| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 3 | | | | | | | | | |
| 4 | | **BATCH HEADER RECORD** | | | | | | | |
| 5 | 4 | | | | 00 | 111-AM | Segment Identification | X(02) | |
| 6 | 4 | | | | | 880-K6 | Transmission Type | X(01) | |
| 7 | 4 | | | | | 880-K1 | Sender ID | X(24) | |
| 8 | 4 | | | | | 806-5C | Batch Number | 9(07) | |
| 9 | 4 | | | | | 880-K2 | Creation Date | 9(08) | Format CCYYMMDD |
| 10 | 4 | | | | | 889_K3 | Creation Time | 9(04) | Format HHMM |
| 11 | 4 | | | | | 702-MC | File Type | X(01) | |
| 12 | 4 | | | | | 102-A2 | Version/Release Number | X(02) | |
| 13 | 4 | | | | | 880-K7 | Receiver ID | X(24) | |
| 14 | | | | | | | | | |
| 15 | | **TRANSMISSION HEADER SEGMENT** | | | | | | | |
| 16 | | | | | | | | | |
| 17 | 1 | 101-A1 | BIN Number | 9(06) | transmission_header.i_bin | 101-A1 | BIN Number | 9(06) | |
| 18 | 1 | 102-A2 | Version/Release Number | X(02) | transmission_header.i_bin_version_release_no | 102-A2 | Version/Release Number | X(02) | value 51- is same for D.0? |
| 19 | 1 | 103-A3 | Transction Code | X(02) | transmission_header.i_txn_cd | 103-A3 | Transaction Code | X(02) | |
| 20 | 4 | | | | | 104-A4 | Processor Control Number | X(10) | |
| 21 | 4 | | | | | 109-A9 | Transaction Count | X(01) | |
| 22 | 4 | | | | | 202-B2 | Service Provider ID Qualifier | X(02) | |
| 23 | 1 | 201-B1 | Service Provider ID | X(15) | transmission_header.i_service_provider_id | 201-B1 | Service Provider ID | X(15) | If reversal use original claim value |
| 24 | 1 | 401-D1 | Date of Service | 9(08) | transmission_header.i_service_dt | 401-D1 | Date of Service | 9(08) | Format CCYYMMDD |
| 25 | 1 | 110-AK | Software Vendor/Certification ID | X(10) | transmission_header.i_provdr_software_vndr_cert_id | 110-AK | Software Vendor/Certification ID | X(10) | |
| 26 | | | | | | | | | |
| 27 | | **TRANSMISSION PATIENT SEGMENT** | | | | | | | |
| 28 | | | | | | | | | |
| 29 | 1 | 111-AM | Segment Identification | X(02) | 01 | 111-AM | Segment Identification | X(02) | |
| 30 | 4 | | | | | 331-CX | Patient ID Qualifier | X(02) | |
| 31 | 4 | | | | | 332-CY | Patient ID | X(20) | |
| 32 | 1 | 304-C4 | Date of Birth | 9(08) | transmission_header.birth_dt | 304-C4 | Date of Birth | 9(08) | Format CCYYMMDD |
| 33 | 4 | | | | | 305-C5 | Patient Gender Code | 9(01) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 34 | 1 | 310-CA | Patient First Name | X(12) | transmission_header.i_patient_first_name | 310-CA | Patient First Name | X(12) | |
| 35 | 1 | 311-CB | Patient Last Name | X(15) | transmission_header.i_patient_last_name | 311-CB | Patient Last Name | X(15) | |
| 36 | 4 | | | | | 322-CM | Patient Street Address | X(30) | |
| 37 | 4 | | | | | 323-CN | Patient City Address | X(20) | |
| 38 | 4 | | | | | 324-CO | Patient State | X(02) | |
| 39 | 4 | | | | | 325-CP | Patient Zip | X(15) | |
| 40 | 4 | | | | | 326-CQ | Patient Phone Number | 9(10) | Format AAAEEENNNN |
| 41 | 1 | 307-C7 | Patient Location | 9(02) | transmission_header.i_patient_location | 307-C7 | Patient Location | 9(02) | |
| 42 | 4 | | | | | 333-CZ | Employer ID | X(15) | |
| 43 | 5 | 334-1C | Smoker/Non-Smoker Code | X(01) | | | | | |
| 44 | 1 | 335-2C | Pregnancy Indicator | X(01) | transmission_header.i_pregnancy_cd | 335-2C | Pregnancy Indicator | X(01) | |
| 45 | 4 | | | | | 350-HN | Patient Email Address | X(80) | |
| 46 | 4 | | | | | 384-4X | Patient Residence | 9(02) | |
| 47 | | | | | | | | | |
| 48 | | | | | | | | | |
| 49 | | **TRANSACTION PHARMACY SEGMENT** | | | | | | | |
| 50 | | | | | | | | | |
| 51 | 1 | 111-AM | Segment Identification | X(02) | 02 | 111-AM | Segment Identification | X(02) | |
| 52 | 1 | 465-EY | Provider ID Qualifier | X(02) | txn_claim.i_provider_id_qlfr | 465-EY | Provider ID Qualifier | X(02) | |
| 53 | 1 | 444-E9 | Provider ID | X(15) | txn_claim.i_provider_id | 444-E9 | Provider ID | X(15) | |
| 54 | | | | | | | | | |
| 55 | | **TRANSACTION PRESCRIBER SEGMENT** | | | | | | | |
| 56 | | | | | | | | | |
