Pharmacy Claims Data Extract Layout

Version 1.3

Date Last Updated: July 25, 2024

Version	Date	Change Log
1.0	1/1/2008	New fields added to extract. Patient gender, Drug Name, OTC Indicator, Multisource, DEA Schedule, Dispense as Written (DAW) Indicator
1.1	1/1/2012	Prescription Number field will increase in length from 10 to 12 characters. 2. The position numbers after the "Prescription Number" field repositioned by two (2) to account for field length increase. 3. NCPDP reject code field changed to include 3 digit reject codes. Maximum number of occurrences statement removed.
1.3	7/25/2024	Added 'Q' value to OTC Indicator field.

PHARMACY CLAIMS HEADER RECORD				
Field Name	Length	Positions	Data Type	Comment
BIN Number	6	1-6	Alphanumeric	610499 (Sender ID)
Batch	5	7-11	Alphanumeric	Format = Julian Date (YYDDD)
Creation Date	8	12-19	Alphanumeric	Format = Date (CCYYMMDD)

PHARMACY CLAIMS DETAIL RECORD				
Field Name	Length	Positions	Data Type	Comment/Values
Member ID	12	1-12	Alphanumeric	MCI – Master Client Identifier
Member Last Name	20	13-32	Alphanumeric	Member's last name
Member First Name	15	33-47	Alphanumeric	Member's first name
Member Middle Initial	1	48	Alphanumeric	Member's middle initial
Date of Birth	8	49-56	Alphanumeric	Member's birth date Format = Date (CCYYMMDD)
Member Gender	1	57	Alphanumeric	F (female) M (male)
Fill Date	8	58-65	Alphanumeric	Date prescription was filled Format = Date (CCYYMMDD)
Claim Status	1	66	Alphanumeric	Medicaid fee-for-service status of claim P = Paid Claim or Paid Reversal/Adjustment D = Denied Claim or Denied Reversal/Adjustment
Claim Number	13	67-79	Alphanumeric	Unique number assigned to each claim Format = RRYYJJJBBBSSS RR = Region YY = Year JJJ = Julian date BBB = Batch number SSS = Sequence number

PHARMACY CLAIMS DETAIL RECORD				
Field Name	**Length**	**Positions**	**Data Type**	**Comment/Values**
Original Claim Number	13	80-92	Alphanumeric	Claim number assigned to original claim on reversals.
Prescription Number	12	93-104	Alphanumeric	Claim prescription number assigned by the provider.
NDC Code	11	105-115	Alphanumeric	National Drug Code (NDC)
Drug Name	40	116-155	Alphanumeric	Label name for NDC
OTC Indicator	1	156	Alphanumeric	This field identifies whether or not the drug is OTC or Federal Legend. O = OTC F = Federal Legend Q = FDB Class (Non-Drug/Non-Med Dev)
Multisource	1	157	Alphanumeric	1 = Multiple 2 = Single
DEA Schedule	1	158	Alphanumeric	0 = No control 1 = No accepted medical use. Examples: Marijuana, Heroin 2 = Medical Use. High potential for abuse. Examples: Oxycodone, Ritalin 3 = Medical Use. Moderate abuse potential. Examples: Vicodin, Acet/Codeine 4 = Lower abuse potential. Examples: Lorazepam, Zolpidem 5 = Controlled sale by pharmacy only
Diagnosis Code	1	159-165	Alphanumeric	Claim diagnosis code (ICD-9 prior to Fill Date 10/1/2015. On and after Fill Date 10/1/2015 ICD-10)
Dispense as Written (DAW) Indicator	1	166	Alphanumeric	0 = No product 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 = Substitution Allowed By Prescriber But Plan Requests Brand- Patient's Plan Requested Brand Product To Be Dispensed
Days Supply	9	167-175	Numeric	Number of days

PHARMACY CLAIMS DETAIL RECORD				
Field Name	**Length**	**Positions**	**Data Type**	**Comment/Values**
Billed Amount	10	176-185	Numeric with 2 Implied decimals	Dollar amount billed on claim
Pharmacy Provider ID	15	186-200	Alphanumeric	10 digit National Provider Identifier (NPI) or 8 digit or 9 digit Medicaid ID.
Prescribing Provider ID	15	201-215	Alphanumeric	10 digit NPI
Refill Code	2	216-217	Numeric	00 – New prescription 01-99 – Number of refills
Quantity	10	218-227	Numeric with 3 implied decimals	Claim quantity
NCPDP Reject Codes	20	228-247	Alphanumeric	Claim rejects – 2 to 3 digit field

PHARMACY CLAIMS TRAILER RECORD				
Field Name	**Length**	**Positions**	**Data Type**	**Comment**
Batch	5	1-5	Alphanumeric	Format = Julian Date (YYDDD)
Record Count	7	6-12	Numeric	Record count plus 2 (header and trailer records)