Managed Care Plan Interface Control Document

Version 9.0

October 15, 2020

Revision History

| Document Version | Date | | Name | Comments |
| --- | --- | --- | --- | --- |
| 0.1 | | 3/19/2020 | Alexis Kalman | Initial creation |
| 0.2 | | 3/23/2020 | Alexis Kalman | Revised Claims Scenarios; added PA notes file; removed embedded worksheets |
| 0.3 | | 3/31/2020 | Alexis Kalman | Added three fields (Prescriber ID, Pharmacy IC & Status Code) between bytes 727-755 on the PA Transfer Detail Record |
| 0.4 | | 5/04/2020 | Alexis Kalman | Added Appendix B, section 6.0 tables, and section 4.0 tables; updated the claims and PA timelines; added PA Record Linking Example and PA Reason Code Reference Chart; updated all four layouts; rebranded for DHCS |
| 0.5 | | 5/06/2020 | Alexis Kalman | Updated Supplemental Claims in section 6.6; added “Record Type” code/ description table; standardized how defaulted values are documented; Element 257- FORMULARY STATUS revised to default value of “SPACE”; Logic added to CICS CLAIM STATUS CODE; Revised logic in element 894 - TOTAL AMOUNT PAID BY ALL SOURCES |
| 1.0 | | 5/15/2020 | Alexis Kalman | Release |
| 2.0 | | 6/07/2020 | Alexis Kalman | Added definitions and examples to the following claims fields:   1. 532-FW Database Indicator 2. 25Ø FDA Drug Efficacy Code 3. 6Ø1-18 Product Code 4. 6Ø1-19 Product Code Qualifier 5. 292 Plan Cutback Reason Code 6. 889 Therapeutic Chapter   Added definition and descriptions for the following PA fields:   1. A21 SUBGROUP ID 2. 724-ST ALTERNATE ID NUMBER 3. A14 PRESCRIBER OVERRIDE TYPE 4. A12 DOSAGE PER DAY 5. A20 SERVICE PROVIDER OVERRIDE TYPE   Updated the embedded testing working with MCP test scenarios: MediCal\_MCP\_Testing Workbook.xlxs and added testing information  Added Appendix B: MCIN and PBMID Table  Added Appendix C: Additional Valid Value Tables  Revised dates (highlighted orange) in the workplan  Changed “Magellan” to “Magellan Medicaid Administration, Inc. (MMA)” per SG and updated logo per template |
| 3.0 | | 6/19/2020 | Alexis Kalman | * Revised header and trailer lengths on PA file to 1088 by extending the final filler field * Field 887 updated to SERVICE PROVIDER COUNTY CODE * Field 224 CLIENT SPECIFIC DATA was corrected, and positions corrected for CICS CLAIM STATUS CODE, HCP NUMBER and FILLER. * HCP NUMBER was added to field 224 * Field 396 PROCESSOR SPECIFIC DATA (PSD) positions were corrected * Updated logic in 303-C3 PERSON CODE- will send what is in the member profile * Add SUBSECTION DENOTES PATIENT INFORMATION: PAT positions 529-789 * Element 448-ED changed from Decimal to Numeric * Added CIN as part of the definition for 302-C2 CARDHOLDER ID * Added fields for positions 1784-1791 * Positions for all instances of 351-NP revised * In the supplemental file, WAC defined as 5 decimals, and Char was updated to A/N * Overpunch examples added to Appendix A * Updated the scenario in Section 3.4 for clarity * Added “Claim ID” to description of fields 896 and 897 * Revised the work plan timelines |
| 4.0 | | 7/3/2020 | Alexis Kalman | * Clarified RECIEVER NAME in Appendix B * THERAPEUTIC CLASS CODE QUALIFIER position 2188 updated code to “3” * Update example 3.6 to clarify that the rows with the same ICN are really one source record for compound drugs * Added section 3.1- Defining an Encounter * Added example sections 3.7-3.11 * Updated file nomenclature: replaced #### with MCP### |
| 5.0 | |  | Alexis Kalman | * Updated element 299 to PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE for all instances * Updated elment 49Ø-UE to COMPOUND INGREDIENT BASIS OF COST DETERMINATION * Added the Medi-Cal Rx Supplemental Pharmacy Claims Extract Trailer Record * Added header and trailer record to section 8.4 PA Notes * Added valid values for field 399 Record Status Code into Appendix |
| 6.0 | | 7/6/2020 |  | * Medi-Cal Rx Supplemental Pharmacy Claims Extract * Added section 6.7 for Medi-Span Supplemental Claims File |
| 7.0 | | 7/24/2020 |  | * Corrected 441-E6 - RESULT OF SERVICE CODE S to RESULT OF SERVICE CODE * Added Kern Health Systems, Health Plan of San Joaquin and CalViva Health to the Medi-Span file recipient list * Added an additional set of overpunch examples to the Appendix  Added valid value set for 396 PSD 1 - TRANSACTION CODE, 996-G1 COMPOUND TYPE CODE, 466-EZ PRESCRIBER ID QUALIFIER to the Appendix  * 6Ø1-26 For THERAPEUTIC CLASS CODE QUALIFIER for HIC3 was corrected in this document from “T” to “3” in CD segment positions 325, 784, 1243, 1702 and in CE segment 325, 784, 1243, 1702, 2161, 2620 and 3079. * Clarified they layout for compound segments in position 1854-3689 “This section follows the same field layout and pattern as the compound ingredients above. Please use positions 1395-1853 for reference.” * Added field ROUTE\_CD to filler positions 3251-3252 * Added SUBMITTED MEMBER ID to filler positions 3253-3272 * Updated field 26Ø GENERIC INDICATOR to have valid values of B for Brand or G for Generic on detail segment position 2383, CD segment positions 412, 871, 1330 and 1789 and CE segment positions 412, 871, 1330, 1789, 2248, 2707, 3166 * Clarified decimals in field:   + 442-E7 QUANTITY DISPENSED to N(7)VN(3) position 1570   + 344-HF QUANTITY INTENDED TO BE DISPENSED N(7)VN(3) position 1603   + 46Ø-ET QUANTITYPRESCRIBED to N(7)VN(3) position 1613   + CD Segment: 448-ED COMPOUND INGREDIENT QUANTITY to N(7)VN(7) positions 60, 519, 978 and 1437   + CE Segment: 448-ED COMPOUND INGREDIENT QUANTITY to N(7)VN(7) positions 60, 519, 978, 1437,1896, 2355, 2814 * On the supplemental file, position 137 the Compound ROUTE of administration is not applicable anymore and hence the description for that is replaced by the FDB route of administration description. Changed to FDB\_ROUTE\_OF\_ADMIN\_DESCRIPTION * Clarified field 298 RECORD INDICATOR is hardcoded to 0. * Added clarification that 4Ø3-D3 FILL NUMBER is the fill number from the pharmacy * Added clarification that field 397 PRODUCT/SERVICE NAME is the drug name * Added clarification that field 246 ELIGIBILITY GROUP ID and 301-CI are aid code |
| 8.0 | | 8/6/2020 | Alexis Kalman | * Updated valid values for 466-EZ PRESCRIBER ID QUALIFIER * Added valid value table for 202-B2 Service Provider ID Qualifier * Replaced all of the format D with D(x,y) * Section 6.2: Clarification added regarding how to interpret numeric fields * Updated examples in sections 3.2-3.5, field 442-E7 to reflect that the inbound data will be a positive value * Clarified the description in fields 306 - PATIENT RELATIONSHIP CODE and 247 - ELIGIBILITY/PATIENT RELATIONSHIP CODE , code 18 = ‘Self’, meaning the subscriber * Added definition to 331-CX PATIENT ID QUALIFIER: Hardcoded to ‘06’ = Medicaid ID-a number assigned by a state Medicaid agency |
| 9.0 | |  | Alexis Kalman | * Updated project work plan to reflect changes in cycle 4 files * 204 adjustment reason code added to valid values * 211 - Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans * 212 Benefit Type – Added description for the value * 218 media type code added to valid values * 281 – specified zero-dollar claims allowed * 297 updated with valid values and that it will be null on compound drugs * 303-C3 -Added valid values * 308-C8 OTHER COVERAGE CODE -Valid values added * 441-E6 Result of Service Code – added valid values * 452-EH :COMPOUND ROUTE OFADMINISTRATION – marked as no longer in use * Updated 609-19 Product code qualifier code table * 757-U6 valid value added MED01 * 879-N2 SENDING ENTITY IDENTIFIER = Magellan * FDB Route of Administration Valid Values added * Updated the mandatory or required field description for claims 4.7 layout and PA 2.2 * Added file delivery time as 7am Pacific * Defined decimal formats in PA 2.2 * Add under compound drug reversal example that for compound adjustments MMA will not not send DE or CD segments. MMA is suppressing those records for reversals and are not sending the supplemental data for the reversals. |

Table of Contents

[1.0 Purpose of the Interface Control Document 1](#_Toc53694662)

[2.0 Introduction and Document Scope 1](#_Toc53694663)

[3.0 Claim Adjustment and Reversal Scenarios 2](#_Toc53694664)

[3.1 Defining an Encounter 3](#_Toc53694665)

[3.2 Claim with Simple Adjustment 3](#_Toc53694666)

[3.3 Multiple Adjustments and Reversals on a Date Post-Submission 6](#_Toc53694667)

[3.4 Multiple Reversals and Adjustments on the Day of Submission 8](#_Toc53694668)

[3.5 Denied Claim for Multiple Reversals and Adjustments on the Day of Submission 9](#_Toc53694669)

[3.6 Compound Drug Reversal and Adjustments 11](#_Toc53694670)

[3.7 Non-Compound Drug Denied the Resubmitted 15](#_Toc53694671)

[3.8 Compound Drug Denied the Resubmitted 15](#_Toc53694672)

[3.9 Non-Compound Drug Denied the Resubmitted 16](#_Toc53694673)

[3.10 Non-Compound Drug Denied the Resubmitted 17](#_Toc53694674)

[3.11 Mass Adjustment 18](#_Toc53694675)

[4.0 Drug Classification Examples 20](#_Toc53694676)

[4.1 Example of FDB Values and How They Map to GPI Levels 21](#_Toc53694677)

[4.2 Example of FDB and Medi-Span Drug Values for Nortriptyline HCL 10 Mg Capsule 24](#_Toc53694678)

[5.0 MCP Pharmacy FFS Claims Extract Process Overview 26](#_Toc53694679)

[5.1 Introduction 26](#_Toc53694680)

[5.2 Production Delivery Schedule 26](#_Toc53694681)

[5.3 Requirements 27](#_Toc53694682)

[5.4 File Naming Conventions 28](#_Toc53694683)

[5.5 File Testing Process 28](#_Toc53694684)

[5.6 Steps in the Pharmacy Encounter Submission Process 29](#_Toc53694685)

[5.7 Work Plan 29](#_Toc53694686)

[6.0 Pharmacy Claims Transfer Record Layout 31](#_Toc53694687)

[6.1 NCPDP Post Adj. 4.7 FFS Claims Extract Header Record 32](#_Toc53694688)

[6.2 NCPDP Post Adj. 4.7 FFS Claims Extract Detail Record 35](#_Toc53694689)

[6.3 NCPDP Post Adj. 4.7 FFS Claims Extract Compound Detail 1 Record 97](#_Toc53694690)

[6.4 NCPDP Post Adj. 4.7 FFS Claims Extract Compound Detail 2 Record 136](#_Toc53694691)

[6.5 NCPDP Post Adj. 4.7 FFS Claims Extract Trailer Record 201](#_Toc53694692)

[6.6 Medi-Cal Rx Supplemental Pharmacy Claims Extract 202](#_Toc53694693)

[6.7 Medi-Cal Rx Medi-Span Supplemental Claims Extract 227](#_Toc53694694)

[7.0 MCP Prior Authorization Extract Overview 257](#_Toc53694695)

[7.1 Introduction 257](#_Toc53694696)

[7.2 Production Delivery Schedule 257](#_Toc53694697)

[7.3 Requirements 258](#_Toc53694698)

[7.4 File Naming Conventions 258](#_Toc53694699)

[7.5 File Testing Process 259](#_Toc53694700)

[7.6 Steps in the Prior Authorization Extract Process 259](#_Toc53694701)

[7.7 Work Plan 260](#_Toc53694702)

[8.0 Prior Authorization Transfer Record Layout 261](#_Toc53694703)

[8.1 Prior Authorization Transfer Header Record 261](#_Toc53694704)

[8.2 Prior Authorization Transfer Detail Record 263](#_Toc53694705)

[8.3 Prior Authorization Transfer Trailer Record 278](#_Toc53694706)

[8.4 File Layout PA Notes 279](#_Toc53694707)

[9.0 Prior Authorization Record Linking Examples 282](#_Toc53694708)

[10.0 Testing 283](#_Toc53694709)

[11.0 Security for MCP Data Exchanges 283](#_Toc53694710)

[12.0 Operational Support 284](#_Toc53694711)

[Appendix A: Internal Representation of Overpunch Signs 285](#_Toc53694712)

[Appendix B: MCIN and PBMID Table 287](#_Toc53694713)

[Appendix C: Additional Valid Value Tables 289](#_Toc53694714)

[202-B2 Service Provider ID Qualifier 289](#_Toc53694715)

[204 - Adjustment Reason Code 290](#_Toc53694716)

[218 - CLAIM MEDIA TYPE 291](#_Toc53694717)

[247 – Eligibility/Patient Relationship Code 292](#_Toc53694718)

[303-C3 – Person Code 293](#_Toc53694719)

[306-C6 Patient Relationship Code 293](#_Toc53694720)

[308-C8 - OTHER COVERAGE CODE 294](#_Toc53694721)

[396-PSD 1 - TRANSACTION CODE 295](#_Toc53694722)

[399 RECORD STATUS CODE 295](#_Toc53694723)

[441-E6 RESULT OF SERVICE CODE 296](#_Toc53694724)

[466-EZ PRESCRIBER ID QUALIFIER 298](#_Toc53694725)

[532-FW DATABASE\_INDICATOR 298](#_Toc53694726)

[6Ø1-19 PRODUCT CODE QUALIFIER 299](#_Toc53694727)

[996-G1 COMPOUND TYPE CODE 299](#_Toc53694728)

[A7 - PRIOR AUTHORIZATION REASON CODE 300](#_Toc53694729)

[FDB ROUTE OF ADMINISTRATION 301](#_Toc53694730)

# Purpose of the Interface Control Document

The purpose of this Managed Care Plan (MCP) Interface Control Document (ICD) is to provide information to MCPs and the California Department of Health Care Services (DHCS) on how data interfaces will operate between MCPs and Magellan Medicaid Administration, Inc. (MMA).

The intended audiences for this document are technical development staff, data analysts, and system operation resources.

This ICD is a technical document that tracks the necessary information needed for the MCPs to develop and maintain the interfaces and the types of data to expect. The intent is to clearly communicate the outputs from the MMA system to the MCPs and provide a clear understanding of the content, format, structure, constraints, and rules to guide the MCP development teams on the architecture for interface development.

This document will be updated in accordance with change management and configuration management protocols to ensure continuous alignment between systems if the interface architecture undergoes changes. As changes to content and/or structure are needed, this document will be updated accordingly by MMA and communicated to the MCPs for revisions. All changes to this document will be managed by MMA and logged in the Revision History table located just before the Table of Contents.

# Introduction and Document Scope

This ICD describes the data movement between the MMA FTP Server instance (the source system) and each of the MCP servers (the target systems).

This ICD specifies the interface requirements that the participating systems need in order to receive both pharmacy claims and pharmacy prior authorizations as part of the Medi-Cal Pharmacy Benefit Management System (PBMS) replacement project. This ICD describes the operation of the interface that governs the transmission of data.

Scope of the interface includes:

1. **Daily pharmacy claims file:** NCPDP Post Adjudication Version 4.7
2. **Daily pharmacy supplemental file:** Medi-Cal Rx Supplemental Pharmacy Claims Extract file
3. **Daily pharmacy prior authorization file:** NCPDP Prior Authorization Transfer Standard (Version 2.2)
4. **Daily pharmacy prior authorization supplemental file:** Medi-Cal PA Notes
5. **Daily Medi-Span supplemental claims files:** CAM\_MCP\_FFS\_MEDISPAN\_SUPPLEMENTAL\_RX\_EXTRACT for MCPs currently using Medi-Span drug compendia

This ICD includes the following several content areas:

* Business examples scenarios that are helpful for understanding data relationships
* Fee-for-Service (FFS) Pharmacy Claims Extract Overview and Cadence
* FFS Pharmacy Claim Layout
* Pharmacy Prior Authorization Extract Overview and Cadence
* Pharmacy Prior Authorization Layout
* Timeline for Development and Testing
* Testing Summary
* Security Protocol

# Claim Adjustment and Reversal Scenarios

This section includes four common examples of claim submissions with subsequent reversal and adjustment activities to provide information regarding how the MCPs will see all the transactions related to a single pharmacy claim event.

Each scenario illustrates example records as they appear in the MMA system, followed by the illustration of the outbound records that each MCP will receive. A description of each scenario will precede the scenario.

The examples are for demonstration purposes only and do not represent any changes to the standard NCPDP 4.7 layout as discussed in alternate forums. Please note specifically:

1. MMA has used placeholder ICN and CRN numbers that are not the full length as they occur in the system.
2. Record number is to facilitate tracking the example from the MMA records to the outbound records and does not exist as a field.
3. In production, the “Transaction Code” will contain the code only. The description was added for clarification in this document.
4. Only the specific attributes needed to illustrate the defined scenarios were included, and they only represent a subset of record-level fields.

## 3.1 Defining an Encounter

Regarding defining an encounter, the business key is:

1. 302-C2 CARDHOLDER ID
2. 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER
3. 201-B1 PROVIDER\_ID
4. 401-D1 DATE OF SERVICE

Typcially for events like vacation fills, the quantities will be increased on a claim opposed to two separate fills.

For items like EpiPens were someone needs one for home and one for work, those are typically two different Rx numbers.

## Claim with Simple Adjustment

In the claim simple adjustment scenario, a claim is submitted on 01/01/2020. Subsequently on 01/05/2020, a new version of the claim is submitted with a modified metric quantity. A few days later, the claim is submitted again, modifying the metric quantity again. When aggregated, the net metric quantity totals 3.000, which represents the most recent version of the claim.

### MMA Claims System – Simple Adjustment

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 1 | 12345 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
|  | | | | | | | | | | |
| **First Reversal of Original Claim ICN 12345** | 2 | 45678 | 12345 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Replacement of Original Claim ICN 12345** | 3 | 45679 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 5.000 |
|  | | | | | | | | | | |
| **Second Reversal of Original Claim ICN 12345** | 4 | 90123 | 45679 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/10/2020 | 5.000 |
| **Second Adjustment to Original Claim ICN 12345** | 5 | 90124 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/10/2020 | 3.000 |

### Outbound Records Per Daily File – Simple Adjustment

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 1 | 12345 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
|  | | | | | | | | | | |
| **First Reversal of Original Claim ICN 12345** | 2 | 45678 | 12345 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Replacement of Original Claim ICN 12345** | 3 | 45679 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 5.000 |
|  | | | | | | | | | | |
| **Second Reversal of Original Claim ICN 12345** | 4 | 90123 | 45679 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/10/2020 | 5.000 |
| **Second Adjustment to Original Claim ICN 12345** | 5 | 90124 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/10/2020 | 3.000 |

## Multiple Adjustments and Reversals on a Date Post-Submission

This example illustrates what the MCP will receive when there are multiple rounds of adjustments in one day in the MMA system. The scenario shows the initial date processed as 01/01/2020, with multiple reversals on 01/05/2020. The MCP will receive the initial record, a reversal to that transaction, and the most recent resubmission of that claim on 01/05/2020. Where MMA has five records in its system, each MCP will receive three corresponding records.

### MMA Records – Multiple Adjustments and Reversals on a Date Post-Submission

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 1 | 12345 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
|  | | | | | | | | | | |
| **First Reversal of Original Claim ICN 12345** | 2 | 45680 | 12345 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Replacement of Original Claim ICN 12345** | 3 | 45681 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 5.000 |
| **Second Reversal of Original Claim ICN 12345** | 4 | 90125 | 45681 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 5.000 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Second Adjustment to Original Claim ICN 12345** | 5 | 90126 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 3.000 |

### Outbound Records – Multiple Adjustments and Reversals on a Date Post-Submission

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
|  | | | | | | | | | | |
| **Original Claim Submission** | 1 | 12345 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
| **First Reversal of Original Claim ICN 12345** | 2 | 45680 | 12345 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Replacement of Original Claim ICN 12345** | 5 | 90126 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 3.000 |

## Multiple Reversals and Adjustments on the Day of Submission

This example illustrates what the MCP will receive when there are multiple rounds of adjustments on the same day of submission in one day in the MMA system. The scenario shows all the adjudication dates as 01/03/2020, with multiple reversals on that day. The MCP will receive a single record representing the most recent resubmission of that claim on 01/03/2020. Where MMA has five records in its system, each MCP will receive one corresponding record.

### MMA Records – Multiple Reversals and Adjustments on the Day of Submission

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 1 | 19345 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/03/2020 | 10.000 |
| **First reversal of original claim ICN 19345** | 2 | 45650 | 19345 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/03/2020 | 10.000 |
| **First Replacement of original claim ICN 19345** | 3 | 45653 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/03/2020 | 5.000 |
| **Second reversal of original claim ICN 19345** | 4 | 90129 | 45653 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/03/2020 | 5.000 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Second adjustment to original Claim ICN 19345** | 5 | 90130 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/03/2020 | 3.000 |

### Outbound Records – Multiple Reversals and Adjustments on the Day of Submission

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 5 | 90130 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/03/2020 | 3.000 |

## Denied Claim for Multiple Reversals and Adjustments on the Day of Submission

This example shows how denied records appear in the MMA on behalf of DHCS system and the record that will be sent outbound to the MCP at the end of the day. This example a claim processed on 1/3/2020 and was subsequently reversed and rebilled, with the first reversal being denied. Because these records are all processed on the same day, the MCP will only receive record number 5 as the most current transaction.

In this scenario, the second record denies because it cannot find the original claim so the system cannot add the adjustment CRN to the record. The system matches on prescription number, date of service, provider. Reversals will deny if it cannot find the original transaction it is intended to reverse.

Denied transactions cannot be reversed. After a denied adjudication status, the claim must be resubmitted.

### MMA Records – Multiple Adjustments and Reversals on the Day of Submission (included denied reversal)

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 1 | 89342 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 1/1/2020 | 1/3/2020 | 10.000 |
| **First reversal of original claim ICN 89342** | 2 | 85653 |  | 68180-265-11 | 123456789010 | Denied | B2 Reversal | 1/1/2020 | 1/3/2020 | 10.000 |
| **First Replacement of original claim ICN 89342** | 3 | 85654 | 89342 | 68180-265-11 | 123456789012 | Paid | B2 Reversal | 1/1/2020 | 1/3/2020 | 10.000 |
| **Second reversal of original claim ICN 89342** | 4 | 85655 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 1/1/2020 | 1/3/2020 | 5.000 |

### Outbound Records – Multiple Reversals and Adjustments on the Day of Submission (included denied reversal)

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | 5 | 85655 |  | 68180-265-11 | 123456789012 | Paid | B1 Billing | 1/1/2020 | 1/3/2020 | 5.000 |

## Compound Drug Reversal and Adjustments

The compound drug example shows that all lines on a claim form are reversed out and all lines are resubmitted, even when not every record on the claim has changed. In the example below, the metric quantity is updated on only NDC 38779-0524-05, but both lines are reversed out.

