The All-Payer Claims Database Pharmacy Claim File Submission Guide

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Revision History

Date	Version	Description	Author
7/8/10	1.0	Pharmacy	M. Prettenhofer
10/22/10	2.0	The APCD Monthly Pharmacy Claims File Grid – file format and asterisk delimiter usage added for clarification	M. Prettenhofer
10/22/10	2.0	Provider ID Definition – narrative updated for clarification	M. Prettenhofer
10/22/10	2.0	PC002 – threshold reduction to 0% until CMS mandates National PlanID	M. Prettenhofer
10/22/10	2.0	PC007 – optional reporting removed from logic	M. Prettenhofer
10/22/10	2.0	PC033 – quantity length increased to 10	M. Prettenhofer
10/22/10	2.0	PC036 – refinement to clarify that carrier payments are to be reported in this element	M. Prettenhofer
10/22/10	2.0	PC056 – refinement to indicate Product ID = the number reported on the Product File in PR001	M. Prettenhofer
10/22/10	2.0	PC101, PC102, PC103 – optional reporting removed from logic	M. Prettenhofer
10/22/10	2.0	PC107, PC108 – definition update to clarify linking logic	M. Prettenhofer
10/22/10	2.0	Appendices A & B Column Updates – 1) APCD Denom refined to Required When	M. Prettenhofer
10/22/10	2.0	Appendix D – External Code Source 15 has been added for NAICS coding	M. Prettenhofer

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Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Division of Health Care Finance and Policy (Division) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, and Medicaid data. The Division will become a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, the Division has set up a dedicated APCD website (www.mass.gov/dhcfp/apcd) with resources that currently include the submission and release regulations, the technical submission guide with examples, and support for providing additional feedback. These resources will be periodically updated with materials and the Division staff will continue to work with all affected payers to ensure full compliance with the regulation.

While the Division is committed to establishing an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with the Division on the all payer claims database.

114.5 CMR 21.00 – Health Care Claims Submission

114.5 CMR 21.00 governs the reporting requirements for Health Care Payers to submit data and information to the Division in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. The Division will collect data essential for the Division to monitor health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to the Division is not a public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under 114.5 CMR 21.00 or 114.5 CMR 22.00.

The APCD Monthly Pharmacy Claims File

As part of the new All Payer Claims Database (APCD) carriers will be required to submit a Pharmacy Claims File. The Division of Healthcare Finance and Policy (Division), in an effort to decrease any programming burden, has adopted a file layout currently in use in other states, and similar to the HCQCC Pharmacy file that most carriers have been submitting to the Division for two years. There are minor changes to this layout so that it will connect appropriately across other required filings for the APCD and has made efforts to simplify the data submission.

Below we have provided details on business rules, data definitions and the potential uses of this data.

Specification Question	Clarification	Rationale
Frequency of submission	Pharmacy claim files are to be submitted monthly	The Division requires this frequency to maintain a current dataset for analysis.
What is the format of the file	Each submission must be a variable field length asterisk delimited file	An asterisk cannot be used within a field in lieu of another character. Example: if the file includes "Smith*Jones" in the Last Name, the system will read an incorrect number of fields and drop the file.
What each row in the file represents	Each row represents a claim line, typically a prescription.	It is necessary to obtain claim line item data to make sure each prescription is captured.
Are denied claims to be reported?	No. Wholly denied prescription claims should not be reported at this time. If for some reason a prescription has multiple claim lines and the claim pays but a line in that claim denies, all claim lines should be sent, similar to the denied claim line philosophy used in medical claims.	Denied line items of an adjudicated claim aid with utilization analysis.

Specification Question	Clarification	Rationale
Should previously paid but now Voided claims be reported?	Yes. Claims that were paid and reported in one period and voided by either the Provider or the Carrier should be reported in the next file. See PC110 below.	The reporting of Voided Claims maintains logic integrity between services utilized and deductibles applied.
What types of claims are to be included?	The Pharmacy Claims file is used to report any pharmacy claim sent to and paid by the Carrier/PBM.	The Division is adopting the most widely used specification at this time.
The word 'Member' is used in the specification. Are 'Member' and 'Patient' used synonymously?	Yes. Member and Patient are to be used in the same manner in this specification	Member is used in the claim specification to strengthen the reporting bond between Member Eligibility and the pharmacy claims attached to a Member.

Types of Data collected in the Pharmacy Claims File

Carrier-assigned Identifiers

The Division requires various Carrier-assigned identifiers for matching-logic to the other files, i.e., Product File, Member Eligibility. Some examples of these fields include PC003, PC006, PC107 and PC108. These fields will be used by the Division to aid with the matching algorithm to those other files.

Claims Data

The Division requires the line-level detail of all Pharmacy Claims for analysis. The line-level data aids with understanding utilization within products across Carriers. The specific pharmacy data reported in PC026 through PC035, PC037 through PC039, PC057, PC058, PC060, PC064, PC071, and PC073 through PC075 would be the same or similar elements that are reported to a Carrier on the NCPDP Format or a Carrier specific direct data entry system.

Subscriber and Member (Patient) Carrier unique identifiers are being requested to aid with the matching algorithm, see PC107 and PC108.

Provider data is outlined below.

Adjudication Data

The Division requires adjudication-centric data in order to comply with analytic requirements. The elements typically used in an adjudication process are PC017, PC025, PC036, PC040 through PC042, PC063, PC065 through PC070 and PC110 and are variations of paper remittances or the HIPAA 835 4010.

Denied Claims: Payers will be not be required to submit denied claims effective July 1, 2010. The Division will issue an Administrative Bulleting notifying Payers when the requirement to submit denied claims will become effective, and will notify Payers about the procedures and due dates for submitting such claims.

Provider Identifiers

The Division has made a conscious decision to collect numerous identifiers that may be associated with a provider. The identifiers will be used to help link providers across carriers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of our matching algorithms. Examples of these identifying elements include PC043-PC055 relating to the Prescribing Provider.

The Provider ID

Elements PC043 (Prescribing Provider ID) and PC048 (Prescribing Physician NPI) are critical fields which link the Prescribing Provider identified on the Pharmacy Claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID, is:

The unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This field may or may not be the provider NPI. Also see instructions related to provider identifying claims elements including (MC024, MC026, MC076, MC077, and MC112). This field is used to uniquely identify a provider and that provider's affiliation and a provider and a provider's practice location within this provider file.

The goal of PV002, Provider ID, is to help identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

The Division is committed to working with payers and their technical teams to ensure compliance with all applicable laws and regulations. The Division will continue to provide support through technical assistance calls and resources available on the Division's website.

