Workers Comp Standard NPI Layout

FOR BILLING

TAPE SPECIFICATION GUIDELINES

All fields are fixed length. However, an option is available to produce this same format with all fields delimited using the pipe ('|') character.

The normal record size is 640 characters. An option is available to receive an expanded format with a record length of 1290 bytes.

Numeric fields designated with a 'D' in the 'FIELD FORMAT' column have a sign byte in the first position. The field should be assumed positive unless the sign byte contains '-' (negative). In addition, these fields contain decimal positions which will always appear in the data. No implied decimal positions will be used.

TAPE RECORD FORMAT

The following <u>CLAIM TAPE FORMAT</u> is usedto submit claims for payment.

CLAIM TAPE RECORD OVERVIEW:

PROCESSOR RECORD
> identifies the sender of the claim tape. One per tape.

CLAIM RECORD
> contains the necessary data elements that are required for payment.
> One record for each claim to be processed.

TAPE BATCH CONTROL RECORD
> summarizes the total number of claims on the tape and ensures that all data has been
> received. One per tape.

CLAIM TAPE RECORD SEQUENCE:

-Beginning of File

   -Processor Record - (one per tape)

      -Claim Record(s) -   (one record for each claim to be
                             processed)

   -Tape Batch Control Record - (one per tape)

-End of File

WORKERS COMP STANDARD NPI BILLING FORMAT

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM / TO		DEFINITION OF FIELD VALUE/COMMENTS
0 = PROCESSOR RECORD
1	Record Identifier	N	1	1	1	0=Processor Record
2	Processor Number	N	10	2	11	This number is assigned by NCPDP to identify the source of the tape, i.e. Pharmacy, Wholesaler, Hospital, Service Bureau, etc. *: will contain a value of 0000003858*
3	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
4	Processor Name	A/N	20	20	39	Processor Name
5	Processor Address	A/N	20	40	59	Processor Address
6	Processor Location City	A/N	18	60	77	Processor City
7	Processor Location State	A/N	2	78	79	Processor State
8	Processor Zip Code	A/N	9	80	88	Processor Zip Code
9	Processor Telephone Number	N	10	89	98	Telephone Number Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
10	Run Date	N	8	99	106	Date on which tape was generated by carrier. Format=CCYYMMDD

WORKERS COMP STANDARD NPI BILLING FORMAT

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
4 = CLAIM RECORD
11	Record Identifier	N	1	1	1	4=Claim Record
12	Processor Number	N	10	2	11	This number is assigned by NCPDP to identify the source of the tape, i.e. Pharmacy, Wholesaler, Hospital, Service Bureau, etc.
13	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
14	Pharmacy Number	A/N	12	20	31	ID assigned to a pharmacy
15	Pharmacy Name	A/N	20	32	51	Name of Pharmacy
16	Pharmacy Address	A/N	20	52	71	Address of Pharmacy
17	Pharmacy Location City	A/N	18	72	89	City of Pharmacy
18	Pharmacy Location State	A/N	2	90	91	State of Pharmacy
19	Pharmacy Zip Code	A/N	9	92	100	Zip Code of Pharmacy Expanded
20	Pharmacy Telephone Number	A/N	10	101	110	Telephone Number of Pharmacy Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
21	Provider Federal Tax ID	N	9	111	119	Assigned by Federal Agency
22	Prescription Number	N	7	120	126	Prescription Number assign by the Pharmacy
23	Date Filled	N	8	127	134	Dispensing Date of Rx Format=CCYYMMDD
24	NDC Number	N	11	135	145	For Legend Compounds Use: 99999999999 Schedule II: 99999999992 Schedule III: 99999999993 Schedule IV: 99999999994 Schedule V: 99999999995 Compounds: 99999999996
25	Drug Description	A/N	30	146	175	Necessary for Compounds and those items not in carrier drug file
26	New/Refill Code	N	2	176	177	00=New Prescription 01-99=Number of Refill
27	Metric Quantity	N	5	178	182	Number of metric units of medication dispensed
28	Days Supply	N	3	183	185	Estimated Number of Days the prescription will last

