

# WI ETF Drug Claims Functional Specification

04 March 2024



## Drug Claims Functional Specifications for File Layout

### DESCRIPTION / GENERAL INFORMATION

This interface is designed to produce a prescription drug claims file for plan participants administered through <Data Supplier>.

### DEFINITIONS

Prescription drug data are claim records for services that result in direct payment to a pharmacy on a service-specific (for example, prescription-specific) basis.

Fully denied claims should be removed from the extract of claims prior to submission, while partially denied claims should be included. Merative defines denied claims as follows:

**Fully denied claim** : The entire claim has been denied (typical reasons include an ineligible member, an ineligible provider, or a duplicate claims).

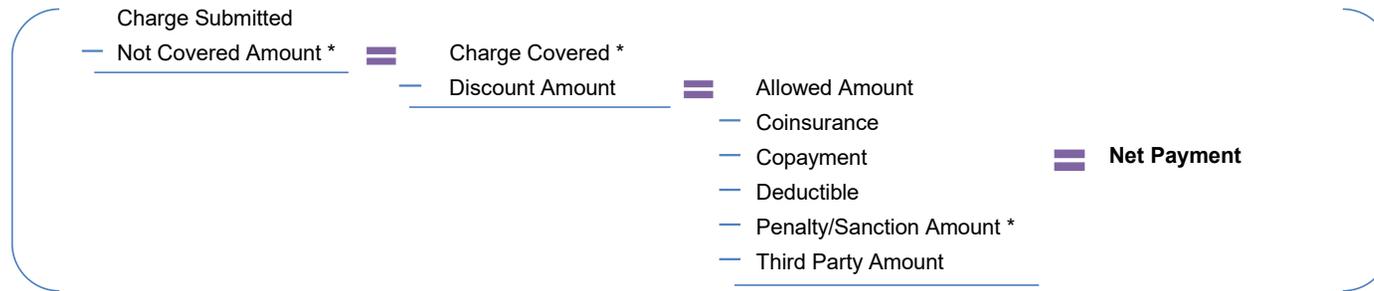
**Partially denied claim** : The claim contains one or more service lines that are denied, but some that are paid. All service lines should be included on the file.

### FILE / DATA FORMATTING AND SUBMISSION

<b>DATA SUBMISSION</b>	<p>[To be determined] Merative supports a number of file submission options including: FTP, Web Submission, as well as physical media.</p> <p>The data will be submitted to Merative on a &lt;monthly/quarterly&gt; basis. &lt;Monthly/Quarterly&gt; files should be submitted on or before the 15th of the month following the close of each &lt;month/quarter&gt;.</p>
<b>FILE FORMAT</b>	<ul style="list-style-type: none"> <li>• Fixed-Record Length, ASCII File</li> <li>• Contains Detail (Data) Layout and Trailer Layout for each layout group</li> </ul>
<b>CHARACTER FIELDS</b>	<ul style="list-style-type: none"> <li>• Includes A - Z (lower or upper case), 0 – 9, and spaces</li> <li>• Left justified, right blank/space filled</li> <li>• Unrecorded or missing values in character fields are blank/spaces</li> </ul>
<b>DATE FIELDS</b>	<ul style="list-style-type: none"> <li>• Format of all dates should be MM/DD/CCYY</li> </ul>
<b>NUMERIC FIELDS</b>	<ul style="list-style-type: none"> <li>• All numeric fields should be right-justified and left zero-filled</li> <li>• Unrecorded or missing values in numeric fields should be set to zero</li> </ul>
<b>FINANCIAL FIELDS</b>	<ul style="list-style-type: none"> <li>• All financial fields should be right-justified and left zero-filled</li> <li>• Merative prefers to receive both dollars and cents, with an implied decimal point before the last two digits in the data. For example: "1234567" would represent \$12,345.67 Please do not include an actual decimal point in the data.</li> <li>• Negative signs should be the leading value in the first position. For example: "-1234567" would represent -\$12,345.67</li> <li>• Unrecorded or missing values in numeric fields should be zero (000 to accommodate the 2-digit implied decimal)</li> </ul>
<b>INVALID CHARACTERS</b>	<p>Please note that the following characters should not be included in the data or the descriptions in the data dictionary.</p> <p>*    !    ?    %    _ (under score)    , (comma)</p>

**FINANCIAL RELATIONSHIP**

Merative defines the relationship among financial fields as follows. Those marked with an asterisk are desirable, but not required for the data extract.



**CORRECTIONS TO PAID CLAIMS**

Data suppliers generally use either Void/Replacement or Adjustment records to make corrections to paid claims. Merative defines these as follows:

**VOID/REPLACEMENT**

A **void** is a claim that reverses or backs out a previously paid one. All financials and quantities are negated on the void record. A replacement record that contains the corrected information generally follows it. The original, void and replacement need not appear in the same file.

*After adjudication, a paid claim with a \$25 Copay and \$50 Net Pay, a correction was necessary. The correction contains a \$10 Copay and \$65 Net Pay.*

Record Type	Svc Count	Charge Submitted	Copay	Deductible	Net Payment
Original	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00
Void	-1	\$ (75.00)	\$ (25.00)	\$ -	\$ (50.00)
Replacement	1	\$ 75.00	\$ 10.00	\$ -	\$ 65.00

**ADJUSTMENT**

A financial **adjustment** is a claim line where one or more of the financial fields display the difference between the original amount and the final amount. Any financial not being adjusted should be zero. All quantities should be zero on the adjustment as well. The original and adjustment need not appear in the same file.