File Layout

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Old Length	Description	Encrypt Upon Intake
HD-PC	1	HD001	Record Type	06/24/10	Text	ID	2	2	Header Record Identifier	No
HD-PC	2	HD002	Payer	06/24/10	Text	ID Carrier	8	8	Header Submitter/Carrier ID	No
HD-PC	3	HD003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	Header CMS National Plan Identification Number (PlanID)	No
HD-PC	4	HD004	Type of File	06/24/10	Text	ID	2	2	Header Type of File	No
HD-PC	5	HD005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Header Period Start Date	No
HD-PC	6	HD006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Header Period Ending Date	No
HD-PC	7	HD007	Record Count	06/24/10	Integer	Counter	10	10	Header Record Count	No
HD-PC	8	HD008	Comments	06/24/10	Text	Free Text Field	80	80	Header Carrier Comments	No
PC	1	PC001	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
PC	2	PC002	Plan ID	10/03/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No
PC	3	PC003	Insurance Type Code/Product	06/24/10	Text	Lookup Table	2	2	Type / Product Identification Code	No
PC	4	PC004	Payer Claim Control Number	06/24/10	Text	ID Claim Number	35	35	Payer Claim Control Identification	No
PC	5	PC005	Line Counter	06/24/10	Integer	ID	4	4	Incremental Line Counter	No
PC	6	PC005A	Version Number	7/6/10	Integer	ID Group	4	4	Claim Service Version Number	No
PC	7	PC006	Insured Group or Policy Number	06/24/10	Text	ID Group	30	30	Carriers group or policy number	No
PC	8	PC007	Subscriber SSN	10/15/10	Text	Tax ID	9	128	Subscriber's Social Security Number	Yes
PC	9	PC008	Plan Specific Contract Number	06/24/10	Text	ID Contract	30	128	Plan Specific Contract Number	Yes
PC	10	PC009	Member Suffix or Sequence Number	06/24/10	Text	ID Sequence	20	20	Member/Patient's Contract Sequence Number	No
PC	11	PC010	Member SSN	06/24/10	Text	Tax ID	9	128	Member/Patient's Social Security Number	Yes
PC	12	PC011	Individual Relationship Code	06/24/10	Integer	Lookup Table	2	2	Member/Patient to Subscriber Relationship Code	No
PC	13	PC012	Member Gender	06/24/10	Text	Lookup Table	1	1	Member/Patient's Gender	No
PC	14	PC013	Member Date of Birth	06/24/10	Date	Date Complete	8	8	Member/Patient's date of birth	No

PC	15	PC014	Member City Name of Residence	06/24/10	Text	Address City	50	50	City name of the Member/Patient		No
PC	16	PC015	Member State	06/24/10	Text	Address State	2	2	State of the Member/Patient		No
PC	17	PC016	Member ZIP Code	06/24/10	Text	Address Zip Code	11	11	Zip code of the Member/Patient		No
PC	18	PC017	Date Service Approved (AP Date)	06/24/10	Date	Date Complete	8	8	Date Service Approved		No
PC	19	PC018	Pharmacy Number	06/24/10	Text	ID Pharmacy	30	30	Pharmacy Number		No
PC	20	PC019	Pharmacy Tax ID Number	06/24/10	Text	Tax ID	10	10	Pharmacy Tax Identification Number		No
PC	21	PC020	Pharmacy Name	06/24/10	Text	Name Pharmacy	100	100	Name of Pharmacy		No
PC	22	PC021	National Pharmacy ID Number	06/24/10	Text	NPI	20	20	National Provider Identification (NPI) of the Provider		No
PC	23	PC022	Pharmacy Location City	06/24/10	Text	Address City	30	30	City name of the Pharmacy		No
PC	24	PC023	Pharmacy Location State	06/24/10	Text	Address State	2	2	State of the Pharmacy		No
PC	25	PC024	Pharmacy ZIP Code	06/24/10	Text	Address Zip Code	11	11	Zip code of the Pharmacy		No
PC	26	PC024A	Pharmacy Country Code	06/24/10	Text	Address Country	30	30	Country Code of the Pharmacy		No
PC	27	PC025	Claim Status	06/24/10	Integer	Lookup Table	2	2	Claim Line Status		No
PC	28	PC026	Drug Code	06/24/10	Text	NDC	11	11	National Drug Code (NDC)		No
PC	29	PC027	Drug Name	06/24/10	Text	Name Drug	80	80	Name of the drug as supplied		No
PC	30	PC028	New Prescription or Refill	06/24/10	Integer	ID	2	2	Prescription Status Indicator		No
PC	31	PC029	Generic Drug Indicator	06/24/10	Text	Lookup Table	1	1	Generic Drug Indicator		No
PC	32	PC030	Dispense as Written Code	06/24/10	Integer	Lookup Table	1	1	Prescription Dispensing Activity Code		No
PC	33	PC031	Compound Drug Indicator	06/24/10	Text	Lookup Table	1	1	Compound Drug Indicator		No
PC	34	PC032	Date Prescription Filled	06/24/10	Date	Date Complete	8	8	Prescription filled date		No
PC	35	PC033	Quantity Dispensed	10/03/10	Integer	Counter	10	5	Claim line units dispensed		No
PC	36	PC034	Days Supply	06/24/10	Integer	Days Prescription	3	3	Prescription Supply Days		No
PC	37	PC035	Charge Amount	06/24/10	Integer	Currency	10	10	Amount of provider charges for the claim line		No
PC	38	PC036	Paid Amount	10/03/10	Integer	Currency	10	10	Amount paid by the carrier for the claim line		No
PC	39	PC037	Ingredient Cost/List Price	06/24/10	Integer	Currency	10	10	Amount defined as the List Price or Ingredient Cost		No
PC	40	PC038	Postage Amount Claimed	06/24/10	Integer	Currency	10	10	Amount of postage claimed on the claim line		No
PC	41	PC039	Dispensing Fee	06/24/10	Integer	Currency	10	10	Amount of dispensing fee for the claim line		No
PC	42	PC040	Copay Amount	06/24/10	Integer	Currency	10	10	Amount of Copay member/patient is responsible to pay		No