| 57 | 1 | 111-AM | Segment Identification | X(02) | 03 | 111-AM | Segment Identification | X(02) | |
| 58 | 1 | 466-EZ | Prescriber ID Qualifier | X(02) | txn_claim.i_prescriber_id_qlfr | 466-EZ | Prescriber ID Qualifier | X(02) | |
| 59 | 1 | 411-DB | Prescriber ID | X(15) | txn_claim.i_prescriber_id | 411-DB | Prescriber ID | X(15) | |
| 60 | 4 | | | | | 467-1E | Prescriber Location Code | X(03) | For D.0 - note says Deleted from Telecom Std? |
| 61 | 4 | | | | | 427-DR | Prescriber Last Name | X(15) | |
| 62 | 4 | | | | | 498-PM | Prescriber Phone Number | 9(10) | |
| 63 | 4 | | | | | 468-2E | Primary Care Provider ID Qualifer | X(02) | |
| 64 | 4 | | | | | 421-DL | Primary Care Provider ID | X(15) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 65 | 4 | | | | | 469-H5 | Primary Care Provider Location Code | X(03) | For D.0 - note says Deleted from Telecom Std? |
| 66 | 4 | | | | | 470-4E | Primary Care Provider Last Name | X(15) | |
| 67 | **3** | | | | | **364-2J** | **Prescriber First Name** | **X(12)** | **This replaces the Ordering Physician First Name that is currently defined as a subset of the Prior Authorization Supporting Documentation (498-PP) on the Prior Authorization segment, defined for use by Medicare under 5.1** |
| 68 | **3** | | | | | **365-2K** | **Prescriber Street Address** | **X(30)** | **This replaces the Ordering Physician Address that is currently defined as a subset of the Prior Authorization Supporting Documentation (498-PP) on the Prior Authorization segment, defined for use by Medicare under 5.1** |
| 69 | **3** | | | | | **366-2M** | **Prescriber City Address** | **X(20)** | **This replaces the Ordering Physician City that is currently defined as a subset of the Prior Authorization Supporting Documentation (498-PP) on the Prior Authorization segment, defined for use by Medicare under 5.1** |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 70 | **3** | | | | | **367-2N** | **Prescriber State** | **X(02)** | **This replaces the Ordering Physician State that is currently defined as a subset of the Prior Authorization Supporting Documentation (498-PP) on the Prior Authorization segment, defined for use by Medicare under 5.1** |
| 71 | **3** | | | | | **368-2P** | **Prescriber Zip** | **X(15)** | **This replaces the Ordering Physician Zip that is currently defined as a subset of the Prior Authorization Supporting Documentation (498-PP) on the Prior Authorization segment, defined for use by Medicare under 5.1** |
| 72 | | | | | | | | | |
| 73 | | **TRANSMISSION INSURANCE SEGMENT** | | | | | | | |
| 74 | | | | | | | | | |
| 75 | 1 | 111-AM | Segment Identification | X(02) | 04 | 111-AM | Segment Identification | X(02) | |
| 76 | 1 | 302-C2 | Cardholder ID | X(20) | transmission_header.i_cardholder_id | 302-C2 | Cardholder ID | X(20) | |
| 77 | 1 | 312-CC | Cardholder First Name | X(12) | transmission_header.i_cardholder_first_name | 313-CD | Cardholder Last Name | X(15) | |
| 78 | 1 | 313-CD | Cardholder Last Name | X(15) | transmission_header.i_cardholder_last_name | 313-CD | Cardholder Last Name | X(15) | |
| 79 | 4 | | | | | 314-CE | Home Plan | X(03) | |
| 80 | 4 | | | | | 524-FO | Plan ID | X(08) | |
| 81 | 4 | | | | | 309-C9 | Eligibility Clarification Code | 9(01) | |
| 82 | 5 | 336-8C | Facility ID | X(10) | | | | | |
| 83 | 1 | 301-C1 | Group ID | X(15) | txn_claim_reference.adj_group_id | 301-C1 | Group ID | X(15) | |
| 84 | 1 | 303-3C | Person Code | X(03) | transmission_header.i_person_cd | 303-3C | Person Code | X(03) | |
| 85 | 1 | 306-C6 | Patient Relationship Code | 9(01) | transmission_header_i_relationship_cd | 306-C6 | Patient Relationship Code | 9(01) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 86 | **3** | | | | **transaction_header.o_auth_no** | **359-2A** | **Medigap ID** | **X(20)** | **This field will address functionality that is currently addressed by the Alternate ID (330-CW) in the Claim Segment under 5.1** |
| 87 | **3** | | | | | **360-2B** | **Medicaid Indicator** | **X(02)** | |
