

Number	Field Name	Length	From	Thru	Description
1	Record Type	9(2)	1	2	Constant "54"
2	Region Code (1)	X(10)	3	12	Region Code (1)
3	Vendor Number	X(15)	13	27	Usually pharmacy NABP number
4	Carrier Number	X(15)	28	42	Pharmacy network associated with group/benefit
5	Payment Batch Number	9(10)	43	52	EOB cycle number
6	Payment Batch Date	9(8)	53	60	YYYYMMDD
7	Member Number	X(13)	61	73	ID Number of patient
8	Person Code	9(2)	74	75	Family position of patient. Example: 01 = insured. 02 = spouse. 03 or greater = dependents
9	Relationship Code	X(1)	76	76	Relationship to insured. Only NCPDP standard codes are reported. Non-standard codes are reported as "D". I = Insured. S = Spouse. D = Dependent
10	Group Number	X(10)	77	86	Group number of member
11	Division Number	X(10)	87	96	Allows for a subset of employees within a company
12	Date of Birth	9(8)	97	104	YYYYMMDD
13	Last Name	X(50)	105	154	Reference only -not to be used as key information
14	Headquarter Code	X(5)	155	159	Assigned by MedImpact
15	Chain ID	9(10)	160	169	For internal use
16	Ingredient Cost	9(8)V99	170	179	Discounted ingredient cost - 2 Decimal places
17	Claim ID	X(14)	180	193	Claim number a different claim number will be used for each prescription.
18	TCC Standard Code	X(2)	194	195	Therapeutic Class Code
19	Generic Product Flag	X(1)	196	196	0=Non-Drug Item, 1=Generic, 2=Brand, 3=Multi Source
20	Claim Created Date	X(8)	197	204	Date claim received/created by MedImpact – YYYYMMDD
21	Region code (2)	X(10)	205	214	Region Code (2)
22	Rx Number	9(10)	215	224	Prescription number
23	Prescriber ID	X(15)	225	239	Usually DEA #
24	Prescriber ID Type	X(30)	240	269	Usually the abbreviation "DEA"
25	NDC Number	9(11)	270	280	National Drug Code number, must have format of 55555-4444-22 where 55555 indicates the maker, 4444 indicates the drug and 22 indicates the packaging.
26	Date of Service	9(8)	281	288	YYYYMMDD. Fill date
27	Metric Quantity	9(10)	289	298	Quantity of drug (No decimal values)
28	DAW Code	9(1)	299	299	0 = No DAW. 1 = Physician DAW. 2 = Patient DAW. 3 = Pharmacy DAW. 4 = No generic in stock. 5 = Brand as generic. 6 = Override. 7 = Brand by law. 8 = Generic not available
29	Compound Code	9(1)	300	300	Blank, 0, 1 = Non-compound. 2 = Compound
30	Approval Number	9(10)	301	310	Prior Authorization Number
31	Days Supply	9(10)	311	320	Number of days prescription should last based on doses per day and the total number of doses