PC	43	PC041	Coinsurance Amount	06/24/10	Integer	Currency	10	10	Amount of coinsurance member/patient is responsible to pay	No
PC	44	PC042	Deductible Amount	06/24/10	Integer	Currency	10	10	Amount of deductible member/patient is responsible to pay on the claim line	No
PC	45	PC043	Prescribing ProviderID	06/24/10	Text	ID PV002	28	28	Prescribing Provider Number	No
PC	46	PC044	Prescribing Physician First Name	06/24/10	Text	Name First	25	25	First name of Prescribing Physician	No
PC	47	PC045	Prescribing Physician Middle Name	06/24/10	Text	Name Middle	25	25	Middle initial of Prescribing Physician	No
PC	48	PC046	Prescribing Physician Last Name	06/24/10	Text	Name Last	60	60	Last name of Prescribing Physician	No
PC	49	PC047	Prescribing Physician DEA Number	06/24/10	Text	ID	20	20	Prescribing Physicians DEA Number	No
PC	50	PC048	Prescribing Physician NPI	06/24/10	Text	NPI PV002	20	20	National Provider Identification (NPI) of the Prescribing Physician	No
PC	51	PC049	Prescribing Physician Plan Number	06/24/10	Text	ID	30	30	Prescribing Physicians Carrier Assigned Plan Number	No
PC	52	PC050	Prescribing Physician License Number	06/24/10	Text	ID PV002	30	30	Prescribing Physician License Number	No
PC	53	PC051	Prescribing Physician Street Address	06/24/10	Text	Address 1	50	50	Street address of the Prescribing Physician	No
PC	54	PC052	Prescribing Physician Street Address 2	06/24/10	Text	Address 2	50	50	Secondary Street Address of the Prescribing Physician	No
PC	55	PC053	Prescribing Physician City	06/24/10	Text	Address City	30	30	City name of the Prescribing Physician	No
PC	56	PC054	Prescribing Physician State	06/24/10	Text	Address State	2	2	State of the Physician	No
PC	57	PC055	Prescribing Physician Zip	06/24/10	Text	Address Zip Code	10	10	Zip code of the Prescribing Physician	No
PC	58	PC056	Product ID Number	10/03/10	Text	ID PR001	20	20	Product Identification Number	No
PC	59	PC057	Mail Order pharmacy	06/24/10	Text	Lookup Table	1	1	Mail Order Pharmacy indicator	No
PC	60	PC058	Script number	06/24/10	Text	ID	20	20	Prescription Number	No
PC	61	PC059	Recipient PCP ID	06/24/10	Text	ID PV002	30	30	Member/Patient's PCP ID Number	No
PC	62	PC060	Single/Multiple Source Indicator	06/24/10	Text	Lookup Table	1	1	Drug Source Indicator	No
PC	63	PC061	Member Street Address	06/24/10	Text	Address 1	50	50	Street address of the Member/Patient	No
PC	64	PC062	Billing Provider Tax ID Number	06/24/10	Text	Tax ID	10	10	The Billing Provider's Federal Tax Identification Number (FTIN)	No

PC	65	PC063	Paid Date	06/24/10	Date	Date Complete	8	8	Paid date of the claim line	No
PC	66	PC064	Date Prescription Written	06/24/10	Date	Date Complete	8	8	Date prescription was prescribed	No
PC	67	PC065	Coordination of Benefits/TPL Liability Amount	06/24/10	Integer	Currency	10	10	Amount due from a Secondary Carrier when known	No
PC	68	PC066	Other Insurance Paid Amount	06/24/10	Integer	Currency	10	10	Amount paid by a Primary Carrier	No
PC	69	PC067	Medicare Paid Amount	06/24/10	Integer	Currency	10	10	Amount Medicare paid on claim	No
PC	70	PC068	Allowed amount	06/24/10	Integer	Currency	10	10	Allowed Amount	No
PC	71	PC069	Member Self Pay Amount	06/24/10	Integer	Currency	10	10	Amount member/patient paid out of pocket on the claim line	No
PC	72	PC070	Rebate Indicator	06/24/10	Text	Lookup Table	1	1	Drug Rebate Eligibility Indicator	No
PC	73	PC071	State Sales Tax	06/24/10	Integer	Currency	10	10	Amount of applicable sales tax on the claim line	No
PC	74	PC072	Filler	06/24/10	Filler	Filler	50	50	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
PC	75	PC073	Formulary Code	06/24/10	Text	Lookup Table	1	1	Formulary inclusion identifier	No
PC	76	PC074	Route of Administration	06/24/10	Text	Lookup Table	2	2	Pharmaceutical Route of Administration Indicator	No
PC	77	PC075	Drug Unit of Measure	06/24/10	Text	Lookup Table	3	3	Units of Measure	No
PC	78	PC101	Subscriber Last Name	10/15/10	Text	Name Last	60	128	Last name of Subscriber	Yes
PC	79	PC102	Subscriber First Name	10/15/10	Text	Name First	25	128	First name of the Subscriber	Yes
PC	80	PC103	Subscriber Middle Initial	10/15/10	Text	Name Middle	1	1	Middle initial of Subscriber	No
PC	81	PC104	Member Last Name	06/24/10	Text	Name Last	60	128	Last name of Member/Patient	Yes
PC	82	PC105	Member First Name	06/24/10	Text	Name First	25	128	First name of Member/Patient	Yes
PC	83	PC106	Member Middle Initial	06/24/10	Text	Name Middle	1	1	Middle initial of the Member/Patient	No
PC	84	PC107	CarrierSpecificUniqueMemberID	10/15/10	Text	ID	50	50	Member/Patient Carrier Unique Identification	Yes
PC	85	PC108	CarrierSpecificUniqueSubscriberID	10/15/10	Text	ID	50	50	Subscriber Carrier Unique Identification	Yes
PC	86	PC109	Member Street Address 2	06/24/10	Text	Address 2	50	50	Secondary Street Address of the Member/Patient	No
PC	87	PC110	Claim Line Type	06/24/10	Text	Lookup Table	10	10	Claim Line Activity Type Code	No
PC	88	PC111	Former Claim Number	10/14/10	Text	ID	35	35	Previous Claim Number	No
PC	89	PC899	Record Type	06/24/10	Text	ID	2	2	File Type Identifier	No
TR-PC	1	TR001	Record Type	06/24/10	Text	ID	2	2	Trailer Record Identifier	No
TR-PC	2	TR002	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
TR-PC	3	TR003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No

TR-PC	4	TR004	Type of File	06/24/10	Text	ID	2	2	This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	No
TR-PC	5	TR005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Start Date	No
TR-PC	6	TR006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Ending Date	No
TR-PC	7	TR007	Date Processed	06/24/10	Date	Date Complete	8	8	Trailer Processed Date	No

Appendices

Appendix A – Submission Guideline

File	Col	Element	Data Element Name	Date Active (version)	Type	Format	Revised Length	Old Length	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold	Encrypt Upon Intake
HD-PC	1	HD001	Record Type	06/24/10	Text	HD	2	2	This must have HD reported here. Indicates the beginning of the Header Elements of the file.	All	100%	same as APCD	No
HD-PC	2	HD002	Payer	06/24/10	Text		8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in TR002	All	100%	same as APCD	No
HD-PC	3	HD003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
HD-PC	4	HD004	Type of File	06/24/10	Text	PC	2	2	This must have PC reported here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in TR004.	All	100%	same as APCD	No
HD-PC	5	HD005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in TR005	All	100%	same as APCD	No
HD-PC	6	HD006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in TR006	All	100%	same as APCD	No
HD-PC	7	HD007	Record Count	06/24/10	Integer	#######	10	10	Total number of records submitted in this file	All	100%	same as APCD	No