| 88 | **3** | | | | | **361-2D** | **Provider Accept Assignment Indicator** | **X(01)** | |
| 89 | **3** | | | | | **997-G2** | **CMS Part D Defined Qualified Facility** | **X(01)** | |
| 90 | **3** | | | | | **115-N5** | **Medicaid ID Number** | **X(20)** | |
| 91 | **3** | | | | | **116-N6** | **Medicaid Agency Number** | | **Not Used in Billing Trans** |
| 92 | | | | | | | | | |
| 93 | | **TRANSACTION OTHER COB SEGMENT** | | | | | | | |
| 94 | | | | | | | | | |
| 95 | 1 | 111-AM | Segment Identification | X(02) | 05 | 111-AM | Segment Identification | X(02) | |
| 96 | 1 | 337-4C | Coordination of Benefits/ Other Payment Counts | X(02) | transaction_header.i_cob_other_pmts_count | 337-4C | Coordination of Benefits/ Other Payment Counts | X(02) | Other payments counts; PBM information is always first. Maximum count of 9 |
| 97 | 1 | 338-5C | Other Payer Coverage Type | X(02) | 01,02,03,etc | 338-5C | Other Payer Coverage Type | X(02) | The PBM(SXC) is always first (01); TPL starts with 5C=02 |
| 98 | **2** | 339-6C | Other Payer ID Qualifier | X(02) | **99 in 5.1; not valid in D.0** | 339-6C | Other Payer ID Qualifier | X(02) | **Must determine value for D.0** |
| 99 | 1 | 340-7C | Other Payer ID | X(10) | MCC062 or other TennCare carrier code | 340-7C | Other Payer ID | X(10) | SXC's code for SXC's paymts; Carrier code for TPL paymts |
| 100 | 1 | 443-E8 | Other Payer Date | 9(08) | transmission_header.adjud_dt | 443-E8 | Other Payer Date | 9(08) | This will also serve as receipt date for batch/paper claims |
| 101 | **3** | | | | | **993-A7** | **Internal Control Number** | **X(30)** | |
| 102 | | **Two rows below can repeated because qualifier determines where amount is mapped to** | | | | | | | |
| 103 | 1 | 341-HB | Other Payer Amount Paid Count | 9(02) | 6 | 341-HB | Other Payer Amount Paid Count | 9(02) | |
| 104 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | 7 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 105 | 1 | 431-DV | Other Payer Amount Paid Count | 9(02) | txn_pricing.o_dispense_fee_paid_amt + txn_pricing.o_ingred_cost_paid | 341-HB | Other Payer Amount Paid Count | 9(02) | TennCare Allowed Amount; default is 0 |
| 106 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | 8 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | |
| 107 | 1 | 431_DV | Other Payer Amount Paid Count | 9(02) | txn_pricing.o_total_amt_paid | 341-HB | Other Payer Amount Paid Count | 9(02) | TennCare Paid Amount: default is 0 |
| 108 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | 99 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | **How do you know which amount with three 99 qualifiers?** |
| 109 | 1 | 431-DV | Other Payer Amount Paid Count | 9(02) | txn_pricing.o_amt_applied_to_period_deduct | 341-HB | Other Payer Amount Paid Count | 9(02) | Deductible Amount; default is 0 |
| 110 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | 99 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | |
| 111 | 1 | 431-DV | Other Payer Amount Paid Count | 9(02) | 0 | 341-HB | Other Payer Amount Paid Count | 9(02) | CoInsurance Amount; default is 0 |
| 112 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | 99 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | |
| 113 | 1 | 431-DV | Other Payer Amount Paid Count | 9(02) | txn_pricing.o_amt_of_copay | 341-HB | Other Payer Amount Paid Count | 9(02) | Co-payment Amount; default is 0 |
| 114 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | 4 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | |
| 115 | 1 | 431-DV | Other Payer Amount Paid | S9(6)v99 | txn_pricing.o_dispense_fee_paid_amt | 431-DV | Other Payer Amount Paid | S9(6)v99 | Dispensing Fee; Default is 0 |
| 116 | 1 | 471-5E | Other Payer Reject Count | 9(02) | txn_header.o_reject_count | 471-5E | Other Payer Reject Count | 9(02) | rejected claims only; claim status of U or X |
| 117 | 1 | 472-6E | Other Payer Reject Code | X(03) | txn_error.o_reject_cd | 472-6E | Other Payer Reject Code | X(03) | rejected claims only; claim status of U or X |
