



**Standard Format Specifications
Client Claims History File Format
Version 7.0**

September 24, 2010

**Prepared by:
Claims Administration Department**

Note: This file specification is an adaptation and enhancement of the NCPDP Payment Reconciliation Standard Version 4 Release 0 (January 2002). Alterations, enhancements, expansions and extensions are exclusive to Prescription solutions and are in no manner associated with NCPDP.

Revised: October 20, 2010

CLAIM HISTORY FILE 7.0

1 GENERAL

Prescription Solutions provides a Claims History file to support client's member claims history reporting. This document is a technical guide and is subject to change as needed. The information is best utilized by qualified personnel.

1.1 Record of Revisions

Ver. From	Ver. To	Date of Change (mm/dd/yyyy)	Changes Made
1.0	1.0	01/01/2011	<ul style="list-style-type: none">Modifications to CHF 6.1 to create 7.0. This new file will contain fields needed to define where the claim is in relation to the patient's coverage gap. It will also include an expanded length Prescription Number field needed to comply with the HIPAA 5010 regulation.

2 FILE TRANSMISSION METHOD

2.1 FTP (File Transfer Protocol)

File transfer will be accomplished via UnitedHealth Group's External Customer Gateway (ECG). ECG will also perform encryption of the files, if required. Compression of large files will be accomplished by the Service Oriented Integration Group (SOIG), prior to delivering the file to ECG.

3 FILE NAMING AND COMPRESSION

3.1 File Naming:

File will use the following naming convention: XXXXccyymmdd_RXCHF70CL.TXT.zip

- XXXXX = Client Assigned Name
- ccyymmdd= File Creation Date

3.2 Compression

Files will be compressed using PGP encryption.

4 CODE TABLES

4.1 OVERPUNCH SIGN

The uses of overpunch sign in dollar amount fields is to allow the representation of positive and negative dollar amount without expanding the size of the field. The overpunch sign replaces the right most character. The signed value indicates both the numeric value and the positive or negative status of the value represented. Prescription Solutions uses overpunch on negative values only. For Reversal claims, the following data fields will be presented in overpunch: # 56, 57, 68, 69, 70-75, 77-85, 154, and 178.

Graphics	Negative Value
}	0
J	-1
K	-2
L	-3
M	-4
N	-5
O	-6
P	-7
Q	-8
R	-9

Example:

The amount of negative \$15.40 would be represented as 154}

The amount of negative \$5.62 would be represented as 56K

4.2 Data Type

Data Type Code	Definition	Description	Attributes
A/N	Alpha/Numeric	Alphabetic, numeric, blanks, apostrophes, commas, hyphens, periods, back and forward slashes. Lower case alpha will be converted into upper case.	Left justified fields, filled with spaces
N	Numeric	Only numeric characters are valid in a Numeric field. For fields that indicate a date value, the valid date format is CCYYMMDD. (e.g. 20071101 = 11/01/2007)	Right justified fields, padded with zeros
	Overpunch	Numeric overpunch for signed values.	Right justified fields, padded with zeros

4.3 File Format Description

Name	Description
Field Name	The name of the field.
Type	A/N = Alpha/Numeric, any valid ASCII character; field is left justified and padded on right with spaces. Numeric = Only valid numeric ASCII character allowed; field is right justified with leading zeros. Implied decimal (defined in Comments).
Length	The number of characters included in the field. <u>Amounts</u> : The length indicates float number length. The last two bits are decimal, decimal point is implied. Example: Length = (9,2) then 000007855 represents the float number 78.55 Length = (9) then 000007855 represents the float number 7855.
Locations	The address indicates the starting position or the ending position. Example: Len = 10

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	Starting 2; Ending 11.
Definition/Comments	A detail explanation of a field and/or comments related to the field. Valid values for the field can also be part of the Definition.

5 CHANGES FROM CLAIM HISTORY 6.1 TO 7.0

- Each Record was expanded to a total length of 1600 bytes. The expansion area in the 0, 2, and 8 record were expanded to accommodate the overall record length change.
- Field 48 - PRESCRIPTION /SERVICE REFERENCE NUMBER is expanded to 12 bytes per D.0 standards.
- Field 64 - BASIS OF REIMBURSEMENT – Expanded to 2 bytes to account for new values in the NCPDP ECL.
- Field 75 is broken out into two distinctive fields. CLIENT COPAY and NET PATIENT PAY (OUT OF POCKET) in order to eliminate confusion.
- CARDHOLDER ADDRESS 1 and CARDHOLDER ADDRESS 2 expanded to 40 bytes each to reflect expansion in RxClaim database.
- Added Field 159 OUT-OF-POCKET MAX APPLIED.
- Added Field 175 PLAN TYPE CODE
- Added Field 184 REGIONAL DISASTER OVERRIDE
- Added Field PATIENT RESIDENCE
- Removed THERAPEUTIC GROUP INDICATOR

Changes in data elements impacted from changes from NCPDP 5.1 to D.0:

For claims processed in version 5.1 (see field 11), the values in the Place of service will be as indicated in the first column. If the claim is in D.0 the claims will be as noted in the second column.

Current 5.1 Values for Customer Location (Place of Service)	New values for 'Place of Service'	Values for new 'Patient Residence' field
00 =Not Specified 01 =Home 02 =Intermediate Care 03 =Nursing Home 04 =Long Term/Extended Care 05 =Rest Home 06 =Boarding Home 07 =Skilled Care Facility 08 =Sub-Acute Care Facility 09 =Acute Care Facility 10 =Outpatient 11 =Hospice	01 =Pharmacy 03 =School 04 =Homeless Shelter 05 =Indian Health Service Free-standing Facility 06 =Indian Health Service Provider-based Facility 07 =Tribal 638 Free-standing Facility 08 =Tribal 638 Provider-based Facility 11 =Office 12 =Home 13 =Assisted Living Facility 14 =Group Home 15 =Mobile Unit 20 =Urgent Care Facility 21 =Inpatient Hospital 22 =Outpatient Hospital 23 =Emergency Room 24 =Ambulatory Surgical Center 25 =Birthing Center 26 =Military Treatment Facility 31 =Skilled Nursing Facility 32 =Nursing Facility 33 =Custodial Care Facility	00 =Not Specified 01 =Home 02 =Skilled Nursing Facility 03 =Nursing Facility 04 =Assisted Living Facility 05 =Custodial Care Facility 06 =Group Home 07 =Inpatient Psychiatric Facility 08 =Psychiatric Facility-Partial Hospitalization 09 =Intermediate Care Facility/Mentally Retarded 10 =Residential Substance Abuse Treatment Facility 11 =Hospice 12 =Psychiatric Residential Treatment Facility 13 =Comprehensive Inpatient Rehabilitation Facility 14 =Homeless Shelter 15 =Correctional Institution

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	34=Hospice 41=Ambulance-Land 42=Ambulance-Air or Water 49=Independent Clinic 50=Federally Qualified Health Center 51=Inpatient Psychiatric Facility 52=Psychiatric Facility-Partial Hospitalization 53=Community Mental Health Center 54=Intermediate Care Facility/Mentally Retarded 55=Residential Substance Abuse Treatment Facility 56=Psychiatric Residential Treatment Center 57=Non-residential Substance Abuse Treatment 60=Mass Immunization Center 61=Comprehensive Inpatient Rehabilitation 62=Comprehensive Outpatient Rehabilitation Facility 65=End-State Renal Disease 71=Public Health Clinic 72=Rural Health Clinic 81=Independent Laboratory 99=Other Place of Service	
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6 REVISION/MODIFICATION

Prescriptions Solutions will change/revise the version number:

Version Level Updates

Sub-version Change (0.x)

1. Any changes in data or comments values
2. Definition of a field revised or changed

Version Change (x.0)

1. Field length changes
2. Fields added or omitted
3. Over all record length change

No Version Change (N/A)

1. Client defined space modifications

Client Adoption of Updates

When a new version is available client management notifies the client of the upgrade. We will notify the client of applicable revisions. At some future date Prescription Solutions will discontinue using an old version and no longer support it. As the clients version ages Prescription Solutions client management will encourage upgrade to more current version to take advantage of newly available information.

