

DATA DICTIONARY

III. Appendix A - ALPHABETIC CROSS REFERENCE

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Absolute Row Number	9ØØ-BN	F
Accepted Quantity	6Ø1-86	R
Accumulated Deductible Amount	512-FC	T,A
Action Code	711	M
Additional Documentation Type ID	369-2Q	T
Additional Message Information	526-FQ	T,F
Additional Message Information Continuity	131-UG	T
Additional Message Information Count	13Ø-UF	T
Additional Message Information Qualifier	132-UH	T
Address Line 1	726	M,R,A
Address Line 2	727	M,R,A
Adjudication Date	578	A,R
Adjudication Time	2Ø3	A,R
Adjudicator ID Code	6ØØ -57	R
Adjudicator ID Qualifier	6ØØ-58	R
Adjudicator Name	6ØØ-59	R
Adjusted Quantity	6Ø1-71	R
Adjusted Rebate Per Unit	6Ø1-7Ø	R
Adjusted Variance Difference	6Ø1-72	R
Adjustment Reason Code	2Ø4	A
Adjustment/Reject Code-1	8Ø1-5A	P
Adjustment/Reject Code-2	8Ø2-1A	P
Adjustment/Reject Code-3	8Ø3-1B	P
Adjustment Type	2Ø5	A
Administrative Fee Amount	2Ø6	A
Administrative Fee Effect Indicator	2Ø7	A
Age	2Ø8	A
Alternate Benefit ID	753	M

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Alternate Enrollment Verification Code	754	M
Alternate Financial Verification Code	755	M
Alternate Group Number	756	M
Alternate ID	33Ø-CW	T
Alternate ID Code	723	M
Alternate ID Number	724	M
Alternate Person Code	725	M
Alternatives ID	9Ø1-BP	F
Amount Adjusted	872-3Z	P
Amount Applied To Periodic Deductible	517-FH	T,A
Amount Attributed to Coverage Gap	137-UP	T
Amount Attributed to Processor Fee	571-NZ	T,A
Amount Attributed To Product Selection	519-FJ	A
Amount Attributed to Product Selection / Brand Drug	134-UK	T
Amount Attributed to Product Selection / Brand Non-Preferred Formulary Selection	136-UN	T
Amount Attributed to Product Selection / Non-Preferred Formulary Selection	135-UM	T
Amount Attributed to Provider Network Selection	133-UJ	T
Amount Attributed To Sales Tax	523-FN	T,A
Amount Billed	8Ø4-5B	C,D,P
Amount Exceeding Periodic Benefit Maximum	52Ø-FK	T,A
Amount of Coinsurance	572-4U	T,A
Amount Of Copay	518-FI	T,A
Amount Paid This Transaction	6Ø1-73	R
Amount Rejected	8Ø5-1C	P
Approved Message Code	548-6F	T
Approved Message Code Count	547-5F	T
Associated Prescription/Service Date	457-EP	T,A

DATA DICTIONARY

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Associated Prescription/Service Reference Number	456-EN	T,A
Authorization Number	5Ø3-F3	P,T,A
Authorized Representative City Address	498-PH	T
Authorized Representative First Name	498-PE	T
Authorized Representative Last Name	498-PF	T
Authorized Representative State/Province Address	498-PJ	T
Authorized Representative Street Address	498-PG	T
Authorized Representative Zip/Postal Zone	498-PK	T
Average Cost Per Quantity Unit Price	2Ø9	A
Average Generic Unit Price	21Ø	A
Average Wholesale Unit Price	211	A
Balance Forward	88Ø-KC	P
Bank Account	88Ø-KK	P
Bank Routing ID	88Ø-KH	P
Basis of Calculation – Coinsurance	573-4V	T,A
Basis Of Calculation-Copay	347-HJ	T,A
Basis Of Calculation-Dispensing Fee	346-HH	T,A
Basis Of Calculation-Flat Sales Tax	348-HK	T,A
Basis Of Calculation-Percentage Sales Tax	349-HM	T,A
Basis Of Cost Determination	423-DN	T
Basis Of Days Supply Determination	432-DW	C,D,P
Basis Of Reimbursement Determination	522-FM	P,T,A
Basis Of Request	498-PD	T
Batch Amount	88Ø-KR	P
Batch Number	8Ø6-5C	B,C,D,P,A
Benefit Effective Date	761	M
Benefit ID	757-U6	M,A,T
Benefit Qualifier	758	M
Benefit Stage Amount	392-MU	T
Benefit Stage Count	393-MV	T

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Benefit Stage Qualifier	394-MW	T,R
Benefit Termination Date	759	M
Benefit Type	212	A
Billing Cycle End Date	213	A
Billing Entity Type Indicator	117-TR	T
Billing Level Indicator	76Ø	M
BIN Number	1Ø1-A1	T
Branded Generic Co-Pay Confidential	6ØØ-6Ø	R
Branded Product Co-Pay Amount	6ØØ-61	R
Calculation Multiplier	6ØØ-62	R
Card Production Indicator	762	M
Cardholder Coverage Indicator	741	M
Cardholder Date Of Birth	214	A
Cardholder First Name	312-CC	T,C,D
Cardholder ID	3Ø2-C2	T,C,D,M,A
Cardholder Last Name	313-CD	T,C,D
Carrier Address	8Ø7-1D	P
Carrier Correction Notice Fields	8Ø8-1E	P
Carrier ID	327-CR	M,T
Carrier Location City	8Ø9-1F	P
Carrier Location State	81Ø-1G	P
Carrier Name	811-1H	P
Carrier Number	215	A
Carrier Telephone Number	812-1I	P
Carrier Zip Code	813-1J	P
Case Manager	763	M
Change Date	6ØØ-63	R
Change Identifier	6ØØ-64	R,F
Check Amount	88Ø-KS	P
Check Date	216	A

DATA DICTIONARY

ALPHABETIC CROSS REFERENCE			ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats	Name of Field	Field	Standard Formats
Check Number	88Ø-KG	P	COB Primary Payer Copay	23Ø	A
City	728	M,R,A	COB Primary Payer Deductible	231	A
Claim Count	814-5Ø	C,D,P	COB Primary Payer ID	232	A
Claim Date Received In The Mail	217	A	COB Secondary Payer Allowed Amount	233	A
Claim Media Type	218	A	COB Secondary Payer Amount Paid	234	A
Claim Number	6Ø1-68	R	COB Secondary Payer Coinsurance	235	A
Claim/Reference ID	435-DZ	M,T,A	COB Secondary Payer Copay	236	A
Claim Sequence Number	219	A	COB Secondary Payer Deductible	237	A
Claim Transmission Fee	88Ø-KF	P	COB Secondary Payer ID	238	A
Class ID	9Ø2-BQ	F	Comments-1	815-1K	P
Class ID ---Step Drug	9Ø3-BR	F	Comments-2	816-1L	C
Classification ID	9Ø5-BT	F	Communication Type Indicator	239	A
Class Name	9Ø4-BS	F	Compound Code	4Ø6-D6	T,C,D,P,A,R
Client Assigned Location Code	22Ø	A	Compound Dispensing Unit Form Indicator	451-EG	T
Client Formulary Flag	221	A	Compound Dosage Form Description Code	45Ø-EF	T
Client ID Code	6ØØ-Ø1	M	Compound Ingredient Basis Of Cost Determination	49Ø-UE	T,A
Client ID Code Qualifier	6ØØ-Ø2	M	Compound Ingredient Component Count	447-EC	T,A
Client Pass Through	222	A	Compound Ingredient Drug Cost	449-EE	T,A
Client Pricing Basis Of Cost	223	A	Compound Ingredient Modifier Code	362-2H	T
Client Specific Data	224	A	Compound Ingredient Modifier Code Count	362-2G	T
Clinic ID Number	422-DM	C,D,P	Compound Ingredient Quantity	448-ED	T,A
Clinical Information Counter	493-XE	T	Compound Product ID	489-TE	T,A
Clinical Significance Code	528-FS	T	Compound Product ID Qualifier	488-RE	T,A
CMS Low Income Cost Sharing (LICS) Level	138-UQ	T	Compound Route Of Administration	452-EH	A
CMS Part D Defined Qualified Facility	997-G2	T	Compound Type	996-G1	T
COB Carrier Submit Amount	225	A	Contracting Organization (PMO) Contract Number	6ØØ-65	R
COB Primary Claim Type	226	A	Contracting Organization (PMO) ID Code	6ØØ-66	R
COB Primary Payer Allowed Amount	227	A	Contracting Organization (PMO) ID Qualifier	6ØØ-71	R
COB Primary Payer Amount Paid	228	A	Contracting Organization (PMO) Market Basket Code	6Ø1-64	R
COB Primary Payer Coinsurance	229	A	Contracting Organization (PMO) Name	6ØØ-43	R

DATA DICTIONARY

ALPHABETIC CROSS REFERENCE			ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats	Name of Field	Field	Standard Formats
Contracting Organization (PMO) Total Lives Covered	6ØØ-67	R	Current Units Disputed To Date	6Ø1-82	R
Contract Number	24Ø-U1	A,T	Current Units Paid To Date	6Ø1-83	R
Coordination Of Benefits/Other Payments Count	337-4C	T	Current Units To Date	6Ø1-84	R
Co-Pay Amount	817-5E	C,D,P	Data Category	7Ø3	M
Copay Calculation Code	764	M	Data In Error	913-B4	F
Copay Dollar Amount	765	M	Data Level	6Ø1-31	R
Copay Effective Date	766	M	Data Provider ID Code	6Ø1-32	R
Copay ID	9Ø6-BU	F	Data Provider ID Qualifier	6Ø1-37	R
Copay List ID	9Ø7-BV	F	Data Provider Name	6Ø1-33	R
Copay List Type	9Ø8-BW	F	Database Indicator	532-FW	T,A
Copay Modifier ID	241	A	Date Of Birth	3Ø4-C4	C,D,M,T,A
Copay Percentage Amount	767	M	Date Of Injury	434-DY	M,T,A
Copay Qualifier	768	M	Date Of Service	4Ø1-D1	C,D,P,R,T,A
Copay Termination Date	769	M	Date Prescription Written	414-DE	C,D,T,A
Copay Tier	9Ø9-BX	F	Days Supply	4Ø5-D5	C,D,R,T,A
Cost Difference Amount	242	A	Days Supply Intended To Be Dispensed	345-HG	T,A
Cost Index Point High Value	6Ø1-12	R	Days Supply Per Copay	988-MB	F
Cost Index Point Low Value	6Ø1-13	R	Delay Reason Code	357-NV	T
Country Code	731	M	Dependent Adult Coverage Indicator	749	M
Coupon Number	486-ME	T	Dependent Adult Covered Through Age	75Ø	M
Coupon Type	485-KE	T	Dependent Coverage Indicator	743	M
Coupon Value Amount	487-NE	T	Dependent Covered Through Age	744	M
Coverage ID	91Ø-BY	F	Dependent Covered Through Date	885	M
Coverage List ID	911-BZ	F	Dependents	6ØØ-68	R
Coverage List Type	912-B3	F	Destination Name	818-5F	C,D,P
Covered Through Qualifier	77Ø	M	Destination Processor Number	819-5G	C,D,P
Creation Date	88Ø-K2	B,A	Diagnosis Code	424-DO	C,D,M,R,T,F,A
Creation Time	88Ø-K3	B,A	Diagnosis Code Count	491-VE	T
Current Amount Paid To Date	6Ø1-8Ø	R	Diagnosis Code Qualifier	492-WE	M,T,F,A
Current Rebate Per Unit	6Ø1-81	R	Disabled Dependent Coverage Indicator	747	M

DATA DICTIONARY

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Disabled Dependent Covered Through Age	748	M
Diskette Record ID	82Ø-9A	D
Dispense As Written (DAW)/Product Selection Code	4Ø8-D8	C,D,R,T,A
Dispensing Fee Contracted/ Reimbursable Amount	149-U9	T
Dispensing Fee Paid	5Ø7-F7	P,T,A
Dispensing Fee Submitted	412-DC	T
Dispensing Status	343-HD	T,A,R
Disputed Quantity	6Ø1-85	R
Dollar Sign Rating	6Ø1-14	R
Dollars Adjusted	821-1M	P
Dollars Billed	822-5H	C,D,P
Dollars Paid	873-4A	P
Dollars Rejected	824-1N	P
Dosage Form Code	243	A
Dosage Form ID Code	6Ø1-34	R
Drug Category Code	244	A
Drug Description	516-FG	C,D,R
Drug Qualifier-Step Drug	914-B5	F
Drug Reference Number	915-B6	F
Drug Reference Number -Alternative	917-B8	F
Drug Reference Number -Source	919-CS	F
Drug Reference Number -Step Drug	921-CU	F
Drug Reference Qualifier	916-B7	F
Drug Reference Qualifier -Alternative	918-B9	F
Drug Reference Qualifier -Source	92Ø-CT	F
Drug Reference Qualifier -Step Drug	922-CV	F
Drug Type	425-DP	C,D,P,A
DUR Additional Text	57Ø-NS	T
DUR Co-Agent ID	476-H6	T,A
DUR Co-Agent ID Qualifier	475-J9	T,A

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
DUR Free Text Message	544-FY	T
DUR Type Indicator	771	M
DUR/PPS Code Counter	473-7E	T
DUR/PPS Level Of Effort	474-8E	T,A
DUR/PPS Response Code Counter	567-J6	T
Early Refill Percentage	772	M
Effective Date	712	M
Eligibility Clarification Code	3Ø9-C9	C,D,P,T,A
Eligibility COB Indicator	245	A
Eligibility Group ID	246	A
Eligibility/Patient Relationship Code	247	A
Eligibility Type	773	M
Eligible Coverage Code	248	A
Eligible Plan	6ØØ-69	R
Employer City Address	317-CH	T
Employer Contact Name	321-CL	T
Employer ID	333-CZ	M,T
Employer Name	315-CF	T
Employer Phone Number	32Ø-CK	T
Employer State/Province Address	318-CI	T
Employer Street Address	316-CG	T
Employer Zip/Postal Zone	319-CJ	T
Encrypted Patient ID Code	6Ø1-35	R
Enrollees	6ØØ-7Ø	R
Enrollment Relationship Code	715	M
Enrollment Tax Exempt Indicator	774	M
Enrollment Version/Release Number	775	M
Entity Address Line 1	776	M
Entity Address Line 2	777	M
Entity City	778	M

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ALPHABETIC CROSS REFERENCE				ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats		Name of Field	Field	Standard Formats
Entity Contact Name	779	M		Formulary Code	6ØØ-74	R
Entity Name	78Ø	M		Formulary Code Type	255	A
Entity Segment Qualifier	781	M		Formulary Description	6ØØ-75	R
Entity State	782	M		Formulary File ID	256	A
Entity Telephone Number	783	M		Formulary ID	926-FF	F,T
Entity Zip/Postal Code	784	M,R		Formulary Manager Company Name	6Ø1-15	R
Estimated Generic Savings	577-G3	T		Formulary Manager Person Name	6Ø1-16	R
Excess Copay Amount	249	A		Formulary Name	989-MF	F
Expansion Area	874-GD	C,P		Formulary Non-Formulary Co-Pay Confidential	6ØØ-76	R
Extract Date	923-DD	F		Formulary Product Co-Pay Amount	6ØØ-77	R
Facility City Address	388-5J	T		Formulary Product Co-Pay Confidential	6Ø1-17	R
Facility ID	336-8C	T,A		Formulary Status	927-FP	F
Facility Name	385-3Q	T		Formulary Status	257	A
Facility State/Province Address	387-3V	T		Fund Destination ID	88Ø-K9	P
Facility Street Address	386-3U	T		Fund Destination Name	88Ø-K8	P
Facility Zip/Postal Zone	389-6D	T		GCN Number	258	A
Family ID Number	785	M		GCN Sequence Number	259	A
FDA Drug Efficacy Code	25Ø	A		Gender Code	721-MD	F,A
Federal Upper Limit Indicator	251	A		Generic Equivalent Product ID	126-UA	T
Federal DEA Schedule	252	A		Generic Equivalent Product ID Qualifier	125-TZ	T
Federal Upper Limit Unit Price	253	A		Generic Indicator	26Ø	A
File Type	7Ø2-MC	B,M,F,A		Generic Name	261	A
Fill Number	4Ø3-D3	T,A,R		Generic Product Co-Pay Amount	6ØØ-78	R
Fill Number Calculated	254	A		Generic Product Identifier	262	A
First Copay Term	924-DH	F		Grand Total Accepted Quantity	6Ø1-87	R
First Name	717	M,A		Grand Total Paid Amount	6Ø1-88	R
Flat Copay Amount	925-ES	F		Grand Total Quantity	6Ø1-41	R
Flat Sales Tax Amount Paid	558-AW	T,A		Grand Total Requested Amount	6Ø1-42	R
Flat Sales Tax Amount Submitted	481-HA	T		Gross Amount Due	43Ø-DU	T,A
Formulary Benefit Design Type	6ØØ-73	R		Group ID	3Ø1-C1	C,D,M,R,P,T,A

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<tr><td>Group Name</td><td>786</td><td>M</td></tr>
<tr><td>Group Sequence Number</td><td>787</td><td>M</td></tr>
<tr><td>Header Response Status</td><td>5Ø1-F1</td><td>T</td></tr>
<tr><td>Health Care Reimbursement Account Amount Applied</td><td>263</td><td>A</td></tr>
<tr><td>Health Care Reimbursement Account Amount Applied Remaining</td><td>264</td><td>A</td></tr>
<tr><td>Health Plan-funded Assistance Amount</td><td>129-UD</td><td>T</td></tr>
<tr><td>Help Desk Phone Number</td><td>55Ø-8F</td><td>T</td></tr>
<tr><td>Help Desk Phone Number Qualifier</td><td>549-7F</td><td>T</td></tr>
<tr><td>Hierarchical Level Terminology</td><td>6ØØ-79</td><td>R</td></tr>
<tr><td>Hierarchy Level Name</td><td>788</td><td>M</td></tr>
<tr><td>Hierarchy Level Number</td><td>789</td><td>M</td></tr>
<tr><td>Hold Harmless Amount</td><td>265</td><td>A</td></tr>
<tr><td>Home Plan</td><td>314-CE</td><td>C,D,T</td></tr>
<tr><td>Host Plan</td><td>826-5K</td><td>C</td></tr>
<tr><td>ID Card Reason Code</td><td>79Ø</td><td>M</td></tr>
<tr><td>Incentive Amount Paid</td><td>521-FL</td><td>P,T,A</td></tr>
<tr><td>Incentive Amount Submitted</td><td>438-E3</td><td>T</td></tr>
<tr><td>Industry Classification Code</td><td>791</td><td>M</td></tr>
<tr><td>Ingredient Cost Billed</td><td>827-1Ø</td><td>P</td></tr>
<tr><td>Ingredient Cost Contracted/ Reimbursable Amount</td><td>148-U8</td><td>T</td></tr>
<tr><td>Ingredient Cost Paid</td><td>5Ø6-F6</td><td>P,T,A</td></tr>
<tr><td>Ingredient Cost Submitted</td><td>4Ø9-D9</td><td>T,A</td></tr>
<tr><td>In Network Indicator</td><td>266</td><td>A</td></tr>
<tr><td>Insurance Code</td><td>267</td><td>A</td></tr>
<tr><td>Interest Amount</td><td>6Ø1-89</td><td>R</td></tr>
<tr><td>Intermediary Authorization ID</td><td>464-EX</td><td>T</td></tr>
<tr><td>Intermediary Authorization Type ID</td><td>463-EW</td><td>T</td></tr>
<tr><td>Internal Control Number</td><td>993-A7</td><td>T</td></tr>
<tr><td>Internal Mail Order (Prescription/Service) Reference Number</td><td>268</td><td>A</td></tr>
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<tr><td>Name of Field</td><td>Field</td><td>Standard Formats</td></tr>
<tr><td>Invoiced Amount</td><td>269</td><td>A</td></tr>
<tr><td>Invoiced Amount 1</td><td>15Ø-VF</td><td>R</td></tr>
<tr><td>Invoiced Amount 2</td><td>151-VG</td><td>R</td></tr>
<tr><td>Invoiced Amount 3</td><td>152-VH</td><td>R</td></tr>
<tr><td>Invoiced Amount 4</td><td>153-VJ</td><td>R</td></tr>
<tr><td>Invoiced Amount 5</td><td>154-VK</td><td>R</td></tr>
<tr><td>Invoiced Per Unit Amount 1</td><td>155-VL</td><td>R</td></tr>
<tr><td>Invoiced Per Unit Amount 2</td><td>156-VM</td><td>R</td></tr>
<tr><td>Invoiced Per Unit Amount 3</td><td>157-VN</td><td>R</td></tr>
<tr><td>Invoiced Per Unit Amount 4</td><td>158-VP</td><td>R</td></tr>
<tr><td>Invoiced Per Unit Amount 5</td><td>159-VQ</td><td>R</td></tr>
<tr><td>Invoice Price 1</td><td>16Ø-VR</td><td>R</td></tr>
<tr><td>Invoice Price 2</td><td>161-VS</td><td>R</td></tr>
<tr><td>Invoice Price 3</td><td>162-VT</td><td>R</td></tr>
<tr><td>Invoice Price 4</td><td>163-VU</td><td>R</td></tr>
<tr><td>Invoice Price 5</td><td>164-VV</td><td>R</td></tr>
<tr><td>Invoice Rate 1</td><td>165-VW</td><td>R</td></tr>
<tr><td>Invoice Rate 2</td><td>166-VX</td><td>R</td></tr>
<tr><td>Invoice Rate 3</td><td>167-VY</td><td>R</td></tr>
<tr><td>Invoice Rate 4</td><td>168-VZ</td><td>R</td></tr>
<tr><td>Invoice Rate 5</td><td>169-WA</td><td>R</td></tr>
<tr><td>Invoice Type 1</td><td>17Ø-WB</td><td>R</td></tr>
<tr><td>Invoice Type 2</td><td>171-WC</td><td>R</td></tr>
<tr><td>Invoice Type 3</td><td>172-WD</td><td>R</td></tr>
<tr><td>Invoice Type 4</td><td>173-WF</td><td>R</td></tr>
<tr><td>Invoice Type 5</td><td>174-WG</td><td>R</td></tr>
<tr><td>Last Name</td><td>716</td><td>M,A</td></tr>
<tr><td>Length of Need</td><td>37Ø-2R</td><td>T</td></tr>
<tr><td>Length of Need Qualifier</td><td>371-2S</td><td>T</td></tr>
<tr><td>Level Of Service</td><td>418-DI</td><td>P,T,A</td></tr>
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Name of Field	Field	Standard Formats
Line Number	6Ø1-43	R
Line Of Business Code	27Ø	A
List Action	928-FR	F
List Effective Date	929-FZ	F
Load Status	93Ø-F2	F
MAC Price	271	A
MAC Reduced Indicator	272	A
Mail Order ID Code	6ØØ-8Ø	R
Mail Order ID Qualifier	6ØØ-81	R
Mail Order Name	6Ø1-11	R
Maintenance Drug Indicator	273	A
Manufacturer (PICO) Contract Number	6ØØ-47	R
Manufacturer (PICO) ID Code	6ØØ-48	R
Manufacturer (PICO) ID Qualifier	6ØØ-72	R
Manufacturer (PICO) Market Basket Code	6Ø1-65	R
Manufacturer (PICO) Name	6ØØ-5Ø	R
Market Basket Description	6Ø1-63	R
Market Basket Start Date	6Ø1-62	R
Market Basket Termination Date	6Ø1-61	R
Master Sequence Number	828-1P	P
Maximum Age	932-GA	F
Maximum Age Qualifier	931-F8	F
Maximum Amount	933-GB	F
Maximum Amount Qualifier	934-GC	F
Maximum Amount Time Period	935-GF	F
Maximum Amount Time Period End Date	937-GH	F
Maximum Amount Time Period Start Date	936-GG	F
Maximum Amount Time Period Units	938-GJ	F
Maximum Copay	939-GK	F
Maximum Copay Amount	792	M

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Maximum Copay Tier	94Ø-GM	F
Measurement Date	494-ZE	T
Measurement Dimension	496-H2	T
Measurement Time	495-H1	T
Measurement Unit	497-H3	T
Measurement Value	499-H4	T
Medicaid Agency Number	116-N6	T,S
Medicaid ID Number	115-N5	T,S
Medicaid Indicator	36Ø-2B	T
Medicaid Paid Amount	113-N3	T,S
Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	114-N4	T,S
Medicare Part D Coverage Code	139-UR	T
Medicare Plan Code	274	A
Medicare Recovery Dispensing Indicator	275	A
Medicare Recovery Indicator	276	A
Medigap ID	359-2A	T
Member Sequence Number	71Ø	M
Membership Calculation Multiplier	6ØØ-82	R
Membership Count Qualifier	6ØØ-83	R
Membership Dependents	6ØØ-84	R
Membership Enrollees	6ØØ-85	R
Membership Period Qualifier	6ØØ-86	R
Membership Reporting Period Start Date	6ØØ-87	R
Membership Total Count	6ØØ-88	R
Membership Type Qualifier	6ØØ-89	R
Member Submit Amount	277	A
Member Submitted Claim Payment Release Date	278	A
Member Submitted Claim Program Code	279	A
Message	5Ø4-F4	B,P,T
Message - Long	941-GN	F

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ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Message -Short	942-GP	F
Metric Quantity	4Ø4-D4	C,D
Middle Initial	718	M,A
Minimum Age	944-GR	F
Minimum Age Qualifier	943-GQ	F
Minimum Copay	945-GS	F
Minimum Copay Amount	793	M
Multiple Birth Code	72Ø	M
Name Extension	719	M
Name Suffix	28Ø	A
Narrative Message	39Ø-BM	T
Net Amount Due	281	A
Network Reimbursement ID	545-2F	T,A
Next Medicare Part D Effective Date	14Ø-US	T
Next Medicare Part D Termination Date	141-UT	T
Non-Claim Adjustment Dollars	88Ø-KQ	P
Non-Claim Transmission Fee Dollars	88Ø-KP	P
Non-Formulary Product Co-Pay Amount	6ØØ-9Ø	R
Non-listed Brand Over The Counter Formulary Status	948-GV	F
Non-listed Generic Over The Counter Formulary Status	949-GW	F
Non-Listed Prescription Brand Formulary Status	946-GT	F
Non-listed Prescription Generic Formulary Status	947-GU	F
Non-listed Supplies Formulary Status	95Ø-GX	F
Non-POS Claim Override Code	282	A
Number of Drugs To Try	951-GY	F
Number Of ID Cards	794	M
Number Of Market Product Records	6Ø1-6Ø	R
Number Of Refills Authorized	415-DF	C,D,P,T,A
Numerator Indicator	6Ø1-59	R
Open Balance	88Ø-KT	P

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Original Amount Invoiced	6Ø1-92	R
Original Claim Received Date	283	A
Original Effective Date	714	M
Originally Prescribed Product/Service Code	445-EA	T
Originally Prescribed Product/Service ID Qualifier	453-EJ	T
Originally Prescribed Quantity	446-EB	T
Original Rebate Per Unit	6Ø1-93	R
Original Units Invoiced	6Ø1-94	R
Originator ID Code	6Ø1-66	R
Originator Name	7Ø6	M
Originator Name	6Ø1-67	R
Other Amount Claimed Submitted	48Ø-H9	T
Other Amount Claimed Submitted Count	478-H7	T
Other Amount Claimed Submitted Qualifier	479-H8	T
Other Amount Paid	565-J4	P,T,A
Other Amount Paid Count	563-J2	T
Other Amount Paid Qualifier	564-J3	T,A
Other Coverage Code	3Ø8-C8	P,T,A,R
Other Coverage Effective Date	735	M
Other Payer Amount Paid	431-DV	P,T
Other Payer Amount Paid Count	341-HB	T
Other Payer Amount Paid Qualifier	342-HC	T
Other Payer Amount Recognized	566-J5	T,A
Other Payer Benefit Effective Date	144-UX	T
Other Payer Benefit Termination Date	145-UY	T
Other Payer BIN Number	99Ø-MG	T
Other Payer Cardholder ID	356-NU	T
Other Payer Coverage Type	338-5C	T
Other Payer Date	443-E8	T
Other Payer Group ID	992-MJ	T