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
						4 = CLAIM RECORD
29	Basis of Cost Determination	A/N	2	186	187	00=Not Specified 01=AWP 02=Local Wholesaler 03=Direct 04=EAC 05=Acquisition 06=MAC 6X=Brand Medically Necessary 07=Usual and Customary 08=Unit Cost 09=Other *BL = Base Line (only)*
30	Ingredient Cost	D	10	188	197	Cost of the drug dispensed
31	Dispensing Fee	D	10	198	207	Contracted dispensing fee
32	Co-Pay Amount	D	10	208	217	Correct Co-Pay for plan billed
33	Sales Tax	D	10	218	227	Sales Tax for the prescription dispensed
34	Amount Billed	D	10	228	237	Amount due net of copay
35	Admin-Fee	D	10	238	247	Contracted administrative fee
36	Patient First Name	A/N	12	248	259	First Name of Patient
37	Patient Last Name	A/N	15	260	274	Last Name of Patient
38	Patient Middle Initial	A/N	1	275	275	Middle Initial of Patient
39	Date of Birth	N	8	276	283	Date of Birth of Patient. FORMAT=CCYYMMDD
40	Sex Code	N	1	284	284	0=Not Specified 1=Male 2=Female
41	Cardholder ID Number	A/N	18	285	302	ID assigned to cardholder
42	Relationship Code	N	1	303	303	1=Cardholder 2=Spouse 3=Child 4=Other
43	Group Number	A/N	15	304	318	ID assigned to cardholder group or employer group
44	Prescriber ID	A/N	10	319	328	Identification assigned to the prescriber
45	Cardholder First Name	A/N	12	329	340	Cardholder First Name
46	Cardholder Last Name	A/N	15	341	355	Cardholder Last Name

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
4 = CLAIM RECORD						
47	Prior Authorization/Medical Certification Code and Number	N	12	356	367	*First position values:* 0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT 4=Exemption from Co-Pay 5=Exemption from Rx Limits 6=Family Planning Indicator 7=AFDC *Remaining eleven is the actual prior authorization number*
48	Dispense As Written (DAW)/Product Selection Code	A/N	1	368	368	0=No production selection indicated 1=Substitution not allowed by prescriber 2=Substitution allowed - patient requested product dispensed 3=Substitution allowed - pharmacist selected product dispensed 4=Substitution allowed - generic drug not in stock 5=Substitution allowed - brand drug dispensed as a generic 6=Override 7=Substitution not allowed - brand drug mandated by law 8=Substitution allowed - generic drug not available in marketplace 9=Other
49	Person Code	A/N	3	369	371	ID assigned to family member
50	Compound Code	N	1	372	372	Code indicating whether or not the prescription is a compound 0=Not Specified 1=Compound 2=Not a Compound
51	Prescription Origin Code	N	1	373	373	Code indicating the origin of prescription 0=Not Specified 1=Written Prescription 2=Telephone Prescription 9=Paper Bill ***will provide value as submitted with claim***
52	Drug Type	N	1	374	374	Code to indicate the type of drug dispensed 0=Not Specified 1=Single Source Brand 2=Branded Generic 3=Generic 4=O.T.C. (Over the Counter) 5=M/S Brand
53	Full AWP	D	8	375	382	Full AWP
54	Master Carrier	A/N	4	383	386	**Code assigned by**
55	Sub-Carrier	A/N	4	387	390	**Code assigned by**

				FIELD LOCATION FROM – TO		
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH			DEFINITION OF FIELD VALUE/COMMENTS
56	Claim Type	A/N	1	391	391	P=Paid, R=Reversed
57	Sub-Group	A/N	20	392	411	Client defined miscellaneous value from member record
58	Plan Designator	A/N	1	412	412	Designates client plan paying claim: blank = not provided (assume pharmacy) P=pharmacy M=medical
59	Cap Amount	D	10	413	422	
60	Member_Non_Copay_ Amount	D	10	423	432	**currently only filled in for claims with member_pay_code of "06"**
61	Member_Pay_Code	A/N	2	433	434	00 - Standard Generic Co-Pay (single) 01 - Standard Brand Co-Pay (single) 02 - Multiple Generic Co-Pay (multiple months/packages) 03 - Multiple Brand Co-Pay (multiple months/packages) 04 - Pharmacy U&C (when less than standard co-pay 05 - 100% co-pay (FFS - 0 amount due) 06 - Co-Pay plus enhancement (for member paid brand/generic differential) 07 - Non-Formulary co-pay (from Auxiliary File) 08 - Deductible applied *currently only 00 and 06 used*
62	Incentive_Fee	D	10	435	444	
63	Formulary Flag	A/N	1	445	445	blank=assumed non-formulary Y=formulary with incentive fee F=formulary without incentive fee M=Message only N=non-formulary, non-restricted P=preferred with incentive R=non-formulary, restricted
64	GCN - Generic Classification Number	A/N	14	446	459	Depending on configuration, this field is the First Data Bank GPI or the MediSpan GPI.
65	Therapeutic class - AHFS	A/N	6	460	465	
66	Pharmacy-type	A/N	1	466	466	controlled: S=staff model M=mediCal blank=network