32	New/Refill Code	9(2)	321	322	00 = New. 01 = Refill
33	Filler	9(5)	323	327	Formerly the deductible amount. Deductible amount in this position will be obsolete as of 1/1/2002. See new field position 693-700.
34	Filler	9(3)V99	328	332	Formerly the Tax Amount field. Tax amount in this position will be obsolete as of 01/01/2004. See new field position 737 to 743.
35	Facility Code	X(10)	333	342	Member's facility code : Facility code is the clinic or Vendor that has that patient at that time the claim is run. This field is what triggers which pharmacy that a patient could go to. It is a physical address.
36	COB Code	X(2)	343	344	0 = Not Specified—Normal Processing. 1 = Primary Coverage – Normal processing. 2 = Secondary Coverage – Reject. 3 = Double Coverage – No copay. 4 = Double Coverage – No copay (COBII). 6 = Secondary Coverage – Soft message. 9 = Reserved for special purpose
37	Medicare Code	X(1)	345	345	Medicare coverage for the member (subscriber or spouse only) If the member has Medicare as the primary coverage B = Medicare part B only M = Part A & B R = Renal dialysis Y = Yes, specifics undefined D = Medicare Part D
38	Formulary Flag	X(1)	346	346	Drug on formulary, "Y" Is part of Formulary, "N", Is outside Formulary. "O" (Other) There is no Formulary. The Claim was adjudicated under a benefit that has no formulary
39	Member Residence Code	9(2)	347	348	Member Residence Code. (NCPDP standard)
40	Other Coverage Code	9(1)	349	349	Pharmacy submitted other coverage code. (NCPDP standard)
41	Eligibility Clarification Code	9(1)	350	350	Eligibility clarification code. (NCPDP standard)
42	Dispensing Fee	9(8)V99	351	360	Professional dispensing fee - 2 decimal places
43	Billed Amount	9(8)V99	361	370	Amount billed or submitted by pharmacy before copay - 2 decimal places
44	Total Cost	9(8)V99	371	380	Adjudicated Drug Cost. (Allowed drug cost). Field length includes 2 decimal places. - 2 decimal places
45	Paid Amount	9(8)V99	381	390	Amount paid to the pharmacy. Field length includes 2 decimal places. 2 decimal places
46	Generic Code Number	X(5)	391	395	Generic product identification number
47	Used Price Code	9(1)	396	396	1 = AWP. 2 = Baseline. 3 = HCFA. 4 = MAC. 5 = HCFA/MAC. 6 = MMAC. 9 = Other. 9 = Other

48	Claim Status Code	9(1)	397	397	0 = NEW. 1 = Approved and Paid. 2 = Denied. 3 = Reversed original claim. 4 = Reversal entry against original claim. 5 = Dual Claim. 6 = Dual Claim Reversed. 7 = Dual Claim Reversal
49	Region Code (3)	X(10)	398	407	Region Code 3
50	Paid Date	9(8)	408	415	YYYYMMDD. Date of check payment
51	Check Number	9(10)	416	425	Pharmacy or member reimbursement check number for claim payment
52	Message Field Code	X(3)	426	428	MedImpact error # for paper claims
53	Out of Pocket	9(6)V99	429	436	Sum of all charges to Member. Field length includes 2 decimal places.
54	Drug Category	X(1)	437	437	G = Generic, P = Preferred, N = Non-preferred, S = Special, O = Other (not specified)
55	Payment Type Code	9(2)	438	439	1 = Pay to pharmacy as calculated, 2 = Pay to pharmacy as billed, 3 = Pay to member as billed, 4 = Pay to member as calculated
56	Sex	X(1)	440	440	M = Male, F = Female
57	General Text Message	X(61)	441	501	Claim record comment line
58	NAF Dispensing Fee	9(3)V99	502	506	Usually blank filled. Field length includes 2 decimal places.
59	NAF Paid Amount	9(8)V99	507	516	Usually blank filled. Field length includes 2 decimal places.
60	Benefit Code	X(10)	517	526	Benefit code that claim processed under.
61	Copay Amount	9(8)V99	527	534	Member Co-payment on claim. 2 decimal places
62	NAF Ingredient Cost	9(10)V99	535	544	Usually blank filled. Field length includes 2 decimal places.
63	Reference Number	X(14)	545	558	Claim number being reversed
64	AHFS Therapeutic Code	X(6)	559	564	American Hospital Formulary Service therapeutic code
65	Label Name	X(30)	565	594	Drug name, strength, and dosage form
66	Claim Source Code	X(1)	595	595	P = POS, D = Data entered, H or F = File/Data load from tape
67	Undiscounted awp unit price	9(14)V99999	596	609	When requested. 2 decimal places
68	Member First Name	X(30)	610	639	First Name of member
69	Member Age	9(3)	640	642	Age of member
70	Drug Name (Brand)	X(50)	643	692	Name of Drug
71	Deductible Amount	9(8)V99	693	700	Amount of claim applied to member deductible. Field length includes 2 decimal places.
72	PCP ID Number	X(18)	701	718	Primary Care Physician ID Number
73	Alternate Member Number	X(18)	719	736	Alternate Member Number
74	Tax Amount (New)	9(7)V99	737	743	2 decimal places
75	Filler	X(7)	744	750	
76	Generic Flag	X(1)	751	751	Blank = Unspecified, 1 = Multiple Sources, 2 = Single Source
77	Physician First Name	X(51)	752	802	First Name of Physician
78	Physician Last Name	X(51)	803	853	Last Name of Physician
79	Metric Decimal Quantity	X(13)	854	866	This is the complete metric quantity
80	Member Number Overflow	X(11)	867	877	Member Number Overflow