*After a claim was adjudicated with a \$25 Copay and \$50 Net Pay, it was discovered that there should have been a \$10 Copay and \$65 Net Pay.*

Record Type	Svc Count	Charge Submitted	Copay	Deductible	Net Payment
Original	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00
Adjustment	0	\$ -	\$ (15.00)	\$ -	\$ 15.00

HEADER

FIELD	FIELD NAME	FORMAT	SIZE	START	END	FIELD FORMAT	M/S	VALUE / COMMENTS
1	Record Type	A/N	2	1	2		M	"PA"
2	Version/Release Number	A/N	2	3	4		M	"42"
3	Sending Entity Identifier	A/N	24	5	28		M	Plan Federal Tax ID (no dashes)
4	Batch Number	N	7	29	35	9(7)	M	Will be unique assigned by the sender
5	Creation Date	N	8	36	43	9(8)	M	Format: CCYYMMDD
6	Creation Time	N	4	44	47	9(4)	M	Format: HHMM
7	Receiver ID	A/N	24	48	71		M	TBD
8	Reporting Period Start Date	N	8	72	79	9(8)	M	Format: CCYYMMDD
9	Reporting Period End Date	N	8	80	87	9(8)	M	Format: CCYYMMDD
10	File Type	A/N	1	88	88		M	P (Production); T (Test)
11	Transmission Action	A/N	1	89	89		M	O (Original)
12	Submission Number	A/N	2	90	91		M	"ØØ" - Original Submission;
13	Filler Custom Attestation	A/N	3609	92	3700		M	Spaces

DETAIL

FIELD	FIELD NAME	M / S	FORMAT	SIZE	START	END	Data Definition
1	Record Type	M	A/N	2	1	2	DE
2	Record Indicator	S	A/N	1	3	3	"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'
<b>Eligibility Category:</b>							
3	Eligible Coverage Code	S	A/N	3	4	6	Claim Eligibility Clarification Code
4	User Benefit ID	S	A/N	10	7	16	PBM Carrier ID
5	User Coverage ID	S	A/N	10	17	26	Not Supported
6	Eligibility Group ID	S	A/N	15	27	41	PBM Group ID
7	Line of Business Code	S	A/N	6	42	47	Not Supported
8	Insurance Code	S	A/N	20	48	67	PBM Account ID
9	Client Assigned Location Code	S	A/N	20	68	87	PBM Subgroup ID
10	Client Pass Thru	S	A/N	200	88	287	
<b>Cardholder Information:</b>							
11	Cardholder ID	M	A/N	20	288	307	Subscriber Member ID
12	Last Name	S	A/N	35	308	342	Subscriber Last Name
13	First Name	S	A/N	35	343	377	Subscriber First Name
14	Middle Initial	S	A/N	1	378	378	Subscriber Middle Initial
15	Name Suffix	S	A/N	10	379	388	Not Supported
16	Address Line 1	S	A/N	40	389	428	Subscriber Address 1
17	Address Line 2	S	A/N	40	429	468	Subscriber Address 2
18	City	S	A/N	30	469	498	Subscriber City
19	State / Province Address	S	A/N	2	499	500	Subscriber State
20	Zip/Postal Code	S	A/N	15	501	515	Subscriber Zip Code
21	Entity Country Code	S	A/N	2	516	517	Not Supported
22	Cardholder Date of Birth	S	N	8	518	525	Subscriber Birth Date
23	Gender Code	S	N	1	526	526	Subscriber Gender Code
24	Medicare Plan Code	S	A/N	1	527	527	Not Supported
25	Payroll Class	S	A/N	1	528	528	Not Supported
<b>Patient Information:</b>							
26	Patient ID Qualifier	S	A/N	2	529	530	Code Qualifying The Patient ID
27	Patient ID	S	A/N	20	531	550	PBM Unique ID
28	Last Name	S	A/N	35	551	585	Member Last Name
29	First Name	S	A/N	35	586	620	Member First Name
30	Middle Initial	S	A/N	1	621	621	Member Middle Initial
31	Suffix	S	A/N	10	622	631	Not Supported
32	Address Line 1	S	A/N	40	632	671	Member Address 1
33	Address Line 2	S	A/N	40	672	711	Member Address 2