The table is headed: 4 = CLAIM RECORD

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
					4 = CLAIM RECORD	
67	Billed Basis Code	A/N	2	467	468	00=Submitted 01=AWP 06=HCFA MAC 07=U&C 09- MAC 10=Pass-Thru 12=Housebrand (Baseline) 14=NO COST
68	Usual & Customary Charge	D	10	469	478	
69	Benefit Code	A/N	10	479	488	Benefit code used to adjudicate the claim.
70	Drug Strength	A/N	10	489	498	Drug Strength **takes from ndc file**
71	Original Member	A/N	2	499	500	Original Member ID
72	Reference Number	A/N	14	501	514	Internally Assigned Ref. No. 1-5 = script # (last 5) 6-8 = adjudication date (julian ddd) 9-14 = adjudication time (hhmmss)
73	License-nbr	A/N	15	515	529	Doctor license number
74	Pharmacy NPI	N	10	530	539	Pharmacy NPI Number. Optional. Will only be displayed if option turned on.
75	Pharmacy Submitted Indicator	A/N	1	540	540	L if NCPDP was submitted. N if NPI was submitted. Optional. Will only be displayed if option turned on.
76	Prescriber NPI	N	10	541	550	Doctor NPI Number. Optional. Will only be displayed if option turned on.
77	Presriber Submitted Indicator	A/N	1	551	551	L if DEA was submitted. N if NPI was submitted. Optional. Will only be displayed if option turned on.
78	Pharmacist Id	A/N	15	552	566	Pharmacist License Number (Currently only the State of Florida requires a pharmacist id).
79	Pharmacist Type	A/N	2	567	568	Pharmacist Id Qualifier . Not Specified value ' ' . DEA value '01' . State License value '02' . SSN value '03' . Name value '04' . NPI value '05' . HIN value '06' . State Issued value '07' . Other value '99'
80	Reserved Area	A/N	72	569	640	Reserved for future use

EXPANDED VERSION FOR RECORD TYPE 4 (CLAIM RECORD):

To receive this version you must put an E in Option 4 on the Billing Parameters screen. The record length will actually increase to 1290 bytes.

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM	FIELD LOCATION TO	DEFINITION OF FIELD VALUE/COMMENTS
			4 = CLAIM RECORD			
81	Date of Injury	N	8	641	648	WC Date of Injury Format=CCYYMMDD
82	Fee Amount	D	10	649	658	WC Fee Schedule Amount
83	Client Customer Id	A/N	20	659	678	WC Client's Customer No.
84	Label Id	A/N	14	679	692	WC Client's Label Id
85	Type Case	A/N	1	693	693	WC Type of Case
86	Claimant Address1	A/N	40	694	733	Claimant Address Line 1
87	Claimant Address2	A/N	40	734	773	Claimant Address Line 2
88	City	A/N	20	774	793	Claimant City
89	State or Province code	A/N	2	794	795	Claimant State
90	Postal Code	N	9	796	804	Claimant Zip Code
91	State of Jurisdiction	A	2	805	806	WC State of Jurisdiction
92	SVC BCO	A/N	3	807	809	WC Servicing BCO
93	Policy Number	A/N	14	810	823	WC Policy Number
94	Contract Number	A/N	15	824	838	WC Contract Number
95	Client Claim Examiner	A/N	10	839	848	WC Client Claim Examiner
96	Insured Name	A/N	30	849	878	WC Insured Name
97	Insured Address1	A/N	40	879	918	WC Insured Address Line 1
98	Insured Address2	A/N	40	919	958	WC Insured Address Line 2
99	Insured City	A/N	20	959	978	WC Insured City
100	Insured State	A/N	2	979	980	WC Insured State
101	Insured Zip	A/N	9	981	989	WC Insured Zip Code
102	Location Code	A/N	15	990	1004	WC Location Code
103	W/C Comm Board	A/N	25	1005	1029	WC Comm Board
104	Emp Tax ID	A/N	10	1030	1039	WC Employer Tax ID
105	Sec Mail Name	A/N	30	1040	1069	WC Secondary Mailing Name
106	Sec Mail Address1	A/N	30	1070	1099	WC Secondary Mailing Address Line 1
107	Sec Mail Address2	A/N	30	1100	1129	WC Secondary Mailing Address Line 2
108	Sec Mail City	A/N	20	1130	1149	WC Secondary Mailing City
109	Sec Mail State	A/N	2	1150	1151	WC Secondary Mailing State
110	Sec Mail Zip	A/N	9	1152	1160	WC Secondary Mailing Zip
111	Sec MailPhone	A/N	14	1161	1174	WC Secondary Phone Number

