

**NCPDP Post Adjudication Standard Version 53<sup>®</sup> Format**



**Published by: National Council for Prescription Drug Programs**

**Publication History:**  
Version 53: March 2024

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
601-04	RECORD TYPE	x(2)	2	1	2
102-A2	VERSION/RELEASE NUMBER	x(2)	2	3	4
879-N2	SENDING ENTITY IDENTIFIER	x(24)	24	5	28
806-5C	BATCH NUMBER	9(7)	7	29	35
880-K2	CREATION DATE	9(8)	8	36	43
880-K3	CREATION TIME	9(4)	4	44	47
880-K7	RECEIVER ID	x(24)	24	48	71
601-06	REPORTING PERIOD START DATE	9(8)	8	72	79
601-05	REPORTING PERIOD END DATE	9(8)	8	80	87
702-MC	FILE TYPE	x(1)	1	88	88
981-JV	TRANSMISSION ACTION	x(1)	1	89	89
888	SUBMISSION NUMBER	x(2)	2	90	91
	FILLER		6909	92	7000

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
601-04	RECORD TYPE		2	1	2
398	RECORD INDICATOR	x(1)	1	3	3
<b>ELIGIBILITY CATEGORY</b>					
248	ELIGIBLE COVERAGE CODE	x(3)	3	4	6
898	USER BENEFIT ID	x(10)	10	7	16
899	USER COVERAGE ID	x(10)	10	17	26
246	ELIGIBILITY GROUP ID	x(15)	15	27	41
270	LINE OF BUSINESS CODE	x(6)	6	42	47
267	INSURANCE CODE	x(20)	20	48	67
220	CLIENT ASSIGNED LOCATION CODE	X(20)	20	68	87
222	CLIENT PASS THROUGH	x(200)	200	88	287
<b>CARDHOLDER INFORMATION</b>					
302-C2	CARDHOLDER ID	x(20)	20	288	307
716	LAST NAME	x(35)	35	308	342
717	FIRST NAME	x(35)	35	343	377
718	MIDDLE INITIAL	x(1)	1	378	378
280	NAME SUFFIX	x(10)	10	379	388
726	ADDRESS LINE 1	x(40)	40	389	428
727	ADDRESS LINE 2	x(40)	40	429	468
728-SU	CITY	x(30)	30	469	498
729-TA	STATE/PROVINCE ADDRESS	x(2)	2	499	500
730	ZIP/POSTAL CODE	x(15)	15	501	515
xxx-xx	ENTITY COUNTRY CODE	x(2)	2	516	517
214	CARDHOLDER DATE OF BIRTH	9(8)	8	518	525
721-MD	GENDER CODE	9(1)	1	526	526
274	MEDICARE PLAN CODE	x(1)	1	527	527
288	PAYROLL CLASS	x(1)	1	528	528
<b>PATIENT INFORMATION</b>					
331-CX	PATIENT ID QUALIFIER	x(2)	2	529	530
332-CY	PATIENT ID	x(20)	20	531	550
331-CX	PATIENT ID QUALIFIER	x(2)	2	551	552
332-CY	PATIENT ID	x(20)	20	553	572
331-CX	PATIENT ID QUALIFIER	x(2)	2	573	574
332-CY	PATIENT ID	x(20)	20	575	594
331-CX	PATIENT ID QUALIFIER	x(2)	2	595	596
332-CY	PATIENT ID	x(20)	20	597	616
331-CX	PATIENT ID QUALIFIER	x(2)	2	617	618
332-CY	PATIENT ID	x(20)	20	619	638
331-CX	PATIENT ID QUALIFIER	x(2)	2	639	640
332-CY	PATIENT ID	x(20)	20	641	660
331-CX	PATIENT ID QUALIFIER	x(2)	2	661	662
332-CY	PATIENT ID	x(20)	20	663	682
331-CX	PATIENT ID QUALIFIER	x(2)	2	683	684
332-CY	PATIENT ID	x(20)	20	685	704
331-CX	PATIENT ID QUALIFIER	x(2)	2	705	706
332-CY	PATIENT ID	x(20)	20	707	726
716	LAST NAME	x(35)	35	727	761
717	FIRST NAME	x(35)	35	762	796
718	MIDDLE INITIAL	x(1)	1	797	797
280	NAME SUFFIX	x(10)	10	798	807
726	ADDRESS LINE 1	x(40)	40	808	847
727	ADDRESS LINE 2	x(40)	40	848	887
728-SU	CITY	x(30)	30	888	917
729-TA	STATE/PROVINCE ADDRESS	x(2)	2	918	919
730	ZIP/POSTAL CODE	x(15)	15	920	934

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
A43-1K	PATIENT COUNTRY CODE	x(2)	2	935	936

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
304-C4	DATE OF BIRTH	9(8)	8	937	944
305-C5	PATIENT GENDER CODE	9(1)	1	945	945
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	X(2)	2	946	947
208	AGE	9(3)	3	948	950
303-C3	PERSON CODE	x(3)	3	951	953
306-C6	PATIENT RELATIONSHIP CODE	9(1)	1	954	954
309-C9	ELIGIBILITY CLARIFICATION CODE	9(1)	1	955	955
E06-S8	SPECIES	x(9)	9	956	964
336-8C	FACILITY ID	x(10)	10	965	974
F32-W8	SEX ASSIGNED AT BIRTH	x(1)	1	975	975
<b>BENEFIT CATEGORY</b>					
301-C1	GROUP ID	x(15)	15	976	990
215	CARRIER NUMBER	x(10)	10	991	1000
757	BENEFIT ID	x(15)	15	1001	1015
240	CONTRACT NUMBER	x(8)	8	1016	1023
212	BENEFIT TYPE	x(1)	1	1024	1024
279	MEMBER SUBMITTED CLAIM PROGRAM CODE	x(1)	1	1025	1025
282	NON-POS CLAIM OVERRIDE CODE	x(1)	1	1026	1026
282	repeat		1	1027	1027
282	repeat		1	1028	1028
241	COPAY MODIFIER ID	x(10)	10	1029	1038
292	PLAN CUTBACK REASON CODE	x(1)	1	1039	1039
293	PREFERRED ALTERNATIVE FILE ID	x(10)	10	1040	1049
308-C8	OTHER COVERAGE CODE	9(2)	2	1050	1051
291	PLAN BENEFIT CODE	x(2)	2	1052	1053
601-01	PLAN TYPE	x(4)	4	1054	1057
<b>PHARMACY CATEGORY</b>					
202-B2	SERVICE PROVIDER ID QUALIFIER	x(2)	2	1058	1059
201-B1	SERVICE PROVIDER ID	x(15)	15	1060	1074
202-B2	SERVICE PROVIDER ID QUALIFIER	x(2)	2	1075	1076
201-B1	SERVICE PROVIDER ID	x(15)	15	1077	1091
886	SERVICE PROVIDER CHAIN CODE	x(7)	7	1092	1098
833-5P	PHARMACY NAME	x(70)	70	1099	1168
726	ADDRESS LINE 1	x(40)	40	1169	1208
727	ADDRESS LINE 2	x(40)	40	1209	1248
728-SU	CITY	x(30)	30	1249	1278
729-TA	STATE/PROVINCE ADDRESS	x(2)	2	1279	1280
730	ZIP/POSTAL CODE	x(15)	15	1281	1295
887	SERVICE PROVIDER COUNTY CODE	x(3)	3	1296	1298
A93	SERVICE PROVIDER COUNTY CODE	x(2)	2	1299	1300
732	TELEPHONE NUMBER	9(10)	10	1301	1310
B10-8A	TELEPHONE NUMBER EXTENSION	9(8)	8	1311	1318
146	PHARMACY DISPENSER TYPE QUALIFIER	x(1)	1	1319	1319
290	PHARMACY DISPENSER TYPE	x(2)	2	1320	1321
150	PHARMACY CLASS CODE QUALIFIER	x(1)	1	1322	1322
289	PHARMACY CLASS CODE	x(1)	1	1323	1323
266	IN NETWORK INDICATOR	x(1)	1	1324	1324