DETAIL

34	City	S	A/N	30	712	741	Member City
35	State / Province Address	S	A/N	2	742	743	Member State
36	Zip/Postal Code	S	A/N	15	744	758	Member Zip Code
37	Patient Country Code	S	A/N	2	759	760	Not Supported
38	Date of Birth	S	N	8	761	768	Date Format: CCYYMMDD
39	Patient Gender Code	S	N	1	769	769	"1" - Male; "2" - Female; "Ø" - Not Specified
40	Eligibility Patient Relationship Code	S	A/N	2	770	771	Not Supported
41	Age	S	N	3	772	774	Age of Patient
42	Person Code	S	A/N	3	775	777	Code Assigned to a Specific Person Within a Family.
43	Patient Relationship Code	S	N	1	778	778	Code Indicating Relationship of Patient to Cardholder.
44	Eligibility Clarification Code	S	A/N	1	779	779	Code Indicating That The Pharmacy Is Clarifying Eligibility for a Patient
45	Facility ID	S	A/N	10	780	789	ID Assigned to the Patient's Clinic/Host Party
<b>Benefit Category:</b>							
46	Group ID	M	A/N	15	790	804	Submit Group ID
47	Carrier Number	S	A/N	9	805	813	Not Supported
48	Benefit ID	S	A/N	15	814	828	Assigned By Processor To Identify A Set of Parameters, Benefits, or Coverage Criteria Used To Adjudicate A Claim
49	Contract Number	S	A/N	8	829	836	Not Supported
50	Benefit Type	S	A/N	1	837	837	Not Supported
51	Member Submitted Claim Program Code	S	A/N	1	838	838	Not Supported
52	Non-POS Claim Override Code	S	A/N	1	839	839	Not Supported
53	Non-POS Claim Override Code	S	A/N	1	840	840	Not Supported
54	Non-POS Claim Override Code	S	A/N	1	841	841	Not Supported
55	Copay Modifier ID	S	A/N	10	842	851	Not Supported
56	Plan Cutback Reason Code	S	A/N	1	852	852	Not Supported
57	Preferred Alternative File ID	S	A/N	10	853	862	Not Supported
58	Other Coverage Code	S	N	2	863	864	Commonly 01 or 02
"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							
64	Plan Benefit Code	S	A/N	2	865	866	Not Supported
65	Plan Type	S	A/N	4	867	870	Not Supported
<b>Pharmacy Category:</b>							
66	Service Provider ID Qualifier	M	A/N	2	871	872	Code qualifying the Service Provider ID
67	Service Provider ID	M	A/N	15	873	887	ID Assigned to a Pharmacy or Provider
68	Service Provider ID Qualifier (Alternate)	S	A/N	2	888	889	Code Qualifying the Service Provider ID (Alternate)
69	Service Provider ID (Alternate)	S	A/N	15	890	904	Federal Tax ID -- HMS
70	Service Provider Chain Code	S	A/N	7	905	911	Affiliation Code
71	Pharmacy Name	S	A/N	70	912	981	Pharmacy Name

DETAIL

72	Address Line 1	S	A/N	40	982	1021	Address Line 1
73	Address Line 2	S	A/N	40	1022	1061	Address Line 2 (When Applicable)
74	City	S	A/N	30	1062	1091	City
75	State / Province Address	S	A/N	2	1092	1093	State / Province Address
76	Zip/Postal Code	S	A/N	15	1094	1108	Zip/Postal Code
77	Service Provider Country Code	S	A/N	3	1109	1111	Not Supported
78	Service Provider Country Code	S	A/N	2	1112	1113	Not Supported
79	Telephone Number	S	N	10	1114	1123	Telephone Number (When Available)
80	Telephone Number Extension	S	N	8	1124	1131	Not Supported
81	Pharmacy Dispenser Type Qualifier	S	A/N	1	1132	1132	Not Supported
82	Pharmacy Dispenser Type	S	A/N	2	1133	1134	Not Supported
83	Pharmacy Class Code Qualifier	S	A/N	1	1135	1135	Not Supported
84	Pharmacy Class Code	S	A/N	1	1136	1136	Not Supported
85							Blank - Not Specified;
86	In Network Indicator	S	A/N	1	1137	1137	"Y" - In Network;
87							"N" - Out of Network
88	Network Reimbursement ID	S	A/N	10	1138	1147	Field Defined By The Processor
<b>Prescriber Category:</b>							
89	Prescriber ID Qualifier	S	A/N	2	1148	1149	Code Qualifying the Prescriber ID
90	Prescriber ID	S	A/N	15	1150	1164	Prescriber NPI
91	Prescriber ID Qualifier (Alternate)	S	A/N	2	1165	1166	Code Qualifying the Prescriber ID (Alternate)
92	Prescriber ID (Alternate)	S	A/N	15	1167	1181	Prescriber NPI (Alternate)
93	Prescriber Taxonomy	S	A/N	10	1182	1191	Not Supported
94	Prescriber Certification Status	S	A/N	2	1192	1193	Not Supported
95	Last Name	S	A/N	35	1194	1228	Last Name
96	First Name	S	A/N	35	1229	1263	First Name
97	Telephone Number	S	N	10	1264	1273	Prescriber Telephone Number
98	Telephone Number Extension	S	N	8	1274	1281	Not Supported
99	Primary Care Provider ID Qualifier	S	A/N	2	1282	1283	ID Assigned to the Primary Care Provider
100	Primary Care Provider ID	S	A/N	15	1284	1298	Code Qualifying the Primary Care Provider ID
101	Last Name	S	A/N	35	1299	1333	Not Supported
102	First Name	S	A/N	35	1334	1368	Not Supported
<b>Claim Category:</b>							
103	Record Status Code	M	A/N	1	1369	1369	"1" - Paid; "2" - Rejected; "3" - Reversed; "4" - Adjusted; "5" - Captured; "6" - Reverse-Captured
1	Claim Media Type	M	A/N	1	1370	1370	Claim Submission Type Code
2	Processor Payment Clarification Code	M	A/N	2	1371	1372	Provides Additional Information of the Status of the Payment of the Claim
3	Prescription/Service Reference Number Qualifier	M	A/N	1	1373	1373	Prescription/Service Reference Number Qualifier