Compound drug reversals and adjustments will follow the same patterning as described in the scenarios above in Sections 3.1 through 3.3.

For compound adjustments MMA will not not send DE or CD segments. MMA is suppressing those records for reversals and are not sending the supplemental data for the reversals.

### MMA Records – Compound Drug Reversal and Adjustments

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Date Processed | Metric Quantity |
| **Original Claim Submission** | Claim Seg | 12345 |  | 0 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 20.000 |
| **Original Claim Submission** | Compound Seg | 12345 |  | 38779-1756-06 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
| **Original Claim Submission** | Compound Seg | 12345 |  | 38779-0524-05 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
|  | | | | | | | | | | |
| **First Reversal of Original Claim ICN 12345** | Claim Seg | 496781 | 12345 | 0 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 20.000 |
| **First Reversal of Original Claim ICN 12345** | Compound Seg | 496781 | 12345 | 38779-1756-06 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Reversal of Original Claim ICN 12345** | Compound Seg | 496781 | 12345 | 38779-0524-05 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Replacement of Original Claim ICN 12345** | Claim Seg | 45670 |  | 0 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 15.000 |
| **First Replacement of Original Claim ICN 12345** | Compound Seg | 45670 |  | 38779-1756-06 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 5.000 |
| **First Replacement of Original Claim ICN 12345** | Compound Seg | 45670 |  | 38779-0524-05 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 10.000 |

### Outbound Records – Compound Drug Reversal and Adjustments

| **NCPDP 4.7 Physical Name** | NOT ON RECORD | 896 TRANS-ACTION ID | 897 TRANSAC-TION ID CROSS- REFERENCE | 407-D7 PRODUCT/SERVICE ID | 402-D2 PRESCRIPTION/SERVICE REFERENCE NUMBER | 399  RECORD STATUS CODE | 396 PSD 1 – TRANSAC-TION CODE | 401-D1 DATE OF SERVICE | 578 ADJUDI-CATION DATE | 442-E7 QUANTITY DISPENSED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logical Column Name** | Record # | ICN | Adjust- ment CRN | NDC | Rx Number | Claim Status | Transaction Code | Date of Service | Adjustment Date | Metric Quantity |
| **Original Claim Submission** | Claim Seg | 12345 |  | 0 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 20.000 |
| **Original Claim Submission** | Compound Seg | 12345 |  | 38779-1756-06 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
| **Original Claim Submission** | Compound Seg | 12345 |  | 38779-0524-05 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/01/2020 | 10.000 |
|  | | | | | | | | | | |
| **First Reversal of Original Claim ICN 12345** | Claim Seg | 496781 | 12345 | 0 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 20.000 |
| **First Reversal of Original Claim ICN 12345** | Compound Seg | 496781 | 12345 | 38779-1756-06 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Reversal of Original Claim ICN 12345** | Compound Seg | 496781 | 12345 | 38779-0524-05 | 123456789012 | Paid | B2 Reversal | 01/01/2020 | 01/05/2020 | 10.000 |
| **First Replacement of Original Claim ICN 12345** | Claim Seg | 45670 |  | 0 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 15.000 |
| **First Replacement of Original Claim ICN 12345** | Compound Seg | 45670 |  | 38779-1756-06 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 5.000 |
| **First Replacement of Original Claim ICN 12345** | Compound Seg | 45670 |  | 38779-0524-05 | 123456789012 | Paid | B1 Billing | 01/01/2020 | 01/05/2020 | 10.000 |

## Non-Compound Drug Denied the Resubmitted

The example below shows an example when a non-compound drug is submitted and denied, then subsequently resubmitted and paid. The records can be linked on PROVIDER\_ID, CARDHOLDER\_ID, DATE OF SERVICE and PRESCRIPTION/SERVICE REFERENCE NUMBER



## Compound Drug Denied the Resubmitted

The example below shows an example when a compound drug is submitted and denied, then subsequently resubmitted and paid. The records can be linked on PROVIDER\_ID, CARDHOLDER\_ID, DATE OF SERVICE and PRESCRIPTION/SERVICE REFERENCE NUMBER



## Non-Compound Drug Denied the Resubmitted

Below is an example of when a single item drug is submitted, reversed, and resubmitted for a compound drug



## Non-Compound Drug Denied the Resubmitted

Below is an example of claim that was reversed but not rebilled



## Mass Adjustment

Below is an example of how mass adjustments will appear when sent to the MCPs.

The first table is the orginal claims spanning multiple DOS and process dates:



Here are all the reversals, with a single date processed across multiple DOS:



The adjustments are below:



# Drug Classification Examples

Every clinical organization needs to go through an internal mapping exercise to ensure that the results meet their clinical protocols. Because there is not a direct, one-to-one equivalent, if an MCP intends to map FDB to Medi-Span, the plan must develop an ongoing operational process for making these associations.

Below is a chart describing the relationship between FDB codes and various GPI levels.

## 4.1 Example of FDB Values and How They Map to GPI Levels

| FDB Level | Name | Description | Similar GPI Level |
| --- | --- | --- | --- |
| DCC | Drug Category Code | A one-character alphanumeric column that indicates a drug product belongs to a category that is commonly treated as an exception in third-party plans |  |
| GTC | Therapeutic Class Code, Generic | A two-character numeric column that classifies drugs according to the most common intended use; this classification provides the most general therapeutic groupings available from FDB |  |
| STC (or TC) | Therapeutic Class Code, Standard | A two-character numeric column that classifies drugs according to the most common intended use; intended to service those users who meet a definitive but not comprehensive therapeutic classification system | GPI-2 |
| HIC1 | Hierarchical Organ System Code | Identifies the organ system upon which an active ingredient acts; it is the first position of the Hierarchical Ingredient Code |  |
| HIC2 | Hierarchical Pharmacological Class Code | Identifies the pharmacological class in which the active ingredient is classified; it is the second position of the Hierarchical Ingredient Code | GPI-4 |
| HIC3 | Hierarchical Specific Therapeutic Class Code | Identifies the specific therapeutic class of an ingredient; the HIC3 serves as the primary identifier for FDB’s Specific Therapeutic Classification system | GPI-6 |
| HSN | HICL\_SEQNO | Identifies a unique combination of active ingredients, irrespective of the manufacturer, package size, dosage form, route of administration, or strength | GPI-10 |
| GSN | GCN\_SEQNO | Aggregates drug products that share like ingredient sets, route of administration, dosage form, and strength of drug but are marketed by multiple manufacturers | GPI-14 |
| GCN | Formulation ID | A five-character numeric column that represents the clinical formulation; it is specific to active ingredient list, route of administration, dosage form, and drug strength. Customers are encouraged to use the Clinical Formulation ID (GCN\_SEQNO) instead of the Formulation ID (GCN) because of its greater specificity and its uniqueness to ingredient(s), dosage form, route, strength, and medical supplies. Additionally, as the number of clinical formulations grow, the GCN has the potential to reach a maximum number of 99,999 records, whereas the Clinical Formulation ID (GCN\_SEQNO) will allow expanded growth for a longer period. However, FDB does not expect a shortage of GCN numbers for new formulations for the foreseeable future. An important difference between GCN and GCN\_SEQNO is that in GCN, all medical supplies that do not contain clinically significant ingredients are given the same number: 94200. Medical supplies that contain clinically significant ingredients are given GCN values of other than 94200 | GPI-14 |

## 4.2 Example of FDB and Medi-Span Drug Values for Nortriptyline HCL 10 Mg Capsule

Below is the specific example of how Nortriptyline HCL 10 Mg Capsule is represented in both FDB and Medi-Span hierarchies.

| FDB Level | FDB Code | FDB Description | GPI Level | GPI-Level Description | GPI | Description |
| --- | --- | --- | --- | --- | --- | --- |
| DCC | 0 | UNSPECIFIED |  |  |  |  |
| TC | 80 | PSYCHOTHERAPEUTIC DRUGS |  |  |  |  |
| STC | 11 | PSYCHOSTIMULANTS –ANTIDEPRESSANTS | GPI-2 | Drug Group | 58 | Antidepressants |
|  |  |  | GPI-4 | Drug Class | 58-20 | Tricyclic Agents |
| HIC3 | H2U | TRICYCLIC ANTIDEPRESSANTS,REL.NON-SEL.REUPT-INHIB | GPI-6 | Drug Sub-Class | 58-20-00 |  |
|  |  |  | GPI-8 | Drug Name | 58-20-00-60 | Nortriptyline |
| HSN | 1644 | NORTRIPTYLINE HCL | GPI-10 | Drug Name Extension | 58-20-00-60-10 | Nortriptyline HCL |
|  |  |  | GPI-12 | Drug Strength and Unit of Measure | 58-20-00-60-10-01 | Nortriptyline HCL 10 Mg |
| GCN | 16529 | NORTRIPTYLINE HCL 10 MG CAPSULE | GPI-14 | Dosage Form | 58-20-00-60-10-01-05 | Nortriptyline HCL 10 Mg Capsule |
| GSN | 46059 | NORTRIPTYLINE HCL 10 MG CAPSULE |

# 5.0 MCP Pharmacy FFS Claims Extract Process Overview

## 5.1 Introduction

The intent of this section is to describe the necessary steps to successfully test and submit batch encounter pharmacy drug transactions from MMA on behalf of the Department of Health Care Services (DHCS) to Medi-Cal Rx Managed Care Plans (MCPs) using the National Council for Prescription Drug Programs (NCPDP) Post Adjudication Version 4.7 Standard.

|  |  |
| --- | --- |
| **Source of Data:** | FirstRx℠ |
| **Format Source:** | NCPDP |
| **Layout Name:** | NCPDP Post Adjudication Version 4.7 |
| **File Format:** | Fixed Length |
| **Record Length:** | 4500 bytes |
| **Target:** | Medi-Cal Rx Managed Care Plans (MCPs) |

## 5.2 Production Delivery Schedule

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type:** |  Update |  Full |  Refresh |  |
| **Frequency:** |  Daily |  Weekly |  Monthly |  Quarterly |
| **Days:** |  Sunday |  Monday |  Tuesday |  Wednesday |
|  Thursday |  Friday |  Saturday |  |
| **Delivery Time:** | 7am Pacific time | | | |

## 5.3 Requirements

### Outbound FFS Pharmacy Transactions to MCPs

* MMA will provide each MCP with a daily claims extract containing paid FFS transactions adjudicated by MMA’s PBMS (FirstRx℠) the previous day. Grouping of the claims by MCP will be determined based on the member’s MCP enrollment status during the time of adjudication of the claim.
* NCPDP Post Adjudication Version 4.7 will be the format of the claims extract delivered to all MCPs.
* The NCPDP PA 5.1 Header, 5.2 History, 5.2.1 Compound Detail Record 1, 5.2.1 Compound Detail Record 2, and 5.2 History Trailer will be segments included in the claims extract.
* The claims extract will include net paid, out-of-cycle reversals or adjustments (to paid transactions submitted in a previous extract) and denied transactions.
* Delivery of the extracts will occur daily with no exceptions for holidays and weekends.
* Zero record files will be sent to the MCPs in cases where an FFS claim is not identified for submission to an MCP.
* Calculated amounts determined during processing of the FFS pharmacy transactions will be zeroed out prior to delivery.

| Interface Specification Overview | |
| --- | --- |
| **Interface Name:** | Medi-Cal Rx Supplemental Pharmacy Claims Extract file |
| **Description:** | Supplemental extract file will be transmitted with the post adjudication file that contains additional information. |
| Purpose of this file is to provide information that is not supported in the NCPDP Post Adj. 4.7 FFS Claims Extract. |
| **Record Selection Criteria:** | The Transaction ID (Claim ID) is the unique identifier for each record. |
| **Frequency:** | Everyday, including weekends and holidays, 7am Pacific time |
| **Sender:** | MMA on behalf of DHCS |
| **Business Unit Ownership:** | Medi-Cal Rx |
| **Interface Exchange Method:** | File exchange/SFTP  **Test:**  **Prod:** |

## 5.4 File Naming Conventions

The following file naming conventions will be used by MMA when submitting test files during the testing phase and after implementation to production.

The file type prefix “T” (Test) will appear on the test file, but there will be no prefix “P” in Production. MCP### will be a number assigned to each MCP.

### **NCPDP PA 4.7 File**

|  |  |
| --- | --- |
| File Type | File Naming Convention |
| **Production** | MCAL\_FFSCLMEXT\_MCP###\_NCPDPPA47\_YYYYMMDD.DAT |
| **Test** | T\_MCAL\_FFSCLMEXT\_MCP###\_NCPDPPA47\_YYYYMMDD.DAT |

### **Supplemental Pharmacy Claims Extract File**

|  |  |
| --- | --- |
| File Type | File Naming Convention |
| **Production** | MCAL\_FFSCLMEXT\_ MCP###\_SUPPLEMENTAL\_YYYYMMDD.DAT |
| **Test** | T\_MCAL\_FFSCLMEXT\_ MCP###\_SUPPLEMENTAL\_YYYYMMDD.DAT |

## 5.5 File Testing Process

Test files will contain between 100 and 300 transactions containing test quality data split into four testing cycles.

The test files will include each transaction type and segment that MMA expects to receive in the production environment (e.g., B1 transactions, B2 transactions, B3 transactions, Multi-Ingredient Compounds transactions, and COB transactions if applicable).

MMA will limit test files to a defined volume specified to enable accurate review and evaluation of production readiness.

For information regarding required segments, please refer to the NCPDP Post Adjudication Standard Implementation Guide (Version 4.7).

It is encouraged that each Situational, Mandatory, and/or Required field and segment provided in the test files submitted by MMA are reviewed and validated by MCPs.

## 5.6 Steps in the Pharmacy Encounter Submission Process

MMA will send each MCP an FTP form to be completed and returned. Once the request is received and processed, the sender will receive a link to the SFTP site, a secure Web ID, and password. MCPs will receive their MMA FTP form within two weeks of their initial request. If you do not receive a response within two weeks, please email Elliot Dreher at [ewdreher@magellanhealth.com](mailto:ewdreher@magellanhealth.com) to verify that your email has been received.

## 5.7 Work Plan

Below is the proposed workplan related to interface development and testing cycles.

| Task Name | Start | Finish |
| --- | --- | --- |
| **Pharmacy Claims Extract to MCPs** | **Tue 02/11/2020** | **Tue 09/29/2020** |
| **Requirements Validation and Mapping** | **Tue 02/11/2020** | **Fri 05/04/2020** |
| Client Sign Off on Requirements and Specification | Tue 02/11/2020 | Mon 05/04/2020 |
| M: DHCS Sign Off on Requirements and Mapping | Thu 04/09/2020 | Mon 05/04/2020 |
| **SFTP Connectivity Between MCPs and MMA** | **Tue 02/25/2020** | **Fri 05/26/2020** |
| Submission of SFTP Forms (MMA) | Tue 02/25/2020 | Tue 02/25/2020 |
| Submission of SFTP Forms (MCPs) | Tue 02/25/2020 | Fri 04/10/2020 |
| SFTP testing between MMA and MCPs | Wed 04/01/2020 | Wed 06/10/2020 |
| **Development (MCPs and MMA)** | **Tue 05/05/2020** | **Wed 07/15/2020** |
| **Test Scenario Workbook Review** | **Mon 06/08/2020** | **Fri 06/19/2020** |
| **Dummy Data File Extract** | **Thu 06/11/2020** | **Fri 06/12/2020** |
| **Submission of Sample Test Files to MCPs** | **Thu 07/02/2020** | **Tue 09/29/2020** |
| (Cycle 1) Plans receive & analyze files | Thu 07/02/2020 | Thu 07/16/2020 |
| (Cycle 1) Plans Test File & Provide Feedback | Thu 07/16/2020 | Wed 07/22/2020 |
| (Cycle 1) MMA Incorporate Feedback | Thu 07/23/2020 | Wed 08/05/2020 |
| (Cycle 2) Plans receive Files | Thu 08/06/2020 | Mon 08/10/2020 |
| (Cycle 2) Plans Test File & Provide Feedback | Tue 08/11/2020 | Mon 08/17/2020 |
| (Cycle 2) MMA Incorporate Feedback | Tue 08/18/2020 | Mon 08/24/2020 |
| (Cycle 3) Plans receive & analyze files | Tue 08/25/2020 | Thu 08/27/2020 |
| (Cycle 3) Plans Test File & Provide Feedback | Fri 08/28/2020 | Thu 09/03/2020 |
| (Cycle 3) MMA Incorporate Feedback | Fri 09/04/2020 | Thu 09/17/2020 |
| (Cycle 4) Plans receive & analyze files | Fri 09/18/2020 | Thu 09/24/2020 |
| (Cycle 4) Plans Test File & Provide Feedback | Fri 09/25/2020 | Tue 09/29/2020 |
| (Cycle 4) Defect Logging | Wed 09/30/2020 | Fri 10/2/2020 |
| Review and feedback from all MCPs | Mon 10/05/2020 | Fri 10/09/2020 |
| DHCS review and feedback on testing results | Mon 10/05/2020 | Fri 10/09/2020 |

# Pharmacy Claims Transfer Record Layout

This section provides the detailed information about the NCPDP Post Adjudication Version 4.7 and Medi-Cal Rx Supplemental Pharmacy Claims Extract file layouts and field contents.

Regarding the interpretation of numbers:

1. The format N(x)NV(y) represents a non-negative number with implied decimal between x and y, for a length of x+y. Please see the examples below:
   1. N(7)NV(3)
      1. Total length sent by Magellan will always be 10
      2. Will be sent without decimals
      3. To be interpreted as 7 whole numbers and 3 decimal places
      4. Whole number example: 0000030000 = 30.000
      5. Decimal example: 0000000750 = 0.750
   2. N(7)NV(7)
      1. Total length sent by Magellan will always be 14
      2. Will be sent without decimals
      3. To be interpreted as 7 whole numbers and 7 decimal places
      4. Whole number example: 00000010000000 = 1.0000000
      5. Decimal example: 00000000002000 = 0.0002000
2. The format D(x,y) represents an overpunch number with implied decimal between x and y, for a length of x. Please see the examples below:
   1. D(8,2), the field length sent will be a total of 8 and 2 of those are to be interpreted as decimal spaces
   2. Data value 1234567Q = unpacked value of -123456.78

Below is a list of the 6Ø1-Ø4 RECORD TYPE codes and descriptions for file processing:

|  |  |
| --- | --- |
| **Record Type** | **Value** |
| Header Record | PA |
| Detail Record | DE |
| Compound Segment 1 (applicable only for compound claim) | CD |
| Compound Segment 2 (applicable only for compound claim more than 8 ingredient) | CE |
| Trailer Record | PT |

## 6.1 NCPDP Post Adj. 4.7 FFS Claims Extract Header Record

| Field | Field Name | Mandatory or Situational | Source | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6Ø1-Ø4 | RECORD TYPE | M | P | A/N | 2 | 1 | 2 | Hardcoded value ‘PA’ |
| 1Ø2-A2 | VERSION/RELEASENUMBER | M | P | A/N | 2 | 3 | 4 | 47 |
| 879-N2 | SENDING ENTITY IDENTIFIER | M | P | A/N | 24 | 5 | 28 | MAGELLAN |
| 8Ø6-5C | BATCHNUMBER | M | P | N | 7 | 29 | 35 |  |
| 88Ø-K2 | CREATIONDATE | M | P | N | 8 | 36 | 43 |  |
| 88Ø-K3 | CREATIONTIME | M | P | N | 4 | 44 | 47 |  |
| 88Ø-K7 | RECEIVERID | M | P | A/N | 24 | 48 | 71 |  |
| 6Ø1-Ø6 | REPORTING PERIOD STARTDATE | M | P | N | 8 | 72 | 79 |  |
| 6Ø1-Ø5 | REPORTING PERIOD ENDDATE | M | P | N | 8 | 80 | 87 |  |
| 7Ø2-MC | FILE TYPE | M | P | A/N | 1 | 88 | 88 | T – Test – In processing systems, the test environment P – Production – In processing systems, the live environment |
| 981-JV | TRANSMISSION ACTION | M | P | A/N | 1 | 89 | 89 | F – Full Replace – A total substitute of the existing file D – Delete – Remove the existing file U – Update – Modify an existing file O – Original Submission (New) – A new file  C – Correction/Adjustment to a previous batch – Modify a previously submitted batch D – Deletion of a previous batch – Removal of a previously submitted batch P – Replacement of a previous batch (delete followed by add) – The removal of an existing batch previously submitted with the addition of the submitted batch immediately following |
| 888 | SUBMISSIONNUMBER | S | P | A/N | 2 | 90 | 91 | Blank – Not Specified 00 – Original Submission 01 – First resubmission 02 – Second resubmission 03 – 99 – Number of Resubmissions |
|  | FILLER | S | P | A/N | 4409 | 92 | 4500 | SPACES |

