



Standard Claims Extract v4.9_L2

File Format					
Field Name	Field Length	Format	Start	End	Description
CLM_AUTH_NUM	16	A/N	1	16	The unique claim authorization number assigned to a paid and reversal transactions. For rejected transactions a unique transaction key is assigned.
CLAIM_STS	30	A/N	17	46	The claim status assigned to a claim. Valid Values: PAID, REVERSAL, REJECTED.
PAID_CLM_AUTH_NUM	14	A/N	47	60	The unique claim authorization number of the paid claim that was reversed. This field will only be populated if the claim status is a REVERSAL.
NAVITUS_CLM_ID	15	A/N	61	75	The claim ID which is assigned to the claim transactions to tie all the transactions together for one claim. This is based on the seven part claim key: Carrier ID; Family ID; Person Code; Script Number; Date of Service; Pharmacy Number; Refill Code.
ASSOC_ID	10	A/N	76	85	The Association code is used to identify the first level of the client hierarchy and usually represents the Third Party Administrator (TPA) name or other identifier as appropriate. The Association code is used for reporting purposes and not used for claim adjudication.
ORG_ID	10	A/N	86	95	The Organization code is used to identify the second level of the client hierarchy and usually represents the client name or other identifier as appropriate. The Organization code is used for reporting purposes and not used for claim adjudication.

Field Name	Field Length	Format	Start	End	Description
CARRIER_ID	10	A/N	96	105	The Carrier ID is used to identify the third level of the client hierarchy and usually represents the Client name, line of business or other identifier as appropriate. The Carrier ID is used for reporting and claim adjudication purposes.
ACCOUNT_ID	15	A/N	106	120	The Account ID is used to identify the fourth level of the client hierarchy and usually represents the line of business or other identifier as appropriate. The Account ID is used for reporting purposes and not used for claim adjudication.
GROUP_ID	20	A/N	121	140	The Group ID is used to identify the fifth level of the client hierarchy and represents the entity to which the plan benefit design is attached. The Group ID is used for reporting and claim adjudication purposes.
SUBGROUP_ID	20	A/N	141	160	The Subgroup ID is used to identify the sixth level of the client hierarchy and represents locations, employee status, an entity to which a plan benefit design can be attached or other identifier as appropriate. The Subgroup ID is used for reporting and can be used for claim adjudication purposes.
LOCATION_ID	10	A/N	161	170	Not currently supported. For future use.
MEM_UNIQUE_ID	30	A/N	171	200	The member ID uniquely identifies each individual within a family and across the entire membership for the client.
MEM_LAST_NAME	25	A/N	201	225	The last name of the member.

Field Name	Field Length	Format	Start	End	Description
MEM_FIRST_NAME	25	A	226	250	The first name of the member.
MEM_MIDDLE_INIT	1	A/N	251	251	The middle initial of the member.
MEM_PERSON_CD	2	A/N	252	253	The person code assigned to a specific person within the family. 01=Subscriber 02=Spouse 03=Dependant #1 04=Dependent #2, etc.
MEM_REL_CD	2	A/N	254	255	The relationship code indicates the member's relationship to the subscriber. 1=Cardholder 2=Spouse 3=Child 4=Other
MEM_GENDER	1	A/N	256	256	The member's gender code. M=Male F=Female
MEM_BIRTH_DT	8	A/N	257	264	The date of birth of the member Format: CCYYMMDD
MEM_ZIP	10	A/N	265	274	The zip code associated with the member's mailing address. Formatted: XXXXX-XXXX
MEM_SOC_SEC_NUM	9	A/N	275	283	The member's Social Security Number.
MEM_FAMILY_ID	30	A/N	284	313	The family ID ties all the members of the family together by a unique ID.
MEM_PLAN_ID	20	A/N	314	333	The plan number assigned to the member which determines the prescription benefit.
MEM_PRDCT_CD	15	A/N	334	348	The client-defined product code assigned to the member used for reporting purposes.