81	Pharmacy Name	X(50)	878	927	Pharmacy Name
82	Pharmacy Medi-Cal ID	X(15)	928	942	Pharmacy Medi-Cal id
83	Date Rx Written	9(8)	943	950	Submitted by pharmacy (YYYYMMDD)
84	Part D type indicator	9(1)	951	951	1 = OTC. 2 = Part D Covered. 3 = Part B Covered. 4 = Medicaid wrap. Blank = N/A
85	Pharmacy Address	X(50)	952	1001	Pharmacy Address
86	Pharmacy City	X(50)	1002	1051	Pharmacy City
87	Pharmacy St	X(2)	1052	1053	Pharmacy St
88	Pharmacy Zip	X(10)	1054	1063	Pharmacy Zip
89	Pharmacy Phone	X(15)	1064	1078	Pharmacy Phone
90	Pharmacy Tax Id	X(20)	1079	1098	Pharmacy Tax ID
91	TCC Standard Description	X(29)	1099	1127	TCC Standard Description
92	AHFS Therapeutic Description	X(30)	1128	1157	AHFS Therapeutic Description
93	Pharmacy County	X(50)	1158	1207	Pharmacy County
94	Medicaid No	X(18)	1208	1225	Medicaid No
95	Social Security Number	9(9)	1226	1234	Social Security Number
96	Class Code	X(1)	1235	1235	Drug class code, F = Federal Legend, O = Over The Counter
97	Vendor NPI No. (National Provider Identifier)	9(10)	1236	1245	NPI associated with Vendor NCPDP No. (when
98	Submitted Vendor ID code	9(2)	1246	1247	"01" = NPI "07" = NCPDP (NABP) may also be any of the 15 other codes allowed by NCPDP in the original claim
99	Prescriber NPI No.	9(10)	1248	1257	NPI associated with Prescriber DEA No. (when available)
100	Submitted Prescriber ID code	9(2)	1258	1259	"01" = NPI "12" = DEA may also be any of the 15 other codes allowed by NCPDP in the original claim
101	HICL	X(05)	1260	1264	HICL drug identifier – only populated for drug data subscribers.
102	HICL Description	X(50)	1265	1314	HICL Description – only populated for drug data subscribers.
103	GTC Code	X(02)	1315	1316	Generic Therapeutic Class Code (Smart Key) – only populated for drug data subscribers.
104	GTC Description	X(50)	1317	1366	GTC Description (Smart Key) – only populated for drug data subscribers.
105	STC Code	X(04)	1367	1370	Specific Therapeutic Class Code (Smart Key) – only populated for drug data subscribers.
106	STC Description	X(50)	1371	1430	STC Description (Smart Key) – only populated for drug data subscribers.
107	Drug Name	X(30)	1431	1450	Example: LEXAPRO
108	Drug Strength	X(10)	1451	1460	Example: 20 MG
109	Drug Dosage Form	X(10)	1461	1470	Example: TABLET
110	Physician State License No	X(30)	1471	1500	Based on Data provided by Value Options
111	Facility NPI	X(20)	1501	1520	Facility ID field
112	340B Indicator (Carrier)	X(15)	1521	1535	Usually Carrier Number
113	Drug Generic Name	X(30)	1536	1565	Generic Name for Drug Always

114	Member Number Combined	x(30)	1566	1595	Combination of existing Member Number X(13) and Member Number Overflow X(11)
115	Refills Available	(9)10	1596	1605	Difference between # of Fills Field and Refill Number field
116	340B Wholesale Account	X(20)	1606	1625	340B Wholesale Distribution Account for Coverd entity site
117	Standard Wholesale Account	X(20)	1626	1645	Standard Wholesale Account for Association for Pharmacy
118	PBM Claim Fee (Admin Fee)	X(8)	1646	1653	PBM Fee - 2 decimal places