## 6.2 NCPDP Post Adj. 4.7 FFS Claims Extract Detail Record

| Field | Field Name | Mandatory or Situational | Source | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6Ø1-Ø4 | RECORD TYPE | M | P | A/N | 2 | 1 | 2 | Hardcoded value ‘DE' |
| 398 | RECORD INDICATOR | S | P | A/N | 1 | 3 | 3 | 0 = New Record  NOTE:  1) Claim reversals should be treated as New Records.  2) Claim adjustments should be treated as New Records.  3) For all transactions this field will default as '0'. |
| SECTION DENOTES ELIGIBILITY CATEGORY: ELG | | | | | | | | |
| 248 | ELIGIBLE COVERAGE CODE | S | P | A/N | 3 | 4 | 6 | Hardcoded value 'IND' |
| 898 | USER BENEFIT ID | S | P | A/N | 10 | 7 | 16 | PLAN\_ID |
| 899 | USER COVERAGE ID | S | P | A/N | 10 | 17 | 26 | SPACES |
| 246 | ELIGIBILITY GROUP ID | S | P | A/N | 15 | 27 | 41 | Aid category |
| 27Ø | LINE OF BUSINESS CODE | S | P | A/N | 6 | 42 | 47 | SPACES |
| 267 | INSURANCE CODE | S | P | A/N | 20 | 48 | 67 | SPACES |
| 22Ø | CLIENT ASSIGNED LOCATION CODE | S | P | A/N | 20 | 68 | 87 | SPACES |
| 222 | CLIENT PASSTHROUGH | S | P | A/N | 200 | 88 | 287 | SPACES |
| CARDHOLDER INFORMATION: CRD | | | | | | | | |
| 302-C2 | CARDHOLDER ID | M | C/P | A/N | 20 | 288 | 307 | CARDHOLDER\_ID  Client Index Number (CIN) |
| 716-SY | LAST NAME | S | P | A/N | 35 | 308 | 342 | LAST\_NAME |
| 717-SX | FIRST NAME | S | P | A/N | 35 | 343 | 377 | FIRST\_NAME |
| 718-SZ | MIDDLE INITIAL | S | P | A/N | 1 | 378 | 378 | INIT |
| 28Ø | NAME SUFFIX | S | P | A/N | 10 | 379 | 388 | SPACES |
| 726-SR | ADDRESS LINE 1 | S | P | A/N | 40 | 389 | 428 | ADDRESS\_LINE\_1 |
| 727-SS | ADDRESS LINE 2 | S | P | A/N | 40 | 429 | 468 | ADDRESS\_LINE\_2 |
| 728-SU | CITY | S | P | A/N | 30 | 469 | 498 | CITY\_TOWN |
| 729-TA | STATE/PROVINCE ADDRESS | S | P | A/N | 2 | 499 | 500 | PROV\_STATE\_CD |
| 73Ø | ZIP/POSTAL CODE | S | P | A/N | 15 | 501 | 515 | POSTAL\_ZIP |
| B36-1W | ENTITY COUNTRY CODE | S | P | A/N | 2 | 516 | 517 | COUNTRY\_CD |
| 214 | CARDHOLDER DATE OF BIRTH | S | P | N | 8 | 518 | 525 | BIRTH\_DT |
| 721-MD | GENDER CODE | S | P | N | 1 | 526 | 526 | GENDER\_CD |
| 274 | MEDICARE PLAN CODE | S | P | A/N | 1 | 527 | 527 | SPACES |
| 288 | PAYROLL CLASS | S | P | A/N | 1 | 528 | 528 | SPACES |
| SUBSECTION DENOTES PATIENT INFORMATION: PAT | | | | | | | | |
| 331-CX | PATIENT ID QUALIFIER | S | P | A/N | 2 | 529 | 530 | Hardcoded value '06' =  Medicaid ID-a number assigned by a state Medicaid agency |
| 332-CY | PATIENT ID | S | P | A/N | 20 | 531 | 550 | I\_CARDHOLDER\_ID |
| 716-SY | LAST NAME | S | P | A/N | 35 | 551 | 585 | I\_PATIENT\_LAST\_NAME |
| 717-SX | FIRST NAME | S | P | A/N | 35 | 586 | 620 | I\_PATIENT\_FIRST\_NAME |
| 718 | MIDDLE INITIAL | S | P | A/N | 1 | 621 | 621 | SPACES |
| 280 | NAME SUFFIX | S | P | A/N | 10 | 622 | 631 | SPACES |
| 726-SR | ADDRESS LINE 1 | S | P | A/N | 40 | 632 | 671 | SUBSTR(ADDRESS\_LINE\_1,0,32) |
| 727-SS | ADDRESS LINE 2 | S | P | A/N | 40 | 672 | 711 | SUBSTR(ADDRESS\_LINE\_2,0,32) |
| 728 | CITY | S | P | A/N | 30 | 712 | 741 | CITY\_TOWN |
| 729-TA | STATE/PROVINCE ADDRESS | S | P | A/N | 2 | 742 | 743 | PROV\_STATE\_CD |
| 730 | ZIP/POSTAL CODE | S | P | A/N | 15 | 744 | 758 | POSTAL\_ZIP |
| A43-1K | PATIENT COUNTRY CODE | S | P | A/N | 2 | 759 | 760 | SPACES |
| 304-C4 | DATE OF BIRTH | S | P | N | 8 | 761 | 768 | I\_BIRTH\_DT |
| 305-C5 | PATIENT GENDER CODE | S | P | N | 1 | 769 | 769 | I\_GENDER\_CD |
| 247 | ELIGIBILITY/PATIENT RELATIONSHIP CODE | S | P | N | 2 | 770 | 771 | Hardcoded as '18' for Self. This is the subscriber |
| 208 | AGE | S | P | N | 3 | 772 | 774 | Hardcoded as 000 |
| 3Ø3-C3 | PERSON CODE | S | P | A/N | 3 | 775 | 777 | ADJ\_PERSON\_CD |
| 306-C6 | PATIENT RELATIONSHIP CODE | S | C | N | 1 | 778 | 778 | Hardcoded as '18' for Self. This is the subscriber |
| 3Ø9-C9 | ELIGIBILITY CLARIFICATION CODE | S | C | A/N | 1 | 779 | 779 | I\_ELIG\_CLARIFICATION\_CD |
| 336-8C | FACILITY ID | S | P | A/N | 10 | 780 | 789 | I\_FACILITY\_ID |
| SECTION DENOTES BENEFIT CATEGORY: BEN | | | | | | | | |
| 3Ø1-C1 | GROUP ID | S | P | A/N | 15 | 790 | 804 | Aid Category |
| 215 | CARRIER NUMBER | S | P | A/N | 10 | 805 | 814 | SPACES |
| 757-U6 | BENEFIT ID | S | P | A/N | 15 | 815 | 829 | I\_PLAN\_ID  MEDD01 - MEDICAL RX |
| 24Ø | CONTRACT NUMBER | S | P | A/N | 8 | 830 | 837 | SPACES |
| 212 | BENEFIT TYPE | S | P | A/N | 1 | 838 | 838 | Hardcoded value ‘5’  Standard Program (Integrated Card, Mail Service & Member Paper Programs) – Claims accepted from all types of dispensing providers and paper claims submitted requesting reimbursement after dispensing. |
| 279 | MEMBER SUBMITTED CLAIM PROGRAM CODE | S | P | A/N | 1 | 839 | 839 | SPACES |
| 282 | NON-POS CLAIM OVERRIDE CODE | S | P | A/N | 1 | 840 | 840 | SPACES |
| 282 | NON-POS CLAIM OVERRIDE CODE | S | P | A/N | 1 | 841 | 841 | SPACES |
| 282 | NON-POS CLAIM OVERRIDE CODE | S | P | A/N | 1 | 842 | 842 | SPACES |
| 241 | COPAY MODIFIER ID | S | P | A/N | 10 | 843 | 852 | SPACES |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 853 | 853 | SPACES  Indicates the type of cutback, if any, imposed by plan. |
| 293 | PREFERRED ALTERNATIVE FILE ID | S | P | A/N | 10 | 854 | 863 | SPACES |
| 3Ø8-C8 | OTHER COVERAGE CODE | S | C | N | 2 | 864 | 865 | I\_OTHER\_COV\_CD |
| 291 | PLAN BENEFITCODE | S | P | A/N | 2 | 866 | 867 | SPACES |
| 6Ø1-Ø1 | PLAN TYPE | S | P | A/N | 4 | 868 | 871 | Hardcoded value ‘1920’ |
| SECTION DENOTES PHARMACY CATEGORY: PHM | | | | | | | | |
| 2Ø2-B2 | SERVICE PROVIDER IDQUALIFIER | S | C | A/N | 2 | 872 | 873 | I\_SERVICE\_PROVIDER\_ID\_QLFR |
| 201-B1 | SERVICE PROVIDER ID | M | C | A/N | 15 | 874 | 888 | I\_SERVICE\_PROVIDER\_ID |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER (ALTERNATE) | S | P | A/N | 2 | 889 | 890 | SERVICE\_PROVIDER\_ID\_QLFR |
| 201-B1 | SERVICE PROVIDER ID(ALTERNATE) | S | P | A/N | 15 | 891 | 905 | SERVICE\_PROVIDER\_ID |
| 886 | SERVICE PROVIDER CHAIN CODE | S | P | A/N | 7 | 906 | 912 | THIRD\_PARTY\_AGENCY\_ID |
| 833-5P | PHARMACY NAME | S | P | A/N | 70 | 913 | 982 | SERVICE\_PROVIDER\_NAME |
| 726-SR | ADDRESS LINE 1 | S | P | A/N | 40 | 983 | 1022 | ADDRESS\_LINE\_1 |
| 727-SS | ADDRESS LINE 2 | S | P | A/N | 40 | 1023 | 1062 | ADDRESS\_LINE\_2 |
| 728 | CITY | S | P | A/N | 30 | 1063 | 1092 | CITY\_TOWN |
| 729-TA | STATE/PROVINCE ADDRESS | S | P | A/N | 2 | 1093 | 1094 | PROV\_STATE\_CD |
| 73Ø | ZIP/POSTAL CODE | S | P | A/N | 15 | 1095 | 1109 | POSTAL\_ZIP |
| 887 | SERVICE PROVIDER COUNTY CODE | S | P | A/N | 3 | 1110 | 1112 | SPACES |
| A93 | SERVICE PROVIDER COUNTRY CODE | S | P | A/N | 2 | 1113 | 1114 | COUNTRY\_CD |
| 732 | TELEPHONE NUMBER | S | P | N | 10 | 1115 | 1124 | PHONE\_NUMBER |
| B1Ø-8A | TELEPHONE NUMBER EXTENSION | S | P | N | 8 | 1125 | 1132 | EXTENSION |
| 146 | PHARMACY DISPENSER TYPE QUALIFIER | S | P | A/N | 1 | 1133 | 1133 | If NCPDP value then 2, else blank |
| 29Ø | PHARMACY DISPENSER TYPE | S | P | A/N | 2 | 1134 | 1135 | DISPENSER\_TYPE\_CD |
| 15Ø | PHARMACY CLASS CODE QUALIFIER | S | P | A/N | 1 | 1136 | 1136 | If NCPDP value is 2, else blank |
| 289 | PHARMACY CLASS CODE | S | P | A/N | 1 | 1137 | 1137 | DISPENSER\_CLASS\_CD |
| 266 | IN NETWORK INDICATOR | S | P | A/N | 1 | 1138 | 1138 | 'Y' or 'N'  Populate as 'Y' for all paid, if denied, then check if the NPI is in file for the date of service. |
| 545-2F | NETWORK REIMBURSEMENT ID | S | P | A/N | 10 | 1139 | 1148 | SPACES |
| SECTION DENOTES PRESCRIBER CATEGORY: PRE | | | | | | | | |
| 466-EZ | PRESCRIBER ID QUALIFIER | S | C | A/N | 2 | 1149 | 1150 | I\_PRESCRIBER\_ID\_QLFR |
| 411-DB | PRESCRIBER ID | S | C | A/N | 15 | 1151 | 1165 | I\_PRESCRIBER\_ID |
| 466-EZ | PRESCRIBER ID QUALIFIER(ALTERNATE) | S | P | A/N | 2 | 1166 | 1167 | REGISTER\_CD |
| 411-DB | PRESCRIBER ID(ALTERNATE) | S | P | A/N | 15 | 1168 | 1182 | PRACTITIONER\_REGISTER\_ID |
| 296 | PRESCRIBER TAXONOMY | S | P | A/N | 10 | 1183 | 1192 | TAXONOMY\_CD |
| 295 | PRESCRIBER CERTIFICATION STATUS | S | P | A/N | 2 | 1193 | 1194 | CLAIM\_STATUS\_CD |
| 716-SY | LAST NAME | S | P | A/N | 35 | 1195 | 1229 | LAST\_NAME |
| 717-SX | FIRST NAME | S | P | A/N | 35 | 1230 | 1264 | FIRST\_NAME |
| 732 | TELEPHONE NUMBER | S | P | N | 10 | 1265 | 1274 | PHONE\_NUMBER |
| B1Ø-8A | TELEPHONE NUMBER EXTENSION | S | C/P | N | 8 | 1275 | 1282 | EXTENSION |
| 468-2E | PRIMARY CARE PROVIDER ID QUALIFIER | S | C/P | A/N | 2 | 1283 | 1284 | I\_PRIMARY\_CARE\_PROVDR\_ID\_QLFR |
| 421-DL | PRIMARY CARE PROVIDER ID | S | C/P | A/N | 15 | 1285 | 1299 | I\_PRIMARY\_CARE\_PROVDR\_ID |
| 716 | LAST NAME | S | P | A/N | 35 | 1300 | 1334 | LAST\_NAME |
| 717 | FIRST NAME | S | P | A/N | 35 | 1335 | 1369 | FIRST\_NAME |
| SECTION DENOTES CLAIM CATEGORY: CLM | | | | | | | | |
| 399 | RECORD STATUS CODE | M | P | A/N | 1 | 1370 | 1370 | TXN\_TYPE\_CD CLAIM\_STATUS\_CD |
| 218 | CLAIM MEDIA TYPE | M | P | A/N | 1 | 1371 | 1371 | PBS\_TXN\_SUB\_CD |
| 395 | PROCESSOR PAYMENT CLARIFICATIONCODE | S | P | A/N | 2 | 1372 | 1373 | SPACES |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | M | C | A/N | 1 | 1374 | 1374 | I\_RX\_SERVICE\_REF\_NO\_QLFR |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCENUMBER | M | C | N | 12 | 1375 | 1386 | lpad(I\_RX\_SERVICE\_REF\_NO,12,0) |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | M | C | A/N | 2 | 1387 | 1388 | I\_PRODUCT\_SERVICE\_ID\_QLFR |
| 4Ø7-D7 | PRODUCT/SERVICEID | M | C | A/N | 40 | 1389 | 1428 | I\_PRODUCT\_SERVICE\_ID |
| 401-D1 | DATE OFSERVICE | M | C | N | 8 | 1429 | 1436 | I\_SERVICE\_DT |
| 578 | ADJUDICATIONDATE | M | P | N | 8 | 1437 | 1444 | ADJUD\_DT |
| 2Ø3 | ADJUDICATION TIME | S | P | N | 6 | 1445 | 1450 | LAST\_UPD\_TIMESTAMP |
| 283 | ORIGINAL CLAIM RECEIVED DATE | S | P | N | 8 | 1451 | 1458 | Defaulted as zeros |
| 219 | CLAIM SEQUENCE NUMBER | S | P | N | 5 | 1459 | 1463 | Defaulted as zeros |
| 213 | BILLING CYCLE END DATE | S | P | N | 8 | 1464 | 1471 | Defaulted as zeros |
| 239 | COMMUNICATION TYPE INDICATOR | S | P | A/N | 2 | 1472 | 1473 | SPACES |
| 3Ø7-C7 | PLACE OF SERVICE | S | C | N | 2 | 1474 | 1475 | I\_PATIENT\_LOCATION |
| 384-4X | PATIENT RESIDENCE | S | C | N | 2 | 1476 | 1477 | I\_PATIENT\_RESIDENCE\_CD |
| 419-DJ | PRESCRIPTION ORIGIN CODE | S | C | N | 1 | 1478 | 1478 | I\_RX\_ORIGIN\_CD |
| 278 | MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE | S | P | N | 8 | 1479 | 1486 | Defaulted as zeros |
| 217 | CLAIM DATE RECEIVED IN THE MAIL | S | P | N | 8 | 1487 | 1494 | Defaulted as zeros |
| 268 | INTERNAL MAIL ORDER PRESCRIPTION/SERVICE REFERENCE NUMBER | S | P | A/N | 15 | 1495 | 1509 | SPACES |
| 1Ø2-A2 | VERSION/RELEASE NUMBER (OF THE CLAIM) | S | C | A/N | 2 | 1510 | 1511 | I\_VERSION\_RELEASE\_NO |
| 216 | CHECK DATE | S | P | N | 8 | 1512 | 1519 | Sent as all zeros |
| 287 | PAYMENT/REFERENCE ID | S | P | A/N | 30 | 1520 | 1549 | SPACES |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | S | C | N | 12 | 1550 | 1561 | I\_ASSOCIATED\_RX\_SERVICE\_NO |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | S | C | N | 8 | 1562 | 1569 | I\_ASSOCIATED\_RX\_SERVICE\_DT |
| 442-E7 | QUANTITY DISPENSED | S | C | N(7)VN(3) | 10 | 1570 | 1579 | I\_QTY\_DISPENSED |
| 4Ø3-D3 | FILL NUMBER | S | C | N | 2 | 1580 | 1581 | This is the fill number that comes in from the pharmacy |
| 4Ø5-D5 | DAYS SUPPLY | S | C | N | 3 | 1582 | 1584 | I\_DAYS\_SUPPLY |
| 414-DE | DATE PRESCRIPTION WRITTEN | S | C | N | 8 | 1585 | 1592 | I\_RX\_DT |
| 4Ø8-D8 | DISPENSE ASWRITTEN (DAW)/PRODUCT SELECTION CODE | S | C | A/N | 1 | 1593 | 1593 | I\_DAW\_CD |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | S | C | N | 2 | 1594 | 1595 | I\_NO\_REFILLS\_AUTH |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 1596 | 1597 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 1598 | 1599 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 418-DI | LEVEL OF SERVICE | S | C | N | 2 | 1600 | 1601 | I\_LEVEL\_OF\_SERVICE |
| 343-HD | DISPENSING STATUS | S | C | A/N | 1 | 1602 | 1602 | I\_DISPENSING\_STATUS |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | S | C | N(7)VN(3) | 10 | 1603 | 1612 | I\_QTY\_DISPENSED |
| 46Ø-ET | QUANTITYPRESCRIBED | S | C | N(7)VN(3) | 10 | 1613 | 1622 | I\_QTY\_PRESCRIBED |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | S | C | N | 3 | 1623 | 1625 | I\_DAYS\_SUPPLY |
| 254 | FILL NUMBER CALCULATED | S | P | N | 2 | 1626 | 1627 | Defaulted as zeros |
| 4Ø6-D6 | COMPOUND CODE | S | C | N | 1 | 1628 | 1628 | I\_COMPOUND\_CD |
| 996-G1 | COMPOUND TYPE | S | C | A/N | 2 | 1629 | 1630 | I\_COMPOUND\_TYPE |
| 452-EH | COMPOUND ROUTE OFADMINISTRATION | S | C | N | 2 | 1631 | 1632 | FIELD IS NO LONGER IN USE  I\_CMPND\_ROUTE\_OF\_ADMIN - 51 |
| 995-E2 | ROUTE OFADMINISTRATION | S | C | N | 11 | 1633 | 1643 | I\_ROUTE\_OF\_ADMIN - D0  SNOMED value from the pharmacy. The description will be in the supplemental file “ROUTE OF ADMINISTRATION DESCRIPTION” |
| C60-AG | COMPOUND LEVEL OF COMPLEXITY | S | C | A/N | 2 | 1644 | 1645 | SPACES |
| C99-KU | PREPARATION ENVIRONMENT TYPE | S | C | A/N | 2 | 1646 | 1647 | SPACES |
| C98-KT | PREPARATION ENVIRONMENT EVENT CODE | S | C | N | 3 | 1648 | 1650 | Defaulted as zeros |
| 492-WE | DIAGNOSIS CODE QUALIFIER | S | C | A/N | 2 | 1651 | 1652 | I\_DIAGNOSIS\_CD\_QLFR |
| 424-DO | DIAGNOSIS CODE | S | C | A/N | 15 | 1653 | 1667 | I\_DIAGNOSIS\_CD |
| 492-WE | DIAGNOSIS CODE QUALIFIER | S | C | A/N | 2 | 1668 | 1669 | I\_DIAGNOSIS\_CD\_QLFR |
| 424-DO | DIAGNOSIS CODE | S | C | A/N | 15 | 1670 | 1684 | I\_DIAGNOSIS\_CD |
| 492-WE | DIAGNOSIS CODE QUALIFIER | S | C | A/N | 2 | 1685 | 1686 | I\_DIAGNOSIS\_CD\_QLFR |
| 424-DO | DIAGNOSIS CODE | S | C | A/N | 15 | 1687 | 1701 | I\_DIAGNOSIS\_CD |
| 492-WE | DIAGNOSIS CODE QUALIFIER | S | C | A/N | 2 | 1702 | 1703 | I\_DIAGNOSIS\_CD\_QLFR |
| 424-DO | DIAGNOSIS CODE | S | C | A/N | 15 | 1704 | 1718 | I\_DIAGNOSIS\_CD |
| 492-WE | DIAGNOSIS CODE QUALIFIER | S | C | A/N | 2 | 1719 | 1720 | I\_DIAGNOSIS\_CD\_QLFR |
| 424-DO | DIAGNOSIS CODE | S | C | A/N | 15 | 1721 | 1735 | I\_DIAGNOSIS\_CD |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1736 | 1737 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICECODE | S | C | A/N | 2 | 1738 | 1739 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICECODE | S | C | A/N | 2 | 1740 | 1741 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1742 | 1743 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICECODE | S | C | A/N | 2 | 1744 | 1745 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICECODE | S | C | A/N | 2 | 1746 | 1747 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1748 | 1749 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1750 | 1751 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1752 | 1753 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1754 | 1755 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1756 | 1757 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1758 | 1759 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1760 | 1761 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1762 | 1763 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1764 | 1765 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1766 | 1767 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1768 | 1769 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1770 | 1771 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1772 | 1773 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1774 | 1775 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1776 | 1777 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1778 | 1779 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1780 | 1781 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1782 | 1783 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1784 | 1785 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1786 | 1787 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1788 | 1789 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1790 | 1791 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1792 | 1793 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1794 | 1795 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1796 | 1797 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1798 | 1799 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 439-E4 | REASON FOR SERVICE CODE | S | C | A/N | 2 | 1800 | 1801 | I\_REASON\_FOR\_SERVICE\_CD |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | S | C | A/N | 2 | 1802 | 1803 | I\_PROFESSIONAL\_SERVICE\_CD |
| 441-E6 | RESULT OF SERVICE CODE | S | C | A/N | 2 | 1804 | 1805 | I\_RESULT\_OF\_SERVICE\_CD |
| 474-8E | DUR/PPS LEVEL OF EFFORT | S | C | N | 2 | 1806 | 1807 | I\_DUR\_PPS\_LEVEL\_OF\_EFFORT |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 1808 | 1809 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 1810 | 1849 | I\_DUR\_CO\_AGENT\_ID |
| 878 | REJECT OVERRIDE CODE | S | P | A/N | 1 | 1850 | 1850 | SPACES |
| 511-FB | REJECT CODE | S | C | A/N | 3 | 1851 | 1853 | O\_REJECT\_CD |
| 511-FB | REJECT CODE | S | C | A/N | 3 | 1854 | 1856 | O\_REJECT\_CD |
| 511-FB | REJECT CODE | S | C | A/N | 3 | 1857 | 1859 | O\_REJECT\_CD |
| 511-FB | REJECT CODE | S | C | A/N | 3 | 1860 | 1862 | O\_REJECT\_CD |
| 511-FB | REJECT CODE | S | C | A/N | 3 | 1863 | 1865 | O\_REJECT\_CD |
| SECTION WORKER’S COMPENSATION CATEGORY: WKC | | | | | | | | |
| 435-DZ | CLAIM/REFERENCE ID | S | C | A/N | 30 | 1866 | 1895 | I\_CLAIM\_REFERENCE\_ID  For Medicaid, these will be spaces |
| 434-DY | DATE OF INJURY | S | C | N | 8 | 1896 | 1903 | I\_DT\_OF\_INJURY  For Medicaid, these are all zeros |
| SECTION PRODUCT CATEGORY: PRD | | | | | | | | |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 1904 | 1904 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 1905 | 1934 | This is drug name  SUBSTR (LABEL\_NAME, 1, 30) |
| 261 | GENERIC NAME | S | P | A/N | 30 | 1935 | 1964 | SUBSTR (GEN\_NAME, 1, 30) |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 15 | 1965 | 1979 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 1980 | 1983 | DOSAGE\_FORM\_CD |
|  | FILLER | S | P | A/N | 8 | 1984 | 1991 | SPACES |
| 425-DP | DRUG TYPE | S | P | N | 1 | 1992 | 1992 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 273 | MAINTENANCE DRUG INDICATOR | S | P | A/N | 1 | 1993 | 1993 | MAINTENANCE\_IND |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 1994 | 1994 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 1995 | 1995 | FEDERAL\_REGULATORY\_CD |
| 297 | PRESCRIPTION OVER THE COUNTER INDICATOR | S | P | A/N | 1 | 1996 | 1996 | RX\_REQUIRED\_IND  Blank -Not Specified O - Over the Counter (OTC) – prescription not required to be dispensed. F- Federal/Legend (Rx Prescription Only) S- State Restricted Medication – Under federal law, the product as dispensed does not require a prescription, but is restricted to prescription sale at the state level.  Will be blank on compound claims |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 1997 | 1999 | I\_SUBM\_CLARIFICATION\_CD where TXN\_REQ\_SUBM\_REC\_NO = 1 |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2000 | 2002 | I\_SUBM\_CLARIFICATION\_CD where TXN\_REQ\_SUBM\_REC\_NO = 2 |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2003 | 2005 | I\_SUBM\_CLARIFICATION\_CD where TXN\_REQ\_SUBM\_REC\_NO = 3 |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2006 | 2008 | SPACES |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2009 | 2011 | SPACES |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2012 | 2014 | SPACES |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2015 | 2017 | SPACES |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2018 | 2020 | SPACES |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | S | C | N | 3 | 2021 | 2023 | SPACES |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 2024 | 2024 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2025 | 2025 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples:  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2026 | 2065 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2066 | 2066 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2067 | 2106 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2107 | 2107 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2108 | 2147 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 2148 | 2148 | PRICE\_TYPE\_CD |