| 118 | | **NORMAL COB - what does this mean?** | | | | | | | |
| 119 | 1 | 338-5C | Other Payer Coverage Type | X(02) | txn_req_cob_coverage.i_other_payer_cov_type_cd | 338-5C | Other Payer Coverage Type | X(02) | |
| 120 | 1 | 339-6C | Other Payer ID Qualifier | X(02) | txn_req_cob_coverage.i_other_payer_id_qlfr | 339-6C | Other Payer ID Qualifier | X(02) | |
| 121 | 1 | 340-7C | Other Payer ID | X(10) | txn_req_cob_coverage.i_other_payer_id | 340-7C | Other Payer ID | X(10) | SXC's code for SXC's paymts; Carrier code for TPL paymts |
| 122 | 1 | 443-E8 | Other Payer Date | 9(08) | transmission_header.adjud_dt | 443-E8 | Other Payer Date | 9(08) | This will also serve as receipt date for batch/paper claims |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 123 | **3** | | | | | **993-A7** | **Internal Control Number** | **X(30)** | |
| 124 | 1 | 443-E8 | Other Payer Date | 9(08) | txn_req_cob_coverage.i_other_payer_dt | 443-E8 | Other Payer Date | 9(08) | This will also serve as receipt date for batch/paper claims |
| 125 | 1 | 341-HB | Other Payer Amount Paid Count | 9(02) | txn_req_cob_coverage.i_other_payer_amt_paid_count | 341-HB | Other Payer Amount Paid Count | 9(02) | |
| 126 | 1 | 342-HC | Other Payer Amount Paid Qualifier | X(02) | txn_req_cob_payment.i_other_payer_amt_paid_qlfr | 342-HC | Other Payer Amount Paid Qualifier | X(02) | |
| 127 | 1 | 431-DV | Other Payer Amount Paid | S9(6)v99 | txn_req_cob_payment.i_other_payer_amt | 431-DV | Other Payer Amount Paid | S9(6)v99 | Dispensing Fee; Default is 0 |
| 128 | 1 | 471-5E | Other Payer Reject Count | 9(02) | txn_req_cob_coverage.i_other_payer_reject_cd_count | 471-5E | Other Payer Reject Count | 9(02) | rejected claims only; claim status of U or X |
| 129 | 1 | 472-6E | Other Payer Reject Code | X(03) | txn_req_cob_payment.i_other_payer_reject_cd | 472-6E | Other Payer Reject Code | X(03) | rejected claims only; claim status of U or X |
| 130 | **3** | | | | | **353-NR** | **Other Payer-Patient Responsibility Amount Count** | **S9(8)v99** | |
| 131 | **3** | | | | | **351-NP** | **Other Payer-Patient Responsibility Amount Qualifier** | **X(02)** | |
| 132 | **3** | | | | | **352-NQ** | **Other Payer-Patient Responsibility Amount** | **S9(8)v99** | |
| 133 | **3** | | | | | **392-MU** | **Benefit Stage Count** | **9(02)** | |
| 134 | **3** | | | | | **393-MV** | **Benefit Stage Qualifier** | **X(02)** | |
| 135 | **3** | | | | | **394-MW** | **Benefit Stage Amount** | **S9(6)v99** | |
| 136 | | | | | | | | | |
| 137 | | **TRANSACTION WORKERS COMP SEGMENT** | | | | | | | |
| 138 | | | | | | | | | |
| 139 | 4 | | | | 06 | 111-AM | Segment Identification | X(02) | |
| 140 | 4 | | | | | 434-DY | Date of Injury | 9(08) | |
| 141 | 4 | | | | | 315-CF | Employer Name | X(30) | |
| 142 | 4 | | | | | 316-CG | Employer Street Address | X(30) | |
| 143 | 4 | | | | | 317-CH | Employer City Address | X(20) | |
| 144 | 4 | | | | | 318-CI | Employer State | X(02) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 145 | 4 | | | | | 319-CJ | Employer Zip | X(15) | |
| 146 | 4 | | | | | 320-CK | Employer Phone Number | 9(10) | |
| 147 | 4 | | | | | 321-CL | Employer Contact Name | X(30) | |
| 148 | 4 | | | | | 327-CR | Carrier ID | X(10) | |
| 149 | 4 | | | | | 435-DZ | Claim/Reference ID | X(30) | |
| 150 | **3** | | | | | **117-TR** | **Billing Entity Type Indicator** | **9(02)** | |
| 151 | **3** | | | | | **118-TS** | **Pay to Qualifier** | **X(02)** | |
| 152 | **3** | | | | | **119-TT** | **Pay to ID** | **X(15)** | |
| 153 | **3** | | | | | **120-TU** | **Pay to Name** | **X(20)** | |
| 154 | **3** | | | | | **121-TV** | **Pay to Street Address** | **X(30)** | |
| 155 | **3** | | | | | **122-TW** | **Pay to City Address** | **X(20)** | |
| 156 | **3** | | | | | **123-TX** | **Pay to State** | **X(02)** | |
| 157 | **3** | | | | | **124-TY** | **Pay to Zip** | **X(15)** | |
| 158 | **3** | | | | | **125-TZ** | **Generic Equivalent Product ID Qualifier** | **X(02)** | |