EXPANDED VERSION FOR RECORD TYPE 4 (CLAIM RECORD):

MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
4 = CLAIM RECORD						
112	Pharmacy Modifier	N	3	1175	1177	
113	Prescriber Last Name	A/N	15	1178	1192	
114	Company TPA	A/N	5	1193	1197	WC Client's Company-TPA
115	Policy TPA	A/N	25	1198	1222	WC Policy Number-TPA
116	Apportionment Percent	N	5	1223	1227	WC Apportionment % from wccopay-amt 999v99.
117	Doctor Phone	A/N	18	1228	1245	WC Doctor Phone
118	Doctor State	A/N	2	1246	1247	WC Doctor State
119	Adjudication Date	N	8	1248	1255	Claim Adjudication Date ccyymmdd
120	Pre-Auth ind	A/N	2	1256	1257	
121	Resub Ind	A/N	1	1258	1258	
122	Invoice Number	A/N	10	1259	1268	Generated by . Ten (10) character invoice number (8 character invoice and 2 character line number).
123	Reserved Area	A/N	22	1269	1290	Reserved for Expansion

				FIELD LOCATION FROM - TO		
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH			DEFINITION OF FIELD VALUE/COMMENTS
8 = BATCH CONTROL RECORD						
124	Record Identifier	N	1	1	1	8=Tape Batch Control Record
125	Processor Number	N	10	2	11	This number is assigned by NCPDP to identify the source of the tape, i.e. Pharmacy, Wholesaler, Hospital, Service Bureau, etc.
126	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
127	Total Claim Count	N	8	20	27	total number of claims on tape
128	Total Billed Amount	D	12	28	39	total billed amount (including admin fee on tape)
129	Total Admin Fee	D	12	40	51	total admin fee on tape

GLOSSARY OF TERMS

The Glossary listed here is for convenience only. , Inc. accepts the following definitions as explanations of terms used in this document.

ADMINISTRATIVE FEE: The fee charged for processing each prescription claim.

AMOUNT BILLED: Net amount due for claim as specified by processor.

AWP: Average Wholesale Price. The composite wholesale prices charged on a specific commodity across the United States as listed in the First Data Bank Pricing Service.

BASIS OF COST DETERMINATION: On what basis the ingredient cost paid to the pharmacy was calculated. See Billed Basis Code for list of potential values.

BILLED BASIS CODE: Set by   that indicates how the claim billing amount was calculated; values are
- 00 = billed at submitted
- 01 = billed at discounted AWP
- 06 = billed at HCFA MAC
- 07 = billed at U&C
- 08 = 100% Copay
- 09 = billed at MAC
- 10 = billed at cost, i.e. pass-through
- 12 = billed at house (i.e. brand drug billed at house generic rate)
- 13 = billed at submitted which was lower than contract
- 14 = no cost (no remit); only admin fee billed
- 15 = billed as replenished drug (New)

BILLED DATE: The date the bill was generated by.

CAP AMOUNT: The amount applied to a member or family cap for this claim.

CARDHOLDER ID NUMBER: See also member number. Number or id representing cardholder.

CARDHOLDER NAME: Name of Cardholder.

CLAIM COUNT: Total number of claims submitted.

CLAIM TYPE: Code indicating the type or status of a claim. Values are:
- P - paid
- R – reversal

COPAY AMOUNT: Amount of prescription paid by member.

