

APPENDIX 2

DATA SPECIFICATIONS – PHARMACY

June 01, 2016; version 1.0

¹See the Proposed NCPDP Standard Format Data Fields (pages 31-34) for a list of additional NCPDP data elements not currently contained on the existing PBM data layout for Contractor, PBM and ETF consideration to potentially add to the existing layout for enhancement purposes. The Contractor, ETF, and PBM shall collaborate and agree upon the final data elements, file layout, and format for submission to the DW.

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
|-------------|-----------------------------|--------|------|-------|------|--------------|-----|---|
| 601-04 | Record Type | A/N | 2 | 1 | 2 | | M | "PA" |
| 102-A2 | Version/Release Number | A/N | 2 | 3 | 4 | | M | "42" |
| 879 | Sending Entity Identifier | A/N | 24 | 5 | 28 | | M | Plan Federal Tax ID (no dashes) |
| 806-5C | Batch Number | N | 7 | 29 | 35 | 9(7) | M | Must be unique assigned by the sender |
| 880-K2 | Creation Date | N | 8 | 36 | 43 | 9(8) | M | Format: CCYYMMDD |
| 880-K3 | Creation Time | N | 4 | 44 | 47 | 9(4) | M | Format: HHMM |
| 880-K7 | Receiver ID | A/N | 24 | 48 | 71 | | M | TBD |
| 601-06 | Reporting Period Start Date | N | 8 | 72 | 79 | 9(8) | M | Format: CCYYMMDD |
| 601-05 | Reporting Period End Date | N | 8 | 80 | 87 | 9(8) | M | Format: CCYYMMDD |
| 702-MC | File Type | A/N | 1 | 88 | 88 | | M | P (Production); T (Test) |
| 981-JV | Transmission Action | A/N | 1 | 89 | 89 | | M | O (Original); C (Correction) |
| 888 | Submission Number | A/N | 2 | 90 | 91 | | M | "ØØ" - Original Submission; For Resubmission - the submission number should be incremented by one (e.g., the replacement file should have Submission Number = "Ø1", first resubmission). |
| Filler | Filler Custom Attestation | A/N | 3609 | 92 | 3700 | | M | Spaces |

| Detail Record | | | | | | | | |
|--------------------------------|--------------------------|--------|------|-------|-----|-------------|-----|---|
| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
| 601-04 | Record Type | A/N | 2 | 1 | 2 | | M | "DE" |
| 398 | Record Indicator | A/N | 1 | 3 | 3 | | M | "Ø" - New record; |
| | | | | | | | | "1" - Overwrite existing record - Replacement; |
| | | | | | | | | "2" - Delete existing record - Void; |
| | | | | | | | | Note: For value "1" & "2", use in conjunction with Adjustment Category field [205] 'Adjustment Type' and [897] 'Transaction Id Cross Reference' |
| Eligibility Category: | | | | | | | | |
| 248 | Eligible coverage code | A/N | 3 | 4 | 6 | | S | |
| 898 | User Benefit id | A/N | 10 | 7 | 16 | | S | |
| 899 | User coverage id | A/N | 10 | 17 | 26 | | S | |
| 246 | Eligibility Group ID | A/N | 15 | 27 | 41 | | M | |
| 270 | Line of Business Code | A/N | 6 | 42 | 47 | | M | |
| 267 | Insurance Code | A/N | 20 | 48 | 67 | | M | |
| | | | | | | | | |
| | | | | | | | | |
| Cardholder Information: | | | | | | | | |
| 302-C2 | Cardholder ID | A/N | 20 | 288 | 307 | | S | Subscriber info, if available |
| 716-SY | Last Name | A/N | 35 | 308 | 342 | | S | Subscriber info, if available |
| 717-SX | First Name | A/N | 35 | 343 | 377 | | S | Subscriber info, if available |
| 718 | Middle Initial | A/N | 1 | 378 | 378 | | S | Subscriber info, if available |
| 280 | Name Suffix | A/N | 10 | 379 | 388 | | S | Subscriber info, if available |
| 726-SR | Address Line 1 | A/N | 40 | 389 | 428 | | S | Subscriber info, if available |
| 727-SS | Address Line 2 | A/N | 40 | 429 | 468 | | S | Subscriber info, if available |
| 728 | City | A/N | 30 | 469 | 498 | | S | Subscriber info, if available |
| 729-TA | State / Province Address | A/N | 2 | 499 | 500 | | S | Subscriber info, if available |
| 730 | Zip/Postal Code | A/N | 15 | 501 | 515 | | S | Subscriber info, if available |
| B36-1W | Entity Country Code | A/N | 2 | 516 | 517 | | S | Subscriber info, if available |
| 214 | Cardholder Date of Birth | N | 8 | 518 | 525 | 9(8) | S | Subscriber info, if available |
| 721-MD | Gender Code | N | 1 | 526 | 526 | 9(1) | S | Subscriber info, if available |
| 274 | Medicare Plan Code | A/N | 1 | 527 | 527 | | S | Subscriber info, if available |
| 288 | Payroll Class | A/N | 1 | 528 | 528 | | S | Subscriber info, if available |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-----------------------------|---------------------------|--------|------|-------|-----|-------------|-----|--|
| Patient Information: | | | | | | | | |
| 331-CX | Patient ID Qualifier | A/N | 2 | 529 | 530 | | M | |
| 332-CY | Patient ID | A/N | 20 | 531 | 550 | | M | |
| 716-SY | Last Name | A/N | 35 | 551 | 585 | | M | Patient Last Name |
| 717-SX | First Name | A/N | 35 | 586 | 620 | | M | Patient First Name |
| 718 | Middle Initial | A/N | 1 | 621 | 621 | | M | Patient Middle Initial, if applicable |
| 726-SR | Address Line 1 | A/N | 40 | 632 | 671 | | M | Patient Address Line 1 |
| 727-SS | Address Line 2 | A/N | 40 | 672 | 711 | | M | Patient Address Line 2 |
| 728 | City | A/N | 30 | 712 | 741 | | M | Patient Address City |
| 729-TA | State / Province Address | A/N | 2 | 742 | 743 | | M | Patient Address State |
| 730 | Zip/Postal Code | A/N | 15 | 744 | 758 | | M | Patient Address Zip Code, no dashes if 9-digits zip code |
| A43-1K | Patient Country Code | A/N | 2 | 759 | 760 | | M | Spaces |
| 304-C4 | Date of Birth | N | 8 | 761 | 768 | 9(8) | M | Patient DOB Date Format: CCYYMMDD |
| 305-C5 | Patient Gender Code | N | 1 | 769 | 769 | 9(1) | M | "1" - Male; "2" - Female; "Ø" - Not Specified |
| 208 | Age | N | 3 | 772 | 774 | 9(3) | M | Calculated from Date of Birth [304-C4] |
| 303-C3 | Person Code | A/N | 3 | 775 | 777 | | M | ØØ1=Cardholder ØØ2=Spouse ØØ3=Child ØØ4=Other |