7 DATA DICTIONARY

Presented in this document are the data element definitions that have been defined and approved by the Maintenance and Control (MC) Work Group of the National Council for Prescription Drug Programs (NCPDP). The definitions support the various file and telecommunication formats that have been approved by the NCPDP membership.

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The External Code List (ECL) contains values for certain data elements within the Batch Standard, Telecommunication Standard, Manufacturer Rebate Standard, and SCRIPT Standard. Data elements within the Claims Billing Tape Format, Diskette Billing Format, Claim Payment Tape Format, and Member Enrollment Standard have been excluded from the ECL, with infrequent exceptions, since these standards are not presently maintained or updated. The few exceptions would be for those data elements that have shared code lists with data elements included in the ECL for the Batch Standard, Telecommunication Standard, Manufacturer Rebate Standard, and SCRIPT Standard.

All Data Elements whose values reside in the ECL will have an indicator of "See ECL" in the Values Column of this document. Please refer to the **OCTOBER 2009 version of the NCPDP ECL.**

STANDARD FORMATS KEY (THROUGHOUT DOCUMENT)

B = Batch Standard T = Telecommunication Standard
C = Claims Billing Tape Format M = Member Enrollment Standard
D = Diskette Billing Format R = Manufacturer Rebate Standard
P = Claim Payment Tape Format F = Formulary & Benefit Standard

FIELD FORMAT VALUES:

The following field format values are supported.

"N" = Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of zeros.
Example: 9(7)v999 represents 999999999

"D" = Signed Numeric, sign is internal and trailing (see section *Internal Representation of Overpunch Signs*), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of zeros.

Example: "D" fields of length 8 represent \$\$\$\$\$\$cc

"A/N" = Alpha/Numeric, upper case when alpha, always left justified, space filled, upper case, printable characters and default values of spaces

Example: X(14) represents "1234ABC44bbbb"

"NX" = Numeric Extended, are always right justified and zero filled, with the right most position reserved for the sign. The field must be blank when not reported. The symbol "b" indicates a "blank" or a "positive" value. The symbol "-" indicates a negative value. Zeros represent a valid numeric value and do not mean "null". All decimals are implied not explicit.

Example: 9999v99- represents a negative 9999.99
9999v99b represents a positive 9999.99

"R" = Numeric 0-9 with decimal point

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

The decimal point always appears if it is at any place other than the right most position. If the value is an integer (decimal point at the right most position), the decimal point should be omitted.

For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted. Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision.

The use of triad separators (for example, the commas in 1,000,000) is prohibited. The length of a decimal type data element does not include the decimal point. A value of 12345.67 is valid in a field defined with a maximum length of 7.

Example: A transmitted value of 12.34 represents a decimal value of 12.34.

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

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There are certain data fields that allow an explicit decimal point in the Alpha/Numeric representation. See **NCPDP *Implementation Guide*** for decimal discussion for specific data elements.

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0=PROCESSOR RECORD						
Extract Data						
Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
1	RECORD IDENTIFIER	N	1	1	1	0= PROCESSOR RECORD 2=SERVICE PROVIDER (PHARMACY) RECORD 4=CLAIM RECORD 6=SERVICE PROVIDER (PHARMACY) BATCH CONTROL 8=FILE BATCH CONTROL RECORD
2	PROCESSOR ID NUMBER	N	10	2	11	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE FILE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC. 4659 = PRESCRIPTION SOLUTIONS
3	PROCESSOR BATCH NUMBER	N	7	12	18	THIS NUMBER IS ASSIGNED BY THE PROCESSOR FORMAT=CCYYDDD CC=CENTURY YY=YEAR DDD=JULIAN DATE I.E, 2002252=SEPTEMBER 9, 2002
4	PROCESSOR NAME	A/N	25	19	43	PRESCRIPTION SOLUTIONS
5	PROCESSOR ADDRESS	A/N	25	44	68	2300 MAIN ST.
6	PROCESSOR LOACTION CITY	A/N	18	69	86	IRVINE
7	PROCESSOR LOCATION STATE	A/N	2	87	88	CA
8	PROCESSOR ZIP CODE	A/N	15	89	103	92614
9	PROCESSOR TELEPHONE NUMBER	N	10	104	113	TELEPHONE NUMBER FORMAT=AAAEENNNN AAA=AREA CODE EEE=EXCHANGE CODE NNNN=NUMBER
10	RUN DATE	N	8	114	121	DATE ON WHICH FILE WAS GENERATED BY PROCESSOR (CARRIER) FORMAT=CCYYMMDD

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0=PROCESSOR RECORD						
Extract Data						
Mast er Seq. #	Field Name	Field Form at	Field Lengt h	Field Locatio n Start	Field Locatio n To	Definition / Values
11	VERSION/RELEASE NUMBER	N	2	122	123	A NUMBER TO IDENTIFY THE FORMAT OF THE TRANSACTION SENT OR RECEIVED 40=2001 FORMAT 41=2002 FORMAT 42=2003 ENHANCED FORMAT 43=2004 ENHANCED FORMAT 44=2005 ENHANCED FORMAT 50=2006ENHANCED FORMAT 60=2007 ENHANCED FORMAT 61=2009 ENHANCED FORMAT 70=2011 ENHANCED FORMAT
12	FILLER	A/N	60	124	183	FILLER (spaces)
13	HISTORY CYCLE START DATE	N	8	184	191	STARTING DATE OF THIS CLAIMS REPORT CYCLE
14	HISTORY CYCLE END DATE	N	8	192	199	ENDING DATE OF THIS CLAIMS REPORT CYCLE
15	EXPANSION AREA	A/N	119	200	318	RESERVED FOR FUTURE NCPDP CONTINGENCIES
16	UNIQUE FREE FORM	A/N	50	319	368	FIXED LENGTH FORM MESSAGE (50 BYTES)
17	PROCESSOR RESERVED	A/N	1258	369	1627	RESERVED FOR PROCESSOR USE