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
545-2F	NETWORK REIMBURSEMENT ID	x(10)	10	1325	1334
<b>PRESCRIBER CATEGORY</b>					
466-EZ	PRESCRIBER ID QUALIFIER	x(2)	2	1335	1336
411-DB	PRESCRIBER ID	x(35)	35	1337	1371
466-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE) - DO NOT ADD TO DATA DICTIONARY	x(2)	2	1372	1373
411-DB	PRESCRIBER ID (ALTERNATE) - DO NOT ADD TO DATA DICTIONARY	x(35)	35	1374	1408
296	PRESCRIBER TAXONOMY CODE	x(10)	10	1409	1418
295	PRESCRIBER CERTIFICATION STATUS	x(2)	2	1419	1420
716	LAST NAME	x(35)	35	1421	1455
717	FIRST NAME	x(35)	35	1456	1490
732	TELEPHONE NUMBER	9(10)	10	1491	1500
B10-8A	TELEPHONE NUMBER EXTENSION	9(8)	8	1501	1508
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	x(2)	2	1509	1510
421-DL	PRIMARY CARE PROVIDER ID	x(35)	35	1511	1545
716	LAST NAME	x(35)	35	1546	1580
717	FIRST NAME	x(35)	35	1581	1615
<b>CLAIM CATEGORY</b>					
399	RECORD STATUS CODE	x(1)	1	1616	1616
218	CLAIM MEDIA TYPE	x(1)	1	1617	1617
395	PROCESSOR PAYMENT CLARIFICATION CODE	x(2)	2	1618	1619
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	x(1)	1	1620	1620
402-D1	PRESCRIPTION/SERVICE REFERENCE NUMBER	9(12)	12	1621	1632
436-E1	PRODUCT/SERVICE ID QUALIFIER	x(2)	2	1633	1634
407-D7	PRODUCT/SERVICE ID	x(40)	40	1635	1674
401-D1	DATE OF SERVICE	9(8)	8	1675	1682
578	ADJUDICATION DATE	9(8)	8	1683	1690
203	ADJUDICATION TIME	9(6)	6	1691	1696
283	ORIGINAL CLAIM RECEIVED DATE	9(8)	8	1697	1704
219	CLAIM SEQUENCE NUMBER	9(5)	5	1705	1709
213	BILLING CYCLE END DATE	9(8)	8	1710	1717
239	COMMUNICATION TYPE INDICATOR	x(2)	2	1718	1719
307-C7	PLACE OF SERVICE	9(2)	2	1720	1721
384-4X	PATIENT RESIDENCE	9(2)	2	1722	1723
419-DJ	PRESCRIPTION ORIGIN CODE	9(1)	1	1724	1724
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	9(8)	8	1725	1732
217	CLAIM DATE RECEIVED IN THE MAIL	9(8)	8	1733	1740
268	INTERNAL MAIL ORDER (PRESCRIPTION/SERVICE) REFERENCE NUMBER	x(15)	15	1741	1755
102-A2	VERSION/RELEASE NUMBER	x(2)	2	1756	1757
216	CHECK DATE	9(8)	8	1758	1765
287	PAYMENT/REFERENCE ID	x(30)	30	1766	1795
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	9(12)	12	1796	1807
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	9(8)	8	1808	1815
442-E7	QUANTITY DISPENSED	9(7)v9(3)	10	1816	1825
403-D3	FILL NUMBER	9(2)	2	1826	1827
405-D5	DAYS SUPPLY	9(3)	3	1828	1830
414-DE	DATE PRESCRIPTION WRITTEN	9(8)	8	1831	1838
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	x(1)	1	1839	1839
415-DF	NUMBER OF REFILLS AUTHORIZED	9(2)	2	1840	1841
429-DT	SPECIAL PACKAGING INDICATOR	9(2)	2	1842	1843
600-28	UNIT OF MEASURE	x(2)	2	1844	1845
418-DI	LEVEL OF SERVICE	9(2)	2	1846	1847
343-HD	DISPENSING STATUS	x(1)	1	1848	1848

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
344-HF	QUANTITY INTENDED TO BE DISPENSED	9(7)v9(3)	10	1849	1858
460-ET	QUANTITY PRESCRIBED	9(7)v9(3)	10	1859	1868
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	9(3)	3	1869	1871
254	FILL NUMBER CALCULATED	9(2)	2	1872	1873
406-D6	COMPOUND CODE	9(1)	1	1874	1874
996-G1	COMPOUND TYPE	x(2)	2	1875	1876
452-EH	COMPOUND ROUTE OF ADMINISTRATION	9(2)	2	1877	1878
995-E2	ROUTE OF ADMINISTRATION	x(20)	20	1879	1898
C60-AG	COMPOUND LEVEL OF COMPLEXITY	x(2)	2	1899	1900
C99-KU	PREPARATION ENVIRONMENT TYPE	x(2)	2	1901	1902
C98-KT	PREPARATION ENVIRONMENT EVENT CODE	9(3)	3	1903	1905

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
492-WE	DIAGNOSIS CODE QUALIFIER	x(2)	2	1906	1907
424-DO	DIAGNOSIS CODE	x(15)	15	1908	1922
492-WE	DIAGNOSIS CODE QUALIFIER (OCCURRENCE NUMBER 2)		2	1923	1924
424-DO	DIAGNOSIS CODE 2 (OCCURRENCE NUMBER 2)		15	1925	1939
492-WE	DIAGNOSIS CODE QUALIFIER (OCCURRENCE NUMBER 3)		2	1940	1941
424-DO	DIAGNOSIS CODE (OCCURRENCE NUMBER 3)		15	1942	1956
492-WE	DIAGNOSIS CODE QUALIFIER (OCCURRENCE NUMBER 4)		2	1957	1958
424-DO	DIAGNOSIS CODE (OCCURRENCE NUMBER 4)		15	1959	1973
492-WE	DIAGNOSIS CODE QUALIFIER 5		2	1974	1975
424-DO	DIAGNOSIS CODE (OCCURRENCE NUMBER 5)		15	1976	1990
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 1)	x(2)	2	1991	1992
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 1)	x(2)	2	1993	1994
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 1)	x(2)	2	1995	1996
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 1)	9(2)	2	1997	1998
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 2)		2	1999	2000
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 2)		2	2001	2002
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 2)		2	2003	2004
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 2)		2	2005	2006
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 3)		2	2007	2008
440-E5	PROFESSIONAL SERVICE CODE(OCCURRENCE 3)		2	2009	2010
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 3)		2	2011	2012
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 3)		2	2013	2014
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 4)		2	2015	2016
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 4)		2	2017	2018
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 4)		2	2019	2020
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 4)		2	2021	2022
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 5)		2	2023	2024
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 5)		2	2025	2026
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 5)		2	2027	2028
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 5)		2	2029	2030
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 6)		2	2031	2032
440-E5	PROFESSIONAL SERVICE CODE(OCCURRENCE 6)		2	2033	2034
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 6)		2	2035	2036
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 6)		2	2037	2038
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 7)		2	2039	2040
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 7)		2	2041	2042
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 7)		2	2043	2044
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 7)		2	2045	2046
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 8)		2	2047	2048
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 8)		2	2049	2050
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 8)		2	2051	2052
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 8)		2	2053	2054
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 9)		2	2055	2056
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 9)		2	2057	2058
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 9)		2	2059	2060
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 9)		2	2061	2062
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	2063	2064
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	2065	2104
878	REJECT OVERRIDE CODE	x(1)	1	2105	2105
511-FB	REJECT CODE	x(3)	3	2106	2108
511-FB	repeat		3	2109	2111
511-FB	repeat		3	2112	2114
511-FB	repeat		3	2115	2117
511-FB	repeat		3	2118	2120
<b>WORKERS COMPENSATION CATEGORY</b>					
435-DZ	CLAIM/REFERENCE ID	x(30)	30	2121	2150