| 306-C6 | Patient Relationship Code | N | 1 | 778 | 778 | 9(1) | M | "Ø" - Not Specified "1" - Cardholder "2" - Spouse "3" - Child "4" - Other "5" - Student "6" - Disabled Dependent "7" - Adult Dependent "8" - Significant Other |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|--------------------------|---------------------|--------|------|-------|-----|-------------|-----|---|
| Benefit Category: | | | | | | | | |
| 301-C1 | Group ID | A/N | 15 | 790 | 804 | | S | Plan Partners: |
| 757-U6 | Benefit ID | A/N | 15 | 814 | 828 | | S | Assigned by processor to identify a set of parameters, benefits, or coverage criteria used to adjudicate a claim. Note: For Part D, used to identify the PBP (Plan Benefit Package) Number |
| 308-C8 | Other Coverage Code | N | 2 | 863 | 864 | 9(2) | S | "ØØ" - Not Specified by patient; "Ø1" - No other coverage; "Ø2" - Other coverage exists - payment collected; "Ø3" - Other coverage billed; "Ø4" - Other coverage exists - payment not collected; "Ø8" - Claim is billing for patient financial responsibility only |
| 601-01 | Plan Type | A/N | 4 | 867 | 870 | | M | Plan Partners: |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-----------------------------|---|--------|------|-------|------|-------------|-----|---|
| Pharmacy Category: | | | | | | | | |
| 202-B2 | Service Provider ID Qualifier | A/N | 2 | 871 | 872 | | M | "Ø1" |
| 201-B1 | Service Provider ID | A/N | 15 | 873 | 887 | | M | NPI |
| 202-B2 | Service Provider ID Qualifier (Alternate) | A/N | 2 | 888 | 889 | | S | "Ø7" - NCPDP Provider Identification Number |
| 201-B1 | Service Provider ID (Alternate) | A/N | 15 | 890 | 904 | | S | Pharmacy or Provider ID corresponds to the Service Provider ID Qualifier [202-B2] |
| 833-5P | Pharmacy Name | A/N | 70 | 912 | 981 | | M | Pharmacy Provider Name |
| 726-SR | Address Line 1 | A/N | 40 | 982 | 1021 | | M | If available |
| 727-SS | Address Line 2 | A/N | 40 | 1022 | 1061 | | S | If available |
| 728 | City | A/N | 30 | 1062 | 1091 | | M | If available |
| 729-TA | State / Province Address | A/N | 2 | 1092 | 1093 | | M | If available |
| 730 | Zip/Postal Code | A/N | 15 | 1094 | 1108 | | M | Pharmacy Provider Zip Code |
| 887 | Service Provider County Code | A/N | 3 | 1109 | 1111 | | M | See Appendix A |
| 266 | In Network Indicator | A/N | 1 | 1137 | 1137 | | M | Blank - Not Specified; "Y" - In Network; "N" - Out of Network |
| Prescriber Category: | | | | | | | | |
| 466-EZ | Prescriber ID Qualifier | A/N | 2 | 1148 | 1149 | | M | "Ø1" |
| 411-DB | Prescriber ID | A/N | 15 | 1150 | 1164 | | M | NPI |
| 466-EZ | Prescriber ID Qualifier (Alternate) | A/N | 2 | 1165 | 1166 | | S | "Ø8" – State License Number; "12" – DEA Number |
| 411-DB | Prescriber ID (Alternate) | A/N | 15 | 1167 | 1181 | | S | Prescriber ID corresponds to the Prescriber Provider ID Qualifier [466- EZ] |
| 296 | Prescriber Taxonomy | A/N | 10 | 1182 | 1191 | | S | Primary taxonomy code for the submitted prescriber. If not known, populated with spaces |
| 716-SY | Last Name | A/N | 35 | 1194 | 1228 | | M | Prescriber Last Name |
| 717-SX | First Name | A/N | 35 | 1229 | 1263 | | M | Prescriber First Name |
| 468-2E | Primary Care Provider ID Qualifier | A/N | 2 | 1282 | 1283 | | S | "Ø1" - If Primary Care Provider is available |
| 421-DL | Primary Care Provider ID | A/N | 15 | 1284 | 1298 | | S | NPI - If Primary Care Provider is available |
| 716-SY | Last Name | A/N | 35 | 1299 | 1333 | | S | If Primary Care Provider is available |
| 717-SX | First Name | A/N | 35 | 1334 | 1368 | | S | If Primary Care Provider is available |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|------------------------|---|--------|------|-------|------|-------------|-----|--|
| Claim Category: | | | | | | | | |
| 399 | Record Status Code | A/N | 1 | 1369 | 1369 | | M | "1" - Paid; "2" - Rejected; "3" - Reversed; "4" - Adjusted; "5" - Captured; "6" - Reverse-Captured |
| 455-EM | Prescription/Service Reference Number Qualifier | A/N | 1 | 1373 | 1373 | | M | "1" |
| 402-D2 | Prescription/Service Reference Number | N | 12 | 1374 | 1385 | 9(12) | M | Pharmacy Prescription Number |
| 436-E1 | Product/Service ID Qualifier | A/N | 2 | 1386 | 1387 | | M | "Ø3" |
| 407-D7 | Product/Service ID | A/N | 19 | 1388 | 1406 | | M | NDC; If a compound transaction, primary ingredient associated with the transaction |
| 401-D1 | Date of Service | N | 8 | 1407 | 1414 | 9(8) | M | Format: CCYYMMDD |
| 578 | Adjudication Date | N | 8 | 1415 | 1422 | 9(8) | M | Format: CCYYMMDD |
| 203 | Adjudication Time | N | 6 | 1423 | 1428 | 9(6) | M | Format: HHMMSS |
| 283 | Original Claim Received Date | N | 8 | 1429 | 1436 | 9(8) | M | Format: CCYYMMDD |
| 213 | Billing Cycle End Date | N | 8 | 1442 | 1449 | 9(8) | M | Format: CCYYMMDD |
| 307-C7 | Place of Service | N | 2 | 1452 | 1453 | 9(2) | M | See Appendix B |
| 384-4X | Patient Residence | N | 2 | 1454 | 1455 | 9(2) | M | See Appendix C |
| 419-DJ | Prescription Origin Code | N | 1 | 1456 | 1456 | 9(1) | M | "Ø" - Not Known "1" - Written "2" - Telephone "3" - Electronic "4" - Facsimile "5" - Pharmacy |
| 216 | Check Date | N | 8 | 1490 | 1497 | 9(8) | M | Format: CCYYMMDD |
| 287 | Payment/Reference ID | A/N | 30 | 1498 | 1527 | | M | Identifies ID assigned by sender to reference individual pharmacy and member reimbursement. Check or EFT trace number. |
| 442-E7 | Quantity Dispensed | N | 10 | 1548 | 1557 | 9(7)v999 | M | Format=9999999.999 e.g., 123.456 --> 0000123456 |
| 403-D3 | Fill Number | N | 2 | 1558 | 1559 | 9(2) | M | "ØØ" - Original dispensing "Ø1" - "99" - Refill Number |
| 405-D5 | Days Supply | N | 3 | 1560 | 1562 | 9(3) | M | Days dispensed (e.g., 30 days --> 030) |