Field Name	Field Length	Format	Start	End	Description
MEM_RIDER_CD	20	A/N	349	368	The client-defined rider code assigned to the member used for reporting purposes.
MEM_OTHER_COVRG_IND	30	A/N	369	398	The other coverage code or alternate coverage which indicates whether or not the member has other insurance coverage. HAS ALTERNATE INSURANCE=Other coverage exists for the member NO ALTERNATE INSURANCE=Member has no other coverage
MEM_OTHER_COVRG_ID	20	A/N	399	418	The other coverage or alternate ID of the member's other insurance policy.
FILLER_1	1	A/N	419	419	Reserved for future use
FILLER_2	15	A/N	420	434	Reserved for future use
CLM_ELIG_CLARIF_CD	1	A/N	435	435	NCPDP Field #309 - The Eligibility Clarification Code indicating that the pharmacy is clarifying eligibility for a member. 0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other

Field Name	Field Length	Format	Start	End	Description
CLM_CUST_LOCATION	2	A/N	436	437	NCPDP Field #307- The customer location code identifying the place where a drug or service is dispensed or administered. Blank=Not specified 1=Pharmacy 2=Unassigned 3=School etc.
CLM_FACILITY_ID	10	A/N	438	447	NCPDP Field #336 - the facility ID assigned to the member's clinic/facility.
CLM_OTHER_COVRG	1	A/N	448	448	NCPDP Field #308 - the code indicating whether or not the member has other insurance coverage. 0=Not Specified 1=No other coverage exists 2=Other Coverage Exists payment collected 3=Other Coverage billed claim not covered etc.."
SUBMIT_DT	8	A/N	449	456	The date the claim transaction was submitted. Format: CCYYMMDD
SUBMIT_TIMESTAMP	14	A/N	457	470	The date and time the claim transaction was submitted. Format: CCYYMMDD HHMISS
SERVICE_DT	8	A/N	471	478	The service/fill date of the claim transaction. Format: CCYYMMDD
NAVITUS_INVOICE_NUM	25	A/N	479	503	The Navitus invoice number assigned to the claim during the billing process.

Field Name	Field Length	Format	Start	End	Description
INVOICE_DT	8	A/N	504	511	The date the invoice was generated. Format: CCYYMMDD
CLM_COUNTER	2	N	512	513	The claim counter assigned to the transaction. 1 = PAID -1 = REVERSAL 0 = REJECT
CLM_ORIGIN	20	A/N	514	533	The claim origin represents the how the claim was submitted. BATCH = Claims submitted via a batch process MANUAL ENTRY = manually entered claim TRANSMITTED = claims submitted electronically
CLM_REIMBURSE_TYPE	20	A/N	534	553	The claim reimbursement type represent the entity who was paid for the claim. MEMBER = Member reimbursed for the claim PHARMACY = Pharmacy reimbursed for the claim
FILLER_3	9	A/N	554	562	Reserved for future use
RX_NUM_QUAL	1	A/N	563	563	NCPDP Field #455 - Indicates the type of billing submitted. 1=Rx Billing - Transaction is a billing for a prescription or OTC drug product 2=Service Billing - Transaction is a billing for a professional service performed.

Field Name	Field Length	Format	Start	End	Description
REFILL_CD	2	A/N	564	565	NCPDP Field #403 - The code indicating whether the prescription is an original or a refill. 00=New/Original Fill 1-99 = Refill Number
COMPOUND_CD	1	A/N	566	566	NCPDP Field #406 - Code indicating whether or not the prescription is a compound. 0=Not Specified 1=Not a Compound 2=Compound
PRODUCT_SRVC_QUAL	2	A/N	567	568	NCPDP Field #436 - Code qualifying the value in Product/Service ID (NCPDP Field #407).
NDC_NUM	11	A/N	569	579	NCPDP Field #407 - ID of the product dispensed or service provided.
METRIC_DECIMAL_QTY	13	N	580	592	NCPDP Field #442 - Quantity dispensed expressed in metric decimal units. Format: 999999999.999 When the claim status is reversal then the claim will have a negative amount, Format: -99999999.999
DAYS_SUPPLY	4	N	593	596	NCPDP Field #405 - Estimated number of days the prescription will last. When the claim status is reversal the days supply will be negative

Field Name	Field Length	Format	Start	End	Description
DISPENSE_AS_WRITTEN	1	A/N	597	597	NCPDP Field #408 - Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Product Selection code or Dispense as Written (DAW) code. 0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-member Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Substitution Allowed By Prescriber but Plan Requests Brand - members Plan Requested Brand Product To Be Dispensed
WRITTEN_DT	8	A/N	598	605	NCPDP Field #414 - The date the prescription was written by the prescriber. Format: CCYYMMDD
REFILLS_AUTH	2	N	606	607	NCPDP Field #415 - The number of refills authorized by the prescriber.