DETAIL

4	Prescription/Service Reference Number	M	N	12	1374	1385	Prescription/Service Reference Number
5	Product/Service ID Qualifier	M	A/N	2	1386	1387	Code Qualifying the Value in Product/Service ID
6	Product/Service ID	M	A/N	19	1388	1406	ID of the Product Dispensed or Service Provided
7	Date Of Service	M	N	8	1407	1414	Identifies Date Prescription Was Filled or Professional Service Rendered
8	Adjudication Date	M	N	8	1415	1422	PBM Adjudication Date
9	Adjudication Time	S	N	6	1423	1428	PBM Adjudication Time
10	Original Claim Received Date	S	N	8	1429	1436	Not Supported
11	Claim Sequence Number	S	N	5	1437	1441	Not Supported
12	Billing Cycle End Date	S	N	8	1442	1449	Invoice Date
13	Communication Type Indicator	S	A/N	2	1450	1451	Not Supported
14	Place of Service	S	N	2	1452	1453	Place of Service code
15	Patient Residence	S	N	2	1454	1455	Patient residence code
16	Prescription Origin Code	S	N	1	1456	1456	Prescription Origin Code
17	Member Submitted Claim Payment Release Date	S	N	8	1457	1464	Indicates The Date Member Submitted Claim Became Payable
18	Claim Date Received in the Mail	S	N	8	1465	1472	Date Paper Claim Was Received in the Mail
19	Internal Mail Order Rx Reference Number	S	A/N	15	1473	1487	Not Supported
20	Version/Release Number (of the Claim)	S	A/N	2	1488	1489	Code Uniquely Identifying the Transmission Syntax and Corresponding Data Dictionary
21	Check Date	S	N	8	1490	1497	PBM Check Date
22	Payment/Reference ID	S	A/N	30	1498	1527	PBM Check Number
23	Associated Rx Reference Number	S	A/N	12	1528	1539	Not Supported
24	Associated Rx Date	S	N	8	1540	1547	Not Supported
25	Quantity Dispensed	S	N	10	1548	1557	Quantity Dispensed in Metric Decimal Units e.g., 123.456 -> 0000123456
26	Fill Number	S	N	2	1558	1559	Fill Number
27	Days Supply	S	N	3	1560	1562	Days Supply
28	Date Prescription Written	S	N	8	1563	1570	Date Prescription Written
29	Dispense As Written (DAW)/Product Selection Code	S	A/N	1	1571	1571	Dispense As Written (DAW)/Product Selection Code
30	Number of Refills Authorized	S	N	2	1572	1573	Number of Refills Authorized
31	Special Packaging Indicator	S	N	1	1574	1574	Not Supported
32	Unit of Measure	S	A/N	2	1575	1576	NCPDP Standard Product Billing Codes
33	Level of Service	S	N	2	1577	1578	Level of Service
34	Dispensing Status	S	A/N	1	1579	1579	Code Indicating Quantity Dispensed is a Partial Fill or the Completion of a Partial Fill
35	Quantity Intended To Be Dispensed	S	N	10	1580	1589	Not Supported
36	Quantity Prescribed	S	N	10	1590	1599	Amount Expressed in Metric Decimal Units e.g., 123.456 --> 0000123456
37	Days Supply Intended To Be Dispensed	S	N	3	1600	1602	Not Supported
38	Fill Number Calculated	S	N	2	1603	1604	Not Supported
39							"1" - Not a Compound   "2" - Compound
40	Compound Code	S	N	1	1605	1605	If "2", Post Adjudication History Compound Detail Record(s) is/are Expected

DETAIL

41	Compound Type	S	A/N	2	1606	1607	Compound Type (blank - 04)
42	Compound Route of Administration	S	A/N	2	1608	1609	Not Supported
43	Route of Administration	S	A/N	11	1610	1620	Route of Administration
44	Diagnosis Code Qualifier (1)	S	A/N	2	1621	1622	Diagnosis Code Qualifier (1)
45	Diagnosis Code	S	A/N	15	1623	1637	Diagnosis Code
46	Reject Override Code	S	A/N	1	1799	1799	Not Supported
47	Diagnosis Code	S	A/N	15	1640	1654	Not Supported
48	Diagnosis Code	S	A/N	15	1657	1671	Not Supported
49	Diagnosis Code	S	A/N	15	1674	1688	Not Supported
50	Diagnosis Code	S	A/N	15	1691	1705	Not Supported
51	Reason For Service Code	S	A/N	2	1706	1707	Code Identifying the Type of Utilization Conflict Detected by the Prescriber or the Pharmacist or Reason for the Pharmacist's Professional Service
52	Reason For Service Code	S	A/N	2	1714	1715	Not Supported
53	Reason For Service Code	S	A/N	2	1722	1723	Not Supported
54	Reason For Service Code	S	A/N	2	1730	1731	Not Supported
55	Reason For Service Code	S	A/N	2	1738	1739	Not Supported
56	Reason For Service Code	S	A/N	2	1746	1747	Not Supported
57	Reason For Service Code	S	A/N	2	1754	1755	Not Supported
58	Reason For Service Code	S	A/N	2	1762	1763	Not Supported
59	Reason For Service Code	S	A/N	2	1770	1771	Not Supported
60	Professional Service Code	S	A/N	2	1708	1709	Code Identifying Pharmacist Intervention When a Conflict Code Has Been Identified or Service Has Been Rendered
61	Professional Service Code	S	A/N	2	1716	1717	Not Supported
62	Professional Service Code	S	A/N	2	1724	1725	Not Supported
63	Professional Service Code	S	A/N	2	1732	1733	Not Supported
64	Professional Service Code	S	A/N	2	1740	1741	Not Supported
65	Professional Service Code	S	A/N	2	1748	1749	Not Supported
66	Professional Service Code	S	A/N	2	1756	1757	Not Supported
67	Professional Service Code	S	A/N	2	1764	1765	Not Supported
68	Professional Service Code	S	A/N	2	1772	1773	Not Supported
69	Result Of Service Code	S	A/N	2	1710	1711	Action Taken by a Pharmacist or Prescriber in Response to a Conflict or the Result of a Pharmacist's Professional Service
70	Result Of Service Code	S	A/N	2	1718	1719	Not Supported
71	Result Of Service Code	S	A/N	2	1726	1727	Not Supported
72	Result Of Service Code	S	A/N	2	1734	1735	Not Supported
73	Result Of Service Code	S	A/N	2	1742	1743	Not Supported
74	Result Of Service Code	S	A/N	2	1750	1751	Not Supported
75	Result Of Service Code	S	A/N	2	1758	1759	Not Supported
76	Result Of Service Code	S	A/N	2	1766	1767	Not Supported
77	Result Of Service Code	S	A/N	2	1774	1775	Not Supported