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<tr><td>Name of Field</td><td>Field</td><td>Standard Formats</td></tr>
<tr><td>Other Payer Help Desk Phone Number</td><td>127-UB</td><td>T</td></tr>
<tr><td>Other Payer ID</td><td>34Ø-7C</td><td>T</td></tr>
<tr><td>Other Payer ID Count</td><td>355-NT</td><td>T</td></tr>
<tr><td>Other Payer ID Qualifier</td><td>339-6C</td><td>T</td></tr>
<tr><td>Other Payer Patient Relationship Code</td><td>143-UW</td><td>T</td></tr>
<tr><td>Other Payer-Patient Responsibility Amount</td><td>352-NQ</td><td>T,A</td></tr>
<tr><td>Other Payer-Patient Responsibility Amount Count</td><td>353-NR</td><td>T</td></tr>
<tr><td>Other Payer-Patient Responsibility Amount Qualifier</td><td>351-NP</td><td>T,A</td></tr>
<tr><td>Other Payer Person Code</td><td>142-UV</td><td>T</td></tr>
<tr><td>Other Payer Processor Control Number</td><td>991-MH</td><td>T</td></tr>
<tr><td>Other Payer Reject Code</td><td>472-6E</td><td>T</td></tr>
<tr><td>Other Payer Reject Count</td><td>471-5E</td><td>T</td></tr>
<tr><td>Other Pharmacy Indicator</td><td>529-FT</td><td>T</td></tr>
<tr><td>Other Prescriber Indicator</td><td>533-FX</td><td>T</td></tr>
<tr><td>Out Of Pocket Apply Amount</td><td>284</td><td>A</td></tr>
<tr><td>Out of Pocket Range End</td><td>953-HP</td><td>F</td></tr>
<tr><td>Out of Pocket Range Start</td><td>952-GZ</td><td>F</td></tr>
<tr><td>Paid Amount 1</td><td>175-WH</td><td>R</td></tr>
<tr><td>Paid Amount 2</td><td>176-WJ</td><td>R</td></tr>
<tr><td>Paid Amount 3</td><td>177-WK</td><td>R</td></tr>
<tr><td>Paid Amount 4</td><td>178-WL</td><td>R</td></tr>
<tr><td>Paid Amount 5</td><td>179-WM</td><td>R</td></tr>
<tr><td>Paid Base Price 1</td><td>18Ø-WN</td><td>R</td></tr>
<tr><td>Paid Base Price 2</td><td>181-WP</td><td>R</td></tr>
<tr><td>Paid Base Price 3</td><td>182-WQ</td><td>R</td></tr>
<tr><td>Paid Base Price 4</td><td>183-WR</td><td>R</td></tr>
<tr><td>Paid Base Price 5</td><td>184-WS</td><td>R</td></tr>
<tr><td>Paid Per Unit Amount</td><td>6Ø1-95</td><td>R</td></tr>
<tr><td>Paid Per Unit Amount 1</td><td>185-WT</td><td>R</td></tr>
<tr><td>Paid Per Unit Amount 2</td><td>186-WU</td><td>R</td></tr>
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<tr><td>Paid Per Unit Amount 3</td><td>187-WV</td><td>R</td></tr>
<tr><td>Paid Per Unit Amount 4</td><td>188-WW</td><td>R</td></tr>
<tr><td>Paid Per Unit Amount 5</td><td>189-WX</td><td>R</td></tr>
<tr><td>Paid Quantity 1</td><td>19Ø-WY</td><td>R</td></tr>
<tr><td>Paid Quantity 2</td><td>191-WZ</td><td>R</td></tr>
<tr><td>Paid Quantity 3</td><td>192-XA</td><td>R</td></tr>
<tr><td>Paid Quantity 4</td><td>193-XB</td><td>R</td></tr>
<tr><td>Paid Quantity 5</td><td>194-XC</td><td>R</td></tr>
<tr><td>Paid Rate 1</td><td>195-XD</td><td>R</td></tr>
<tr><td>Paid Rate 2</td><td>196-XF</td><td>R</td></tr>
<tr><td>Paid Rate 3</td><td>197-XG</td><td>R</td></tr>
<tr><td>Paid Rate 4</td><td>198-XH</td><td>R</td></tr>
<tr><td>Paid Rate 5</td><td>199-XJ</td><td>R</td></tr>
<tr><td>Paid Rebate Amount</td><td>6Ø1-96</td><td>R</td></tr>
<tr><td>P.A./M.C./S.C. Number</td><td>875-6E</td><td>C,D</td></tr>
<tr><td>Patient Assignment Indicator (Direct Member Reimbursement Indicator)</td><td>391-MT</td><td>T</td></tr>
<tr><td>Patient City Address</td><td>323-CN</td><td>T</td></tr>
<tr><td>Patient E-Mail Address</td><td>35Ø-HN</td><td>T</td></tr>
<tr><td>Patient First Name</td><td>31Ø-CA</td><td>C,D,T</td></tr>
<tr><td>Patient Gender Code</td><td>3Ø5-C5</td><td>T,A</td></tr>
<tr><td>Patient ID</td><td>332-CY</td><td>T,A</td></tr>
<tr><td>Patient ID Qualifier</td><td>331-CX</td><td>T,A</td></tr>
<tr><td>Patient Last Name</td><td>311-CB</td><td>C,D,T</td></tr>
<tr><td>Patient Liability Amount</td><td>6Ø1-44</td><td>R</td></tr>
<tr><td>Patient Medicare Formulary Rebate Amount</td><td>285</td><td>A</td></tr>
<tr><td>Patient Paid Amount Submitted</td><td>433-DX</td><td>T</td></tr>
<tr><td>Patient Pay Amount</td><td>5Ø5-F5</td><td>P,T,A</td></tr>
<tr><td>Patient Phone Number</td><td>326-CQ</td><td>T</td></tr>
<tr><td>Patient Relationship Code</td><td>3Ø6-C6</td><td>T,A</td></tr>
<tr><td>Patient Residence</td><td>384-4X</td><td>T</td></tr>
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Patient Sales Tax Amount	575-EQ	T
Patient Spend Down Amount	286	A
Patient State/Province Address	324-CO	T
Patient Street Address	322-CM	T
Patient Zip/Postal Zone	325-CP	T
Payer ID	569-J8	T
Payer ID Qualifier	568-J7	T
Payment Cycle End Date	88Ø-KB	P
Payment Cycle Start Date	88Ø-KA	P
Payment/Reference ID	287	A
Payroll Class	288	A
Pay To City Address	122-TW	T
Pay To ID	119-TT	T
Pay To Name	12Ø-TU	T
Pay To Qualifier	118-TS	T
Pay to State/ Province Address	123-TX	T
Pay To Street Address	121-TV	T
Pay To Zip/Postal Zone	124-TY	T
Pending Claim Count	88Ø-KM	P
Percentage Sales Tax Amount Paid	559-AX	T,A
Percentage Sales Tax Amount Submitted	482-GE	T
Percentage Sales Tax Basis Paid	561-AZ	T,A
Percentage Sales Tax Basis Submitted	484-JE	T
Percentage Sales Tax Rate Paid	56Ø-AY	T,A
Percentage Sales Tax Rate Submitted	483-HE	T
Percent Copay Rate	954-HQ	F
Person Code	3Ø3-C3	C,D,M,P,R,T,A
Pharmacy Address	829-5L	C,D
Pharmacy Class Code	289	A
Pharmacy Count	83Ø-5M	C,D,P

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Pharmacy Dispenser Type	29Ø	A
Pharmacy Location City	831-5N	C,D
Pharmacy Location State	832-6F	C,D
Pharmacy Name	833-5P	C,D,A
Pharmacy Service Type	147-U7	T,R
Pharmacy Telephone Number	834-5Q	C,D
Pharmacy Type	955–HR	F
Pharmacy Zip Code	835-5R	C,D
Place of Service	3Ø7-C7	T
Plan Affiliation Parent Plan ID	6ØØ-91	R
Plan Affiliation Parent Plan ID Qualifier	6ØØ-92	R
Plan Benefit Code	291	A
Plan Cutback Reason Code	292	A
Plan Degree Managed	6ØØ-93	R
Plan ID	524-FO	M,T
Plan ID Code	6ØØ-94	R
Plan ID Effective Date	734	M
Plan ID Extension	733	M
Plan ID Qualifier	6ØØ-95	R
Plan Name	6ØØ-96	R
Plan Sales Tax Amount	574-2Y	T
Plan Total Adjudicators Records	6ØØ-97	R
Plan Total Formulary Benefit Design Records	6ØØ-98	R
Plan Total Mail Order Records	6ØØ-99	R
Plan Type	6Ø1-Ø1	R,A
Plan Type Service	6Ø1-Ø2	R
Postage Amount Claimed	428-DS	C,D,P
Preference Level	956-HS	F
Preferred Alternative File ID	293	A
Preferred Product Copay Incentive	555-AT	T

DATA DICTIONARY

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Preferred Product Count	551-9F	T
Preferred Product Description	556-AU	T
Preferred Product ID	553-AR	T
Preferred Product ID Qualifier	552-AP	T
Preferred Product Incentive	554-AS	T
Pregnancy Indicator	335-2C	M,T
Prescribed Days Supply	294	A
Prescriber Certification Status	295	A
Prescriber City Address	366-2M	T
Prescriber First Name	364-2J	T
Prescriber ID	411-DB	M, R, T,A
Prescriber ID Qualifier	466-EZ	M,T,A,R
Prescriber Last Name	427-DR	C,D,P,T
Prescriber Location Code	467-1E	A
Prescriber Phone Number	498-PM	T
Prescriber State/ Province Address	367-2N	T
Prescriber Street Address	365-2K	T
Prescriber/Supplier Date Signed	372-2T	T
Prescriber Taxonomy Code	296	A
Prescriber Zip/Postal Zone	368-2P	T
Prescription Origin Code	419-DJ	P,T,A
Prescription Over The Counter Indicator	297	A
Prescription Type	6Ø1-49	R
Prescription/Service Reference Number	4Ø2-D2	C,D,P,R,T,A
Prescription/Service Reference Number Qualifier	455-EM	P,T,A,R
Previous Date Of Fill	53Ø-FU	T
Primary Care Provider Effective Date	737	M
Primary Care Provider ID	421-DL	M,P,T,A
Primary Care Provider ID Qualifier	468-2E	M,T,A
Primary Care Provider Last Name	47Ø-4E	T

ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Primary Care Provider Location Code	469-H5	A
Primary Care Provider Termination Date	795	M
Primary Pharmacy Effective Date	739	M
Primary Pharmacy ID	738	M
Primary Pharmacy ID Qualifier	496	M
Prior Amount Paid	6Ø2-Ø1	R
Prior Approval Amount	797	M
Prior Authorization Dollars Authorized	498-RB	T
Prior Authorization Effective Date	498-PS	T
Prior Authorization Expiration Date	498-PT	T
Prior Authorization/Medical Certification Code And Number	416-DG	C,D
Prior Authorization Number-Assigned	498-PY	T,A
Prior Authorization Number Of Refills Authorized	498-PW	T
Prior Authorization Number Submitted	462-EV	T,A
Prior Authorization Processed Date	498-PR	T
Prior Authorization Quantity	498-RA	T
Prior Authorization Quantity Accumulated	498-PX	T
Prior Authorization Supporting Documentation	498-PP	T
Prior Authorization Type Code	461-EU	T,A
Prior Units Disputed	6Ø2-Ø2	R
Prior Units Paid	6Ø2-Ø3	R
Procedure Code	298	A
Procedure Modifier Code	459-ER	T,A
Procedure Modifier Code Count	458-SE	T
Process Begin Date	7Ø8	M
Process Date	7Ø4	M
Process End Date	7Ø9	M
Processor Address	836-5S	C,D
Processor Control Number	1Ø4-A4	M,T
Processor Defined Data	752	M

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ALPHABETIC CROSS REFERENCE				ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats		Name of Field	Field	Standard Formats
Processor Defined Prior Authorization Reason Code	299	A		Professional Service Fee Submitted	477-BE	T
Processor Indicator	7Ø7	M		Provider Accept Assignment Indicator	361-2D	T
Processor Location City	837-5T	C,D		Provider ID	444-E9	T
Processor Location State	838-5U	C,D		Provider ID Qualifier	465-EY	T
Processor Name	839-5V	C,D,M		Quantity Dispensed	442-E7	T,A
Processor Number	84Ø-5W	C,D,P		Quantity Intended To Be Dispensed	344-HF	T,A
Processor Payment Clarification Code	395	A		Quantity Of Previous Fill	531-FV	T
Processor Specific Data	396	A		Quantity Prescribed	46Ø-ET	T,A
Processor Telephone Number	841-5X	C,D		Question Alphanumeric Response	383-4K	T
Processor Zip Code	842-5Y	C,D		Question Date Response	38Ø-4G	T
Process Time	7Ø5	M		Question Dollar Amount Response	381-4H	T
Product Daily Consumption	6Ø1-58	R		Question Numeric Response	382-4J	T
Product Description	6Ø1-2Ø	R		Question Number/Letter	378-4B	T
Product Dosage Form	6Ø1-21	R		Question Number/Letter Count	377-2Z	T
Product Formulary Status Code	6Ø1-22	R		Question Percent Response	379-4D	T
Product Generic Name	6Ø1-23	R		Reason For Service Code	439-E4	T,A
Product Name -Health Plan	957-HT	F		Rebate Batch Number	6Ø1-5Ø	R
Product/Service ID	4Ø7-D7	T,F,A,R		Rebate Days Supply	6Ø1-51	R
Product/Service ID - Alternative	958-HU	F		Rebate Per Unit Amount	6Ø1-52	R
Product/Service ID Qualifier	436-E1	T,F,A,R		Rebate Period End Date	6ØØ-39	R
Product/Service ID Qualifier - Alternative	959-HV	F		Rebate Period Start Date	6ØØ-38	R
Product/Service ID Qualifier -Source	963-HZ	F		Rebate Version Release Number	6Ø1-Ø3	R
Product/Service ID Qualifier -Step Drug	961-HX	F		Receiver ID	88Ø-K7	B,F,A
Product/Service ID - Source	962-HY	F		Reconciliation Error Description	6Ø2-Ø8	R
Product/Service ID - Step Drug	96Ø-HW	F		Reconciliation Line Number	6Ø2-Ø9	R
Product/Service Name	397	A		Reconciliation Reason Code	6Ø2-1Ø	R
Product Strength	6Ø1-24	R,A		Reconciliation Status Code	6Ø2-11	R
Product Type	964-JA	F		Reconciliation Transmission Control Number	6Ø2-12	R
Professional Service Code	44Ø-E5	T,A		Record Count	751-M9	B,M,F
Professional Service Fee Paid	562-J1	P,T,A		Record Identifier	843-5Z	C,D,P

DATA DICTIONARY

<table>
<tr><th colspan="3">ALPHABETIC CROSS REFERENCE</th></tr>
<tr><th>Name of Field</th><th>Field</th><th>Standard Formats</th></tr>
<tr><td>Record Indicator</td><td>398</td><td>A</td></tr>
<tr><td>Record Purpose Indicator</td><td>6Ø1-53</td><td>R</td></tr>
<tr><td>Record Status Code</td><td>399</td><td>A</td></tr>
<tr><td>Record Type</td><td>6Ø1-Ø4</td><td>R,F,A</td></tr>
<tr><td>Reimbursement Amount</td><td>6Ø1-47</td><td>R</td></tr>
<tr><td>Reimbursement Date</td><td>6Ø1-54</td><td>R</td></tr>
<tr><td>Reimbursement Qualifier</td><td>6Ø1-48</td><td>R</td></tr>
<tr><td>Reject Code</td><td>511-FB</td><td>T,F,A</td></tr>
<tr><td>Reject Count</td><td>51Ø-FA</td><td>B,T</td></tr>
<tr><td>Rejected Claim Count</td><td>88Ø-KN</td><td>P</td></tr>
<tr><td>Reject Field Occurrence Indicator</td><td>546-4F</td><td>T</td></tr>
<tr><td>Reject Override Code</td><td>878</td><td>A</td></tr>
<tr><td>Relationship Coverage Effective Date</td><td>74Ø</td><td>M</td></tr>
<tr><td>Relative Cost</td><td>966-JC</td><td>F</td></tr>
<tr><td>Relative Cost Limit</td><td>967-JD</td><td>F</td></tr>
<tr><td>Remaining Benefit Amount</td><td>514-FE</td><td>T,A</td></tr>
<tr><td>Remaining Deductible Amount</td><td>513-FD</td><td>T,A</td></tr>
<tr><td>Report Level Indicator</td><td>798</td><td>M</td></tr>
<tr><td>Reporting Period End Date</td><td>6Ø1-Ø5</td><td>R,A</td></tr>
<tr><td>Reporting Period Start Date</td><td>6Ø1-Ø6</td><td>R,A</td></tr>
<tr><td>Request Period Begin Date</td><td>374-2V</td><td>T</td></tr>
<tr><td>Request Period Date-Begin</td><td>498-PB</td><td>T</td></tr>
<tr><td>Request Period Date-End</td><td>498-PC</td><td>T</td></tr>
<tr><td>Request Period Recert/Revised Date</td><td>375-2W</td><td>T</td></tr>
<tr><td>Request Status</td><td>373-2U</td><td>T</td></tr>
<tr><td>Request Type</td><td>498-PA</td><td>T</td></tr>
<tr><td>Requested Rebate Amount</td><td>6Ø1-55</td><td>R</td></tr>
<tr><td>Resource Link Type</td><td>968-JF</td><td>F</td></tr>
<tr><td>Resubmission Cycle Count</td><td>844-6A</td><td>C,D</td></tr>
<tr><td>Result Of Service Code</td><td>441-E6</td><td>T,A</td></tr>
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<table>
<tr><th colspan="3">ALPHABETIC CROSS REFERENCE</th></tr>
<tr><th>Name of Field</th><th>Field</th><th>Standard Formats</th></tr>
<tr><td>Revised Invoice Amount</td><td>6Ø2-13</td><td>R</td></tr>
<tr><td>Route of Administration</td><td>995-E2</td><td>T</td></tr>
<tr><td>Run Date</td><td>845-6B</td><td>C,D,P</td></tr>
<tr><td>RxNorm Code</td><td>969-JG</td><td>F</td></tr>
<tr><td>RxNorm Qualifier</td><td>97Ø-JH</td><td>F</td></tr>
<tr><td>Sales Tax</td><td>41Ø-DA</td><td>P</td></tr>
<tr><td>Scheduled Prescription ID Number</td><td>454-EK</td><td>T</td></tr>
<tr><td>Section Column In Error</td><td>971-JJ</td><td>F</td></tr>
<tr><td>Segment 1</td><td>638-XK</td><td>R</td></tr>
<tr><td>Segment 2</td><td>639-XL</td><td>R</td></tr>
<tr><td>Segment 3</td><td>64Ø-XM</td><td>R</td></tr>
<tr><td>Segment 4</td><td>641-XN</td><td>R</td></tr>
<tr><td>Segment 5</td><td>642-XP</td><td>R</td></tr>
<tr><td>Segment 6</td><td>643-XQ</td><td>R</td></tr>
<tr><td>Segment Identification</td><td>111-AM</td><td>T</td></tr>
<tr><td>Segment Identifier</td><td>7Ø1</td><td>B,M</td></tr>
<tr><td>Segment Qualifier 1</td><td>644-XR</td><td>R</td></tr>
<tr><td>Segment Qualifier 2</td><td>645-XS</td><td>R</td></tr>
<tr><td>Segment Qualifier 3</td><td>646-XT</td><td>R</td></tr>
<tr><td>Segment Qualifier 4</td><td>647-XU</td><td>R</td></tr>
<tr><td>Segment Qualifier 5</td><td>648-XV</td><td>R</td></tr>
<tr><td>Segment Qualifier 6</td><td>649-XW</td><td>R</td></tr>
<tr><td>Sender ID</td><td>88Ø-K1</td><td>B,F</td></tr>
<tr><td>Sender Participant Password</td><td>973-JM</td><td>F</td></tr>
<tr><td>Sending Entity Identifier</td><td>879</td><td>A</td></tr>
<tr><td>Service Provider Chain Code</td><td>886</td><td>A</td></tr>
<tr><td>Service Provider County Code</td><td>887</td><td>A</td></tr>
<tr><td>Service Provider ID</td><td>2Ø1-B1</td><td>P,T,A,R</td></tr>
<tr><td>Service Provider ID Qualifier</td><td>2Ø2-B2</td><td>T,A,R</td></tr>
<tr><td>Significant Other Coverage Indicator</td><td>799</td><td>M</td></tr>
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ALPHABETIC CROSS REFERENCE				ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats		Name of Field	Field	Standard Formats
Smoker/Non-Smoker Code	334-1C	M,T		Therapeutic Class Code – Specific	892	A
Social Security Number	722	M		Therapeutic Class Code – Standard	893	A
Software Vendor/Certification ID	11Ø-AK	T		Therapeutic Class Description	6Ø1-27	R
Source Name	972-JK	F		Therapeutic Use Code	6Ø1-28	R
Special Packaging Indicator	429-DT	C, D, P, T,A		Therapeutic Use Description	6Ø1-29	R
Spending Account Amount Remaining	128-UC	T		Third Party Type	846-6C	C,D
Spouse Coverage Indicator	742	M		Total Amount Paid	5Ø9-F9	T,P
Start Date	6Ø1-Ø7	R		Total Amount Paid By All Sources	894	A
State	729	M,R,A		Total Batch Amount	88Ø-U2	P
Step Order	974-JN	F		Total Claim Count	88Ø-KU	P
Student Coverage Indicator	745	M		Total Dollars Adjusted	88Ø-KY	P
Student Covered Through Age	746	M		Total Dollars Billed	88Ø-KW	P
Student Covered Through Date	884	M		Total Dollars Paid	88Ø-KX	P
Subclass ID	975-JP	F		Total Dollars Rejected	88Ø-KZ	P
Subclass ID- Step Drug	976-JQ	F		Total Errors	979-JT	F
Subclass Name	977-JR	F		Total Net Amount Due	895	A
Submission Clarification Code	42Ø-DK	P,T,A		Total Non-Claim Adjustment Dollars	88Ø-U5	P
Submission Clarification Code Count	354-NX	T		Total Non-Claim Transmission Fee Dollars	88Ø-U4	P
Submission Number	888	A		Total Number Of Formularies	6Ø1-3Ø	R
Submit Code	6Ø1-36	R		Total # Of Market Basket Records	6Ø1-69	R
Supporting Documentation	376-2X	T		Total Number Of Plans	6Ø1-Ø8	R
Tax Exempt Indicator	557-AV	T,A		Total Number Of Prescriptions	6Ø1-4Ø	R
Telephone Number	732	M,A		Total Pending Claim Count	88Ø-KV	P
Termination Date	713	M,R		Total Quantity	6Ø1-39	R
Text Indicator	88Ø-K4	B		Total Record Count	6Ø1-Ø9	R,A
Therapeutic Chapter	889	A		Total Records	978-JS	F
Therapeutic Class Code	6Ø1-25	R		Total Rejected Claim Count	88Ø-U3	P
Therapeutic Class Code – AHFS	89Ø	A		Total Remittance	6Ø2-14	R
Therapeutic Class Code – Generic	891	A		Total Rows In Error	98Ø-JU	F
Therapeutic Class Code Qualifier	6Ø1-26	R		Transaction Code	1Ø3-A3	T

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ALPHABETIC CROSS REFERENCE		
Name of Field	Field	Standard Formats
Transaction Count	1Ø9-A9	T
Transaction ID	896	A
Transaction ID Cross Reference	897	A
Transaction Reference Number	88Ø-K5	B,T
Transaction Response Status	112-AN	T
Transaction Type	88Ø-KD	P
Transmission Action	981-JV	F,A
Transmission Control Number	6Ø1-56	R,F
Transmission Date	6Ø1-1Ø	R,F
Transmission Date - Originating	982-JW	F
Transmission File Type	986-KJ	F
Transmission Number - Originating	983-JX	F
Transmission Time	984-JY	F
Transmission Time - Originating	985-JZ	F
Transmission Type	88Ø-K6	B
Unit Dose Indicator	429-DT	C,D,P,T,A
Unit Of Measure	6ØØ-28	R,T,A
URL	987-MA	F
Usual And Customary Charge	426-DQ	T,A
User Benefit ID	898	A
User Coverage ID	899	A
Version/Release Number	1Ø2-A2	B,C,D,P,T, F,A
Withheld Invoice Amount	6Ø2-15	R
Workers Compensation Effective Date	881	M
Workers Compensation Original Effective Date	882	M
Workers Compensation Termination Date	883	M
Zip/Postal Code	73Ø	M,R,A

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IV. Appendix B - NUMERIC CROSS REFERENCE

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
1Ø1-A1	BIN Number	T
1Ø2-A2	Version/Release Number	B,C,D,P,T, F,A
1Ø3-A3	Transaction Code	T
1Ø4-A4	Processor Control Number	T,M
1Ø9-A9	Transaction Count	T
11Ø-AK	Software Vendor/Certification ID	T
111-AM	Segment Identification	T
112-AN	Transaction Response Status	T
113-N3	Medicaid Paid Amount	T,S
114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	T,S
115-N5	Medicaid ID Number	T,S
116-N6	Medicaid Agency Number	T,S
117-TR	Billing Entity Type Indicator	T
118-TS	Pay To Qualifier	T
119-TT	Pay To ID	T
12Ø-TU	Pay To Name	T
121-TV	Pay To Street Address	T
122-TW	Pay To City Address	T
123-TX	Pay to State/ Province Address	T
124-TY	Pay To Zip/Postal Zone	T
125-TZ	Generic Equivalent Product ID Qualifier	T
126-UA	Generic Equivalent Product ID	T
127-UB	Other Payer Help Desk Phone Number	T
128-UC	Spending Account Amount Remaining	T
129-UD	Health Plan-funded Assistance Amount	T
13Ø-UF	Additional Message Information Count	T
131-UG	Additional Message Information Continuity	T

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
132-UH	Additional Message Information Qualifier	T
133-UJ	Amount Attributed to Provider Network Selection	T
134-UK	Amount Attributed to Product Selection / Brand Drug	T
135-UM	Amount Attributed to Product Selection / Non-Preferred Formulary Selection	T
136-UN	Amount Attributed to Product Selection / Brand Non-Preferred Formulary Selection	T
137-UP	Amount Attributed to Coverage Gap	T
138-UQ	CMS Low Income Cost Sharing (LICS) Level	T
139-UR	Medicare Part D Coverage Code	T
14Ø-US	Next Medicare Part D Effective Date	T
141-UT	Next Medicare Part D Termination Date	T
142-UV	Other Payer Person Code	T
143-UW	Other Payer Patient Relationship Code	T
144-UX	Other Payer Benefit Effective Date	T
145-UY	Other Payer Benefit Termination Date	T
147-U7	Pharmacy Service Type	T,R
148-U8	Ingredient Cost Contracted/ Reimbursable Amount	T
149-U9	Dispensing Fee Contracted/ Reimbursable Amount	T
15Ø-VF	Invoiced Amount 1	R
151-VG	Invoiced Amount 2	R
152-VH	Invoiced Amount 3	R
153-VJ	Invoiced Amount 4	R
154-VK	Invoiced Amount 5	R
155-VL	Invoiced Per Unit Amount 1	R
156-VM	Invoiced Per Unit Amount 2	R
157-VN	Invoiced Per Unit Amount 3	R
158-VP	Invoiced Per Unit Amount 4	R
159-VQ	Invoiced Per Unit Amount 5	R

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NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
16Ø-VR	Invoice Price 1	R
161-VS	Invoice Price 2	R
162-VT	Invoice Price 3	R
163-VU	Invoice Price 4	R
164-VV	Invoice Price 5	R
165-VW	Invoice Rate 1	R
166-VX	Invoice Rate 2	R
167-VY	Invoice Rate 3	R
168-VZ	Invoice Rate 4	R
169-WA	Invoice Rate 5	R
17Ø-WB	Invoice Type 1	R
171-WC	Invoice Type 2	R
172-WD	Invoice Type 3	R
173-WF	Invoice Type 4	R
174-WG	Invoice Type 5	R
175-WH	Paid Amount 1	R
176-WJ	Paid Amount 2	R
177-WK	Paid Amount 3	R
178-WL	Paid Amount 4	R
179-WM	Paid Amount 5	R
18Ø-WN	Paid Base Price 1	R
181-WP	Paid Base Price 2	R
182-WQ	Paid Base Price 3	R
183-WR	Paid Base Price 4	R
184-WS	Paid Base Price 5	R
185-WT	Paid Per Unit Amount 1	R
186-WU	Paid Per Unit Amount 2	R
187-WV	Paid Per Unit Amount 3	R
188-WW	Paid Per Unit Amount 4	R
189-WX	Paid Per Unit Amount 5	R