Field Name	Field Length	Format	Start	End	Description
RX_ORIGIN_CD	1	A/N	608	608	NCPDP Field #419 - Code indicating the origin of the prescription. 0=Unknown 1=Written - Prescription obtained via paper. 2=Telephone - Prescription obtained via oral instructions or interactive voice response using a phone. 3=Electronic - Prescription obtained via SCRIPT or HL7 Standard transactions. 4=Facsimile - Prescription obtained via transmission using a fax machine. 5=Pharmacy - This value is used to cover any situation where a new Rx number needs to be created from an existing valid prescription such as traditional transfers, intrachain transfers, file buys, software upgrades/migrations, and any reason necessary to give it a new number.
RX_CLARIFICATION_CD	2	A/N	609	610	NCPDP Field #420 - Code indicating that the pharmacist is clarifying the submission. 0=Not Specified 1=No Override 2=Other Override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change etc...
CLM_PRIOR_AUTH_NUM	12	A/N	611	622	The prior authorization number submitted on the claim.

Field Name	Field Length	Format	Start	End	Description
PRIOR_AUTH_CERT_CD	1	A/N	623	623	NCPDP Field #416 - Value indicating prior authorization or medical certification occurred, and the number associated with the code in the left most position. 1=Prior authorization 2=Medical certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from co-pay 5=Exemption from prescription limits 6=Family planning indicator 7=TANF (Temporary Assistance for Needy Families) 8=Payer defined exemption
MEMBER_PRIOR_AUTH_NUM	30	A/N	624	653	The Navitus member prior authorization number assigned to the member.
MPA_REASON_CD	20	A/N	654	673	The reason code attached to the member prior authorization.
MPA_START_DT	8	A/N	674	681	The member prior authorization start/effective date attached to the member prior authorization. Format: CCYYMMDD
MPA_END_DT	8	A/N	682	689	The member prior authorization end/expiration date attached to the member prior authorization. Format: CCYYMMDD
DRUG_PRDCT_NAME	25	A/N	690	714	The drug product name of the product dispensed on the claim.
DRUG_PRDCT_DESC	25	A/N	715	739	The drug product name including the dosage form and strength.

Field Name	Field Length	Format	Start	End	Description
DRUG_TIER	2	A/N	740	741	The formulary drug tier assigned the drug dispensed on the claim. If Tier assigned is other than standard 1, 2, or 3, definitions used could be (based on client plan design): D = Specific OTC covered copays F = Tier 4 copays M = Medicare Only O = Split Fill P = Preventative Drugs S = Specialty Drugs X = Med B Drugs Z = Client Specific \$0 copays
GENERIC_PRDCT_ID	14	A/N	742	755	The generic product identifier (GPI) assigned to the dispensed product. Products having the same 14-character GPI are identical with respect to active ingredient(s), dosage form, route, and strength or concentration.
GENERIC_PRDCT_NAME	60	A/N	756	815	The generic name of the dispensed product including dosage form and strength.
AHFS_CD	6	A/N	816	821	American Hospital Formulary Service Class Code
DRUG_DEA_CLASS_CD	5	A/N	822	826	The DEA class code (or schedule) assigned to the drug, C-II, C-III, and C-IV.
RX_OTC_CD	1	A/N	827	827	The Rx OTC code indicates federal prescription (Rx) or over-the-counter (OTC) status O=OTC SINGLE SOURCE P=OTC MULTI SOURCE R=RX SINGLE S=RX MULTI