| 294 | PRESCRIBED DAYS SUPPLY | S | P | N | 3 | 2149 | 2151 | Defaulted as zeros |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2152 | 2152 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2153 | 2169 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2170 | 2170 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2171 | 2187 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2188 | 2188 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2189 | 2205 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2206 | 2206 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2207 | 2223 | AHFS\_CD |
| D17-K8 | SUBMISSION TYPE CODE | S | P | A/N | 2 | 2224 | 2225 | SPACES |
| D17-K8 | SUBMISSION TYPE CODE | S | P | A/N | 2 | 2226 | 2227 | SPACES |
| D17-K8 | SUBMISSION TYPE CODE | S | P | A/N | 2 | 2228 | 2229 | SPACES |
| D17-K8 | SUBMISSION TYPE CODE | S | P | A/N | 2 | 2230 | 2231 | SPACES |
| D17-K8 | SUBMISSION TYPE CODE | S | P | A/N | 2 | 2232 | 2233 | SPACES |
| SECTION DENOTES FORMULARY CATEGORY: FRM | | | | | | | | |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 2234 | 2234 | SPACE |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 2235 | 2235 | Hardcoded value 'Y' |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 2236 | 2243 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 256 | FORMULARY FILE ID | S | P | A/N | 15 | 2244 | 2258 | SPACES |
| 255 | FORMULARY CODE TYPE | S | P | A/N | 1 | 2259 | 2259 | SPACES |
| SECTION DENOTES PRICING CATEGORY: PRC | | | | | | | | |
| 5Ø6-F6 | INGREDIENT COST PAID | S | C | D(8,2) | 8 | 2260 | 2267 | Defaulted as zeros |
| 5Ø7-F7 | DISPENSING FEE PAID | S | C | D(8,2) | 8 | 2268 | 2275 | Defaulted as zeros |
| 894 | TOTAL AMOUNT PAID BY ALL SOURCES | M | P | D(8,2) | 8 | 2276 | 2283 | O\_TOTAL\_AMT\_PAID  (Provider Reimbursed Amount) |
| 523-FN | AMOUNT ATTRIBUTED TO SALESTAX | S | C | D(8,2) | 8 | 2284 | 2291 | Defaulted as zeros |
| 5Ø5-F5 | PATIENT PAY AMOUNT | S | C | D(8,2) | 8 | 2292 | 2299 | Defaulted as zeros |
| 518-FI | AMOUNT OF COPAY | S | C | D(8,2) | 8 | 2300 | 2307 | Defaulted as zeros |
| 572-4U | AMOUNT OFCOINSURANCE | S | C | D(8,2) | 8 | 2308 | 2315 | Defaulted as zeros |
| 519-FJ | AMOUNT ATTRIBUTED TO PRODUCT SELECTION | S | C | D(8,2) | 8 | 2316 | 2323 | Defaulted as zeros |
| 517-FH | AMOUNT APPLIED TO PERIODICDEDUCTIBLE | S | C | D(8,2) | 8 | 2324 | 2331 | Defaulted as zeros |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSORFEE | S | C | D(8,2) | 8 | 2332 | 2339 | Defaulted as zeros |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | S | C | D(8,2) | 8 | 2340 | 2347 | Defaulted as zeros |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | S | C | D(8,2) | 8 | 2348 | 2355 | Defaulted as zeros |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | S | C | D(8,2) | 8 | 2356 | 2363 | Defaulted as zeros |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | S | C | D(8,2) | 8 | 2364 | 2371 | Defaulted as zeros |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | S | C | D(8,2) | 8 | 2372 | 2379 | Defaulted as zeros |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 2380 | 2380 | SPACES |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 2381 | 2382 | SPACES |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 2383 | 2383 | G for Generic  B for Brand  D defaulted if not G or B. |
| 284 | OUT OF POCKET APPLY AMOUNT | S | P | D(8,2) | 8 | 2384 | 2391 | Defaulted as zeros |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 2392 | 2400 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 2401 | 2409 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 2410 | 2418 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 2419 | 2427 | Defaulted as zeros |
| 43Ø-DU | GROSS AMOUNT DUE | S | C | D(8,2) | 8 | 2428 | 2435 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 2436 | 2444 | Defaulted as zeros |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | S | C | D(8,2) | 8 | 2445 | 2452 | Defaulted as zeros |
| 426-DQ | USUAL AND CUSTOMARYCHARGE | S | C | D(8,2) | 8 | 2453 | 2460 | I\_USUAL\_AND\_CUSTOMARY\_AMT |
| 558-AW | REGULATORY FEE AMOUNT PAID | S | C | D(8,2) | 8 | 2461 | 2468 | Defaulted as zeros |
| 559-AX | PERCENTAGE TAX AMOUNT PAID | S | C | D(8,2) | 8 | 2469 | 2476 | Defaulted as zeros |
| 56Ø-AY | PERCENTAGE TAX RATE PAID | S | C | D(7,4) | 7 | 2477 | 2483 | Defaulted as zeros |
| 561-AZ | PERCENTAGE TAX BASIS PAID | S | C | A/N | 2 | 2484 | 2485 | SPACES |
| 521-FL | INCENTIVE AMOUNT PAID | S | C | D(8,2) | 8 | 2486 | 2493 | Defaulted as zeros |
| 562-J1 | PROFESSIONAL SERVICE FEE PAID | S | C | D(8,2) | 8 | 2494 | 2501 | Defaulted as zeros |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | S | C | A/N | 2 | 2502 | 2503 | SPACES |
| 565-J4 | OTHER AMOUNT PAID | S | C | D(8,2) | 8 | 2504 | 2511 | Defaulted as zeros |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | S | C | A/N | 2 | 2512 | 2513 | SPACES |
| 565-J4 | OTHER AMOUNT PAID | S | C | D(8,2) | 8 | 2514 | 2521 | Defaulted as zeros |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | S | C | A/N | 2 | 2522 | 2523 | SPACES |
| 565-J4 | OTHER AMOUNT PAID | S | C | D(8,2) | 8 | 2524 | 2531 | Defaulted as zeros |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | S | C | D(8,2) | 8 | 2532 | 2539 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 2540 | 2541 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 2542 | 2551 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 2552 | 2553 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 2554 | 2563 | Defaulted as zeros |
| 281 | NET AMOUNT DUE | M | P | D(8,2) | 8 | 2564 | 2571 | O\_TOTAL\_AMT\_PAID. Zero dollar paid claims are allowed |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 2572 | 2573 | SPACES |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | S | C | D(8,2) | 8 | 2574 | 2581 | Defaulted as zeros |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | S | C | D(8,2) | 8 | 2582 | 2589 | Defaulted as zeros |
| 514-FE | REMAINING BENEFIT AMOUNT | S | C | D(8,2) | 8 | 2590 | 2597 | Defaulted as zeros |
| 242 | COST DIFFERENCE AMOUNT | S | P | D(8,2) | 8 | 2598 | 2605 | Defaulted as zeros |
| 249 | EXCESS COPAY AMOUNT | S | P | D(8,2) | 8 | 2606 | 2613 | Defaulted as zeros |
| 277 | MEMBER SUBMIT AMOUNT | S | P | D(8,2) | 8 | 2614 | 2621 | Defaulted as zeros |
| 265 | HOLD HARMLESS AMOUNT | S | P | D(8,2) | 8 | 2622 | 2629 | Defaulted as zeros |
| 52Ø-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | S | C | D(8,2) | 8 | 2630 | 2637 | Defaulted as zeros |
| 346-HH | BASIS OF CALCULATION – DISPENSINGFEE | S | C | A/N | 2 | 2638 | 2639 | SPACES |
| 347-HJ | BASIS OF CALCULATION – COPAY | S | C | A/N | 2 | 2640 | 2641 | SPACES |
| 348-HK | BASIS OF CALCULATION – REGULATORY FEE | S | C | A/N | 2 | 2642 | 2643 | SPACES |
| 349-HM | BASIS OF CALCULATION-PERCENTAGE TAX | S | C | A/N | 2 | 2644 | 2645 | SPACES |
| 573-4V | BASIS OF CALCULATION –COINSURANCE | S | C | A/N | 2 | 2646 | 2647 | SPACES |
| 557-AV | PERCENTAGE TAX EXEMPT INDICATOR | S | C | A/N | 1 | 2648 | 2648 | SPACE |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 2649 | 2656 | Defaulted as zeros |
| 276 | MEDICARE RECOVERY INDICATOR | S | P | A/N | 1 | 2657 | 2657 | SPACE |
| 275 | MEDICARE RECOVERY DISPENSING INDICATOR | S | P | A/N | 1 | 2658 | 2658 | SPACE |
| 286 | PATIENT SPEND DOWNAMOUNT | S | P | D(8,2) | 8 | 2659 | 2666 | Defaulted as zeros |
| 263 | HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED | S | P | D(8,2) | 8 | 2667 | 2674 | Defaulted as zeros |
| 264 | HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING | S | P | D(8,2) | 8 | 2675 | 2682 | Defaulted as zeros |
| 2Ø7 | ADMINISTRATIVE FEE EFFECT INDICATOR | S | P | A/N | 1 | 2683 | 2683 | SPACES |
| 2Ø6 | ADMINISTRATIVE FEE AMOUNT | S | P | D(4,2) | 4 | 2684 | 2687 | Defaulted as zeros |
| 269 | INVOICED AMOUNT | S | P | D(11,2) | 11 | 2688 | 2698 | Defaulted as zeros |
|  | FILLER | S | P | A/N | 10 | 2699 | 2708 | SPACES |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | S | C | D(8,2) | 8 | 2709 | 2716 | Defaulted as zeros |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | S | C | D(8,2) | 8 | 2717 | 2724 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2725 | 2726 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2727 | 2734 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2735 | 2736 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2737 | 2744 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2745 | 2746 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2747 | 2754 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2755 | 2756 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2757 | 2764 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2765 | 2766 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2767 | 2774 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2775 | 2776 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2777 | 2784 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2785 | 2786 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2787 | 2794 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2795 | 2796 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2797 | 2804 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2805 | 2806 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2807 | 2814 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2815 | 2816 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2817 | 2824 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2825 | 2826 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2827 | 2834 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2835 | 2836 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2837 | 2844 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2845 | 2846 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2847 | 2854 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2855 | 2856 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2857 | 2864 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2865 | 2866 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2867 | 2874 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2875 | 2876 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2877 | 2884 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2885 | 2886 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2887 | 2894 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2895 | 2896 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2897 | 2904 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2905 | 2906 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2907 | 2914 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2915 | 2916 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2917 | 2924 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2925 | 2926 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2927 | 2934 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2935 | 2936 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2937 | 2944 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2945 | 2946 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2947 | 2954 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2955 | 2956 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2957 | 2964 | Defaulted as zeros |
| C95-KQ | PATIENT PAY COMPONENT QUALIFIER | S | C | A/N | 2 | 2965 | 2966 | SPACES |
| C93-KN | PATIENT PAY COMPONENT AMOUNT | S | C | D(8,2) | 8 | 2967 | 2974 | Defaulted as zeros |
| SECTION DENOTES PRIOR AUTHORIZATION CATEGORY: PAC | | | | | | | | |
| 461-EU | PRIOR AUTHORIZATION TYPECODE | S | C | N | 2 | 2975 | 2976 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 462-EV | PRIOR AUTHORIZATION ID SUBMITTED | S | C | A/N | 35 | 2977 | 3011 | I\_PRIOR\_AUTH\_NO |
| -PY | PRIOR AUTHORIZATION ID – ASSIGNED | S | P | A/N | 35 | 3012 | 3046 | Will match PA\_ID on the PA 2.2 extract when there is a PA |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 3047 | 3048 | SPACES |
| SECTION DENOTES ADJUSTMENT CATEGORY: AJD | | | | | | | | |
| 2Ø4 | ADJUSTMENT REASON CODE | S | P | N | 3 | 3049 | 3051 | Only populated for paper claims. CLAIM MEDIA TYPE = T |
| 2Ø5 | ADJUSTMENT TYPE | S | P | A/N | 1 | 3052 | 3052 | SPACE |
| 897 | TRANSACTION ID CROSSREFERENCE | S | P | A/N | 30 | 3053 | 3082 | Claim ID of original paid claim |
| SECTION DENOTES COORDINATION OF BENEFITS CATEGORY: COB | | | | | | | | |
| 225 | COB CARRIER SUBMIT AMOUNT | S | P | D(8,2) | 8 | 3083 | 3090 | Defaulted as zeros |
| 245 | ELIGIBILITY COB INDICATOR | S | P | A/N | 1 | 3091 | 3091 | I\_OTHER\_COV\_CD |
| 226 | COB PRIMARY CLAIM TYPE | S | P | A/N | 1 | 3092 | 3092 | Hardcoded value 'R' |
| 232 | COB PRIMARY PAYER ID | S | C/P | A/N | 10 | 3093 | 3102 | I\_OTHER\_PAYER\_ID |
|  | FILLER | S | P | A/N | 8 | 3103 | 3110 | SPACES |
| 228 | COB PRIMARY PAYER AMOUNTPAID | S | C/P | D(8,2) | 8 | 3111 | 3118 | Defaulted as zeros |
| 231 | COB PRIMARY PAYERDEDUCTIBLE | S | C/P | D(8,2) | 8 | 3119 | 3126 | Defaulted as zeros |
| 229 | COB PRIMARY PAYERCOINSURANCE | S | C/P | D(8,2) | 8 | 3127 | 3134 | Defaulted as zeros |
| 23Ø | COB PRIMARY PAYER COPAY | S | C/P | D(8,2) | 8 | 3135 | 3142 | Defaulted as zeros |
| 238 | COB SECONDARY PAYER ID | S | C/P | A/N | 10 | 3143 | 3152 | I\_OTHER\_PAYER\_ID |
|  | FILLER | S | P | A/N | 8 | 3153 | 3160 | SPACES |
| 234 | COB SECONDARY PAYER AMOUNTPAID | S | C/P | D(8,2) | 8 | 3161 | 3168 | Defaulted as zeros |
| 237 | COB SECONDARY PAYERDEDUCTIBLE | S | C/P | D(8,2) | 8 | 3169 | 3176 | Defaulted as zeros |
| 235 | COB SECONDARY PAYERCOINSURANCE | S | C/P | D(8,2) | 8 | 3177 | 3184 | Defaulted as zeros |
| 236 | COB SECONDARY PAYER COPAY | S | C/P | D(8,2) | 8 | 3185 | 3192 | Defaulted as zeros |
| SECTION DENOTES REFERENCE CATEGORY: REF | | | | | | | | |
| 896 | TRANSACTION ID | M | P | A/N | 30 | 3193 | 3222 | Claim ID |
| 5Ø3-F3 | AUTHORIZATION NUMBER | S | P | A/N | 20 | 3223 | 3242 | SPACES |
| 224 | CLIENT SPECIFIC DATA | S | P | A/N | 50 | 3243 | 3292 | CICS CLAIM STATUS CODE, HCP NUMBER and FILLER are a subset of the 50-byte CLIENT SPECIFIC DATA field |
|  | *CICS CLAIM STATUS CODE* | *S* | *P* | *A/N* | *3* | *3243* | *3245* | *If Denied Claims = 'DNI' If Paid with no reject codes = 'PAY' If PAID claim with reject code = 'PWE' If Reversal claim update with 'REV'* |
|  | *HCP NUMBER* | *S* | *P* | *A/N* | *5* | *3246* | *3250* | *HCP NUMBER* |
|  | *ROUTE\_CD* | *S* | *P* | *A/N* | *2* | *3251* | *3252* | *FDB ROUTE CD* |
|  | *SUBMITTED MEMBER ID* | *S* | *P* | *A/N* | *20* | *3253* | *3272* | *Submitted Member ID*  *This ID is submitted by the pharmacy on the claim (i.e. CIN, BIC, Plan ID, etc…)* |
|  | *FILLER* | *S* | *P* | *A/N* | *20* | *3273* | *3292* |  |
| 396 | PROCESSOR SPECIFIC DATA (PSD) Redefined Below | S | P | A/N | 50 | 3293 | 3342 | PSD 1 - TRANSACTION CODE and PSD 4 – FILLER fields are a subset of the 50-byte PROCESSOR SPECIFIC DATA |
|  | *PSD 1 - TRANSACTION CODE* | *S* | *P* | *A/N* | *2* | *3293* | *3294* | *B1/B2/B3* |
|  | *PSD 4 - FILLER* | *S* | *P* | *A/N* | *48* | *3295* | *3342* | SPACES |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | S | C | A/N | 1 | 3343 | 3343 | SPACE |
| ADDED IN VERSIONS CATEGORY: VCA | | | | | | | | |
| 393-MV | BENEFIT STAGEQUALIFIER | S | C | A/N | 2 | 3344 | 3345 | SPACES |
| 394-MW | BENEFIT STAGE AMOUNT | S | C | D(8,2) | 8 | 3346 | 3353 | Defaulted as zeros |
| 393-MV | BENEFIT STAGEQUALIFIER | S | C | A/N | 2 | 3354 | 3355 | SPACES |
| 394-MW | BENEFIT STAGE AMOUNT | S | C | D(8,2) | 8 | 3356 | 3363 | Defaulted as zeros |
| 393-MV | BENEFIT STAGEQUALIFIER | S | C | A/N | 2 | 3364 | 3365 | SPACES |
| 394-MW | BENEFIT STAGE AMOUNT | S | C | D(8,2) | 8 | 3366 | 3373 | Defaulted as zeros |
| 393-MV | BENEFIT STAGEQUALIFIER | S | C | A/N | 2 | 3374 | 3375 | SPACES |
| 394-MW | BENEFIT STAGE AMOUNT | S | C | D(8,2) | 8 | 3376 | 3383 | Defaulted as zeros |
| C51-9X | BENEFIT STAGE INDICATOR | S | C | A/N | 2 | 3384 | 3385 | SPACES |
| C51-9X | BENEFIT STAGE INDICATOR | S | C | A/N | 2 | 3386 | 3387 | SPACES |
| C51-9X | BENEFIT STAGE INDICATOR | S | C | A/N | 2 | 3388 | 3389 | SPACES |
| C51-9X | BENEFIT STAGE INDICATOR | S | C | A/N | 2 | 3390 | 3391 | SPACES |
| 69Ø-ZG | INVOICED DATE | S | P | N | 8 | 3392 | 3399 | Defaulted as zeros |
| 691-ZH | OUT OF POCKET REMAINING AMOUNT | S | P | D(8,2) | 8 | 3400 | 3407 | Defaulted as zeros |
| 302-C2 | CARDHOLDER ID (ALTERNATE) | S | P | A/N | 20 | 3408 | 3427 | SPACES |
| 692-ZJ | NUMBER OF GENERIC MANUFACTURERS | S | P | N | 3 | 3428 | 3430 | Defaulted as zeros |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3431 | 3432 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3433 | 3472 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3473 | 3474 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3475 | 3514 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3515 | 3516 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3517 | 3556 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3557 | 3558 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3559 | 3598 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3599 | 3600 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3601 | 3640 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3641 | 3642 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3643 | 3682 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3683 | 3684 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3685 | 3724 | I\_DUR\_CO\_AGENT\_ID |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3725 | 3726 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3727 | 3766 | I\_DUR\_CO\_AGENT\_ID |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3767 | 3768 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3769 | 3778 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3779 | 3780 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3781 | 3790 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3791 | 3792 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3793 | 3802 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3803 | 3804 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3805 | 3814 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3815 | 3816 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3817 | 3826 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3827 | 3828 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3829 | 3838 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3839 | 3840 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3841 | 3850 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3851 | 3852 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3853 | 3862 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3863 | 3864 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3865 | 3874 | Defaulted as zeros |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | S | C | A/N | 2 | 3875 | 3876 | SPACES |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | S | C | D(10,2) | 10 | 3877 | 3886 | Defaulted as zeros |
| A37 | SPECIALTY CLAIM INDICATOR | S | P | A/N | 1 | 3887 | 3887 | SPACE |
| A38 | MEMBER SUBMITTED CLAIM REJECT CODE | S | P | A/N | 3 | 3888 | 3890 | O\_REJECT\_CD |
| A38 | MEMBER SUBMITTED CLAIM REJECT CODE | S | P | A/N | 3 | 3891 | 3893 | O\_REJECT\_CD |
| A38 | MEMBER SUBMITTED CLAIM REJECT CODE | S | P | A/N | 3 | 3894 | 3896 | O\_REJECT\_CD |
| A38 | MEMBER SUBMITTED CLAIM REJECT CODE | S | P | A/N | 3 | 3897 | 3899 | O\_REJECT\_CD |
| A38 | MEMBER SUBMITTED CLAIM REJECT CODE | S | P | A/N | 3 | 3900 | 3902 | O\_REJECT\_CD |
| A39 | COPAY WAIVER AMOUNT | S | P | D(8,2) | 8 | 3903 | 3910 | Defaulted as zeros |
| A33-ZX | CMS PART D CONTRACT ID | S | P | A/N | 5 | 3911 | 3915 | SPACES |
| A34-ZY | MEDICARE PART D PLAN BENEFIT PACKAGE (PBP) | S | P | N | 3 | 3916 | 3918 | SPACES |
| A73 | MEDICARE DRUG COVERAGE CODE | S | P | A/N | 2 | 3919 | 3920 | SPACES |
|  | FILLER | M | P | A/N | 580 | 3921 | 4500 | SPACES |

