

PHARMACY CLAIMS DATA
APCD State Comparison of Data Submission Rules
RAPHIC, NAHDO, March 2010

Data Element #	National Council for Prescription Drug Programs Field #	Data Element Name	Type	Length	Description/Codes/Sources	Maine	NH	VT	MN	TN	MA (draft)
PC001	N/A	Payer	Text	8	Payer submitting payments MHDO Submitter Code; MN has its own codes too	√	√	√	√	√	√
PC002	N/A	Plan ID	Text	30	CMS National Plan ID	√	√	√	√	√	√
PC003	N/A	Insurance Type/Product Code	Text	2	12 Preferred Provider Organization (PPO)	√	√	√	like MC codes	√	√
					13 Point of Service (POS)	√	√	√	like MC codes	√	√
					14 Exclusive Provider Organization (EPO)	√	√	√	like MC codes	√	√
					15 Indemnity Insurance	√	√	√	like MC codes	√	√
					16 Health Maintenance Organization (HMO) Medicare Advantage	√	√	√	like MC codes	√	√
					AM Automobile Medical	√	√	placeholder	like MC codes	√	√
					DS Disability	√	√	√	like MC codes	√	√
					HM Health Maintenance Organization	√	√	√	like MC codes	√	√
					LI Liability	√	√	placeholder	like MC codes	not included	√
					LM Liability Medical	√	√	placeholder	like MC codes	not included	√
					MA Medicare Part A	√	√	√	like MC codes	√	√
					MB Medicare Part B	√	√	√	like MC codes	√	√
					MC Medicaid	√	√	√	like MC codes	MCTNCR	√
					MD Medicare Part D	√	√	√	like MC codes	√	√
					OF Other Federal Program (e.g. Black Lung)	√	√	√	like MC codes	√	√
					TV Title V	√	√	√	like MC codes	√	√
					VA Veteran Administration Plan	√	√	√	like MC codes	√	√
					WC Workers' Compensation	√	√	placeholder	like MC codes	√	√
PC004	N/A	Payer Claim Control Number	Text	35	Must apply to the entire claim and be unique within the payer's system.	√	√	√	√	√	√
PC005	N/A	Line Counter	Integer	4	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.	√	√	√	√	√	√
PC006	301-C1	Insured Group Number	Text	30	Group or policy number - not the number that uniquely identifies the subscriber	√	√	length is 50	not included	√	√
PC007	302-C2	Encrypted Subscriber Social Security Number	Text	128	Encrypted subscriber's social security number; Set as null if unavailable.	√	√	√	not included	transformed	NOT ENCRYPTED
PC008	N/A	Plan Specific Contract Number	Text	128	Encrypted plan assigned contract number. Set as null if contract number = subscriber's social security number.	√	√	√	√	transformed	NOT ENCRYPTED
PC009	303-C3	Member Suffix or Sequence Number	Integer	20	Uniquely numbers the member within the contract	√	√	√	not included	√	NOT ENCRYPTED
PC010	302-C2	Member Identification Code	Text	128	Encrypted member's social security number; Set as null if unavailable	√	√	√	not included	transformed	NOT ENCRYPTED
PC011	306-C6	Individual Relationship Code	Integer	2	Member's relationship to insured	√	√	√	√	√	√
					01 Spouse	√	√	√	√	Policy Holder	Policy Holder
					02 Spouse	not included	not included	not included	√	√	not included
					03 Child	not included	not included	not included	√	√	not included
					04 Grandfather or Grandmother	√	√	√	"Other"	"Other"	√
					05 Grandson or Granddaughter	√	√	√	not included	not included	√
					07 Nephew or Niece	√	√	√	not included	not included	√
					10 Foster Child	√	√	√	not included	not included	√
					15 Ward	√	√	√	not included	not included	√
					17 Stepson or Stepdaughter	√	√	√	not included	not included	√
					19 Child	√	√	√	not included	not included	√
					20 Employee/Self	√	√	√	not included	not included	√
					21 Unknown	√	√	√	not included	not included	√
					22 Handicapped Dependent	√	√	√	not included	not included	√
					23 Sponsored Dependent	√	√	√	not included	not included	√
					24 Dependent of a Minor Dependent	√	√	√	not included	not included	√
					29 Significant Other	√	√	√	not included	not included	√
					32 Mother	√	√	√	not included	not included	√
					33 Father	√	√	√	not included	not included	√
					36 Emancipated Minor	√	√	√	not included	not included	√
					39 Organ Donor	√	√	√	not included	not included	√
					40 Cadaver Donor	√	√	√	not included	not included	√
					41 Injured Plaintiff	√	√	√	not included	not included	√
					43 Child Where Insured Has No Financial Responsibility	√	√	√	not included	not included	√
					53 Life Partner	√	√	√	not included	not included	√
					76 Dependent	√	√	√	not included	not included	√
PC012	305-C5	Member Gender	Integer	1		√	√	√	√	√	√
					1 Male	√	√	√	√	√	M=Male
					2 Female	√	√	√	√	√	F=Female
					3 Unknown	√	√	√	√	√	U=Unknown
PC013	304-C4	Member Date of Birth	Date	8	CCYMMDD; MN collects n encrypted form, with a transformed "age" additional element	√	√	√	transformed	transformed	√
PC014	N/A	Member City Name of Residence	Text	50	City name of member	√	√	√	√	√	√
PC015	N/A	Member State or Province	Text	2	As defined by the US Postal Service	√	√	√	√	√	√
PC016	N/A	Member ZIP Code	Text	11	ZIP Code of member - may include non-US codes; Do not include dash. MN collects 5 digit only	√	√	√	√	√	√
PC017	N/A	Date Service Approved (AP Date)	Date	8	CCYMMDD	√	√	√	√	√	√
PC018	201-B1	Pharmacy Number	Text	30	Payer assigned pharmacy number. AHFS number is acceptable.	√	√	√	√	√	√
PC019	N/A	Pharmacy Tax ID Number	Text	10	Federal taxpayer's identification number	√	√	√	not included	√	√
PC020	833-5P	Pharmacy Name	Text	100	Name of pharmacy	√	√	√	√	√	√
PC021	N/A	National Pharmacy ID Number	Text	20	National Provider ID. This data element pertains to the entity or individual directly providing the service.	√	√	√	√	√	√
PC022	831-5N	Pharmacy Location City	Text	30	City name of pharmacy - preferably pharmacy location	√	√	√	not included	√	√
PC023	832-5O	Pharmacy Location State	Text	2	As defined by the US Postal Service	√	√	√	not included	√	√
PC024	835-5R	Pharmacy ZIP Code	Text	10	ZIP Code of pharmacy - may include non-US codes. Do not include dash.	√	√	√	not included	√	√
PC024A	N/A	Pharmacy Country Name	Text	30	Code US for United States	√	√	√	not included	√	√
PC025	N/A	Claim Status	Integer	2		√	√	√	√	√	√
					01 Processed as primary	√	√	√	√	√	√