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2=SERVICE PROVIDER RECORD						
Mast er Seq. #	Field Name	Field Form at	Field Lengt h	Field Locatio n Start	Field Locatio n To	Definition / Values
18	RECORD IDENTIFIER	N	1	1	1	0= PROCESSOR RECORD 2=SERVICE PROVIDER (PHARMACY) RECORD 4=CLAIM RECORD 6=SERVICE PROVIDER (PHARMACY) BATCH CONTROL 8=FILE BATCH CONTROL RECORD
19	PROCESSOR ID NUMBER	N	10	2	11	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE FILE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC. 4659 = PRESCRIPTION SOLUTIONS
20	PROCESSOR BATCH NUMBER	N	7	12	18	THIS NUMBER IS ASSIGNED BY THE PROCESSOR FORMAT=CCYYDDD CC=CENTURY YY=YEAR DDD=JULIAN DATE I.E., 2002252=SEPTEMBER 9, 2002
21	SERVICE/PROVIDER ID (PHARMACY ID)	N	15	19	33	ID NUMBER SUBMITTED BY SERVICE PROVIDER (PHARMACY NUMBER) (LEFT JUSTIFIED, TRAILING SPACES)
22	SERVICE/PROVIDER ID QUALIFIER	A/N	2	34	35	QUALIFIER USED TO DEFINE CODE SET THAT IDENTIFIES THE SERVICE/PROVIDER 01=NPI 04=MEDICARE 05=UPIN 07=NCPDP PROVIDER ID 08=STATE LICENSE 10=HIN 11=FEDERAL TAX ID 14=PLAN SPECIFIC 99=OTHER
23	SERVICE PROVIDER NAME	A/N	55	36	90	NAME OF SERVICE PROVIDER (PHARMACY)
24	SERVICE PROVIDER ADDRESS	A/N	35	91	125	ADDRESS OF SERVICE PROVIDER (PHARMACY)
25	SERVICE PROVIDER LOCATION CITY	A/N	20	126	145	CITY OF SERVICE PROVIDER (PHARMACY)

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2=SERVICE PROVIDER RECORD						
Mast er Seq. #	Field Name	Field Form at	Field Lengt h	Field Locatio n Start	Field Locatio n To	Definition / Values
26	SERVICE PROVIDER LOCATION STATE	A/N	2	146	147	STATE OF SERVICE PROVIDER (PHARMACY)
27	SERVICE PROVIDER ZIP CODE	A/N	15	148	162	ZIP CODE OF SERVICE PROVIDER (PHARMACY) EXPANDED
28	SERVICE PROVIDER TELEPHONE #	N	10	163	172	TELEPHONE NUMBER OF SERVICE PROVIDER (PHARMACY)
29	SERVICE PROVIDER FEDERAL TAX ID	A/N	15	173	187	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
30	SERVICE PROVIDER AFFILIATION CODE	A/N	6	188	193	RELATIONSHIP CODE AS SUPPLIED BY NCPDP
31	SERVICE PROVIDER DISPENSER CLASS	A/N	3	194	196	DISPENSER CLASS AS SUPPLIED BY NCPDP
32	SERVICE PROVIDER DISPENSER TYPE	A/N	3	197	199	DISPENSER TYPE AS SUPPLIED BY NCPDP
33	SERVICE PROVIDER NCPDP ID NUMBER	A/N	7	200	206	ID NUMBER ASSIGNED TO THE PHARMACY BY NCPCP. USED ONLY IF ASSIGNED BY NCPDP
34	EXPANSION AREA	A/N	149	207	355	RESERVED FOR FUTURE NCPDP CONTINGENCIES
35	UNIQUE	A/N	50	356	405	FIXED LENGTH MESSAGE FIELD (50 BYTES)
36	PROCESSOR RESERVED	A/N	1222	406	1627	RESERVED FOR PROCESSOR USE

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4=CLAIM RECORD						
Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
37	RECORD IDENTIFIER	N	1	1	1	0= PROCESSOR RECORD 2=SERVICE PROVIDER (PHARMACY) RECORD 4=CLAIM RECORD 6=SERVICE PROVIDER (PHARMACY) BATCH CONTROL 8=FILE BATCH CONTROL RECORD
38	PROCESSOR ID NUMBER	N	10	2	11	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE FILE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC. 4659 = PRESCRIPTION SOLUTIONS
39	PROCESSOR BATCH NUMBER	N	7	12	18	THIS NUMBER IS ASSIGNED BY THE PROCESSOR FORMAT=CCYYDDD CC=CENTURY YY=YEAR DDD=JULIAN DATE I.E, 2002252=SEPTEMBER 9, 2002 PROCESSOR
40	SERVICE /PROVIDER ID (PHARMACY ID	A/N	15	19	33	ID NUMBER SUBMITTED BY SERVICE PROVIDER (PHARMACY NUMBER) (LEFT JUSTIFIED, TRAILING SPACES)
41	SERVICE PROVIDER ID QUALIFIER	A/N	2	34	35	QUALIFIER USED TO DEFINE CODE SET THAT IDENTIFIES THE SERVICE/PROVIDER 01=NPI , 04=MEDICARE, 05=UPIN 07=NCPDP PROVIDER ID 08=STATE LICENSE, 10=HIN, 11=FEDERAL TAX ID 14=PLAN SPECIFIC, 99=OTHER For additional codes see NCPDP ECL

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
42	CLAIM ORIGATION FLAG	A/N	1	36	36	B = BATCH M = MANUAL T = ELECTRONIC
43	PHARMACY NETWORK CODE	A/N	6	37	42	PHARMACY NETWORK ID UNDER WHICH PAYMENT WAS CALCULATED.
44	SERVICE PROVIDER NAME	A/N	55	43	97	SERVICE PROVIDE (PHARMACY) NAME
45	SERVICE PROVIDER RELATIONSHIP CODE	A/N	6	98	103	CODE THAT AFFILIATES PROVIDERS IN COMMON OWNERSHIP (CHAIN CODE)
46	SERVICE PROVIDER DISPENSER CLASS	A/N	3	104	106	DISPENSER CLASS AS SUPPLIED BY NCPDP
47	SERVICE PROVIDER DISPENSER TYPE	A/N	3	107	109	DISPENSER TYPE AS SUPPLIED BY NCPDP
48	PRESCRIPTION /SERVICE REFERENCE NUMBER	N	12	110	121	REFERENCE NUMBER ASSIGNED BY THE PROVIDER FOR THE DISPENSED DRUG/PRODUCT AND/OR SERVICE PROVIDED. (RX#)
49	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER					FIELD REMOVED
50	DATE OF SERVICE	N	8	122	129	SERVICE DATE OR DISPENSING DATE OF RX FORMAT=CCYYMMDD