| 414-DE | Date Prescription Written | N | 8 | 1563 | 1570 | 9(8) | M | Format: CCYYMMDD |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|--|--------|------|-------|------|-------------|-----|--|
| 408-D8 | Dispense As Written (DAW)/Product Selection Code | A/N | 1 | 1571 | 1571 | | M | See Appendix D |
| 415-DF | Number of Refills Authorized | N | 2 | 1572 | 1573 | 9(2) | M | "ØØ" - No refills authorized "Ø1" - "99" - Authorized Refill number |
| 600-28 | Unit of Measure | A/N | 2 | 1575 | 1576 | | M | "EA", "GM", "ML". If no value submitted by the pharmacy, default to the value of "EA" |
| 343-HD | Dispensing Status | A/N | 1 | 1579 | 1579 | | M | Blank = Not Specified "P" = Partial Fill - A dispensing of less than the prescribed quantity, the balance of which will be dispensed at a later time. "C" = Completion of Partial Fill - Dispensing the remaining quantity of a prescription when the entire amount could not be supplied at the original dispensing (fill). |
| 344-HF | Quantity Intended To Be Dispensed | N | 10 | 1580 | 1589 | 9(7)V999 | S | Format=9999999.999 e.g., 123.456 --> 0000123456 Used in association with a "P" or "C" in Dispensing Status |
| 460-ET | Quantity Prescribed | N | 10 | 1590 | 1599 | 9(7)v999 | M | Format=9999999.999 e.g., 123.456 --> 0000123456 |
| 345-HG | Days Supply Intended To Be Dispensed | N | 3 | 1600 | 1602 | 9(3) | S | Used in association with a "P" or "C" in Dispensing Status |
| 406-D6 | Compound Code | N | 1 | 1605 | 1605 | 9(1) | M | "1" - Not a Compound; "2" - Compound Note: If "2", Post Adjudication History Compound Detail Record(s) is/are expected |
| 996-G1 | Compound Type | A/N | 2 | 1606 | 1607 | | S | "Ø1" - Anti-infective; "Ø2" - Ionotropic; "Ø3" - Chemotherapy; "Ø4" - Pain Management; "Ø5" - TPN/PPN; "Ø6" - Hydration; "Ø7" - Ophthalmic; "99" - Other |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|--------------------------|-------------------------------|--------|------|-------|------|-------------|-----|--|
| 492-WE | Diagnosis Code Qualifier (1) | A/N | 2 | 1621 | 1622 | | S | "Ø1" - ICD9; "Ø2" - ICD10 |
| 424-DO | Diagnosis Code | A/N | 15 | 1623 | 1637 | | S | Decimal point is required if applicable |
| 492-WE | Diagnosis Code Qualifier | A/N | 2 | 1638 | 1639 | | S | "Ø1" - ICD9; "Ø2" - ICD10 |
| 424-DO | Diagnosis Code | A/N | 15 | 1640 | 1654 | | S | Decimal point is required if applicable |
| 492-WE | Diagnosis Code Qualifier | A/N | 2 | 1655 | 1656 | | S | "Ø1" - ICD9; "Ø2" - ICD10 |
| 424-DO | Diagnosis Code | A/N | 15 | 1657 | 1671 | | S | Decimal point is required if applicable |
| 492-WE | Diagnosis Code Qualifier | A/N | 2 | 1672 | 1673 | | S | "Ø1" - ICD9; "Ø2" - ICD10 |
| 424-DO | Diagnosis Code | A/N | 15 | 1674 | 1688 | | S | Decimal point is required if applicable |
| 492-WE | Diagnosis Code Qualifier | A/N | 2 | 1689 | 1690 | | S | "Ø1" - ICD9; "Ø2" - ICD10 |
| 424-DO | Diagnosis Code | A/N | 15 | 1691 | 1705 | | S | Decimal point is required if applicable |
| 439-E4 | Reason For Service Code (1) | A/N | 2 | 1706 | 1707 | | S | (First occurrence is requested, populate as many occurrences as needed) |
| 440-E5 | Professional Service Code (1) | A/N | 2 | 1708 | 1709 | | S | (First occurrence is requested, populate as many occurrences as needed) |
| 441-E6 | Result Of Service Code (1) | A/N | 2 | 1710 | 1711 | | S | (First occurrence is requested, populate as many occurrences as needed) |
| 474-8E | DUR/PPS Level Of Effort (1) | N | 2 | 1712 | 1713 | 9(2) | S | (First occurrence is requested, populate as many occurrences as needed) |
| Product Category: | | | | | | | | |
| 532-FW | Database Indicator | A/N | 1 | 1853 | 1853 | | M | "1" - First DataBank; "2" - Medi-Span; "3" - Micromedex/Medical Economics; "4" - Processor Developed; "5" - Other; "6" - Redbook; "7" - Multum |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|--------------------------|---|--------|------|-------|------|-------------|-----|--|
| 397 | Product/Service Name | A/N | 30 | 1854 | 1883 | | M | Product or Service Description or Product Label Name |
| 261 | Generic Name | A/N | 30 | 1884 | 1913 | | M | Generic name of the product identified in Product/Service Name |
| 601-24 | Product Strength | A/N | 15 | 1914 | 1928 | | M | The strength of the product. |
| 243 | Dosage Form Code | A/N | 4 | 1929 | 1932 | | M | Dosage form code for product identified |
| 425-DP | Drug Type | N | 1 | 1941 | 1941 | 9(1) | M | "Ø" - Not Specified; |
| | | | | | | | | "1" - Single Source; |
| | | | | | | | | "2" - Authorized Generic (aka "Branded Generic"); |
| | | | | | | | | "3" - Generic; |
| | | | | | | | | "4" - Over the Counter; |
| "5" - Multi-source Brand | | | | | | | | |
| 297 | Prescription Over The Counter Indicator | A/N | 1 | 1945 | 1945 | | M | Blank - Not Specified; |
| | | | | | | | | "O" - Over the counter (OTC); |
| | | | | | | | | "F" - Federal/Legend (Rx Prescription Only); |
| 420-DK | Submission Clarification Code_1 | N | 2 | 1946 | 1947 | 9(2) | M | Blank = Not Specified |
| | | | | | | | | "Ø9" - Encounters - Claims covered under capitation |
| | | | | | | | | "2Ø" - 340B Drug Claims |
| Pricing Category: | | | | | | | | |
| 506-F6 | Ingredient Cost Paid | D | 8 | 2109 | 2116 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc |
| | | | | | | | | Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9) |
| 507-F7 | Dispensing Fee Paid | D | 8 | 2117 | 2124 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc |
| | | | | | | | | e.g. \$3.50 --> 0000035{ Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9) |
| 894 | Total Amount Paid By All Sources | D | 8 | 2125 | 2132 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc |
| | | | | | | | | Total amount of the prescription regardless of party responsible for payment. |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|--|--------|------|-------|------|-------------|-----|---|