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
19Ø-WY	Paid Quantity 1	R
191-WZ	Paid Quantity 2	R
192-XA	Paid Quantity 3	R
193-XB	Paid Quantity 4	R
194-XC	Paid Quantity 5	R
195-XD	Paid Rate 1	R
196-XF	Paid Rate 2	R
197-XG	Paid Rate 3	R
198-XH	Paid Rate 4	R
199-XJ	Paid Rate 5	R
2Ø1-B1	Service Provider ID	P,T,A,R
2Ø2-B2	Service Provider ID Qualifier	T,A,R
2Ø3	Adjudication Time	A,R
2Ø4	Adjustment Reason Code	A
2Ø5	Adjustment Type	A
2Ø6	Administrative Fee Amount	A
2Ø7	Administrative Fee Effect Indicator	A
2Ø8	Age	A
2Ø9	Average Cost Per Quantity Unit Price	A
21Ø	Average Generic Unit Price	A
211	Average Wholesale Unit Price	A
212	Benefit Type	A
213	Billing Cycle End Date	A
214	Cardholder Date of Birth	A
215	Carrier Number	A
216	Check Date	A
217	Claim Date Received In The Mail	A
218	Claim Media Type	A
219	Claim Sequence Number	A
22Ø	Client Assigned Location Code	A

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Field	Name Of Field	Standard Formats
221	Client Formulary Flag	A
222	Client Pass Through	A
223	Client Pricing Basis Of Cost	A
224	Client Specific Data	A
225	COB Carrier Submit Amount	A
226	COB Primary Claim Type	A
227	COB Primary Payer Allowed Amount	A
228	COB Primary Payer Amount Paid	A
229	COB Primary Payer Coinsurance	A
23Ø	COB Primary Payer Copay	A
231	COB Primary Payer Deductible	A
232	COB Primary Payer ID	A
233	COB Secondary Payer Allowed Amount	A
234	COB Secondary Payer Amount Paid	A
235	COB Secondary Payer Coinsurance	A
236	COB Secondary Payer Copay	A
237	COB Secondary Payer Deductible	A
238	COB Secondary Payer ID	A
239	Communication Type Indicator	A
24Ø-U1	Contract Number	A,T
241	Copay Modifier ID	A
242	Cost Difference Amount	A
243	Dosage Form Code	A
244	Drug Category Code	A
245	Eligibility COB Indicator	A
246	Eligibility Group ID	A
247	Eligibility/Patient Relationship Code	A
248	Eligible Coverage Code	A
249	Excess Copay Amount	A
25Ø	FDA Drug Efficacy Code	A

Field	Name Of Field	Standard Formats
251	Federal Upper Limit Indicator	A
252	Federal DEA Schedule	A
253	Federal Upper Limit Unit Price	A
254	Fill Number Calculated	A
255	Formulary Code Type	A
256	Formulary File ID	A
257	Formulary Status	A
258	GCN Number	A
259	GCN Sequence Number	A
26Ø	Generic Indicator	A
261	Generic Name	A
262	Generic Product Identifier	A
263	Health Care Reimbursement Account Amount Applied	A
264	Health Care Reimbursement Account Amount Applied Remaining	A
265	Hold Harmless Amount	A
266	In Network Indicator	A
267	Insurance Code	A
268	Internal Mail Order (Prescription/Service) Reference Number	A
269	Invoiced Amount	A
27Ø	Line Of Business Code	A
271	MAC Price	A
272	MAC Reduced Indicator	A
273	Maintenance Drug Indicator	A
274	Medicare Plan Code	A
275	Medicare Recovery Dispensing Indicator	A
276	Medicare Recovery Indicator	A
277	Member Submit Amount	A
278	Member Submitted Claim Payment Release Date	A
279	Member Submitted Claim Program Code	A

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NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
28Ø	Name Suffix	A
281	Net Amount Due	A
282	Non-POS Claim Override Code	A
283	Original Claim Received Date	A
284	Out Of Pocket Apply Amount	A
285	Patient Medicare Formulary Rebate Amount	A
286	Patient Spend Down Amount	A
287	Payment/Reference ID	A
288	Payroll Class	A
289	Pharmacy Class Code	A
29Ø	Pharmacy Dispenser Type	A
291	Plan Benefit Code	A
292	Plan Cutback Reason Code	A
293	Preferred Alternative File ID	A
294	Prescribed Days Supply	A
295	Prescriber Certification Status	A
296	Prescriber Taxonomy Code	A
297	Prescription Over The Counter Indicator	A
298	Procedure Code	A
299	Processor Defined Prior Authorization Reason Code	A
3Ø1-C1	Group ID	C,D,M,R,P,T,A
3Ø2-C2	Cardholder ID	C,D,M,T,A
3Ø3-C3	Person Code	C,D,M,P,R,T,A
3Ø4-C4	Date Of Birth	C,D,M,T,A
3Ø5-C5	Patient Gender Code	T,A
3Ø6-C6	Patient Relationship Code	T,A
3Ø7-C7	Place of Service	T
3Ø8-C8	Other Coverage Code	P,T,A,R
3Ø9-C9	Eligibility Clarification Code	C,D,P,T,A
31Ø-CA	Patient First Name	C,D,T

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
311-CB	Patient Last Name	C,D,T
312-CC	Cardholder First Name	C,D,T
313-CD	Cardholder Last Name	C,D,T
314-CE	Home Plan	C,D,T
315-CF	Employer Name	T
316-CG	Employer Street Address	T
317-CH	Employer City Address	T
318-CI	Employer State/Province Address	T
319-CJ	Employer Zip/Postal Zone	T
32Ø-CK	Employer Phone Number	T
321-CL	Employer Contact Name	T
322-CM	Patient Street Address	T
323-CN	Patient City Address	T
324-CO	Patient State/Province Address	T
325-CP	Patient Zip/Postal Zone	T
326-CQ	Patient Phone Number	T
327-CR	Carrier ID	M,T
33Ø-CW	Alternate ID	T
331-CX	Patient ID Qualifier	T,A
332-CY	Patient ID	T,A
333-CZ	Employer ID	M,T
334-1C	Smoker/Non-Smoker Code	M,T
335-2C	Pregnancy Indicator	M,T
336-8C	Facility ID	T,A
337-4C	Coordination Of Benefits/Other Payments Count	T
338-5C	Other Payer Coverage Type	T
339-6C	Other Payer ID Qualifier	T
34Ø-7C	Other Payer ID	T
341-HB	Other Payer Amount Paid Count	T
342-HC	Other Payer Amount Paid Qualifier	T

DATA DICTIONARY

Field	Name Of Field	Standard Formats
343-HD	Dispensing Status	T,A,R
344-HF	Quantity Intended To Be Dispensed	T,A
345-HG	Days Supply Intended To Be Dispensed	T,A
346-HH	Basis of Calculation-Dispensing Fee	T,A
347-HJ	Basis of Calculation-Copay	T,A
348-HK	Basis of Calculation-Flat Sales Tax	T,A
349-HM	Basis Of Calculation-Percentage Sales Tax	T,A
35Ø-HN	Patient E-Mail Address	T
351-NP	Other Payer-Patient Responsibility Amount Qualifier	T,A
352-NQ	Other Payer-Patient Responsibility Amount	T,A
353-NR	Other Payer-Patient Responsibility Amount Count	T
354-NX	Submission Clarification Code Count	T
355-NT	Other Payer ID Count	T
356-NU	Other Payer Cardholder ID	T
357-NV	Delay Reason Code	T
359-2A	Medigap ID	T
36Ø-2B	Medicaid Indicator	T
361-2D	Provider Accept Assignment Indicator	T
362-2G	Compound Ingredient Modifier Code Count	T
362-2H	Compound Ingredient Modifier Code	T
364-2J	Prescriber First Name	T
365-2K	Prescriber Street Address	T
366-2M	Prescriber City Address	T
367-2N	Prescriber State/ Province Address	T
368-2P	Prescriber Zip/Postal Zone	T
369-2Q	Additional Documentation Type ID	T
37Ø-2R	Length of Need	T
371-2S	Length of Need Qualifier	T
372-2T	Prescriber/Supplier Date Signed	T
373-2U	Request Status	T

Field	Name Of Field	Standard Formats
374-2V	Request Period Begin Date	T
375-2W	Request Period Recert/Revised Date	T
376-2X	Supporting Documentation	T
377-2Z	Question Number/Letter Count	T
378-4B	Question Number/Letter	T
379-4D	Question Percent Response	T
38Ø-4G	Question Date Response	T
381-4H	Question Dollar Amount Response	T
382-4J	Question Numeric Response	T
383-4K	Question Alphanumeric Response	T
384-4X	Patient Residence	T
385-3Q	Facility Name	T
386-3U	Facility Street Address	T
387-3V	Facility State/Province Address	T
388-5J	Facility City Address	T
389-6D	Facility Zip/Postal Zone	T
39Ø-BM	Narrative Message	T
391-MT	Patient Assignment Indicator (Direct Member Reimbursement Indicator)	T
392-MU	Benefit Stage Count	T
393-MV	Benefit Stage Qualifier	T,R
394-MW	Benefit Stage Amount	T
395	Processor Payment Clarification Code	A
396	Processor Specific Data	A
397	Product/Service Name	A
398	Record Indicator	A
399	Record Status Code	A
4Ø1-D1	Date Of Service	C,D,P,R,T,A
4Ø2-D2	Prescription/Service Reference Number	C,D,P,R,T,A
4Ø3-D3	Fill Number	T,A,R
4Ø4-D4	Metric Quantity	C,D

DATA DICTIONARY

Field	Name Of Field	Standard Formats
4Ø5-D5	Days Supply	C,D,R,T,A
4Ø6-D6	Compound Code	C,D,P,T,A,R
4Ø7-D7	Product/Service ID	T,F,A,R
4Ø8-D8	Dispense As Written (DAW)/Product Selection Code	C,D,R,T,A
4Ø9-D9	Ingredient Cost Submitted	T,A
41Ø-DA	Sales Tax	P
411-DB	Prescriber ID	M, R, T,A
412-DC	Dispensing Fee Submitted	T
414-DE	Date Prescription Written	C,D,T,A
415-DF	Number Of Refills Authorized	C,D,P,T,A
416-DG	Prior Authorization/Medical Certification Code And Number	C,D
418-DI	Level Of Service	P,T,A
419-DJ	Prescription Origin Code	P,T,A
42Ø-DK	Submission Clarification Code	P,T,A
421-DL	Primary Care Provider ID	M,P,T,A
422-DM	Clinic ID Number	C,D,P
423-DN	Basis Of Cost Determination	T
424-DO	Diagnosis Code	C,D,M,R,T,F,A
425-DP	Drug Type	C,D,P,A
426-DQ	Usual And Customary Charge	T,A
427-DR	Prescriber Last Name	C,D,P,T
428-DS	Postage Amount Claimed	C,D,P
429-DT	Special Packaging Indicator	C, D, P, T,A
43Ø-DU	Gross Amount Due	T,A
431-DV	Other Payer Amount Paid	P,T
432-DW	Basis Of Days Supply Determination	C,D,P
433-DX	Patient Paid Amount Submitted	T
434-DY	Date Of Injury	M,T,A
435-DZ	Claim/Reference ID	M,T,A
436-E1	Product/Service ID Qualifier	T,F,A,R

Field	Name Of Field	Standard Formats
438-E3	Incentive Amount Submitted	T
439-E4	Reason For Service Code	T,A
44Ø-E5	Professional Service Code	T,A
441-E6	Result Of Service Code	T,A
442-E7	Quantity Dispensed	T,A
443-E8	Other Payer Date	T
444-E9	Provider ID	T
445-EA	Originally Prescribed Product/Service Code	T
446-EB	Originally Prescribed Quantity	T
447-EC	Compound Ingredient Component Count	T
448-ED	Compound Ingredient Quantity	T,A
449-EE	Compound Ingredient Drug Cost	T,A
45Ø-EF	Compound Dosage Form Description Code	T
451-EG	Compound Dispensing Unit Form Indicator	T
452-EH	Compound Route Of Administration	A
453-EJ	Originally Prescribed Product/Service ID Qualifier	T
454-EK	Scheduled Prescription ID Number	T
455-EM	Prescription/Service Reference Number Qualifier	P,T,A,R
456-EN	Associated Prescription/Service Reference Number	T,A
457-EP	Associated Prescription/Service Date	T,A
458-SE	Procedure Modifier Code Count	T
459-ER	Procedure Modifier Code	T,A
46Ø-ET	Quantity Prescribed	T,A
461-EU	Prior Authorization Type Code	T,A
462-EV	Prior Authorization Number Submitted	T,A
463-EW	Intermediary Authorization Type ID	T
464-EX	Intermediary Authorization ID	T
465-EY	Provider ID Qualifier	T
466-EZ	Prescriber ID Qualifier	M,T,A,R
467-1E	Prescriber Location Code	A

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<tr><th colspan="3">NUMERIC CROSS REFERENCE</th></tr>
<tr><th>Field</th><th>Name Of Field</th><th>Standard Formats</th></tr>
<tr><td>468-2E</td><td>Primary Care Provider ID Qualifier</td><td>M,T,A</td></tr>
<tr><td>469-H5</td><td>Primary Care Provider Location Code</td><td>A</td></tr>
<tr><td>47Ø-4E</td><td>Primary Care Provider Last Name</td><td>T</td></tr>
<tr><td>471-5E</td><td>Other Payer Reject Count</td><td>T</td></tr>
<tr><td>472-6E</td><td>Other Payer Reject Code</td><td>T</td></tr>
<tr><td>473-7E</td><td>DUR/PPS Code Counter</td><td>T</td></tr>
<tr><td>474-8E</td><td>DUR/PPS Level Of Effort</td><td>T,A</td></tr>
<tr><td>475-J9</td><td>DUR Co-Agent ID Qualifier</td><td>T,A</td></tr>
<tr><td>476-H6</td><td>DUR Co-Agent ID</td><td>T,A</td></tr>
<tr><td>477-BE</td><td>Professional Service Fee Submitted</td><td>T,A</td></tr>
<tr><td>478-H7</td><td>Other Amount Claimed Submitted Count</td><td>T</td></tr>
<tr><td>479-H8</td><td>Other Amount Claimed Submitted Qualifier</td><td>T</td></tr>
<tr><td>48Ø-H9</td><td>Other Amount Claimed Submitted</td><td>T</td></tr>
<tr><td>481-HA</td><td>Flat Sales Tax Amount Submitted</td><td>T</td></tr>
<tr><td>482-GE</td><td>Percentage Sales Tax Amount Submitted</td><td>T</td></tr>
<tr><td>483-HE</td><td>Percentage Sales Tax Rate Submitted</td><td>T</td></tr>
<tr><td>484-JE</td><td>Percentage Sales Tax Basis Submitted</td><td>T</td></tr>
<tr><td>485-KE</td><td>Coupon Type</td><td>T</td></tr>
<tr><td>486-ME</td><td>Coupon Number</td><td>T</td></tr>
<tr><td>487-NE</td><td>Coupon Value Amount</td><td>T</td></tr>
<tr><td>488-RE</td><td>Compound Product ID Qualifier</td><td>T,A</td></tr>
<tr><td>489-TE</td><td>Compound Product ID</td><td>T,A</td></tr>
<tr><td>49Ø-UE</td><td>Compound Ingredient Basis Of Cost Determination</td><td>T,A</td></tr>
<tr><td>491-VE</td><td>Diagnosis Code Count</td><td>T</td></tr>
<tr><td>492-WE</td><td>Diagnosis Code Qualifier</td><td>M,T,F,A</td></tr>
<tr><td>493-XE</td><td>Clinical Information Counter</td><td>T</td></tr>
<tr><td>494-ZE</td><td>Measurement Date</td><td>T</td></tr>
<tr><td>495-H1</td><td>Measurement Time</td><td>T</td></tr>
<tr><td>496</td><td>Primary Pharmacy ID Qualifier</td><td>M</td></tr>
<tr><td>496-H2</td><td>Measurement Dimension</td><td>T</td></tr>
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<tr><td>498-PA</td><td>Request Type</td><td>T</td></tr>
<tr><td>498-PB</td><td>Request Period Date-Begin</td><td>T</td></tr>
<tr><td>498-PC</td><td>Request Period Date-End</td><td>T,A</td></tr>
<tr><td>498-PD</td><td>Basis Of Request</td><td>T</td></tr>
<tr><td>498-PE</td><td>Authorized Representative First Name</td><td>T</td></tr>
<tr><td>498-PF</td><td>Authorized Representative Last Name</td><td>T</td></tr>
<tr><td>498-PG</td><td>Authorized Representative Street Address</td><td>T</td></tr>
<tr><td>498-PH</td><td>Authorized Representative City Address</td><td>T</td></tr>
<tr><td>498-PJ</td><td>Authorized Representative State/Province Address</td><td>T</td></tr>
<tr><td>498-PK</td><td>Authorized Representative Zip/Postal Zone</td><td>T</td></tr>
<tr><td>498-PM</td><td>Prescriber Phone Number</td><td>T</td></tr>
<tr><td>498-PP</td><td>Prior Authorization Supporting Documentation</td><td>T</td></tr>
<tr><td>498-PR</td><td>Prior Authorization Processed Date</td><td>T</td></tr>
<tr><td>498-PS</td><td>Prior Authorization Effective Date</td><td>T</td></tr>
<tr><td>498-PT</td><td>Prior Authorization Expiration Date</td><td>T</td></tr>
<tr><td>498-PW</td><td>Prior Authorization Number Of Refills Authorized</td><td>T</td></tr>
<tr><td>498-PX</td><td>Prior Authorization Quantity Accumulated</td><td>T</td></tr>
<tr><td>498-PY</td><td>Prior Authorization Number-Assigned</td><td>T</td></tr>
<tr><td>498-RA</td><td>Prior Authorization Quantity</td><td>T</td></tr>
<tr><td>498-RB</td><td>Prior Authorization Dollars Authorized</td><td>T</td></tr>
<tr><td>499-H4</td><td>Measurement Value</td><td>T</td></tr>
<tr><td>5Ø1-F1</td><td>Header Response Status</td><td>T</td></tr>
<tr><td>5Ø3-F3</td><td>Authorization Number</td><td>P,T,A</td></tr>
<tr><td>5Ø4-F4</td><td>Message</td><td>B,P,T</td></tr>
<tr><td>5Ø5-F5</td><td>Patient Pay Amount</td><td>P,T,A</td></tr>
<tr><td>5Ø6-F6</td><td>Ingredient Cost Paid</td><td>P,T,A</td></tr>
<tr><td>5Ø7-F7</td><td>Dispensing Fee Paid</td><td>P,T,A</td></tr>
<tr><td>5Ø9-F9</td><td>Total Amount Paid</td><td>P,T</td></tr>
<tr><td>51Ø-FA</td><td>Reject Count</td><td>B,T</td></tr>
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NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
511-FB	Reject Code	T,F,A
512-FC	Accumulated Deductible Amount	T,A
513-FD	Remaining Deductible Amount	T,A
514-FE	Remaining Benefit Amount	T,A
516-FG	Drug Description	C,D,R
517-FH	Amount Applied To Periodic Deductible	T,A
518-FI	Amount Of Copay/Coinsurance	T,A
519-FJ	Amount Attributed To Product Selection	A
52Ø-FK	Amount Exceeding Periodic Benefit Maximum	T,A
521-FL	Incentive Amount Paid	P,T,A
522-FM	Basis Of Reimbursement Determination	P,T,A
523-FN	Amount Attributed To Sales Tax	T,A
524-FO	Plan ID	T,M
526-FQ	Additional Message Information	T,F
528-FS	Clinical Significance Code	T
529-FT	Other Pharmacy Indicator	T
53Ø-FU	Previous Date Of Fill	T
531-FV	Quantity Of Previous Fill	T
532-FW	Database Indicator	T,A
533-FX	Other Prescriber Indicator	T
544-FY	DUR Free Text Message	T
545-2F	Network Reimbursement ID	T,A
546-4F	Reject Field Occurrence Indicator	T
547-5F	Approved Message Code Count	T
548-6F	Approved Message Code	T
549-7F	Help Desk Phone Number Qualifier	T
55Ø-8F	Help Desk Phone Number	T
551-9F	Preferred Product Count	T
552-AP	Preferred Product ID Qualifier	T
553-AR	Preferred Product ID	T

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
554-AS	Preferred Product Incentive	T
555-AT	Preferred Product Copay Incentive	T
556-AU	Preferred Product Description	T
557-AV	Tax Exempt Indicator	T,A
558-AW	Flat Sales Tax Amount Paid	T,A
559-AX	Percentage Sales Tax Amount Paid	T,A
56Ø-AY	Percentage Sales Tax Rate Paid	T,A
561-AZ	Percentage Sales Tax Basis Paid	T,A
562-J1	Professional Service Fee Paid	P,T,A
563-J2	Other Amount Paid Count	T
564-J3	Other Amount Paid Qualifier	T,A
565-J4	Other Amount Paid	P,T,A
566-J5	Other Payer Amount Recognized	T,A
567-J6	DUR/PPS Response Code Counter	T
568-J7	Payer ID Qualifier	T
569-J8	Payer ID	T
57Ø-NS	DUR Additional Text	T
571-NZ	Amount Attributed to Processor Fee	T,A
572-4U	Amount of Coinsurance	T,A
573-4V	Basis of Calculation – Coinsurance	T,A
574-2Y	Plan Sales Tax Amount	T
575-EQ	Patient Sales Tax Amount	T
577-G3	Estimated Generic Savings	T
578	Adjudication Date	A,R
6ØØ-Ø1	Client ID Code	M
6ØØ-Ø2	Client ID Code Qualifier	M
6ØØ-28	Unit Of Measure	R,T,A
6ØØ-38	Rebate Period Start Date	R
6ØØ-39	Rebate Period End Date	R
6ØØ-43	Contracting Organization (PMO) Name	R

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Field	Name Of Field	Standard Formats
6ØØ-47	Manufacturer (PICO) Contract Number	R
6ØØ-48	Manufacturer (PICO) ID Code	R
6ØØ-5Ø	Manufacturer (PICO) Name	R
6ØØ-57	Adjudicator ID Code	R
6ØØ-58	Adjudicator ID Qualifier	R
6ØØ-59	Adjudicator Name	R
6ØØ-6Ø	Branded Generic Co-Pay Confidential	R
6ØØ-61	Branded Product Co-Pay Amount	R
6ØØ-62	Calculation Multiplier	R
6ØØ-63	Change Date	R
6ØØ-64	Change Identifier	R,F
6ØØ-65	Contracting Organization (PMO) Contract Number	R
6ØØ-66	Contracting Organization (PMO) ID Code	R
6ØØ-67	Contracting Organization (PMO) Total Lives Covered	R
6ØØ-68	Dependents	R
6ØØ-69	Eligible Plan	R
6ØØ-7Ø	Enrollees	R
6ØØ-71	Contracting Organization (PMO) ID Qualifier	R
6ØØ-72	Manufacturer (PICO) ID Qualifier	R
6ØØ-73	Formulary Benefit Design Type	R
6ØØ-74	Formulary Code	R
6ØØ-75	Formulary Description	R
6ØØ-76	Formulary Non-Formulary Co-Pay Confidential	R
6ØØ-77	Formulary Product Co-Pay Amount	R
6ØØ-78	Generic Product Co-Pay Amount	R
6ØØ-79	Hierarchical Level Terminology	R
6ØØ-8Ø	Mail Order ID Code	R
6ØØ-81	Mail Order ID Qualifier	R
6ØØ-82	Membership Calculation Multiplier	R
6ØØ-83	Membership Count Qualifier	R

Field	Name Of Field	Standard Formats
6ØØ-84	Membership Dependents	R
6ØØ-85	Membership Enrollees	R
6ØØ-86	Membership Period Qualifier	R
6ØØ-87	Membership Reporting Period Start Date	R
6ØØ-88	Membership Total Count	R
6ØØ-89	Membership Type Qualifier	R
6ØØ-9Ø	Non-Formulary Product Co-Pay Amount	R
6ØØ-91	Plan Affiliation Parent Plan ID	R
6ØØ-92	Plan Affiliation Parent Plan ID Qualifier	R
6ØØ-93	Plan Degree Managed	R
6ØØ-94	Plan ID Code	R
6ØØ-95	Plan ID Qualifier	R
6ØØ-96	Plan Name	R
6ØØ-97	Plan Total Adjudicators Records	R
6ØØ-98	Plan Total Formulary Benefit Design Records	R
6ØØ-99	Plan Total Mail Order Records	R
6Ø1-Ø1	Plan Type	R,A
6Ø1-Ø2	Plan Type Service	R
6Ø1-Ø3	Rebate Version Release Number	R
6Ø1-Ø4	Record Type	R,F,A
6Ø1-Ø5	Reporting Period End Date	R,A
6Ø1-Ø6	Reporting Period Start Date	R,A
6Ø1-Ø7	Start Date	R
6Ø1-Ø8	Total Number Of Plans	R
6Ø1-Ø9	Total Record Count	R,A
6Ø1-1Ø	Transmission Date	R,F
6Ø1-11	Mail Order Name	R
6Ø1-12	Cost Index Point High Value	R
6Ø1-13	Cost Index Point Low Value	R
6Ø1-14	Dollar Sign Rating	R

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Field	Name Of Field	Standard Formats
6Ø1-15	Formulary Manager Company Name	R
6Ø1-16	Formulary Manager Person Name	R
6Ø1-17	Formulary Product Co-Pay Confidential	R
6Ø1-2Ø	Product Description	R
6Ø1-21	Product Dosage Form	R
6Ø1-22	Product Formulary Status Code	R
6Ø1-23	Product Generic Name	R
6Ø1-24	Product Strength	R,A
6Ø1-25	Therapeutic Class Code	R
6Ø1-26	Therapeutic Class Code Qualifier	R
6Ø1-27	Therapeutic Class Description	R
6Ø1-28	Therapeutic Use Code	R
6Ø1-29	Therapeutic Use Description	R
6Ø1-3Ø	Total Number Of Formularies	R
6Ø1-31	Data Level	R
6Ø1-32	Data Provider ID Code	R
6Ø1-33	Data Provider Name	R
6Ø1-34	Dosage Form ID Code	R
6Ø1-35	Encrypted Patient ID Code	R
6Ø1-36	Submit Code	R
6Ø1-37	Data Provider ID Qualifier	R
6Ø1-39	Total Quantity	R
6Ø1-4Ø	Total Number Of Prescriptions	R
6Ø1-41	Grand Total Quantity	R
6Ø1-42	Grand Total Requested Amount	R
6Ø1-43	Line Number	R
6Ø1-44	Patient Liability Amount	R
6Ø1-47	Reimbursement Amount	R
6Ø1-48	Reimbursement Qualifier	R
6Ø1-49	Prescription Type	R

Field	Name Of Field	Standard Formats
6Ø1-5Ø	Rebate Batch Number	R
6Ø1-51	Rebate Days Supply	R
6Ø1-52	Rebate Per Unit Amount	R
6Ø1-53	Record Purpose Indicator	R
6Ø1-54	Reimbursement Date	R
6Ø1-55	Requested Rebate Amount	R
6Ø1-56	Transmission Control Number	R,F
6Ø1-58	Product Daily Consumption	R
6Ø1-59	Numerator Indicator	R
6Ø1-6Ø	Number Of Market Product Records	R
6Ø1-61	Market Basket Termination Date	R
6Ø1-62	Market Basket Start Date	R
6Ø1-63	Market Basket Description	R
6Ø1-64	Contracting Organization (PMO) Market Basket Code	R
6Ø1-65	Manufacturer (PICO) Market Basket Code	R
6Ø1-66	Originator ID Code	R
6Ø1-67	Originator Name	R
6Ø1-69	Total # Of Market Basket Records	R
6Ø1-7Ø	Adjusted Rebate Per Unit	R
6Ø1-71	Adjusted Quantity	R
6Ø1-72	Adjusted Variance Difference	R
6Ø1-73	Amount Paid This Transaction	R
6Ø1-8Ø	Current Amount Paid To Date	R
6Ø1-81	Current Rebate Per Unit	R
6Ø1-82	Current Units Disputed To Date	R
6Ø1-83	Current Units Paid To Date	R
6Ø1-84	Current Units To Date	R
6Ø1-85	Disputed Quantity	R
6Ø1-86	Accepted Quantity	R
6Ø1-87	Grand Total Accepted Quantity	R