DETAIL

78	DUR/PPS Level Of Effort	S	N	2	1712	1713	Code Indicating The Level of Effort as Determined by the Complexity of Decision-making or Resources Utilized by a Pharmacist to Perform a Professional Service
79	DUR/PPS Level Of Effort	S	N	2	1720	1721	Not Supported
80	DUR/PPS Level Of Effort	S	N	2	1728	1729	Not Supported
81	DUR/PPS Level Of Effort	S	N	2	1736	1737	Not Supported
82	DUR/PPS Level Of Effort	S	N	2	1744	1745	Not Supported
83	DUR/PPS Level Of Effort	S	N	2	1752	1753	Not Supported
84	DUR/PPS Level Of Effort	S	N	2	1760	1761	Not Supported
85	DUR/PPS Level Of Effort	S	N	2	1768	1769	Not Supported
86	DUR/PPS Level Of Effort	S	N	2	1776	1777	Not Supported
87	DUR Co-Agent ID Qualifier	S	A/N	2	1778	1779	Not Supported
88	DUR Co-Agent ID	S	A/N	19	1780	1798	Not Supported
89	Diagnosis Code Qualifier	S	A/N	2	1638	1639	Not Supported
90	Diagnosis Code Qualifier	S	A/N	2	1655	1656	Not Supported
91	Diagnosis Code Qualifier	S	A/N	2	1672	1673	Not Supported
92	Diagnosis Code Qualifier	S	A/N	2	1689	1690	Not Supported
93	Reject Code	S	A/N	3	1800	1802	Code Indicating the Error Encountered
94	Reject Code	S	A/N	3	1803	1805	Code Indicating the Error Encountered
95	Reject Code	S	A/N	3	1806	1808	Code Indicating the Error Encountered
96	Reject Code	S	A/N	3	1809	1811	Not Supported
97	Reject Code	S	A/N	3	1812	1814	Not Supported
<b>Worker's Compensation Category:</b>							
98	Claim/Reference ID	S	A/N	30	1815	1844	Not Supported
99	Date of Injury	S	N	8	1845	1852	Not Supported
<b>Product Category:</b>							
100	Database Indicator	S	A/N	1	1853	1853	PBM Uses Medi-Span "2" - Medi-Span; "3" - Micromedex/Medical Economics; "4" - Processor Developed; "5" - Other; "6" - Redbook; "7" - Multum
101	Product/Service Name	S	A/N	30	1854	1883	Product/Service Name
102	Generic Name	S	A/N	30	1884	1913	Generic Name
103	Product Strength	S	A/N	15	1914	1928	Drug Strength
104	Dosage Form Code	S	A/N	4	1929	1932	Dosage Form
105	Filler	S	A/N	8	1933	1940	
106	Drug Type	S	N	1	1941	1941	"Ø" - Not Specified;
"1" - Single Source;							
"2" - Authorized Generic (aka "Branded Generic");							
"3" - Generic;							

DETAIL

110							"4" - Over the Counter;
111							"5" - Multi-source Brand
112	Maintenance Drug Indicator	S	A/N	1	1942	1942	Indicates If Drug is a Maintenance Drug Under the Client's Benefit Plan
113	Drug Category Code	S	A/N	1	1943	1943	Not Supported
114	Federal DEA Schedule	S	A/N	1	1944	1944	The Controlled Substance Schedule as Defined by the Drug Enforcement Administration
115	Prescription Over The Counter Indicator	S	A/N	1	1945	1945	Blank - Not Specified;
"O" - Over the Counter (OTC);							
"F" - Federal/Legend (Rx Prescription Only);							
"S" - State Restricted Medication							
119	Submission Clarification Code	S	N	2	1946	1947	Submission Clarification Code
120	Submission Clarification Code	S	N	2	1948	1949	Submission Clarification Code
121	Submission Clarification Code	S	N	2	1950	1951	Submission Clarification Code
122	FDA Drug Efficacy Code	S	A/N	1	1952	1952	Not Supported
123	Product Code Qualifier	S	A/N	1	1953	1953	Not Supported
124	Product Code	S	A/N	17	1954	1970	Not Supported
125	Product Code Qualifier	S	A/N	1	1971	1971	Not Supported
126	Product Code	S	A/N	17	1972	1988	Not Supported
127	Product Code Qualifier	S	A/N	1	1989	1989	Not Supported
128	Product Code	S	A/N	17	1990	2006	Not Supported
129	Federal Upper Limit Indicator	S	A/N	1	2007	2007	Not Supported
130	Prescribed Days Supply	S	N	3	2008	2010	Not Supported
131	Threaputic Class Code	S	A/N	17	2012	2028	Code Assigned to Product Being Reported
132	Threaputic Class Code	S	A/N	17	2030	2046	Not Supported
133	Threaputic Class Code	S	A/N	17	2048	2064	Not Supported
134	Threaputic Class Code	S	A/N	17	2066	2082	Not Supported
135	Threaputic Class Code Qualifier	S	A/N	1	2011	2011	Identifies Type of Data Being Submitted in the Therapeutic Class Code Field
136	Threaputic Class Code Qualifier	S	A/N	1	2029	2029	Not Supported
137	Threaputic Class Code Qualifier	S	A/N	1	2047	2047	Not Supported
138	Threaputic Class Code Qualifier	S	A/N	1	2065	2065	Not Supported
<b>Formulary Category:</b>							
139	Formulary Status	S	A/N	1	2083	2083	Status of the Drug Within The Formulary
140	Client Formulary Flag	S	A/N	1	2084	2084	Indicates That Client has a Formulary
141	Therapeutic Chapter	S	A/N	8	2085	2092	Not Supported
142	Formulary File ID	S	A/N	15	2093	2107	Not Supported
143	Formulary Code Type	S	A/N	1	2108	2108	Not Supported
<b>Pricing Category:</b>							
144	Ingredient Cost Paid	M	D	8	2109	2116	Ingredient Cost Paid
145	Dispensing Fee Paid	M	D	8	2117	2124	Dispensing Fee Paid
146	Total Amount Paid By All Sources	M	D	8	2125	2132	Total Amount of the Prescription Regardless of Party Responsible for Payment