| 523-FN | Amount Attributed To Sales Tax | D | 8 | 2133 | 2140 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to sales tax paid |
| 505-F5 | Patient Pay Amount | D | 8 | 2141 | 2148 | s9(6)v99 | M | Format=\$\$\$\$\$cc e.g. \$56.96 --> 0000569F Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc. |
| 518-FI | Amount of Copay | D | 8 | 2149 | 2156 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription copay. |
| 572-4U | Amount of Coinsurance | D | 8 | 2157 | 2164 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Required if a portion of the Patient Pay Amount is co-insurance |
| 519-FJ | Amount Attributed To Product Selection | D | 8 | 2165 | 2172 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to the patient's selection of drug product |
| 517-FH | Amount Applied To Periodic Deductible | D | 8 | 2173 | 2180 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from a patient that is included in 'Patient Pay Amount' (505-F5) that is applied to a periodic deductible |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|--|--------|------|-------|------|-------------|-----|---|
| 571-NZ | Amount Attributed To Processor Fee | D | 8 | 2181 | 2188 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in Patient Pay Amount (5Ø5-F5) that is due to the processing fee imposed by the processor |
| 133-UJ | Amount Attributed To Provider Network Selection | D | 8 | 2189 | 2196 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's provider network selection |
| 134-UK | Amount Attributed To Product Selection/Brand Drug | D | 8 | 2197 | 2204 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of a Brand product |
| 135-UM | Amount Attributed To Product Selection/Non- Preferred Formulary Selection | D | 8 | 2205 | 2212 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of a Non-Preferred Formulary product |
| 136-UN | Amount Attributed To Product Selection/Brand Non-Preferred Formulary Selection | D | 8 | 2213 | 2220 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of a Brand Non-Preferred Formulary product |
| 137-UP | Amount Attributed To Coverage Gap | D | 8 | 2221 | 2228 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient being in the coverage gap |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|--------------------------------------|--------|------|-------|------|-------------|-----|--|
| 272 | MAC Reduced Indicator | A/N | 1 | 2229 | 2229 | | M | Use "Y", "N" or BLANK Indicates if a claim payment was reduced due to a MAC (Maximum Allowable Cost) program. |
| 260 | Generic Indicator | A/N | 1 | 2232 | 2232 | | M | Use "Y" or "N" Distinguishes if product priced as Generic or Branded product: As defined by processor. |
| 284 | Out Of Pocket Apply Amount | D | 8 | 2233 | 2240 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount applied to out of pocket expense |
| 209 | Average Cost Per Quantity Unit Price | D | 9 | 2241 | 2249 | s9(5)v9(4) | S | Format=s\$\$\$\$cccc e.g. \$1.2345 --> 00001234E Contain the unit price for the product dispensed |
| 210 | Average Generic Unit Price | D | 9 | 2250 | 2258 | s9(5)v9(4) | S | Format=s\$\$\$\$cccc e.g. \$1.2345 --> 00001234E Average Generic Price per unit as defined by processor |
| 211 | Average Wholesale Unit Price | D | 9 | 2259 | 2267 | s9(5)v9(4) | S | Format=s\$\$\$\$cccc e.g. \$1.2345 --> 00001234E Average Wholesale Price per unit for the drug as defined by processor |
| 253 | Federal Upper Limit Unit Price | D | 9 | 2268 | 2276 | s9(5)v9(4) | S | Format=s\$\$\$\$cccc e.g. \$1.2345 --> 00001234E Federal Upper Limit Unit Price as defined by processor |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|----------------------------|--------|------|-------|------|-------------|-----|---|
| 430-DU | Gross Amount Due | D | 8 | 2277 | 2284 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc e.g. \$14.95 --> 0000149E Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (480-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' 477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (480-H9). |
| 271 | MAC Price | D | 9 | 2285 | 2293 | s9(5)v9(4) | S | Format=s\$\$\$\$\$ccccc e.g. \$1.2345 --> 00001234E Indicates the unit maximum allowable cost price for the product/service as defined by the processor |
| 409-D9 | Ingredient Cost Submitted | D | 8 | 2294 | 2301 | s9(6)v99 | M | Format=s\$\$\$\$\$cc Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU). |
| 426-DQ | Usual And Customary Charge | D | 8 | 2302 | 2309 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed |
| 558-AW | Flat Sales Tax Amount Paid | D | 8 | 2310 | 2317 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc Flat sales tax paid which is included in the 'Total Amount Paid' (509-F9) |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|----------------------------------|--------|------|-------|------|-------------|-----|---|
| 559-AX | Percentage Sales Tax Amount Paid | D | 8 | 2318 | 2325 | s9(6)v99 | M | Format=\$\$\$\$\$cc Amount of percentage sales tax paid which is included in the 'Total Amount Paid' (509-F9) |
| 560-AY | Percentage Sales Tax Rate Paid | D | 7 | 2326 | 2332 | s9(3)v999 9 | S | Format=s999.9999 Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Paid' (559-AX) |
| 521-FL | Incentive Amount Paid | D | 8 | 2335 | 2342 | s9(6)v99 | M | Format=\$\$\$\$\$cc Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (509-F9) |
| 562-J1 | Professional Service Fee Paid | D | 8 | 2343 | 2350 | s9(6)v99 | M | Format=\$\$\$\$\$cc Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (509-F9) |
| 564-J3 | Other Amount Paid Qualifier | A/N | 2 | 2351 | 2352 | | S | "01" - Delivery Cost ; "02" - Shipping Cost; "03" - Postage Cost; "04" -Administrative Cost; "09" - Compound Preparation Cost Submitted; "11" - Medication Administration; |