Field Name	Field Length	Format	Start	End	Description
MULTI_SOURCE_IND	1	A/N	828	828	The multi-source indicator identifies drug products as either single- or multiple- source original drug products or a generic copy of a standard drug product. Brand = O drugs ---> Brand w/Generic Equiv Generic = Y drugs ---> Generic drugs Multisource = M & N drugs ---> Brand Multiple & Single Source
DRUG_STRENGTH	12	N	829	840	The drug strength of the product dispensed on the claim. 9 BEFORE THE DECIMAL AND 3 DECIMAL PLACES
DRUG_STRENGTH_UOM	12	A/N	841	852	The drug strength unit of measure of the product dispensed on the claim.
SUBMIT_PHARM_ID	12	A/N	853	864	NCPDP Field #201 - The unique ID assigned to a pharmacy or provider.
PHARM_ID_QUAL	2	A/N	865	866	NCPDP Field #202 - The pharmacy ID qualifier, which qualifies the Service Provider ID submitted on the claim. (2-B1). 00=Not Specified 01=NPI 07=NCPDP ID etc..
PHARM_NAME	35	A/N	867	901	The name of the pharmacy where the claim was dispensed for the member.
PHARM_STORE_NUM	10	A/N	902	911	The pharmacy store number where the claim was dispensed for the member.

Field Name	Field Length	Format	Start	End	Description
PHARM_AFFIL_CD	3	A/N	912	914	The pharmacy affiliation/chain code where the claim was dispensed for the member.
PHARM_CONTRACT_TYPE	50	A/N	915	964	Not currently supported. For future use.
PHARM_ADDR_1	50	A/N	965	1014	The street address - line 1 associated with the pharmacy's mailing address.
PHARM_ADDR_2	50	A/N	1015	1064	The street address - line 2 associated with the pharmacy's mailing address.
PHARM_CITY	50	A/N	1065	1114	The city associated with the pharmacy's mailing address.
PHARM_STATE_CD	2	A/N	1115	1116	The state abbreviation associated with the pharmacy's mailing address.
PHARM_ZIP_CD_10	10	A/N	1117	1126	The zip code associated with the pharmacy's mailing address. Formatted: XXXXX-XXXX
PHARM_PHONE_NUM	10	A/N	1127	1136	The phone number associated with the pharmacy.
PRESCRIBER_ID	10	A/N	1137	1146	The prescriber ID submitted on the claim.
PRESCRIBER_ID_QUAL	2	A/N	1147	1148	NCPDP Field #466 - the code qualifying the type of Prescriber ID submitted with the claim. 00=Not Specified 01=NPI 12=DEA etc.

Field Name	Field Length	Format	Start	End	Description
PRESCRIBER_NAME	40	A/N	1149	1188	The prescriber/physician name of the person who prescribed the prescription.
PRESCRIBER_ADDR_1	50	A/N	1189	1238	The street address - line 1 associated with the prescriber's mailing address.
PRESCRIBER_ADDR_2	50	A/N	1239	1288	The street address - line 2 associated with the prescriber's mailing address.
PRESCRIBER_CITY	50	A/N	1289	1338	The city associated with the prescriber's mailing address.
PRESCRIBER_STATE_CD	2	A/N	1339	1340	The state abbreviation associated with the prescriber's mailing address.
PRESCRIBER_ZIP_CD_10	10	A/N	1341	1350	The zip code associated with the prescriber's mailing address. Formatted: XXXXX-XXXX
PRESCRIBER_PHONE_NUM	15	A/N	1351	1365	The phone number associated with the prescriber.
REJECT_CD1_DESCR	60	A/N	1366	1425	The first rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CD2_DESCR	60	A/N	1426	1485	The second rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CD3_DESCR	60	A/N	1486	1545	The third rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.

Field Name	Field Length	Format	Start	End	Description
DUR_CONFLICT_CD	2	A/N	1546	1547	NCPDP Field #439 - The DUR conflict code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service. DD=Drug to Drug Interaction ER=Overuse, early refill HD=High Dose LD=Low Dose etc..
DUR_INTERVENTION_CD	2	A/N	1548	1549	NCPDP Field #440 - The DUR intervention code identifying pharmacist intervention when a conflict code has been identified or service has been rendered. R0= Pharmacist consulted another source TH=Therapeutic Product Interchange MO=Prescriber Consulted etc...
DUR_OUTCOME_CD	2	A/N	1550	1551	NCPDP Field #441 - The DUR outcome code represents the action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service. 1B=Filled Prescription as is 1C=Filled with a different dose 1D=Filled with a different directions 1E=Filled with a different drug etc....

