**DCS Prescription Drug Program**

**Layout Specifications for DCS Program Informational Claims Data File**

**Purpose:** To define data layout specifications for 2016 DCS informational prescription drug paid claims file.

**Format:** Flat file format; (text file, comma delimited).

| ***Name of Field*** | ***Field******Format*** | ***Field******Length*** | Definition of Field Value/Comments |
| --- | --- | --- | --- |
| **Service Date** | Text | 10 | Date of Service for the dispensed drug. Format = *CCYY-MM-DD* |
| **NDC Number Code** | Text | 11 | NDC for the drug dispensed. |
| **Product Name** | Text | 50 | The name for the drug dispensed based on the manufacturing code, product code and package code. |
| **Rx Refill Number** | Text | 2 | Indicator that identifies if the prescription was new or a refill on the drug dispensed.**0** = New script**1 -99** = Refill Number |
| **Metric Quantity Dispensed Rx** | Text | (11,3) | Metric quantity for the drug dispensed. The field is up to 11 total positions including a decimal point and up to 3 characters after the decimal point. Examples:Value of 180 will show as **180.000**Value of 30.5 will show as **30.500**Value of 1.258 will show as **1.258** |
| **Days Supply Rx** | Text | 3 | Days supply for the drug dispensed. Format is right-justified numeric field.Examples:Value of 120 will show as **120**Value of 90 will show as **90**Value of 2 will show as **2** |
| **Date of Birth** | Text | 10 | Date of birth for the member. Format = *CCYY-MM-DD* |
| **Medicare Indicator** | Text | 1 | Medicare Part B indicator. Values: **Y**= Medicare primary; and **N**= Not Medicare primary.  |
| **Relationship** | Text | 16 | The relationship of the member to the enrollee:**Daughter****Domestic Partner****Ex-Spouse****Other****Self****Son****Spouse** |
| **Benefit Program Code** | Text | 3 | Member’s Benefit Program indicator. |
| **Rx Dispensed as Written Code** | Text | 1 | Drug Dispensed As Written:**0** = No product selection indicated**1** = Prescriber required (no substitution)**2** = Patient requested product **3** = Pharmacist selected product**4** = Generic drug not in stock**5** = Brand dispensed as generic**6** = Override**7** = Brand mandated by law (no substitution)**8** = Generic drug not available in marketplace (substitution allowed) **9** = Other |
| **Provider NPI ID** | Text | 10 | Unique number assigned to the dispensing pharmacy. Note: claims for Specialty Drugs dispensed through the Specialty Pharmacy Process by the DCS Program’s Designated Specialty Pharmacy must be identified by the pharmacy NPI. Exhibit V.B.2 lists the NPIs for the DCS Program’s Designated Specialty Pharmacy.  |
| **Rx Retail or Mail** | Text | 10 | Values: **Retail** or **Mail Order** |
| **Adjustment Type Medstat** | Text | 23 | Indicate whether the claim is an Original Submission or Replacement or a Voided Claim. Values: **Original or Replacement**, and **Void**  |
| **Provider Zip Code** | Text | 5 | Pharmacy Zip Code |
| **Claim ID** | Text | 8 | Unique identifier for the claim |