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
434-DY	DATE OF INJURY	9(8)	8	2151	2158
<b>PRODUCT CATEGORY</b>					
532-FW	DATABASE INDICATOR	x(1)	1	2159	2159
397	PRODUCT/SERVICE NAME	x(30)	30	2160	2189
261	GENERIC NAME	x(30)	30	2190	2219
601-24	PRODUCT STRENGTH	x(15)	15	2220	2234
243	DOSAGE FORM CODE	x(4)	4	2235	2238
	FILLER	x(8)	8	2239	2246
425-DP	DRUG TYPE	9(1)	1	2247	2247
273	MAINTENANCE DRUG INDICATOR	x(1)	1	2248	2248
244	DRUG CATEGORY CODE	x(1)	1	2249	2249
252	FEDERAL DEA SCHEDULE	x(1)	1	2250	2250
297	PRESCRIPTION OVER THE COUNTER INDICATOR	x(1)	1	2251	2251
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2252	2254
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2255	2257
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2258	2260
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2261	2263
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2264	2266
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2267	2269
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2270	2272
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2273	2275
420-DK	SUBMISSION CLARIFICATION CODE	9(3)	3	2276	2278
250	FDA DRUG EFFICACY CODE	x(1)	1	2279	2279
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2280	2280
601-18	PRODUCT CODE	x(40)	40	2281	2320
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2321	2321
601-18	PRODUCT CODE	x(40)	40	2322	2361
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2362	2362
601-18	PRODUCT CODE	x(40)	40	2363	2402
251	FEDERAL UPPER LIMIT INDICATOR	x(1)	1	2403	2403
294	PRESCRIBED DAYS SUPPLY	9(3)	3	2404	2406
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2407	2407
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2408	2424
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2425	2425
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2426	2442
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2443	2443
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2444	2460
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2461	2461
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2462	2478
D17-K8	SUBMISSION TYPE CODE	x(2)	2	2479	2480
D17-K8	SUBMISSION TYPE CODE	x(2)	2	2481	2482
D17-K8	SUBMISSION TYPE CODE	x(2)	2	2483	2484
D17-K8	SUBMISSION TYPE CODE	x(2)	2	2485	2486
D17-K8	SUBMISSION TYPE CODE	x(2)	2	2487	2488
<b>FORMULARY CATEGORY</b>					
257	FORMULARY STATUS	x(1)	1	2489	2489
221	CLIENT FORMULARY FLAG	x(1)	1	2490	2490
889	THERAPEUTIC CHAPTER	x(8)	8	2491	2498
256	FORMULARY FILE ID	x(15)	15	2499	2513
255	FORMULARY CODE TYPE	x(1)	1	2514	2514
<b>PRICING CATEGORY</b>					
506-F6	INGREDIENT COST PAID	s9(9)v99	11	2515	2525
507-F7	DISPENSING FEE PAID	s9(9)v99	11	2526	2536
894	TOTAL AMOUNT PAID BY ALL SOURCES	s9(9)v99	11	2537	2547
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	s9(6)v99	8	2548	2555
505-F5	PATIENT PAY AMOUNT	s9(9)v99	11	2556	2566
518-FI	AMOUNT OF COPAY	s9(6)v99	8	2567	2574

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
572-4U	AMOUNT OF COINSURANCE	s9(6)v99	8	2575	2582
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	s9(6)v99	8	2583	2590
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	s9(6)v99	8	2591	2598
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	s9(6)v99	8	2599	2606
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	s9(6)v99	8	2607	2614
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	s9(6)v99	8	2615	2622
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION	s9(6)v99	8	2623	2630
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION	s9(6)v99	8	2631	2638
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	s9(6)v99	8	2639	2646
272	MAC REDUCED INDICATOR	x(1)	1	2647	2647
223	CLIENT PRICING BASIS OF COST	x(2)	2	2648	2649
260	GENERIC INDICATOR	x(1)	1	2650	2650
284	OUT OF POCKET APPLY AMOUNT	s9(9)v99	11	2651	2661
209	AVERAGE COST PER QUANTITY UNIT PRICE	s9(8)v9(4)	12	2662	2673
210	AVERAGE GENERIC UNIT PRICE	s9(8)v9(4)	12	2674	2685
211	AVERAGE WHOLESALE UNIT PRICE	s9(8)v9(4)	12	2686	2697
253	FEDERAL UPPER LIMIT UNIT PRICE	s9(9)v9(4)	13	2698	2710
430-DU	GROSS AMOUNT DUE	s9(9)v99	11	2711	2721
271	MAC PRICE	s9(9)v9(4)	13	2722	2734
409-D9	INGREDIENT COST SUBMITTED	s9(9)v99	11	2735	2745
426-DQ	USUAL AND CUSTOMARY CHARGE	s9(9)v99	11	2746	2756
558-AW	REGULATORY FEE AMOUNT PAID	s9(9)v99	11	2757	2767
559-AX	PERCENTAGE TAX AMOUNT PAID	s9(9)v99	11	2768	2778
560-AY	PERCENTAGE TAX RATE PAID	s9(3)v4	7	2779	2785
561-AZ	PERCENTAGE TAX BASIS PAID	x(2)	2	2786	2787
521-FL	INCENTIVE AMOUNT PAID	s9(9)v99	11	2788	2798
562-J1	PROFESSIONAL SERVICE FEE PAID	s9(9)v99	11	2799	2809
564-J3	OTHER AMOUNT PAID QUALIFIER	x(2)	2	2810	2811
565-J4	OTHER AMOUNT PAID	s9(9)v99	11	2812	2822
564-J3	OTHER AMOUNT PAID QUALIFIER	x(2)	2	2823	2824
565-J4	OTHER AMOUNT PAID	s9(9)v99	11	2825	2835
564-J3	OTHER AMOUNT PAID QUALIFIER	x(2)	2	2836	2837
565-J4	OTHER AMOUNT PAID	s9(9)v99	11	2838	2848
566-J5	OTHER PAYER AMOUNT RECOGNIZED	s9(9)v99	11	2849	2859
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	2860	2861
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	2862	2872
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	2873	2874
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	2875	2885
281	NET AMOUNT DUE	s9(9)v99	11	2886	2896
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	9(2)	2	2897	2898
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	s9(9)v99	11	2899	2909
513-FD	REMAINING DEDUCTIBLE AMOUNT	s9(9)v99	11	2910	2920
514-FE	REMAINING BENEFIT AMOUNT	s9(9)v99	11	2921	2931
242	COST DIFFERENCE AMOUNT	s9(9)v99	11	2932	2942
249	EXCESS COPAY AMOUNT	s9(9)v99	11	2943	2953
277	MEMBER SUBMIT AMOUNT	s9(9)v99	11	2954	2964
265	HOLD HARMLESS AMOUNT	s9(9)v99	11	2965	2975
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	s9(6)v99	8	2976	2983