Field Name	Field Length	Format	Start	End	Description
LEVEL_OF_SRVC	2	A/N	1552	1553	NCPDP Field #418 - Code indicating the type of service the provider rendered. 0=Not Specified 1=member consultation 2=Home delivery 3=Emergency 4=24 hour service 5=member consultation regarding generic product selection 6=In-Home Service
DIAGNOSIS_CD	15	A/N	1554	1568	NCPDP Field #424 - the diagnosis code submitted on the claim which signifies the diagnosis of the member.
DIAGNOSIS_CD_QUAL	2	A/N	1569	1570	NCPDP Field #492 - the diagnosis code qualifying the Diagnosis Code. 00=not specified 01=international classification of diseases (ICD9). 02=International Classification of Diseases (ICD10) etc...
DRUG_CONFLICT_CD1	2	A/N	1571	1572	The drug conflict code associated with the claim DD=Drug to Drug LD=Lose Dose HD=High Dose LR=Late Refill etc...
CLINICAL_SIGNIFICANCE_CD1	1	A/N	1573	1573	NCPDP Field #528- the severity code identifying the significance or severity level of a clinical event as contained in the originating database. Blank - Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined

Field Name	Field Length	Format	Start	End	Description
OTHER_PHARM_IND1	1	A/N	1574	1574	NCPDP Field #529 - the code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in same chain 3=Other Pharmacy
PREV_FILL_DT1	8	A/N	1575	1582	NCPDP Field #530 - the date prescription was previously filled. Format: CCYYMMDD
PREV_FILL_QTY1	12	A/N	1583	1594	NCPDP Field #531- the amount expressed in metric decimal units of the conflicting agent that was previously filled.
DATABASE_IND1	1	A/N	1595	1595	NCPDP Field #532 - the code identifying the source of drug information used for DUR processing. 1=First DataBank 2=Medi-Span
OTHER_PRESCRIB_IND1	1	A/N	1596	1596	NCPDP Field #533 - the code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0=Not Specified 1=Same Prescriber 2=Other Prescriber
DUR_FREE_TXT_MESSAGE1	30	A/N	1597	1626	NCPDP Field #544 the text that provides additional detail regarding a DUR conflict.
DRUG_CONFLICT_CD2	2	A/N	1627	1628	The drug conflict code associated with the claim DD=Drug to Drug LD=Lose Dose HD=High Dose LR=Late Refill etc...

Field Name	Field Length	Format	Start	End	Description
CLINICAL_SIGNIFICANCE_CD2	1	A/N	1629	1629	NCPDP Field #528- the severity code identifying the significance or severity level of a clinical event as contained in the originating database. Blank - Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined
OTHER_PHARM_IND2	1	A/N	1630	1630	NCPDP Field #529 - the code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in same chain 3=Other Pharmacy
PREV_FILL_DT2	8	A/N	1631	1638	NCPDP Field #530 - the date prescription was previously filled. Format: CCYYMMDD
PREV_FILL_QTY2	12	A/N	1639	1650	NCPDP Field #531- the amount expressed in metric decimal units of the conflicting agent that was previously filled.
DATABASE_IND2	1	A/N	1651	1651	NCPDP Field #532 - the code identifying the source of drug information used for DUR processing. 1=First DataBank 2=Medi-Span
OTHER_PRESCRIB_IND2	1	A/N	1652	1652	NCPDP Field #533 - the code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0=Not Specified 1=Same Prescriber 2=Other Prescriber

Field Name	Field Length	Format	Start	End	Description
DUR_FREE_TXT_MESSAGE2	30	A/N	1653	1682	NCPDP Field #544 the text that provides additional detail regarding a DUR conflict.
DRUG_CONFLICT_CD3	2	A/N	1683	1684	The drug conflict code associated with the claim DD=Drug to Drug LD=Lose Dose HD=High Dose LR=Late Refill etc.
CLINICAL_SIGNIFICANCE_CD3	1	A/N	1685	1685	NCPDP Field #528- the severity code identifying the significance or severity level of a clinical event as contained in the originating database. Blank - Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined
OTHER_PHARM_IND3	1	A/N	1686	1686	NCPDP Field #529 - the code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in same chain 3=Other Pharmacy
PREV_FILL_DT3	8	A/N	1687	1694	NCPDP Field #530 - the date prescription was previously filled. Format: CCYYMMDD
PREV_FILL_QTY3	12	A/N	1695	1706	NCPDP Field #531- the amount expressed in metric decimal units of the conflicting agent that was previously filled.