## 6.3 NCPDP Post Adj. 4.7 FFS Claims Extract Compound Detail 1 Record

| Field | Field Name | Mandatory or Situational | Source | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6Ø1-Ø4 | RECORD TYPE | M | P | A/N | 2 | 1 | 2 | Hardcoded value 'CD' |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | M | C | A/N | 1 | 3 | 3 | I\_RX\_SERVICE\_REF\_NO\_QLFR |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCENUMBER | M | C | N | 12 | 4 | 15 | I\_RX\_SERVICE\_REF\_NO |
| 477-EC | COMPOUND INGREDIENT COMPONENTCOUNT | M | C | N | 2 | 16 | 17 | Value 8 or less |
| SECTION DENOTES FIRST INGREDIENT: CD | | | | | | | | |
| 488-RE | COMPOUND PRODUCT IDQUALIFIER | M | C | A/N | 2 | 18 | 19 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | M | C | A/N | 40 | 20 | 59 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 60 | 73 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 74 | 81 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 82 | 83 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 84 | 84 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 85 | 114 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 115 | 144 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 145 | 154 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 155 | 158 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 159 | 159 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 160 | 160 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 161 | 161 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 162 | 162 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 163 | 163 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 164 | 164 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 165 | 165 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 166 | 205 | GCN\_SEQ\_NOCode identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 206 | 206 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 207 | 246 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 247 | 247 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 248 | 287 | GCNCode identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 288 | 288 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 289 | 289 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 290 | 306 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 307 | 307 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 308 | 324 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 325 | 325 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 326 | 342 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 343 | 343 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 344 | 360 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 361 | 362 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 363 | 364 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 365 | 366 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 367 | 367 | SPACES |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 368 | 369 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 370 | 371 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 372 | 411 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 412 | 412 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 413 | 413 | SPACES  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 414 | 421 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 422 | 430 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 431 | 439 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 440 | 448 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 449 | 457 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 458 | 466 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 467 | 468 | Defaulted as zeros |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 469 | 476 | Defaulted as zeros |
| SECTION DENOTES SECOND INGREDIENT: CDI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 477 | 478 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 479 | 518 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 519 | 532 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 533 | 540 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 541 | 542 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 543 | 543 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 544 | 573 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 574 | 603 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 604 | 613 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 614 | 617 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 618 | 618 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 619 | 619 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 620 | 620 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 621 | 621 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 622 | 622 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 623 | 623 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 624 | 624 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 625 | 664 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 665 | 665 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 666 | 705 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 706 | 706 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 707 | 746 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 747 | 747 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 748 | 748 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 749 | 765 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 766 | 766 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 767 | 783 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 784 | 784 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 785 | 801 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 802 | 802 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 803 | 819 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 820 | 821 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 822 | 823 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 824 | 825 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 826 | 826 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 827 | 828 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 829 | 830 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 831 | 870 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 871 | 871 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 872 | 872 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 873 | 880 | SPACES |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 881 | 889 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 890 | 898 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 899 | 907 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 908 | 916 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 917 | 925 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 926 | 927 | Defaulted as zeros |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 928 | 935 | Defaulted as zeros |
| SECTION DENOTES THIRD INGREDIENT: CDI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 936 | 937 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 938 | 977 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 978 | 991 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 992 | 999 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 1000 | 1001 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 1002 | 1002 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 1003 | 1032 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 1033 | 1062 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 1063 | 1072 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 1073 | 1076 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 1077 | 1077 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 1078 | 1078 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 1079 | 1079 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 1080 | 1080 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 1081 | 1081 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 1082 | 1082 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1083 | 1083 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1084 | 1123 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1124 | 1124 | Hardcoded value 'H' |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1125 | 1164 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1165 | 1165 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1166 | 1205 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 1206 | 1206 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1207 | 1207 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1208 | 1224 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1225 | 1225 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1226 | 1242 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1243 | 1243 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1244 | 1260 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1261 | 1261 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1262 | 1278 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 1279 | 1280 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 1281 | 1282 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 1283 | 1284 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 1285 | 1285 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 1286 | 1287 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 1288 | 1289 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 1290 | 1329 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 1330 | 1330 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 1331 | 1331 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 1332 | 1339 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 1340 | 1348 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 1349 | 1357 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 1358 | 1366 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 1367 | 1375 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 1376 | 1384 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 1385 | 1386 | Defaulted as zeros |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 1387 | 1394 | Defaulted as zeros |
| SECTION DENOTES FOURTH INGREDIENT: CDI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 1395 | 1396 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 1397 | 1436 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 1437 | 1450 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 1451 | 1458 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 1459 | 1460 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 1461 | 1461 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 1462 | 1491 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 1492 | 1521 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 1522 | 1531 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 1532 | 1535 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 1536 | 1536 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 1537 | 1537 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 1538 | 1538 |  |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 1539 | 1539 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 1540 | 1540 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 1541 | 1541 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1542 | 1542 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1543 | 1582 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1583 | 1583 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1584 | 1623 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1624 | 1624 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1625 | 1664 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 1665 | 1665 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1666 | 1666 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1667 | 1683 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1684 | 1684 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1685 | 1701 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1702 | 1702 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1703 | 1719 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1720 | 1720 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1721 | 1737 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 1738 | 1739 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 1740 | 1741 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 1742 | 1743 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 1744 | 1744 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 1745 | 1746 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 1747 | 1748 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 1749 | 1788 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 1789 | 1789 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 1790 | 1790 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 1791 | 1798 | Defaulted as zeros  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 1799 | 1807 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 1808 | 1816 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 1817 | 1825 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 1826 | 1834 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 1835 | 1843 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 1844 | 1845 | Defaulted as zeros |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 1846 | 1853 | Defaulted as zeros |
|  | SECTION DENOTES FIFTH INGREDIENT | S |  | A/N | 459 | 1854 | 2312 | This section follows the same field layout and pattern as the compound ingredients above. Please use positions 1395-1853 for reference. |
|  | SECTION DENOTES SIXTH INGREDIENT | S |  | A/N | 459 | 2313 | 2771 | This section follows the same field layout and pattern as the compound ingredients above. Please use positions 1395-1853 for reference. |
|  | SECTION DENOTES SEVENTH INGREDIENT | S |  | A/N | 459 | 2772 | 3230 | This section follows the same field layout and pattern as the compound ingredients above. Please use positions 1395-1853 for reference. |
|  | SECTION DENOTES EIGHTH INGREDIENT | S |  | A/N | 459 | 3231 | 3689 | This section follows the same field layout and pattern as the compound ingredients above. Please use positions 1395-1853 for reference. |
|  | FILLER | S | P | A/N | 811 | 3690 | 4500 | SPACES |

## 

## 6.4 NCPDP Post Adj. 4.7 FFS Claims Extract Compound Detail 2 Record

| Field | Field Name | Mandatory or Situational | Source | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6Ø1-Ø4 | RECORD TYPE | M | P | A/N | 2 | 1 | 2 | Hardcoded as 'CE' |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | M | C | A/N | 1 | 3 | 3 | I\_RX\_SERVICE\_REF\_NO\_QLFR |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | M | C | N | 12 | 4 | 15 | I\_RX\_SERVICE\_REF\_NO |
| 477-EC | COMPOUND INGREDIENT COMPONENT COUNT | M | C | N | 2 | 16 | 17 | Value 7 or less |
| SECTION DENOTES NINTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | M | C | A/N | 2 | 18 | 19 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | M | C | A/N | 40 | 20 | 59 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 60 | 73 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 74 | 81 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 82 | 83 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 84 | 84 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 85 | 114 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 115 | 144 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 145 | 154 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 155 | 158 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 159 | 159 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 160 | 160 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 161 | 161 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 162 | 162 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 163 | 163 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 164 | 164 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 165 | 165 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 166 | 205 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 206 | 206 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 207 | 246 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 247 | 247 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 248 | 287 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 288 | 288 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 289 | 289 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 290 | 306 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 307 | 307 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 308 | 324 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 325 | 325 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 326 | 342 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 343 | 343 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 344 | 360 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 361 | 362 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 363 | 364 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 365 | 366 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 367 | 367 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 368 | 369 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 370 | 371 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 372 | 411 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 412 | 412 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 413 | 413 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 414 | 421 | Defaulted as zeros  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 422 | 430 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 431 | 439 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 440 | 448 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 449 | 457 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 458 | 466 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 467 | 468 | SPACES |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 469 | 476 | Defaulted as zeros |
| SECTION DENOTES TENTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 477 | 478 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 479 | 518 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 519 | 532 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 533 | 540 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 541 | 542 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 543 | 543 | Hardcoded as 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 544 | 573 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 574 | 603 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 604 | 613 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 614 | 617 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 618 | 618 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 619 | 619 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 620 | 620 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 621 | 621 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 622 | 622 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 623 | 623 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 624 | 624 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 625 | 664 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 665 | 665 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 666 | 705 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 706 | 706 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 707 | 746 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 747 | 747 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 748 | 748 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 749 | 765 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 766 | 766 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 767 | 783 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 784 | 784 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 785 | 801 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 802 | 802 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 803 | 819 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 820 | 821 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 822 | 823 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 824 | 825 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 826 | 826 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 827 | 828 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 829 | 830 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 831 | 870 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 871 | 871 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 872 | 872 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 873 | 880 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 881 | 889 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 890 | 898 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 899 | 907 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 908 | 916 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 917 | 925 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 926 | 927 | Defaulted as zeros |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 928 | 935 | Defaulted as zeros |
| SECTION DENOTES ELEVENTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 936 | 937 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 938 | 977 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 978 | 991 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 992 | 999 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 1000 | 1001 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 1002 | 1002 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 1003 | 1032 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 1033 | 1062 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 1063 | 1072 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 1073 | 1076 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 1077 | 1077 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 1078 | 1078 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 1079 | 1079 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 1080 | 1080 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 1081 | 1081 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 1082 | 1082 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1083 | 1083 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1084 | 1123 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1124 | 1124 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1125 | 1164 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1165 | 1165 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1166 | 1205 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 1206 | 1206 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1207 | 1207 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1208 | 1224 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1225 | 1225 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1226 | 1242 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1243 | 1243 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1244 | 1260 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1261 | 1261 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1262 | 1278 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 1279 | 1280 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 1281 | 1282 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 1283 | 1284 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 1285 | 1285 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 1286 | 1287 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 1288 | 1289 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 1290 | 1329 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 1330 | 1330 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 1331 | 1331 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 1332 | 1339 | Defaulted as zeros  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 1340 | 1348 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 1349 | 1357 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 1358 | 1366 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 1367 | 1375 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 1376 | 1384 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 1385 | 1386 | Defaulted as zeros |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 1387 | 1394 | Defaulted as zeros |
| SECTION DENOTES TWELFTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 1395 | 1396 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 1397 | 1436 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 1437 | 1450 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 1451 | 1458 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 1459 | 1460 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 1461 | 1461 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 1462 | 1491 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 1492 | 1521 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 1522 | 1531 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 1532 | 1535 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 1536 | 1536 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 1537 | 1537 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 1538 | 1538 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 1539 | 1539 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 1540 | 1540 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 1541 | 1541 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1542 | 1542 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1543 | 1582 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1583 | 1583 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1584 | 1623 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 1624 | 1624 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 1625 | 1664 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 1665 | 1665 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1666 | 1666 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1667 | 1683 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1684 | 1684 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1685 | 1701 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1702 | 1702 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1703 | 1719 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 1720 | 1720 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 1721 | 1737 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 1738 | 1739 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 1740 | 1741 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 1742 | 1743 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 1744 | 1744 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 1745 | 1746 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 1747 | 1748 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 1749 | 1788 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 1789 | 1789 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 1790 | 1790 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 1791 | 1798 | SPACES |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 1799 | 1807 | Defaulted as zeros  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 1808 | 1816 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 1817 | 1825 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 1826 | 1834 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 1835 | 1843 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 1844 | 1845 | SPACES |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 1846 | 1853 | Defaulted as zeros |
| SECTION DENOTES THIRTEENTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 1854 | 1855 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 1856 | 1895 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 1896 | 1909 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 1910 | 1917 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 1918 | 1919 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 1920 | 1920 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 1921 | 1950 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 1951 | 1980 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 1981 | 1990 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 1991 | 1994 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 1995 | 1995 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 1996 | 1996 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 1997 | 1997 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 1998 | 1998 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 1999 | 1999 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 2000 | 2000 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2001 | 2001 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2002 | 2041 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2042 | 2042 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2043 | 2082 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2083 | 2083 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2084 | 2123 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 2124 | 2124 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2125 | 2125 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2126 | 2142 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2143 | 2143 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2144 | 2160 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2161 | 2161 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2162 | 2178 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2179 | 2179 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2180 | 2196 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 2197 | 2198 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 2199 | 2200 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 2201 | 2202 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 2203 | 2203 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 2204 | 2205 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 2206 | 2207 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 2208 | 2247 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 2248 | 2248 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 2249 | 2249 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 2250 | 2257 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 2258 | 2266 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 2267 | 2275 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 2276 | 2284 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 2285 | 2293 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 2294 | 2302 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 2303 | 2304 | SPACES |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 2305 | 2312 | Defaulted as zeros |
| SECTION DENOTES FOURTEENTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 2313 | 2314 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 2315 | 2354 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N(7)VN(7) | 14 | 2355 | 2368 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 2369 | 2376 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 2377 | 2378 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 2379 | 2379 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 2380 | 2409 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 2410 | 2439 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 2440 | 2449 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 2450 | 2453 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 2454 | 2454 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 2455 | 2455 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 2456 | 2456 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 2457 | 2457 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 2458 | 2458 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 2459 | 2459 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2460 | 2460 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2461 | 2500 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2501 | 2501 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2502 | 2541 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2542 | 2542 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2543 | 2582 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 2583 | 2583 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2584 | 2584 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2585 | 2601 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2602 | 2602 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2603 | 2619 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2620 | 2620 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2621 | 2637 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 2638 | 2638 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 2639 | 2655 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 2656 | 2657 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 2658 | 2659 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 2660 | 2661 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 2662 | 2662 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 2663 | 2664 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 2665 | 2666 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 2667 | 2706 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 2707 | 2707 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 2708 | 2708 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 2709 | 2716 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 2717 | 2725 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 2726 | 2734 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 2735 | 2743 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 2744 | 2752 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 2753 | 2761 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 2762 | 2763 | SPACES |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 2764 | 2771 | Defaulted as zeros |
| SECTION DENOTES FIFTEENTH INGREDIENT: CEI | | | | | | | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | S | C | A/N | 2 | 2772 | 2773 | I\_CMPND\_PRODUCT\_ID\_QLFR |
| 489-TE | COMPOUND PRODUCT ID | S | C | A/N | 40 | 2774 | 2813 | I\_CMPND\_PRODUCT\_ID |
| 448-ED | COMPOUND INGREDIENT QUANTITY | S | C | N | 14 | 2814 | 2827 | I\_CPMND\_INGRED\_QTY |
| 449-EE | COMPOUND INGREDIENT DRUG COST | S | C | D(8,2) | 8 | 2828 | 2835 | Defaulted as zeros |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | S | C | A/N | 2 | 2836 | 2837 | SPACES |
| 221 | CLIENT FORMULARY FLAG | S | P | A/N | 1 | 2838 | 2838 | Hardcoded value 'Y' |
| 397 | PRODUCT/SERVICE NAME | S | P | A/N | 30 | 2839 | 2868 | This is drug name  LABEL\_NAME |
| 261 | GENERIC NAME | S | P | A/N | 30 | 2869 | 2898 | GEN\_NAME |
| 6Ø1-24 | PRODUCT STRENGTH | S | P | A/N | 10 | 2899 | 2908 | DRUG\_STRENGTH\_DESC |
| 243 | DOSAGE FORM CODE | S | P | A/N | 4 | 2909 | 2912 | DOSAGE\_FORM\_CD |
| 532-FW | DATABASE INDICATOR | S | P | A/N | 1 | 2913 | 2913 | SOURCE\_OF\_DATA\_CD  Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.  Examples -  1 First DataBank  A drug database company  2 Medi-Span Product Line  A drug database company |
| 425-PD | DRUG TYPE | S | P | N | 1 | 2914 | 2914 | 0 – Not Specified 1 – Single Source 2 – Authorized Generic  3 – Generic 4 – Over the Counter 5 – Multi-source Brand |
| 257 | FORMULARY STATUS | S | P | A/N | 1 | 2915 | 2915 | SPACE |
| 244 | DRUG CATEGORY CODE | S | P | A/N | 1 | 2916 | 2916 | THIRD\_PARTY\_EXCEPT\_CAT\_CD |
| 252 | FEDERAL DEA SCHEDULE | S | P | A/N | 1 | 2917 | 2917 | FEDERAL\_REGULATORY\_CD |
| 25Ø | FDA DRUG EFFICACY CODE | S | P | A/N | 1 | 2918 | 2918 | HCFA\_DESI\_CD  A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.  Examples:  Blank Not Specified  0 Was Drug Efficacy Study Implementation (DESI) At One Time but No Longer  1 Drug Efficacy Study Implementation (DESI) Drug |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2919 | 2919 | Hardcoded value 'G'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2920 | 2959 | GCN\_SEQ\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 2960 | 2960 | Hardcoded value 'H'  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 2961 | 3000 | HICL\_SEQUENCE\_NO  Code identifying the product being reported. |
| 6Ø1-19 | PRODUCT CODE QUALIFIER | S | P | A/N | 1 | 3001 | 3001 | Hardcoded value ‘1’  Identifies the type of data being submitted in the Product Code (601-18) field.  Examples  First DataBank  Medi-Span |
| 6Ø1-18 | PRODUCT CODE | S | P | A/N | 40 | 3002 | 3041 | GCN  Code identifying the product being reported. |
| 251 | FEDERAL UPPER LIMIT INDICATOR | S | P | A/N | 1 | 3042 | 3042 | PRICE\_TYPE\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 3043 | 3043 | Hardcoded value 'D' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 3044 | 3060 | GENERIC\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 3061 | 3061 | Hardcoded value 'E' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 3062 | 3078 | STANDARD\_THERAPEUTIC\_CLASS\_CD |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 3079 | 3079 | Hardcoded value '3' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 3080 | 3096 | HIC3 |
| 6Ø1-26 | THERAPEUTIC CLASS CODE QUALIFIER | S | P | A/N | 1 | 3097 | 3097 | Hardcoded value 'A' |
| 6Ø1-25 | THERAPEUTIC CLASS CODE | S | P | A/N | 17 | 3098 | 3114 | AHFS\_CD |
| 429-DT | SPECIAL PACKAGING INDICATOR | S | C | N | 2 | 3115 | 3116 | I\_UNIT\_DOSE\_CD |
| 6ØØ-28 | UNIT OF MEASURE | S | C | A/N | 2 | 3117 | 3118 | I\_UNIT\_OF\_MEASURE/DRUG\_FORM\_CD |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | S | P | N | 2 | 3119 | 3120 | I\_PRIOR\_AUTH\_TYPE\_CD |
| 272 | MAC REDUCED INDICATOR | S | P | A/N | 1 | 3121 | 3121 | SPACE |
| 223 | CLIENT PRICING BASIS OF COST | S | P | A/N | 2 | 3122 | 3123 | SPACES |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | S | C | A/N | 2 | 3124 | 3125 | I\_DUR\_CO\_AGENT\_ID\_QLFR |
| 476-H6 | DUR CO-AGENT ID | S | C | A/N | 40 | 3126 | 3165 | I\_DUR\_CO\_AGENT\_ID |
| 26Ø | GENERIC INDICATOR | S | P | A/N | 1 | 3166 | 3166 | G for Generic  B for Brand |
| 292 | PLAN CUTBACK REASON CODE | S | P | A/N | 1 | 3167 | 3167 | SPACE  Indicates the type of cutback, if any, imposed by plan. |
| 889 | THERAPEUTIC CHAPTER | S | P | A/N | 8 | 3168 | 3175 | SPACES  An eight-position field representing the therapeutic chapter; from formulary file as defined by processor |
| 2Ø9 | AVERAGE COST PER QUANTITY UNIT PRICE | S | P | D(9,4) | 9 | 3176 | 3184 | Defaulted as zeros |
| 21Ø | AVERAGE GENERIC UNIT PRICE | S | P | D(9,4) | 9 | 3185 | 3193 | Defaulted as zeros |
| 211 | AVERAGE WHOLESALE UNIT PRICE | S | P | D(9,4) | 9 | 3194 | 3202 | Defaulted as zeros non-Medispan plans. Will be populated with overpunch for Medi-Span plans |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | S | P | D(9,4) | 9 | 3203 | 3211 | Defaulted as zeros |
| 271 | MAC PRICE | S | P | D(9,4) | 9 | 3212 | 3220 | Defaulted as zeros |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | S | C | N | 2 | 3221 | 3222 | SPACES |
| 285 | PATIENT FORMULARY REBATE AMOUNT | S | P | D(8,2) | 8 | 3223 | 3230 | Defaulted as zeros |
|  | FILLER | S | P | A/N | 1270 | 3231 | 4500 | SPACES |

## 6.5 NCPDP Post Adj. 4.7 FFS Claims Extract Trailer Record

| Field | Field Name | Mandatory or Situational | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6Ø1-Ø4 | RECORD TYPE | M | A/N | 2 | 1 | 2 | Hardcoded value ‘PT’ |
| 6Ø1-Ø9 | TOTAL RECORD COUNT | M | N | 10 | 3 | 12 |  |
| 895 | TOTAL NET AMOUNT DUE | M | D(12,2) | 12 | 13 | 24 |  |
| 693 | TOTAL GROSS AMOUNT DUE | S | D(12,2) | 12 | 25 | 36 | Required if specified in trading partner agreement |
| 694 | TOTAL PATIENT PAY AMOUNT | S | D(12,2) | 12 | 37 | 48 |  |
|  | FILLER | S | A/N | 4452 | 49 | 4500 | SPACES |

## 6.6 Medi-Cal Rx Supplemental Pharmacy Claims Extract

Extract will contain supplemental data elements requested on paid and denied B1/B3 pharmacy FFS transactions.

The record in this file can be linked to its original record in the 4.7 file by matching the BATCH\_NO and TRANSACTION\_ID.

The product segment will be populated with the additional drug information corresponding to the drug associated to the non-compound claim. The compound segment will default as spaces or zeros as per the field definition.