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
346-HH	BASIS OF CALCULATION-DISPENSING FEE	x(2)	2	2984	2985
347-HJ	BASIS OF CALCULATION—COPAY	x(2)	2	2986	2987
348-HK	BASIS OF CALCULATION—REGULATORY FEE	x(2)	2	2988	2989
349-HM	BASIS OF CALCULATION—PERCENTAGE TAX	x(2)	2	2990	2991
573-4V	BASIS OF CALCULATION – COINSURANCE	x(2)	2	2992	2993
557-AV	PERCENTAGE TAX EXEMPT INDICATOR	x(1)	1	2994	2994
285	PATIENT FORMULARY REBATE AMOUNT	s9(9)v99	11	2995	3005
276	MEDICARE RECOVERY INDICATOR	x(1)	1	3006	3006
275	MEDICARE RECOVERY DISPENSING INDICATOR	x(1)	1	3007	3007
286	PATIENT SPEND DOWN AMOUNT	s9(9)v99	11	3008	3018
263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	s9(9)v99	11	3019	3029
264	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	s9(9)v99	11	3030	3040
207	ADMINISTRATIVE FEE EFFECT INDICATOR	x(1)	1	3041	3041
206	ADMINISTRATIVE FEE AMOUNT	s9(9)v99	11	3042	3052
269	INVOICED AMOUNT	s9(12)v99	14	3053	3066
	FILLER	x(10)	10	3067	3076
128-UC	SPENDING ACCOUNT AMOUNT REMAINING	s9(9)v99	11	3077	3087
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	s9(6)v99	8	3088	3095
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3096	3097
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3098	3108
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3109	3110
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3111	3121
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3122	3123
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3124	3134
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3135	3136
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3137	3147
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3148	3149
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3150	3160
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3161	3162
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3163	3173
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3174	3175
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3176	3186
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3187	3188
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3189	3199
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3200	3201
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3202	3212
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3213	3214
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3215	3225
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3226	3227
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3228	3238
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3239	3240
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3241	3251
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3252	3253

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3254	3264
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3265	3266
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3267	3277
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3278	3279
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3280	3290
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3291	3292
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3293	3303
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3304	3305
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3306	3316
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3317	3318
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3319	3329
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3330	3331
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3332	3342
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3343	3344
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3345	3355
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3356	3357
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3358	3368
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3369	3370
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3371	3381
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3382	3383
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3384	3394
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3395	3396
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3397	3407
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	x(2)	2	3408	3409
C93-KN	PATIENT PAY COMPONENT AMOUNT	S9(9)V99	11	3410	3420
<b>PRIOR AUTHORIZATION CATEGORY</b>					
461-EU	PRIOR AUTHORIZATION TYPE CODE	9(2)	2	3421	3422
462-EV	PRIOR AUTHORIZATION ID SUBMITTED	X(35)	35	3423	3457
498-PY	PRIOR AUTHORIZATION ID ASSIGNED	X(35)	35	3458	3492
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	9(2)	2	3493	3494
<b>ADJUSTMENT CATEGORY</b>					
204	ADJUSTMENT REASON CODE	x(3)	3	3495	3497
205	ADJUSTMENT TYPE	x(1)	1	3498	3498
897	TRANSACTION ID CROSS REFERENCE	x(30)	30	3499	3528
<b>COORDINATION OF BENEFITS CATEGORY</b>					
225	COB CARRIER SUBMIT AMOUNT	s9(9)v99	11	3529	3539
245	ELIGIBILITY COB INDICATOR	x(1)	1	3540	3540
226	COB PRIMARY CLAIM TYPE	x(1)	1	3541	3541
232	COB PRIMARY PAYER ID	x(10)	10	3542	3551
	FILLER	x(8)	8	3552	3559

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
228	COB PRIMARY PAYER AMOUNT PAID	s9(9)v99	11	3560	3570
231	COB PRIMARY PAYER DEDUCTIBLE	s9(9)v99	11	3571	3581
229	COB PRIMARY PAYER COINSURANCE	s9(9)v99	11	3582	3592
230	COB PRIMARY PAYER COPAY	s9(9)v99	11	3593	3603
238	COB SECONDARY PAYER ID	x(10)	10	3604	3613
	FILLER	x(8)	8	3614	3621
234	COB SECONDARY PAYER AMOUNT PAID	s9(9)v99	11	3622	3632
237	COB SECONDARY PAYER DEDUCTIBLE	s9(9)v99	11	3633	3643
235	COB SECONDARY PAYER COINSURANCE	s9(9)v99	11	3644	3654
236	COB SECONDARY PAYER COPAY	s9(9)v99	11	3655	3665
<b>REFERENCE CATEGORY</b>					
896	TRANSACTION ID	x(30)	30	3666	3695
503-F3	AUTHORIZATION NUMBER	x(20)	20	3696	3715
224	CLIENT SPECIFIC DATA	x(50)	50	3716	3765
396	Memo Item Indicator	X(1)	1	3766	3766
396	Prior Auth copay Override Indicator	X(1)	1	3767	3767
396	Patient level Authorization Indicator	X(1)	1	3768	3768
396	Vendor Batch Code	X(14)	14	3769	3782
396	Vendor Batch Code cross-reference	X(14)	14	3783	3796
396	Eligibility Relationship Code	9(1)	1	3797	3797
396	Patient Location	X(2)	2	3798	3799
396	Coverage Gap Discount Indicator / Rebate Type Indicator	X(1)	1	3800	3800
396	Preferred Pharmacy Status code	X(1)	1	3801	3801
396	Short Cycle Fill Code	X(1)	1	3802	3802
396	Medicaid Agency ID	X(9)	9	3803	3811
396	Unused Processor Specific Data	X(4)	4	3812	3815
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	x(1)	1	3816	3816
<b>VERSIONS CATEGORY</b>					
393-MV	BENEFIT STAGE QUALIFIER	x(2)	2	3817	3818
394-MW	BENEFIT STAGE AMOUNT	s9(6)v99	8	3819	3826
393-MV	BENEFIT STAGE QUALIFIER	x(2)	2	3827	3828
394-MW	BENEFIT STAGE AMOUNT	s9(6)v99	8	3829	3836
393-MV	BENEFIT STAGE QUALIFIER	x(2)	2	3837	3838
394-MW	BENEFIT STAGE AMOUNT	s9(6)v99	8	3839	3846
393-MV	BENEFIT STAGE QUALIFIER	x(2)	2	3847	3848
394-MW	BENEFIT STAGE AMOUNT	s9(6)v99	8	3849	3856
C51-9X	BENEFIT STAGE INDICATOR	X(2)	2	3857	3858
C51-9X	BENEFIT STAGE INDICATOR	X(2)	2	3859	3860
C51-9X	BENEFIT STAGE INDICATOR	X(2)	2	3861	3862
C51-9X	BENEFIT STAGE INDICATOR	X(2)	2	3863	3864
690-ZG	INVOICED DATE	9(8)	8	3865	3872
691-ZH	OUT OF POCKET REMAINING AMOUNT	s9(9)v99	11	3873	3883
302-C2	CARDHOLDER ID (Alternate)	20	20	3884	3903
692-ZJ	NUMBER OF GENERIC MANUFACTURERS	3	3	3904	3906
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	3907	3908
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	3909	3948
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	3949	3950
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	3951	3990
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	3991	3992
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	3993	4032
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	4033	4034
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	4035	4074
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	4075	4076
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	4077	4116
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	4117	4118
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	4119	4158
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	4159	4160