Field Name	Field Length	Format	Start	End	Description
DATABASE_IND3	1	A/N	1707	1707	NCPDP Field #532 - the code identifying the source of drug information used for DUR processing. 1=First DataBank 2=Medi-Span
OTHER_PRESCRIB_IND3	1	A/N	1708	1708	NCPDP Field #533 - the code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0=Not Specified 1=Same Prescriber 2=Other Prescriber
DUR_FREE_TXT_MESSAGE3	30	A/N	1709	1738	NCPDP Field #544 the text that provides additional detail regarding a DUR conflict.
OOP_FLAG	1	A/N	1739	1739	Not currently supported. For future use.
DEDUCT_FLAG	1	A/N	1740	1740	Not currently supported. For future use.
WC_INJURY_DATE	8	A/N	1741	1748	Not currently supported. For future use.
WC_CLAIM_ID	30	A/N	1749	1778	Not currently supported. For future use.
WC_INJURY_TYPE	14	A/N	1779	1792	Not currently supported. For future use.
WC_EMPLOYER_NAME	40	A/N	1793	1832	Not currently supported. For future use.
WC_EMPLOYER_ADDR_1	40	A/N	1833	1872	Not currently supported. For future use.

Field Name	Field Length	Format	Start	End	Description
WC_EMPLOYER_ADDR_2	40	A/N	1873	1912	Not currently supported. For future use.
WC_EMPLOYER_CITY	20	A/N	1913	1932	Not currently supported. For future use.
WC_EMPLOYER_STATE_CD	2	A/N	1933	1934	Not currently supported. For future use.
WC_EMPLOYER_ZIP_CD	10	A/N	1935	1944	Not currently supported. For future use.
WC_EMPLOYER_PHONE_NUM	10	A/N	1945	1954	Not currently supported. For future use.
WC_EMPLOYER_FAX_NUM	10	A/N	1955	1964	Not currently supported. For future use.
WC_ADJUSTER	25	A/N	1965	1989	Not currently supported. For future use.
WC_ADJUSTER_PHONE	10	A/N	1990	1999	Not currently supported. For future use.
WC_ADJUSTER_FAX	10	A/N	2000	2009	Not currently supported. For future use.
WC_VENUE_STATE_CD	2	A/N	2010	2011	Not currently supported. For future use.
WC_ACTIVATION_DATE	8	A/N	2012	2019	Not currently supported. For future use.
WC_INJURY_CAUSE	100	A/N	2020	2119	Not currently supported. For future use.
FILLER_4	1	A/N	2120	2120	Reserved for future use

Field Name	Field Length	Format	Start	End	Description
FILLER_5	5	A/N	2121	2125	Reserved for future use
FILLER_6	4	A/N	2126	2129	Reserved for future use
FILLER_7	10	A/N	2130	2139	Reserved for future use
FILLER_8	15	A/N	2140	2154	Reserved for future use
FILLER_9	15	A/N	2155	2169	Reserved for future use
FILLER_10	15	A/N	2170	2184	Reserved for future use
AWP_UNIT_PRICE	15	A/N	2185	2199	The Average Wholesale Price (AWP) unit cost of the product dispensed on the claim. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
WAC_UNIT_PRICE	15	A/N	2200	2214	The Wholesaler Acquisition Cost (WAC) unit cost of the product dispensed on the claim. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
COST_DESC	6	A/N	2215	2220	The cost description which indicates how the claim was paid. AWP = Average Wholesale Price WAC = Wholesaler Acquisition Cost MAC = Maximum Allowable Cost U&C = Usual & Customary GAD = Gross Amount Due CNOTE = Flat dollar (i.e. vaccine pricing) BILLED = Usual & Customary pricing applied