| 159 | **3** | | | | | **126-UA** | **Generic Equivalent Product ID** | **X(19)** | |
| 160 | | | | | | | | | |
| 161 | | **TRANSACTION CLAIM SEGMENT** | | | | | | | |
| 162 | | | | | | | | | |
| 163 | | 111-AM | Segment Identification | X(02) | 07 | 111-AM | Segment Identification | X(02) | |
| 164 | 1 | 455-EM | Prescription/Service Reference Number Qualifier | X(01) | txn_claim.i_rx_service_ref_no_qlfr | 455-EM | Prescription/Service Reference Number Qualifier | X(01) | |
| 165 | **2** | 402-D2 | Prescription/Service Reference Number | **9(07)** | txn_claim.i_rx_service_ref_no | 402-D2 | Prescription/Service Reference Number | **9(12)** | If reversal, use original claim value |
| 166 | 1 | 436-E1 | Product/Service ID Qualifier | X(02) | txn_claim.i_product_service_id_qlfr | 436-E1 | Product/Service ID Qualifier | X(02) | If reversal, use original claim value |
| 167 | 1 | 407-D7 | Product/Service ID | X(19) | txn_claim.i_product_service_id | 407-D7 | Product/Service ID | X(19) | |
| 168 | **4** | | | **9(07)** | | 456-EN | Associated Prescription/ Service Reference Number | **9(12)** | |
| 169 | 4 | | | | | 457-EP | Associated Prescription/ Service Date | 9(08) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 170 | 4 | | | | | 458-SE | Procedure Modifier Code Count | 9(02) | |
| 171 | 4 | | | | | 459-ER | Procedure Modifier Code | X(02) | |
| 172 | 1 | 442-E7 | Quantity Dispensed | 9(7)v999 | txn_claim.i_qty_dispensed | 442-E7 | Quantity Dispensed | 9(7)v999 | txn_claim.i_qty_dispensed*1000 |
| 173 | 1 | 403-D3 | Fill Number | 9(02) | txn_claim.i_new_refill_cd | 403-D3 | Fill Number | 9(02) | |
| 174 | 1 | 405-D5 | Days Supply | 9(03) | txn_claim.i_days_supply | 405-D5 | Days Supply | 9(03) | |
| 175 | 1 | 406-D6 | Compound Code | 9(01) | txn_claim.i_compound_cd | 406-D6 | Compound Code | 9(01) | |
| 176 | 1 | 408-D8 | Dispense as Written (DAS) Product Selection Code | X(01) | txn_claim.i_daw_cd | 408-D8 | Dispense as Written (DAS) Product Selection Code | X(01) | |
| 177 | 1 | 414-DE | Date Prescription Written | 9(08) | txn_claim.i_rx_dt | 414-DE | Date Prescription Written | 9(08) | |
| 178 | 4 | | | | | 415-DF | Number of Refills Authorized | 9(02) | |
| 179 | 4 | | | | | 419-DJ | Prescription Origin Code | 9(01) | |
| 180 | **3** | | | | | **354-NX** | **Submission Clarification Code Count** | **9(02)** | |
| 181 | 1 | 420-DK | Submission Clarification Code | 9(02) | txn.claim.i_sub_clarification | 420-DK | Submission Clarification Code | 9(02) | expecting values 5 & 7 |
| 182 | 5 | 460-ET | Quantity Prescribed | 9(7)v999 | | | | | |
| 183 | 1 | 308-C8 | Other Coverage Code | 9(02) | txn_claim.i_other_cov_cd | 308-C8 | Other Coverage Code | 9(02) | |
| 184 | 4 | | | | | 429-DT | Unit Dose Indicator | 9(01) | |
| 185 | 4 | | | | | 453-EJ | Originally Prescribed Product/ Service ID Qualifier | X(02) | |
| 186 | 4 | | | | | 445-EA | Originally Prescribed Product/ Service ID | X(19) | |
| 187 | 4 | | | | | 446-EB | Originally Prescribed Quantity | 9(7)v999 | |
| 188 | 5 | 330-CW | Alternate ID | X(20 | transaction_header.o_auth_no | | | | **The alternate ID is being addressed in the Insurance Segment, field 359-2A** |
| 189 | 5 | 454-EK | Scheduled Prescription ID Number | X(12) | | | | | |
| 190 | 1 | 600-28 | Unit of Measure | X(02) | txn_claim.i_unit_of_measure | 600-28 | Unit of Measure | X(02) | |
| 191 | 1 | 418-DI | Level of Service | 9(02) | txn_claim.i_level_of_service | 418-DI | Level of Service | 9(02) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 192 | 1 | 461-EU | Prior Authorization Type Code | 9(02) | txn_claim.i_prior_auth_type_cd | 461-EU | Prior Authorization Type Code | 9(02) | |
| 193 | 1 | 462-EV | Prior Authorization Number Submitted | 9(11) | txn_claim.i_prior_auth_no | 462-EV | Prior Authorization Number Submitted | 9(11) | |
| 194 | 4 | | | | | 463-EW | Intemediary Authorization Type Code | 9(02) | in std but removed from mapping 3/6/2009 |