For a compound claim, the product segment will default as spaces or zeros depending upon the field definitions. The additional information related to each of the compound drugs provided in the compound segment will be available in the respective ingredient section.

| Field Name | Format | Size | Start | End | FirstRx℠ Field Mapping | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- |
| HEADER RECORD | | | | | | |
| RECORD TYPE | A/N | 2 | 1 | 2 | N/A | Default as 'HD' |
| BATCH\_SENDER\_ID | A/N | 24 | 3 | 26 | N/A | MAGELLAN |
| BATCH\_NO | NUM | 7 | 27 | 33 | N/A | Unique Number Assigned to the Run |
| CREATIONDATE | N | 8 | 34 | 41 | N/A | Date in YYYYMMDD format |
| CREATIONTIME | N | 4 | 42 | 45 | N/A | Tame in hh24mi |
| RECEIVERID | A/N | 24 | 46 | 69 | N/A | MCP Identifier |
| FILLER | A/N | 9265 | 70 | 9334 | N/A | SPACES |
| HEADER SEGMENT | | | | | | |
| TRANSACTION\_ID | A/N | 30 | 1 | 30 | O\_AUTH\_NO | ID can be linked to the TRANSACTION ID(896) in the NCPDP PA 4.7 Pharmacy FFS claims extract. |
| BATCH\_SENDER\_ID | A/N | 24 | 31 | 54 | BATCH\_SENDER\_ID | MAGELLAN |
| BATCH\_NO | NUM | 7 | 55 | 61 | BATCH\_NUMBER | Example: '0000001' |
| CICS\_CLAIM\_STATUS\_CODE | A/N | 3 | 62 | 64 |  | TBD |
| PRESCRIPTION/SERVICE REFERENCENUMBER | A/N | 12 | 65 | 76 | I\_RX\_SERVICE\_REF\_NO |  |
| PRODUCT SEGMENT (Claim Level) | | | | | | |
| ROUTE\_OF\_ADMIN\_DESCRIPTION | A/N | 60 | 77 | 136 | SNOMED\_ROUTE\_OF\_ADMIN\_DESC | SNOMED description for the Route of Administration submitted on claim. Route of admin will not be available all the time |
| FDB\_ROUTE\_OF\_ADMIN\_DESCRIPTION | A/N | 60 | 137 | 196 | ROUTE\_DESC | FDB route description |
| BRAND\_NAME | A/N | 65 | 197 | 261 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 262 | 275 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 276 | 276 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 277 | 336 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 337 | 396 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex : ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 397 | 456 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 457 | 516 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 517 | 576 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 577 | 636 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 637 | 696 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 697 | 756 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D (11,5) | 11 | 757 | 767 | SERVICE\_PRICE |  |
| PRODUCT SEGMENT (Compound Level) | | | | | | |
| COMPOUND INGREDIENT COMPONENT COUNT | NUM | 2 | 768 | 769 |  | Number of repeating occurrences |
| SECTION DENOTES FIRST INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 770 | 834 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 835 | 848 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 849 | 849 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 850 | 909 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 910 | 969 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 970 | 1029 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 1030 | 1089 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 1090 | 1149 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 1150 | 1209 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 1210 | 1269 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 1270 | 1329 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 1330 | 1340 | SERVICE\_PRICE |  |
| SECTION DENOTES SECOND INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 1341 | 1405 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 1406 | 1419 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 1420 | 1420 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 1421 | 1480 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 1481 | 1540 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 1541 | 1600 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 1601 | 1660 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 1661 | 1720 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 1721 | 1780 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 1781 | 1840 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 1841 | 1900 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 1901 | 1911 | SERVICE\_PRICE |  |
| SECTION DENOTES THIRD INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 1912 | 1976 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 1977 | 1990 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 1991 | 1991 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 1992 | 2051 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 2052 | 2111 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 2112 | 2171 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 2172 | 2231 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 2232 | 2291 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 2292 | 2351 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 2352 | 2411 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 2412 | 2471 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 2472 | 2482 | SERVICE\_PRICE |  |
| SECTION DENOTES FORTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 2483 | 2547 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 2548 | 2561 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 2562 | 2562 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 2563 | 2622 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 2623 | 2682 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 2683 | 2742 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 2743 | 2802 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 2803 | 2862 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 2863 | 2922 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 2923 | 2982 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 2983 | 3042 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 3043 | 3053 | SERVICE\_PRICE |  |
| SECTION DENOTES FIFTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 3054 | 3118 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 3119 | 3132 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 3133 | 3133 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 3134 | 3193 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 3194 | 3253 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 3254 | 3313 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 3314 | 3373 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 3374 | 3433 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 3434 | 3493 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 3494 | 3553 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 3554 | 3613 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 3614 | 3624 | SERVICE\_PRICE |  |
| SECTION DENOTES SIXTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 3625 | 3689 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 3690 | 3703 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 3704 | 3704 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 3705 | 3764 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 3765 | 3824 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 3825 | 3884 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 3885 | 3944 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 3945 | 4004 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 4005 | 4064 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 4065 | 4124 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 4125 | 4184 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 4185 | 4195 | SERVICE\_PRICE |  |
| SECTION DENOTES SEVENTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 4196 | 4260 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 4261 | 4274 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 4275 | 4275 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 4276 | 4335 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 4336 | 4395 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 4396 | 4455 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 4456 | 4515 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 4516 | 4575 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 4576 | 4635 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 4636 | 4695 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 4696 | 4755 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 4756 | 4766 | SERVICE\_PRICE |  |
| SECTION DENOTES EIGHTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 4767 | 4831 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 4832 | 4845 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 4846 | 4846 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 4847 | 4906 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 4907 | 4966 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 4967 | 5026 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 5027 | 5086 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 5087 | 5146 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 5147 | 5206 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 5207 | 5266 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 5267 | 5326 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 5327 | 5337 | SERVICE\_PRICE |  |
| SECTION DENOTES NINETH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 5338 | 5402 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 5403 | 5416 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 5417 | 5417 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 5418 | 5477 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 5478 | 5537 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 5538 | 5597 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 5598 | 5657 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 5658 | 5717 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 5718 | 5777 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 5778 | 5837 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 5838 | 5897 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 5898 | 5908 | SERVICE\_PRICE |  |
| SECTION DENOTES TENTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 5909 | 5973 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 5974 | 5987 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 5988 | 5988 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 5989 | 6048 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 6049 | 6108 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 6109 | 6168 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 6169 | 6228 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 6229 | 6288 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 6289 | 6348 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 6349 | 6408 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 6409 | 6468 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 6469 | 6479 | SERVICE\_PRICE |  |
| SECTION DENOTES ELEVENTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 6480 | 6544 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 6545 | 6558 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 6559 | 6559 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 6560 | 6619 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 6620 | 6679 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 6680 | 6739 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 6740 | 6799 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 6800 | 6859 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 6860 | 6919 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 6920 | 6979 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 6980 | 7039 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 7040 | 7050 | SERVICE\_PRICE |  |
| SECTION DENOTES TWELFTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 7051 | 7115 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 7116 | 7129 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 7130 | 7130 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 7131 | 7190 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 7191 | 7250 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 7251 | 7310 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 7311 | 7370 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 7371 | 7430 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 7431 | 7490 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 7491 | 7550 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 7551 | 7610 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 7611 | 7621 | SERVICE\_PRICE |  |
| SECTION DENOTES THIRTEENTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 7622 | 7686 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 7687 | 7700 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 7701 | 7701 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 7702 | 7761 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 7762 | 7821 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 7822 | 7881 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 7882 | 7941 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 7942 | 8001 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 8002 | 8061 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 8062 | 8121 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 8122 | 8181 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 8182 | 8192 | SERVICE\_PRICE |  |
| SECTION DENOTES FOURTEENTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 8193 | 8257 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 8258 | 8271 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 8272 | 8272 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 8273 | 8332 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 8333 | 8392 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 8393 | 8452 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 8453 | 8512 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 8513 | 8572 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 8573 | 8632 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 8633 | 8692 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 8693 | 8752 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D(11,5) | 11 | 8753 | 8763 | SERVICE\_PRICE |  |
| SECTION DENOTES FIFTEENTH INGREDIENT | | | | | | |
| BRAND\_NAME | A/N | 65 | 8764 | 8828 | BRAND\_NAME |  |
| PACKAGE\_SIZE | NUM (11,3) | 14 | 8829 | 8842 | PKG\_SIZE |  |
| FDB GNI | A/N | 1 | 8843 | 8843 | GEN\_NAMED\_DRUG\_CD | Values are  0 – Non-Drug Item  1 – Generic  2 – Brand  3 – Alternative Product |
| DOSAGE\_FORM\_CODE\_DESCRIPTION | A/N | 60 | 8844 | 8903 | DOSAGE\_FORM\_DESC | Ex: TABLET |
| DRUG\_CATEGORY\_CD\_DESCRIPTION | A/N | 60 | 8904 | 8963 | THIRD\_PARTY\_EXCEPT\_CATEGORY\_DESC | Ex: ANTI-ANXIETY AGENTS |
| PRODUCT\_CD\_DESCRIPTION\_01 | A/N | 60 | 8964 | 9023 | GCN\_SEQUENCE\_NO.GEN\_NAME | GSN description |
| PRODUCT\_CD\_DESCRIPTION\_02 | A/N | 60 | 9024 | 9083 | HICL\_SEQUENCE\_NO.GEN\_NAME | HICL description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_01 | A/N | 60 | 9084 | 9143 | GENERIC\_THERAPEUTIC\_CLASS\_DESC | Generic Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_02 | A/N | 60 | 9144 | 9203 | STD\_THERAPEUTIC\_CLASS\_DESC | Standard Therapeutic Class description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_03 | A/N | 60 | 9204 | 9263 | HIC3\_DESC | Specific Therapeutic Class Code description |
| THERAPEUTIC\_CLASS\_CD\_DESCRIPTION\_04 | A/N | 60 | 9264 | 9323 | AHFS\_DESC | American Hospital Formulary Service description |
| WHOLESALE ACQUISITION COST | D (11,5) | 11 | 9324 | 9334 | SERVICE\_PRICE |  |
| TRAILER RECORD | | | | | | |
| RECORD TYPE | A/N | 2 | 1 | 2 | N/A | Default as 'TR' |
| TOTAL RECORD COUNT | N | 10 | 3 | 12 | N/A |  |
| FILLER | A/N | 9322 | 13 | 9334 | N/A | SPACES |

## 6.7 Medi-Cal Rx Medi-Span Supplemental Claims Extract

The Medi-Span data will be a set of Medi-Span elements requested by the MCPs during our Technical Carve-Out Meetings. Per licensing, MMA will be sending the data each day, that correspond to claims that were send on the daily claims extract.

Only the current Medi-Span plans will receive the Medi-Span Supplemental Claims Extract. Additional licensing is required to send Medi-Span to plans not on the list. The current list of plans that will receive this supplemental file:

|  |  |  |
| --- | --- | --- |
| CalOptima | Blue Shield (will be moving to Medi-Span) | Kaiser |
| Central California Alliance for Health | Health Net/California Health & Wellness | Molina |
| Gold Coast Health Plan | Anthem/IngenioRx | CenCal |
| Health Plan of San Mateo | United Health Care | Aids Health Foundation |
| L.A. Care Health Plan | Aetna | Rady Children's Hospital Plan |
| Health Plan of San Joaquin | Kern Health Systems | CalViva Health |

|  |  |
| --- | --- |
| **Magellan/Medi-Cal Rx Medispan Supplemental Pharmacy Claims Extract file** | |
| Extract will contain supplemental data elements requested on paid and denied B1/B3 pharmacy FFS transactions. | |
| Fixed length format |  |
|  |  |
| **Interface Specification Overview** | |
| **Interface name:** | Medi-Cal Rx Medispan Supplemental Pharmacy Claims Extract file |
| **Description:** | Supplemental extract file will be transmitted with the post adjudication file that contains additional information. |
| Purpose of this file is to provide additional Medisapn information that is not supported in the NCPDP Post Adj. 4.7 FFS Claims Extract requested by the plans that are using Medispan data. |
| **Record Selection Criteria:** | The Transaction ID is the unique identifier for each record. |
| **Frequency:** | 7am Pacific Time |
| **Sender:** | Magellan |
| **Receiver:** |  |
| **Magellan Business Unit Ownership:** | Medi-Cal Rx |
| **Interface Exchange Method:** | File exchange / SFTP **Tes**t:  **Prod**: |
| **File Naming Convention** | **Test:** T\_MCAL\_FFSCLMEXT\_MCP###\_MEDISPAN\_SUPPLEMENTAL\_YYYYMMDD.dat **Prod:**  MCAL\_FFSCLMEXT\_MCP###\_MEDISPAN\_SUPPLEMENTAL\_YYYYMMDD.dat MCP### : MCP Number |

| Field Name | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- |
| **HEADER RECORD** | | | | | |
| RECORD TYPE | A/N | 2 | 1 | 2 | Default as 'HD' |
| BATCH\_SENDER\_ID | A/N | 24 | 3 | 26 | MAGELLAN |
| BATCH\_NO | NUM | 7 | 27 | 33 | Unique Number Assigned to the Run |
| CREATIONDATE | N | 8 | 34 | 41 | Date in YYYYMMDD format |
| CREATIONTIME | N | 4 | 42 | 45 | Tame in hh24mi |
| RECEIVERID | A/N | 24 | 46 | 69 | MCP Identifier |
| FILLER | A/N | 5629 | 70 | 5698 | SPACES |
| **DETAIL SEGMENT** | | | | | |
| RECORD TYPE | A/N | 2 | 1 | 2 | Default as 'DE' |
| TRANSACTION\_ID | A/N | 30 | 3 | 32 |  |
| GENERIC PRICE INDICATOR | A/N | 1 | 33 | 33 | 1- Generic  2 - Generic  3 - Generic  4 - Brand  5 - Brand  6 - Brand |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 34 | 34 | M, O, N, Y |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 35 | 39 | C-I - No accepted medical use  C-II - High abuse, severe dependence liability  C-III - Moderate dependence liability  C-IV - limited abuse potential  C-V - Limited abuse potential, small amounts  - DEA Class is not applicable |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 40 | 41 | GPI14(First 2 bytes of GPI14) |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 42 | 101 | DRUG GROUP |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 102 | 105 | GPI14(First 4 bytes of GPI14) |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 106 | 165 | DRUG CLASS |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 166 | 171 | GPI14(First 6 bytes of GPI14) |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 172 | 231 | DRUG SUB CLASS CODE |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 232 | 241 | GPI14(First 10 bytes of GPI14) |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 242 | 301 | Drug Name/Drug Name  Extension |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 302 | 315 | GPI14 |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 316 | 375 | Dosage Form |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 376 | 386 | WAC unit price |
| COMPOUND INGREDIENT COMPONENT COUNT | NUM | 2 | 387 | 388 | Total Ingredient Count |
| **First Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 389 | 389 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 390 | 390 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 391 | 395 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 396 | 397 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 398 | 457 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 458 | 461 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 462 | 521 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 522 | 527 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 528 | 587 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 588 | 597 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 598 | 657 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 658 | 671 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 672 | 731 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 732 | 742 |  |
| **Second Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 743 | 743 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 744 | 744 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 745 | 749 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 750 | 751 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 752 | 811 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 812 | 815 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 816 | 875 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 876 | 881 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 882 | 941 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 942 | 951 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 952 | 1011 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 1012 | 1025 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 1026 | 1085 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 1086 | 1096 |  |
| **Third Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 1097 | 1097 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 1098 | 1098 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 1099 | 1103 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 1104 | 1105 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 1106 | 1165 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 1166 | 1169 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 1170 | 1229 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 1230 | 1235 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 1236 | 1295 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 1296 | 1305 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 1306 | 1365 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 1366 | 1379 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 1380 | 1439 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 1440 | 1450 |  |
| **Fourth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 1451 | 1451 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 1452 | 1452 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 1453 | 1457 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 1458 | 1459 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 1460 | 1519 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 1520 | 1523 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 1524 | 1583 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 1584 | 1589 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 1590 | 1649 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 1650 | 1659 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 1660 | 1719 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 1720 | 1733 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 1734 | 1793 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 1794 | 1804 |  |
| **Fifth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 1805 | 1805 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 1806 | 1806 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 1807 | 1811 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 1812 | 1813 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 1814 | 1873 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 1874 | 1877 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 1878 | 1937 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 1938 | 1943 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 1944 | 2003 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 2004 | 2013 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 2014 | 2073 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 2074 | 2087 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 2088 | 2147 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 2148 | 2158 |  |
| **Sixth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 2159 | 2159 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 2160 | 2160 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 2161 | 2165 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 2166 | 2167 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 2168 | 2227 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 2228 | 2231 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 2232 | 2291 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 2292 | 2297 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 2298 | 2357 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 2358 | 2367 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 2368 | 2427 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 2428 | 2441 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 2442 | 2501 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 2502 | 2512 |  |
| **Seventh Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 2513 | 2513 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 2514 | 2514 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 2515 | 2519 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 2520 | 2521 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 2522 | 2581 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 2582 | 2585 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 2586 | 2645 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 2646 | 2651 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 2652 | 2711 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 2712 | 2721 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 2722 | 2781 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 2782 | 2795 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 2796 | 2855 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 2856 | 2866 |  |
| **Eighth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 2867 | 2867 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 2868 | 2868 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 2869 | 2873 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 2874 | 2875 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 2876 | 2935 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 2936 | 2939 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 2940 | 2999 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 3000 | 3005 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 3006 | 3065 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 3066 | 3075 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 3076 | 3135 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 3136 | 3149 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 3150 | 3209 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 3210 | 3220 |  |
| **Ninth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 3221 | 3221 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 3222 | 3222 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 3223 | 3227 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 3228 | 3229 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 3230 | 3289 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 3290 | 3293 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 3294 | 3353 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 3354 | 3359 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 3360 | 3419 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 3420 | 3429 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 3430 | 3489 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 3490 | 3503 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 3504 | 3563 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 3564 | 3574 |  |
| **Tenth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 3575 | 3575 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 3576 | 3576 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 3577 | 3581 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 3582 | 3583 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 3584 | 3643 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 3644 | 3647 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 3648 | 3707 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 3708 | 3713 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 3714 | 3773 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 3774 | 3783 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 3784 | 3843 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 3844 | 3857 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 3858 | 3917 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 3918 | 3928 |  |
| **Eleventh Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 3929 | 3929 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 3930 | 3930 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 3931 | 3935 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 3936 | 3937 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 3938 | 3997 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 3998 | 4001 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 4002 | 4061 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 4062 | 4067 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 4068 | 4127 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 4128 | 4137 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 4138 | 4197 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 4198 | 4211 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 4212 | 4271 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 4272 | 4282 |  |
| **Twelfth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 4283 | 4283 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 4284 | 4284 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 4285 | 4289 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 4290 | 4291 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 4292 | 4351 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 4352 | 4355 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 4356 | 4415 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 4416 | 4421 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 4422 | 4481 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 4482 | 4491 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 4492 | 4551 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 4552 | 4565 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 4566 | 4625 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 4626 | 4636 |  |
| **Thirteenth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 4637 | 4637 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 4638 | 4638 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 4639 | 4643 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 4644 | 4645 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 4646 | 4705 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 4706 | 4709 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 4710 | 4769 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 4770 | 4775 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 4776 | 4835 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 4836 | 4845 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 4846 | 4905 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 4906 | 4919 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 4920 | 4979 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 4980 | 4990 |  |
| **Fourteenth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 4991 | 4991 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 4992 | 4992 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 4993 | 4997 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 4998 | 4999 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 5000 | 5059 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 5060 | 5063 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 5064 | 5123 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 5124 | 5129 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 5130 | 5189 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 5190 | 5199 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 5200 | 5259 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 5260 | 5273 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 5274 | 5333 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 5334 | 5344 |  |
| **Fifteenth Compound Ingredient** | | | | | |
| GENERIC PRICE INDICATOR | A/N | 1 | 5345 | 5345 |  |
| GENERIC PRODUCT INDICATOR | A/N | 1 | 5346 | 5346 |  |
| MEDISPAN DRUG CATEGORY CODE | A/N | 5 | 5347 | 5351 |  |
| MEDISPAN DRUG GROUP CODE | A/N | 2 | 5352 | 5353 |  |
| MEDISPAN DRUG GROUP DESCRIPTION | A/N | 60 | 5354 | 5413 |  |
| MEDISPAN DRUG CLASS CODE | A/N | 4 | 5414 | 5417 |  |
| MEDISPAN DRUG CLASS DESCRIPTION | A/N | 60 | 5418 | 5477 |  |
| MEDISPAN DRUG SUB CLASS CODE | A/N | 6 | 5478 | 5483 |  |
| MEDISPAN DRUG SUB CLASS DESCRIPTION | A/N | 60 | 5484 | 5543 |  |
| MEDISPAN DRUG NAME EXTENSION | A/N | 10 | 5544 | 5553 |  |
| MEDISPAN DRUG NAME EXTENSION DESCRIPTION | A/N | 60 | 5554 | 5613 |  |
| MEDISPAN DOSAGE FORM CODE | A/N | 14 | 5614 | 5627 |  |
| MEDISPAN DOSAGE FORM DESCRIPTION | A/N | 60 | 5628 | 5687 |  |
| WHOLESALE ACQUISITION COST UNIT PRICE | D(11,5) | 11 | 5688 | 5698 |  |
| **TRAILER RECORD** | | | | | |
| RECORD TYPE | A/N | 2 | 1 | 2 | Default as 'TR' |
| TOTAL RECORD COUNT | N | 10 | 3 | 12 |  |
| FILLR | NUM | 5686 | 13 | 5698 |  |

# 7.0 MCP Prior Authorization Extract Overview

## 7.1 Introduction

This section describes the necessary steps to successfully test and submit batch Prior Authorization records from MMA on behalf of the California Department of Health Care Services (DHCS) to Medi-Cal Rx Managed Care Plans (MCPs) using the National Council for Prescription Drug Programs (NCPDP) Prior Authorization Transfer Standard Version 2.2.

|  |  |
| --- | --- |
| **Source of Data:** | FirstTrax℠ |
| **Format Source:** | NCPDP |
| **Layout Name:** | NCPDP Prior Authorization Transfer Standard (Version 2.2) |
| **File Format:** | Fixed Length |
| **Record Length:** | 1088 |
| **Target:** | Medi-Cal Rx Managed Care Plans (MCPs) |

|  |  |
| --- | --- |
| **File Name:** | MCAL\_PANOTES |
| **Format Source:** | FirstRx℠ |
| **File Format:** | Tilda (~) Delimited |
| **Record Length:** |  |
| **Target:** | FirstTrax℠ |

## 7.2 Production Delivery Schedule

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type:** |  Update |  Full |  Refresh |  |
| **Frequency:** |  Daily |  Weekly |  Monthly |  Quarterly |
| **Days:** |  Sunday |  Monday |  Tuesday |  Wednesday |
|  Thursday |  Friday |  Saturday |  |
| **Delivery Time:** | 7am Pacific Time | | | |

## 7.3 Requirements

### Outbound FFS Prior Authorization Records Submission to MCPs

* MMA will provide each MCP with a daily prior authorization extract containing approved and denied FFS PA records created or updated by MMA’s Clinical Customer Service Center the previous day. Grouping of the PA records by the MCP will be determined based on the member’s MCP enrollment status during the time of the record creation.
* NCPDP’s Prior Authorization Transfer Standard Version 2.2 will be the format of the extract delivered to all MCPs.
* Each PA extract will include modifications to PA records submitted in a previous extract.
* Delivery of the PA extracts will occur daily with no exceptions for holidays and weekends.
* Zero record files will be sent to the MCPs in cases where a PA record is not identified for submission to an MCP.

## 7.4 File Naming Conventions

The following file naming conventions will be used by MMA when submitting test files during the testing phase and after implementation to production.

The file type prefix “T” (Test) will appear in Test, but there will be no prefix “P” in Production. MCP### will be a number assigned to each MCP.