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Field	Name Of Field	Standard Formats
6Ø1-88	Grand Total Paid Amount	R
6Ø1-89	Interest Amount	R
6Ø1-92	Original Amount Invoiced	R
6Ø1-93	Original Rebate Per Unit	R
6Ø1-94	Original Units Invoiced	R
6Ø1-95	Paid Per Unit Amount	R
6Ø1-96	Paid Rebate Amount	R
6Ø2-Ø1	Prior Amount Paid	R
6Ø2-Ø2	Prior Units Disputed	R
6Ø2-Ø3	Prior Units Paid	R
6Ø2-Ø8	Reconciliation Error Description	R
6Ø2-Ø9	Reconciliation Line Number	R
6Ø2-1Ø	Reconciliation Reason Code	R
6Ø2-11	Reconciliation Status Code	R
6Ø2-12	Reconciliation Transmission Control Number	R
6Ø2-13	Revised Invoice Amount	R
6Ø2-14	Total Remittance	R
6Ø2-15	Withheld Invoice Amount	R
638-XK	Segment 1	R
639-XL	Segment 2	R
64Ø-XM	Segment 3	R
641-XN	Segment 4	R
642-XP	Segment 5	R
643-XQ	Segment 6	R
644-XR	Segment Qualifier 1	R
645-XS	Segment Qualifier 2	R
646-XT	Segment Qualifier 3	R
647-XU	Segment Qualifier 4	R
648-XV	Segment Qualifier 5	R
649-XW	Segment Qualifier 6	R

Field	Name Of Field	Standard Formats
7Ø1	Segment Identifier	B,M
7Ø2-MC	File Type	B,M,F
7Ø3	Data Category	M,A
7Ø4	Process Date	M
7Ø5	Process Time	M
7Ø6	Originator Name	M
7Ø7	Processor Indicator	M
7Ø8	Process Begin Date	M
7Ø9	Process End Date	M
71Ø	Member Sequence Number	M
711	Action Code	M
712	Effective Date	M
713	Termination Date	M,R
714	Original Effective Date	M
715	Enrollment Relationship Code	M
716	Last Name	M,A
717	First Name	M,A
718	Middle Initial	M,A
719	Name Extension	M
72Ø	Multiple Birth Code	M
721-MD	Gender Code	F,A
722	Social Security Number	M
723	Alternate ID Code	M
724	Alternate ID Number	M
725	Alternate Person Code	M
726	Address Line 1	M,R,A
727	Address Line 2	M,R,A
728	City	M,R,A
729	State	M,R,A
73Ø	Zip/Postal Code	M,R,A

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NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
731	Country Code	M
732	Telephone Number	M,A
733	Plan ID Extension	M
734	Plan ID Effective Date	M
735	Other Coverage Effective Date	M
737	Primary Care Provider Effective Date	M
738	Primary Pharmacy ID	M
739	Primary Pharmacy Effective Date	M
74Ø	Relationship Coverage Effective Date	M
741	Cardholder Coverage Indicator	M
742	Spouse Coverage Indicator	M
743	Dependent Coverage Indicator	M
744	Dependent Covered Through Age	M
745	Student Coverage Indicator	M
746	Student Covered Through Age	M
747	Disabled Dependent Coverage Indicator	M
748	Disabled Dependent Covered Through Age	M
749	Dependent Adult Coverage Indicator	M
75Ø	Dependent Adult Covered Through Age	M
751-M9	Record Count	B,M,F
752	Processor Defined Data	M
753	Alternate Benefit ID	M
754	Alternate Enrollment Verification Code	M
755	Alternate Financial Verification Code	M
756	Alternate Group Number	M
757-U6	Benefit ID	M,A,T
758	Benefit Qualifier	M
759	Benefit Termination Date	M
76Ø	Billing Level Indicator	M
761	Benefit Effective Date	M

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
762	Card Production Indicator	M
763	Case Manager	M
764	Copay Calculation Code	M
765	Copay Dollar Amount	M
766	Copay Effective Date	M
767	Copay Percentage Amount	M
768	Copay Qualifier	M
769	Copay Termination Date	M
77Ø	Covered Through Qualifier	M
771	DUR Type Indicator	M
772	Early Refill Percentage	M
773	Eligibility Type	M
774	Enrollment Tax Exempt Indicator	M
775	Enrollment Version/Release Number	M
776	Entity Address Line 1	M
777	Entity Address Line 2	M
778	Entity City	M
779	Entity Contact Name	M
78Ø	Entity Name	M
781	Entity Segment Qualifier	M
782	Entity State	M
783	Entity Telephone Number	M
784	Entity Zip/Postal Code	M,R
785	Family ID Number	M
786	Group Name	M
787	Group Sequence Number	M
788	Hierarchy Level Name	M
789	Hierarchy Level Number	M
79Ø	ID Card Reason Code	M
791	Industry Classification Code	M

DATA DICTIONARY

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
792	Maximum Copay Amount	M
793	Minimum Copay Amount	M
794	Number Of ID Cards	M
795	Primary Care Provider Termination Date	M
797	Prior Approval Amount	M
798	Report Level Indicator	M
799	Significant Other Coverage Indicator	M
8Ø1-5A	Adjustment/Reject Code-1	P
8Ø2-1A	Adjustment/Reject Code-2	P
8Ø3-1B	Adjustment/Reject Code-3	P
8Ø4-5B	Amount Billed	C,D,P
8Ø5-1C	Amount Rejected	P
8Ø6-5C	Batch Number	B,C,D,P,A
8Ø7-1D	Carrier Address	P
8Ø8-1E	Carrier Correction Notice Fields	P
8Ø9-1F	Carrier Location City	P
81Ø-1G	Carrier Location State	P
811-1H	Carrier Name	P
812-1I	Carrier Telephone Number	P
813-1J	Carrier Zip Code	P
814-5Ø	Claim Count	C,D,P
815-1K	Comments-1	P
816-1L	Comments-2	C
817-5E	Co-Pay Amount	C,D,P
818-5F	Destination Name	C,D,P
819-5G	Destination Processor Number	C,D,P
82Ø-9A	Diskette Record ID	D
821-1M	Dollars Adjusted	P
822-5H	Dollars Billed	C,D,P
824-1N	Dollars Rejected	P

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
826-5K	Host Plan	C
827-1Ø	Ingredient Cost Billed	P
828-1P	Master Sequence Number	P
829-5L	Pharmacy Address	C,D
83Ø-5M	Pharmacy Count	C,D,P
831-5N	Pharmacy Location City	C,D
832-6F	Pharmacy Location State	C,D
833-5P	Pharmacy Name	C,D,A
834-5Q	Pharmacy Telephone Number	C,D
835-5R	Pharmacy Zip Code	C,D
836-5S	Processor Address	C,D
837-5T	Processor Location City	C,D
838-5U	Processor Location State	C,D
839-5V	Processor Name	C,D,M
84Ø-5W	Processor Number	C,D,P
841-5X	Processor Telephone Number	C,D
842-5Y	Processor Zip Code	C,D
843-5Z	Record Identifier	C,D,P
844-6A	Resubmission Cycle Count	C,D
845-6B	Run Date	C,D,P
846-6C	Third Party Type	C,D
872-3Z	Amount Adjusted	P
873-4A	Dollars Paid	P
874-GD	Expansion Area	C,P
875-6E	P.A./M.C./S.C. Number	C,D
878	Reject Override Code	A
879	Sending Entity Identifier	A
88Ø-K1	Sender ID	B,F
88Ø-K2	Creation Date	B,A
88Ø-K3	Creation Time	B,A

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<table>
<tr><td colspan="3">NUMERIC CROSS REFERENCE</td></tr>
<tr><td>Field</td><td>Name Of Field</td><td>Standard Formats</td></tr>
<tr><td>88Ø-K4</td><td>Text Indicator</td><td>B</td></tr>
<tr><td>88Ø-K5</td><td>Transaction Reference Number</td><td>B,T</td></tr>
<tr><td>88Ø-K6</td><td>Transmission Type</td><td>B</td></tr>
<tr><td>88Ø-K7</td><td>Receiver ID</td><td>B,F,A</td></tr>
<tr><td>88Ø-K8</td><td>Fund Destination Name</td><td>P</td></tr>
<tr><td>88Ø-K9</td><td>Fund Destination ID</td><td>P</td></tr>
<tr><td>88Ø-KA</td><td>Payment Cycle Start Date</td><td>P</td></tr>
<tr><td>88Ø-KB</td><td>Payment Cycle End Date</td><td>P</td></tr>
<tr><td>88Ø-KC</td><td>Balance Forward</td><td>P</td></tr>
<tr><td>88Ø-KD</td><td>Transaction Type</td><td>P</td></tr>
<tr><td>88Ø-KF</td><td>Claim Transmission Fee</td><td>P</td></tr>
<tr><td>88Ø-KG</td><td>Check Number</td><td>P</td></tr>
<tr><td>88Ø-KH</td><td>Bank Routing ID</td><td>P</td></tr>
<tr><td>88Ø-KK</td><td>Bank Account</td><td>P</td></tr>
<tr><td>88Ø-KM</td><td>Pending Claim Count</td><td>P</td></tr>
<tr><td>88Ø-KN</td><td>Rejected Claim Count</td><td>P</td></tr>
<tr><td>88Ø-KP</td><td>Non-Claim Transmission Fee Dollars</td><td>P</td></tr>
<tr><td>88Ø-KQ</td><td>Non-Claim Adjustment Dollars</td><td>P</td></tr>
<tr><td>88Ø-KR</td><td>Batch Amount</td><td>P</td></tr>
<tr><td>88Ø-KS</td><td>Check Amount</td><td>P</td></tr>
<tr><td>88Ø-KT</td><td>Open Balance</td><td>P</td></tr>
<tr><td>88Ø-KU</td><td>Total Claim Count</td><td>P</td></tr>
<tr><td>88Ø-KV</td><td>Total Pending Claim Count</td><td>P</td></tr>
<tr><td>88Ø-KW</td><td>Total Dollars Billed</td><td>P</td></tr>
<tr><td>88Ø-KX</td><td>Total Dollars Paid</td><td>P</td></tr>
<tr><td>88Ø-KY</td><td>Total Dollars Adjusted</td><td>P</td></tr>
<tr><td>88Ø-KZ</td><td>Total Dollars Rejected</td><td>P</td></tr>
<tr><td>88Ø-U2</td><td>Total Batch Amount</td><td>P</td></tr>
<tr><td>88Ø-U3</td><td>Total Rejected Claim Count</td><td>P</td></tr>
<tr><td>88Ø-U4</td><td>Total Non-Claim Transmission Fee Dollars</td><td>P</td></tr>
</table>

<table>
<tr><td colspan="3">NUMERIC CROSS REFERENCE</td></tr>
<tr><td>Field</td><td>Name Of Field</td><td>Standard Formats</td></tr>
<tr><td>88Ø-U5</td><td>Total Non-Claim Adjustment Dollars</td><td>P</td></tr>
<tr><td>881</td><td>Workers Compensation Effective Date</td><td>M</td></tr>
<tr><td>882</td><td>Workers Compensation Original Effective Date</td><td>M</td></tr>
<tr><td>883</td><td>Workers Compensation Termination Date</td><td>M</td></tr>
<tr><td>884</td><td>Student Covered Through Date</td><td>M</td></tr>
<tr><td>885</td><td>Dependent Covered Through Date</td><td>M</td></tr>
<tr><td>886</td><td>Service Provider Chain Code</td><td>A</td></tr>
<tr><td>887</td><td>Service Provider County Code</td><td>A</td></tr>
<tr><td>888</td><td>Submission Number</td><td>A</td></tr>
<tr><td>889</td><td>Therapeutic Chapter</td><td>A</td></tr>
<tr><td>89Ø</td><td>Therapeutic Class Code – AHFS</td><td>A</td></tr>
<tr><td>891</td><td>Therapeutic Class Code – Generic</td><td>A</td></tr>
<tr><td>892</td><td>Therapeutic Class Code – Specific</td><td>A</td></tr>
<tr><td>893</td><td>Therapeutic Class Code – Standard</td><td>A</td></tr>
<tr><td>894</td><td>Total Amount Paid By All Sources</td><td>A</td></tr>
<tr><td>895</td><td>Total Net Amount Due</td><td>A</td></tr>
<tr><td>896</td><td>Transaction ID</td><td>A</td></tr>
<tr><td>897</td><td>Transaction ID Cross Reference</td><td>A</td></tr>
<tr><td>898</td><td>User Benefit ID</td><td>A</td></tr>
<tr><td>899</td><td>User Coverage ID</td><td>A</td></tr>
<tr><td>9ØØ-BN</td><td>Absolute Row Number</td><td>F</td></tr>
<tr><td>9Ø1-BP</td><td>Alternatives ID</td><td>F</td></tr>
<tr><td>9Ø2-BQ</td><td>Class ID</td><td>F</td></tr>
<tr><td>9Ø3-BR</td><td>Class ID ---Step Drug</td><td>F</td></tr>
<tr><td>9Ø4-BS</td><td>Class Name</td><td>F</td></tr>
<tr><td>9Ø5-BT</td><td>Classification ID</td><td>F</td></tr>
<tr><td>9Ø6-BU</td><td>Copay ID</td><td>F</td></tr>
<tr><td>9Ø7-BV</td><td>Copay List ID</td><td>F</td></tr>
<tr><td>9Ø8-BW</td><td>Copay List Type</td><td>F</td></tr>
<tr><td>9Ø9-BX</td><td>Copay Tier</td><td>F</td></tr>
</table>

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NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
91Ø-BY	Coverage ID	F
911-BZ	Coverage List ID	F
912-B3	Coverage List Type	F
913-B4	Data In Error	F
914-B5	Drug Qualifier-Step Drug	F
915-B6	Drug Reference Number	F
916-B7	Drug Reference Qualifier	F
917-B8	Drug Reference Number -Alternative	F
918-B9	Drug Reference Qualifier -Alternative	F
919-CS	Drug Reference Number -Source	F
92Ø-CT	Drug Reference Qualifier -Source	F
921-CU	Drug Reference Number -Step Drug	F
922-CV	Drug Reference Qualifier -Step Drug	F
923-DD	Extract Date	F
924-DH	First Copay Term	F
925-ES	Flat Copay Amount	F
926-FF	Formulary ID	F,T
927-FP	Formulary Status	F
928-FR	List Action	F
929-FZ	List Effective Date	F
93Ø-F2	Load Status	F
931-F8	Maximum Age Qualifier	F
932-GA	Maximum Age	F
933-GB	Maximum Amount	F
934-GC	Maximum Amount Qualifier	F
935-GF	Maximum Amount Time Period	F
937-GH	Maximum Amount Time Period End Date	F
936-GG	Maximum Amount Time Period Start Date	F
938-GJ	Maximum Amount Time Period Units	F
939-GK	Maximum Copay	F

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
94Ø-GM	Maximum Copay Tier	F
941-GN	Message - Long	F
942-GP	Message -Short	F
943-GQ	Minimum Age Qualifier	F
944-GR	Minimum Age	F
945-GS	Minimum Copay	F
946-GT	Non-Listed Prescription Brand Formulary Status	F
947-GU	Non-listed Prescription Generic Formulary Status	F
948-GV	Non-listed Brand Over The Counter Formulary Status	F
949-GW	Non-listed Generic Over The Counter Formulary Status	F
95Ø-GX	Non-listed Supplies Formulary Status	F
951-GY	Number of Drugs To Try	F
952-GZ	Out of Pocket Range Start	F
953-HP	Out of Pocket Range End	F
954-HQ	Percent Copay Rate	F
955–HR	Pharmacy Type	F
956-HS	Preference Level	F
957-HT	Product Name -Health Plan	F
958-HU	Product/Service ID - Alternative	F
959-HV	Product/Service ID Qualifier - Alternative	F
96Ø-HW	Product/Service ID - Step Drug	F
961-HX	Product/Service ID Qualifier -Step Drug	F
962-HY	Product/Service ID - Source	F
963-HZ	Product/Service ID Qualifier -Source	F
964-JA	Product Type	F
966-JC	Relative Cost	F
967-JD	Relative Cost Limit	F
968-JF	Resource Link Type	F
969-JG	RxNorm Code	F
97Ø-JH	RxNorm Qualifier	F

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	NUMERIC CROSS REFERENCE	
Field	Name Of Field	Standard Formats
971-JJ	Section Column In Error	F
972-JK	Source Name	F
973-JM	Sender Participant Password	F
974-JN	Step Order	F
975-JP	Subclass ID	F
976-JQ	Subclass ID- Step Drug	F
977-JR	Subclass Name	F
978-JS	Total Records	F
979-JT	Total Errors	F
98Ø-JU	Total Rows In Error	F
981-JV	Transmission Action	F,A
982-JW	Transmission Date - Originating	F
983-JX	Transmission Number - Originating	F
984-JY	Transmission Time	F
985-JZ	Transmission Time - Originating	F
986-KJ	Transmission File Type	F
987-MA	URL	F,T
988-MB	Days Supply Per Copay	F
989-MF	Formulary Name	F
99Ø-MG	Other Payer BIN Number	T
991-MH	Other Payer Processor Control Number	T
992-MJ	Other Payer Group ID	T
993-A7	Internal Control Number	T
995-E2	Route of Administration	T
996-G1	Compound Type	T
997-G2	CMS Part D Defined Qualified Facility	T

V. Appendix C - OLD FIELD NAME CROSS REFERENCE IN VERSION 5.Ø

VERSION 3.2 FIELD NAME	NEW FIELD NAME
Alternate Identification	Alternate ID
Alternate Product Type	Product/Service ID Qualifier
Amount of Co-Pay/Co-Insurance	Amount Of Copay/Coinsurance
Authorized Representative Address	Authorized Representative Street Address
Authorized Representative City	Authorized Representative City Address
Authorized Representative State	Authorized Representative State/Province Address
Authorized Representative Zip	Authorized Representative Zip/Postal Zone
Cardholder ID Number	Cardholder ID
Carrier ID Number	Carrier ID
Claim/Reference ID Number	Claim/ Reference ID
Compound Ingredient Component Counter Number	Compound Ingredient Component Count
Compound Ingredient Metric Decimal Quantity	Compound Ingredient Quantity
Compound Route of Administration Code	Compound Route Of Administration
Contract Fee Paid	Dispensing Fee Paid
Customer Location	Patient Location
Date Filled/Date of Service	Date of Service
DUR Conflict/Reason for Service Code	Reason For Service Code
DUR Intervention/Professional Services Code	Professional Service Code
DUR Outcome Code/Result of Service Code	Result Of Service Code
Employer State Address	Employer State/Province Address
Employer Zip Code	Employer Zip/Postal Zone
Free Text	DUR Free Text Message
Group Number	Group ID
Incentive Amount Paid/ Professional Services Fee Paid	Incentive Amount Paid
Incentive Amount Submitted/ Professional Services Fee Submitted	Incentive Amount Submitted

VERSION 3.2 FIELD NAME	NEW FIELD NAME
Ingredient Cost	Ingredient Cost Submitted
Metric Decimal Quantity	Quantity Dispensed
NDC Number	Product/ Service ID
New/Refill Code	Fill Number
Originally Prescribed Metric Decimal Quantity	Originally Prescribed Quantity
Originally Prescribed Product Code	Originally Prescribed Product/Service Code
Originally Prescribed Product Type	Originally Prescribed Product/Service ID Qualifier
Other Payer Amount	Other Payer Amount Paid
Other Payer Date	Other Payer Date
Patient Paid Amount	Patient Paid Amount Submitted
Patient State Address	Patient State/Province Address
Patient Zip Code	Patient Zip/Postal Zone
Pharmacist ID	Provider ID
Prescriber Telephone Number	Prescriber Phone Number
Prescription Clarification Code	Submission Clarification Code
Prescription Number/Service Reference Number	Prescription/Service Reference Number
Primary Prescriber	Primary Care Provider ID
Prior Authorization Metric Quantity	Prior Authorization Quantity
Prior Authorization Metric Units Used	Prior Authorization Quantity Accumulated
Prior Authorization Number of Refills	Prior Authorization Number Of Refills Authorized
Processed Date	Prior Authorization Processed Date
Relationship Code	Patient Relationship Code
Response Status	Header Response Status
Scheduled Prescription Identification Number	Scheduled Prescription ID Number
Service Provider ID Number	Service Provider ID
Sex Code	Patient Gender Code
Supporting Documentation	Prior Authorization Supporting Documentation

VI. Appendix D - NEW FIELD NAME CROSS REFERENCE IN VERSION 5.Ø

NEW FIELD NAME	VERSION 3.2 FIELD NAME
Alternate ID	Alternate Identification
Amount Of Copay/Coinsurance	Amount of Co-Pay/Co-Insurance
Authorized Representative City Address	Authorized Representative City
Authorized Representative State/Province Address	Authorized Representative State
Authorized Representative Street Address	Authorized Representative Address
Authorized Representative Zip/Postal Zone	Authorized Representative Zip
Cardholder ID	Cardholder ID Number
Carrier ID	Carrier ID Number
Claim/ Reference ID	Claim/Reference ID Number
Compound Ingredient Component Count	Compound Ingredient Component Counter Number
Compound Ingredient Quantity	Compound Ingredient Metric Decimal Quantity
Compound Route Of Administration	Compound Route of Administration Code
Date Of Service	Date Filled/Date of Service
Dispensing Fee Paid	Contract Fee Paid
DUR Free Text Message	Free Text
Employer State/Province Address	Employer State Address
Employer Zip/Postal Zone	Employer Zip Code
Fill Number	New/Refill Code
Group ID	Group Number
Header Response Status	Response Status
Incentive Amount Paid	Incentive Amount Paid/Professional Services Fee Paid
Incentive Amount Submitted	Incentive Amount Submitted/ Professional Services Fee Submitted
Ingredient Cost Submitted	Ingredient Cost
Originally Prescribed Product/Service Code	Originally Prescribed Product Code
Originally Prescribed Product/Service ID Qualifier	Originally Prescribed Product Type

NEW FIELD NAME	VERSION 3.2 FIELD NAME
Originally Prescribed Quantity	Originally Prescribed Metric Decimal Quantity
Other Payer Amount Paid	Other Payer Amount
Other Payer Date	Other Payer Date
Patient Gender Code	Sex Code
Patient Location	Customer Location
Patient Paid Amount Submitted	Patient Paid Amount
Patient Relationship Code	Relationship Code
Patient State/Province Address	Patient State Address
Patient Zip/Postal Zone	Patient Zip Code
Prescriber Phone Number	Prescriber Telephone Number
Prescription/Service Reference Number	Prescription Number/Service Reference Number
Primary Care Provider ID	Primary Prescriber
Prior Authorization Quantity Accumulated	Prior Authorization Metric Units Used
Prior Authorization Number Of Refills Authorized	Prior Authorization Number of Refills
Prior Authorization Processed Date	Processed Date
Prior Authorization Quantity	Prior Authorization Metric Quantity
Prior Authorization Supporting Documentation	Supporting Documentation
Product/Service ID	NDC Number
Product/Service ID Qualifier	Alternate Product Type
Professional Service Code	DUR Intervention/Professional Services Code
Provider ID	Pharmacist ID
Quantity Dispensed	Metric Decimal Quantity
Reason For Service Code	DUR Conflict/Reason for Service Code
Result Of Service Code	DUR Outcome Code/Result of Service Code
Service Provider ID	Service Provider ID Number
Scheduled Prescription ID Number	Scheduled Prescription Identification Number
Submission Clarification Code	Prescription Clarification Code

VII. Appendix E - DELETED DATA ELEMENTS NOT SUPPORTED IN VERSION 5.Ø

Field Name	Field #	Format	Definition
Alternate Product Code	437-E2	x(13)	This field identifies the actual product code for the item that was dispensed. The type of product is defined by field 436-E1. This field should only be used if the National Drug Code number is not available. The code number here is the UPC number or the HRI number.
Amount Billed	8Ø4-5B	s9(4)v99	The submitted amount billed for each prescription.
Basis Of Days Supply Determination	432-DW	9(1)	The code indicating method by which the days supply was determined.
Clinic ID Number	422-DM	9(5)	This field identifies the ID number assigned to the patient's clinic/host party.
Drug Description	516-FG	x(3Ø)	The name of the drug or compound dispensed when used in the billing format, or the name of the drug returned by the processor.
Drug Type	425-DP	9(1)	The code to indicate the type of drug dispensed.
DUR Overflow	535-FZ	9(1)	An indication to the originator of the claim that additional DUR information is available from the processor.
DUR Response Data	525-FP	x(16Ø)	This field is for informational use only.
Host Plan	826-5K	x(3)	The Blue Cross or Blue Shield number of the servicing or processing plan.
Metric Quantity	4Ø4-D4	9(5)	The number of metric units of medication dispensed.
Patient Social Security Number	329-CT	9(9)	The patient's (member's) social security number.
Patient Weight	328-CS	9(3)	The patient's weight in standard pounds.
Payment Processor ID	1Ø5-A5	9(1Ø)	A number, assigned by NCPDP, to identify the recipient of the claims payment information.

Field Name	Field #	Format	Definition
Pharmacy Address	829-5L	x(2Ø)	The street address for a pharmacy.
Pharmacy Location City	831-5N	x(18)	The city portion of the pharmacy's address.
Pharmacy Location State	832-6F	x(2)	The state abbreviation portion of the pharmacy's address.
Pharmacy Name	833-5P	x(2Ø)	The name of the pharmacy.
Pharmacy Telephone Number	834-5Q	9(1Ø)	The pharmacy's phone number, including area code.
Pharmacy Zip Code	835-5R	x(9)	This field identifies the expanded zip code of the pharmacy.
Postage Amount Claimed	428-DS	s9(2)v99	The dollar amount of postage claimed.
Postage Amount Paid	515-FF	s9(2)v99	The dollar amount, calculated by the processor, that will be paid for postage cost.
Prior Authorization/ Medical Certification Code And Number	416-DG	9(12)	Value indicating prior authorization or medical certification occurred, and the number associated with the code in the left most position.
Response Data	5Ø2-F2	Varies	The generic data element used to link together specific data elements that relate to particular responses. (e.g. paid, captured, rejected, duplicate).
Sales Tax	41Ø-DA	s9(4)v99	The sales tax for the prescription dispensed.
Sales Tax Paid	5Ø8-F8	s9(4)v99	The sales tax paid which is included in the total amount paid.
System ID	1Ø7-A7	x(7)	The ID number that identifies the system software vendor that is submitting the transaction.
Terminal ID	1Ø6-A6	x(7)	The ID number that identifies a specific point of sale device used at the pharmacy.