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
51	PRODUCT /SERVICE ID	A/N	20	130	149	ID NUMBER THAT SPECIFICALLY IDENTIFIES THE PRODUCT OR SERVICE PROVIDED. NDC (11-DIGIT FORMAT) 5 – MANUFACTURER 4 – PRODUCT 2 – PACKAGE
52	PRODUCT ID QUALIFIER	A/N	2	150	151	QUALIFIER USED TO DEFINE CODE SET THAT IDENTIFIES PRODUCT 01=UNIVERSAL PRODUCT CODE (UPC) 02=HEALTH RELATED ITEM (HRI) 03= NDC 04=UNIVERSAL PRODUCT NUMBER (UPN) 09= HCPCS HOME INFUSION
53	PRODUCT LABEL NAME WITH DOSAGE FORM AND STRENGTH	A/N	30	152	181	LABEL NAME, DOSAGE FORM, AND STRENGTH/UNITS OF PRODUCT IDENTIFIED BY NDC
54	PRODUCT MANUFACTURER	A/N	10	182	191	NAME OF PRODUCT MANUFACTURER BASED ON SUBMITTED PRODUCT CODE.
55	NEW/REFILL CODE	A/N	2	192	193	00=NEW PRESCRIPTION 01-99=NUMBER OF REFILL
56	METRIC DECIMAL QUANTITY (DISPENSED QUANTITY)	N	11	194	204	NUMBER OF METRIC DECIMAL UNITS OF MEDICATION DISPENSED FORMAT=S9(8)V999
57	DAYS SUPPLY	N	3	205	207	ESTIMATED NUMBER OF DAYS THE PRESCRIPTION WILL LAST
58	DRUG RX/OTC INDICATOR	A/N	1	208	208	FLAG TO INDICATE IF PRODUCT IS Rx OR OTC 0= OTC, SINGLE SOURCE P= OTC, MULTI-SOURCE R= Rx, SINGLE SOURCE S= Rx, MULTI-SOURCE

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
59	DRUG STRENGTH	A/N	11	209	219	STRENGTH OF PRODUCT IN METRIC DECIMAL FORMAT = S9(8)V999
60	UNIT OF MEASURE	A/N	10	220	229	STRENGTH UNIT OF MEASURE
61	ROUTE OF ADMINISTRATION	A/N	2	230	231	ROUTE OF ADMINISTRATION AS DEFINED IN MEDISPAN DATA DICTIONARY
62	DOSAGE FORM	A/N	4	232	235	DOSAGE FORM AS DEFINED IN MEDI-SPAN
63	HCPCS CODE	A/N	8	236	243	HCPCS CODE ASSIGNED TO PRODUCT OR SERVICE PROVIDED. (J-CODE)
64	BASIS OF REIMBURSEMENT (RESPONSE PRICING SEG.)	A/N	2	244	245	BLANK = NOT USED 0= NOT SPECIFIED 1= AWP – SUBMITTED 2= REDUCED TO AWP 3= REDUCED TO AWP – X% 4= U & C 5= LOWER OF COST + FEES VERSUS U & C 6= MAC 7= REDUCED TO MAC PRICING 8= CONTRACT PRICING 9= OTHER 10 = ASP 11= AMP 12= 340B pricing 13= WAC

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
65	BASIS OF COST DETERMINATION (AS SUBMITTED BY PHARMACY)	A/N	2	246	247	00= NOT SPECIFIED 01= AWP AS SUBMITTED 02 = INGREDIENT COST REDUCED TO AWP 03 = INGREDIENT COST REDUCED TO AWP LESS X% PRICING 04= USUAL AND CUSTOMARY PAID AS SUBMITTED 06= MAC PRICING INGREDIENT COST PAID 07= MAC PRICING INGREDIENT COST REDUCED TO MAC PRICING 08= 340B PRICING 09= OTHER 10= ASP 11= AMP 12= WAC For additional codes see NCPDP ECL
66	COST TYPE CODE APPROVED COST SOURCE (PRICING)	A/N	10	248	257	INDICATING WHICH TYPE OF COST WAS USED FOR THE APPROVED/CALCULATED UNIT COST. AAWP= AVG. AVG. WHOLESALE PRICE AVGBRAND= AVG. BRAND COST AVGGENERIC= AVG. GENERIC COST AWP= AVG. WHOLESALE PRICE GEAP= GENERIC EQUIV. AVG. PRICE CMS=CENTERS FOR MEDICAID AND MEDICARE SERVICES MACxx= MAXIMUM ALLOWED COST LIST xx MAXBRAND= MAXIMUM BRAND COST MAXGENERIC= MAXIMUM GENERIC COST MINBRAND= MINIMUM BRAND COST MINGENERIC= MINIMUM GENERIC COST SUBMITTED = SUBMITTED COST WAC= WAREHOUSE AVERAGE COST
67	DRUG UNIT COST	D	13	258	270	UNIT COST OF SUBMITTED DRUG FROM THE MEDISPAN PRODUCT FILE. (AWP OR SLP) 9(8)v99999

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
68	PAYMENT TYPE FLAG	A/N	1	271	271	P=PHARMACY M = MEMBER A = MEDICAL PROVIDER S= SUBROGATION PAYMENT
69	INGREDIENT COST BILLED	D	9	272	280	APPROVED INGREDIENT COST BILLED INCLUDED IN THE TOTAL AMOUNT BILLED FORMAT=S9(7)V99
70	INGREDIENT COST SUBMITTED	D	9	281	289	SUBMITTED PRODUCT COMPONENT COST OF THE DISPENSED PRESCRIPTION. THIS AMOUNT IS INCLUDED IN THE 'SUBMITTED AMOUNT DUE' (430- DU)
71	INGREDIENT COST CALCULATED	D	9	290	298	CALCULATED INGREDIENT COST FORMAT=S9(7)V99
72	DISPENSING FEE BILLED	D	9	299	307	APPROVED DISPENSING FEE BILLED INCLUDED IN THE TOTAL AMOUNT TO BE BILLED FORMAT DS9(7)V99
73	OUT-OF-NETWORK PENALTY	D	9	308	316	SUBMITTED CHARGE - APPROVED INGREDIENT COST. (ONLY POPULATE THIS FIELD FOR MANUAL CLAIMS) FORMAT=S9(7)V99

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
74	PATIENT PAY AMOUNT	D	9	317	325	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, PRODUCT SELECTION, TAX, AND ADJUSTMENT. THIS AMOUNT IS NOT INCLUDED IN THE TOTAL AMOUNT BILLED. FORMAT=S9(7)V99
75	SALES TAX BILLED (% OR FLAT)	D	9	326	334	SALES TAX ALLOWED ON CLAIM AND INCLUDED IN THE TOTAL AMOUNT BILLED FORMAT=S9(7)V99
76	CLIENT COPAY	D	9	335	343	SUM OF COPAY AND CO-INSURANCE FORMAT=S9(7)V99
77	NET PATIENT PAY (OUT OF POCKET)	D	9	344	352	FORMAT=S9(7)V99
78	PLAN CO-PAY	D	9	353	361	PLAN COPAY FROM THE GROUP RECORD. ONLY APPLIES IF THE COPAYS ARE LISTED ON THE GROUP RECORD. FORMAT=S9(7)V99
79	PRODUCT SELECTION DIFFERENTIAL	D	9	362	370	THE DOLLAR AMOUNT CHARGED TO THE MEMBER FOR CHOOSING A BRAND DRUG WHEN THERE IS A GENERIC AVAILABLE FORMAT=S9(7)V99