| 195 | 4 | | | | | 464-EX | Intemediary Authorization ID | X(11) | in std but removed from mapping 3/6/2009 |
| 196 | 4 | | | | | 343-HD | Dispensing Status | X(01) | |
| 197 | 4 | | | | | 344-HF | Quantity Intended to be Dispensed | 9(7)v999 | |
| 198 | 4 | | | | | 345-HG | Days Supply Intended to be Dispensed | 9(03) | |
| 199 | **3** | | | | | **357-NV** | **Delay Reason Code** | **9(02)** | |
| 200 | **3** | | | | | **391-MT** | **Patient Assignment Indicator** | **X(01)** | |
| 201 | **3** | | | | | **995-E2** | **Route of Administration** | **X(11)** | |
| 202 | **3** | | | | | **996-G1** | **Compound Type** | **X(02)** | |
| 203 | **3** | | | | | **147-U7** | **Pharmacy Service Type** | **9(02)** | |
| 204 | | | | | | | | | |
| 205 | | **TRANSACTION DUR-PPS SEGMENT** | | | | | | | |
| 206 | | | | | | | | | |
| 207 | 1 | 111-AM | Segment Identification | X(02) | 08 | 111-AM | Segment Identification | X(02) | |
| 208 | 1 | 473-7E | DUR/PPS Code Counter | 9(02) | txn_req_dur_pps.i_dur_pps_code_counter | 473-7E | DUR/PPS Code Counter | 9(02) | Maximum count of 9 |
| 209 | 1 | 439-E4 | Reason for Service Code | X(02) | txn_req_dur_pps.i_reason_for_service_cd | 439-E4 | Reason for Service Code | X(02) | |
| 210 | 1 | 440-E5 | Professional Service Code | X(02) | txn_req_dur_pps.i_professional_service_cd | 440-E5 | Professional Service Code | X(02) | |
| 211 | 1 | 441-E6 | Result of Service Code | X(02) | txn_req_dur_pps.i_result_of_service_cd | 441-E6 | Result of Service Code | X(02) | |
| 212 | 4 | | | | | 474-8E | DUR/PPS Level of Effort | 9(02) | |
| 213 | 4 | | | | | 476-H6 | DUR Co-agent ID Qualifier | X(02) | |
| 214 | 4 | | | | | 458-SE | DUR Co-agent ID | X(19) | |
| 215 | | | | | | | | | |
| 216 | | **TRANSACTION COUPON SEGMENT** | | | | | | | |
| 217 | | | | | | | | | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 218 | 4 | | | | 09 | 111-AM | Segment Identification | X(02) | |
| 219 | 4 | | | | | 485-KE | Coupon Type | X(02) | |
| 220 | 4 | | | | | 486-ME | Coupon Number | X(15) | |
| 221 | 4 | | | | | 487-NE | Coupon Value Amount | S9(6)v99 | |
| 222 | | | | | | | | | |
| 223 | | **TRANSACTION COMPOUND SEGMENT** | | | | | | | |
| 224 | | | | | | | | | |
| 225 | 1 | 111-AM | Segment Identification | X(02) | 10 | 111-AM | Segment Identification | X(02) | |
| 226 | 1 | 450-EF | Compound Dosage Form Description Code | X(02) | txn_claim.i_cmpnd_dosage_form_cd | 450-EF | Compound Dosage Form Description Code | X(02) | |
| 227 | 1 | 451-EG | Compound Dispensing Unit Form Indicator | 9(01) | txn_claim.i_cmpnd_disp_unit_form_cd | 451-EG | Compound Dispensing Unit Form Indicator | 9(01) | |
| 228 | 1 | 452-EH | Compound Route of Administration | 9(02) | txn_claim.i_cmpnd_route_of_admin | 452-EH | Compound Route of Administration | 9(02) | |
| 229 | 1 | 447-EC | Compound Ingredient Component Count | 9(02) | txn_claim.i_cmpnd_ingred_count | 447-EC | Compound Ingredient Component Count | 9(02) | Maximum count of 25 |
| 230 | 1 | 488-RE | Compound Product ID Qualifier | X(02) | txn_req_compound_component.1_cmpnd_product_id_qlfr | 488-RE | Compound Product ID Qualifier | X(02) | If txn_claim.1_cmpnd_ingred_count > 0 |
| 231 | 1 | 489-TE | Compound Product ID | X(19) | txn_req_compound_component.1_cmpnd_product_id | 489-TE | Compound Product ID | X(19) | If txn_claim.1_cmpnd_ingred_count > 0 |
| 232 | 1 | 448-ED | Compound Ingredient Quantity | 9(7)v99 | txn_req_compound_component.1_cmpnd_ingred_qty | 448-ED | Compound Ingredient Quantity | 9(7)v99 | If txn_claim.1_cmpnd_ingred_count > 0 |
| 233 | 1 | 449-EE | Compound Ingredient Drug Cost | 9(6)v99 | txn_req_compound_component.1_cmpnd_ingred_drug_cost | 449-EE | Compound Ingredient Drug Cost | 9(6)v99 | If txn_claim.1_cmpnd_ingred_count > 0 |
| 234 | 1 | 490-UE | Compound Ingredient Basis of Cost Determination | X(02) | txn_req_compound_component.1_cmpnd_ingred_basis_of_cost | 490-UE | Compound Ingredient Basis of Cost Determination | X(02) | If txn_claim.1_cmpnd_ingred_count > 0 |