| 565-J4 | Other Amount Paid | D | 8 | 2353 | 2360 | s9(6)v99 | S | Format=\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-H9) |
| 564-J3 | Other Amount Paid Qualifier | A/N | 2 | 2361 | 2362 | | S | "01" - Delivery Cost ; "02" - Shipping Cost; "03" - Postage Cost; "04" -Administrative Cost; "09" - Compound Preparation Cost Submitted; "11" - Medication Administration; |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|---|--------|------|-------|------|-------------|-----|---|
| 565-J4 | Other Amount Paid | D | 8 | 2363 | 2370 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9) |
| 564-J3 | Other Amount Paid Qualifier | A/N | 2 | 2371 | 2372 | | S | "Ø1" - Delivery Cost ; "Ø2" - Shipping Cost; "Ø3" - Postage Cost; "Ø4" -Administrative Cost; "Ø9" - Compound Preparation Cost Submitted; "11" - Medication Administration; |
| 565-J4 | Other Amount Paid | D | 8 | 2373 | 2380 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9) |
| 566-J5 | Other Payer Amount Recognized | D | 8 | 2381 | 2388 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Total amount recognized by the processor of any payment from another source |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier | A/N | 2 | 2389 | 2390 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount | D | 10 | 2391 | 2400 | s9(8)v99 | S | Format=\$\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ First occurrence is required if Other Coverage Code = "3" |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier | A/N | 2 | 2401 | 2402 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount | D | 10 | 2403 | 2412 | s9(8)v99 | S | Format=\$\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 281 | Net Amount Due | D | 8 | 2413 | 2420 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Actual Paid Amount |
| 512-FC | Accumulated Deductible Amount | D | 8 | 2423 | 2430 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount in dollars met by the patient/family in a deductible plan |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|---|--------|------|-------|------|-------------|-----|---|
| 513-FD | Remaining Deductible Amount | D | 8 | 2431 | 2438 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount not met by the patient/family in the deductible plan |
| 514-FE | Remaining Benefit Amount | D | 8 | 2439 | 2446 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount remaining in a patient/family plan with a periodic maximum benefit |
| 249 | Excess Copay Amount | D | 8 | 2455 | 2462 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount of the copay that exceeds the approved amount for this claim |
| 520-FK | Amount Exceeding Periodic Benefit Maximum | D | 8 | 2479 | 2486 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient exceeding a periodic benefit maximum |
| 285 | Patient Formulary Rebate Amount | D | 8 | 2498 | 2505 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Credit patient receives on this claim from the drug manufacturer |
| 286 | Patient Spend Down Amount | D | 8 | 2508 | 2515 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Claim dollars applied to patient's spend down account (example Flexible Spending Account) |
| 269 | Invoiced Amount | D | 11 | 2537 | 2547 | s9(9)v99 | S | Format=s\$\$\$\$\$\$\$cc e.g. \$20.00 --> 0000000200{ Amount invoiced for this transaction. Determined by Processor |
| 128-UC | Spending Account Amount Remaining | D | 8 | 2558 | 2565 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ The balance from the patient's spending account after this transaction was applied |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|---|--------------------------------|--------|------|-------|------|-------------|-----|--|
| Prior Authorization Category: | | | | | | | | |
| 462-EV | Prior Authorization Number | N | 11 | 2576 | 2586 | 9(11) | S | Required if available |
| Adjustment Category: | | | | | | | | |
| 205 | Adjustment Type | A/N | 1 | 2603 | 2603 | | S | Required when Record Indicator [398] equals to "1" or "2". For reversals (voids), this field should equal "1". For a replacement, this field should equal "2" |
| 897 | Transaction ID Cross Reference | A/N | 30 | 2604 | 2633 | | S | Required if Adjustment Type [205] is populated. Use the Transaction ID associated with original claim |
| Coordination of Benefits Category: | | | | | | | | |
| 225 | COB Carrier Submit Amount | D | 8 | 2634 | 2641 | s9(6)v99 | S | <p>**Required when Benefit Category Other Coverage Code [308-C8] = "2".</p> <p>The amount submitted by the COB carrier.</p> <p>Format=\$\$\$\$\$\$cc</p> <p>e.g. \$20.00 --> 0000200{</p> |
| 245 | Eligibility COB Indicator | A/N | 1 | 2642 | 2642 | | S | <p>**Required when Benefit Category Other Coverage Code [308-C8] = "2".</p> <p>Blank (Not Specified);</p> <p>"1" - Payer is primary;</p> |
| 226 | COB Primary Claim Type | A/N | 1 | 2643 | 2643 | | S | <p>**Required when Benefit Category Other Coverage Code [308-C8] = "2".</p> <p>Blank (Not Specified);</p> <p>"1" - Secondary Claims Not Processed – Supplemental claims are not eligible for COB;</p> <p>"J" - Major Medical – Supplemental health care claims, excluding pharmaceutical claims, are eligible for COB;</p> <p>"M" - Mail Service - Pharmaceutical claims dispensed out of a Mail Order Facility;</p> <p>"R" - Retail - Pharmaceutical claims dispensed out of a Retail pharmacy;</p> |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|---------------------------------|--------|------|-------|------|-------------|-----|--|
| 232 | COB Primary Payer ID | A/N | 10 | 2644 | 2653 | | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". |