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4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
80	PROFESSIONAL SERVICE FEE BILLED	D	9	371	379	AMOUNT REPRESENTING THE CONTRACTUALLY AGREED UPON FEE FOR PROFESSIONAL SERVICES RENDERED; THIS AMOUNT IS INCLUDED IN THE TOTAL AMOUNT BILLED FIELD AND IS SEPARATE FROM THE DISPENSING FEE BILLED. FORMAT=S9(7)V99
81	INCENTIVE AMOUNT BILLED	D	9	380	388	AMOUNT ADDED TO CLAIM BILLING AS AN INCENTIVE FOR SPECIFIC PROVIDER PERFORMANCE. INCLUDED IN THE TOTAL AMOUNT BILLED FIELD. INCLUDES VACCINE ADMIN COSTS IF PART D FORMAT=S9(7)V99
82	CLAIM ADJUSTMENT WITHHOLD AMOUNT (OTHER AMT BILLED)	D	9	389	397	AMOUNT ADDED OR DEDUCTED FROM AN INDIVIDUAL CLAIM. INCLUDED IN THE TOTAL AMOUNT BILLED FIELD. FORMAT= S9(7)V99 IF AN AMOUNT IS BEING DEDUCTED, THE VALUE IN THIS FIELD WILL BE NEGATIVE
83	TOTAL AMOUNT BILLED	D	9	398	406	TOTAL AMOUNT BILLED BY THE CLAIMS PROCESSOR. REPRESENTS A SUM OF 'INGREDIENT COST BILLED', 'DISPENSING FEE BILLED', 'SALES TAX AMOUNT BILLED', 'INCENTIVE AMOUNT BILLED', 'PROFESSIONAL SERVICE FEE', 'OTHER AMOUNT BILLED', LESS THE 'PATIENT PAY AMOUNT', AND 'OTHER PAYER AMOUNT RECOGNIZED'. FORMAT=S9(7)V99 NOTE: For Med Part D also incl. any applicable Low Income Subsidy (LICS) amt.

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
84	OTHER PAYER AMOUNT RECOGNIZED	D	9	407	415	AMOUNT PREVIOUSLY PAID BY ANOTHER PAYER/PROCESSOR. HAS BEEN DEDUCTED FROM THE SUBMITTED CLAIM. IS NOT INCLUDED IN THE TOTAL AMOUNT BILLED. USED ONLY ON COB CLAIMS. USED ONLY WHEN OCC (MS# 120) IS 2 OR GREATER. FORMAT=S9(7)V99
85	OTHER AMOUNT BILLED	D	9	416	424	ADDITIONAL AMOUNT TO BE BILLED FOR ADDITIONAL SERVICES OR ADJUSTMENTS FORMAT=S9(7)V99
86	PATIENT PAY AMOUNT ATTRIBUTED TO DEDUCTIBLE	D	9	425	433	AMOUNT ATTRIBUTED TO DEDUCTIBLE FROM PATIENT PAY FORMAT=S9(7)V99
87	USUAL AND CUSTOMARY BILLING AMOUNT	D	9	434	442	THE AMOUNT SUBMITTED BY THE PHARMACY AS THEIR USUAL BILLING CHARGE FOR THIS SERVICE. FORMAT=S9(7)V99
88	PATIENT FIRST NAME	A/N	15	443	457	FIRST NAME OF PATIENT
89	PATIENT LAST NAME	A/N	25	458	482	LAST NAME OF PATIENT
90	PATIENT MIDDLE INITIAL	A/N	1	483	483	MIDDLE INITIAL OF PATIENT
91	PATIENT DATE OF BIRTH	D	8	484	491	DATE OF BIRTH OF PATIENT FORMAT=CCYYMMDD

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD						
Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
92	GENDER	A/N	1	492	492	0=BLANK 1=MALE 2=FEMALE
93	MEMBER ID NUMBER	A/N	20	493	512	ID NUMBER ASSIGNED TO MEMBER (PATIENT)
94	MEMBER ZIP	A/N	15	513	527	MEMBER ZIP + 4
95	PERSON CODE	A/N	3	528	530	CODE ASSIGNED TO A SPECIFIC PERSON WITHIN A FAMILY
96	PATIENT RELATIONSHIP TO CARDHOLDER	A/N	1	531	531	BLANK = NOT USED 0=UNSPECIFIED 1=CARDHOLDER 2=SPOUSE 3=CHILD
97	PRESCRIBER ID	A/N	15	532	546	PRESCRIBER ID SUBMITTED BY THE PHARMACY.
98	PRESCRIBER ID QUALIFIER	A/N	2	547	548	QUALIFIER USED TO DEFINE, WHICH CODE SET, IS BEING USED TO IDENTIFY THE PRESCRIBER. BLANK = NOT USED 00= NOT SPECIFIED 01= NATIONAL PROVIDER ID (NPI) 05= MEDICAID 06= UPIN 07= NCPDP ID 08= STATE LICENSE NUMBER 11= FEDERAL TAX ID 12= DEA 13= STATE ISSUED 14= PLAN SPECIFIC ID 99= OTHER For additional codes see NCPDP ECL
99	PRESCRIBER DEA NUMBER	A/N	15	549	563	DEA NUMBER TAKEN FROM THE PRESCRIBER RECORD FILE.
100	PRESCRIBER LAST NAME	A/N	25	564	588	LAST NAME OF PRESCRIBER

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
101	PRESCRIBER FIRST NAME	A/N	15	589	603	FIRST NAME OF PRESCRIBER
102	PRESCRIBER SPECIALTY CODE	A/N	6	604	609	MEDICAL SPECIALTY OF PRESCRIBER AS LISTED ON THE MASTER PROVIDER/PRESCRIBER FILE.
103	PRESCRIBER NETWORK ID	A/N	6	610	615	ID CODE OF PRESCRIBER NETWORK AT TIME OF PROCESSING
104	DIAGNOSIS CODE	A/N	15	616	630	DIAGNOSIS CODE IF SUBMITTED BY PHARMACY NOTE: This field is often used by pharmacy for data other than the diagnosis.
105	DIAGNOSIS CODE QUALIFIER	A/N	2	631	632	QUALIFIER USED TO DEFINE CODE SET THAT IDENTIFIES DIAGNOSIS BLANK= NOT USED 00= NOT SPECIFIED 01= ICD-9 02= ICD-10-CM 03= NCCI 99= Other
106	PRIOR AUTHORIZATION/MEDICAL CERTIFICATION QUALIFIER	A/N	2	633	634	BLANK = NOT USED 0= NOT SPECIFIED 1= PRIOR AUTHORIZATION 2= MEDICAL CERTIFICATION 3= EPSDT 4= EXEMPTION FROM CO-PAY 5= EXEMPTION FROM RX LIMITS 6= FAMILY PLANNING INDICATOR 7= TEMPORARY ASSISTANCE TO NEEDY FAMILIES 8= PAYER DEFINED EXCEPTION
107	PRIOR AUTHORIZATION ID	A/N	11	635	645	AUTHORIZATION OR CERTIFICATION NUMBER ASSIGNED BY PRESCRIPTION SOLUTIONS