Post Adjudicated History  
Data Fields

Field ID	Name	Field Format	Size	Start	End
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	4161	4200
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	x(2)	2	4201	4202
476-H6	DUR/DUE CO-AGENT ID	x(40)	40	4203	4242
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4243	4244
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4245	4255
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4256	4257
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4258	4268
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4269	4270
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4271	4281
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4282	4283
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4284	4294
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4295	4296
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4297	4307
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4308	4309
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4310	4320
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4321	4322
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4323	4333
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4334	4335
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4336	4346
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4347	4348
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4349	4359
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	x(2)	2	4360	4361
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	s9(9)v99	11	4362	4372
A37	SPECIALTY CLAIM INDICATOR	x(1)	1	4373	4373
A38	MEMBER SUBMITTED CLAIM REJECT CODE	x(3)	3	4374	4376
A38	MEMBER SUBMITTED CLAIM REJECT CODE	x(3)	3	4377	4379
A38	MEMBER SUBMITTED CLAIM REJECT CODE	x(3)	3	4380	4382
A38	MEMBER SUBMITTED CLAIM REJECT CODE	x(3)	3	4383	4385
A38	MEMBER SUBMITTED CLAIM REJECT CODE	x(3)	3	4386	4388
A39	COPAY WAIVER AMOUNT	s9(9)v99	11	4389	4399
A33-ZX	CMS PART D CONTRACT ID	x(5)	5	4400	4404
A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	9(3)	3	4405	4407
A73	MEDICARE DRUG COVERAGE CODE	x(2)	2	4408	4409
<b>ION DENOTES FIELDS ADDED</b>					
ESI-001	PATIENT ASSURANCE PROGRAM TYPE	x(1)	1	4410	4410
ESI-002	PATIENT ASSURANCE PROGRAM AMOUNT	s9(6)v99	8	4411	4418
ESI-003	SAVEON RX INDICATOR	x(1)	1	4419	4419
ESI-004	MED D COVERED DRUG	x(1)	1	4420	4420
ESI-005	MED B CLAIM	x(1)	1	4421	4421
ESI-006	MED B DRUG	x(1)	1	4422	4422
ESI-007	MED D DRUG COVERAGE STATUS CODE	x(1)	1	4423	4423
ESI-008	UNIVERSAL RRA/CHANNEL MANAGEMENT INDICATOR	x(1)	1	4424	4424
ESI-009	FILLER - Reserved for future use May be populated at ESI's discretion (RB)	s9(6)v99	8	4425	4432
ESI-010	FILLER - Reserved for future use May be populated at ESI's discretion (RB)	s9(6)v99	8	4433	4440
ESI-011	FILLER - Reserved for future use May be populated at ESI's discretion (RB)	s9(7)v99	9	4441	4449

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
ESI-012	FILLER - Reserved for future use May be populated at ESI's discretion (RB)	s9(6)v99	8	4450	4457
ESI-013	FILLER - Reserved for future use May be populated at ESI's discretion (RB)	s9(7)v99	9	4458	4466
ESI-014	ESI BILLED BASIS CODE	x(2)	2	4467	4468
ESI-015	CLEAR CHOICE INDICATOR	x(1)	1	4469	4469
ESI-018	MEDICAID TRIBAL MANDATE	x(1)	1	4470	4470
ESI-019	M3P ORIGIN	x(1)	1	4471	4471
ESI-020	PATIENT REDUCTION AMOUNT	s9(9)v99	11	4472	4482
ESI-021	SUPPLEMENTAL COVERAGE AMOUNT	s9(9)v99	11	4483	4493
ESI-022	SUPPLEMENTAL COVERAGE TROOP QUALIFICATION	x(1)	1	4494	4494
ESI-023	MANUFACTURER DISCOUNT TYPE	x(1)	1	4495	4495
ESI-024	MED D MANUFACTURER DISCOUNT	s9(6)v99	8	4496	4503
ESI-025	ORIGINAL CLAIM ID	x(18)	18	4504	4521
ESI-026	Transaction Type Code	x(2)	2	4522	4523
C91-KK	LTPAC Dispense Frequency	x(2)	2	4524	4525
C90-KH	LTPAC Billing Methodology	x(1)	1	4526	4526
C92-KM	Number of LTPAC Dispensing Events	x(3)	3	4527	4529
ESI-027	CLIENT SPECIFIC DATA - EXPANDED	x(500)	500	4530	5029
	FILLER - ESI EXPANSION AREA	x(1978)	1971	5030	7000

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
601-04	RECORD TYPE		2	1	2
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	x(1)	1	3	3
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	9(12)	12	4	15
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	9(2)	2	16	17
488-RE	COMPOUND PRODUCT ID QUALIFIER	x(2)	2	18	19
489-TE	COMPOUND PRODUCT ID	X(40)	40	20	59
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	60	73
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	74	84
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	85	86
221	CLIENT FORMULARY FLAG		1	87	87
397	PRODUCT/SERVICE NAME		30	88	117
261	GENERIC NAME		30	118	147
601-24	PRODUCT STRENGTH		10	148	157
243	DOSAGE FORM CODE		4	158	161
532-FW	DATABASE INDICATOR		1	162	162
425-PD	DRUG TYPE		1	163	163
257	FORMULARY STATUS		1	164	164
244	DRUG CATEGORY CODE		1	165	165
252	FEDERAL DEA SCHEDULE		1	166	166
250	FDA DRUG EFFICACY CODE		1	167	167
601-19	PRODUCT CODE QUALIFIER	x(1)	1	168	168
601-18	PRODUCT CODE	x(40)	40	169	208
601-19	PRODUCT CODE QUALIFIER	x(1)	1	209	209
601-18	PRODUCT CODE	x(40)	40	210	249
601-19	PRODUCT CODE QUALIFIER	x(1)	1	250	250
601-18	PRODUCT CODE	x(40)	40	251	290
251	FEDERAL UPPER LIMIT INDICATOR		1	291	291
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	292	292
601-25	THERAPEUTIC CLASS CODE	x(17)	17	293	309
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	310	310
601-25	THERAPEUTIC CLASS CODE	x(17)	17	311	327
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	328	328
601-25	THERAPEUTIC CLASS CODE	x(17)	17	329	345
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	346	346
601-25	THERAPEUTIC CLASS CODE	x(17)	17	347	363
429-DT	SPECIAL PACKAGING INDICATOR		2	364	365
600-28	UNIT OF MEASURE		2	366	367
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	368	369
272	MAC REDUCED INDICATOR		1	370	370

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
223	CLIENT PRICING BASIS OF COST		2	371	372
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	373	374
476-H6	DUR/DUE CO-AGENT ID		40	375	414
260	GENERIC INDICATOR		1	415	415
292	PLAN CUTBACK REASON CODE		1	416	416
889	THERAPEUTIC CHAPTER		8	417	424
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	425	436
210	AVERAGE GENERIC UNIT PRICE		12	437	448
211	AVERAGE WHOLESALE UNIT PRICE		12	449	460
253	FEDERAL UPPER LIMIT UNIT PRICE		13	461	473
271	MAC PRICE		13	474	486
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	487	488
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	489	499
<b>2nd compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	500	501
489-TE	COMPOUND PRODUCT ID		40	502	541
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	542	555
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	556	566
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	567	568
221	CLIENT FORMULARY FLAG		1	569	569
397	PRODUCT/SERVICE NAME		30	570	599
261	GENERIC NAME		30	600	629
601-24	PRODUCT STRENGTH		10	630	639
243	DOSAGE FORM CODE		4	640	643
532-FW	DATABASE INDICATOR		1	644	644
425-PD	DRUG TYPE		1	645	645
257	FORMULARY STATUS		1	646	646
244	DRUG CATEGORY CODE		1	647	647
252	FEDERAL DEA SCHEDULE		1	648	648
250	FDA DRUG EFFICACY CODE		1	649	649
601-19	PRODUCT CODE QUALIFIER	x(1)	1	650	650
601-18	PRODUCT CODE	x(40)	40	651	690
601-19	PRODUCT CODE QUALIFIER	x(1)	1	691	691
601-18	PRODUCT CODE	x(40)	40	692	731
601-19	PRODUCT CODE QUALIFIER	x(1)	1	732	732
601-18	PRODUCT CODE	x(40)	40	733	772
251	FEDERAL UPPER LIMIT INDICATOR		1	773	773
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	774	774
601-25	THERAPEUTIC CLASS CODE	x(17)	17	775	791
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	792	792