### NCPDP 2.2 Prior Authorizations

|  |  |
| --- | --- |
| File Type | File Naming Convention |
| **Production** | MCAL\_SRVAUTH\_ MCP###\_NCPDP22\_ YYYYMMDD.DAT |
| **Test** | T\_MCAL\_SRVAUTH\_ MCP###\_NCPDP22\_ YYYYMMDD.DAT |

### PA Notes

|  |  |
| --- | --- |
| File Type | File Naming Convention |
| **Test** | T\_MCAL\_PANOTES\_MCP###\_YYYYMMDD\_yyyymmdd.dat  MCP### – Managed Care Identification Number  YYYMMDD – Extract Start Date  Yyyymmdd – Extract End Date |
| **Production** | MCAL\_PANOTES\_MCP###\_YYYYMMDD\_yyyymmdd.dat  MCP### – Managed Care Identification Number  YYYMMDD – Extract Start Date  yyyymmdd – Extract End Date |

## 7.5 File Testing Process

Test files will contain between 10 and 100 records containing test quality data split into 4 testing cycles.

The test files will include PA records that MMA expects to create and/or modify in the production environment (e.g., paid, denied).

MMA will limit test files to a defined volume specified to enable accurate review and evaluation of production readiness.

For information regarding required segments, please refer to the NCPDP Prior Authorization Transfer Standard Implementation Guide (Version 2.2).

It is encouraged that the MCPs review and validate each Situational, Mandatory, and/or Required field and segment provided in the test files submitted by MMA.

## 7.6 Steps in the Prior Authorization Extract Process

MMA will send each MCP an FTP form to be completed and returned. Once the request is received and processed, the sender will receive a link to the SFTP site, a secure Web ID, and password. MCPs will receive their MMA FTP form within two weeks of their initial request. If you do not receive a response within two weeks, please email Elliot Dreher at [ewdreher@magellanhealth.com](mailto:ewdreher@magellanhealth.com) to verify that your email has been received.

## 7.7 Work Plan

| Task Name | Start | Finish |
| --- | --- | --- |
| **Prior Authorization Extract to MCPs** | **Tue 02/11/2020** | **Tue 09/29/2020** |
| **Requirements Validation and Mapping** | **Tue 02/11/2020** | **Mon 05/04/2020** |
| Client Sign Off on Requirements and Specifications | Tue 02/11/2020 | Mon 05/04/2020 |
| M: DHCS Sign Off on Requirements and Mapping | Thu 04/09/2020 | Mon 05/04/2020 |
| **Development (MCPs and MMA)** | **Tue 05/05/2020** | **Wed 07/15/2020** |
| **Test Scenario Workbook Review** | **Mon 06/08/2020** | **Fri 06/19/2020** |
| **Dummy Data File Extract** | **Thu 06/11/2020** | **Fri 06/12/2020** |
| **Submission of Sample Test Files to MCPs** | **Thu 07/02/2020** | **Tue 09/29/2020** |
| (Cycle 1) Plans receive & analyze files | Thu 07/02/2020 | Thu 07/16/2020 |
| (Cycle 1) Plans Test File & Provide Feedback | Thu 07/16/2020 | Wed 07/22/2020 |
| (Cycle 1) MMA Incorporate Feedback | Thu 07/23/2020 | Wed 08/05/2020 |
| (Cycle 2) Plans receive Files | Thu 08/06/2020 | Mon 08/10/2020 |
| (Cycle 2) Plans Test File & Provide Feedback | Tue 08/11/2020 | Mon 08/17/2020 |
| (Cycle 2) MMA Incorporate Feedback | Tue 08/18/2020 | Mon 08/24/2020 |
| (Cycle 3) Plans receive & analyze files | Tue 08/25/2020 | Thu 08/27/2020 |
| (Cycle 3) Plans Test File & Provide Feedback | Fri 08/28/2020 | Thu 09/03/2020 |
| (Cycle 3) MMA Incorporate Feedback | Fri 09/04/2020 | Thu 09/17/2020 |
| (Cycle 4) Plans receive & analyze files | Fri 09/18/2020 | Thu 09/24/2020 |
| (Cycle 4) Plans Test File & Provide Feedback | Fri 09/25/2020 | Tue 09/29/2020 |
| (Cycle 4) Defect Logging | Wed 09/30/2020 | Fri 10/2/2020 |
| Review and feedback from all MCPs | Mon 10/05/2020 | Fri 10/09/2020 |
| DHCS review and feedback on testing results | Mon 10/05/2020 | Fri 10/09/2020 |

# Prior Authorization Transfer Record Layout

Below are the layouts for the prior authorization file and the supplemental notes file.

## 8.1 Prior Authorization Transfer Header Record

| Field | Field Name | Mandatory or Situational | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 601-04 | RECORD TYPE | M | A/N | 2 | 1 | 2 | Hardcoded value ‘PE’ |
| 102-A2 | VERSION/RELEASE NUMBER | M | A/N | 2 | 3 | 4 | Hardcoded value ‘22’ |
| 605-NB | CLIENT NAME | S | A/N | 70 | 5 | 74 |  |
| 806-5C | BATCH NUMBER | M | N | 7 | 75 | 81 | 0000001  Standard Format X  Format=9999999  Example: A batch number of 0004113 |
| 880-K2 | CREATION DATE | M | N | 8 | 82 | 89 | Format=CCYYMMDD  CC=Century  YY=Year  MM=Month  DD=Day |
| 880-K3 | CREATION TIME | M | N | 4 | 90 | 93 | Format=HHMM  HH=Hour  MM=Minute |
| THIS SECTION DENOTES SENDER INFORMATION: | | | | | | | |
| 626-SD | SENDER NAME | M | A/N | 70 | 94 | 163 | MMA |
| THIS SECTION DENOTES SENDER CONTACT INFORMATION: | | | | | | | |
| 716-SY | LAST NAME | M | A/N | 35 | 164 | 198 | MMA Data Services |
| 717-SX | FIRST NAME | M | A/N | 35 | 199 | 233 | On Call Support |
| 732-TB | TELEPHONE NUMBER | M | N | 10 | 234 | 243 | 8045135864 |
| B10-8A | TELEPHONE NUMBER EXTENSION | S | N | 8 | 244 | 251 | Required if a telephone extension is used.  Defaulted as zeros |
| THIS SECTION DENOTES RECEIVER INFORMATION: | | | | | | | |
| A19 | RECEIVER NAME | S | A/N | 70 | 252 | 321 |  |
| THIS SECTION DENOTES RECEIVER CONTACT INFORMATION: | | | | | | | |
| 716-SY | LAST NAME | S | A/N | 35 | 322 | 356 |  |
| 717-SX | FIRST NAME | S | A/N | 35 | 357 | 391 |  |
| 732-TB | TELEPHONE NUMBER | S | N | 10 | 392 | 401 |  |
| B10-8A | TELEPHONE NUMBER EXTENSION | S | N | 8 | 402 | 409 | Defaulted as zeros |
| THIS SECTION DENOTES OTHER INFORMATION: | | | | | | | |
| 702-SW | FILE TYPE | M | A/N | 1 | 410 | 410 | P – Production or T – Test |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | S | A/N | 200 | 411 | 610 | SPACES |
|  | FILLER | S | A/N | 478 | 611 | 1088 | SPACES |

## 8.2 Prior Authorization Transfer Detail Record

| Field | Field Name | Mandatory or Situational | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 601-04 | RECORD TYPE | M | A/N | 2 | 1 | 2 | Hardcoded value "PJ" |
| THIS SECTION DENOTES CARDHOLDER INFORMATION: | | | | | | | |
| 302-C2 | CARDHOLDER ID | M | A/N | 20 | 3 | 22 | CARDHOLDER\_ID  Client Index Number (CIN) |
| 724-ST | ALTERNATE ID NUMBER | S | A/N | 20 | 23 | 42 | SPACES |
| 301-C1 | GROUP ID | S | A/N | 15 | 43 | 57 | Aid Code, |
| A21 | SUBGROUP ID | S | A/N | 15 | 58 | 72 | HCP Number (3-byte code) |
| THIS SECTION DENOTES PATIENT INFORMATION: | | | | | | | |
| 331-CX | PATIENT ID QUALIFIER | M | A/N | 2 | 73 | 74 | Hardcoded value ‘06’ =  Medicaid ID-a number assigned by a state Medicaid agency |
| 332-CY | PATIENT ID | M | A/N | 20 | 75 | 94 | CARDHOLDER\_ID  Client Index Number (CIN) |
| 311-CB | PATIENT LAST NAME | S | A/N | 35 | 95 | 129 | PATIENT\_ LAST\_NAME |
| 310-CA | PATIENT FIRST NAME | S | A/N | 35 | 130 | 164 | PATIENT\_ FIRST\_NAME |
| 718-SZ | MIDDLE INITIAL | S | A/N | 1 | 165 | 165 | SPACES |
| 303-C3 | PERSON CODE | S | A/N | 3 | 166 | 168 | MMA will send what is in the member profile |
| 306-C6 | PATIENT RELATIONSHIP CODE | S | N | 1 | 169 | 169 | ‘1’- Cardholder  Default to 1 for Cardholder per ECL |
| 305-C5 | PATIENT GENDER CODE | S | A/N | 1 | 170 | 170 | GENDER  0 – Unknown; 1 – Male; 2 – Female |
| 304-C4 | DATE OF BIRTH | S | N | 8 | 171 | 178 | PATIENT\_DOB  Format=CCYYMMDD  CC=Century, YY=Year,  MM=Month, DD=Day |
| THIS SECTION DENOTES DRUG/PRODUCT IDENTIFIER INFORMATION: | | | | | | | |
| 601-19 | PRODUCT CODE QUALIFIER | M | A/N | 1 | 179 | 179 | If value is “V” (All products used), then Product Code (601-18) must be filled with all 9s. Drug Type (425-DP) must be “0”.  ITEM\_TYPE\_CD  Item Type Code will need to be mapped to the appropriate NCPDP Code.   |  |  |  | | --- | --- | --- | | Level | FT Code | NCPDP Code | | NDC-11 | A | N | | NDC-9 |  | B | | GSN | C | G | | HICL | O | H | |
| 601-18 | PRODUCT CODE | M | A/N | 40 | 180 | 219 | ITEM\_ID |
| 425-DP | DRUG TYPE | S | N | 1 | 220 | 220 | "0"  Default to 0 (zero) – Not Specified. Code has to do with Brand vs. Generic, and that information is not part of the PA process. |
| A06 | COMPOUND INDICATOR | S | N | 1 | 221 | 221 | Required if the sender can apply the prior authorization for compounds only.  SPACE |
| THIS SECTION DENOTES PRIOR AUTHORIZATION DETAIL INFORMATION: | | | | | | | |
| A15 | PRIOR AUTHORIZATION CREATE DATE | M | N | 8 | 222 | 229 | CREATE\_DT |
| A18 | PRIOR AUTHORIZATION UPDATE DATE | S | N | 8 | 230 | 237 | MODIFIED\_DATE |
| 498-PS | PRIOR AUTHORIZATION EFFECTIVE DATE | S | N | 8 | 238 | 245 | BEGIN\_DT  Start date of the PA |
| 498-PT | PRIOR AUTHORIZATION EXPIRATION DATE | S | N | 8 | 246 | 253 | END\_DT |
| 498-PY | PRIOR AUTHORIZATION ID ASSIGNED | S | A/N | 35 | 254 | 288 | REQUEST\_ID  Unique PA identifier |
| 462-EV | PRIOR AUTHORIZATION ID SUBMITTED | S | A/N | 35 | 289 | 323 | Required if the sending payer requires a prior authorization to be submitted by a pharmacy on a claim.  SPACES |
| A17 | PRIOR AUTHORIZATION REASON CODE | S | N | 3 | 324 | 326 | NCPDP\_PA\_Reason\_Code  Valid value set is NCPDP standard, values 1–22. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | S | A/N | 200 | 327 | 526 | SPACES |
| THIS SECTION DENOTES OVERRIDE VALUES INFORMATION: | | | | | | | |
| 498-RA | PRIOR AUTHORIZATION QUANTITY | S | N(7)VN(3) | 10 | 527 | 536 | Required if Prior Authorization Reason Code (A17) is 21 (Quantity) or 14 (Limitation over Time).  METRIC\_ QUANTITY |
| 498-PX | PRIOR AUTHORIZATION QUANTITY ACCUMULATED | S | N(7)VN(3) | 10 | 537 | 546 | Required if sending party’s system tracks quantity approved and quantity used to date amounts separately.  If this field is populated, Prior Authorization Quantity (498-RA) is required.  Defaulted as zeros |
| A12 | DOSAGE PER DAY | S | N(7)VN(3) | 10 | 547 | 556 | Required if Prior Authorization Reason Code (A17) is 11 (Daily Dosage).  MMA is not mapping anything at this time; extract will be sent with zeros. |
| 405-D5 | DAYS SUPPLY | S | N | 3 | 557 | 559 | Required if Prior Authorization Reason Code (A17) is 9 (Days Supply) or 14 (Limitation over Time).  DAYS\_SUPPLY |
| A10 | DAYS SUPPLY USED TO DATE | S | N | 3 | 560 | 562 | Required if the sending party’s system tracks days supply approved and days supply used to date separately. If this field is populated, Days Supply (405-D5) is required.  Defaulted to zeros |
| A16 | PRIOR AUTHORIZATION NUMBER OF FILLS AUTHORIZED (BY PRODUCT) | S | N | 2 | 563 | 564 | Required if Prior Authorization Reason Code (A17) is 3 (Allowed Number of Fills). Not intended to be used in conjunction with Prior Authorization Number of Refills Authorized (498-PW). The intent of the prior authorization is one or the other.  Defaulted to zeros |
| 498-PW | PRIOR AUTHORIZATION NUMBER OF REFILLS AUTHORIZED (BY PRESCRIPTION/ SERVICE REFERENCE NUMBER) | S | N | 2 | 565 | 566 | Required if Prior Authorization Reason Code (A17) is 2 (Allowed Number of Refills). Not intended to be used in conjunction with Prior Authorization Number of Fills Authorized (A16). The intent of the prior authorization is one or the other.  Defaulted to zeros |
| A13 | FILLS/REFILLS USED TO DATE | S | N | 2 | 567 | 568 | Required if the sending party’s system tracks the number of “fills or refills approved” and the number of “fills or refills used to date” separately.  Defaulted to zeros |
| A08 | COPAY/ COINSURANCE OVERRIDE TYPE | S | N | 1 | 569 | 569 | Required if Prior Authorization Reason Code (A17) is 7 (Copay/ Coinsurance).  Defaulted to zeros |
| A07 | COPAY/ COINSURANCE OVERRIDE AMOUNT | S | N(7)VN(2) | 9 | 570 | 578 | Required if Copay/Coinsurance Override Type (A08) is sent.  Defaulted to zeros |
| A09 | COPAY CONJUNCTION SEQUENCE | S | N | 1 | 579 | 579 | Required if sender supports a multiple tiered copay/coinsurance structure with at least one percentage and one flat dollar amounts.  Defaulted to zeros |
| A04 | CLAIM COST CEILING OVERRIDE AMOUNT | S | N(7)VN(2) | 9 | 580 | 588 | Required if Prior Authorization Reason Code (A17) is 4 (Claim Dollar/Cost Exceeds Maximum).  MAX\_CLAIM\_AMOUNT |
| A02 | BENEFIT AMOUNT TYPE | S | N | 1 | 589 | 589 | Required if Prior Authorization Reason Code (A17) is 10 (Deductible), 15 (Maximum Allowable Benefit), or 16 (Maximum Out of Pocket).  Required if Benefit Amount Used To-Date (A03) is sent.  Defaulted to zeros |
| A01 | BENEFIT AMOUNT TIME PERIOD | S | N | 1 | 590 | 590 | Required if needed to define how the Benefit Amount Type (A02) override is to be applied during a time period and corresponds to the plan’s benefit accrual period.  Required if Benefit Amount Type (A02) is sent.  Defaulted to zeros |
| A00 | BENEFIT AMOUNT | S | N(7)VN(2) | 9 | 591 | 599 | Required if Prior Authorization Reason Code (A17) is 10 (Deductible), 15 (Maximum Allowable Benefit), or 16 (Maximum Out of Pocket).  Required if Benefit Amount Type (A02) is sent.  Required if Benefit Amount Used To-Date (A03) is sent.  Defaulted to zeros |
| A03 | BENEFIT AMOUNT USED TO-DATE | S | N(7)VN(2) | 9 | 600 | 608 | Required if Prior Authorization Reason Code (A17) is 10 (Deductible), 15 (Maximum Allowable Benefit), or 16 (Maximum Out of Pocket).  Required if the sending party’s system tracks the aggregate amount used to date separately from the total approved amount of the override benefit.  Defaulted to zeros |
| A14 | PRESCRIBER OVERRIDE TYPE | S | N | 1 | 609 | 609 | Required if Prior Authorization Reason Code (A17) is 20 (Prescriber [include coverage]).  Defaulted to zeros |
| 466-EZ | PRESCRIBER ID QUALIFIER | S | A/N | 2 | 610 | 611 | Required if Prescriber ID (411-DB) is sent.  Hardcoded value “01” for NPI |
| 411-DB | PRESCRIBER ID | S | A/N | 15 | 612 | 626 | Required if Prior Authorization Reason Code (A17) is 20 (Prescriber [include coverage]).  Required if Prescriber Override Type (A14) is sent.  SPACES |
| A20 | SERVICE PROVIDER OVERRIDE TYPE | S | N | 1 | 627 | 627 | Required if Prior Authorization Reason Code (A17) is 19 (Pharmacy [include coverage]).  Defaulted to zeros |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | S | A/N | 2 | 628 | 629 | Required if Service Provider ID (201-B1) is sent.  Hardcoded value “01” for NPI |
| 201-B1 | SERVICE PROVIDER ID | S | A/N | 15 | 630 | 644 | Required if Prior Authorization Reason Code (A17) is 19 (Pharmacy [include coverage]).  Required if Service Provider Override Type (A20) is sent. |
| A11 | DISPENSE AS WRITTEN (DAW) DIFFERENCE | S | N | 1 | 645 | 645 | Required if Prior Authorization Reason Code (A17) is 8 (Product Selection Penalty).  Defaulted to zero |
| A05 | CLAIM ORIGINATION | S | N | 1 | 646 | 646 | Hardcoded value "9"– Applies to All Claims |
| THIS SECTION DENOTES LAST PAID CLAIMS HISTORY INFORMATION: | | | | | | | |
| 436-E1 | PRODUCT/ SERVICE ID QUALIFIER | S | A/N | 2 | 647 | 648 | Required if Product/Service ID (407-D7) is sent. Situational, not being sent. Claims information is on the Claims Extract file.  SPACES |
| 407-D7 | PRODUCT/ SERVICE ID | S | A/N | 40 | 649 | 688 | Required if a paid claim was adjudicated using the prior authorization represented in the record. The Product/Service ID (407-D7) must contain the full 11-digit National Drug Code (NDC) and the Qualifier (436-E1) will always contain the value “03”. Situational, not being sent. Claims information is on the Claims Extract file.  SPACES |
| 455-EM | PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER | S | A/N | 1 | 689 | 689 | Required if Product/Service ID (407-D7) is sent. Situational, not being sent. Claims information is on the Claims Extract file.  SPACES |
| 402-D2 | PRESCRIPTION/ SERVICE REFERENCE NUMBER | S | N | 12 | 690 | 701 | Required if Product/Service ID (407-D7) is sent. Situational, not being sent. Claims information is on the Claims Extract file.  Defaulted to zeros |
| 530-FU | PREVIOUS DATE OF SERVICE | S | N | 8 | 702 | 709 | Required if Product/Service ID (407-D7) is sent. Situational, not being sent. Claims information is on the Claims Extract file.  Defaulted to zeros |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | S | A/N | 2 | 710 | 711 | Required if Product/Service ID (407-D7) is sent. Situational, not being sent. Claims information is on the Claims Extract file. SPACES |
| 201-B1 | SERVICE PROVIDER ID | S | A/N | 15 | 712 | 726 | Required if Product/Service ID (407-D7) is sent. Situational, not being sent. Claims information is on the Claims Extract file.  SPACES |
| N/A | PRESCRIBER ID | S | A/N | 15 | 727 | 741 | Send Prescriber ID when available. |
| N/A | PHARMACY ID | S | A/N | 15 | 742 | 756 | Send Pharmacy ID when Available. |
| N/A | STATUS CODE | S | A/N | 1 | 757 | 757 | Prior Authorization Status Code  A – Approve D – Denied |
|  | FILLER | S | A/N | 43 | 758 | 800 | SPACES |
| THIS SECTION DENOTES CUSTOM FIELDS REQUESTED BY MCPs: | | | | | | | |
| N/A | PRIOR AUTHORIZATION TYPE | S | A/N | 1 | 801 | 801 | Valid values are  0 – standard 1 – expedited |
| N/A | PRIOR AUTH SUBMIT DATE | S | N | 8 | 802 | 809 |  |
| N/A | PRIOR AUTH SUBMIT TIME | S | A/N | 10 | 810 | 819 |  |
| N/A | BILLING DATE | S | A/N | 8 | 820 | 827 | Total time can be calculated from the Billing time and Submit date time. Total time (BILLING DATE TIME – SUBMIT DATE TIME) |
| N/A | BILLING TIME | S | A/N | 10 | 828 | 837 |
| N/A | APPROVED DRUG NAME | S | A/N | 60 | 838 | 897 |  |
| N/A | APPROVED DRUG TC | S | A/N | 60 | 898 | 957 | Standard Therapeutic Class description |
| N/A | COMPLETED BY | S | A/N | 120 | 958 | 1077 | Agent user Id |
| N/A | FAX NUMBER | S | A/N | 10 | 1078 | 1087 | Will provide the latest FAX number associated with the FAX status. Provider fax number |
| N/A | FAX STATUS | S | A/N | 1 | 1088 | 1088 |  |

## 8.3 Prior Authorization Transfer Trailer Record

| Field | Field Name | Mandatory or Situational | Format | Size | Start | End | MMA Comments |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 601-04 | RECORD TYPE | M | A/N | 2 | 1 | 2 | Hardcoded value "PK" |
| 601-09 | TOTAL RECORD COUNT | M | N | 10 | 3 | 12 |  |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | S | A/N | 200 | 13 | 212 | SPACES |
|  | FILLER | S | A/N | 876 | 213 | 1088 | SPACES |

## 8.4 File Layout PA Notes

* Data will be scrubbed to remove invalid control characters (i.e., low values) and correct invalid field definitions (i.e., alpha data in a numeric field).
* Files are in ASCII format.
* Character fields are left justified, default value spaces.
* If field contains data, space is not allowed in first position of the field.
* Numeric fields are right justified with leading zeroes, default value zeroes.
* Date field format is YYYYMMDD.

| Field Name | Format | Size | Required  Yes/No | Notes |
| --- | --- | --- | --- | --- |
| **HEADER RECORD** | | | | |
| RECORD TYPE | A/N | 2 | Y | Default as 'HD' |
| BATCH\_SENDER\_ID | A/N | 24 | Y | MAGELLAN |
| BATCH\_NO | NUM | 7 | Y | Unique Number Assigned to the Run |
| CREATIONDATE | N | 8 | Y | Date in YYYYMMDD format |
| CREATIONTIME | N | 4 | Y | Time in hh24min |
| RECEIVERID | A/N | 24 | Y | MCP Identifier |
| **DETAIL RECORD** | | | | |
| CLIENT\_ID | CHAR | 10 | Y | MCIN - Managed Care Identification Number |
| CARDHOLDER ID | CHAR | 20 | Y | Beneficiary CIN (Client Index Number) |
| PA\_ID | CHAR | 35 | Y | Prior Authorization (PA) ID or PA Number.  Can be linked to 498-PY PRIOR AUTHORIZATION ID ASSIGNED on standard. |
| PA\_BEGIN\_DT | CHAR | 8 | Y | Prior Authorization begin date  Format: YYYYMMDD |
| PA\_END\_DT | CHAR | 8 | N | Prior Authorization end date  Format: YYYYMMDD |
| PA\_NOTE | CHAR | N/A | N | Prior Authorization note text, this is a free form text message and hence not providing the length. |
| PA\_RATIONALE | CHAR | N/A | N | Prior Authorization Rationale text, this is a free form text message and hence not providing the length. |
| **TRAILER RECORD** | | | | |
| RECORD TYPE | A/N | 2 | Y | Default as 'TR' |
| TOTAL RECORD COUNT | N | 10 | Y |  |

### Prior Authorization Notes Load Requirements

The PA notes records can be linked to the primary PA record using the PA\_ID as the primary key.