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
108	PRIOR AUTH REASON CODE	A/N	2	646	647	PRIOR AUTH OVERRIDE REASON CODE
109	CARDHOLDER ID	A/N	20	648	667	CARDHOLDER ID NUMBER SUBMITTED BY PHARMACY
110	CARDHOLDER LAST NAME	A/N	25	668	692	CARDHOLDER LAST NAME FROM BASE OF MEMBER ID
111	CARDHOLDER FIRST NAME	A/N	15	693	707	CARDHOLDER FIRST NAME FROM BASE OF MEMBER ID
112	CARDHOLDER MIDDLE INITIAL	A/N	1	708	708	CARDHOLDER MIDDLE INITIAL OF MEMBER ID
113	CARDHOLDER DATE OF BIRTH	N	8	709	716	CARDHOLDER DOB OF MEMBER ID
114	CARDHOLDER ADDRESS 1	A/N	40	717	756	CARDHOLDER ADDRESS LINE 1
115	CARDHOLDER ADDRESS 2	A/N	40	757	796	CARDHOLDER ADDRESS LINE 2
116	CARDHOLDER CITY	A/N	15	797	811	CARDHOLDER CITY
117	CARDHOLDER STATE	A/N	2	812	813	CARDHOLDER STATE
118	CARDHOLDER ZIP	A/N	15	814	828	CARDHOLDER ZIP
119	PLACE OF SERVICE	N	2	829	830	see NCPDP ECL
120	RX ORIGIN	A/N	1	831	831	RX ORIGIN CODE

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
121	PATIENT RESIDENCE	A/N	2	832	833	PATIENT RESIDENCE AS SUBMITTED BY PHARMACY 00 =Not Specified 01 =Home 02 =Skilled Nursing Facility 03 =Nursing Facility 04 =Assisted Living Facility 05 =Custodial Care Facility 06 =Group Home 07 =Inpatient Psychiatric Facility 08 =Psychiatric Facility-Partial Hospitalization 09 =Intermediate Care Facility/Mentally Retarded 10 =Residential Substance Abuse Treatment Facility 11 =Hospice 12 =Psychiatric Residential Treatment Facility 13 =Comprehensive Inpatient Rehabilitation Facility 14 =Homeless Shelter 15 =Correctional Institution
122	DATE PRESCRIPTION WRITTEN	N	8	834	841	DATE PRESCRIPTION WAS WRITTEN FORMAT=CCYYMMDD

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
123	PRODUCT SELECTION CODE (DAW)	A/N	1	842	842	0= NO PRODUCT SELECTION INDICATED 1= SUBSTITUTION NOT ALLOWED BY PRESCRIBER 2= SUBSTITUTION ALLOWED PATIENT REQUESTED PRODUCT DISPENSED 3= SUBSTITUTION ALLOWED PHARMACIST SELECTED PRODUCT DISPENSED 4= SUBSTITUTION ALLOWED GENERIC DRUG NOT IN STOCK 5= SUBSTITUTION ALLOWED BRAND DRUG DISPENSED AS A GENERIC 6= OVERRIDE 7= SUBSTITUTION NOT ALLOWED BRAND DRUG MANDATED BY LAW 8= SUBSTITUTION ALLOWED GENERIC DRUG NOT AVAILABLE IN MARKET PLACE 9= OTHER

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
124	OTHER COVERAGE CODE	N	2	843	844	CODE INDICATING WHETHER OR NOT THE PATIENT HAS OTHER INSURANCE COVERAGE (SUBMITTED ON CLAIM) BLANK = NOT USED 0= NOT SPECIFIED 1= NO OTHER COVERAGE IDENTIFIED 2= OTHER COVERAGE EXISTS-PAYMENT COLLECTED 3= OTHER COVERAGE EXISTS-CLAIM NOT COVERED 4= OTHER COVERAGE EXISTS-PAYMENT NOT COLLECTED 5= MANAGED CARE PLAN DENIAL 6= OTHER COVERAGE DENIED-NOT PARTICIPATING PROVIDER 7= OTHER COVERAGE EXISTS-NOT IN EFFECT ON DOS 8= CLAIM IS BILLING FOR COPAY 9= PAYOR DEFINED EXEMPTION

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
125	THIRD PARTY RESTRICTION CODE	A/N	1	845	845	FOR IDENTIFYING DRUG PRODUCTS FOR FORMULARY EXCLUSION BLANK = NOT DEFINED 1= INSULIN 2= ORAL CONTRACEPTIVES 3= SURGICAL SUPPLY/MEDICAL DEVICE 4= BLOOD COMPONENT 5= DIAGNOSTIC AGENT 6= GENERAL ANESTHETIC 7= FERTILITY DRUGS 8= ANOREXIC 9= MULTIPLE VITAMIN A= DRUGS USED FOR HIV INFECTION B= BULK CHEMICALS C= COSMETIC ALTERATION DRUGS D=ANTIDEPRESSANTS F= MULTIPLE VITAMIN WITH FLUORIDE G= GROWTH HORMONES H= HYPNOTICS/SEDATIVES I= MULTIPLE VITAMINS WITH IRON K= NON-ORAL SYSTEMIC CONTRACEPTIVES L= CONTRACEPTIVES OTHERS M= IMMUNOSUPPRESSANTS P= ANTIPSYCHOTICS (MAJOR TRANQS) S= SMOKING DETERRENTS T= ANTIANXIETY AGENTS (MINOR TRANQS) V= IMPOTENCE AGENTS
126	SPECIALTY FLAG	A/N	1	846	846	SPECIALTY FLAG (reserved for future enhancements)
127	COMPOUND CODE	A/N	1	847	847	CODE INDICATING WHETHER OR NOT THE PRESCRIPTION IS A COMPOUND 0= NOT SPECIFIED 1= NOT A COMPOUND 2= COMPOUND

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD						
Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
128	FORMULARY STATUS	A/N	1	848	848	FORMULARY STATUS BLANK = NOT USED Y = YES N = NO
129	PLAN DRUG STATUS	A/N	1	849	849	DRUG STATUS FROM THE PLAN RECORD C= NON-FORMULARY F= FORMULARY G= NON-FORMULARY K=FORMULARY, NON-MAX BENEFIT L= NON-FORMULARY, NON-MAX BENEFIT
130	NUMBER OF REFILLS AUTHORIZED	N	2	850	851	NUMBER OF REFILLS AUTHORIZED BY PRESCRIBER (NEW RXs ONLY)
131	MULTI SOURCE CODE	A/N	1	852	852	IDENTIFIES DRUG PRODUCTS AS SINGLE OR MULTIPLE SOURCE ORIGINAL DRUG PRODUCT OR A GENERIC COPY OF THE STANDARD DRUG PRODUCT BLANK= NOT DEFINED M= MULTI-SOURCE-NOT GENERIC N= SINGLE SOURCE-NOT GENERIC O= ORIGINAL-GENERIC AVAILABLE Y= MULTI-SOURCE-GENERIC
132	BRAND NAME CODE	A/N	1	853	853	INDICATES THE TYPE OF NAME USED IN THE PRODUCT DESCRIPTION ABBREVIATION AND THE PRODUCT NAME AND PRODUCT NAME EXTENSION T= TRADEMARKED NAME B= BRANDED GENERIC NAME G= GENERIC NAME