| 235 | **3** | | | | | **362-2G** | **Compound Ingredient Modifier Code Count** | **9(02)** | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 236 | **3** | | | | | **363-2H** | **Compound Ingredient Modifier Code** | **X(02)** | |
| 237 | | | | | | | | | |
| 238 | | **TRANSACTION PRICING SEGMENT** | | | | | | | |
| 239 | | | | | | | | | |
| 240 | 1 | 111-AM | Segment Identification | X(02) | 11 | 111-AM | Segment Identification | X(02) | |
| 241 | 4 | | | | | 409-D9 | Ingredient Cost Submitted | S9(6)v99 | |
| 242 | 1 | 412-DC | Dispensing Fee Submitted | S9(6)v99 | txn_pricing.i_disp_fee_amt | 412-DC | Dispensing Fee Submitted | S9(6)v99 | |
| 243 | 5 | 477-BE | Professional Service Fee Submitted | S9(6)v99 | | | | | |
| 244 | 1 | 433-DX | Patient Paid Amount Submitted | S9(6)v99 | txn_pricing.i_patient_paid_amt | 433-DX | Patient Paid Amount Submitted | S9(6)v99 | |
| 245 | 4 | | | | | 438-E3 | Incentive Amount Submitted | S9(6)v99 | |
| 246 | 4 | | | | | 478-H7 | Other Amount Claim Submitted Count | 9(02) | |
| 247 | 4 | | | | | 479-H8 | Other Amount Claim Submitted Qualifier | X(02) | |
| 248 | 4 | | | | | 480-H9 | Other Amount Claim Submitted | S9(6)v99 | |
| 249 | 4 | | | | | 481-HA | Flat Sales Tax Amount Submitted | S9(6)v99 | |
| 250 | 4 | | | | | 482-GE | Percentage Sales Tax Amount Submitted | S9(6)v99 | |
| 251 | 4 | | | | | 483-HE | Percentage Sales Tax Rate Submitted | S9(3)v9(4) | |
| 252 | 4 | | | | | 484-JE | Percentage Sales Tax Basis Submitted | X(02) | |
| 253 | 4 | | | | | 426-DQ | Usual and Customary Charge | S9(6)v99 | |
| 254 | 1 | 430-DU | Gross Amount Due | S9(6)v99 | txn_pricing.i_gross_due_amt | 430-DU | Gross Amount Due | S9(6)v99 | |
| 255 | 4 | 423-DN | Basis of Cost Determination | X(02) | | 423-DN | Basis of Cost Determination | X(02) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 256 | 5 | 522-FM | Basis of Reimbursement Determination | | txn_pricing.provider_final_price_type_cd | | | | This is listed as being mapped. But looking at the documentation, it doesn't show this element at all. |
| 257 | | | | | | | | | |
| 258 | | **TRANSACTION PRIOR AUTHORIZATION SEGMENT** | | | | | | | |
| 259 | | | | | | | | | |
| 260 | 5 | 111-AM | Segment Identification | X(02) | 12 | | | | |
| 261 | 5 | 498-PA | Request Type | X(01) | | | | | |
| 262 | 5 | 498-PB | Request Period Date Begin | 9(08) | | | | | |
| 263 | 5 | 498-PC | Request Period Date End | 9(08) | | | | | |
| 264 | 5 | 498-PD | Basis of Request | X(02) | | | | | |
| 265 | 5 | 498-PE | Authorized Representative First Name | X(12) | | | | | |
| 266 | 5 | 498-PF | Authorized Representative Last Name | X(15) | | | | | |
| 267 | 5 | 498-PG | Authorized Representative Street Address | X(30) | | | | | |
| 268 | 5 | 498-PH | Authorized Representative City Address | X(20) | | | | | |
| 269 | 5 | 498-PJ | Authorized Representative State Address | X(02) | | | | | |
| 270 | 5 | 498-PK | Authorized Representative Zip | X(15) | | | | | |
| 271 | 5 | 498-PY | Prior Authorization Number Assigned | 9(11) | | | | | |
| 272 | 5 | 503-F3 | Authorization Number | X(20) | | | | | |
| 273 | 5 | 498-PP | Prior Authorization Supporting Documentation | X(500) | | | | | |
| 274 | | Many other fields listed but no field number assigned | | | | | | | |
| 275 | | | | | | | | | |
| 276 | | **TRANSACTION CLINICAL SEGMENT** | | | | | | | |
| 277 | | | | | | | | | |
| 278 | 1 | 111-AM | Segment Identification | X(02) | 13 | 111-AM | Segment Identification | X(02) | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 279 | 1 | 491-VE | Diagnosis Code Count | 9(02) | transaction_header.i_diagnosis_cd_count | 491-VE | Diagnosis Code Count | 9(02) | Maximum count is 5 |
| 280 | 1 | 492-WE | Diagnosis Code Qualifier | X(02) | txn_req_clinical_diagnosis.i_diagnosis_cd_qlfr | 492-WE | Diagnosis Code Qualifier | X(02) | If transaction_header.i_diagnosos_cd_count > 0 |
| 281 | 1 | 424-DO | Diagnosis Code | X(15) | txn_req_clinical_diagnosis.i_diagnosis_cd | 424-DO | Diagnosis Code | X(15) | If transaction_header.i_diagnosos_cd_count > 0 |