COPAY OR DEDUCTIBLE: That portion of the charges for covered health services for which the carrier is not liable to pay. (See copay amount).

GLOSSARY OF TERMS (CONTINUED)

COMPOUND CODE: Code, as submitted by the pharmacy, indicating that the drug submitted was a compound drug.

DATE OF BIRTH: Patient's date of birth.

DATE OF INJURY: Patient's date of injury.

DATE FILLED: Date when script was filled or dispensed by the pharmacy.

DAYS SUPPLY: Number of days supply dispensed, as submitted by the pharmacy.

DISPENSE AS WRITTEN CODE - DAW: A code entered by the pharmacist at time of adjudication to indicate whether the drug was filled as written and the reason for receiving a brand drug when a generic was available.

DISPENSING FEE SUBMITTED: Pharmacy fee for service as agreed in the Provider Participation Agreement between Carrier and , Inc.

DOLLARS BILLED: Total net amount due for claims in the specified pharmacy batch.

DRUG CODE: See NDC code.

DRUG DESCRIPTION: Name of drug and strength.

DRUG GENERIC FLAG Code identifying the drug classification.

G	= Brand price generic
O	= Multi-source brand with generic available
M	= Cross licensed single source brand - no generic available
N	= Single source brand - no generic available
Y	= Generic item
X	= No generic indicator OTC (typically for insulin syringes, diabetic supplies and compounds)

DRUG TYPE: Contains value according to NCPDP standards. An additional value of "5" will be added to indicate multi-source brand drugs. Values will be converted from values as follows:
> values of M and N will be converted to a 1
> value of G will be converted to a 2
> value of Y will be converted to a 3
> value of X will be converted to a 4
> value of O will be converted to a 5.

FEE OR MARKUP: Pharmacy fee for service as agreed in the Provider Participation Agreement between Carrier and , Inc.

GLOSSARY OF TERMS (CONTINUED)

FORMULARY FLAG: Code indicating whether a drug is part of a formulary.

blank = nonformulary or formulary not applicable
N = nonformulary, non-restricted
R = nonformulary, restricted - prior auth required
Y = formulary with an incentive fee
F = formulary, no incentive
M = Message only no incentive
P = Preferred Product with an incentive fee

GCN (GENERIC CLASSIFICATION NUMBER):   The Generic Code Number (GCN) is a random number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, dosage form and drug strength. The GCN is the same for all manufacturers and/or package sizes. The number by itself has no significance. There are special GCN's to identify groups of products where the exact formulation of the drug may not be the same, but the products are considered therapeutically equivalent (e.g. multivitamins).

GROUP NUMBER: Ten (10) character group number designating group covering member.

INGREDIENT COST: Cost for the drug dispensed.

INGREDIENT COST SUBMITTED: Will contain the ingredient cost submitted by the pharmacy regardless of whether it is used to determine the claim amount; this field will not be available initially, but will be added at a later date.

INVOICE NUMBER: Generated by. Ten (10) character invoice number (8 character invoice and 2 character line number).

MASTER CARRIER: Code assigned by which typically identifies the client. It is associated with the member for which the script was filled.

MEMBER NAME: Name of the member for which script was written.

MEMBER NON COPAY AMOUNT: This is the portion of the amount paid by the member which is not considered copay. Typically this will be the amount associated with a brand/generic copay differential, the amount applied to a deductible or the amount paid once a cap has been satisfied.

MEMBER NUMBER: Eighteen (18) character member number representing member covered.

MEMBER PAY CODE: Identifies how the member copay was calculated; this field may not initially be available. Valid values are:

        00 = standard generic copay
        01 = standard brand copay
        02 = multiple generic copay
        03 = multiple brand copay
        04 = pharmacy U&C (when claim amount is less than standard copay)
        05 = fee for service benefit; 100% copay plan
        06 = copay enhancement (i.e. member responsible for difference between brand and generic)
        07 = nonformulary copay (when copay amount is obtained from the aux file and not the benefit)
        08 = deductible applied

METRIC QUANTITY DISPENSED: Metric quantity of drug dispensed, as submitted by the pharmacy.

NABP: National Association of Board of Pharmacies.

NCPDP: National Council for Prescription Drug Programs: Founded in 1976. Office located in Phoenix, Arizona.

NABP NUMBER: will provide the value as supplied by the pharmacy on the claim record. It identifies the pharmacy which filled a script.