HD-PC	8	HD008	Comments	06/24/10	Text	Free Text Comments	80	80	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	All	0%	same as APCD	No
PC	1	PC001	Payer	06/24/10	Text		8	8	Payer submitting payments	All	100%	same as APCD	No
PC	2	PC002	Plan ID	10/03/10	Text		30	30	CMS National Plan ID	All	0%	same as APCD	No
PC	3	PC003	Insurance Type Code/Product	06/24/10	Text	tlkpClaimInsuranceType	2	2	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, and Workers Compensation.	All	95%	same as APCD	No
PC	4	PC004	Payer Claim Control Number	06/24/10	Text	Free Text Control Number	35	35	Unique identifier within the payer's system that applies to the entire claim	All	100%	same as APCD	No
PC	5	PC005	Line Counter	06/24/10	Integer	####	4	4	Line number for this service. Start with 1 and increment by 1 for each additional line of the claim	All	100%	same as APCD	No
PC	6	PC005A	Version Number	7/6/10	Integer	####	4	4	Version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line.	All	100%	same as APCD	No
PC	7	PC006	Insured Group or Policy Number	06/24/10	Text		30	30	Do not report the number that uniquely identifies the subscriber	All	98%	same as APCD	No
PC	8	PC007	Subscriber SSN	10/15/10	Text	#########	9	128	Set as null if unavailable; used to create unique member ID. Do not use hyphen	All	85%	same as APCD	Yes
PC	9	PC008	Plan Specific Contract Number	06/24/10	Text		30	128	Plan assigned contract number (set as null if contract number = subscriber's social security number). Do not include values in this field that will distinguish one member of the family from another. If submitted, this should be the contract or certificate number for the subscriber and all of his/her dependents.	All	98%	same as APCD	Yes

PC	10	PC009	Member Suffix or Sequence Number	06/24/10	Text		20	20	Uniquely numbers the member within the contract	All	98%	same as APCD	No
PC	11	PC010	Member SSN	06/24/10	Text	#########	9	128	Member's social security number (set as null if unavailable). Do not use hyphen	All	98%	same as APCD	Yes
PC	12	PC011	Individual Relationship Code	06/24/10	Integer	tlkpIndividualRelathionshipCode	2	2	Indicator to define the Member/Patient's relationship to the Subscriber	All	85%	same as APCD	No
PC	13	PC012	Member Gender	06/24/10	Text	tlkpGender	1	1		All	100%	same as APCD	No
PC	14	PC013	Member Date of Birth	06/24/10	Date	CCYYMMDD	8	8	The date the member was born	All	99%	same as APCD	No
PC	15	PC014	Member City Name of Residence	06/24/10	Text	Free Text Address	50	50	City name of member	All	99%	same as APCD	No
PC	16	PC015	Member State	06/24/10	Text	External Code Source 2	2	2	Two-digit state code as defined by the United States Postal Service; see External Code Source	All	99%	same as APCD	No
PC	17	PC016	Member ZIP Code	06/24/10	Text	External Code Source 3	11	11	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	99%	same as APCD	No
PC	18	PC017	Date Service Approved (AP Date)	06/24/10	Date	CCYYMMDD	8	8	This represents the date the service was approved for payment. This can be the same date as the Paid date when applicable.	All	99%	same as APCD	No
PC	19	PC018	Pharmacy Number	06/24/10	Text		30	30	The Pharmacy number (NCPDP or NABP)	All	98%	same as APCD	No
PC	20	PC019	Pharmacy Tax ID Number	06/24/10	Text	#########	10	10	Federal taxpayer's identification number. Do not use hyphen	All	20%	same as APCD	No
PC	21	PC020	Pharmacy Name	06/24/10	Text	Free Text	100	100	Name of pharmacy	All	90%	same as APCD	No

PC	22	PC021	National Pharmacy ID Number	06/24/10	Text	External Code Source 4	20	20	The Primary National Provider Identifier (NPI) for the Pharmacy	All	98%	same as APCD	No
PC	23	PC022	Pharmacy Location City	06/24/10	Text	Free Text Address	30	30	City name of pharmacy - preferably pharmacy location	All	85%	same as APCD	No
PC	24	PC023	Pharmacy Location State	06/24/10	Text	External Code Source 2	2	2	Two-digit state code as defined by the United States Postal Service; see External Code Source	All	90%	same as APCD	No
PC	25	PC024	Pharmacy ZIP Code	06/24/10	Text	External Code Source 3	11	11	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	90%	same as APCD	No
PC	26	PC024A	Pharmacy Country Code	06/24/10	Text	External Code Source 1	30	30	Three-digit country code as defined by ISO 3166-1; see External Code Source	All	90%	same as APCD	No
PC	27	PC025	Claim Status	06/24/10	Integer	tlkpClaimStatus	2	2	Claim processed as primary, secondary, etc.	All	65%	same as APCD	No
PC	28	PC026	Drug Code	06/24/10	Text	5-4-2 standard. Do not include hyphens	11	11	NDC Code as defined by the FDA in 11 digit format with out hyphenation	All	90%	98%	No
PC	29	PC027	Drug Name	06/24/10	Text	External Code Source 12	80	80	Do not report generic name when using brand National Drug Codes	All	95%	same as APCD	No
PC	30	PC028	New Prescription or Refill	06/24/10	Integer		2	2	00 = new prescription, else number of refill	All	99%	same as APCD	No
PC	31	PC029	Generic Drug Indicator	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, the drug reported is a generic.	All	100%	same as APCD	No
PC	32	PC030	Dispense as Written Code	06/24/10	Integer	tlkpDispenseAsWritten	1	1	Example: 0 = Not dispensed as written, etc.	All	98%	same as APCD	No

PC	33	PC031	Compound Drug Indicator	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, drug is a compound.	All	98%	same as APCD	No
PC	34	PC032	Date Prescription Filled	06/24/10	Date	CCYYMMDD	8	8	Date the pharmacy filled AND dispensed prescription to the Patient	All	99%	same as APCD	No
PC	35	PC033	Quantity Dispensed	10/03/10	Integer	#######	10	5	Number of metric units of medication dispensed	All	99%	same as APCD	No
PC	36	PC034	Days Supply	06/24/10	Integer	###	3	3	Estimated number of days the prescription will last	All	99%	same as APCD	No
PC	37	PC035	Charge Amount	06/24/10	Integer	DDDDCC	10	10	Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	38	PC036	Paid Amount	10/03/10	Integer	DDDDCC	10	10	Do not include withhold amounts in this field. Withhold amount will be collected in MC116. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	39	PC037	Ingredient Cost/List Price	06/24/10	Integer	DDDDCC	10	10	Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	40	PC038	Postage Amount Claimed	06/24/10	Integer	DDDDCC	10	10	Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	41	PC039	Dispensing Fee	06/24/10	Integer	DDDDCC	10	10	Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	42	PC040	Copay Amount	06/24/10	Integer	DDDDCC	10	10	Defined as a preset, fixed amount. Example: $25.00 Copay for Office Visits. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	43	PC041	Coinsurance Amount	06/24/10	Integer	DDDDCC	10	10	The coinsurance amount here is defined as the amount calculated by the submitting Carrier. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No