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
601-25	THERAPEUTIC CLASS CODE	x(17)	17	793	809
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	810	810
601-25	THERAPEUTIC CLASS CODE	x(17)	17	811	827
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	828	828
601-25	THERAPEUTIC CLASS CODE	x(17)	17	829	845
429-DT	SPECIAL PACKAGING INDICATOR		2	846	847
600-28	UNIT OF MEASURE		2	848	849
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	850	851
272	MAC REDUCED INDICATOR		1	852	852
223	CLIENT PRICING BASIS OF COST		2	853	854
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	855	856
476-H6	DUR/DUE CO-AGENT ID		40	857	896
260	GENERIC INDICATOR		1	897	897
292	PLAN CUTBACK REASON CODE		1	898	898
889	THERAPEUTIC CHAPTER		8	899	906
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	907	918
210	AVERAGE GENERIC UNIT PRICE		12	919	930
211	AVERAGE WHOLESALE UNIT PRICE		12	931	942
253	FEDERAL UPPER LIMIT UNIT PRICE		13	943	955
271	MAC PRICE		13	956	968
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	969	970
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	971	981
<b>3rd compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	982	983
489-TE	COMPOUND PRODUCT ID		40	984	1023
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	1024	1037
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	1038	1048
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	1049	1050
221	CLIENT FORMULARY FLAG		1	1051	1051
397	PRODUCT/SERVICE NAME		30	1052	1081
261	GENERIC NAME		30	1082	1111
601-24	PRODUCT STRENGTH		10	1112	1121
243	DOSAGE FORM CODE		4	1122	1125
532-FW	DATABASE INDICATOR		1	1126	1126
425-PD	DRUG TYPE		1	1127	1127
257	FORMULARY STATUS		1	1128	1128
244	DRUG CATEGORY CODE		1	1129	1129
252	FEDERAL DEA SCHEDULE		1	1130	1130
250	FDA DRUG EFFICACY CODE		1	1131	1131

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1132	1132
601-18	PRODUCT CODE	x(40)	40	1133	1172
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1173	1173
601-18	PRODUCT CODE	x(40)	40	1174	1213
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1214	1214
601-18	PRODUCT CODE	x(40)	40	1215	1254
251	FEDERAL UPPER LIMIT INDICATOR		1	1255	1255
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1256	1256
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1257	1273
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1274	1274
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1275	1291
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1292	1292
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1293	1309
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1310	1310
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1311	1327
429-DT	SPECIAL PACKAGING INDICATOR		2	1328	1329
600-28	UNIT OF MEASURE		2	1330	1331
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	1332	1333
272	MAC REDUCED INDICATOR		1	1334	1334
223	CLIENT PRICING BASIS OF COST		2	1335	1336
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	1337	1338
476-H6	DUR/DUE CO-AGENT ID		40	1339	1378
260	GENERIC INDICATOR		1	1379	1379
292	PLAN CUTBACK REASON CODE		1	1380	1380
889	THERAPEUTIC CHAPTER		8	1381	1388
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	1389	1400
210	AVERAGE GENERIC UNIT PRICE		12	1401	1412
211	AVERAGE WHOLESALE UNIT PRICE		12	1413	1424
253	FEDERAL UPPER LIMIT UNIT PRICE		13	1425	1437
271	MAC PRICE		13	1438	1450
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	1451	1452
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	1453	1463
<b>4th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	1464	1465
489-TE	COMPOUND PRODUCT ID		40	1466	1505
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	1506	1519
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	1520	1530
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	1531	1532
221	CLIENT FORMULARY FLAG		1	1533	1533

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
397	PRODUCT/SERVICE NAME		30	1534	1563
261	GENERIC NAME		30	1564	1593
601-24	PRODUCT STRENGTH		10	1594	1603
243	DOSAGE FORM CODE		4	1604	1607
532-FW	DATABASE INDICATOR		1	1608	1608
425-PD	DRUG TYPE		1	1609	1609
257	FORMULARY STATUS		1	1610	1610
244	DRUG CATEGORY CODE		1	1611	1611
252	FEDERAL DEA SCHEDULE		1	1612	1612
250	FDA DRUG EFFICACY CODE		1	1613	1613
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1614	1614
601-18	PRODUCT CODE	x(40)	40	1615	1654
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1655	1655
601-18	PRODUCT CODE	x(40)	40	1656	1695
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1696	1696
601-18	PRODUCT CODE	x(40)	40	1697	1736
251	FEDERAL UPPER LIMIT INDICATOR		1	1737	1737
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1738	1738
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1739	1755
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1756	1756
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1757	1773
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1774	1774
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1775	1791
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1792	1792
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1793	1809
429-DT	SPECIAL PACKAGING INDICATOR		2	1810	1811
600-28	UNIT OF MEASURE		2	1812	1813
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	1814	1815
272	MAC REDUCED INDICATOR		1	1816	1816
223	CLIENT PRICING BASIS OF COST		2	1817	1818
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	1819	1820
476-H6	DUR/DUE CO-AGENT ID		40	1821	1860
260	GENERIC INDICATOR		1	1861	1861
292	PLAN CUTBACK REASON CODE		1	1862	1862
889	THERAPEUTIC CHAPTER		8	1863	1870
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	1871	1882
210	AVERAGE GENERIC UNIT PRICE		12	1883	1894
211	AVERAGE WHOLESALE UNIT PRICE		12	1895	1906
253	FEDERAL UPPER LIMIT UNIT PRICE		13	1907	1919

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
271	MAC PRICE		13	1920	1932
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	1933	1934
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	1935	1945
<b>5th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		482	1946	2427
489-TE	COMPOUND PRODUCT ID				
<b>6th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		482	2428	2909
489-TE	COMPOUND PRODUCT ID				
<b>7th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		482	2910	3391
489-TE	COMPOUND PRODUCT ID				
<b>8th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		482	3392	3873
489-TE	COMPOUND PRODUCT ID				
	FILLER		3127	3874	7000

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
601-04	RECORD TYPE		2	1	2
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	x(1)	1	3	3
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	9(12)	12	4	15
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	9(2)	2	16	17
488-RE	COMPOUND PRODUCT ID QUALIFIER	x(2)	2	18	19
489-TE	COMPOUND PRODUCT ID	X(40)	40	20	59
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	60	73
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	74	84
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	85	86
221	CLIENT FORMULARY FLAG		1	87	87
397	PRODUCT/SERVICE NAME		30	88	117
261	GENERIC NAME		30	118	147
601-24	PRODUCT STRENGTH		10	148	157
243	DOSAGE FORM CODE		4	158	161
532-FW	DATABASE INDICATOR		1	162	162
425-PD	DRUG TYPE		1	163	163
257	FORMULARY STATUS		1	164	164
244	DRUG CATEGORY CODE		1	165	165
252	FEDERAL DEA SCHEDULE		1	166	166
250	FDA DRUG EFFICACY CODE		1	167	167
601-19	PRODUCT CODE QUALIFIER	x(1)	1	168	168
601-18	PRODUCT CODE	x(40)	40	169	208
601-19	PRODUCT CODE QUALIFIER	x(1)	1	209	209
601-18	PRODUCT CODE	x(40)	40	210	249
601-19	PRODUCT CODE QUALIFIER	x(1)	1	250	250
601-18	PRODUCT CODE	x(40)	40	251	290
251	FEDERAL UPPER LIMIT INDICATOR		1	291	291
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	292	292
601-25	THERAPEUTIC CLASS CODE	x(17)	17	293	309
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	310	310
601-25	THERAPEUTIC CLASS CODE	x(17)	17	311	327
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	328	328
601-25	THERAPEUTIC CLASS CODE	x(17)	17	329	345
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	346	346
601-25	THERAPEUTIC CLASS CODE	x(17)	17	347	363
429-DT	SPECIAL PACKAGING INDICATOR		2	364	365
600-28	UNIT OF MEASURE		2	366	367
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	368	369
272	MAC REDUCED INDICATOR		1	370	370