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147	Amount Attributed To Sales Tax	S	D	8	2133	2140	Amount Attributed to Sales Tax
148	Patient Pay Amount	M	D	8	2141	2148	Patient Pay Amount
149	Amount of Copay	S	D	8	2149	2156	Not Supported
150	Amount of Coinsurance	S	D	8	2157	2164	Amount of Coinsurance
151	Amount Attributed To Product Selection	S	D	8	2165	2172	Amount Attributed to Product Selection
152	Amount Applied To Periodic Deductible	S	D	8	2173	2180	Amount to be collected from a patient that is included in Patient Pay Amount (505-F5) that is applied to a periodic deductible.
153	Amount Attributed To Processor Fee	S	D	8	2181	2188	Not Supported
154	Amount Attributed To Provider Network Selection	S	D	8	2189	2196	Amount Attributed to Provider Network Selection
155	Amount Attributed To Product Selection/Brand Drug	S	D	8	2197	2204	Amount Attributed to Product Selection/Brand Drug
156	Amount Attributed To Product Selection/Non-Preferred Formulary Selection	S	D	8	2205	2212	Amount Attributed to Product Selection/Non-Preferred Formulary Selection
157	Amount Attributed To Product Selection/Brand Non-Preferred Formulary Selection	S	D	8	2213	2220	Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection
158	Amount Attributed To Coverage Gap	S	D	8	2221	2228	Amount Attributed to Coverage Gap
159	MAC Reduced Indicator	S	A/N	1	2229	2229	Use "Y", "N" or BLANK
Indicates If Claim Payment Was Reduced Due to a MAC (Maximum Allowable Cost) Program							
161	Client Pricing Basis of Cost	S	A/N	2	2230	2231	Not Supported
162	Generic Indicator	S	A/N	1	2232	2232	Generic Indicator
163	Out Of Pocket Apply Amount	S	D	8	2233	2240	Amount Applied to Out of Pocket Expense
164	Average Cost Per Quantity Unit Price	S	D	9	2241	2249	Not Supported
165	Average Generic Unit Price	S	D	9	2250	2258	Not Supported
166	Average Wholesale Unit Price	S	D	9	2259	2267	Average Wholesale Unit Price
167	Federal Upper Limit Unit Price	S	D	9	2268	2276	Not Supported
168	Gross Amount Due	S	D	8	2277	2284	Gross Amount Due
169	MAC Price	S	D	9	2285	2293	Not Supported
170	Ingredient Cost Submitted	S	D	8	2294	2301	Ingredient Cost Submitted
171	Usual And Customary Charge	S	D	8	2302	2309	Usual and Customary Charge
172	Flat Sales Tax Amount Paid	S	D	8	2310	2317	Flat sales tax paid which is included in the Total Amount Paid (509-F9).
173	Percentage Sales Tax Amount Paid	S	D	8	2318	2325	Percentage Sales Tax Amount Paid
174	Percentage Sales Tax Rate Paid	S	D	7	2326	2332	Not Supported
175	Percentage Sales Tax Basis Paid	S	A/N	2	2333	2334	Not Supported
176	Incentive Amount Paid	S	D	8	2335	2342	Incentive Amount Paid
177	Professional Service Fee Paid	S	D	8	2343	2350	Professional Service Fee Paid
178	Other Amount Paid Qualifier	S	A/N	2	2351	2352	Not Supported
179	Other Amount Paid	S	D	8	2353	2360	Not Supported
180	Other Amount Paid Qualifier	S	A/N	2	2361	2362	Not Supported
181	Other Amount Paid	S	D	8	2363	2370	Not Supported
182	Other Amount Paid Qualifier	S	A/N	2	2371	2372	Not Supported