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
133	DRUG DEA CLASS CODE	A/N	1	854	854	0= Not a controlled substance 1= Schedule 1 products 2= Schedule 2 products 3= Schedule 3 products 4= Schedule 4 products 5= Schedule 5 products
134	PRIMARY CARE PROVIDER ID CODE	A/N	15	855	869	ID ASSIGNED TO PRIMARY CARE PROVIDER (if supplied on member eligibility record)
135	CARE FACILITY ID CODE	A/N	10	870	879	PRIMARY MEDICAL GROUP CODE (if supplied on member eligibility record)
136	CARE QUALIFIER CODE	A/N	10	880	889	CONSULT WITH PRESCRIPTION SOLUTIONS BLANK = NOT USED
137	PLAN CODE	A/N	10	890	899	PLAN CODE OR ALTERNATE PLAN CODE UNDER WHICH PRESCRIPTION WAS PROCESSED
138	UNIT DOSE INDICATOR	A/N	1	900	900	CODE INDICATING THE TYPE OF UNIT DOSE PACKAGING SUPPLIED BLANK = NOT UNIT DOSE X = UNIT-DOSE/SINGLE DOSE U = UNIT OF USE
139	MAINTENANCE DRUG CODE	A/N	1	901	901	MAINTENANCE CODE AS DEFINED BY MEDISPAN
140	AHFS CODE	A/N	8	902	909	AMERICAN HOSPITAL FORMULARY SERVICE THERAPEUTIC CLASS CODE
141	GENERIC PRODUCT INDEX (GPI)	A/N	14	910	923	GPI NUMBER AS ASSIGNED FROM MEDISPAN
142	DRUG GENERIC NAME	A/N	60	924	983	GENERIC CLASS NAME RELATED TO PRODUCT USED
143	GENERIC CODE NUMBER (GCN)	N	5	984	988	GENERIC CODE NUMBER AS ASSIGNED BY FIRST DATA BANK

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
144	GENERIC CODE SEQUENCE (GCN SEQUENCE NBR)	N	6	989	994	GENERIC CODE NUMBER SEQUENCE AS ASSIGNED BY FIRST DATA BANK
145	CARRIER	A/N	9	995	1003	CARRIER ID – ASSIGNED BY PRESCRIPTION SOLUTIONS
146	ACCOUNT	A/N	15	1004	1018	ACCOUNT CODE ID – ASSIGNED BY PRESCRIPTION SOLUTIONS
147	GROUP ID	A/N	15	1019	1033	ID ASSIGNED TO CARDHOLDER GROUP OR EMPLOYER GROUP (INCLUDED ON ELIGIBILITY FILE)
148	SOCIAL SECURITY NUMBER	A/N	9	1034	1042	PATIENT'S SOCIAL SECURITY NUMBER (IF SUPPLIED ON THE ELIGIBILITY FILE).
149	SUBMIT DATE OF CLAIM	N	8	1043	1050	DATE RX WAS SUBMITTED FOR PROCESSING FORMAT=CCYYMMDD
150	SUBMIT TIME OF CLAIM	N	6	1051	1056	TIME RX WAS RECEIVED FOR PROCESSING FORMAT HH:MM:SS (24 HOUR CLOCK, PACIFIC STANDARD TIME)
151	RX CLAIMS NUMBER	N	15	1057	1071	UNIQUE CLAIM NUMBER ASSIGNED BY SYSTEM
152	SEQUENCE NUMBER OF CLAIM	N	3	1072	1074	FOR CLAIMS WITH HISTORY OF MORE THAN ONE EVENT, SEQUENCE NUMBER OF THE SPECIFIC PLACE IN PROCESS OF THE CLAIM
153	CLAIM STATUS	A/N	1	1075	1075	P= PAID R= REJECTED CLAIM X= REVERSAL OF EXISTING CLAIM (NEGATIVE DOLLAR AMOUNT)
154	TRANSACTION CODE	A/N	2	1076	1077	TRANSACTION CODE UNDER WHICH THE CLAIM WAS PROCESSED.
155	BRAND/GENERIC INDICATOR	A/N	1	1078	1078	B= BRAND G= GENERIC
156	CLAIM MESSAGE	A/N	40	1079	1118	MESSAGE ATTACHED TO CLAIM PAYMENT RESPONSE

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
157	BENEFIT MAXIMUM FLAG	A/N	1	1119	1119	FLAG TO INDICATE THE CLAIM WAS USED TO CALCULATE BENEFIT MAXIMUM BLANK = NOT USED
158	CLIENT FLAG	A/N	1	1120	1120	INDICATES THAT CLAIM HAS A CLIENT TYPE
159	OUT-OF-POCKET MAX APPLIED	D	9	1121	1129	AMOUNT FROM THIS CLAIM APPLIED TO THE MEMBER OR FAMILY'S PERIODIC OUT-OF-POCKET MAX. FORMAT = S9(7)V99
160	BENEFIT MAXIMUM APPLIED	D	9	1130	1138	DOLLAR AMOUNT CALCULATED AS APPLYING TO BENEFIT MAXIMUM AT TIME OF CLAIM FORMAT = S9(7)V99
161	PROCESS CYCLE DATE (PERIOD END DATE)	N	8	1139	1146	LAST DAY OF BILLING CYCLE CCYYMMDD FORMAT
162	FILLER	A/N	1	1147	1147	
163	FORMULARY CLAIM FLAG	A/N	1	1148	1148	BLANK = NOT USED Y= YES N= NO Z= NO RECORD
164	MEDICAL CLAIM FLAG (RISK POOL)	A/N	1	1149	1149	BLANK = NOT USED Y= YES N= NO Z= NO RECORD
165	PRIOR AUTH CLAIM FLAG	A/N	1	1150	1150	BLANK = NOT USED Y= YES N= NO Z= NO RECORD

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
166	TRANSPLANT FLAG	A/N	1	1151	1151	BLANK = NOT USED Y= YES N= NO
167	INJECTABLE PRODUCT FLAG	A/N	1	1152	1152	BLANK = NOT USED Y= YES N= NO
168	RXSOL FORMULARY FLAG	A/N	1	1153	1153	BLANK = NOT USED Y= RXSOL FORMULARY N= NO
169	HALF-TAB	A/N	1	1154	1154	BLANK = NOT USED Y= YES N= NO
170	RESERVED	A/N	1	1155	1155	RESERVED FOR PRESCRIPTION SOLUTIONS
171	RESERVED	A/N	1	1156	1156	RESERVED FOR PRESCRIPTION SOLUTIONS
172	REMITTANCE TYPE	A/N	1	1157	1157	REMITTANCE FORMAT C - CHECK E - ELECTRONIC FUND TRANSFER M - JOURNAL ENTRY
173	CHECK DATE	A/N	8	1158	1165	CHECK POSTED DATE FORMAT=CCYYMMDD
174	CHECK NUMBER	A/N	9	1166	1174	CHECK NUMBER
175	PLAN TYPE CODE	A/N	10	1175	1184	TYPE CODE TAKEN FROM PLAN CODE DETAIL.
176	CLIENT PRODUCT CODE	A/N	6	1185	1190	VALUE SUPPLIED BY CLIENT ON MEMBER FILE
177	CLIENT RIDER CODE	A/N	6	1191	1196	VALUE SUPPLIED BY CLIENT ON MEMBER FILE