Field Name	Field Length	Format	Start	End	Description
APPRVD_MEMBER_PAID	15	N	2221	2235	NCPDP Field #505 - the member copayment is the amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the member to the pharmacy; the member's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
FILLER	15	N	2236	2250	Reserved for future use
APPRVD_DAW_DIFF	15	N	2251	2265	The dispense as written (DAW) differential amount which is calculated upon adjudication of the claim. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
APPRVD_OOP_AMT	15	N	2266	2280	The dollar amount on the claim which attributed toward the member's out-of-pocket (OOP) amount. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999

Field Name	Field Length	Format	Start	End	Description
APPRVD_DEDUCT_AMT	15	N	2281	2295	The dollar amount on the claim which attributed toward the member's deductible amount. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
APPRVD_BENEFIT_MAXIMUM	15	N	2296	2310	Not currently supported. For future use.
ALT_MEM_ID	20	A/N	2311	2330	Additional alternative member ID which uniquely identifies each individual. This field is used for reporting purposes only.
DAW_WHO	1	A/N	2331	2331	The party responsible for the dollar difference between brand and generic based on the dispense as written (DAW) code submitted. N = Pharmacy; C = Member; P = Plan.
RX_NUMBER	12	A/N	2332	2343	NCPDP Field #402 - The prescription reference number assigned by the provider for the dispensed drug/product and/or service provided.
OTHER_PAYER_MEM_RESP_AMT_QTY	2	A/N	2344	2345	NCPDP Field #351 - Code qualifying the other payer patient responsibility amount
OTHER_PAYER_MEM_RESP_AMT	15	N	2346	2360	NCPDP Field #352 - The patient's cost share from a previous payer. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999

Field Name	Field Length	Format	Start	End	Description
OTHER_PAYER_MEM_RESP_COUNT	2	A/N	2361	2362	NCPDP Field #353 - Count of other payer responsibility amounts and qualifier
MEDICAID_PAID_AMT	15	N	2363	2377	NCPDP Field #113 - Amount paid by the Medicaid Agency. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
COST_REIMBURSE_AMT	15	N	2378	2392	NCPDP Field #148 - Required when basis of reimbursement determ (522-FM) is 14 (patient respon amt) or 15 (patient pay amt) unless prohibited by state/federal/regulatory agency. This field is informational only. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
FILLER_14	15	A/N	2393	2407	Reserved for future use
COINSURANCE_AMT	15	N	2408	2422	NCPDP Field #572 - Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription coinsurance. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999
FILLER_15	15	A/N	2423	2437	Reserved for future use
FILLER_16	15	A/N	2438	2452	Reserved for future use

Field Name	Field Length	Format	Start	End	Description
ADDITIONAL_DOC_TYPE_ID	3	A/N	2453	2455	Not currently supported. For future use.
LENGTH_OF_NEED	3	A/N	2456	2458	Not currently supported. For future use.
LENGTH_OF_NEED_QUAL	2	A/N	2459	2460	Not currently supported. For future use.
PRESCRIB_DATE_SIGNED	8	A/N	2461	2468	Not currently supported. For future use.
REQUEST_STATUS_CD	1	A/N	2469	2469	Not currently supported. For future use.
REQUEST_PERIOD_START_DT	8	A/N	2470	2477	Not currently supported. For future use.
REQUEST_PERIOD_REVISED_DT	8	A/N	2478	2485	Not currently supported. For future use.
SUPPORTING_DOC	65	A/N	2486	2550	Not currently supported. For future use.
QUESTION_NUM_LETTER_COUNT	2	A/N	2551	2552	Not currently supported. For future use.
PROFESSIONAL_SERVICE_FEE	15	N	2553	2567	NCPDP Field #562 - Amount representing the contractually agreed upon fee for professional services rendered. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -999999999.99999

Field Name	Field Length	Format	Start	End	Description
REJECT_CODE_1	3	A/N	2568	2570	The code reflecting the first rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CODE_2	3	A/N	2571	2573	The code reflecting the second rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CODE_3	3	A/N	2574	2576	The code reflecting the third rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
FILLER 13	369	A/N	2577	2945	Reserved for future use
2945					