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183	Other Amount Paid	S	D	8	2373	2380	Not Supported
184	Other Payer Amount Recognized	S	D	8	2381	2388	Other Payer Amount Recognized
185	Other Payer-Patient Responsibility Amount Qualifier	S	A/N	2	2389	2390	Other Payer-Patient Responsibility Amount Qualifier
186	Other Payer-Patient Responsibility Amount	S	D	10	2391	2400	Other Payer-Patient Responsibility Amount
187	Other Payer-Patient Responsibility Amount Qualifier	S	A/N	2	2401	2402	Other Payer-Patient Responsibility Amount Qualifier
188	Other Payer-Patient Responsibility Amount	S	D	10	2403	2412	Other Payer-Patient Responsibility Amount
189	Net Amount Due	M	D	8	2413	2420	Net Amount Due
190	Basis of Reimbursement Determination	S	N	2	2421	2422	Basis of Reimbursement Determination
191	Accumulated Deductible Amount	S	D	8	2423	2430	Not Supported
192	Remaining Deductible Amount	S	D	8	2431	2438	Not Supported
193	Remaining Benefit Amount	S	D	8	2439	2446	Not Supported
194	Cost difference Amount	S	D	8	2447	2454	Not Supported
195	Excess Copay Amount	S	D	8	2455	2462	Not Supported
196	Member Submit Amount	S	D	8	2463	2470	Not Supported
197	Hold Harmless Amount	S	D	8	2471	2478	Not Supported
198	Amount Exceeding Periodic Benefit Maximum	S	D	8	2479	2486	Not Supported
199	Basis of Calculation - Dispensing Fee	S	A/N	2	2487	2488	Not Supported
200	Basis of Calculation - Copay	S	A/N	2	2489	2490	Not Supported
201	Basis of Calculation - Flat Sales Tax	S	A/N	2	2491	2492	Not Supported
202	Basis of Calculation - Percentage Sales Tax	S	A/N	2	2493	2494	Not Supported
203	Basis of Calculation - Coinsurance	S	A/N	2	2495	2496	Not Supported
204	Tax Exempt Indicator	S	A/N	1	2497	2497	Not Supported
205	Patient Formulary Rebate Amount	S	D	8	2498	2505	Not Supported
206	Medicare Recovery Indicator	S	A/N	1	2506	2506	Not Supported
207	Medicare Recovery Dispensing Indicator	S	A/N	1	2507	2507	Not Supported
208	Patient Spend Down Amount	S	D	8	2508	2515	Not Supported
209	Health Care Reimbursement Acct Amt Applied	S	D	8	2516	2523	Not Supported
210	Health Care Reimbursement Acct Amt Remaining	S	D	8	2524	2531	Not Supported
211	Administrative Fee Effect Indicator	S	A/N	1	2532	2532	Not Supported
212	Administrative Fee Amount	S	D	4	2533	2536	Not Supported
213	Invoiced Amount	S	D	11	2537	2547	Invoiced Amount
214	Filler	S	A/N	10	2548	2557	
215	Spending Account Amount Remaining	S	D	8	2558	2565	Not Supported
216	Health Plan Funded Assistance Amount	S	D	8	2566	2573	Not Supported
<b>Prior Authorization Category:</b>							
217	Prior Authorization Type Code	S	N	2	2574	2575	Prior Authorization Type Code
218	Prior Authorization Number Submitted	S	N	11	2576	2586	Prior Authorization Number Submitted
219	Prior Authorization Number Assigned	S	N	11	2587	2597	Not Supported
220	Processor Defined Prior Authorization Reason Code	S	N	2	2598	2599	Not Supported
<b>Adjustment Category:</b>							

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221	Adjustment Reason Code	S	N	3	2600	2602	Not Supported
222	Adjustment Type	S	A/N	1	2603	2603	Type of Adjustment
223	Transaction ID Cross Reference	S	A/N	30	2604	2633	For Adjustments, ID associated With Original Claim
<b>Coordination of Benefits Category:</b>							
224	COB Carrier Submit Amount	S	D	8	2634	2641	Not Supported
225	Eligibility COB Indicator	S	A/N	1	2642	2642	Not Supported
226	COB Primary Claim Type	S	A/N	1	2643	2643	Not Supported
227	COB Primary Payer ID	S	A/N	10	2644	2653	Not Supported
228	Filler	S	A/N	8	2654	2661	
229	COB Primary Payer Amount Paid	S	D	8	2662	2669	Not Supported
230	COB Primary Payer Deductible	S	D	8	2670	2677	Not Supported
231	COB Primary Payer Coinsurance	S	D	8	2678	2685	Not Supported
232	COB Primary Payer Copay	S	D	8	2686	2693	Not Supported
233	COB Secondary Payer ID	S	A/N	10	2694	2703	Not Supported
234	Filler	S	A/N	8	2704	2711	
235	COB Secondary Payer Amount Paid	S	D	8	2712	2719	Not Supported
236	COB Secondary Payer Deductible	S	D	8	2720	2727	Not Supported
237	COB Secondary Payer Coinsurance	S	D	8	2728	2735	Not Supported
238	COB Secondary Payer Copay	S	D	8	2736	2743	Not Supported
239	Transaction ID	S	A/N	30	2744	2773	Transaction ID - Claim Auth #
240	Authorization Number	S	A/N	20	2774	2793	Authorization Number - Claim auth #
241	Client Specific Data	S	A/N	50	2794	2843	See Client Specific Data Tab
242	Processor Specific Data	S	A/N	50	2844	2893	See Processor Specific Data Tab
243	CMS Part D Defined Qualified Facility	S	A/N	1	2894	2894	CMS Part D Defined Qualified Facility
<b>Fields Added In Versions Category:</b>							
244	Benefit Stage Qualifier	S	A/N	2	2895	2896	Benefit Stage Qualifier
245	Benefit Stage Amount	S	D	8	2897	2904	Benefit Stage Amount
246	Benefit Stage Qualifier	S	A/N	2	2905	2906	Benefit Stage Qualifier
247	Benefit Stage Amount	S	D	8	2907	2914	Benefit Stage Amount
248	Benefit Stage Qualifier	S	A/N	2	2915	2916	Benefit Stage Qualifier
249	Benefit Stage Amount	S	D	8	2917	2924	Benefit Stage Amount
250	Benefit Stage Qualifier	S	A/N	2	2925	2926	Benefit Stage Qualifier
251	Benefit Stage Amount	S	D	8	2927	2934	Benefit Stage Amount
252	Invoiced Date	S	N	8	2935	2942	Invoiced Date
253	Out Of Pocket Remaining Amount	S	D	8	2943	2950	Not Supported
254	Cardholder ID (Alternate)	S	A/N	20	2951	2970	Cardholder ID (Alternate)
255	Number of Generic Manufacturers	S	N	3	2971	2973	Not Supported
256	DUR Co-Agent ID Qualifier	S	A/N	2	2974	2975	Not Supported
257	DUR Co-Agent ID	S	A/N	19	2976	2994	Not Supported
258	DUR Co-Agent ID Qualifier	S	A/N	2	2995	2996	Not Supported
259	DUR Co-Agent ID	S	A/N	19	2997	3015	Not Supported
260	DUR Co-Agent ID Qualifier	S	A/N	2	3016	3017	Not Supported
261	DUR Co-Agent ID	S	A/N	19	3018	3036	Not Supported