PC	44	PC042	Deductible Amount	06/24/10	Integer	DDDDCC	10	10	The deductible amount here is defined as the amount calculated by the submitting Carrier. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	45	PC043	Prescribing ProviderID	06/24/10	Text		28	28	The number of the prescribing provider which links to this provider in the provider file, on field PV002. Fields PC044-PC055 are optional if the value in this field links to a value in PV002.	All	80%	98%	No
PC	46	PC044	Prescribing Physician First Name	06/24/10	Text	Free Text Name	25	25	Physician first name (optional if PC047 or PC048 is filled with DEA number)	All	50%	same as APCD	No
PC	47	PC045	Prescribing Physician Middle Name	06/24/10	Text	Free Text Name	25	25	Physician middle name or initial (optional if PC047 or PC048 is filled with DEA number)	All	2%	same as APCD	No
PC	48	PC046	Prescribing Physician Last Name	06/24/10	Text	Free Text Name	60	60	Physician last name (optional if PC047 or PC048 is filled with DEA number;	All	50%	same as APCD	No
PC	49	PC047	Prescribing Physician DEA Number	06/24/10	Text		20	20	Primary DEA number for prescribing physician	All	80%	same as APCD	No
PC	50	PC048	Prescribing Physician NPI	06/24/10	Text	External Code Source 4	20	20	Primary NPI number for prescribing physician. This should be an individual that is in the PV002 field. This field is looking to capture the NPI of an individual physician, not a group. If the individual NPI is not available, PC044 through PC046 are mandatory.	All	80%	same as APCD	No

PC	51	PC049	Prescribing Physician Plan Number	06/24/10	Text			30	30	If the prescriber is not contracted with the carrier, this field will be null.	All	10%	same as APCD	No
PC	52	PC050	Prescribing Physician License Number	06/24/10	Text			30	30	The State practice license number for the provider identified in PV002. If not available, or not applicable, such as for a group or corporate entity, default to null. For a doctor this is the medical license for a non doctor this is the practice license. Do not use zeros.	All	10%	same as APCD	No
PC	53	PC051	Prescribing Physician Street Address	06/24/10	Text	Free Text Address	50	50		All	10%	same as APCD	No
PC	54	PC052	Prescribing Physician Street Address 2	06/24/10	Text	Free Text Address	50	50	Street address 2 of Prescribing Physician	All	2%	same as APCD	No
PC	55	PC053	Prescribing Physician City	06/24/10	Text	Free Text Address	30	30	Prescribing Physician City	All	10%	same as APCD	No
PC	56	PC054	Prescribing Physician State	06/24/10	Text	External Code Source 2	2	2	Two-digit state code as defined by the United States Postal Service; see External Code Source	All	10%	same as APCD	No
PC	57	PC055	Prescribing Physician Zip	06/24/10	Text	External Code Source 3	10	10	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	10%	same as APCD	No
PC	58	PC056	Product ID Number	06/24/10	Text	ID PR001	20	20	Must correspond to the ProductID (PR001) on the Product file. This number should allow the Division to understand what product a member is enrolled in during the timeframe of the claim submission and	All	100%	same as APCD	No

									must equal a value on the product file.				
PC	59	PC057	Mail Order pharmacy	06/24/10	Text	tlkpFlagI ndicator s	1	1	1 = Yes, pharmacy is a mail order pharmacy.	All	100%	same as APCD	No
PC	60	PC058	Script number	06/24/10	Text		20	20	Unique identifier of prescription	All	100%	same as APCD	No
PC	61	PC059	Recipient PCP ID	06/24/10	Text		30	30	The members PCP. The value in this field must link to a value in PV002 on the provider file.	All	98%	same as APCD	No
PC	62	PC060	Single/Mu ltiple Source Indicator	06/24/10	Text	tlkpFlagI ndicator s	1	1	1 = Yes, drug reported is a generic.	All	90%	same as APCD	No
PC	63	PC061	Member Street Address	06/24/10	Text	Free Text Address	50	50	The member should always be the patient except if it is a newborn.	All	90%	same as APCD	No
PC	64	PC062	Billing Provider Tax ID Number	06/24/10	Text	######## ##	10	10	Also known as EIN, TIN for FEIN. Do not use hyphen. Do not use hyphen	All	90%	same as APCD	No
PC	65	PC063	Paid Date	06/24/10	Date	CCYYM MDD	8	8	Date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment. This can be the same date as Processed Date. Example: Claims paid in full, partial or zero paid	All	99%	same as APCD	No
PC	66	PC064	Date Prescripti on Written	06/24/10	Date	CCYYM MDD	8	8	The date the prescribing physician wrote or called-in the prescription	All	80%	98%	No
PC	67	PC065	Coordinati on of Benefits/T PL Liability Amount	06/24/10	Integer	DDDDC C	10	10	The amount that another carrier/insurer is liable for. Example is known 'gap coverage' where Payer-to-Payer transactions took place. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	0%	98%	No

PC	68	PC066	Other Insurance Paid Amount	06/24/10	Integer	DDDDCC	10	10	The amount paid/collected for the claim line that another carrier paid. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where PrimaryInsuranceIndicator=Secondary	90%	98%	No
PC	69	PC067	Medicare Paid Amount	06/24/10	Integer	DDDDCC	10	10	If no Medicare payment is on the claim, code with 0. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	0%	98%	No
PC	70	PC068	Allowed amount	06/24/10	Integer	DDDDCC	10	10	The maximum amount contractually allowed, which a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often it is less than or equal to the fee charged by the pharmacy. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
PC	71	PC069	Member Self Pay Amount	06/24/10	Integer	DDDDCC	10	10	Amount member paid if they chose to pay out of pocket instead of using pharmacy benefit copay structure. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	20%	same as APCD	No
PC	72	PC070	Rebate Indicator	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, drug is eligible for a rebate.	All	85%	same as APCD	No
PC	73	PC071	State Sales Tax	06/24/10	Integer	DDDDCC	10	10	Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.		80%	98%	No
PC	74	PC072	Filler	06/24/10	Filler	Filler	50	50	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
PC	75	PC073	Formulary Code	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, drug is on the formulary.	All	90%	same as APCD	No

PC	76	PC074	Route of Administration	06/24/10	Text	tlkpRouteOfAdministration	2	2	Indicates how drug is administered. Orally, injection, etc	All	80%	same as APCD	No
PC	77	PC075	Drug Unit of Measure	06/24/10	Text	tlkpPharmacyUnitOfMeasure	3	3	Unit of measure for drug (grams, milliliters, etc.)	All	80%	same as APCD	No
PC	78	PC101	Subscriber Last Name	10/15/10	Text	Free Text Name	60	128	Used to create unique member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: O'Brien becomes OBRIEN; Carlton-Smythe become CARLTONSMYTHE	All	98%	same as APCD	Yes
PC	79	PC102	Subscriber First Name	10/15/10	Text	Free Text Name	25	128	Used to create unique member ID. First name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: Anne-Marie becomes ANNEMARIE	All	98%	same as APCD	Yes
PC	80	PC103	Subscriber Middle Initial	10/15/10	Text	Free Text Name	1	1	Subscriber Middle Initial. Used to create unique member ID.	All	2%	same as APCD	No
PC	81	PC104	Member Last Name	06/24/10	Text	Free Text Name	60	128	Member Last Name. Used to create unique member ID. Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	98%	same as APCD	Yes
PC	82	PC105	Member First Name	06/24/10	Text	Free Text Name	25	128	Member First Name. Used to create unique member ID. Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	98%	same as APCD	Yes

