

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;
601-01	Plan Type	A/N	4	867	870		M	"Ø8" - Claim is billing for patient financial responsibility only
								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 FORM	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	"S" - State Restricted Medication
								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 (505-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' (505-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' (505-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' (505-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' (505-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' (505-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\$\$\$\$\$ccccc 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\$\$\$\$\$ccccc 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\$\$\$\$\$ccccc 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\$\$\$\$\$ccccc 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\$\$\$\$\$cccc
								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=\$\$\$\$\$\$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 FORM	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' (505-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 the 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 FORM	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 FORM	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 FORM	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\$\$\$\$\$ccccc
								e.g. \$1.2345 --> 00001234E
								Contain the unit price for the product dispensed

NCPDP FIELD	FIELD NAME	FORMA T	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\$\$\$\$\$ccccc
								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\$\$\$\$\$ccccc
								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\$\$\$\$\$ccccc
								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\$\$\$\$\$ccccc
								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 --> 00000000200{
								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 --> 00000000200{
								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 --> 00000000200{
								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