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VIII. Appendix F - VERSION 1.Ø REJECT CODES FOR PAYMENT TAPE

VERSION 1.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
ØØ	No Error Exists - Claim Paid As Submitted	
Ø1	Missing Data	1Ø1
Ø2	Inconsistent With Other Data	1Ø2
Ø3	Exceeds Limits	1Ø3
Ø4	Does Not Exist	1Ø4
Ø5	Cancelled/Expired	2Ø1
Ø6	Multiple Occurrence	3Ø1
Ø7	Not On File	3Ø2
Ø8	Ineligible	3Ø3
Ø9	Non-Compensable Drug	3Ø4
1Ø	Ineligible Dependent	3Ø5
11	Stale Date	3Ø6
12	Prior Authorization Required	3Ø7
13-44	Reserved For Future Use	
45	Good Faith-Payment	3Ø9
46	Good Faith-Non-Payment	4Ø1
47	Deductible Not Met	4Ø2
48	Duplicate Billing	4Ø3
49	Not Covered (No Reason)	4Ø4
5Ø	Adjustment Down	4Ø5
51	Adjustment Up	4Ø6
52-69	Reserved For Future Use	
7Ø	Supplement Payment	4Ø9
71	Supplement Denied	41Ø

VERSION 1.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
72-97	Reserved For Future Use	
98	Pended Claim	
99	Never To Be Used	

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IX.   Appendix G - VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
ØØ	("M/I" Means Missing/Invalid)	
Ø1	(Future Use)	
Ø2	M/I Version Number	1Ø2
Ø3	(Future Use)	
Ø4	(Future Use)	
Ø5	M/I Pharmacy Number	2Ø1
Ø6	M/I Group Number	3Ø1
Ø7	M/I Cardholder ID Number	3Ø2
Ø8	M/I Person Code	3Ø3
Ø9	M/I Birthdate	3Ø4
1Ø	M/I Sex Code	3Ø5
11	M/I Relationship Code	3Ø6
12	M/I Customer Location Code	3Ø7
13	M/I Other Coverage Code	3Ø8
14	M/I Eligibility Override Code	3Ø9
15	M/I Date Filled/Date Of Service	4Ø1
16	M/I Prescription Number	4Ø2
17	M/I New-Refill Code	4Ø3
18	M/I Metric Quantity	4Ø4
19	M/I Days Supply	4Ø5
2Ø	M/I Compound Code	4Ø6
21	M/I NDC Number	4Ø7
22	M/I Dispense As Written Code	4Ø8
23	M/I Ingredient Cost	4Ø9

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
24	M/I Sales Tax	41Ø
25	M/I Prescriber ID	411
26	(Future Use)	
27	(Future Use)	
28	M/I Date Prescription Written	414
29	M/I Number Refills Authorized	415
3Ø	M/I P.A./M.C. Code And Number	416
31	(Future Use)	
32	M/I Level Of Service	418
33	M/I Prescription Origin Code	419
34	M/I Prescription Denial Override	42Ø
35	M/I Primary Prescriber	421
36	M/I Clinic ID	422
37	(Future Use)	
38	M/I Basis Of Cost	423
39	M/I Diagnosis Code	424
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	None
41	Submit Bill To Other Processor Or Primary Payer	None
42-49	(Future Use)	
5Ø	Non-Matched Pharmacy Number	2Ø1
51	Non-Matched Group Number	3Ø1
52	Non-Matched Cardholder ID	3Ø2
53	Non-Matched Person Code	3Ø3

DATA DICTIONARY

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
54	Non-Matched NDC Number	4Ø7
55	Non-Matched NDC Package Size	4Ø7
56	Non-Matched Prescriber ID	411
57	Non-Matched P.A./M.C. Number	416
58	Non-Matched Primary Prescriber	421
59	Non-Matched Clinic ID	422
6Ø	Drug Not Covered For Patient Age	3Ø2, 3Ø4, 4Ø1, 4Ø7
61	Drug Not Covered For Patient Gender	3Ø2, 3Ø5, 4Ø7
62	Patient/Card Holder ID Name Mismatch	31Ø, 311, 312, 313, 32Ø
63	Institutionalized Patient NDC Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	2Ø1, 4Ø1, 4Ø4, 4Ø7, 416
65	Patient Is Not Covered	3Ø3, 3Ø6
66	Patient Age Exceeds Maximum Age	3Ø3, 3Ø4, 3Ø6
67	Filled Before Coverage Effective	4Ø1
68	Filled After Coverage Expired	4Ø1
69	Filled After Coverage Terminated	4Ø1
7Ø	NDC Not Covered	4Ø7
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	4Ø2, 4Ø3
74	Other Carrier Payment Meets Or Exceeds Payable	4Ø4, 4Ø9, 41Ø
75	Prior Authorization Required	416
76	Plan Limitations Exceeded	4Ø4, 4Ø5
77	Discontinued NDC Number	4Ø7
78	Cost Exceeds Maximum	4Ø4, 4Ø7, 4Ø9, 41Ø

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
79	Refill Too Soon	4Ø1, 4Ø3, 4Ø5
8Ø	Drug-Diagnosis Mismatch	4Ø7, 424
81	Claim Too Old	4Ø1
82	Claim Is Post-Dated	4Ø1
83	Duplicate Paid/Captured Claim	2Ø1, 4Ø1, 4Ø2, 4Ø3, 4Ø7
84	Claim Has Not Been Paid/Captured	2Ø1, 4Ø1, 4Ø2
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
9Ø-99	For Future Use	
CA	M/I Patient First Name	31Ø
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	314
CF	M/I Employer Name	315
CG	M/I Employer Street Address	316
CH	M/I Employer City Address	317
CI	M/I Employer State Address	318
CJ	M/I Employer Zip Code	319
CK	M/I Employer Phone Number	32Ø
CL	M/I Employer Contact Name	321
CM	M/I Patient Street Address	322
CN	M/I Patient City Address	323

DATA DICTIONARY

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
CO	M/I Patient State Address	324
CP	M/I Patient Zip Code	325
CQ	M/I Patient Phone Number	326
CR	M/I Carrier ID Number	327
CT	M/I Patient Social Security Number	328
DP	M/I Drug Type Override	425
DQ	M/I Usual And Customary	426
DR	M/I Doctors Last Name	427
DS	M/I Postage Amount Claimed	428
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	43Ø
DV	M/I Other Payer Amount	431
DW	M/I Basis Of Days Supply Determination	432
DX	M/I Patient Paid Amount	433
DY	M/I Injury Date	434
DZ	M/I Claim Reference ID Number	435
E1	M/I Alternate Product Type	436
E2	M/I Alternate Product Code	437
E3	M/I Incentive Amount Submitted/Professional Services Fee Submitted	438
E4	M/I DUR Conflict/Reason For Service Code	439
E5	M/I DUR Intervention/Professional Services Code	44Ø
E6	M/I DUR Outcome/Result Of Service Code	441
E7	M/I Metric Decimal Quantity	442
E8	M/I Other Payer Date	443

DATA DICTIONARY

X. Appendix H - VERSION 3.Ø and 4.Ø REJECT CODES FOR PAYMENT TAPE

VERSION 3.Ø AND 4.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
ØØ	("M/I" Means Missing/Invalid)	
Ø1	(Future Use)	
Ø2	M/I Version/Release Number	1Ø2
Ø3	(Future Use)	
Ø4	(Future Use)	
Ø5	M/I Service Provider ID	2Ø1
Ø6	M/I Group ID	3Ø1
Ø7	M/I Cardholder ID	3Ø2
Ø8	M/I Person Code	3Ø3
Ø9	M/I Date Of Birth	3Ø4
1Ø	M/I Patient Gender Code	3Ø5
11	M/I Patient Relationship Code	3Ø6
12	M/I Patient Location	3Ø7
13	M/I Other Coverage Code	3Ø8
14	M/I Eligibility Clarification Code	3Ø9
15	M/I Date Of Service	4Ø1
16	M/I Prescription/Service Reference Number	4Ø2
17	M/I Fill Number	4Ø3
18	M/I Metric Quantity	4Ø4
19	M/I Days Supply	4Ø5
2Ø	M/I Compound Code	4Ø6
21	M/I Product/Service ID	4Ø7
22	M/I Dispense As Written (DAW)/Product Selection Code	4Ø8
23	M/I Ingredient Cost Submitted	4Ø9
24	M/I Sales Tax	41Ø
25	M/I Prescriber ID	411

VERSION 3.Ø AND 4.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
26	(Future Use)	
27	(Future Use)	
28	M/I Date Prescription Written	414
29	M/I Number Of Refills Authorized	415
3Ø	M/I Prior Authorization/Medical Certification Code And Number	416
31	(Future Use)	
32	M/I Level Of Service	418
33	M/I Prescription Origin Code	419
34	M/I Submission Clarification Code	42Ø
35	M/I Primary Care Provider ID	421
36	M/I Clinic ID Number	422
37	(Future Use)	
38	M/I Basis Of Cost Determination	423
39	M/I Diagnosis Code	424
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	None
41	Submit Bill To Other Processor Or Primary Payer	None
42-49	(Future Use)	
5Ø	Non-Matched Pharmacy Number	2Ø1
51	Non-Matched Group Number	3Ø1
52	Non-Matched Cardholder ID	3Ø2
53	Non-Matched Person Code	3Ø3
54	Non-Matched Product/Service ID	4Ø7
55	Non-Matched Product/Service Package Size	4Ø7
56	Non-Matched Prescriber ID	411
57	Non-Matched P.A./M.C. Number	416
58	Non-Matched Primary Care Provider ID	421

DATA DICTIONARY

VERSION 3.Ø AND 4.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
59	Non-Matched Clinic ID Number	422
6Ø	Drug Not Covered For Patient Age	3Ø2, 3Ø4, 4Ø1, 4Ø7
61	Drug Not Covered For Patient Gender	3Ø2, 3Ø5, 4Ø7
62	Patient/Card Holder ID Name Mismatch	31Ø, 311, 312, 313, 32Ø
63	Institutionalized Patient. Product/Service Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	2Ø1, 4Ø1, 4Ø4, 4Ø7, 416
65	Patient Is Not Covered	3Ø3, 3Ø6
66	Patient Age Exceeds Maximum Age	3Ø3, 3Ø4, 3Ø6
67	Filled Before Coverage Effective	4Ø1
68	Filled After Coverage Expired	4Ø1
69	Filled After Coverage Terminated	4Ø1
7Ø	Product/Service Not Covered	4Ø7
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	4Ø2, 4Ø3
74	Other Carrier Payment Meets Or Exceeds Payable	4Ø4, 4Ø9, 41Ø
75	Prior Authorization Required	416
76	Plan Limitations Exceeded	4Ø4, 4Ø5
77	Discontinued Product/Service ID	4Ø7
78	Cost Exceeds Maximum	4Ø4, 4Ø7, 4Ø9, 41Ø
79	Refill Too Soon	4Ø1, 4Ø3, 4Ø5
8Ø	Drug-Diagnosis Mismatch	4Ø7, 424
81	Claim Too Old	4Ø1
82	Claim Is Post-Dated	4Ø1
83	Duplicate Paid/Captured Claim	2Ø1, 4Ø1, 4Ø2, 4Ø3, 4Ø7
84	Claim Has Not Been Paid/Captured	2Ø1, 4Ø1, 4Ø2

VERSION 3.Ø AND 4.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
9Ø-99	For Future Use	
CA	M/I Patient First Name	31Ø
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	314
CF	M/I Employer Name	315
CG	M/I Employer Street Address	316
CH	M/I Employer City Address	317
CI	M/I Employer State/Province Address	318
CJ	M/I Employer Zip/Postal Code	319
CK	M/I Employer Phone Number	32Ø
CL	M/I Employer Contact Name	321
CM	M/I Patient Street Address	322
CN	M/I Patient City Address	323
CO	M/I Patient State/Province Address	324
CP	M/I Patient Zip/Postal Code	325
CQ	M/I Patient Phone Number	326
CR	M/I Carrier ID	327
CT	M/I Social Security Number	722
DP	M/I Drug Type	425
DQ	M/I Usual And Customary Charge	426
DR	M/I Prescriber Last Name	427
DS	M/I Postage Amount Claimed	428

DATA DICTIONARY

Reject Code	Explanation	Field Number Possibly In Error
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	43Ø
DV	M/I Other Payer Amount Paid	431
DW	M/I Basis Of Days Supply Determination	432
DX	M/I Patient Paid Amount Submitted	433
DY	M/I Date Of Injury	434
DZ	M/I Claim Reference ID	435
E1	M/I Alternate ID Number	724
E2	M/I Alternate ID Code	723
E3	M/I Incentive Amount Submitted	438
E4	M/I Reason For Service Code	439
E5	M/I Professional Service Code	44Ø
E6	M/I Result Of Service Code	441
E7	M/I Quantity Dispensed	442
E8	M/I Other Payer Date	443
M1	Patient Not Covered In This Aid Category	
M2	Recipient Locked In	
M3	Host PA/MC Error	
M4	Prescription Number/Time Limit Exceeded	
M5	Requires Manual Claim	
M6	Host Eligibility Error	
M7	Host Drug File Error	
M8	Host Provider File Error	
MZ	Error Overflow	
P1	Good Faith Payment	3Ø9
P2	Good Faith Non-Payment	4Ø1
P3	Deductible Not Met	4Ø2
P4	Supplement Payment	4Ø9
P5	Supplement Denied	41Ø

Table: VERSION 3.Ø AND 4.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
P6	Pended Claim	

Table: VERSION 3.Ø AND 4.Ø REJECT CODES FOR PAYMENT TAPE

XI.   Appendix I - TELECOMMUNICATION PHASES WITH FLOW CHARTS
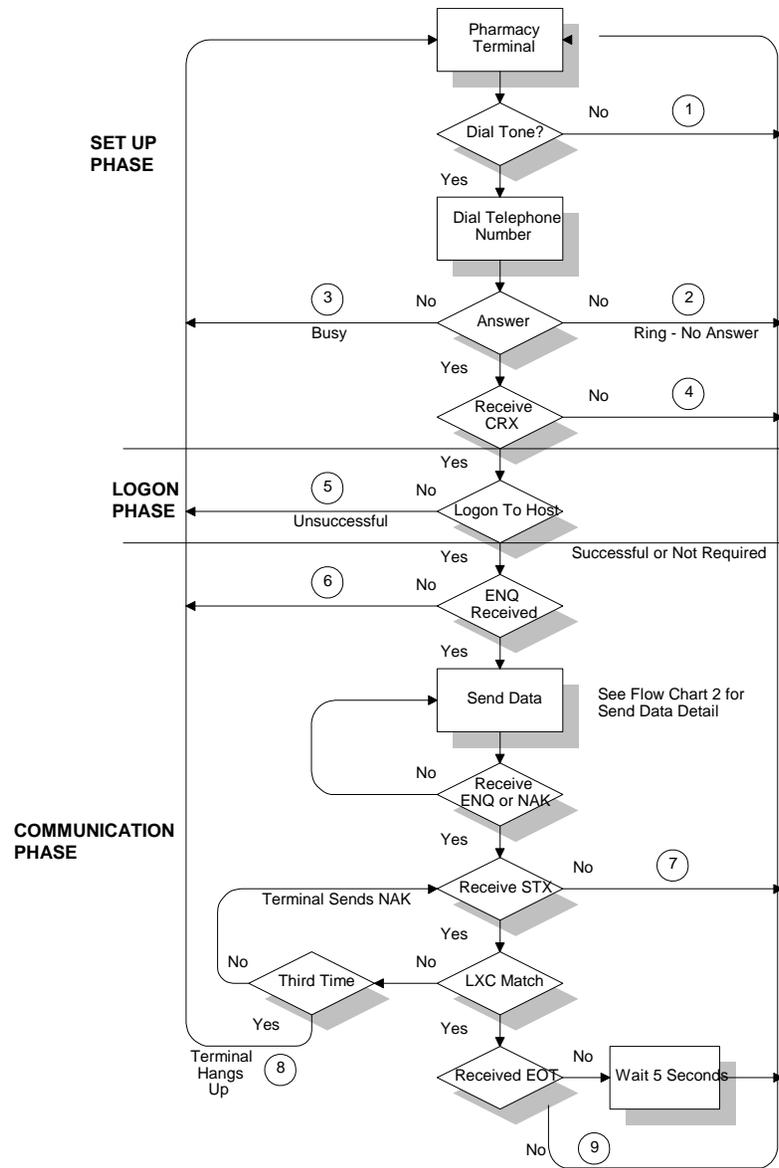
LIST OF CONDITIONS AND RECOMMENDED RESPONSES PRESENTED TO OPERATORS		
Ref #	Description	Reject Code
1	No Dial Tone. Call Telephone Company	91
2	Ring No Answer, Check Phone Number, And Call Network	92
3	Busy, Try Again	93
4	No Carrier From Network. Try Again	94
5	Logon Unsuccessful. Try Again	95
6	No ENQ. Try Again	96
7	No Response From Network. Call Network	97
8	Bad Response From Network. Try Again	98
9	NCPDP Standard Response	

DATA DICTIONARY

SEND DATA PROCESS

The network host cannot return a message, therefore the terminal software should use the recommendations from flowchart 1

```
┌─────────────────┐
│  Network Host   │ ◄────────────┐
└─────────────────┘              │
         │                       │
         ▼                       │
┌─────────────────┐              │
│     Modem       │              │
└─────────────────┘              │
         │                       │
         ▼                       │
      ╱Time╲      Yes   ( 1 )    │
     ◄ Out  ►──────────►         │
      ╲    ╱                     │
         │                       │
         ▼                       │
   ╱Scheduled╲    Yes   ( 2 )    │
  ◄ Downtime  ►─────────►        │
   ╲         ╱                   │
         │                       │
         ▼                       │
    ╱ Payer ╲     Yes   ( 3 )    │
   ◄Connection►────────►         │
    ╲ Down  ╱                    │
         │                       │
         ▼                       │
   ╱ Payer  ╲     Yes   ( 4 )    │
  ◄Unavailable►─────────────────►┘
   ╲        ╱
         │
         ▼
┌─────────────────┐
│     Modem       │
└─────────────────┘
         │
         ▼
┌─────────────────┐
│  Network Host   │
└─────────────────┘
```
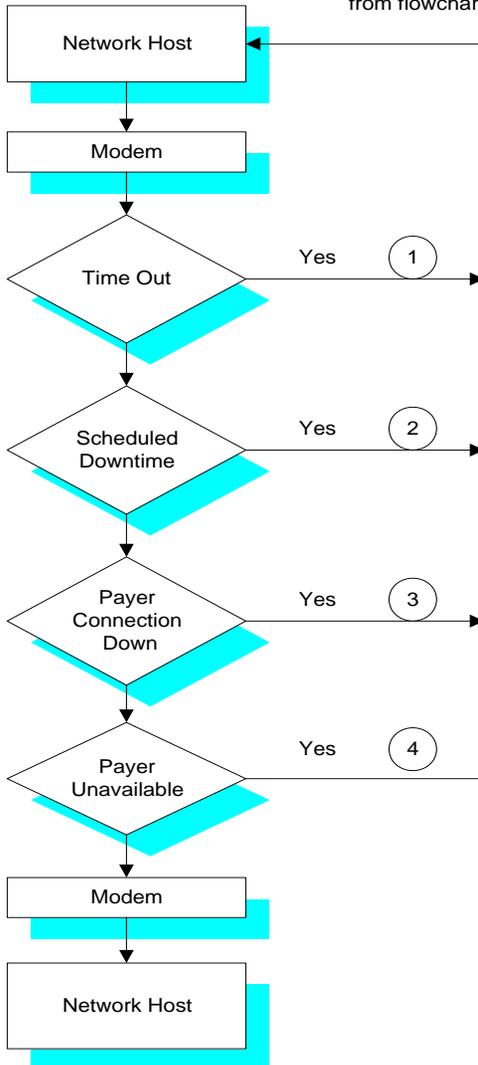
LIST OF CONDITIONS AND RECOMMENDED REJECT CODES

Ref #	Description	Reject Code
1	Time Out	95
2	Scheduled Downtime	96
3	Connection to payer is down	98
4	Payer Unavailable	97

XII. Appendix J – SCRIPT DATA ELEMENTS

A. VERSIONS 1.Ø AND 3.1

The following data elements have been created by NCPDP for use in the SCRIPT Standard.

Note: Field Length may be expressed in two forms. If the field is fixed length, the notation "1" or "12" will appear to denote a fixed length of 1 or 12.
If the field is variable length up to a maximum, the notation "..6" or "..8Ø" will appear to denote a length up to a maximum of 6 or 8Ø.

Field Number	Name of Field	Field Format & Length	Definition	Values and Comments	Segment	Version
7879	Dosage Identification	an..8	SIG Code.	For future use. Has not been codified yet. Composite IØ14	DRU	1.Ø
7878	Dosage	an..7Ø	SIG instructions.	Dosage free text. Composite IØ14	DRU	1.Ø
SØ18	*Drug Use Evaluation*			*Composite*	*DRU*	*3.1*
788Ø	DUE Reason For Service Code	an2	For further explanation, conflict, or clarification of services related to drug use evaluation.	Code identifying the type of conflict detected. When this composite is used, DUE Reason For Service Code is mandatory. When the DUE Reason For Service Code is sent from the prescriber to the pharmacist, the DUE Result Of Service Code is mandatory. When the DUE Reason For Service Code is sent from the pharmacist to the prescriber, the DUE Result Of Service code is conditional. This field uses the appropriate values from the Reason For Service Code in NCPDP Data Dictionary. See NCPDP Data Dictionary for values. Composite SØ18	DRU	3.1

DATA DICTIONARY

Field Number	Name of Field	Field Format & Length	Definition	Values and Comments	Segment	Version
7881	DUE Professional Service Code	an2	Code identifying intervention performed when a conflict has been detected.	This field uses the appropriate values from the Professional Service Code in NCPDP Data Dictionary. See NCPDP Data Dictionary for values. Composite SØ18	DRU	3.1
7882	DUE Result Of Service Code	an2	Action taken in response to a conflict.	This field uses the appropriate values from the Result of Service Code (441-E6) in the NCPDP Data Dictionary. See Result of Service Code (441-E6) field in the NCPDP ECL for values. Composite SØ18	DRU	3.1
7883	DUE Co-Agent ID	an..19	Identifies the co-existing agent contributing to the DUR event (drug or disease) conflicting with the prescribed drug.	When DUE Co-Agent ID is used, the DUE Co-Agent ID Qualifier must be present. Composite SØ18	DRU	3.1
7884	DUE Co-Agent ID Qualifier	an2	Code qualifying the value in DUE Co-Agent ID.	When DUE Co-Agent ID Qualifier is sent, the DUE Co-Agent ID must be present. This field uses the appropriate values from the DUR Co-Agent Qualifier in the NCPDP Data Dictionary. See NCPDP Data Dictionary for values. Composite SØ18	DRU	3.1
7885	Drug Coverage Status Code	an2	Code identifying the coverage status of the prescribed drug.	This field should only be used when the field Ø1Ø-IØ13-Ø1-7ØØ9 Item Description Identifier = "P" (Prescribed). Values: See ECL	DRU	3.1
7886	Patient Identifier	an..8Ø	Payer assigned Unique Member ID.		COO	8.Ø
7887	Measurement Data Qualifier	an..3	Identifies code set of clinical physical findings.	Composite SØ17 Values: See ECL	OBS	1Ø.Ø
7888	Facility Unit	an..35	The unit of the patient.	Composite SØ2Ø	PTT	1Ø.Ø
7889	Room	an..1Ø	The room of the patient.	Composite SØ2Ø	PTT	1Ø.Ø
789Ø	Bed	an..1Ø	The bed of the patient.	Composite SØ2Ø	PTT	1Ø.Ø
7891	Prior Authorization Status	an1	The status of the prescription's prior authorization as known by the sender.	Values: See ECL	DRU	1Ø.Ø

DATA DICTIONARY

7892	Do Not Fill/Profile Flag	an1	Used for medications ordered by a prescriber but not requiring dispensing at this time, but required for administration and available for drug-to-drug interactions.	Values: See ECL	DRU	1Ø.Ø
7893	Change of Prescription Status Flag	an1	Used in the CANRX message when the prescriber wishes to notify the pharmacy to no longer continue dispensing any open refills on an active prescription or to cancel a prescription that has not yet been dispensed.	Values: See ECL	REQ	1Ø.Ø
IØØ6	Needed No Later Than			Composite	DRU	1Ø.2
7894	Needed No Later Than Reason	an..7Ø	Free text additional instructions. For use with 14Ø-IØØ6; otherwise not used.		DRU	1Ø.2

B. VERSION 4.Ø

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

C. VERSION 4.1

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

D. VERSION 4.2

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

E. VERSION 4.3

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

F. VERSION 4.4

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

G. VERSION 5.Ø

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

H. VERSION 6.Ø

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

I. VERSION 7.Ø

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

J. VERSION 7.1

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

K. VERSION 8.Ø

Added new field "Patient Identifier" (7886) to table above.

L. VERSION 8.1

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

M. VERSION 9.Ø

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

N. VERSION 1Ø.Ø

Added new fields "Measurement Data Qualifier", "Facility Unit", "Room", "Bed", "Prior Authorization Status", "Do Not Fill/Profile Flag", and "Change of Prescription Status Flag" to table above.

O. VERSION 1Ø.1

No new data elements created by NCPDP for use in this version of the SCRIPT Standard.

P. VERSION 1Ø.2

Added new fields.

XIII. Appendix K – PUBLICATION MODIFICATIONS

A. *SEPTEMBER 1999*

1. Telecommunication Standard Version 5 Release 1

The following code values were approved for inclusion in the Data Dictionary.

Field 439-E4 – Reason for Service Code
 CD=Chronic Disease Management
 LK=Lock In Recipient
 PH=Preventive Health Care
 RE=Suspected Environmental Risk
 SC=Suboptimal Compliance

Field 441-E6 – Result of Service Code
 3K=Instructions Understood
 3N=Medication Administered

Field 1Ø2-A2 - Version/Release Number
 51=Version 5.1

B. *JUNE 2ØØØ*

1. Telecommunication Standard Version 5 Release 2

The following code values were approved for inclusion in the Data Dictionary.

Field 496-H2 – Measurement Dimension

 18=Cholesterol
 19=Low Density Lipoprotein (LDL)
 2Ø=High Density Lipoprotein (HDL)
 21=Triglycerides (TG)
 22=Bone Mineral Density (BMD T-Score)
 23=Prothrombin Time (PT)
 24=Hemoglobin (Hb; Hgb)
 25=Hematocrit (Hct)
 26=White Blood Cell Count (WBC)
 27=Red Blood Cell Count (RBC)
 28=Heart Rate
 29=Absolute Neutrophil Count (ANC)
 3Ø=Activated Partial Thromboplastin Time (APTT)
 31=CD4 Count
 32=Partial Thromboplastin Time (PTT)
 33=T-Cell Count
 34=INR-International Normalized Ratio

Field 497-H3 Measurement Unit

19=Ratio
2Ø=SI Units
21=Millimoles (mmol/l)
22=Seconds
23=Grams per deciliter (g/dl)
24=Cells per cubic millimeter (cells/cu mm)
25=1,ØØØ,ØØØ cells per cubic millimeter (million cells/cu mm)
26=Standard deviation
27=Beats per minute

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Patient E-Mail Address	35Ø-HN	X		
Version/Release Number	1Ø2-A2			Added value: 52=Version 5.2

2.   Enrollment Standard Version 2 Release Ø

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Action Code	711			Update values: removed P=Purge; C=Change; added S=Suspend
Alternate Benefit ID	753	X		
Alternate Enrollment Verification Code	754	X		
Alternate Financial Verification Code	755	X		
Alternate Group Number	756	X		
Alternate ID Number	724			Field length expanded from 18 to 2Ø
Benefit Effective Date	761	X		
Benefit ID	757	X		
Benefit Qualifier	758	X		
Benefit Termination Date	759	X		
Billing Level Indicator	76Ø	X		
Card Production Indicator	762	X		
Cardholder ID	3Ø2-C2			Field name change: Cardholder ID Number to Cardholder ID, definition, field length expanded from 18 to 2Ø
Carrier ID	327-CR			Field name change: Carrier ID Number to Carrier ID, definition
Case Manager	763	X		
Claim/Reference ID	435-DZ			Field name change: Claim/Reference ID Number to Claim/Reference ID, field length expanded from 14 to 3Ø, definition
Client ID Code	6ØØ-Ø1	X		
Client ID Code Qualifier	6ØØ-Ø2	X		
Copay Calculation Code	764	X		
Copay Dollar Amount	765	X		
Copay Effective Date	766	X		
Copay Percentage Amount	767	X		
Copay Qualifier	768	X		
Copay Termination Date	769	X		
Covered Through Qualifier	77Ø	X		
Data Category	7Ø3			Update values: added C=Combo Group & Member; G=Group Only, definition

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Date Of Injury	434-DY	X		
Dependent Adult Coverage Indicator	749			Definition
Dependent Adult Covered Through Age	75Ø			Field name change: Dependent Adult Covered Thru Age to Dependent Adult Covered Through Age
Dependent Coverage Indicator	743			Definition
Dependent Covered Through Age	744			Field name change: Dependent Covered Thru Age to Dependent Covered Through Age
Dependent Covered Through Date	885	X		
Diagnosis Code	424-DO	X		
Diagnosis Code Qualifier	492-WE	X		
Disabled Dependent Coverage Indicator	747			Definition
DUR Type Indicator	771	X		
Early Refill Percentage	772	X		
Effective Date	712			Definition
Eligibility Type	773	X		
Employer ID	333-CZ	X		
Enrollment Relationship Code	715			Definition
Enrollment Tax Exempt Indicator	774	X		
Enrollment Version/Release Number	775			Field name change: Version/Release Number to Enrollment Version/Release Number, deleted value 1Ø=1994 Version 1.Ø Format, add value 2Ø= 1999 Version 2.Ø Format
Entity Address Line 1	776	X		
Entity Address Line 2	777	X		
Entity City	778	X		
Entity Contact Name	779	X		
Entity Name	78Ø	X		
Entity Segment Qualifier	781	X		
Entity State	782	X		
Entity Telephone Number	783	X		
Entity Zip/Postal Code	784	X		
Family ID Number	785	X		Field length expanded from 18 to 2Ø
File Type	7Ø2			Definition
First Name	717			Definition
Gender Code	721			Definition, update value: Blank=Unknown; 1=Male; 2=Female
Group Name	786	X		
Group ID	3Ø1-C1			Field name change: Group Number to Group ID
Group Sequence Number	787	X		
Hierarchy Level Name	788	X		
Hierarchy Level Number	789	X		
ID Card Reason Code	79Ø	X		Field name change: ID Card Code to ID Card Reason Code
Industry Classification Code	791	X		
Maximum Copay Amount	792	X		
Member Sequence Number	71Ø			Field name change: Sequence Number to Member Sequence Number
Minimum Copay Amount	793	X		
Number of ID Cards	794	X		
Original Effective Date	714			Definition
Originator Name	7Ø6			Definition, Field length expanded from 2Ø to 3Ø
Other Coverage Code	3Ø8-C8			Field length expanded from 1 to 2, update values: added Ø5=Managed care plan denial; Ø6=Other coverage denied-not participating provider; Ø7=Other coverage exists-not in effect on DOS; Ø8=Claim is billing for copay
Plan ID Extension	733			Definition
Pregnancy Indicator	335-2C	X		
Prescriber ID	411-DB	X		

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Prescriber ID Qualifier	466-EZ	X		
Primary Care Provider ID	421-DL			Field length reduced from 18 to 15
Primary Care Provider ID Qualifier	468-2E	X		
Primary Care Provider Termination Date	795	X		
Primary Pharmacy Effective Date	739			Definition
Primary Pharmacy ID Qualifier	496	X		
Prior Approval Amount	797	X		
Processor Indicator	7Ø7			Definition, update values: M=Maintenance/Changes Only; T=Full File with Terms
Relationship Coverage Effective Date	74Ø			Definition
Report Level Indicator	798	X		
Segment Identifier	7Ø1			Update values, added: 11 Group Demographics; 12 Group Benefits; 13 Group Copay; 18 Group Copay Processor Defined; 19 Group Benefits Processor Defined; 42 Member Benefits; 43 Member Copays; 48 Member Copay Processor Defined; 49 Member Benefits Processor Defined; 5Ø Workers Compensation; 51 Workers Compensation Demographics; 59 Workers Compensation Processor Defined; 89 Group Processor Defined
Significant Other Coverage Indicator	799	X		
Smoker/Non-Smoker Code	334-1C	X		
Spouse Coverage Indicator	742			Definition
Student Coverage Indicator	745			Definition
Student Covered Through Age	746			Field name change: Student Covered Thru Age to Student Covered Through Age
Student Covered Through Date	884	X		
Telephone Number	732	X		
Version/Release Number	1Ø2-A2		X	Replaced by Enrollment Version/Release Number
Workers Compensation Effective Date	881	X		
Workers Compensation Original Effective Date	882	X		
Workers Compensation Termination Date	883	X		
Zip/Postal Code	73Ø			Field name change: Zip Code to Zip/Postal Code, definition, field length expanded from 9 to 15

3.   Payment Tape Format Version 3 Release Ø

The following are data elements that were approved for inclusion in the Data Dictionary.