| 228 | COB Primary Payer Amount Paid | D | 8 | 2662 | 2669 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| 231 | COB Primary Payer Deductible | D | 8 | 2670 | 2677 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| 229 | COB Primary Payer Coinsurance | D | 8 | 2678 | 2685 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| 230 | COB Primary Payer Copay | D | 8 | 2686 | 2693 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| 238 | COB Secondary Payer ID | A/N | 10 | 2694 | 2703 | | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". |
| 234 | COB Secondary Payer Amount Paid | D | 8 | 2712 | 2719 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| 237 | COB Secondary Payer Deductible | D | 8 | 2720 | 2727 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| 235 | COB Secondary Payer Coinsurance | D | 8 | 2728 | 2735 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|---|--|--------|------|-------|------|-------------|-----|---|
| 236 | COB Secondary Payer Copay | D | 8 | 2736 | 2743 | s9(6)v99 | S | **Required when Benefit Category Other Coverage Code [308-C8] = "2". Format=\$\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ |
| Reference Category: | | | | | | | | |
| 896 | Transaction ID | A/N | 30 | 2744 | 2773 | | M | Internally assigned unique claim ID |
| 503-F3 | Authorization Number | A/N | 20 | 2774 | 2793 | | S | Number assigned by the processor to identify an authorized transaction |
| 997-G2 | CMS Part D Defined Qualified Facility | A/N | 1 | 2894 | 2894 | | S | "Y" - CMS qualified facility "N" - Not a CMS qualified facility |
| Fields Added In Versions Category: | | | | | | | | |
| 690-ZG | Invoiced Date | N | 8 | 2935 | 2942 | x(8) | S | Format=CCYYMMDD The date this claim was included on an invoice |
| 691-ZH | Out Of Pocket Remaining Amount | D | 8 | 2943 | 2950 | s9(6)v99 | S | Format=s\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Dollars remaining until patient is totally in benefit paying no out of pocket expenses |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #1 | A/N | 2 | 3142 | 3143 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #1 | D | 10 | 3144 | 3153 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #2 | A/N | 2 | 3154 | 3155 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #2 | D | 10 | 3156 | 3165 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #3 | A/N | 2 | 3166 | 3167 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #3 | D | 10 | 3168 | 3177 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #4 | A/N | 2 | 3178 | 3179 | | S | See Appendix E |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|---|--------|------|-------|------|-------------|-----|--|
| 352-NQ | Other Payer-Patient Responsibility Amount #4 | D | 10 | 3180 | 3189 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #5 | A/N | 2 | 3190 | 3191 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #5 | D | 10 | 3192 | 3201 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #6 | A/N | 2 | 3202 | 3203 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #6 | D | 10 | 3204 | 3213 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #7 | A/N | 2 | 3214 | 3215 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #7 | D | 10 | 3216 | 3225 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #8 | A/N | 2 | 3226 | 3227 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #8 | D | 10 | 3228 | 3237 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #9 | A/N | 2 | 3238 | 3239 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #9 | D | 10 | 3240 | 3249 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| 351-NP | Other Payer-Patient Responsibility Amount Qualifier #10 | A/N | 2 | 3250 | 3251 | | S | See Appendix E |
| 352-NQ | Other Payer-Patient Responsibility Amount #10 | D | 10 | 3252 | 3261 | s9(8)v99 | S | Format=\$\$\$\$\$\$cc e.g. \$200.00 --> 000002000{ |
| A39 | Copay Waiver Amount | D | 8 | 3278 | 3285 | s9(6)v99 | S | Format=s\$\$\$\$\$cc e.g. \$20.00 --> 0000200{ Dollar amount funded by third party for a copay waiver program where a client funds a portion of their copay amount if they select a certain drug |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMA | M/S | VALUE / COMMENTS |
|-------------|--|--------|------|-------|------|-------------|-----|---|
| A33-ZX | CMS Part D Contract ID | A/N | 5 | 3286 | 3290 | | S | If member has Medicare, populate CMS Part-D contract ID |
| A34-ZY | Medicare Part D Plan Benefit Package (PBP) | N | 3 | 3291 | 3293 | 9(3) | S | Identifier assigned by CMS of a particular plan benefit package (Benefit Category) within a Medicare Part D contract |
| A73 | Medicare Drug Coverage Code | A/N | 2 | 3294 | 3295 | | S | "ØØ" - Does Not Apply – Used when other values do not apply. "Ø1" - Processed Under Part D "Ø2" - Processed Under Part B |
| | FILLER | M | 405 | 3296 | 3700 | | S | SPACES |
| | MAIL/RETAIL INDICATOR | | | | | | | An indicator to determine if pharmacy is a retail or mail order pharmacy |
| | FORMULARY STATUS | | | | | | | Y = Formulary N = Non Formulary |
| | DRUG ADMINISTRATION ROUTE CODE | | | | | | | How the drug was administered. Populated with the route of administration code associated to the drug dispensed |
| | MAINTENANCE DRUG INDICATOR | | | | | | | Indicates if the drug is a maintenance drug under the client's benefit plan. Blank = Non Maintenance drug X = Maintenance drug |

| Compound 1 Record | | | | | | | | |
|--------------------------|---|--------|------|-------|-----|--------------|-----|---|
| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
| 601-04 | Record Type | A/N | 2 | 1 | 2 | | M | "CD" |
| 455-EM | Prescription/Service Reference Number Qualifier | A/N | 1 | 3 | 3 | | M | "1" |