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
223	CLIENT PRICING BASIS OF COST		2	371	372
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	373	374
476-H6	DUR/DUE CO-AGENT ID		40	375	414
260	GENERIC INDICATOR		1	415	415
292	PLAN CUTBACK REASON CODE		1	416	416
889	THERAPEUTIC CHAPTER		8	417	424
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	425	436
210	AVERAGE GENERIC UNIT PRICE		12	437	448
211	AVERAGE WHOLESALE UNIT PRICE		12	449	460
253	FEDERAL UPPER LIMIT UNIT PRICE		13	461	473
271	MAC PRICE		13	474	486
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	487	488
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	489	499
<b>10th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	500	501
489-TE	COMPOUND PRODUCT ID		40	502	541
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	542	555
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	556	566
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	567	568
221	CLIENT FORMULARY FLAG		1	569	569
397	PRODUCT/SERVICE NAME		30	570	599
261	GENERIC NAME		30	600	629
601-24	PRODUCT STRENGTH		10	630	639
243	DOSAGE FORM CODE		4	640	643
532-FW	DATABASE INDICATOR		1	644	644
425-PD	DRUG TYPE		1	645	645
257	FORMULARY STATUS		1	646	646
244	DRUG CATEGORY CODE		1	647	647
252	FEDERAL DEA SCHEDULE		1	648	648
250	FDA DRUG EFFICACY CODE		1	649	649
601-19	PRODUCT CODE QUALIFIER	x(1)	1	650	650
601-18	PRODUCT CODE	x(40)	40	651	690
601-19	PRODUCT CODE QUALIFIER	x(1)	1	691	691
601-18	PRODUCT CODE	x(40)	40	692	731
601-19	PRODUCT CODE QUALIFIER	x(1)	1	732	732
601-18	PRODUCT CODE	x(40)	40	733	772
251	FEDERAL UPPER LIMIT INDICATOR		1	773	773
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	774	774
601-25	THERAPEUTIC CLASS CODE	x(17)	17	775	791
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	792	792

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
601-25	THERAPEUTIC CLASS CODE	x(17)	17	793	809
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	810	810
601-25	THERAPEUTIC CLASS CODE	x(17)	17	811	827
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	828	828
601-25	THERAPEUTIC CLASS CODE	x(17)	17	829	845
429-DT	SPECIAL PACKAGING INDICATOR		2	846	847
600-28	UNIT OF MEASURE		2	848	849
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	850	851
272	MAC REDUCED INDICATOR		1	852	852
223	CLIENT PRICING BASIS OF COST		2	853	854
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	855	856
476-H6	DUR/DUE CO-AGENT ID		40	857	896
260	GENERIC INDICATOR		1	897	897
292	PLAN CUTBACK REASON CODE		1	898	898
889	THERAPEUTIC CHAPTER		8	899	906
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	907	918
210	AVERAGE GENERIC UNIT PRICE		12	919	930
211	AVERAGE WHOLESALE UNIT PRICE		12	931	942
253	FEDERAL UPPER LIMIT UNIT PRICE		13	943	955
271	MAC PRICE		13	956	968
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	969	970
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	971	981
<b>11th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	982	983
489-TE	COMPOUND PRODUCT ID		40	984	1023
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	1024	1037
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	1038	1048
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	1049	1050
221	CLIENT FORMULARY FLAG		1	1051	1051
397	PRODUCT/SERVICE NAME		30	1052	1081
261	GENERIC NAME		30	1082	1111
601-24	PRODUCT STRENGTH		10	1112	1121
243	DOSAGE FORM CODE		4	1122	1125
532-FW	DATABASE INDICATOR		1	1126	1126
425-PD	DRUG TYPE		1	1127	1127
257	FORMULARY STATUS		1	1128	1128
244	DRUG CATEGORY CODE		1	1129	1129
252	FEDERAL DEA SCHEDULE		1	1130	1130
250	FDA DRUG EFFICACY CODE		1	1131	1131

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1132	1132
601-18	PRODUCT CODE	x(40)	40	1133	1172
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1173	1173
601-18	PRODUCT CODE	x(40)	40	1174	1213
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1214	1214
601-18	PRODUCT CODE	x(40)	40	1215	1254
251	FEDERAL UPPER LIMIT INDICATOR		1	1255	1255
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1256	1256
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1257	1273
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1274	1274
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1275	1291
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1292	1292
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1293	1309
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1310	1310
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1311	1327
429-DT	SPECIAL PACKAGING INDICATOR		2	1328	1329
600-28	UNIT OF MEASURE		2	1330	1331
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	1332	1333
272	MAC REDUCED INDICATOR		1	1334	1334
223	CLIENT PRICING BASIS OF COST		2	1335	1336
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	1337	1338
476-H6	DUR/DUE CO-AGENT ID		40	1339	1378
260	GENERIC INDICATOR		1	1379	1379
292	PLAN CUTBACK REASON CODE		1	1380	1380
889	THERAPEUTIC CHAPTER		8	1381	1388
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	1389	1400
210	AVERAGE GENERIC UNIT PRICE		12	1401	1412
211	AVERAGE WHOLESALE UNIT PRICE		12	1413	1424
253	FEDERAL UPPER LIMIT UNIT PRICE		13	1425	1437
271	MAC PRICE		13	1438	1450
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	1451	1452
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	1453	1463
<b>12th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	1464	1465
489-TE	COMPOUND PRODUCT ID		40	1466	1505
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	1506	1519
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	1520	1530
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	1531	1532
221	CLIENT FORMULARY FLAG		1	1533	1533

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
397	PRODUCT/SERVICE NAME		30	1534	1563
261	GENERIC NAME		30	1564	1593
601-24	PRODUCT STRENGTH		10	1594	1603
243	DOSAGE FORM CODE		4	1604	1607
532-FW	DATABASE INDICATOR		1	1608	1608
425-PD	DRUG TYPE		1	1609	1609
257	FORMULARY STATUS		1	1610	1610
244	DRUG CATEGORY CODE		1	1611	1611
252	FEDERAL DEA SCHEDULE		1	1612	1612
250	FDA DRUG EFFICACY CODE		1	1613	1613
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1614	1614
601-18	PRODUCT CODE	x(40)	40	1615	1654
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1655	1655
601-18	PRODUCT CODE	x(40)	40	1656	1695
601-19	PRODUCT CODE QUALIFIER	x(1)	1	1696	1696
601-18	PRODUCT CODE	x(40)	40	1697	1736
251	FEDERAL UPPER LIMIT INDICATOR		1	1737	1737
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1738	1738
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1739	1755
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1756	1756
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1757	1773
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1774	1774
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1775	1791
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	1792	1792
601-25	THERAPEUTIC CLASS CODE	x(17)	17	1793	1809
429-DT	SPECIAL PACKAGING INDICATOR		2	1810	1811
600-28	UNIT OF MEASURE		2	1812	1813
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	1814	1815
272	MAC REDUCED INDICATOR		1	1816	1816
223	CLIENT PRICING BASIS OF COST		2	1817	1818
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	1819	1820
476-H6	DUR/DUE CO-AGENT ID		40	1821	1860
260	GENERIC INDICATOR		1	1861	1861
292	PLAN CUTBACK REASON CODE		1	1862	1862
889	THERAPEUTIC CHAPTER		8	1863	1870
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	1871	1882
210	AVERAGE GENERIC UNIT PRICE		12	1883	1894
211	AVERAGE WHOLESALE UNIT PRICE		12	1895	1906
253	FEDERAL UPPER LIMIT UNIT PRICE		13	1907	1919