While the new standard remains a 368-byte record, the field positions will no longer be the same as they were in the previous Payment Reconciliation Standard v3.Ø. The data element names and field lengths in this revised standard were updated to be compliant with Telecommunications Version 5. In addition, date fields were updated to be Y2K compliant, and new fields have been added. These changes have caused the field positions in all of the record types to be adjusted.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Amount Billed	8Ø4-5B			Field length expanded from 6 to 8
Amount Paid	876-FB			Field length expanded from 6 to 8
Amount Adjusted	872-3Z			Field length expanded from 6 to 8
Amount Rejected	8Ø5-1C			Field length expanded from 6 to 8
Authorization Number	5Ø3-F3	X		
Balance Forward	88Ø-KC	X		
Bank Account	88Ø-KK	X		
Bank Routing ID	88Ø-KH	X		
Basis Of Reimbursement Determination	522-FM	X		
Batch Amount	88Ø-KR	X		
Batch Number	8Ø6-5C			Field length expanded from 5 to 7

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Carrier Zip Code	813-1J			Field length expanded from 9 to 15
Check Amount	88Ø-KS	X		
Check Number	88Ø-KG	X		
Claim Count	814-5Ø			Field length expanded from 5 to 8
Claim Transmission Fee	88Ø-KF	X		
Co-Pay Amount	817-5E		X	
Dispensing Fee Paid	5Ø7-F7			Field length expanded from 6 to 8
Dollars Billed	822-5H			Field length expanded from 8 to 1Ø
Dollars Paid	873-4A			Field length expanded from 8 to 1Ø
Dollars Adjusted	821-1M			Field length expanded from 8 to 1Ø
Dollars Rejected	824-1N			Field length expanded from 8 to 1Ø
Fund Destination Name	88Ø-K8	X		
Fund Destination ID	88Ø-K9	X		
Group ID	3Ø1-C1	X		
Incentive Amount Paid	521-FL	X		
Ingredient Cost Billed	827-1Ø			Field length expanded from 6 to 8
Ingredient Cost Paid	5Ø6-F6			Field length expanded from 6 to 8
Message	5Ø4-F4	X		
Non-Claim Adjustment Dollars	88Ø-KQ	X		
Non-Claim Transmission Fee Dollars	88Ø-KP	X		
Open Balance	88Ø-KT	X		
Other Amount Paid	565-J4	X		
Patient Pay Amount	5Ø5-F5	X		Replaced Co-Pay Amount (817-5E)
Payment Cycle Start Date	88Ø-KA	X		
Payment Cycle End Date	88Ø-KB	X		
Pending Claim Count	88Ø-KM	X		
Pharmacy Count	83Ø-5M			Field length expanded from 4 to 5
Prescription/Service Reference Number Qualifier	455-EM	X		
Primary Care Provider ID	421-DL	X		
Professional Service Fee Paid	562-J1	X		
Rejected Claim Count	88Ø-KN	X		
Sales Tax	41Ø-DA	X		Field length expanded from 6 to 8
Total Batch Amount	88Ø-U2	X		
Total Claim Count	88Ø-KU	X		
Total Dollars Adjusted	88Ø-KY	X		
Total Dollars Billed	88Ø-KW	X		
Total Dollars Paid	88Ø-KX	X		
Total Dollars Rejected	88Ø-KZ	X		
Total Non-Claim Adjustment Dollars	88Ø-U5	X		
Total Non-Claim Transmission Fee Dollars	88Ø-U4	X		
Total Pending Claim Count	88Ø-KV	X		
Total Rejected Claim Count	88Ø-U3	X		
Transaction Type	88Ø-KD	X		
Version/Release Number	1Ø2-A2			Update values: added 3Ø=1999

4. Manufacturer Rebate Utilization, Plan, Formulary, and Market Basket Flat File Format Version Ø2 Release Ø1

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Claim Number	6Ø1-68	X		

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Contracting Organization (PMO) Market Basket Code	6Ø1-64	X		
Manufacturer (PICO) Market Basket Code	6Ø1-65	X		
Market Basket Description	6Ø1-63	X		
Market Basket Start Date	6Ø1-62	X		
Market Basket Termination Date	6Ø1-61	X		
Number of Market Product Records	6Ø1-6Ø	X		
Numerator Indicator	6Ø1-59	X		
Originator ID Code	6Ø1-66	X		
Originator Name	6Ø1-67	X		
Product Daily Consumption	6Ø1-58	X		
Record Type	6Ø1-Ø4			Update values: added MB=Market Basket Record, MP=Market Product Record
Total # Of Market Basket Records	6Ø1-69	X		

5. Telecommunication Standard Version 5 Release 3

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Unit Dose Indicator	429-DT			Update value: 4=Custom Packaging
Version/Release Number	1Ø2-A2			Added value: 53=Version 5.3

6, Batch Standard Version1 Release 1

Batch 1.1 added to Version/Release Number (1Ø2-A2).

C. SEPTEMBER 2ØØØ

1. Telecommunication Standard Version 5 Release 4

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Basis of Cost Determination	423-DN			Update value: Ø8=Disproportionate Share Pricing/Public Health Service
Version/Release Number	1Ø2-A2			Added value: 54=Version 5.4

D. NOVEMBER 2ØØØ

1. Telecommunication Standard Version 5 Release 5

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Clinical Significance Code	528-FS			Update value: 9 = Undetermined
Other Payer-Patient Responsibility Amount Qualifier	351-NP	X		
Other Payer-Patient Responsibility Amount	352-NQ	X		
Other Payer-Patient Responsibility Amount Count	353-NR	X		

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Version/Release Number	1Ø2-A2			Added value: 55=Version 5.5

E. MAY 2ØØ1

1. SCRIPT Standard Version 3 Release 1

Data elements that have been created by NCPDP for usage in the SCRIPT Standard have been incorporated into **Appendix J** SCRIPT Data Elements of this document.
The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
DUR Co-Agent ID Qualifier	475-J9			Add: "S" to Standard Formats Column in Data Dictionary
Reason for Service Code	439-E4			Add: "S" to Standard Formats Column in Data Dictionary
Professional Service Code	44Ø-E5			Add: "S" to Standard Formats Column in Data Dictionary
Result of Service Code	441-E6			Add: "S" to Standard Formats Column in Data Dictionary

F. AUGUST 2ØØ1

1. Telecommunication Standard Version 5 Release 6

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
DUR Additional Text	57Ø-NS	X		
Version/Release Number	1Ø2-A2			Added value: 56=Version 5.6

G. JANUARY 2ØØ2

1. Telecommunication Standard Version 6 Release Ø

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Associated Prescription/Service Reference Number	456-EN			Field Length Expanded from 7 to 9
Prescription/Service Reference Number	4Ø2-D2			Field Length Expanded from 7 to 9
Version/Release Number	1Ø2-A2			Added value: 6Ø=Version 6.Ø

2. Telecommunication Standard Version 7 Release Ø

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Database Indicator	532-FW			Value Change '3' to Micromedex/Medical Economics
Diagnosis Code Qualifier	492-WE			Value Change 'Ø6' to First DataBank MDDB Product Line
Other Payer Cardholder ID	356-NU	X		
Other Payer ID	34Ø-7C			Comments Add RESPONSE STATUS SEGMENT

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Other Payer ID Count	355-NT	X		
Other Payer ID Qualifier	339-6C			Comments Add RESPONSE STATUS SEGMENT
Prior Authorization Type Code	461-EU			Definition Change to Code clarifying the Prior Authorization Number Submitted (462-EV) or benefit/plan exemption.
Product Code Qualifier	6Ø1-19			Values Change '1' to First DataBank Generic Code Number (GCN), '2' to First DataBank Generic Product Identifier (GPI), '4' to First DataBank Drug Descriptor Identifier (DDID)
Submission Clarification Code	42Ø -DK			Value Add '1Ø'-Meets Plan Limitations-The pharmacy certifies that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed.
Submission Clarification Code Count	354-NX	X		Reject Code Add NX-M/I Submission Clarification Code Count
Therapeutic Class Code Qualifier	6Ø1-26			Values Change '1' to First DataBank Generic Code Number (GCN), '2' to First DataBank Generic Product Identifier (GPI), '4' to First DataBank Drug Descriptor Identifier (DDID)
Intermediary Authorization Type ID	463-EW			Comments Add: Usage Change—'Check Implementation Guide when value = 99'
Version/Release Number	1Ø2-A2			Added value: 7Ø=Version 7.Ø

Appendix K- PRODUCT/SERVICE QUALIFIER updated with the following value change:
NOTE: Product/Service Qualifier Codes were moved to the ECL.

Value	Definition
14	First DataBank Generic Product Identifier (GPI)
15	First DataBank Generic Code Number (GCN)
16	Micromedex/Medical Economics Generic Formulation Code (GFC)
17	First DataBank Drug Descriptor Identifier (DDID)
19	Micromedex/Medical Economics Generic Master (GM)
22	First DataBank MDDB Product Line Diagnosis Code (Note: MDDB is not an acronym)

3.   Manufacturer Rebate Standard Version Ø3.Ø1

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Adjusted Quantity	6Ø1-71	X		
Adjusted Rebate Per Unit	6Ø1-7Ø	X		
Adjusted Variance Difference	6Ø1-72	X		
Amount Paid This Transaction	6Ø1-73	X		
Baseline	6Ø1-77	X		
Baseline Description	6Ø1-78	X		
Baseline Qualifier	6Ø1-79	X		
Base Price	6Ø1-74	X		
Base Price Description	6Ø1-75	X		
Base Price Type	6Ø1-76	X		
Current Amount Paid To Date	6Ø1-8Ø	X		
Current Rebate Per Unit	6Ø1-81	X		
Current Units Disputed To Date	6Ø1-82	X		
Current Units Paid To Date	6Ø1-83	X		
Current Units To Date	6Ø1-84	X		

DATA DICTIONARY

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Disputed Quantity	6Ø1-85	X		
FF Accepted Metric Decimal Quantity	6Ø1-86	X		
Grand Total Accepted Metric Decimal Quantity	6Ø1-87	X		
Grand Total Paid Rebate Amount	6Ø1-88	X		
Interest Amount	6Ø1-89	X		
Level Achieved	6Ø1-9Ø	X		
Number of Rebate Type Records	6Ø1-91	X		
Original Amount Invoiced	6Ø1-92	X		
Original Rebate Per Unit	6Ø1-93	X		
Original Units Invoiced	6Ø1-94	X		
Paid Per Unit Amount	6Ø1-95	X		
Paid Rebate Amount	6Ø1-96	X		
Performance	6Ø1-97	X		
Performance Description	6Ø1-98	X		
Performance Qualifier	6Ø1-99	X		
Prior Amount Paid	6Ø2-Ø1	X		
Prior Units Disputed	6Ø2-Ø2	X		
Prior Units Paid	6Ø2-Ø3	X		
Rebate Rate	6Ø2-Ø4	X		
Rebate Type	6Ø2-Ø5	X		
Rebate Type Description	6Ø2-Ø6	X		
Rebate Variance Amount	6Ø2-Ø7	X		
Reconciliation Error Description	6Ø2-Ø8	X		
Reconciliation Line Number	6Ø2-Ø9	X		
Reconciliation Reason Code	6Ø2-1Ø	X		
Reconciliation Status Code	6Ø2-11	X		
Reconciliation Transmission Control Number	6Ø2-12	X		
Record Type	6Ø1-Ø4			Values Add 'RD'-Reconciliation Detail Record, 'RT'-Rebate Type Record
Revised Invoice Amount	6Ø2-13	X		
Total Remittance	6Ø2-14	X		
Withheld Invoice Amount	6Ø2-15	X		

4. Payment Reconciliation Standard Version 4 Release Ø

The following are data elements that were approved for inclusion in the Data Dictionary.

Field Name	Field Number	Action		
		Addition	Deletion	Modification
Amount Paid	876-FB		X	Use Total Amount Paid (5Ø9-F9)
Fund Destination ID	88Ø-K9			Format Change from x(25) to 9(1Ø)
Fund Destination Name	88Ø-K8			Format Change from 9(1Ø) to x(25)
Transaction Type	88Ø-KD			Definition Add: Defines the status of the billed transaction.

5. Data Dictionary Modifications

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Appendix J- United States and Canadian Province Postal				Values Add: 'NT' Northwest Territories, 'NU' Nunavut, 'YT' Yukon Value Change 'QC'

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Service Abbreviations				Quebec. Note: This table was moved to the ECL.
Prior Authorization/Medical Certification Code and Number	416-DG			Value Change '7' from AFDC (Aid to Families with Dependent Children) to TANF (Temporary Assistance for Needy Families)
Prior Authorization Type Code	461-EU			Value Change '7' from AFDC (Aid to Families with Dependent Children) to TANF (Temporary Assistance for Needy Families)

H. JUNE 2ØØ2

1. Telecommunication Standard Version 7 Release 1

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Delay Reason Code	357-NV	X		
Version/Release Number	1Ø2-A2			Added value: 71=Version 7.1

I. DECEMBER 2ØØ2

1. Manufacturer Rebate Standard Version Ø3 Release Ø2

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Product Code Qualifier	6Ø1-19			Values Added: 5 -First DataBank Medication Name Identifier (FDB Med Name ID) 6 -First DataBank Routed Medication Identifier (FDB Routed Med ID) 7 -First Databank Routed Dosage Form Medication Identifier (FDB Routed Dosage Form Med ID) 8 -First DataBank Medication Identifier (FDB MedID)
Therapeutic Class Code Qualifier	6Ø1-26			Values Added: 5 -First DataBank Medication Name Identifier (FDB Med Name ID) 6 -First DataBank Routed Medication Identifier (FDB Routed Med ID) 7 -First Databank Routed Dosage Form Medication Identifier (FDB Routed Dosage Form Med ID) 8 -First DataBank Medication Identifier (FDB MedID)

J. FEBRUARY 2ØØ3

1. Telecommunication Standard Version 8 Release Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Version/Release Number	1Ø2-A2			Added value: 8Ø=Version 8.Ø

K. AUGUST 2ØØ3

1. Telecommunication Standard Version 8 Release 1

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Employer ID	333-CZ			Comments Added: The Internal Revenue Service, Department of the Treasury, assigns the Employer ID. The format of this field is nine-digits with a hyphen, as in ØØ-ØØØØØØØ. The hyphen must be transmitted as part of the Employer ID Number. Information on the Employer ID may be found at http://www.irs.ustreas.gov/.
Appendix K- Product/Service Qualifier NOTE: Product/Service Qualifier Codes were moved to the ECL				Column added for comments. Value name change on Ø4 from Universal Product Number (UPN) to Health Industry Business Communication Council (HIBCC). Value name change on 12 from International Article Numbering System (EAN) to Global Trade Identification Number (GTIN).
Version/Release Number	1Ø2-A2			Added value: 81=Version 8.1

L. OCTOBER 2ØØ3

1. Telecommunication Standard Version 8 Release 2

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Patient Location	3Ø7-C7			Values Added: 12 - End Stage Renal Disease Treatment Facility
Amount Attributed to Processor Fee	571-NZ	X		
Version/Release Number	1Ø2-A2			Added value: 82=Version 8.2

2. Telecommunication Standard Version 8 Release 3

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Reject Code (Values Added to Appendix F - VERSION 5 REJECT CODES FOR TELECOMMUNICATION STANDARD Subsection N) NOTE: Reject Codes for Telecommunication were moved to the ECL	511-FB			Values Added: SF-Other Payer Amount Paid Count Does Not Match Number Of Repetitions SG-Submission Clarification Code Count Does Not Match Number of Repetitions SH-Other Payer-Patient Responsibility Amount Count Does Not Match Number of Repetitions
Version/Release Number	1Ø2-A2			Added value: 83=Version 8.3

DATA DICTIONARY

M. NOVEMBER 2ØØ3

1. Manufacturer Rebate Standard Version Ø3 Release Ø2 – New publication date of November 2ØØ3

Release of the November 2ØØ3 Data Dictionary is approved for use only by the Manufacturer Rebate Standard Version Ø3.Ø2 for the External Code List (ECL) process.

2. Data Dictionary Modifications

Following are changes made to the Data Dictionary in preparation for the incorporation of the ECL process:

INTRODUCTION – Changed to add verbiage to explain the ECL process as it impacts the Data Dictionary and DERF submission.

BODY - **"See ECL"** was indicated in the Values Column of all Data Elements included in the External Code List and values removed. References in the Comments/Examples Column to see Appendices within the Rebate Implementation Guide for values were removed.

APPENDICES **-** F – VERSION 5 REJECT CODES FOR THE TELECOMMUNICATION STANDARD, K – PRODUCT/SERVICE QUALIFIER, and L - UNITED STATES AND CANADIAN PROVINCE POSTAL SERVICE ABBREVIATIONS were removed and remaining appendices reordered accordingly.

N. MAY 2ØØ4

1. Telecommunication Standard Version 9 Release Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Procedure Modifier Code Count	458-SE			Field Size Changed from 9(1) to 9(2)
Version/Release Number	1Ø2-A2			Added value: 9Ø=Version 9.Ø

O. AUGUST 2ØØ4

1. Telecommunication Standard Version A.Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Diagnosis Code	424-DO			Comments: Changed wording and deleted Examples
Version/Release Number	1Ø2-A2			Added value: AØ=Version A.Ø
Remaining Benefit Amount	514-FE			Comments: Corrected Note to ØØØØØØØ{

P. OCTOBER 2ØØ4

1. Data Dictionary Modifications

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Other Coverage Code	3Ø8-C8			Values: Corrected values to show as 1-digit rather than 2-digits (removed leading zero).

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Transaction Type	88Ø-KD			Values: Corrected values to show as 1-digit rather than 2-digits (removed leading zero).

2. Telecommunication Standard Version A.1

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Version/Release Number	1Ø2-A2			Added value: A1=Version A.1

Q.   JANUARY 2ØØ5

1. SCRIPT Standard Versions 7.Ø and 7.1

Updates to Appendix J – SCRIPT DATA ELEMENTS of this document noted.

R.   MAY 2ØØ5

1. Telecommunication Standard Version B.Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Patient Residence	384-4X	X		
Patient Location	3Ø7-C7			Field Name Changed to Place of Service, Definition Changed, Values: Existing deleted and new added to ECL
Version/Release Number	1Ø2-A2			Added value: BØ=Version B.Ø
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added Patient Residence; Deleted Patient Location and Added Place of Service
Appendix B - NUMERIC CROSS REFERENCE		X		Added Patient Residence; Deleted Patient Location and Added Place of Service

S.   JULY 2ØØ5

1. Telecommunication Standard Version C.Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Prescriber First Name	364-2J	X		
Prescriber Street Address	365-2K	X		
Prescriber City Address	366-2M	X		
Prescriber State/ Province Address	367-2N	X		
Prescriber Zip/Postal Zone	368-2P	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Facility Name	385-3Q	X		
Facility Street Address	386-3U	X		
Facility State/Province Address	387-3V	X		
Facility City Address	388-5J	X		
Facility Zip/Postal Zone	389-6D	X		
Narrative Message	39Ø-BM	X		
Additional Documentation Type ID	369-2Q	X		
Length of Need	37Ø-2R	X		
Length of Need Qualifier	371-2S	X		
Prescriber/Supplier Date Signed	372-2T	X		
Request Status	373-2U	X		
Request Period Begin Date	374-2V	X		
Request Period Recert/Revised Date	375-2W	X		
Supporting Documentation	376-2X	X		
Question Number/Letter Count	377-2Z	X		
Question Number/Letter	378-4B	X		
Question Percent Response	379-4D	X		
Question Date Response	38Ø-4G	X		
Question Dollar Amount Response	381-4H	X		
Question Numeric Response	382-4J	X		
Question Alphanumeric Response	383-4K	X		
Segment Identification	111-AM			Added Values: 14=Additional Documentation, 15=Facility, 16=Narrative
Version/Release Number	1Ø2-A2			Added Value: CØ=Version C.Ø
Appendix A - ALPHABETIC CROSS REFERENCE			X	Added New Fields Shown Above
Appendix B - NUMERIC CROSS REFERENCE			X	Added New Fields Shown Above

2. SCRIPT Standard Versions 8.Ø

Updates to Appendix J – SCRIPT DATA ELEMENTS of this document noted.

T. OCTOBER 2ØØ5

1. Telecommunication Standard Version C.1

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Other Payer BIN Number	99Ø-MG	X		
Other Payer Processor Control Number	991-MH	X		
Other Payer Group ID	992-MJ	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Transaction Reference Number	88Ø-K5			Definition Changed; Added Telecommunication to Standard Format; Added Segments to Comments/Examples
Other Payer Cardholder ID	356-NU			Added to Comments/Examples; "REQUEST INSURANCE SEGMENT. "
Version/Release Number	1Ø2-A2			Added Value: C1=Version C.1
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields Shown Above

2.   Formulary & Benefit Standard Version 1.Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Front Matter of DD				Added to Standard Formats –"F" = Formulary & Benefit Format and new Field Format Type "R" = Numeric Ø-9 with decimal point with explanation.
Absolute Row Number	9ØØ-BN	X		
Additional Message Information	526-FQ			Added "F" to Standard Formats and Field Format and Field Length of x(1ØØ) for "F"
Alternatives ID	9Ø1-BP	X		
Change Identifier	6ØØ-64			Added "F" to Standard Formats
Class ID	9Ø2-BQ	X		
Class ID-Step Drug	9Ø3-BR	X		
Class Name	9Ø4-BS	X		
Classification ID	9Ø5-BT	X		
Copay ID	9Ø6-BU	X		
Copay List ID	9Ø7-BV	X		
Copay List Type	9Ø8-BW	X		
Copay Tier	9Ø9-BX	X		
Coverage ID	91Ø-BY	X		
Coverage List ID	911-BZ	X		
Coverage List Type	912-B3	X		
Data In Error	913-B4	X		
Days Supply Per Copay	988-MB	X		
Diagnosis Code	424-DO			Added "F" to Standard Formats
Diagnosis Code Qualifier	492-WE			Added "F" to Standard Formats
Drug Qualifier-Step Drug	914-B5	X		
Drug Reference Number	915-B6	X		
Drug Reference Qualifier	916-B7	X		
Drug Reference Number-Alternative	917-B8	X		
Drug Reference Qualifier-Alternative	918-B9	X		
Drug Reference Number-Source	919-CS	X		
Drug Reference Qualifier-Source	92Ø-CT	X		
Drug Reference Number-Step Drug	921-CU	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Drug Reference Qualifier-Step Drug	922-CV	X		
Extract Date	923-DD	X		
File Type	7Ø2-MC			Added "F" to Standard Formats and added field ID of "MC"
First Copay Term	924-DH	X		
Flat Copay Amount	925-ES	X		
Formulary ID	926-FF	X		
Formulary Name	989-MF	X		
Formulary Status	927-FP	X		
Gender Code	721-MD			Definition Changed, Added "F" to Standard Formats and deleted "M", and added field ID of "MD"
List Action	928-FR	X		
List Effective Date	929-FZ	X		
Load Status	93Ø-F2	X		
Maximum Age Qualifier	931-F8	X		
Maximum Age	932-GA	X		
Maximum Amount	933-GB	X		
Maximum Amount Qualifier	934-GC	X		
Maximum Amount Time Period	935-GF	X		
Maximum Amount Time Period Start Date	936-GG	X		
Maximum Amount Time Period End Date	937-GH	X		
Maximum Amount Time Period Units	938-GJ	X		
Maximum Copay	939-GK	X		
Maximum Copay Tier	94Ø-GM	X		
Message - Long	941-GN	X		
Message -Short	942-GP	X		
Minimum Age Qualifier	943-GQ	X		
Minimum Age	944-GR	X		
Minimum Copay	945-GS	X		
Non-Listed Prescription Brand Formulary Status	946-GT	X		
Non-listed Prescription Generic Formulary Status	947-GU	X		
Non-listed Brand Over The Counter Formulary Status	948-GV	X		
Non-listed Generic Over The Counter Formulary Status	949-GW	X		
Non-listed Supplies Formulary Status	95Ø-GX	X		
Number of Drugs To Try	951-GY	X		
Out of Pocket Range Start	952-GZ	X		
Out of Pocket Range End	953-HP	X		
Percent Copay Rate	954-HQ	X		
Pharmacy Type	955–HR	X		
Preference Level	956-HS	X		
Product Name-Health Plan	957-HT	X		
Product/Service ID	4Ø7-D7			Added "F" to Standard Formats
Product/Service ID Qualifier	436-E1			Added "F" to Standard Formats and Added new value of "28" to the ECL

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Product/Service ID-Alternative	958-HU	X		
Product/Service ID Qualifier-Alternative	959-HV	X		
Product/Service ID-Step Drug	96Ø-HW	X		
Product/Service ID Qualifier-Step Drug	961-HX	X		
Product/Service ID-Source	962-HY	X		
Product/Service ID Qualifier-Source	963-HZ	X		
Product Type	964-JA	X		
Receiver ID	88Ø-K7			Added "F" to Standard Formats and Added Field Format and Field Length of x(3Ø) for "F"
Record Count	751-M9			Added "F" to Standard Formats, Added definition for "F", and Added field ID of "M9"
Record Type	6Ø1-Ø4			Added "F" to Standard Formats, Added Field Format and Field Length of x(3) for "F", and Added values for "F" to the ECL
Reject Code	511-FB			Added "F" to Standard Formats, Added Field Format and Field Length of x(4) for "F", and Added values for "F" as a new appendix to the ECL
Relative Cost	966-JC	X		
Relative Cost Limit	967-JD	X		
Resource Link Type	968-JF	X		
RxNorm Code	969-JG	X		
RxNorm Qualifier	97Ø-JH	X		
Section Column In Error	971-JJ	X		
Sender ID	88Ø-K1			Added "F" to Standard Formats and Added Field Format and Field Length of x(3Ø) for "F"
Source Name	972-JK	X		
Sender Participant Password	973-JM	X		
Step Order	974-JN	X		
Subclass ID	975-JP	X		
Subclass ID-Step Drug	976-JQ	X		
Subclass Name	977-JR	X		
Total Records	978-JS	X		
Total Errors	979-JT	X		
Total Rows In Error	98Ø-JU	X		
Transmission Action	981-JV	X		
Transmission Control Number	6Ø1-56			Added "F" to Standard Formats and Added Field Format and Field Length of x(1Ø) for "F"
Transmission Date	6Ø1-1Ø			Added "F" to Standard Formats
Transmission Date-Originating	982-JW	X		
Transmission Number-Originating	983-JX	X		
Transmission Time	984-JY	X		
Transmission Time-Originating	985-JZ	X		
Transmission File Type	986-KJ	X		
URL	987-MA	X		
Version/Release Number	1Ø2-A2			Added "F" to Standard Formats and Added Formulary & Benefit to value of 1Ø
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields Shown Above

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields Shown Above

3. SCRIPT Standard Versions 8.1 and 9.Ø

Updates to Appendix J – SCRIPT DATA ELEMENTS of this document noted.