| 402-D2 | Prescription/Service Reference Number | N | 12 | 4 | 15 | 9(12) | M | Pharmacy Prescription Number |
| 477-EC | Compound Ingredient Component Count | N | 2 | 16 | 17 | 9(2) | M | Count of compound product IDs (both active and inactive) in the compound mixture submitted for COMPOUND DETAIL RECORD 1 |
| First Ingredient: | | | | | | | | |
| 488-RE | Compound Product ID Qualifier | A/N | 2 | 18 | 19 | | M | "Ø3" |
| 489-TE | Compound Product ID | A/N | 19 | 20 | 38 | | M | NDC |
| 448-ED | Compound Ingredient Quantity | N | 14 | 39 | 52 | 9(7)v9999 | M | Format=99999999.9999999 |
| | | | | | | 999 | | e.g., 1.2345678 --> 00000012345678 |
| 449-EE | Compound Ingredient Drug Cost | D | 8 | 53 | 60 | s9(6)v99 | M | Format=\$\$\$\$\$\$cc |
| | | | | | | | | e.g. \$20.00 --> 0000200{ |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
|-------------|---|--------|------|-------|-----|--------------|-----|--|
| 490-UE | Compound Ingredient Basis Of Cost Determination | A/N | 2 | 61 | 62 | | M | See Appendix F |
| 397 | Product/Service Name | A/N | 30 | 64 | 93 | | M | Product or Service Description or Product Label Name |
| 261 | Generic Name | A/N | 30 | 94 | 123 | | M | Generic name of the product identified in Product/Service Name |
| 601-24 | Product Strength | A/N | 10 | 124 | 133 | | M | The strength of the product. |
| 243 | Dosage Form Code | A/N | 4 | 134 | 137 | | M | Dosage form code for product identified |
| 532-FW | Database Indicator | A/N | 1 | 138 | 138 | | M | "1" - First DataBank; |
| | | | | | | | | "2" - Medi-Span; |
| | | | | | | | | "3" - Micromedex/Medical Economics; |
| | | | | | | | | "4" - Processor Developed; |
| | | | | | | | | "5" - Other; |
| | | | | | | | | "6" - Redbook; |
| | | | | | | | | "7" - Multum |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
|--------------------------|--------------------------------------|--------|------|-------|-----|--------------|-----|---|
| 425-PD | Drug Type | N | 1 | 139 | 139 | 9(1) | M | "Ø" - Not Specified; |
| | | | | | | | | "1" - Single Source; |
| | | | | | | | | "2" - Authorized Generic (aka "Branded Generic"); |
| | | | | | | | | "3" - Generic; |
| | | | | | | | | "4" - Over the Counter; |
| "5" - Multi-source Brand | | | | | | | | |
| 600-28 | Unit of Measure | A/N | 2 | 272 | 273 | | M | "EA", "GM", "ML". If no value submitted by the pharmacy, default to the value of "EA" |
| 272 | MAC Reduced Indicator | A/N | 1 | 276 | 276 | | M | Use "Y", "N" or BLANK |
| | | | | | | | | Indicates if a claim payment was reduced due to a MAC (Maximum Allowable Cost) program. |
| 260 | Generic Indicator | A/N | 1 | 300 | 300 | | M | Use "Y" or "N" |
| | | | | | | | | Distinguishes if product priced as Generic or Branded product: As defined by processor. |
| 209 | Average Cost Per Quantity Unit Price | D | 9 | 310 | 318 | s9(5)v9(4) | S | Format=s\$\$\$\$c\$\$\$ |
| | | | | | | | | e.g. \$1.2345 --> 00001234E |
| | | | | | | | | Contain the unit price for the product dispensed |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
|-------------|--------------------------------|--------|------|-------|-----|--------------|-----|---|
| 210 | Average Generic Unit Price | D | 9 | 319 | 327 | s9(5)v9(4) | S | Format=s\$\$\$\$\$cccc |
| | | | | | | | | e.g. \$1.2345 --> 00001234E |
| | | | | | | | | Average Generic Price per unit as defined by processor |
| 211 | Average Wholesale Unit Price | D | 9 | 328 | 336 | s9(5)v9(4) | S | Format=s\$\$\$\$\$cccc |
| | | | | | | | | e.g. \$1.2345 --> 00001234E |
| | | | | | | | | Average Wholesale Price per unit for the drug as defined by processor |
| 253 | Federal Upper Limit Unit Price | D | 9 | 337 | 345 | s9(5)v9(4) | S | Format=s\$\$\$\$\$cccc |
| | | | | | | | | e.g. \$1.2345 --> 00001234E |
| | | | | | | | | Federal Upper Limit Unit Price as defined by processor |
| 271 | MAC Price | D | 9 | 346 | 354 | s9(5)v9(4) | S | Format=s\$\$\$\$\$cccc |
| | | | | | | | | e.g. \$1.2345 --> 00001234E |
| | | | | | | | | Indicates the unit maximum allowable cost price for the product/service as defined by the processor |

| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
|---|---------------------------------|--------|------|-------|-----|--------------|-----|--|
| 285 | Patient Formulary Rebate Amount | D | 8 | 357 | 364 | s9(6)v99 | S | Format=\$\$\$\$\$\$cc |
| | | | | | | | | e.g. \$20.00 --> 0000200{ |
| | | | | | | | | Credit the patient receives on this claim from the drug manufacturer |
| Second Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Third Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Fourth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Fifth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Sixth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Seventh Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Eighth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |

| Compound 2 Record | | | | | | | | |
|--|---|--------|------|-------|-----|--------------|-----|---|
| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
| 601-04 | Record Type | A/N | 2 | 1 | 2 | | M | CE" |
| 455-EM | Prescription/Service Reference Number Qualifier | A/N | 1 | 3 | 3 | | M | "1" |
| 402-D2 | Prescription/Service Reference Number | N | 12 | 4 | 15 | 9(12) | M | Pharmacy Prescription Number |
| 477-EC | Compound Ingredient Component Count | N | 2 | 16 | 17 | 9(2) | M | Count of compound product IDs (both active and inactive) in the compound mixture submitted for COMPOUND DETAIL RECORD 2 |
| Ninth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Tenth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Eleventh Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Twelfth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Thirteenth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Fourteenth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |
| Fifteenth Ingredient – Data Population is the same as the First Ingredient | | | | | | | | |

| Trailer Record | | | | | | | | |
|----------------|--------------------------|--------|------|-------|------|--------------|-----|---|
| NCPDP FIELD | FIELD NAME | FORMAT | SIZE | START | END | FIELD FORMAT | M/S | VALUE / COMMENTS |
| 601-04 | Record Type | A/N | 2 | 1 | 2 | | M | "PT" |
| 601-09 | Total Record Count | N | 10 | 3 | 12 | 9(1Ø) | M | Total number of records being |
| | | | | | | | | submitted, including header |
| | | | | | | | | and trailer |
| 895 | Total Net Amount Due | D | 12 | 13 | 24 | s9(1Ø)v99 | M | Format=s\$\$\$\$\$\$\$\$\$cc |
| | | | | | | | | e.g. \$20.00 --> 0000000200{ |
| | | | | | | | | Summarization of Net Amount Due (Field # 281) |
| 693 | Total Gross Amount Due | D | 12 | 25 | 36 | s9(1Ø)v99 | M | Format=s\$\$\$\$\$\$\$\$\$cc |
| | | | | | | | | e.g. \$20.00 --> 0000000200{ |
| | | | | | | | | Total sum of the Gross Amount Due fields (Field #430- DU) on the claim level |
| 694 | Total Patient Pay Amount | D | 12 | 37 | 48 | s9(1Ø)v99 | M | Format=s\$\$\$\$\$\$\$\$\$cc |
| | | | | | | | | e.g. \$20.00 --> 0000000200{ |
| | | | | | | | | Total sum of the Patient Pay Amount fields (Field #505-F5) on the claim level |
| Filler | FILLER | A/N | 3652 | 49 | 3700 | | M | Spaces |

| Proposed NCPDP Standard Format Data Fields (See Overview ¹) | | |
|---|--|------------------|
| NCPDP Field | Name Of Field | Standard Formats |
| 204 | Adjustment Reason Code | A,I |
| 206 | Administrative Fee Amount | A |
| 207 | Administrative Fee Effect Indicator | A |
| 457-EP | Associated Prescription/Service Date | T,A |
| 456-EN | Associated Prescription/Service Reference Number | T,A |
| 573-4V | Basis of Calculation – Coinsurance | T,A |
| 347-HJ | Basis of Calculation-Copay | T,A |
| 346-HH | Basis of Calculation-Dispensing Fee | T,A |
| 348-HK | Basis of Calculation-Flat Sales Tax | T,A |
| 349-HM | Basis Of Calculation-Percentage Sales Tax | T,A |
| 522-FM | Basis Of Reimbursement Determination | T,A |
| 212 | Benefit Type | A,I |
| 215 | Carrier Number | A,I |
| 728-SU | City | R,A,Y |
| 217 | Claim Date Received In The Mail | A |
| 218 | Claim Media Type | A |
| 219 | Claim Sequence Number | A,E |
| 435-DZ | Claim/Reference ID | T,A,W |
| 220 | Client Assigned Location Code | A |
| 221 | Client Formulary Flag | A |
| 222 | Client Pass Through | A,I |
| 223 | Client Pricing Basis Of Cost | A |
| 224 | Client Specific Data | A |
| 239 | Communication Type Indicator | A |
| 240-U1 | Contract Number | A,T,I |
| 241 | Copay Modifier ID | A |

| NCPDP Field | Name Of Field | Standard Formats |
|--------------------|---|-------------------------|
| 242 | Cost Difference Amount | A |
| 434-DY | Date Of Injury | T,A,W |
| 244 | Drug Category Code | A |
| 476-H6 | DUR Co-Agent ID | T,A |
| 475-J9 | DUR Co-Agent ID Qualifier | T,A,S |
| 309-C9 | Eligibility Clarification Code | T,A |
| 247 | Eligibility/Patient Relationship Code | A,Y |
| 336-8C | Facility ID | T,A,V |
| 250 | FDA Drug Efficacy Code | A |
| 252 | Federal DEA Schedule | A,E |
| 251 | Federal Upper Limit Indicator | A |
| 254 | Fill Number Calculated | A,Y |
| 255 | Formulary Code Type | A |
| 256 | Formulary File ID | A |
| 257 | Formulary Status | A,I |
| 263 | Health Care Reimbursement Account Amount Applied | A |
| 264 | Health Care Reimbursement Account Amount Applied Remaining | A |
| 265 | Hold Harmless Amount | A |
| 268 | Internal Mail Order (Prescription/Service) Reference Number | A |
| 418-DI | Level Of Service | T,A |
| 273 | Maintenance Drug Indicator | A |
| 275 | Medicare Recovery Dispensing Indicator | A |
| 276 | Medicare Recovery Indicator | A |
| 277 | Member Submit Amount | A |
| 278 | Member Submitted Claim Payment Release Date | A |
| 279 | Member Submitted Claim Program Code | A |
| A38 | Member Submitted Claim Reject Code | A |
| 718-SZ | Middle Initial | A,V,X,Y,L,i |

| NCPDP Field | Name Of Field | Standard Formats |
|--------------------|---|-------------------------|
| 545-2F | Network Reimbursement ID | T,A |
| 282 | Non-POS Claim Override Code | A |
| 692-ZJ | Number Of Generic Manufacturers | A |
| 561-AZ | Percentage Sales Tax Basis Paid | T,A |
| 289 | Pharmacy Class Code | A |
| 290 | Pharmacy Dispenser Type | A |
| 146 | Pharmacy Dispenser Type Qualifier | A |
| 291 | Plan Benefit Code | A |
| 292 | Plan Cutback Reason Code | A |
| 293 | Preferred Alternative File ID | A |
| 294 | Prescribed Days Supply | A |
| 295 | Prescriber Certification Status | A |
| 461-EU | Prior Authorization Type Code | T,A,Z,W |
| 299 | Processor Defined Prior Authorization Reason Code | A |
| 395 | Processor Payment Clarification Code | A |
| 396 | Processor Specific Data | A |
| 601-18 | Product Code | A,X |
| 601-19 | Product Code Qualifier | A,X |
| 477-BE | Professional Service Fee Submitted | T,A |
| 511-FB | Reject Code | T,F,A,N,V,E,I |
| 878 | Reject Override Code | A |
| 498-PC | Request Period Date-End | T,A |
| 879-N2 | Sending Entity Identifier | A,V,E,Y,L |
| 886 | Service Provider Chain Code | A,E |
| 429-DT | Special Packaging Indicator | T,A |
| A37 | Specialty Claim Indicator | A |
| 557-AV | Tax Exempt Indicator | T,A |

| NCPDP Field | Name Of Field | Standard Formats |
|-------------|----------------------------------|------------------|
| 732-TB | Telephone Number | A,V,X,L |
| B10-8A | Telephone Number Extension | A,V,X,L |
| 889 | Therapeutic Chapter | A |
| 601-25 | Therapeutic Class Code | R,A,J,I |
| 601-26 | Therapeutic Class Code Qualifier | R,A,J,I |
| 730-TC | Zip/Postal Code | R,A,V,Y |