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
271	MAC PRICE		13	1920	1932
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	1933	1934
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	1935	1945
<b>13th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	1946	1947
489-TE	COMPOUND PRODUCT ID		40	1948	1987
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	1988	2001
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	2002	2012
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	2013	2014
221	CLIENT FORMULARY FLAG		1	2015	2015
397	PRODUCT/SERVICE NAME		30	2016	2045
261	GENERIC NAME		30	2046	2075
601-24	PRODUCT STRENGTH		10	2076	2085
243	DOSAGE FORM CODE		4	2086	2089
532-FW	DATABASE INDICATOR		1	2090	2090
425-PD	DRUG TYPE		1	2091	2091
257	FORMULARY STATUS		1	2092	2092
244	DRUG CATEGORY CODE		1	2093	2093
252	FEDERAL DEA SCHEDULE		1	2094	2094
250	FDA DRUG EFFICACY CODE		1	2095	2095
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2096	2096
601-18	PRODUCT CODE	x(40)	40	2097	2136
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2137	2137
601-18	PRODUCT CODE	x(40)	40	2138	2177
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2178	2178
601-18	PRODUCT CODE	x(40)	40	2179	2218
251	FEDERAL UPPER LIMIT INDICATOR		1	2219	2219
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2220	2220
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2221	2237
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2238	2238
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2239	2255
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2256	2256
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2257	2273
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2274	2274
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2275	2291
429-DT	SPECIAL PACKAGING INDICATOR		2	2292	2293
600-28	UNIT OF MEASURE		2	2294	2295
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	2296	2297
272	MAC REDUCED INDICATOR		1	2298	2298

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
223	CLIENT PRICING BASIS OF COST		2	2299	2300
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	2301	2302
476-H6	DUR/DUE CO-AGENT ID		40	2303	2342
260	GENERIC INDICATOR		1	2343	2343
292	PLAN CUTBACK REASON CODE		1	2344	2344
889	THERAPEUTIC CHAPTER		8	2345	2352
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	2353	2364
210	AVERAGE GENERIC UNIT PRICE		12	2365	2376
211	AVERAGE WHOLESALE UNIT PRICE		12	2377	2388
253	FEDERAL UPPER LIMIT UNIT PRICE		13	2389	2401
271	MAC PRICE		13	2402	2414
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	2415	2416
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	2417	2427
<b>14th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	2428	2429
489-TE	COMPOUND PRODUCT ID		40	2430	2469
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	2470	2483
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	2484	2494
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	2495	2496
221	CLIENT FORMULARY FLAG		1	2497	2497
397	PRODUCT/SERVICE NAME		30	2498	2527
261	GENERIC NAME		30	2528	2557
601-24	PRODUCT STRENGTH		10	2558	2567
243	DOSAGE FORM CODE		4	2568	2571
532-FW	DATABASE INDICATOR		1	2572	2572
425-PD	DRUG TYPE		1	2573	2573
257	FORMULARY STATUS		1	2574	2574
244	DRUG CATEGORY CODE		1	2575	2575
252	FEDERAL DEA SCHEDULE		1	2576	2576
250	FDA DRUG EFFICACY CODE		1	2577	2577
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2578	2578
601-18	PRODUCT CODE	x(40)	40	2579	2618
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2619	2619
601-18	PRODUCT CODE	x(40)	40	2620	2659
601-19	PRODUCT CODE QUALIFIER	x(1)	1	2660	2660
601-18	PRODUCT CODE	x(40)	40	2661	2700
251	FEDERAL UPPER LIMIT INDICATOR		1	2701	2701
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2702	2702
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2703	2719
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2720	2720

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2721	2737
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2738	2738
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2739	2755
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	2756	2756
601-25	THERAPEUTIC CLASS CODE	x(17)	17	2757	2773
429-DT	SPECIAL PACKAGING INDICATOR		2	2774	2775
600-28	UNIT OF MEASURE		2	2776	2777
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	2778	2779
272	MAC REDUCED INDICATOR		1	2780	2780
223	CLIENT PRICING BASIS OF COST		2	2781	2782
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	2783	2784
476-H6	DUR/DUE CO-AGENT ID		40	2785	2824
260	GENERIC INDICATOR		1	2825	2825
292	PLAN CUTBACK REASON CODE		1	2826	2826
889	THERAPEUTIC CHAPTER		8	2827	2834
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	2835	2846
210	AVERAGE GENERIC UNIT PRICE		12	2847	2858
211	AVERAGE WHOLESALE UNIT PRICE		12	2859	2870
253	FEDERAL UPPER LIMIT UNIT PRICE		13	2871	2883
271	MAC PRICE		13	2884	2896
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	2897	2898
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	2899	2909
<b>15th compound</b>					
488-RE	COMPOUND PRODUCT ID QUALIFIER		2	2910	2911
489-TE	COMPOUND PRODUCT ID		40	2912	2951
448-ED	COMPOUND INGREDIENT QUANTITY	9(7)v9(7)	14	2952	2965
449-EE	COMPOUND INGREDIENT DRUG COST	s9(9)v99	11	2966	2976
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	x(2)	2	2977	2978
221	CLIENT FORMULARY FLAG		1	2979	2979
397	PRODUCT/SERVICE NAME		30	2980	3009
261	GENERIC NAME		30	3010	3039
601-24	PRODUCT STRENGTH		10	3040	3049
243	DOSAGE FORM CODE		4	3050	3053
532-FW	DATABASE INDICATOR		1	3054	3054
425-PD	DRUG TYPE		1	3055	3055
257	FORMULARY STATUS		1	3056	3056
244	DRUG CATEGORY CODE		1	3057	3057
252	FEDERAL DEA SCHEDULE		1	3058	3058
250	FDA DRUG EFFICACY CODE		1	3059	3059

**Post Adjudicated History  
Data Fields**

Field ID	Name	Field Format	Size	Start	End
601-19	PRODUCT CODE QUALIFIER	x(1)	1	3060	3060
601-18	PRODUCT CODE	x(40)	40	3061	3100
601-19	PRODUCT CODE QUALIFIER	x(1)	1	3101	3101
601-18	PRODUCT CODE	x(40)	40	3102	3141
601-19	PRODUCT CODE QUALIFIER	x(1)	1	3142	3142
601-18	PRODUCT CODE	x(40)	40	3143	3182
251	FEDERAL UPPER LIMIT INDICATOR		1	3183	3183
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	3184	3184
601-25	THERAPEUTIC CLASS CODE	x(17)	17	3185	3201
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	3202	3202
601-25	THERAPEUTIC CLASS CODE	x(17)	17	3203	3219
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	3220	3220
601-25	THERAPEUTIC CLASS CODE	x(17)	17	3221	3237
601-26	THERAPEUTIC CLASS CODE QUALIFIER	x(1)	1	3238	3238
601-25	THERAPEUTIC CLASS CODE	x(17)	17	3239	3255
429-DT	SPECIAL PACKAGING INDICATOR		2	3256	3257
600-28	UNIT OF MEASURE		2	3258	3259
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		2	3260	3261
272	MAC REDUCED INDICATOR		1	3262	3262
223	CLIENT PRICING BASIS OF COST		2	3263	3264
475-J9	DUR/DUE CO-AGENT ID QUALIFIER		2	3265	3266
476-H6	DUR/DUE CO-AGENT ID		40	3267	3306
260	GENERIC INDICATOR		1	3307	3307
292	PLAN CUTBACK REASON CODE		1	3308	3308
889	THERAPEUTIC CHAPTER		8	3309	3316
209	AVERAGE COST PER QUANTITY UNIT PRICE		12	3317	3328
210	AVERAGE GENERIC UNIT PRICE		12	3329	3340
211	AVERAGE WHOLESALE UNIT PRICE		12	3341	3352
253	FEDERAL UPPER LIMIT UNIT PRICE		13	3353	3365
271	MAC PRICE		13	3366	3378
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		2	3379	3380
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	s9(9)v99	11	3381	3391
	FILLER		3609	3392	7000

**Post Adjudicated History  
Data Fields**

<b>Field ID</b>	<b>Name</b>	<b>Field Format</b>	<b>Size</b>	<b>Start</b>	<b>End</b>
601-04	RECORD TYPE		2	1	2
601-09	TOTAL RECORD COUNT	For other use: 9(10)	10	3	12
895	TOTAL NET AMOUNT DUE	s9(13)v99	15	13	27
693	TOTAL GROSS AMOUNT DUE	s9(13)v99	15	28	42
694	TOTAL PATIENT PAY AMOUNT	s9(13)v99	15	43	57
	FILLER		6943	58	7000