U. JUNE 2ØØ6

1. Telecommunication Standard Version C.2

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Amount of Coinsurance	572-4U	X		
Basis of Calculation – Coinsurance	573-4V	X		
Compound Ingredient Modifier Code	363-2H	X		
Compound Ingredient Modifier Code Count	362-2G	X		
Medicaid Indicator	36Ø-2B	X		
Medigap ID	359-2A	X		
Patient Sales Tax	575-EQ	X		
Plan Sales Tax	574-2Y	X		
Provider Accept Assignment Indicator	361-2D	X		
Amount of Copay/Coinsurance	518-FI			Name of Field Changed to *Amount of Copay*; Definition Changed
Basis of Calculation	347-HJ			Definition Changed
Other Payer-Patient Responsibility Amount Qualifier	351-NP			Added Value: 7 Changed Value: 5 Definition from *Amount of copay/coinsurance (518-FI) as reported by previous payer* to *Amount of copay (518-FI) as reported by previous payer*.
Version/Release Number	1Ø2-A2			Added Value: C2=Version C.2
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields Shown Above and Name Change for 518-FI
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields Shown Above and Name Change for 518-FI

V. SEPTEMBER 2ØØ6

1. Post Adjudication Standard Version 1.Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Adjudication Date	578	X		
Adjudication Time	2Ø3	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Adjustment Reason Code	2Ø4	X		
Adjustment Type	2Ø5	X		
Administrative Fee Amount	2Ø6	X		
Administrative Fee Effect Indicator	2Ø7	X		
Age	2Ø8	X		
Average Cost Per Quantity Unit Price	2Ø9	X		
Average Generic Unit Price	21Ø	X		
Average Wholesale Unit Price	211	X		
Benefit Type	212	X		
Billing Cycle End Date	213	X		
Cardholder Date of Birth	214	X		
Carrier Number	215	X		
Check Date	216	X		
Claim Date Received In The Mail	217	X		
Claim Media Type	218	X		
Claim Sequence Number	219	X		
Client Assigned Location Code	22Ø	X		
Client Formulary Flag	221	X		
Client Pass Through	222	X		
Client Pricing Basis Of Cost	223	X		
Client Specific Data	224	X		
COB Carrier Submit Amount	225	X		
COB Primary Claim Type	226	X		
COB Primary Payer Allowed Amount	227	X		
COB Primary Payer Amount Paid	228	X		
COB Primary Payer Coinsurance	229	X		
COB Primary Payer Copay	23Ø	X		
COB Primary Payer Deductible	231	X		
COB Primary Payer ID	232	X		
COB Secondary Payer Allowed Amount	233	X		
COB Secondary Payer Amount Paid	234	X		
COB Secondary Payer Coinsurance	235	X		
COB Secondary Payer Copay	236	X		
COB Secondary Payer Deductible	237	X		
COB Secondary Payer ID	238	X		
Communication Type Indicator	239	X		
Contract Number	24Ø	X		
Copay Modifier ID	241	X		
Cost Difference Amount	242	X		
Dosage Form Code	243	X		
Drug Category Code	244	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Eligibility COB Indicator	245	X		
Eligibility Group ID	246	X		
Eligibility/Patient Relationship Code	247	X		
Eligible Coverage Code	248	X		
Excess Copay Amount	249	X		
FDA Drug Efficacy Code	25Ø	X		
Federal Upper Limit Indicator	251	X		
Federal DEA Schedule	252	X		
Federal Upper Limit Unit Price	253	X		
Fill Number Calculated	254	X		
Formulary Code Type	255	X		
Formulary File ID	256	X		
Formulary Status	257	X		
GCN Number	258	X		
GCN Sequence Number	259	X		
Generic Indicator	26Ø	X		
Generic Name	261	X		
Generic Product Identifier	262	X		
Health Care Reimbursement Account Amount Applied	263	X		
Health Care Reimbursement Account Amount Applied Remaining	264	X		
Hold Harmless Amount	265	X		
In Network Indicator	266	X		
Insurance Code	267	X		
Internal Mail Order (Prescription/Service) Reference Number	268	X		
Invoiced Amount	269	X		
Line Of Business Code	27Ø	X		
MAC Price	271	X		
MAC Reduced Indicator	272	X		
Maintenance Drug Indicator	273	X		
Medicare Plan Code	274	X		
Medicare Recovery Dispensing Indicator	275	X		
Medicare Recovery Indicator	276	X		
Member Submit Amount	277	X		
Member Submitted Claim Payment Release Date	278	X		
Member Submitted Claim Program Code	279	X		
Name Suffix	28Ø	X		
Net Amount Due	281	X		
Non-POS Claim Override Code	282	X		
Original Claim Received Date	283	X		
Out Of Pocket Apply Amount	284	X		
Patient Medicare Formulary Rebate Amount	285	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Addition	Deletion	Modification
				Action
Patient Spend Down Amount	286	X		
Payment/Reference ID	287	X		
Payroll Class	288	X		
Pharmacy Class Code	289	X		
Pharmacy Dispenser Type	29Ø	X		
Plan Benefit Code	291	X		
Plan Cutback Reason Code	292	X		
Preferred Alternative File ID	293	X		
Prescribed Days Supply	294	X		
Prescriber Certification Status	295	X		
Prescriber Taxonomy Code	296	X		
Prescription Over The Counter Indicator	297	X		
Procedure Code	298	X		
Processor Defined Prior Authorization Reason Code	299	X		
Processor Payment Clarification Code	395	X		
Processor Specific Data	396	X		
Product/Service Name	397	X		
Record Indicator	398	X		
Record Status Code	399	X		
Reject Override Code	878	X		
Sending Entity Identifier	879	X		
Service Provider Chain Code	886	X		
Service Provider County Code	887	X		
Submission Number	888	X		
Therapeutic Chapter	889	X		
Therapeutic Class Code – AHFS	89Ø	X		
Therapeutic Class Code – Generic	891	X		
Therapeutic Class Code – Specific	892	X		
Therapeutic Class Code – Standard	893	X		
Total Amount Paid By All Sources	894	X		
Total Net Amount Due	895	X		
Transaction ID	896	X		
Transaction ID Cross Reference	897	X		
User Benefit ID	898	X		
User Coverage ID	899	X		
Address Line 1	726			Field Size change: Currently 3Ø Change to: 55 for Post Adjudication Comment Change from: First line of street address of member. May be only line of address. **To**: First line of street address. May be only line of address.
Address Line 2	727			Field Size change: Currently 3Ø Change to: 55 for Post Adjudication Comment Change from: Second line of street address of member. Used only if first line will not accommodate a complete address. **To**: Second line of street address. Used only if first line will not accommodate a complete address.
Batch Number	8Ø6-5C			Change Comment From "Format=CCYYDDD CC=Century YY=Year DDD=Julian date

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
				Examples: 2ØØ2252=September 9, 2ØØ2". **Change to:** "For B, P, C, and D: Format=CCYYDDD CC=Century YY=Year DDD=Julian date Examples: 2ØØ2252=September 9, 2ØØ2. For A, a number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day."
Benefit ID	757			Definition Change From "Benefit assigned by processor identifying specific plan design assigned to group or member." **Change to**: "Assigned by processor to identify a set of parameters, benefits, or coverage criteria used to adjudicate a claim."
City	728			Definition Change From "City in which member resides." **Change to** "Free-form text for city name." Field Size change: Currently 2Ø Change to: 3Ø for Post Adjudication
Database Indicator	532-FW			Definition Change From: "Code identifying the source of drug information used for DUR processing. **Change to**: "Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product." **Values Added:** 6= Redbook , 7= Multum
Drug Type	425-DP			**Valued Added:** 5 = Multi-source Brand
First Name	717			Definition Change From "Member's first name." **Change to**: "First name". Field Size Change: Currently 15 Change to: 25 for Post Adjudication
Gender Code	721-MD			Definition Change From "Code identifying the gender of the individual member." **Change to**: "Code identifying the gender of the individual." Field Format Change to Numeric for Post Adjudication
Last Name	716			Definition Change From- "Last name of the member (required)." **Change to** "Last name". Field Size change: Currently 25 Change to: 35 for Post Adjudication
Middle Initial	718			Definition Change From: "The middle initial of the member." **Change to** "Individual middle initial."
Patient ID Qualifier	331-CX			**Values Added:** Ø4 = Non-SSN-based patient identifier assigned by health plan , Ø5 = SSN-based patient identifier assigned by health plan
Pharmacy Name	833-5P			Field Size change: Currently 2Ø Change to: 35 for Post Adjudication
Product Strength	6Ø1-24			Definition Change: "The strength of the product identified in the 'Product Code' (6Ø1-18) field." **Change to** "The strength of the product."
Record Type	6Ø1-Ø4			**Values Added:** PA = Post Adjudication History Header Record, DE = Post Adjudication History Detail Record, CD=Post Adjudication History Compound Detail Record, PT = Post Adjudication History Trailer Record, PW = Post Adjudication Utilization Header Record, PU = Post Adjudication Utilization Detail Record, PX = Post Adjudication Utilization Compound Detail Record, PY = Post Adjudication Utilization Trailer Record
Reporting Period End Date	6Ø1-Ø5			Definition Change "The last day of the period being reported in the plan flat file." **Change to** "The last day of the period being reported in the file." or "For Manufacturer Rebates: The last day of the period being reported in the plan flat file. For Post Adjudication History: The last day of the period being reported in the file."
Reporting Period Start Date	6Ø1-Ø6			Definition Change "The first day of the period being reported in the plan flat file." **Change to** "The first day of the period being reported in the file." or "For Manufacturer Rebate: The first day of the period being reported in the plan flat file. For Post Adjudication History: The first day of the period being reported in the file.".
State	729			Definition Change "Abbreviation of state in which member resides." **Change to** "Abbreviation of state."
Total Record Count	6Ø1-Ø9			Format change. For Post Adjudication:: 9(1Ø) Comment Change for Post Adjudication add: Include header and trailer in count.
Transmission Action	981-JV			**Values Added**: O = Original Submission (New), C = Correction/Adjustment to a previous batch, D = Deletion of a previous batch, P = Replacement of a previous batch (delete followed by add)
Version/Release Number	1Ø2-A2			Value Added: Post Adjudication 1Ø Version 1.Ø

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Accumulated Deductible Amount	512-FC			Add "A" for Post Adjudication to the Standards Format Column
Amount Applied To Periodic Deductible	517-FH			Add "A" for Post Adjudication to the Standards Format Column
Amount Attributed to Processor Fee	571-NZ			Add "A" for Post Adjudication to the Standards Format Column
Amount Attributed To Product Selection	519-FJ			Add "A" for Post Adjudication to the Standards Format Column
Amount Attributed To Sales Tax	523-FN			Add "A" for Post Adjudication to the Standards Format Column
Amount Exceeding Periodic Benefit Maximum	52Ø-FK			Add "A" for Post Adjudication to the Standards Format Column
Amount of Coinsurance	572-4U			Add "A" for Post Adjudication to the Standards Format Column
Amount Of Copay	518-FI			Add "A" for Post Adjudication to the Standards Format Column
Associated Prescription/Service Date	457-EP			Add "A" for Post Adjudication to the Standards Format Column
Associated Prescription/Service Reference Number	456-EN			Add "A" for Post Adjudication to the Standards Format Column
Authorization Number	5Ø3-F3			Add "A" for Post Adjudication to the Standards Format Column
Basis of Calculation -Coinsurance	573-4V			Add "A" for Post Adjudication to the Standards Format Column
Basis Of Calculation-Copay	347-HJ			Add "A" for Post Adjudication to the Standards Format Column
Basis Of Calculation-Dispensing Fee	346-HH			Add "A" for Post Adjudication to the Standards Format Column
Basis Of Calculation-Flat Sales Tax	348-HK			Add "A" for Post Adjudication to the Standards Format Column
Basis Of Calculation-Percentage Sales Tax	349-HM			Add "A" for Post Adjudication to the Standards Format Column
Basis Of Reimbursement Determination	522-FM			Add "A" for Post Adjudication to the Standards Format Column
Cardholder ID	3Ø2-C2			Add "A" for Post Adjudication to the Standards Format Column
Claim/Reference ID	435-DZ			Add "A" for Post Adjudication to the Standards Format Column
Compound Code	4Ø6-D6			Add "A" for Post Adjudication to the Standards Format Column
Compound Ingredient Basis Of Cost Determination	49Ø-UE			Add "A" for Post Adjudication to the Standards Format Column
Compound Ingredient Component Count	447-EC			Add "A" for Post Adjudication to the Standards Format Column
Compound Ingredient Drug Cost	449-EE			Add "A" for Post Adjudication to the Standards Format Column
Compound Ingredient Quantity	448-ED			Add "A" for Post Adjudication to the Standards Format Column
Compound Product ID	489-RE			Add "A" for Post Adjudication to the Standards Format Column
Compound Product ID Qualifier	488-TE			Add "A" for Post Adjudication to the Standards Format Column
Compound Route Of Administration	452-EH			Add "A" for Post Adjudication to the Standards Format Column
Creation Date	88Ø-K2			Add "A" for Post Adjudication to the Standards Format Column
Creation Time	88Ø-K3			Add "A" for Post Adjudication to the Standards Format Column
Date Of Birth	3Ø4-C4			Add "A" for Post Adjudication to the Standards Format Column
Date Of Injury	434-DY			Add "A" for Post Adjudication to the Standards Format Column
Date Of Service	4Ø1-D1			Add "A" for Post Adjudication to the Standards Format Column
Date Prescription Written	414-DE			Add "A" for Post Adjudication to the Standards Format Column
Days Supply	4Ø5-D5			Add "A" for Post Adjudication to the Standards Format Column
Days Supply Intended To Be Dispensed	345-HG			Add "A" for Post Adjudication to the Standards Format Column
Diagnosis Code	424-DO			Add "A" for Post Adjudication to the Standards Format Column
Diagnosis Code Qualifier	492-WE			Add "A" for Post Adjudication to the Standards Format Column
Dispense As Written (DAW)/Product Selection Code	4Ø8-D8			Add "A" for Post Adjudication to the Standards Format Column
Dispensing Fee Paid	5Ø7-F7			Add "A" for Post Adjudication to the Standards Format Column
Dispensing Status	343-HD			Add "A" for Post Adjudication to the Standards Format Column
DUR Co-Agent ID	476-H6			Add "A" for Post Adjudication to the Standards Format Column

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
DUR Co-Agent ID Qualifier	475-J9			Add "A" for Post Adjudication to the Standards Format Column
DUR/PPS Level Of Effort Code	474-8E			Add "A" for Post Adjudication to the Standards Format Column
Eligibility Clarification Code	3Ø9-C9			Add "A" for Post Adjudication to the Standards Format Column
Facility ID	336-8C			Add "A" for Post Adjudication to the Standards Format Column
File Type	7Ø2-MC			Add "A" for Post Adjudication to the Standards Format Column
Fill Number	4Ø3-D3			Add "A" for Post Adjudication to the Standards Format Column
Flat Sales Tax Amount Paid	558-AW			Add "A" for Post Adjudication to the Standards Format Column
Gross Amount Due	43Ø-DU			Add "A" Gross Amount Due to the Standards Format Column
Group ID	3Ø1-C1			Add "A" for Post Adjudication to the Standards Format Column
Incentive Amount Paid	521-FL			Add "A" for Post Adjudication to the Standards Format Column
Ingredient Cost Paid	5Ø6-F6			Add "A" for Post Adjudication to the Standards Format Column
Ingredient Cost Submitted	4Ø9-D9			Add "A" for Post Adjudication to the Standards Format Column
Level Of Service	418-DI			Add "A" for Post Adjudication to the Standards Format Column
Network Reimbursement ID	545-2F			Add "A" for Post Adjudication to the Standards Format Column
Number Of Refills Authorized	415-DF			Add "A" for Post Adjudication to the Standards Format Column
Other Amount Paid	565-J4			Add "A" for Post Adjudication to the Standards Format Column
Other Amount Paid Qualifier	564-J3			Add "A" for Post Adjudication to the Standards Format Column
Other Coverage Code	3Ø8-C8			Add "A" for Post Adjudication to the Standards Format Column
Other Payer Amount Recognized	566-J5			Add "A" for Post Adjudication to the Standards Format Column
Other Payer-Patient Responsibility Amount	352-NQ			Add "A" for Post Adjudication to the Standards Format Column
Other Payer-Patient Responsibility Amount Qualifier	351-NP			Add "A" for Post Adjudication to the Standards Format Column; Value Added:8=7= Amount Attributed to Product Selection (519-FJ) for Non-preferred Formulary as reported by previous payer. **Value Changed: From** *2 = Amount Attributed to Product Selection (519-FJ) as reported by previous payer.* **To** *2= Amount Attributed to Product Selection (519-FJ) for Brand as reported by previous payer.*
Patient Gender Code	3Ø5-C5			Add "A" for Post Adjudication to the Standards Format Column
Patient ID	332-CY			Add "A" for Post Adjudication to the Standards Format Column
Patient Pay Amount	5Ø5-F5			Add "A" for Post Adjudication to the Standards Format Column
Patient Relationship Code	3Ø6-C6			Add "A" for Post Adjudication to the Standards Format Column
Percentage Sales Tax Amount Paid	559-AX			Add "A" for Post Adjudication to the Standards Format Column
Percentage Sales Tax Basis Paid	561-AZ			Add "A" for Post Adjudication to the Standards Format Column
Percentage Sales Tax Rate Paid	56Ø-AY			Add "A" for Post Adjudication to the Standards Format Column
Person Code	3Ø3-C3			Add "A" for Post Adjudication to the Standards Format Column
Plan Type	6Ø1-Ø1			Add "A" for Post Adjudication to the Standards Format Column
Prescriber ID Qualifier	466-EZ			Add "A" for Post Adjudication to the Standards Format Column
Prescriber ID	411-DB			Add "A" for Post Adjudication to the Standards Format Column
Prescriber Location Code	467-1E			Add "A" for Post Adjudication to the Standards Format Column
Prescription Origin Code	419-DJ			Add "A" for Post Adjudication to the Standards Format Column
Prescription/Service Reference Number	4Ø2-D2			Add "A" for Post Adjudication to the Standards Format Column
Prescription/Service Reference Number Qualifier	455-EM			Add "A" for Post Adjudication to the Standards Format Column
Primary Care Provider ID	421-DL			Add "A" for Post Adjudication to the Standards Format Column
Primary Care Provider ID Qualifier	468-2E			Add "A" for Post Adjudication to the Standards Format Column

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Primary Care Provider Location Code	469-H5			Add "A" for Post Adjudication to the Standards Format Column
Prior Authorization Number - Assigned	498-PY			Add "A" for Post Adjudication to the Standards Format Column
Prior Authorization Number Submitted	462-EV			Add "A" for Post Adjudication to the Standards Format Column
Prior Authorization Type Code	461-EU			Add "A" for Post Adjudication to the Standards Format Column
Procedure Modifier Code	459-ER			Add "A" for Post Adjudication to the Standards Format Column
Product/Service ID	4Ø7-D7			Add "A" for Post Adjudication to the Standards Format Column
Product/Service ID Qualifier	436-E1			Add "A" for Post Adjudication to the Standards Format Column
Professional Service Code	44Ø-E5			Add "A" for Post Adjudication to the Standards Format Column
Professional Service Fee Paid	562-J1			Add "A" for Post Adjudication to the Standards Format Column
Quantity Dispensed	442-E7			Add "A" for Post Adjudication to the Standards Format Column
Quantity Intended To Be Dispensed	344-HF			Add "A" for Post Adjudication to the Standards Format Column
Quantity Prescribed	46Ø-ET			Add "A" for Post Adjudication to the Standards Format Column
Reason For Service Code	439-E4			Add "A" for Post Adjudication to the Standards Format Column
Receiver ID	88Ø-K7			Add "A" for Post Adjudication to the Standards Format Column
Reject Code	511-FB			Add "A" for Post Adjudication to the Standards Format Column
Remaining Benefit Amount	514-FE			Add "A" for Post Adjudication to the Standards Format Column
Remaining Deductible Amount	513-FD			Add "A" for Post Adjudication to the Standards Format Column
Result Of Service Code	441-E6			Add "A" for Post Adjudication to the Standards Format Column
Service Provider ID	2Ø1-B1			Add "A" for Post Adjudication to the Standards Format Column
Service Provider ID Qualifier	2Ø2-B2			Add "A" for Post Adjudication to the Standards Format Column
Submission Clarification Code	42Ø-DK			Add "A" for Post Adjudication to the Standards Format Column
Tax Exempt Indicator	557-AV			Add "A" for Post Adjudication to the Standards Format Column
Telephone Number	732			Add "A" for Post Adjudication to the Standards Format Column
Unit Dose Indicator	429-DT			Add "A" for Post Adjudication to the Standards Format Column
Unit Of Measure	6ØØ-28			Add "A" for Post Adjudication to the Standards Format Column
Usual And Customary Charge	426-DQ			Add "A" for Post Adjudication to the Standards Format Column
Zip/PostalCode	73Ø			Add "A" for Post Adjudication to the Standards Format Column
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields and Indicated A for Existing Fields Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields and Indicated A for Existing Fields Shown Above

2.   Telecommunication Standard Version C.3

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Patient Assignment Indicator (Direct Member Reimbursement Indicator)	391-MT	X		
Benefit Stage Count	392-MU	X		
Benefit Stage Qualifier	393-MV	X		
Benefit Stage Amount	394-MW	X		
Amount Attributed To Product Selection Qualifier	576-MQ	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Other Payer-Patient Responsibility Amount Qualifier	351-NP			**Added Value:** 8= Amount Attributed to Product Selection (519-FJ) for Non-preferred Formulary as reported by previous payer. **Modified Value: From** 2=Amount Attributed to Product Selection (519-FJ) as reported by previous payer. **To** 2= Amount Attributed to Product Selection (519-FJ) for Brand as reported by previous payer.
Version/Release Number	1Ø2-A2			Added Value: C3=Version C.3
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields Shown Above

W. *OCTOBER 2ØØ6*

1. SCRIPT Standard Version 1Ø.Ø

Updates to Appendix J – SCRIPT DATA ELEMENTS of this document noted.

X. *JANUARY 2ØØ7*

1. Telecommunication Standard Version C.4

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Internal Control Number	993-A7	X		
Route of Administration	995-E2	X		
Compound Type	996-G1	X		
CMS Part D Defined Qualified Facility	997-G2	X		
Estimated Generic Savings	577-G3	X		
Other Payer Coverage Type	338-5C			Added Values-See ECL
Unit Dose Indicator	429-DT			Name Change to Special Packaging Indicator and Definition Change Added Values-See ECL
Submission Clarification Code	42Ø-DK			Added Values-See ECL
URL	987-MA			Added "T" for Telecommunication to the Standards Format Column
Reject Code	511-FB			Added, Removed, and Modified Values-See ECL
Compound Route of Administration	452-EH			Deleted "T" for Telecommunication to the Standards Format Column in order to use new data element Route of Administration (995-E2)
Version/Release Number	1Ø2-A2			Added Value: C4=Version C.4
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields Shown Above

DATA DICTIONARY

Y. APRIL 2ØØ7

1. Manufacturer Rebate Standard Version Ø4 Release Ø1

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Addition	Deletion	Modification
Invoiced Amount 1	15Ø-VF	X		
Invoiced Amount 2	151-VG	X		
Invoiced Amount 3	152-VH	X		
Invoiced Amount 4	153-VJ	X		
Invoiced Amount 5	154-VK	X		
Invoiced Per Unit Amount 1	155-VL	X		
Invoiced Per Unit Amount 2	156-VM	X		
Invoiced Per Unit Amount 3	157-VN	X		
Invoiced Per Unit Amount 4	158-VP	X		
Invoiced Per Unit Amount 5	159-VQ	X		
Invoice Price 1	16Ø-VR	X		
Invoice Price 2	161-VS	X		
Invoice Price 3	162-VT	X		
Invoice Price 4	163-VU	X		
Invoice Price 5	164-VV	X		
Invoice Rate 1	165-VW	X		
Invoice Rate 2	166-VX	X		
Invoice Rate 3	167-VY	X		
Invoice Rate 4	168-VZ	X		
Invoice Rate 5	169-WA	X		
Invoice Type 1	17Ø-WB	X		
Invoice Type 2	171-WC	X		
Invoice Type 3	172-WD	X		
Invoice Type 4	173-WF	X		
Invoice Type 5	174-WG	X		
Paid Amount 1	175-WH	X		
Paid Amount 2	176-WJ	X		
Paid Amount 3	177-WK	X		
Paid Amount 4	178-WL	X		
Paid Amount 5	179-WM	X		
Paid Base Price 1	18Ø-WN	X		
Paid Base Price 2	181-WP	X		
Paid Base Price 3	182-WQ	X		
Paid Base Price 4	183-WR	X		
Paid Base Price 5	184-WS	X		
Paid Per Unit Amount 1	185-WT	X		
Paid Per Unit Amount 2	186-WU	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Paid Per Unit Amount 3	187-WV	X		
Paid Per Unit Amount 4	188-WW	X		
Paid Per Unit Amount 5	189-WX	X		
Paid Quantity 1	19Ø-WY	X		
Paid Quantity 2	191-WZ	X		
Paid Quantity 3	192-XA	X		
Paid Quantity 4	193-XB	X		
Paid Quantity 5	194-XC	X		
Paid Rate 1	195-XD	X		
Paid Rate 2	196-XF	X		
Paid Rate 3	197-XG	X		
Paid Rate 4	198-XH	X		
Paid Rate 5	199-XJ	X		
Segment 1	638-XK	X		
Segment 2	639-XL	X		
Segment 3	64Ø-XM	X		
Segment 4	641-XN	X		
Segment 5	642-XP	X		
Segment 6	643-XQ	X		
Segment Qualifier 1	644-XR	X		
Segment Qualifier 2	645-XS	X		
Segment Qualifier 3	646-XT	X		
Segment Qualifier 4	647-XU	X		
Segment Qualifier 5	648-XV	X		
Segment Qualifier 6	649-XW	X		
Pharmacy Service Type	147-U7	X		
Adjudication Date	578			**Added Rebates To Standards Format Column**
Adjudication Time	2Ø3			**Added Rebates To Standards Format Column**
Adjusted Quantity	6Ø1-71			**Definition Changed**
Adjusted Variance Difference	6Ø1-72			**Definition Changed**
Baseline	6Ø1-77			**Deleted Field**
Baseline Description	6Ø1-78			**Deleted Field**
Baseline Qualifier	6Ø1-79			**Deleted Field**
Base Price	6Ø1-74			**Deleted Field**
Base Price Description	6Ø1-75			**Deleted Field**
Base Price Type	6Ø1-76			**Deleted Field**
Benefit Stage Qualifier	393-MV			**Added Rebates To Standards Format Column**
Compound Code	4Ø6-D6			**Added Rebates To Standards Format Column**
Data Level	6Ø1-31			**Values: Deleted** CI=Contracting organization pharmacy ID level, CZ=Contracting organization pharmacy zip code level, PI=Plan pharmacy ID level, PZ=Plan pharmacy zip code level; **Added** RS=Reconciliation detail-State Medicaid, US=Utilization detail – State Medicaid