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
178	CLIENT BENEFIT CODE	A/N	10	1197	1206	VALUE SUPPLIED BY CLIENT ON GROUP FILE
179	PLAN QUALIFIER CODE	A/N	10	1207	1216	PLAN QUALIFIER CODE/BUSINESS TYPE CODE BLANK – NOT USED 0 – NOT ASSIGNED 1 – OPEN FORMULARY 2 – CLOSED FORMULARY 3 – OPEN FORMULARY W/ 3 TIER CO-PAY 4 – OPEN FORMULARY W/ PA ON 3RD TIER 5 – CLOSED FORMULARY W/ NF AT 3RD TIER 6 – 4 TIER PRICING 7 – 5 TIER PRICING 8 – 6 TIER PRICING 9 – 7 TIER PRICING 10 – MULTI-TIER 11 – OPEN FORMULARY W/ 100% COPAY 3RD TIER 12 – RESERVED FOR FUTURE USE 13 – LIMITED BENEFIT PLAN
180	TIER VALUE (DRUG PRICING)	N	2	1217	1218	DRUG PRICING TIER (POPULATED ONLY IF PREFERRED PRODUCT SCHEDULE EXISTED ON PLAN CODE)
181	HEALTH REIMBURSEMENT AMOUNT	D	9	1219	1227	HEALTH REIMBURSEMENT AMOUNT (reserved for future use) FORMAT = S9(7)V99
182	ALTERNATE INSURANCE FLAG	A/N	1	1228	1228	ALTERNATE INSURANCE FLAG (MEMBER FILE)
183	ADMIN FEE	D	9	1229	1237	CALCULATED ADMIN FEE FORMAT = S9(7)V99
184	REGIONAL DISASTER OVERRIDE	A/N	1	1238	1238	REGIONAL DISASTER OVERRIDE POPULATE WITH Y IF SOURCE FIELD IN EXTRACT IS NOT BLANK.

CLAIM HISTORY FILE 7.0

4=CLAIM RECORD

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
185	CLAIM ADJUSTMENT	N	9	1239	1247	(reserved for future use)
186	FILLER	A/N	30	1248	1277	
187	CLIENT DEFINED	A/N	300	1278	1577	CLIENT DEFINED DATA AREA
188	PROCESSOR RESERVED	A/N	50	1578	1627	RXS SPECIFIC DATA AREA

CLAIM HISTORY FILE 7.0

6=SERVICE PROVIDER BATCH CONTROL RECORD						
Extract Data						
Mast er Seq. #	Field Name	Field Form at	Field Lengt h	Field Locatio n Start	Field Locatio n To	Definition / Values
189	RECORD IDENTIFIER	N	1	1	1	0= PROCESSOR RECORD 2= SERVICE PROVIDER (PHARMACY) RECORD 4= CLAIM RECORD 6= SERVICE PROVIDER (PHARMACY) BATCH CONTROL 8= FILE BATCH CONTROL RECORD
190	PROCESSOR ID NUMBER	N	10	2	11	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE FILE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC. 4659 = PRESCRIPTION SOLUTIONS
191	PROCESSOR BATCH NUMBER	N	7	12	18	THIS NUMBER IS ASSIGNED BY THE PROCESSOR. FORMAT= CCYYDDD CC=CENTURY YY=YEAR DDD=JULIAN DATE I.E, 2002252=SEPTEMBER 9, 2002
192	SERVICE/PROVIDER ID NUMBER (PHARMACY ID NUMBER)	A/N	15	19	33	ID NUMBER SUBMITTED BY SERVICE PROVIDER (PHARMACY NUMBER) (LEFT JUSTIFIED, TRAILING SPACES)
193	SERVICE/PROVIDER ID QUALIFIER	A/N	2	34	35	QUALIFIER USED TO DEFINE CODE SET THAT IDENTIFIES THE SERVICE/PROVIDER 01=NPI 04=MEDICARE 05=UPIN 07=NCPDP PROVIDER ID 08=STATE LICENSE 10=HIN 11=FEDERAL TAX ID 14=PLAN SPECIFIC 99=OTHER
194	CLAIM COUNT	N	8	36	43	TOTAL NUMBER OF CLAIMS IN THE BATCH

CLAIM HISTORY FILE 7.0

6=SERVICE PROVIDER BATCH CONTROL RECORD

Extract Data

Master Seq. #	Field Name	Field Format	Field Length	Field Location Start	Field Location To	Definition / Values
195	TOTAL AMOUNT DUE IN THIS BILLING BATCH	D	15	44	58	THE SUM OF INDIVIDUAL AMOUNT DUE FIELDS IN RECORD #4 FOR THE ENTIRE SERVICE PROVIDER BATCH. FORMAT=S9(13)V99
196	EXPANSION AREA	A/N	260	59	318	RESERVED FOR FUTURE NCPDP CONTINGENCIES
197	UNIQUE FREE FORM	A/N	50	319	368	FIXED LENGTH MESSAGE FIELD (50 BYTES)
198	PROCESSOR RESERVED	A/N	1259	369	1627	FILLER - BLANK

CLAIM HISTORY FILE 7.0

8= FILE BATCH CONTROL RECORD						
Extract Data						
Mast er Seq. #	Field Name	Field Form at	Field Lengt h	Field Locatio n Start	Field Locatio n To	Definition / Values
199	RECORD IDENTIFIER	N	1	1	1	0= PROCESSOR RECORD 2= SERVICE PROVIDER (PHARMACY) RECORD 4= CLAIM RECORD 6= SERVICE PROVIDER (PHARMACY) BATCH CONTROL 8= FILE BATCH CONTROL RECORD
200	PROCESSOR ID NUMBER	N	10	2	11	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE FILE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC. 4659 = PRESCRIPTION SOLUTIONS
201	PROCESSOR BATCH NUMBER	N	7	12	18	THIS NUMBER IS ASSIGNED BY THE PROCESSOR. FORMAT= CCYYDDD CC=CENTURY YY=YEAR DDD=JULIAN DATE I.E, 2002252=SEPTEMBER 9, 2002
202	TOTAL SERVICE PROVIDER COUNT	N	5	19	23	TOTAL NUMBER OF SERVICE PROVIDERS (PHARMACIES) ON THIS FILE. COUNT OF #2 RECORDS IN FILE.
203	COMMENTS-1	A/N	50	24	73	FREE FORM FOR INSTRUCTIONS/COMMENTS
204	TOTAL CLAIM COUNT	N	10	74	83	TOTAL NUMBER OF CLAIMS ON THE COMPLETE FILE. COUNT OF #4 RECORDS IN FILE.
205	TOTAL AMOUNT DUE (PROVIDER SUM)	D	15	84	98	THE SUM OF ALL DOLLARS DUE FROM EACH OF THE SERVICE PROVIDER (PHARMACY) (#6) RECORDS FORMAT=S9(13)V99
206	TOTAL AMOUNT DUE (SUM OF CLAIMS)	D	15	99	113	THE SUM OF ALL DOLLARS DUE FROM EACH OF THE CLAIM (#4) RECORDS. FORMAT = S9(13)V99
207	RESERVED	A/N	205	114	318	RESERVED FOR FUTURE NCPDP CONTINGENCIES
208	UNIQUE FREE FORM	A/N	50	319	368	FIXED LENGTH TEXT MESSAGE (50 BYTES)
209	PROCESSOR RESERVED	A/N	1259	369	1627	FILLER-BLANK