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262	DUR Co-Agent ID Qualifier	S	A/N	2	3037	3038	Not Supported
263	DUR Co-Agent ID	S	A/N	19	3039	3057	Not Supported
264	DUR Co-Agent ID Qualifier	S	A/N	2	3058	3059	Not Supported
265	DUR Co-Agent ID	S	A/N	19	3060	3078	Not Supported
266	DUR Co-Agent ID Qualifier	S	A/N	2	3079	3080	Not Supported
267	DUR Co-Agent ID	S	A/N	19	3081	3099	Not Supported
268	DUR Co-Agent ID Qualifier	S	A/N	2	3100	3101	Not Supported
269	DUR Co-Agent ID	S	A/N	19	3102	3120	Not Supported
270	DUR Co-Agent ID Qualifier	S	A/N	2	3121	3122	Not Supported
271	DUR Co-Agent ID	S	A/N	19	3123	3141	Not Supported
272	Other Payer-Patient Responsibility Amount Qualifier #1	S	A/N	2	3142	3143	Not Supported
273	Other Payer-Patient Responsibility Amount #1	S	D	10	3144	3153	Not Supported
274	Other Payer-Patient Responsibility Amount Qualifier #2	S	A/N	2	3154	3155	Not Supported
275	Other Payer-Patient Responsibility Amount #2	S	D	10	3156	3165	Not Supported
276	Other Payer-Patient Responsibility Amount Qualifier #3	S	A/N	2	3166	3167	Not Supported
277	Other Payer-Patient Responsibility Amount #3	S	D	10	3168	3177	Not Supported
278	Other Payer-Patient Responsibility Amount Qualifier #4	S	A/N	2	3178	3179	Not Supported
279	Other Payer-Patient Responsibility Amount #4	S	D	10	3180	3189	Not Supported
280	Other Payer-Patient Responsibility Amount Qualifier #5	S	A/N	2	3190	3191	Not Supported
281	Other Payer-Patient Responsibility Amount #5	S	D	10	3192	3201	Not Supported
282	Other Payer-Patient Responsibility Amount Qualifier #6	S	A/N	2	3202	3203	Not Supported
283	Other Payer-Patient Responsibility Amount #6	S	D	10	3204	3213	Not Supported
284	Other Payer-Patient Responsibility Amount Qualifier #7	S	A/N	2	3214	3215	Not Supported
285	Other Payer-Patient Responsibility Amount #7	S	D	10	3216	3225	Not Supported
286	Other Payer-Patient Responsibility Amount Qualifier #8	S	A/N	2	3226	3227	Not Supported
287	Other Payer-Patient Responsibility Amount #8	S	D	10	3228	3237	Not Supported
288	Other Payer-Patient Responsibility Amount Qualifier #9	S	A/N	2	3238	3239	Not Supported
289	Other Payer-Patient Responsibility Amount #9	S	D	10	3240	3249	Not Supported
290	Other Payer-Patient Responsibility Amount Qualifier #10	S	A/N	2	3250	3251	Not Supported
291	Other Payer-Patient Responsibility Amount #10	S	D	10	3252	3261	Not Supported

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292	Specialty Claim Indicator	S	A/N	1	3262	3262	Indicates Whether Claim Was Filled by a Specialty Pharmacy or if It's a Specialty Drug
293	Member Submitted Reject Code	S	A/N	3	3263	3265	Not Supported
294	Member Submitted Reject Code	S	A/N	3	3266	3268	Not Supported
295	Member Submitted Reject Code	S	A/N	3	3269	3271	Not Supported
296	Member Submitted Reject Code	S	A/N	3	3272	3274	Not Supported
297	Member Submitted Reject Code	S	A/N	3	3275	3277	Not Supported
298	Copay Waiver Amount	S	D	8	3278	3285	Not Supported
299	CMS Part D Contract ID	S	A/N	5	3286	3290	Designation Assigned By CMS That Identifies a Specific Medicare Part D Sponsor
300	Medicare Part D Plan Benefit Package (PBP)	S	N	3	3291	3293	Identifier Assigned By CMS of a Particular Plan Benefit Package (Benefit Category) Within a Medicare Part D Contract
301	Medicare Drug Coverage Code	S	A/N	2	3294	3295	Not Supported
302	Filler	M	A/N	405	3296	3700	Spaces