# Prior Authorization Record Linking Examples

Below is an example of how multiple records for a prior authorization are linked using field 498-PY PRIOR AUTHORIZATION ID ASSIGNED. The number in that field will be the same for all the records on a single PA.

| Element Label | 302-C2 | 601-19 | 301-18 | 498-PS | 498-PT | 498-PY | A17 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Physical Field Name | CARDHOLDER ID (CIN) | PRODUCT CODE QUALIFIER | PRODUCT CODE | PRIOR AUTHOR-IZATION EFFECTIVE DATE | PRIOR AUTHOR-IZATION EXPIRATION DATE | PRIOR AUTHOR-IZATION ID ASSIGNED | PRIOR AUTHORI-ZATION REASON CODE\* |
| A PA with one reason code | 123456789 | G | 4225 | 1/1/2021 | 7/1/2021 | 000000015942685 | 3 |
|  | | | | | | | |
| A PA with multiple reasons code | 753869142 | H | 16520 | 1/1/2020 | 12/31/2020 | 000000078945812 | 5 |
| 753869142 | H | 16520 | 1/1/2020 | 12/31/2020 | 000000078945812 | 4 |
| 753869142 | H | 16520 | 1/1/2020 | 12/31/2020 | 000000078945812 | 13 |
| 753869142 | H | 16520 | 1/1/2020 | 12/31/2020 | 000000078945812 | 9 |
|  | | | | | | | |

\* See the Prior Authorization Reason Code Reference Chart on the next page.

# 10.0 Testing

The first data available to the MCPs will be dummy data to use as a reference for coding. There will be no PHI or PHI in these files.

Dummy testing file names:

1. T\_MCAL\_FFSCLMEXT\_DUMMY\_NCPDPPA47\_YYYYMMDD.dat
2. T\_MCAL\_FFSCLMEXT\_DUMMY\_SUPPLEMENTAL\_20200602.dat
3. T\_MCAL\_SRVAUTH\_DUMMY\_NCPDP22\_ YYYYMMDD.TXT
4. T\_MCAL\_PANOTES\_DUMMY\_YYYYMMDD.dat

MMA created a test plan document (Excel workbook) that documents what will be included in each test file transmission during cycle testing. MMA will consolidate any issues reported during each testing cycle and share the resolution with the group. There will be Zoom meetings scheduled to answer questions during the testing phase.



# 11.0 Security for MCP Data Exchanges

MMA’s file transfer and data management policies, procedures, and technology are based upon NIST guidelines and conform to State and Federal requirements. MMA utilizes IPSWITCH’s MOVEit for file transfer, a FIPS 140-2 compliant application.

* The preferred method of transfer is Secure FTP utilizing a Secure Shell (SSH) channel.
* A connection is established to the MMA server by authenticating with the provided credentials and the SSH key-pair.
* To meet secure file transfer and data management requirements, data is encrypted in transit and at rest while using the MOVEit system.
* MMA utilizes a Security Incident Event Manager (SIEM) to monitor and detect malicious behavior.

MMA will utilize the industry standard PGP encryption, a data encryption process that gives cryptographic privacy and authentication for online communication, for all inbound and outbound files.  We will work with our respective partners to complete key security documentation on the information that will be exchanged.

# 12.0 Operational Support

This section will be completed in a subsequent release and will include technical points of contact, how to report issues, and the high-level change management process.

# Appendix A: Internal Representation of Overpunch Signs

Reference table below for translating overpunch signs to numeric values.

| UNITS | | | SIGNED POSITIVE | | | | SIGNED NEGATIVE | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Digit | Graphics | | Oct | Dec | Hex |  | Graphics | | Oct | | Dec | | Hex |
| Ø | { |  | 173 | 123 | 7B |  | } |  | 175 | 125 | | 7D | |
| 1 | A |  | 1Ø1 | 65 | 41 |  | J |  | 112 | 74 | | 4A | |
| 2 | B |  | 1Ø2 | 66 | 42 |  | K |  | 113 | 75 | | 4B | |
| 3 | C |  | 1Ø3 | 67 | 43 |  | L |  | 114 | 76 | | 4C | |
| 4 | D |  | 1Ø4 | 68 | 44 |  | M |  | 115 | 77 | | 4D | |
| 5 | E |  | 1Ø5 | 69 | 45 |  | N |  | 116 | 78 | | 4E | |
| 6 | F |  | 1Ø6 | 7Ø | 46 |  | O |  | 117 | 79 | | 4F | |
| 7 | G |  | 1Ø7 | 71 | 47 |  | P |  | 12Ø | 8Ø | | 5Ø | |
| 8 | H |  | 11Ø | 72 | 48 |  | Q |  | 121 | 81 | | 51 | |
| 9 | I |  | 111 | 73 | 49 |  | R |  | 122 | 82 | | 52 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FIELD ID | FIELD NAME | LAYOUT | FIELD FORMAT | OVERPUNCH to ACTUAL | Field Applicable to MCPs |
| 894 | TOTAL AMOUNT PAID BY ALL SOURCES | POST ADJUDICATION 4.7 | D(8,2) | 0000050}  to -5.00 0000050{  to  5.00 0001234E  to  123.45 0001234N to -123.45 | ALL MCPs |
| 281 | NET AMOUNT DUE | POST ADJUDICATION 4.7 | D(8,2) | 0000050}  to -5.00 0000050{  to  5.00 0001234E  to  123.45 0001234N to -123.45 | ALL MCPs |
| 426-DQ | USUAL AND CUSTOMARYCHARGE | POST ADJUDICATION 4.7 | D(8,2) | 0000050}  to -5.00 0000050{  to  5.00 0001234E  to  123.45 0001234N to -123.45 | ALL MCPs |
| 211 | AVERAGE WHOLESALE UNIT PRICE | POST ADJUDICATION 4.7 | D(9,4) | 03297600{   to   3297.6000 03297600I   to   3297.6009 03297600R  to -3297.6009 | Only for Medispan MCPs |
|  | WHOLESALE ACQUISITION COST | SUPPLEMENTAL FILE1 | D(11,5) | 0000004133C to 0.41333 0000004133L to -0.41333 | ALL MCPs |
|  | WHOLESALE ACQUISITION COST UNIT PRICE | SUPPLEMENTAL FILE2 (Medi-Span File) | D(11,5) | 0000004133C to 0.41333 0000004133L to -0.41333 | Only for Medispan MCPs |

Below is the table showing how overpunch data is used for the fields being mapped:

# Appendix B: MCIN and PBMID Table

Below is the table showing each PBM Identifier and MCINs.

|  |  |  |  |
| --- | --- | --- | --- |
| **PBM Identifier** | |  | |
| **PBM Name** | **PBMID** |  | |
| Centene | CNT |  | |
| CVS Caremark | CVS |  | |
| Envolve Pharmacy Solutions | ENV |  | |
| IngenioRX | IRX |  | |
| Kaiser Permanente | KAP |  | |
| LA CARE | LAC |  | |
| MedImpact | MIM |  | |
| OptumRx | ORX |  | |
| PerformRx | PRF |  | |
| ProCare Rx | PRC |  | |
| SS&C | SSC |  | |
| **Managed Care Identifiers** | | | | | |
| **Managed Care Plan Name** | | | **MCIN#** | | **RECEIVER NAME** |
| CalViva Health | | | MCP001 | | CALVIVA HEALTH |
| Aetna Better Health of California | | | MCP002 | | AETNA BETTER HEALTH OF CALIFORNIA |
| Molina Health Care | | | MCP003 | | MOLINA HEALTH CARE |
| California Health & Wellness | | | MCP004 | | CALIFORNIA HEALTH & WELLNESS |
| Health Net | | | MCP005 | | HEALTH NET |
| Anthem Blue Cross Partnership | | | MCP006 | | ANTHEM BLUE CROSS PARTNERSHIP |
| Kaiser Permanente | | | MCP007 | | KAISER PERMANENTE |
| L.A. Care Health Plan | | | MCP008 | | L.A. CARE HEALTH PLAN |
| Aids Health Foundation | | | MCP009 | | AIDS HEALTH FOUNDATION |
| CalOptima | | | MCP010 | | CALOPTIMA |
| CenCal Health | | | MCP011 | | CENCAL HEALTH |
| Central California Alliance for Health | | | MCP012 | | CENTRAL CALIFORNIA ALLIANCE FOR HEALTH |
| Community Health Group | | | MCP013 | | COMMUNITY HEALTH GROUP |
| Family Mosiac/San Francisco Mental Health Plan | | | MCP014 | | FAMILY MOSIAC/SAN FRANCISCO MENTAL HEALTH PLAN |
| Partnership HealthPlan of California | | | MCP015 | | PARTNERSHIP HEALTHPLAN OF CALIFORNIA |
| Rady Children's Hospital Plan | | | MCP016 | | RADY CHILDREN'S HOSPITAL PLAN |
| Santa Clara Family Health Plan | | | MCP017 | | SANTA CLARA FAMILY HEALTH PLAN |
| Gold Coast Health Plan | | | MCP018 | | GOLD COAST HEALTH PLAN |
| United Health Group | | | MCP019 | | UNITED HEALTH GROUP |
| Alameda Alliance for Health | | | MCP020 | | ALAMEDA ALLIANCE FOR HEALTH |
| Contra Costa Health Plan | | | MCP021 | | CONTRA COSTA HEALTH PLAN |
| San Francisco Health Plan | | | MCP022 | | SAN FRANCISCO HEALTH PLAN |
| Health Plan of San Joaquin | | | MCP023 | | HEALTH PLAN OF SAN JOAQUIN |
| Blue Shield Promise | | | MCP024 | | BLUE SHIELD PROMISE |
| Health Plan of San Mateo | | | MCP025 | | HEALTH PLAN OF SAN MATEO |
| Inland Empire Health Plan | | | MCP026 | | INLAND EMPIRE HEALTH PLAN |
| Kern Health Systems | | | MCP027 | | KERN HEALTH SYSTEMS |

# Appendix C: Additional Valid Value Tables

Below are code/description tables for some specifically requested fields:

## 202-B2 Service Provider ID Qualifier

|  |  |
| --- | --- |
| **202-B2 SERVICE PROVIDER ID QUALIFIER** | |
| **SERVICE PROVIDER ID QUALIFIER** | **SERVICE PROVIDER ID QUALIFIER DESCRIPTION** |
| **01** | National Provider Identifier (NPI) |
| **02** | Blue Cross |
| **03** | Blue Shield |
| **04** | Medicare |
| **05** | Medicaid |
| **06** | UPIN |
| **07** | NCPDP Provider ID |
| **08** | State License |
| **09** | Champus |
| **10** | Health Industry Number (HIN) |
| **11** | Federal Tax ID |
| **12** | Drug Enforcement Administration (DEA) |
| **13** | State Issued |
| **14** | Plan Specific |
| **15** | HCIdea HCID |
| **17** | Foreign Prescriber ID |
| **99** | Other |

## 204 - Adjustment Reason Code

|  |  |  |  |
| --- | --- | --- | --- |
| **204 - Adjustment Reason Code** | | | |
| **ADJUSTMENT REASON CODE** | **ADJUSTMENT REASON DESCRIPTION** | **ADJUSTMENT REASON CODE** | **ADJUSTMENT REASON DESCRIPTION** |
| **1** | Retroactive Eligibility | **10** | Theft, Sabotage, or other act by Employee |
| **2** | Share of Cost Reimbursement | **11** | Court Order ot State Fair Hearing Decision |
| **3** | TPL Delay | **12** | Delay/Error in the certification of Eligibility |
| **4** | Charpentier | **13** | Update of a PA beyond 12 month Limit |
| **5** | PA Approval Delay | **14** | Reversal of Decision on an appealed PA |
| **6** | Provider Certification Delay | **15** | Circumstances beyond the providers control decided by DHCS |
| **7** | Delay in supplying Forms by DHCS | **16** | Medicare/Other Health Coverage |
| **8** | Delay of Delivery of DME | **17** | County Error |
| **9** | Fire, Flood, or Disaster to Provider Records |  |  |

## 218 - CLAIM MEDIA TYPE

|  |  |
| --- | --- |
| **218 – Claim Media Type** | |
| **CLAIM MEDIA TYPE CODE** | **CLAIM MEDIA TYPE DESCRIPTION** |
| **W** | Web Claim Submission |
| **P** | POS |
| **S** | Screen |
| **T** | Screen Adjustment |
| **B** | Batch |
| **C** | Batch Adjustment |
| **V** | Conversion |
| **M** | Medicaid Subrogation |

## 247 – Eligibility/Patient Relationship Code

|  |  |  |  |
| --- | --- | --- | --- |
| **247 – Eligibility/Patient Relationship Code** | | | |
| **ELIGIBILITY/PATIENT RELATIONSHIP CODE** | **ELIGIBILITY/PATIENT RELATIONSHIP DESCRIPTION** | **ELIGIBILITY/PATIENT RELATIONSHIP CODE** | **ELIGIBILITY/PATIENT RELATIONSHIP DESCRIPTION** |
| **00** | Spouse | **9** | Brother-in-law or Sister-in-law |
| **0** | Father or Mother | **10** | Mother-in-law or Father-in-law |
| **1** | Grandfather or Grandmother | **11** | Brother or Sister |
| **2** | Grandson or Granddaughter | **12** | Ward |
| **3** | Uncle or Aunt | **13** | Stepson or Stepdaughter |
| **4** | Nephew or Niece | **14** | Self |
| **5** | Cousin | **15** | Spouse |
| **6** | Adopted Child | **16** | Father or Mother |
| **7** | Foster Child | **17** | Grandfather or Grandmother |
| **8** | Son-in-law or Daughter-in-law | **18** | Grandson or Granddaughter |

## 303-C3 – Person Code

|  |  |
| --- | --- |
| **303-C3 Person Code** | |
| **PERSON CODE** | **PERSON DESCRIPTION** |
| **001** | Carholder |
| **002** | Spouse |
| **003-999** | Dependents and Others (including second spouses, etc.) |

## 306-C6 Patient Relationship Code

| **306-C6 PATIENT RELATIONSHIP CODE** | |
| --- | --- |
| **PATIENT RELATIONSHIP CODE** | **PATIENT RELATIONSHIP DESCRIPTION** |
| **0** | Not Specified |
| **1** | Cardholder - The individual that is enrolled in and receives benefits from a healthplan |
| **2** | Spouse - Patient is the husband/wife/partner of the cardholder |
| **3** | Child - Patient is a child of the cardholder |
| **4** | Other - Relationship to cardholder is not precise |

## 308-C8 - OTHER COVERAGE CODE

| **308 -C8 OTHER COVERAGE CODE** | |
| --- | --- |
| **OTHER COVERAGE CODE** | **OTHER COVERAGE DESCRIPTION** |
| **0** | Not Specified by patient |
| **1** | No other coverage - Code used in coordination of benefits transactions to convey that no other coverage is available. |
| **2** | Other coverage exists-payment collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment received. |
| **3** | Other Coverage Billed – claim not covered - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment denied because the service is not covered. |
| **4** | Other coverage exists-payment not collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment has not been received. |
| 8 | Claim is billing for patient financial responsibility only - Copay is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each product/service received and regardless of the patient’s current benefit status, product selection or network selection. |

## 396-PSD 1 - TRANSACTION CODE

| 396 PSD 1 - TRANSACTION CODE | |
| --- | --- |
| Value | Description |
| B1 | Billing |
| B2 | Reversal |
| B3 | Rebill |

## 399 RECORD STATUS CODE

| 399 RECORD STATUS CODE | |
| --- | --- |
| Value | Description |
| 1 | Paid |
| 2 | Denied |
| 3 | Reversal/Void |

## 441-E6 RESULT OF SERVICE CODE

| **441-E6 RESULT OF SERVICE CODE** | | | |
| --- | --- | --- | --- |
| **RESULT OF SERVICE CODE** | **RESULT OF SERVICE DESCRIPTION** | **RESULT OF SERVICE CODE** | **RESULT OF SERVICE DESCRIPTION** |
| **00** | Not specified | **3B** | Recommendation Not Accepted |
| **1A** | Filled As Is, False Positive | **3C** | Discontinued Drug |
| **1B** | Filled Prescription As Is | **3D** | Regimen Changed |
| **1C** | Filled, With Different Dose | **3E** | Therapy Changed |
| **1D** | Filled, with Different Directions | **3F** | Therapy Changed |
| **1E** | Filled, with Different Drug | **3G** | Drug Therapy Unchanged |
| **1F** | Filled, with Different Quantity | **3H** | Follow-Up/Report |
| **1G** | Filled, with Prescriber Approval | **3J** | Patient Referral |
| **1H** | Brand to Generic Change | **3K** | Instructions Understood |
| **1J** | Rx to OTC Change | **3M** | Compliance Aid Provided |
| **1K** | Filled with Different Dosage Form | **3N** | Medication Administered |
| **2A** | Perscription Not Filled | **4A** | Prescribed with Acknowledgements |
| **2B** | Not Filled, Directions Clarified | **3F** | Therapy Changed |
| **3A** | Recommendation Accepted | **3G** | Drug Therapy Unchanged |

## 466-EZ PRESCRIBER ID QUALIFIER

| **466-EZ PRESCRIBER ID QUALIFIER** | | | |
| --- | --- | --- | --- |
| **PRESCRIBER ID QUALIFIER** | **PRESCRIBER ID QUALIFIER DESCRIPTION** | **PRESCRIBER ID QUALIFIER** | **PRESCRIBER ID QUALIFIER DESCRIPTION** |
| **01** | National Provider Identifier (NPI) | **10** | Health Industry Number (HIN) |
| **02** | Blue Cross | **11** | Federal Tax ID |
| **03** | Blue Shield | **12** | Drug Enforcement Administration (DEA) |
| **04** | Medicare | **13** | State Issued |
| **05** | Medicaid | **14** | Plan Specific |
| **06** | UPIN | **15** | HCIdea HCID |
| **07** | NCPDP Provider ID | **17** | Foreign Prescriber ID |
| **08** | State License | **99** | Other |
| **09** | Champus | **10** | Health Industry Number (HIN) |

## 532-FW DATABASE\_INDICATOR

| **532-FW DATABASE\_INDICATOR** | |
| --- | --- |
| **DATABASE INDICATOR CODE** | **DATABASE INDICATOR DESCRIPTION** |
| **1** | First DataBank – a drug database company |
| **2** | Medi-Span Product Line – a drug database company |
| **3** | Micromedex/Medical Economics– a drug database company |
| **4** | Processor Developed – a proprietary drug file |
| **5** | Other - Different from those implied or specified |
| **6** | Redbook – a Micromedex publication of drug information information |
| **7** | Multum– a drug database company |

## 6Ø1-19 PRODUCT CODE QUALIFIER

| 6Ø1-19 PRODUCT CODE QUALIFIER | |
| --- | --- |
| Value | Description |
| G | GSN |
| H | HICL SEQUENCE NO |
| 1 | GCN |

## 996-G1 COMPOUND TYPE CODE

| **996-G1 COMPOUND TYPE** | |
| --- | --- |
| **COMPOUND TYPE** | **COMPOUND TYPE DESCRIPTION** |
| **01** | Anti-infective |
| **02** | Ionotropic |
| **03** | Chemotherapy |
| **04** | Pain Management |
| **05** | TPN/PPN (Hepatic, Renal, Pediatric) |
| **06** | Hydration |
| **07** | Ophthalmic |
| **99** | Other |

## A7 - PRIOR AUTHORIZATION REASON CODE

| PRIOR AUTHORIZATION REASON CODE | | | |
| --- | --- | --- | --- |
| Value | Description | Value | Description |
| 1 | Age | 12 | Drug |
| 2 | Allowed Number of Refills | 13 | Drug DUR Override |
| 3 | Allowed Number of Fills | 14 | Limitation Over Time |
| 4 | Claim Dollar/Cost Exceeds Maximum | 15 | Maximum Allowable Benefit |
| 5 | Claim Submission Time | 16 | Maximum Out of Pocket |
| 6 | Contingent/Step Therapy | 17 | Negative Coverage |
| 7 | Copayment/Coinsurance | 18 | Other |
| 8 | Product Selection Penalty | 19 | Pharmacy (include coverage) |
| 9 | Days’ Supply | 20 | Prescriber (include coverage) |
| 10 | Deductible | 21 | Quantity |
| 11 | Daily Dosage | 22 | Refill Too Soon |

## FDB ROUTE OF ADMINISTRATION

| **FDB ROUTE OF ADMINISTRATION** | | | |
| --- | --- | --- | --- |
| **FDB ROUTE OF ADMINSTRATION CODE** | **FDB ROUTE OF ADMINSTRATION DESCRIPTION** | **FDB ROUTE OF ADMINSTRATION CODE** | **FDB ROUTE OF ADMINSTRATION DESCRIPTION** |
| **A** | INTRAVEN | **Q** | INTRAVESIC |
| **B** | BUCCAL | **R** | IRRIGATION |
| **C** | INTRAMUSC | **S** | SUBLINGUAL |
| **D** | DENTAL | **T** | TRANSDERM |
| **E** | EPIDURAL | **U** | URETHRAL |
| **F** | PERFUSION | **V** | VAGINAL |
| **G** | SUBCUT | **W** | INTRAOCULR |
| **H** | INHALATION | **X** | INTRAPLEUR |
| **I** | INTRACAVER | **Y** | IN VITRO |
| **J** | INTRAARTER | **Z** | INTRAUTERI |
| **K** | INTRAARTIC | **0** | HEMODIALYS |
| **L** | TRANSLING | **1** | ORAL |
| **M** | MISCELL | **2** | INJECTION |
| **N** | IMPLANT | **3** | RECTAL |
| **O** | INTRATHEC | **4** | MUCOUS MEM |
| **P** | INTRAPERIT | **5** | TOPICAL |