DATA DICTIONARY

Appendix or Field Name	Field Number	Addition	Deletion	Modification
				Action
Dispensing Status	343-HD			**Added Rebates To Standards Format Column**
Disputed Quantity	6Ø1-85			**Definition Changed**
Entity Zip/Postal Code	784			**Added Rebates To Standards Format Column**
FF Accepted Metric Decimal Quantity	6Ø1-86			**Name Changed:** From: FF Accepted Metric Decimal Quantity **To: Accepted Quantity**
FF Action Code	6Ø1-36			**Name Changed:** From: FF Action Code **To: Submit Code** Values Changed: **To:** ØØ=Original or initial submission of data. Ø2=Correction or Adjustment to previous submission rebate period. Ø3= Delete entire previous submission rebate period. Ø5=Replace entire previously submitted rebate period.
FF Contracting Organization (PMO) ID Qualifier	6ØØ-71			**Name Changed:** From: FF Contracting Organization (PMO) ID Qualifier **To: Contracting Organization (PMO) ID Qualifier** **Format Changed:** From: x(1) **To: x(2)**
FF Data Provider ID Qualifier	6Ø1-37			**Name Changed:** From: FF Data Provider ID Qualifier **To: Data Provider ID Qualifier** **Format Changed:** From: x(1) **To: x(2)**
FF Manufacturer (PICO) ID Qualifier	6ØØ-72			**Name Changed:** From: FF Manufacturer (PICO) ID Qualifier **To: Manufacturer (PICO) ID Qualifier** **Format Changed:** From: x(1) **To: x(2)**
FF New/Refill Code	6Ø1-57			**Deleted Field**
FF Prescriber ID Qualifier	6Ø1-38			**Deleted Field**
FF Total Metric Decimal Quantity	6Ø1-39			**Name Changed:** From: FF Total Metric Decimal Quantity **To: Total Quantity**
FF Total Number Of Prescriptions	6Ø1-4Ø			**Name Changed:** From: FF Total Number Of Prescriptions **To: Total Number Of Prescriptions**
Fill Number	4Ø3-D3			**Added Rebates To Standards Format Column and move values to ECL**
Grand Total Accepted Metric Decimal Quantity	6Ø1-87			**Name Changed:** From: Grand Total Accepted Metric Decimal Quantity **To: Grand Total Accepted Quantity**
Grand Total Metric Decimal Quantity	6Ø1-41			**Name Changed:** From: Grand Total Metric Decimal Quantity **To: Grand Total Quantity** **Definition Changed**
Grand Total Paid Rebate Amount	6Ø1-88			**Definition Change**

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
				Name Changed: From: Grand Total Paid Rebate Amount **To: Grand Total Paid Amount**
Grand Total Requested Rebate Amount	6Ø1-42			**Name Changed:** From: Grand Total Requested Rebate Amount **To: Grand Total Requested Amount**
Level Achieved	6Ø1-9Ø			**Deleted Field**
Number of Rebate Type Records	6Ø1-91			**Deleted Field**
Other Coverage Code	3Ø8-C8			**Added Rebates To Standards Format Column**
Paid Rebate Amount	6Ø1-96			**Definition Change**
Performance	6Ø1-97			**Deleted Field**
Performance Description	6Ø1-98			**Deleted Field**
Performance Qualifier	6Ø1-99			**Deleted Field**
Pharmacy ID Code	6Ø1-45			**Deleted Field**
Pharmacy ID Qualifier	6Ø1-46			**Deleted Field**
Pharmacy Zip Code	835-5R			**Deleted Rebates To Standards Format Column**
Plan Reimbursement Amount	6Ø1-47			**Name Changed:** From: Plan Reimbursement Amount **To: Reimbursement Amount**
Plan Reimbursement Qualifier	6Ø1-48			**Name Changed:** From: Plan Reimbursement Qualifier **To: Reimbursement Qualifier** **Definition Changed** **Format Changed:** From: x(1) **To: x(2)** **Values Changed (Added zero due to format change)** Ø1=Includes dispensing fee Ø2=Excludes dispensing fee
Prescriber ID	411-DB			**Format Change For Rebates:** From: x(1Ø) **To: x(15)**
Prescriber ID Qualifier	466-EZ			**Added Rebates To Standards Format Column** **Add Values for Rebate:** A=AMA or Medical Education (ME) number B=AOA Doctor of Osteopathy (DO) number C=Contracting Organization PMO number D=DEA number H=HIBCC HIN M=Manufacturer (PICO) assigned number P=National Provider Id T=Telephone number Z=Mutually agreed upon Id number
Prescription/Service Reference Number	4Ø2-D2			**Added Rebates To Standards Format Column**

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification

Prescription/
Service Reference Number Qualifier
	455-EM			**Added Rebates To Standards Format Column**
				Add Values for Rebate:
				    Rebates Standard Values:
				    1=Telecommunication v5.1-6.Ø Rx- 7 bytes
				    2=Telecommunication v 7.Ø–C.4 Rx- 9 bytes
				    3=Telecommunication v DØ or higher Rx-12 bytes
				    Z=Trading Partner Defined

Product Code	6Ø1-18			**Deleted Field**
Product Code Qualifier	6Ø1-19			**Deleted Field**
Product Generic Name	6Ø1-23			**Definition Change**
Product/Service ID	4Ø7-D7			**Added Rebates To Standards Format Column**
Product/Service ID Qualifier	436-E1			**Added Rebates To Standards Format Column**
Rebate Rate	6Ø2-Ø4			**Deleted Field**
Rebate Type	6Ø2-Ø5			**Deleted Field**
Rebate Type Description	6Ø2-Ø6			**Deleted Field**
Rebate Variance Amount	6Ø2-Ø7			**Deleted Field**
Rebate Version Release Number	6Ø1-Ø3			**Add Value:** Ø4.Ø1=Version Ø4.Ø1 **(Add to ECL)**
Reconciliation Reason Code	6Ø2-1Ø			**Appendix Name Changed: (In ECL)** **From: APPENDIX F – CMS RECONCILIATION REASON CODES FOR DETAIL (RD)** **RECORDS** **To: APPENDIX F – CMS RECONCILIATION REASON CODES FOR DETAIL (RS)** **RECORDS**
Record Type	6Ø1-Ø4			**Values: Deleted** RT=Rebate Type Record **Added** US=Utilization Detail State Format RS=Reconciliation Detail State Format
Service Provider ID	2Ø1-B1			**Added Rebates To Standards Format Column**
Service Provider ID Qualifier	2Ø2-B2			**Added Rebates To Standards Format Column**
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields and Adjusted Standard Usage as Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields and Adjusted Standard Usage as Shown Above

Z. *JULY 2ØØ7*

1. Telecommunication Version D Release Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Billing Entity Type Indicator	117-TR	X		
Pay To Qualifier	118-TS	X		
Pay To ID	119-TT	X		

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Pay To Name	12Ø-TU	X		
Pay To Street Address	121-TV	X		
Pay To City Address	122-TW	X		
Pay to State/ Province Address	123-TX	X		
Pay To Zip/Postal Zone	124-TY	X		
Generic Equivalent Product ID Qualifier	125-TZ	X		
Generic Equivalent Product ID	126-UA	X		
Spending Account Amount Remaining	128-UC	X		
Health Plan-funded Assistance Amount	129-UD	X		
Additional Message Information Count	13Ø-UF	X		
Additional Message Information Continuity	131-UG	X		
Additional Message Information Qualifier	132-UH	X		
Amount Attributed to Provider Network Selection	133-UJ	X		
Amount Attributed to Product Selection / Brand Drug	134-UK	X		
Amount Attributed to Product Selection / Non-Preferred Formulary Selection	135-UM	X		
Amount Attributed to Product Selection / Brand Non-Preferred Formulary Selection	136-UN	X		
Amount Attributed to Coverage Gap	137-UP	X		
CMS Low Income Cost Sharing (LICS) Level	138-UQ	X		
Medicare Part D Coverage Code	139-UR	X		
Next Medicare Part D Effective Date	14Ø-US	X		
Next Medicare Part D Termination Date	141-UT	X		
Other Payer Person Code	142-UV	X		
Other Payer Patient Relationship Code	143-UW	X		
Other Payer Benefit Effective Date	144-UX	X		
Other Payer Benefit Termination Date	145-UY	X		
Other Payer Help Desk Phone Number	127-UB	X		
Pharmacy Service Type	147-U7			**Added Telecommunication To Standards Format Column**
Ingredient Cost Contracted/ Reimbursable Amount	148-U8	X		
Dispensing Fee Contracted/ Reimbursable Amount	149-U9	X		
Other Coverage Code	3Ø8-C8			Values: **Modify definition:** 8 = Claim is billing for patient financial responsibility only; 3=Other Coverage Billed – claim not covered; Ø= Not specified by patient **Delete:** 5=Managed care plan denial; 6=Other coverage denied-not participating provider; 7=Other coverage exists-not in effect on DOS
Preferred Product Copay Incentive	555-AT			Field name to: **Preferred Product Cost Share Incentive**
Preferred Product Count	551-9F			Comments Change to: **'Preferred Product Cost Share Incentive'** (555-AT)
Prior Authorization Type Code	461-EU			Values: **Change** 4=Exemption from Copay and/or Coinsurance; **Add** 9=Emergency Preparedness=Code used to override claim edits during an emergency situation.
Other Amount Claimed Submitted Qualifier	479-H8			Values: **Delete** Blank=Not Specified
Other Amount Paid Qualifier	564-J3			Values: **Change** Blank=Not Specified **(This value is not allowed for the Telecommunication Standard)**
Other Payer-Patient Responsibility Amount Qualifier	351-NP			Values: **Add** Ø9=Amount attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer; 1Ø = Amount Attributed to Provider Network Selection

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
				(133-UJ) as reported by previous payer. ; 11 = Amount Attributed to Product Selection - Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer. ; 12=Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap.; 13= Amount Attributed to Processor Fee (571-NZ) as reported by previous payer. **Change** Ø2=Amount Attributed to Product Selection – Brand Drug (134-UK) as reported by previous payer. Ø8= Amount Attributed to Product Selection - Non-Preferred Formulary Selection (135-UM) as reported by previous payer.
Additional Message Information	526-FQ			Format: **Change from** x(1)-x(2ØØ) **to** X(1)-x(4Ø)
Amount Attributed To Product Selection	519-FJ			**Delete use of the Telecommunication Standard for this field.**
Amount Attributed to Product Selection Qualifier	576-MQ			**Delete Field—Telecommunication is the only Standard that uses this field. Grey out in DD as not used.**
Approved Message Code	548-6F			Values: **Add**

Values: **Add**

ØØ4	Filled During Transition Benefit
ØØ5	Filled During Transition Benefit/Prior Authorization Required
ØØ6	Filled During Transition Benefit/Non-Formulary
ØØ7	Filled During Transition Benefit/Other Rejection
ØØ8	Emergency Fill Situation
ØØ9	Emergency Fill Situation/Prior Authorization Required
Ø1Ø	Emergency Fill Situation/Non-Formulary
Ø11	Emergency Fill Situation/Other rejection
Ø12	Level of Care Change
Ø13	Level Of Care Change/ Prior Authorization Required
Ø14	Level Of Care Change /Non-Formulary
Ø15	Level Of Care Change /Other rejection

Appendix or Field Name	Field Number	Addition	Deletion	Modification
Transaction Response Status	112-AN			Values: **Add** B=Benefit; Comments: **Remove** <u>*Comments: Used in the response status segment.*</u>
Transaction Code	1Ø3-A3			Values: **Add** D1=Predetermination of Benefits ; S1=Service Billing; S2=Service Reversal ; S3=Service Rebill
Authorized Representative City Address	498-PH			Comments: **Remove** <u>*Comments: Required by some plans to capture this information, if applicable.*</u>
Authorized Representative First Name	498-PE			Comments: **Remove** <u>*Comments: Required by some plans to capture this information, if applicable.*</u>
Authorized Representative Last Name	498-PF			Comments: **Remove** <u>*Comments: Required by some plans to capture this information, if applicable.*</u>
Authorized Representative State/Province Address	498-PJ			Comments: **Remove** <u>*Comments: Required by some plans to capture this information, if applicable.*</u>
Authorized Representative Street Address	498-PG			Comments: **Remove** <u>*Comments: Required by some plans to capture this information, if applicable.*</u>
Authorized Representative Zip/Postal Zone	498-PK			Comments: **Remove** <u>*Comments: Required by some plans to capture this information, if applicable.*</u>
BIN Number	1Ø1-A1			Comments: **Change** BIN to IIN when referencing ANSI. Note that IIN is formerly BIN. **Add** note about contacting NCPDP for Processor BIN Number. <u>*Comments: Each processor will need to have a* ~~BIN~~ **IIN (formerly BIN)** *assigned by:*</u> American National Standards Institute; 5 West 43rd Street; *New York, NY 1ØØ36 (212) 642-49ØØ* ***or a Processor Number assigned by:*** ***National Council for Prescription Drug Programs; 924Ø E Raintree Dr; Scottsdale, AZ; 8526Ø-7518;Phone: (48Ø) 477-1ØØØ; Fax: (48Ø) 767-1Ø42; Contact: NCPDP Provider Services; http://www.ncpdp.org***
Date of Injury	434-DY			Comments: **Remove** <u>*Comments: This field is used primarily for Worker's Compensation*</u>

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
				Claims.
Days Supply Intended to be Dispensed	345-HG			Comments: **Remove** _Comments: If sending this field, an assumption is made that 'Quantity Intended To Be Dispensed' (344-HF) is also sent._
Dispensing Fee Paid	5Ø7-F7			Comments: **Remove** _Comments: Included in the prescription response._
Dispensing Fee Submitted	412-DC			Comments: **Remove** _Comments: Included in the prescription request._
Dispensing Status	343-HD			Comments: **Remove** _Comments: A full quantity dispensed is indicated by either not sending or not populating this field._ Values: **Delete** Blank=Not Specified
Flat Sales Tax Amount Paid	558-AW			Comments: **Remove** _Comments: Included in Prescription and Service Response._
Flat Sales Tax Amount Submitted	481-HA			Comments: **Remove** _Comments: Included in the Prescription Claim and Service Claim Request._ **Add** _The submission of sales tax is governed by regulatory agencies (state, local, parish, etc). If the sales tax reported is a flat rate, then it is a fixed amount for a certain dollar value (for example for $xxx it is a certain amount). For example, for $1ØØ the flat rate is $1.99. This flat rate is then reported in Flat Sales Tax Amount Submitted (481-HA)._
Group ID	3Ø1-C1			Comments: **Remove** _Comments: Processor defined value to communicate the originator's grouping of the cardholder._
Incentive Amount Paid	521-FL			Comments: **Remove** _Comments: Included in the prescription response._
Incentive Amount Submitted	438-E3			Comments: **Remove** _Comments: Included in the Prescription Response._
Ingredient Cost Paid	5Ø6-F6			Comments: **Remove** _Comments: Included in the Prescription Response._
Ingredient Cost Submitted	4Ø9-D9			Comments: **Remove** _Comments: Included in the Prescription Request._
Intermediary Authorization Type ID	463-EW			Comments: **Change From:** _Comments: Usage Change—Check Implementation Guide when value = 99_ **To:** Comments: See Implementation Guide (Under _Claim Segment_ in _Specific Segment Discussion_) when value = 99 .
Originally Prescribed Product/Service Code	445-EA			Comments: **Remove** _Used to provide necessary data to calculate the exact difference in cost between the prescribed product and the dispensed product._
Originally Prescribed Quantity	446-EB			Comments: **Remove** _To provide data necessary to calculate the exact difference in cost between the prescribed product and the dispensed product. For use with therapeutic interchange only._
Other Amount Claimed Submitted	48Ø-H9			Comments: **Remove** _Included in the Prescription Claim and Service Claim Request. Amount is included in the 'Gross Amount Due' (43Ø-DU)._
Other Amount Paid	565-J4			Comments: **Remove** _Comments: Included in Prescription and Service Response._
Other Payer Amount Paid	431-DV			**Definition Change** Comments: **Remove** _Comments: Included in the Prescription and Service Claim Request._
Other Payer Amount Recognized	566-J5			**Definition Change** Comments: **Remove** _Comments: Included in Prescription and Service Response._
Other Payer Cardholder ID	356-NU			Comments: **Remove** _Comments: Required on a rejected response when available._ **Change from** Response Status Segment. **to** Response Coordination of Benefits/Other Payers Segment.
Other Payer ID Count	355-NT			Comments: **Remove** _Comment: Required on a rejected response when the sender is providing other payer information_ **Change from** Response Status Segment. **to** Response Coordination of Benefits/Other Payers Segment.
Other Payer-Patient Responsibility Amount	352-NQ			Comments: **Remove** _Comment: This field is submitted by the pharmacist for the purpose of billing the patient's financial responsibility as reported by the previous payer._
Patient ID	332-CY			Comments: **Remove** _Comment: This field is used to uniquely identify the patient for purposes other than billing._
Patient ID Qualifier	331-CX			Values: **Delete** Blank=Not Specified **Add** Ø6=Medicaid ID

DATA DICTIONARY

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Patient Paid Amount Submitted	433-DX			Comments: **Remove** _Comments: Included in the Prescription and Service Claim Request._ **Add** _Comments:. This field is not used in coordination of benefit transactions to pass patent liability information to a downstream payer. See Other Payer-Patient Responsibility Amount (352-NQ)_
Patient Pay Amount	5Ø5-F5			Comments: **Remove** _Comments: Included in the Prescription Response._
Percentage Sales Tax Amount Paid	559-AX			Comments: **Remove** _Comments: Included in Prescription and Service Response._
Percentage Sales Tax Amount Submitted	482-GE			Comments: **Remove** _Comments: Included in prescription claim and service claim request. This amount is included in the 'Gross Amount Due' (43Ø-DU)._ **Add** _Comments:. The submission of sales tax is governed by regulatory agencies (state, local, parish, etc)._
Person Code	3Ø3-C3			Comments: **Remove under Telecommunication** _Comments: Person Code is optionally used in conjunction with the Cardholder ID, Field 3Ø2-C2, to uniquely identify family members within the cardholder ID._
Prescriber Last Name	427-DR			Comments: **Remove** _Comments: This field is used sometimes when a prescriber number is unknown or not available._
Prior Authorization Dollars Authorized	498-RB			Examples: **Remove** _Examples: Provided to the pharmacy by the processor to be used by the pharmacy to bill the plan. If the prior authorization dollars authorized is $76.ØØ this field would reflect: 76Ø{._
Prior Authorization Quantity	498-RA			Comments: **Reword** _Comments: Provided to the pharmacy by the processor to ~~allow~~ convey ~~the pharmacy to dispense~~ the number of units authorized._
Prior Authorization Quantity Accumulated	498-PX			Comments: **Reword** _Comments: Provided to the pharmacy by the processor ~~to be used by the pharmacy for billing, and if applicable, reversal purposes.~~ to determine quantity remaining for billing._
Professional Service Fee Paid	562-J1			Comments: **Remove** _Comments: Included in the Service Response._
Professional Service Fee Submitted	477-BE			Comments: **Remove** _Comments: Included in the Service Request. This amount is included in the 'Gross Amount Due' (43Ø-DU)._
Quantity Intended To Be Dispensed	344-HF			Comments: **Remove** _If sending this field, an assumption is made that 'Days Supply Intended To Be Dispensed' (345-HG) is also sent._
Remaining Benefit Amount	514-FE			Examples: **Remove** _Examples: Patient has $1ØØ.ØØ benefits. The patient pays $4Ø.ØØ for a prescription. The remaining benefit amount would be $6Ø.ØØ, and this field would reflect: 6ØØ{._
Transaction Count	1Ø9-A9			Comments: **Reword From:** _Field value defaults to '1'. A value >'1' applies to all transaction codes except 'E' and 'P" transactions._ **To**: _A transaction count of >'1' is not allowed for 'Eligibility' and 'Prior Authorization' transactions._ Value: **Delete** Blank=Not Specified
Primary Care Provider Location Code	469-H5			**Deleted use by the Telecommunication Standard**
Prescriber Location Code	467-1E			**Deleted use by the Telecommunication Standard**
Prescriber ID Qualifier	466-EZ			Values: **Add** 15=HCID (HC IDea) = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs. **Change** 99=Other = used to identify ~~the HCIdea number or~~ other health plans and enumerating organizations not listed above.; Blank=Not Specified **(This value is not allowed for the Telecommunication Standard)**
Primary Care Provider ID Qualifier	468-2E			Values: **Add** 15=HCID (HC IDea) = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs. **Change** 99=Other = used to identify ~~the HCIdea number or~~ other health plans and enumerating organizations not listed above.; Blank=Not Specified **(This value is not allowed for the Telecommunication Standard)**
Service Provider ID Qualifier	2Ø2-B2			Values: **Add** 15=HCID (HC IDea) = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs. **Change** Blank=Not Specified **(This value is not allowed for the Telecommunication Standard);** 99=Other = used to

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Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
				identify ~~the HCIdea number or~~ other health plans and enumerating organizations not listed above.
Dispense As Written Product Selection Code	4Ø8-D8			Values: **Change Name and Definition From:** 9=Other-This value is reserved and currently not in use. NCPDP does not recommend use of this value at the present time. Please contact NCPDP if you intend to use this value and document how it will be utilized by your organization. **To:** 9=Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the plan's formulary requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources; **Change Definition From:** Ø=No Product Selection Indicated-This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed. **To:** Ø=No Product Selection Indicated - This is the field default value that is appropriately used for prescriptions for single source brand, co-branded/co-licensed, or generic products. For a multi-source branded product with available generic(s), DAW Ø is not appropriate, and may result in a reject. **From:** 1=Substitution Not Allowed by Prescriber-This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written **To:** 1= Substitution Not Allowed by Prescriber – This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written. DAW 1 is based on prescriber instruction and not product classification.
Date of Service	4Ø1-D1			**Definition Change**
Submission Clarification Code	42Ø-DK			Values: **Add** 19= Split Billing - indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings. **Change** Ø=Not Specified, Default **(This value is not allowed for the Telecommunication Standard)**
Contract Number	24Ø-U1			Comments: **Add** *Response Insurance Additional Information Segment.*; Field ID **Add** U1; **Add to Telecommunication for Standard Formats; Definition Change**
Benefit ID	757-U6			Comments: **Add** Response Insurance Additional Information Segment. Note: For Part D, used to identify the PBP (Plan Benefit Package) Number.; Field ID **Add** U6; **Add to Telecommunication for Standard Formats; Definition Change**
Date of Birth	3Ø4-C4			Comments: **Add** *Response Patient Segment.*
Formulary ID	926-FF			Comments: **Add** *Response Insurance Additional Information Segment.;* **Add to Telecommunication for Standard Formats**
Other Payer Coverage Type	338-5C			Comments: **Add** *Response Coordination of Benefits/Other Payers Segment* Values: **Remove** 98=Coupon; 99=Composite
Other Payer Group ID	992-MJ			Comments: **Add** *Response Coordination of Benefits/Other Payers Segment*; **Remove** *Response Status Segment*
Other Payer ID	34Ø-7C			Comments: **Add** *Response Coordination of Benefits/Other Payers Segment*; **Remove** *Response Status Segment*
Other Payer ID Qualifier	339-6C			Comments: **Add** *Response Coordination of Benefits/Other Payers Segment*; **Remove** *Response Status Segment* Values: **Remove** Blank=Not Specified; Ø9=Coupon
Other Payer Processor Control Number	991-MH			Comments: **Add** *Response Coordination of Benefits/Other Payers Segment*; **Remove** *Response Status Segment*
Patient First Name	31Ø-CA			Comments: **Add** *Response Patient Segment.*
Patient Last Name	311-CB			Comments: **Add** *Response Patient Segment.*
Other Payer Amount Paid Qualifier	342-HC			Values: **Remove Blank=Not Specified; Ø8=Sum of All Reimbursements; 98 =**

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Appendix or Field Name	Field Number	Addition	Deletion	Modification
				Coupon; 99=Other
Prescription/Service Reference Number	4Ø2-D2			Format: **Change From** 9(9) **To** 9(12)
Associated Prescription/Service Reference Number	456-EN			Format: **Change From** 9(9) **To** 9(12)
Cardholder ID	3Ø2-C2			**Definition Change** Comments: **Add** *Response Insurance Segment.*
Percentage Sales Tax Rate Submitted	483-HE			Comments: **Add** *Comments:. The submission of sales tax is governed by regulatory agencies (state, local, parish, etc).*
Percentage Sales Tax Basis Submitted	484-JE			Comments: **Add** *Comments:. The submission of sales tax is governed by regulatory agencies (state, local, parish, etc).* Values: **Delete** Ø1=Gross Amount Due
Percentage Sales Tax Basis Paid	561-AZ			Values: **Delete** Ø1=Gross Amount Due
Basis of Reimbursement Determination	522-FM			Values: **Add** 14=Other Payer-Patient Responsibility Amount - Indicates reimbursement was based on the Other Payer Patient Responsibility Amount (352-NQ); 15=Patient Pay Amount-Indicates reimbursement was based on the Patient Pay Amount (5Ø5-F5).; 16=Coupon Payment–Indicates reimbursement was based on the Coupon Value Amount (487-NE) submitted or coupon amount determined by the processor.
Basis of Calculation -Coinsurance	573-4V			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard); ØØ**= Not Specified **(This value is not allowed for the Telecommunication Standard)**
Basis Of Calculation-Copay	347-HJ			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard); ØØ**= Not Specified **(This value is not allowed for the Telecommunication Standard)**
Basis Of Calculation-Dispensing Fee	346-HH			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard); ØØ**= Not Specified **(This value is not allowed for the Telecommunication Standard)**
Basis Of Cost Determination	423-DN			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard); ØØ**= ~~Not Specified~~ Default
Clinical Significance Code	528-FS			Values: **Define** 9=Undetermined—a value to describe a professional service with variable or unknown severity.
Compound Code	4Ø6-D6			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard)**
Compound Product ID Qualifier	488-RE			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard)** (Reference Section II, Appendix B1 – Product/Service Qualifier of the ECL)
Coupon Type	485-KE			Values: **Delete** Blank=Not Specified
Database Indicator	532-FW			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard)**
Diagnosis Code Qualifier	492-WE			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard)**
DUR Co-Agent ID Qualifier	475-J9			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard)** (Reference Section II, Appendix B1 – Product/Service Qualifier of the ECL)
Help Desk Phone Number Qualifier	549-7F			Values: **Delete** Blank=Not Specified
Number of Refills Authorized	415-DF			Values: **Change** Ø=No Refills Authorized
Originally Prescribed Product/Service ID Qualifier	453-EJ			Values: **Delete** Blank=Not Specified; ØØ=Not Specified (Reference Section II, Appendix B1 – Product/Service Qualifier of the ECL)
Preferred Product ID Qualifier	552-AP			Values: **Delete** Blank=Not Specified (Reference Section II, Appendix B1 – Product/Service Qualifier of the ECL)
Prescription Origin Code	419-DJ			Values: **Change** Ø**=**Not Known

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Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Prescription/Service Reference Number Qualifier	455-EM			Values: **Change** Blank= Not Specified **(This value is not allowed for the Telecommunication Standard)**
Product/Service ID Qualifier	436-E1			Values: **Delete** Blank=Not Specified (Reference Section II, Appendix B1 – Product/Service Qualifier of the ECL)
Provider ID Qualifier	465-EY			Values: **Delete** Blank=Not Specified
Other Payer-Patient Responsibility Amount Count	353-NR			Format: Increased to 9(2)
Reject Code	511-FB			See ECL for new reject codes.
Tax Exempt Indicator	557-AV			Definition Change; Values: 2 deleted and 3 and 4 added—Values moved to ECL
Version/Release Number	1Ø2-A2			Added Value: DØ=Version D.Ø
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields and Adjusted Standard Usage as Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields and Adjusted Standard Usage as Shown Above

2.   Medicaid Subrogation Implementation Guide Version 3 Release Ø

The following were approved modifications to the Data Dictionary.

Appendix or Field Name	Field Number	Action		
		Addition	Deletion	Modification
Medicaid Paid Amount	113-N3	X		
Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	114-N4	X		
Medicaid ID Number	115-N5	X		
Medicaid Agency Number	116-N6	X		
Reject Code	511-FB			See ECL for new reject codes.
Version/Release Number	1Ø2-A2			Added Value: 3Ø=Version 3.Ø
Appendix A - ALPHABETIC CROSS REFERENCE		X		Added New Fields as Shown Above
Appendix B - NUMERIC CROSS REFERENCE		X		Added New Fields as Shown Above

3.   SCRIPT Standard Implementation Guide Version 1Ø Release 1 and Version 1Ø Release 2

Updates to Appendix J – SCRIPT DATA ELEMENTS of this document noted.