PC	83	PC106	Member Middle Initial	06/24/10	Text	Free Text Name	1	1	Used to create unique member ID.	All	2%	same as APCD	No
PC	84	PC107	CarrierSpecificUniqueMemberID	10/15/10	Text		50	50	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted upon intake. The value in this field must match the value in the carrier-specific, unique member ID field in the eligibility file (ME107).	All	100%	same as APCD	Yes
PC	85	PC108	CarrierSpecificUniqueSubscriberID	10/15/10	Text		50	50	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted upon intake. The value in this field must match the value in the carrier-specific, unique subscriber ID field in the eligibility file (ME117).	All	100%	same as APCD	Yes
PC	86	PC109	Member Street Address 2	06/24/10	Text	Free Text Address	50	50	Address of member which may include apartment number or suite, or other secondary information besides the street.	All	0%	same as APCD	No
PC	87	PC110	Claim Line Type	06/24/10	Text	tlkpClaimLineType	10	10	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	All	90%	same as APCD	No
PC	88	PC111	Former Claim Number	10/14/10	Text	ID	35	35	Use of "Former Claim Number" to version claims can **only** be used if approved by DHCFP. Contact Paul Smith or your Carrier specific assigned APCD liaison at DHCFP. Most Carriers should **not** be using this field – see "Claim Voids and Replacements – Versioning Protocol.doc" for the standard protocol.	All	0%	same as APCD	No
PC	89	PC899	Record Type	06/24/10	Text	PC	2	2	This must be reported as PC here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	All	100%	same as APCD	No

TR-PC	1	TR001	Record Type	06/24/10	Text	TR	2	2	This must be reported as TR here	All	100%	same as APCD	No
TR-PC	2	TR002	Payer	06/24/10	Text		8	8		All	100%	same as APCD	No
TR-PC	3	TR003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
TR-PC	4	TR004	Type of File	06/24/10	Text	PC	2	2	This must have PC reported here	All	100%	same as APCD	No
TR-PC	5	TR005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in HD005	All	100%	same as APCD	No
TR-PC	6	TR006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in HD006	All	100%	same as APCD	No
TR-PC	7	TR007	Date Processed	06/24/10	Date	CCYYMMDD	8	8	This is the date that the submission was processed by the carrier for submission	All	100%	same as APCD	No

Appendix B – Lookup Tables by Element

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Format	Description	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold
PC	3	PC003	Insurance Type Code/Product	06/24/10	Text	Lookup Table	2	tlkpClaimInsuranceType	Type / Product Identification Code	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, and Workers Compensation.	All	95%	same as APCD

									Claim Insurance Type Code	*Claim Insurance Type*			
									09	Self-pay			
									10	Central Certification			
									11	Other Non-Federal Programs			
									12	Preferred Provider Organization (PPO)			
									13	Point of Service (POS)			
									14	Exclusive Provider Organization (EPO)			
									15	Indemnity Insurance			
									16	Health Maintenance Organization (HMO) Medicare Risk			
									17	Dental Maintenance Organization (DMO)			
									AM	Automobile Medical			
									BL	Blue Cross / Blue Shield			
									CC	Commonwealth Care			
									CE	Commonwealth Choice			
									CH	Champus			
									CI	Commercial Insurance Co.			
									DS	Disability			
									HM	Health Maintenance Organization			
									LI	Liability			
									LM	Liability Medical			
									MA	Medicare Part A			
									MB	Medicare Part B			
									MC	Medicaid			
									OF	Other Federal Program			
									TV	Title V			

								VA	Veterans Administration Plan				
								WC	Workers' Compensation				
PC	12	PC011	Individual Relationship Code	06/24/10	Integer	Lookup Table	2	tlkpIndividualRelationshipCode	Member/Patient to Subscriber Relationship Code	Indicator to define the Member/Patient's relationship to the Subscriber	All	85%	same as APCD

Individual Relationship Code	Individual Relationship
1	Spouse
4	Grandfather or Grandmother
5	Grandson or Granddaughter
7	Nephew or Niece
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Self/Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
53	Life Partner
76	Dependent

PC	13	PC012	Member Gender	06/24/10	Text	Lookup Table	1	tlkpGender	Member/Patient's Gender		All	100%	same as APCD

Gender Code	Gender
F	Female
M	Male
O	Other
U	Unknown

PC	27	PC025	Claim Status	06/24/10	Integer	Lookup Table	2	tlkpClaimStatus	Claim Line Status	Claim processed as primary, secondary, etc. see lookup	All	65%	same as APCD
									Claim Status Code	**Claim Status**			
									01	Processed as primary			
									02	Processed as secondary			
									03	Processed as tertiary			
									04	Denied			
									19	Processed as primary, forwarded to additional payer(s)			
									20	Processed as secondary, forwarded to additional payer(s)			
									21	Processed as tertiary, forwarded to additional payer(s)			
									22	Reversal of previous payment			
PC	31	PC029	Generic Drug Indicator	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Generic Drug Indicator	1 = Yes, the drug reported is a generic.	All	100%	same as APCD
									Value	**Description**			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PC	32	PC030	Dispense as Written Code	06/24/10	Integer	Lookup Table	1	tlkpDispenseAsWritten	Prescription Dispensing Activity Code	Example: 0 = Not dispensed as written, etc.	All	98%	same as APCD
									Dispense As Written Code	**Dispense As Written**			
									0	Not dispensed as written			
									1	Physician dispense as written			
									2	Member dispense as written			
									3	Pharmacy dispense as written			
									4	No generic available			
									5	Brand dispensed as generic			
									6	Override			
									7	Substitution not allowed, brand drug mandated by law			
									8	Substitution allowed, generic drug not available in marketplace			