| 282 | 1 | 493-XE | Clinical Information Counter | 9(02) | txn_req_clinical.i_clinical_information_counter | 493-XE | Clinical Information Counter | 9(02) | Maximum count is 5 |
| 283 | 1 | 494-ZE | Measurement Date | 9(08) | txn_req_clinical.i_measurement_dt | 494-ZE | Measurement Date | 9(08) | Format CCYYMMDD |
| 284 | 1 | 495-H1 | Measurement Time | 9(04) | txn_req_clinical.i_measurement_time | 495-H1 | Measurement Time | 9(04) | Format HHMM |
| 285 | 1 | 496-H2 | Measurement Dimension | X(02) | txn_req_clinical.i_measurement_dimension_cd | 496-H2 | Measurement Dimension | X(02) | |
| 286 | 1 | 497-H3 | Measurement Unit | X(02) | txn_req_clinical.i_measurement_unit | 497-H3 | Measurement Unit | X(02) | |
| 287 | 1 | 499-H4 | Measurement Value | X(15) | txn_req_clinical.i_measurement_value | 499-H4 | Measurement Value | X(15) | |
| 288 | | | | | | | | | |
| 289 | | **TRANSACTION ADDITIONAL DOCUMENTATION SEGMENT** | | | | | | | |
| 290 | | | | | | | | | |
| 291 | **3** | | | | **14** | **111-AM** | **Segment Identification** | **X(02)** | |
| 292 | **3** | | | | | **369-2Q** | **Additional Documentation Type ID** | **X(03)** | |
| 293 | **3** | | | | | **375-2V** | **Request Period Begin Date** | **9(08)** | **Format CCYYMMDD** |
| 294 | **3** | | | | | **375-2W** | **Request Period End Date** | **9(08)** | **Format CCYYMMDD** |
| 295 | **3** | | | | | **373-2U** | **Request Status** | **X(01)** | |
| 296 | **3** | | | | | **371-28** | **Length of Need Qualifier** | **9(02)** | |
| 297 | **3** | | | | | **370-2R** | **Length of Need** | **9(03)** | |
| 298 | **3** | | | | | **372-2T** | **Prescriber/Supplier Date Signed** | **9(08)** | **Format CCYYMMDD** |
| 299 | **3** | | | | | **376-2X** | **Supporting Documentation** | **X(65)** | |
| 300 | **3** | | | | | **377-2Z** | **Question Number/Letter Count** | **9(02)** | |
| 301 | **3** | | | | | **378-4B** | **Question/Number Letter** | **X(03)** | |

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | NCPDP 5.1 | | | | NCPDP D.0 | | |
| 2 | Ind | Field Number | Element Name | Format | Mapping Requirements - From flat file to XML | Field Number | Element Name | Format | Comments |
| 302 | **3** | | | | | **379-4B** | **Question Percent Response** | **9(3)v99** | |
| 303 | **3** | | | | | **380-4G** | **Question Date Response** | **9(08)** | **Format CCYYMMDD** |
| 304 | **3** | | | | | **381-4H** | **Question Dollar Response Amount** | **S9(9)v99** | |
| 305 | **3** | | | | | **382-4J** | **Question Numeric Response** | **9(11)** | |
| 306 | **3** | | | | | **383-4K** | **Question Alphanumeric Response** | **X(30)** | |
| 307 | | | | | | | | | |
| 308 | | **TRANSACTION FACILITY SEGMENT** | | | | | | | |
| 309 | | | | | | | | | |
| 310 | **3** | | | | **15** | **111-AM** | **Segment Identification** | **X(02)** | |
| 311 | **3** | | | | | **336-8C** | **Facility ID** | **X(10)** | |
| 312 | **3** | | | | | **385-3Q** | **Facility Name** | **X(30)** | |
| 313 | **3** | | | | | **386-3U** | **Facility Street Address** | **X(30)** | |
| 314 | **3** | | | | | **388-5J** | **Facility City Address** | **X(20)** | |
| 315 | **3** | | | | | **387-3V** | **Facility State Address** | **X(02)** | |
| 316 | **3** | | | | | **389-6D** | **Facility Zip** | **X(15)** | |
| 317 | | | | | | | | | |
| 318 | | **TRANSACTION NARRATIVE SEGMENT** | | | | | | | |
| 319 | | | | | | | | | |
| 320 | **3** | | | | **16** | **111-AM** | **Segment Identification** | **X(02)** | |
| 321 | **3** | | | | | **390-BM** | **Narrative Message** | **X(200)** | |
| 322 | | | | | | | | | |
| 323 | | **BATCH TRAILER SEGMENT** | | | | | | | |
| 324 | | | | | | | | | |
| 325 | | 111-AM | Segment Identification | X(02) | 99 | 111-AM | Segment Identification | X(02) | |
| 326 | | 806-5C | Batch Number | 9(07) | | 806-5C | Batch Number | 9(07) | |
| 327 | | 751 | Record Count | 9(10) | | 751 | Record Count | 9(10) | |
| 328 | | 504-F4 | Message | X(35) | | 504-F4 | Message | X(35) | |