NDC NUMBER: Eleven (11) character drug code comprised of three (3) components:

    Right Justified zero filled fields.
    1 - 5 Manufacturer's label
    6 - 9 Product
    10 - 11 Package size

NEW-REFILL CODE: Designates whether prescription is a new one or a refill.

PATIENT NAME: Name of person receiving script.

PERSON CODE: A suffix associated with the member receiving the script. Designates person covered who is involved in claim.

PHARMACIST   ID: Pharmacist license number (Currently only the state of Florida requires a pharmacist license number for RX claims).

PHARMACIST TYPE: Pharmacist Id Qualifier
      . Not Specified   value ' '
      . DEA   value '01'
      . State License   value '02'
      . SSN   value '03'
      . Name   value '04'
      . NPI   value '05'
      . HIN   value '06'
      . State Issued   value '07'
      . Other   value '99'

PHARMACY TYPE: Identifies the type of pharmacy that filled the script. Values are:
    space   = network
    M   = MediCal
    S   = Staff model

PHARMACY ADDRESS: Street address of the pharmacy.

PHARMACY FEDERAL TAX ID: The tax identification number for the pharmacy which filled a script. will provide if available.

PHARMACY LOCATION: City and State of pharmacy.

PHARMACY NAME: Name of Pharmacy.

PHARMACY NUMBER: Seven (7) digit code uniquely qualifying pharmacy involved in claim:
    a. The first two (2) digits are a numeric code assigned by NABP designating the state in which the pharmacy is located.

    b. The next four (5) digits are a numeric code assigned by NABP designating the representing pharmacy within state.

PHARMACY LOCATION STATE: Two (2) position number designating state in which pharmacy is located.

PHARMACY TELEPHONE NUMBER: Telephone number of pharmacy.

PLAN DESIGNATOR: One (1) position character designating the plan by which the script is funded; valid values are Pharmacy claim (P or space) or a Medical claim (M).

PRESCRIBER ID: Identification code associated with the doctor who wrote the script, as submitted by the pharmacy. This typically is the DEA number associated with the doctor.

PRESCRIPTION NUMBER: Seven (7) digit alphanumeric prescription number, relating to drug dispenser (Rx number)).

PRESCRIPTION ORIGIN CODE: A code indicating the source for a script. The code will be the value as supplied with the claim. Values are:

                0 - 5 network
                7 - member submitted, non-participating pharmacy
                8 - mail order claim submitted by member
                9 - member submitted, participating pharmacy

PRIOR AUTHORIZATION NUMBER: A code associated with a previously rejected claim indicating that the claim was authorized for payment.

PROCESSOR ADDRESS: Street address of Processor. "14000 RIVERPORT DRIVE"

PROCESSOR NAME: Name of Processor. ", INC."

PROCESSOR NUMBER: Number assigned by NCPDP to identify source of the tape. 003858

PROCESSOR LOCATION: City and State of Processor. "MARYLAND HEIGHTS, MO".

PROCESSOR TELEPHONE NUMBER: Telephone number of Processor. "314-770-1666"

PROFESSIONAL OR DISPENSING FEE: Amount paid for service rendered by pharmacy.

PROVIDER: An organization or institution certified to provide pharmacy services directly to the patient and receives payment from the program administrators, i.e., pharmacies or an owner of pharmacies.

RECORD IDENTIFIER: Indicates a type of claim or payment tape record. See File Layout for the identifier types, their use and layouts.

RELATIONSHIP CODE: One (1) digit code to show relationship of person involved in claim. Supplied by the pharmacy along with the claim.

RUN DATE: Date on which claim file was generated.

SALES TAX: Tax paid on prescription where applicable.

SEX CODE: Sex of person covered in claim.

SUBCARRIER: Code assigned by which is affiliated to the member for which the script was filled.

SUBGROUP: A ten (10) character field associated with the member for which the script was filled. The definition and contents of this field is defined by the client.

TAX: Tax paid on prescription where applicable.

THERAPEUTIC CLASS/AHFS CODE: The Therapeutic Class Code, AHFS identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary

Service (AHFS) classification system. An AHFS code has been assigned for each formulary record whether or not the drug product is in the AHFS.

USUAL & CUSTOMARY CHARGE: The amount, as submitted by the pharmacy, that the pharmacy typically charges for the quantity of the drug dispensed.