									9	Other		
PC	33	PC031	Compound Drug Indicator	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Compound Drug Indicator	1 = Yes, drug is a compound	All	98%	same as APCD
									Value	**Description**		
									1	Yes		
									2	No		
									3	Unknown		
									4	Other		
									5	Not Applicable		
PC	59	PC057	Mail Order pharmacy	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Mail Order Pharmacy indicator	1 = Yes, pharmacy is a mail order pharmacy.	All	100%	same as APCD
									Value	**Description**		
									1	Yes		
									2	No		
									3	Unknown		
									4	Other		
									5	Not Applicable		
PC	62	PC060	Single/Multiple Source Indicator	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Drug Source Indicator	1 = Yes, drug reported is a generic.	All	90%	same as APCD
									Value	**Description**		
									1	Yes		
									2	No		
									3	Unknown		
									4	Other		
									5	Not Applicable		
PC	72	PC070	Rebate Indicator	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Drug Rebate Eligibility Indicator	1 = Yes, drug is eligible for a rebate.	All	85%	same as APCD
									Value	**Description**		
									1	Yes		
									2	No		
									3	Unknown		
									4	Other		
									5	Not Applicable		
PC	75	PC073	Formulary Code	06/24/10	Text	Indicator Flag	1	tlkpFlagIndicators	Formulary inclusion identifier	1 = Yes, drug is on the formulary.	All	90%	same as APCD

									Value	Description			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
PC	75	PC074	Route of Administration	06/24/10	Text	Lookup Table	2	tlkpRouteOfAdministration	Pharmaceutical Route of Administration Indicator	Indicates how drug is administered. Orally, injection, etc	All	80%	same as APCD
									Route Of Administration Code	Route Of Administration			
									00	Not Specified			
									01	Buccal			
									02	Dental			
									03	Inhalation			
									04	Injection			
									05	Intraperitoneal			
									06	Irrigation			
									07	Mouth / Throat			
									08	Mucous Membrane			
									09	Nasal			
									10	Ophthalmic			
									11	Oral			
									12	Other / Misc			
									13	Otic			
									14	Perfusion			
									15	Rectal			
									16	Sublingual			
									17	Topical			
									18	Transdermal			
									19	Translingual			
									20	Urethral			
									21	Vaginal			
									22	Enteral			
PC	77	PC075	Drug Unit of Measure	06/24/10	Text	Lookup Table	3	tlkpPharmacyUnitOfMeasure	Units of Measure	Unit of measure for drug (grams, milliliters, etc.)	All	80%	same as APCD

										Measure Code	Measure			
										EA	Each			
										GM	Grams			
										ML	Milliliters			
M	88	PC110	Claim Line Type	06/24/10	Text	Lookup Table	10	tlkpClaimLineType	Claim Line Activity Type Code	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment		All	90%	same as APCD
									Claim Line Type Code	Claim Line Type				
									O	Original				
									V	Void				
									R	Replacement				
									B	Back Out				
									A	Amendment				

Appendix C – Claim Mapping Reference

File	Col	Element	Data Element Name	Description	Revised Length	NCPDP Mapping (Guideline to understand the data to be sent)
HD	1	HD001	Record Type	Header Record Identifier	2	N/A
HD	2	HD002	Payer	Header Submitter/Carrier ID	8	N/A
HD	3	HD003	National Plan ID	Header CMS National Plan Identification Number (PlanID)	30	N/A
HD	4	HD004	Type of File	Header Type of File	2	N/A
HD	5	HD005	Period Beginning Date	Header Period Start Date	6	N/A
HD	6	HD006	Period Ending Date	Header Period Ending Date	6	N/A
HD	7	HD007	Record Count	Header Record Count	10	N/A
HD	8	HD008	Comments	Header Carrier Comments	80	N/A
PC	1	PC001	Payer	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	8	N/A
PC	2	PC002	Plan ID	CMS National Plan Identification Number (PlanID)	30	N/A
PC	3	PC003	Insurance Type Code/Product	Type / Product Identification Code	2	N/A
PC	4	PC004	Payer Claim Control Number	Payer Claim Control Identification	35	N/A
PC	5	PC005	Line Counter	Incremental Line Counter	4	N/A
PC	6	PC005A	Version Number	Claim Service Line Version Number	4	N/A
PC	7	PC006	Insured Group or Policy Number	Carriers group or policy number	30	301-C1
PC	8	PC007	Subscriber SSN	Subscriber's Social Security Number	9	302-C2
PC	9	PC008	Plan Specific Contract Number	Plan Specific Contract Number	30	N/A
PC	10	PC009	Member Suffix or Sequence Number	Member/Patient's Contract Sequence Number	20	N/A

PC	11	PC010	Member SSN	Member/Patient's Social Security Number	9	302-CY
PC	12	PC011	Individual Relationship Code	Member/Patient to Subscriber Relationship Code	2	306-C6
PC	13	PC012	Member Gender	Member/Patient's Gender	1	305-C5
PC	14	PC013	Member Date of Birth	Member/Patient's date of birth	8	304-C4
PC	15	PC014	Member City Name of Residence	City name of the Member/Patient	50	323-CN
PC	16	PC015	Member State	State of the Member/Patient	2	324-CO
PC	17	PC016	Member ZIP Code	Zip code of the Member/Patient	11	325-CP
PC	18	PC017	Date Service Approved (AP Date)	Date Service Approved	8	N/A
PC	19	PC018	Pharmacy Number	Pharmacy Number	30	202-B2
PC	20	PC019	Pharmacy Tax ID Number	Pharmacy Tax Identification Number	10	N/A
PC	21	PC020	Pharmacy Name	Name of Pharmacy	100	833-5P
PC	22	PC021	National Pharmacy ID Number		20	N/A
PC	23	PC022	Pharmacy Location City	City name of the Pharmacy	30	831-5N
PC	24	PC023	Pharmacy Location State	State of the Pharmacy	2	832-6F
PC	25	PC024	Pharmacy ZIP Code	Zip code of the Pharmacy	11	835-5R
PC	26	PC024A	Pharmacy Country Code	Country Code of the Pharmacy	30	N/A
PC	27	PC025	Claim Status	Claim Line Status	2	N/A
PC	28	PC026	Drug Code	National Drug Code (NDC)	11	407-D7
PC	29	PC027	Drug Name	Name of the drug as supplied	80	516-FG
PC	30	PC028	New Prescription or Refill	Prescription Status Indicator	2	403-D3

PC	31	PC029	Generic Drug Indicator	Generic Drug Indicator	1	N/A
PC	32	PC030	Dispense as Written Code	Prescription Dispensing Activity Code	1	408-D8
PC	33	PC031	Compound Drug Indicator	Compound Drug Indicator	1	406-D6
PC	34	PC032	Date Prescription Filled	Prescription filled date	8	401-D1
PC	35	PC033	Quantity Dispensed	Claim line units dispensed	10	442-E7
PC	36	PC034	Days Supply	Prescription Supply Days	3	405-D5
PC	37	PC035	Charge Amount	Amount of provider charges for the claim line	10	804-5B
PC	38	PC036	Paid Amount	Amount paid by the carrier for the claim line	10	509-F9
PC	39	PC037	Ingredient Cost/List Price	Amount defined as the List Price or Ingredient Cost	10	506-F6
PC	40	PC038	Postage Amount Claimed	Amount of postage claimed on the claim line	10	428-DS
PC	41	PC039	Dispensing Fee	Amount of dispensing fee for the claim line	10	507-F7
PC	42	PC040	Copay Amount	Amount of Copay member/patient is responsible to pay	10	518-FI
PC	43	PC041	Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay	10	518-FI
PC	44	PC042	Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line	10	505-F5
PC	45	PC043	Prescribing ProviderID	Prescribing Provider Number	28	N/A
PC	46	PC044	Prescribing Physician First Name	First name of Prescribing Physician	25	364-2J
PC	47	PC045	Prescribing Physician Middle Name	Middle initial of Prescribing Physician	25	N/A
PC	48	PC046	Prescribing Physician Last Name	Last name of Prescribing Physician	60	427-DR

