

Empire Plan Prescription Drug Program New York State Detailed Claim File Layout

FIELD NAME	FIELD TYPE	LENGTH
Transaction ID	N	18
Transaction ID Cross Reference	N	18
Julian Date	A/N	5
Rx Number	A/N	9
Date of Service	A/N	8
NDC	A/N	11
Product Name	A/N	70
New Refill Code	A/N	2
Quantity Dispensed	Number (13,3)	13
Days Supply	N	4
Cost Type Invoiced to NYS	A/N	10
Claim Status	A/N	1
NYS Generic Brand Code	A/N	1
Specialty Indicator	A/N	1
Adjustment Type	A/N	1
Adjustment Code	A/N	2
Client Ingredient Cost	Number (11,2)	11
Dispensing Fee	Number (11,2)	11
Copay Amount	Number (11,2)	11
Sales Tax	Number (11,2)	11
Invoice Amount	Number (11,2)	11
Submitted Ingredient Cost	Number (11,2)	14
Ancillary Amount	Number (11,2)	11
AWP	Number (13,5)	13
Calculated AWP	Number (13,2)	13
Submitted U&C	Number (11,2)	11
Amount Exceeding Benefit Maximum	N(10,2)	10
Member Submit Amount	N(10,2)	10
MAC Price	N(13,5)	13
COB Primary Claim Type	A/N	1
COB Indicator	A/N	1
Other Payer Amount Paid	N(10,2)	10
Member Subscriber ID	A/N	20
Member Alternate ID	A/N	20
Subscriber First Name	A/N	15
Subscriber Middle Initial	A/N	1
Cardholder Gender	N	1
Benefit Program	A/N	18
Customer ID	A/N	15
Dependent SSN	A/N	10
First Name	A/N	15
Middle Initial	A/N	1
Date of Birth	A/N	8
Gender Code	A/N	1
Relationship Code	A/N	1
NY Eligibility Sequence Number	A/N	3

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Prescriber DEA	A/N	15
Prescriber NPI	A/N	15
Provider ID	A/N	15
Provider Class	A/N	3
Provider Name	A/N	25
Provider Zip Code	A/N	10
Pharmacy State Code	A/N	2
Pharmacy Corporate ID	A/N	12
Pharmacy NPI	A/N	15
Date Written	A/N	8
Date Received	A/N	8
Date Submitted	A/N	8
Bill Date	A/N	8
Product Selection DAW Code	A/N	1
Prior Authorization Code	A/N	11
GCN	A/N	14
Route of Administration Code	A/N	2
Multi Source Code	A/N	1
Pharmacy Cost Type Code	A/N	10
Drug Strength	A/N	13
Network	A/N	6
Therapeutic Class	A/N	6
Formulary Status Code	A/N	1
Claim Origination Flag	A/N	1
Submitted Number Refills Authorized	N	3
Generic Name	A/N	60
Compound Indicator	A/N	1
Other Coverage Code	A/N	1
Dispenser Type	A/N	3
Prior Auth Reason Code	A/N	2
Rebate Class System	A/N	60
Label Name	A/N	30
Part B Indicator	A/N	1
Orange Book Therapeutic Equivalent	A/N	2
Package Size	Number (12,3)	12
Dosage Form	A/N	4
Maintenance Drug Indicator	A/N	1
Obsolete Date	N	8
Repackage Indicator	A/N	1
Client Cost Tier	A/N	3
ANDA	A/N	8
NDA	A/N	8
Dispensing Status	A/N	1
Claim Override Code 1	A/N	2
Claim Override Code 2	A/N	2
Claim Override Code 3	A/N	2
Unit of Measure	A/N	2
Submitted Clarification Code	A/N	2
Half-Tab Indicator	A/N	1