PC	49	PC047	Prescribing Physician DEA Number	Prescribing Physicians DEA Number	20	421-DL
PC	50	PC048	Prescribing Physician NPI	National Provider Identification (NPI) of the Prescribing Physician	20	421-DL
PC	51	PC049	Prescribing Physician Plan Number	Prescribing Physicians Carrier Assigned Plan Number	30	411-DB
PC	52	PC050	Prescribing Physician License Number	Prescribing Physician License Number	30	421-DL
PC	53	PC051	Prescribing Physician Street Address	Street address of the Prescribing Physician	50	365-2K
PC	54	PC052	Prescribing Physician Street Address 2	Secondary Street Address of the Prescribing Physician	50	365-2K
PC	55	PC053	Prescribing Physician City	City name of the Prescribing Physician	30	366-2M
PC	56	PC054	Prescribing Physician State	State of the Physician	2	367-2N
PC	57	PC055	Prescribing Physician Zip	Zip code of the Prescribing Physician	10	368-2P
PC	58	PC056	Product ID Number	Product Identification Number	20	N/A
PC	59	PC057	Mail Order pharmacy	Mail Order Pharmacy indicator	1	N/A
PC	60	PC058	Script number	Prescription Number	20	454-EK
PC	61	PC059	Recipient PCP ID	Member/Patient's PCP ID Number	30	421-DL
PC	62	PC060	Single/Multiple Source Indicator	Drug Source Indicator	1	
PC	63	PC061	Member Street Address	Street address of the Member/Patient	50	322-CM
PC	64	PC062	Billing Provider Tax ID Number	The Billing Provider's Federal Tax Identification Number (FTIN)	10	N/A
PC	65	PC063	Paid Date	Paid date of the claim line	8	443-E8
PC	66	PC064	Date Prescription Written	Date prescription was prescribed	8	414-DE

PC	67	PC065	Coordination of Benefits/TPL Liability Amount	Amount due from a Secondary Carrier when known	10	
PC	68	PC066	Other Insurance Paid Amount	Amount paid by a Primary Carrier	10	431-DV
PC	69	PC067	Medicare Paid Amount	Amount Medicare paid on claim	10	431-DV
PC	70	PC068	Allowed amount	Allowed Amount	10	
PC	71	PC069	Member Self Pay Amount	Amount member/patient paid out of pocket on the claim line	10	433-DX
PC	72	PC070	Rebate Indicator	Drug Rebate Eligibility Indicator	1	N/A
PC	73	PC071	State Sales Tax	Amount of applicable sales tax on the claim line	10	481-HA 482-GE
PC	74	PC072	Filler	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	50	N/A
PC	75	PC073	Formulary Code	Formulary inclusion identifier	1	
PC	76	PC074	Route of Administration	Pharmaceutical Route of Administration Indicator	2	995-E2
PC	77	PC075	Drug Unit of Measure	Units of Measure	3	600-28
PC	78	PC101	Subscriber Last Name	Last name of Subscriber	60	313-CD
PC	79	PC102	Subscriber First Name	First name of the Subscriber	25	313-CC
PC	80	PC103	Subscriber Middle Initial	Middle initial of Subscriber	1	N/A
PC	81	PC104	Member Last Name	Last name of Member/Patient	60	311-CB
PC	82	PC105	Member First Name	First name of Member/Patient	25	310-CA
PC	83	PC106	Member Middle Initial	Middle initial of the Member/Patient	1	N/A
PC	84	PC107	CarrierSpecificUniqueMemberID	Member/Patient Carrier Unique Identification	50	
PC	85	PC108	CarrierSpecificUniqueSubscriberID	Subscriber Carrier Unique Identification	50	

PC	86	PC109	Member Street Address 2	Secondary Street Address of the Member/Patient	50	
PC	87	PC110	Claim Line Type	Claim Line Activity Type Code	10	
PC	88	PC111	Former Claim Number	Previous Claim Number	35	
PC	89	PC899	Record Type	File Type Identifier	2	
TR	1	TR001	Record Type	Trailer Record Identifier	2	N/A
TR	2	TR002	Payer	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	8	N/A
TR	3	TR003	National Plan ID	CMS National Plan Identification Number (PlanID)	30	N/A
TR	4	TR004	Type of File	This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	2	N/A
TR	5	TR005	Period Beginning Date	Trailer Period Start Date	6	N/A
TR	6	TR006	Period Ending Date	Trailer Period Ending Date	6	N/A
TR	7	TR007	Date Processed	Trailer Processed Date	8	N/A

Appendix D – External Code Sources

External Code Sources

1   Countries

American National Standards Institute
11 West 42nd Street, 13th Floor
New York, NY 10036

2   States and Other Areas of the US

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

3   Zip Codes

U.S. Postal Service
Washington, DC 20260

4   Centers for Medicare and Medicaid Services National Provider Identifier

Centers for Medicare and Medicaid Services
Office of Financial Management
Division of Provider/Supplier Enrollment
C4-10-07

7500 Security Boulevard
Baltimore, MD 21244-1850

5   International Classification of Diseases Clinical Modification, 9th Revision

U.S. Government Printing Office
P.O. Box 371954
Pittsburgh, PA 15250

6   International Classification of Diseases Clinical Modification, 10th Revision

National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

7   Healthcare Common Procedural Coding System

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MC 21244

8   American Dental Association

Salable Materials
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678

9   Place of Service Codes for Professional Claims

Centers for Medicare and Medicaid Services
CMSO, Mail Stop S2-01-16
7500 Security Blvd
Baltimore, MD 21244-1850

10   National Uniform Billing Committee (NUBC) Codes

National Uniform Billing Committee
American Hospital Association
One North Franklin
Chicago, IL 60606

11   Diagnosis Related Group Number (DRG)

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

12   National Drug Code Format

Federal Drug Listing Branch HFN-315
5600 Fishers Lane
Rockville, MD 20857

13   Health Care Provider Taxonomy

The National Uniform Claim Committee
c/o American Medical Association
515 North State Street
Chicago, IL 60610

14   Claim Adjustment Reason Codes

Blue Cross / Blue Shield Association
Interplan Teleprocessing Services Division
676 N. St. Clair Street
Chicago, IL 60611

15   North American Industry Classification System (NAICS)

National Technical Information Service
Alexandria, VA 22312