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					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	√	√	√	√	√	√
					25 Predetermination pricing only - no payment	not included	not included	not included	√	√	not included
PC026	407-D7	Drug Code	Text	11	NDC Code	√	√	√	√	√	√
PC027	516-FG	Drug Name	Text	80	Text name of drug	√	√	√	√	√	√
PC028	403-D3	New Prescription or Refill	Integer	2		√	√	√	√	√	√
					00 New prescription	√	√	√	√	√	√
					01-99 Number of refill	√	√	√	√	√	√
PC029	425-DP	Generic Drug Indicator	Text	1		√	√	√	√	√	√
					N No, branded drug	√	√	√	√	√	√
					Y Yes, generic drug	√	√	√	√	√	√
PC030	408-D8	Dispense as Written Code	Integer	1		√	√	√	√	√	√
					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	√	√	√	√	√	√
PC031	406-D6	Compound Drug Indicator	Text	1		√	√	√	√	√	√
					N Non-compound drug	√	√	√	0 not specified	√	√
					Y Compound drug	√	√	√	1 no compound	√	√
					U Non-specified drug compound	√	√	√	2 compound	√	√
PC032	401-D1	Date Prescription Filled	Date	8	CCYYMMDD	√	√	√	√	√	√
PC033	404-D4	Quantity Dispensed	Integer	5	Number of metric units of medication dispensed	√	√	√	√	√	√
PC034	405-D5	Days Supply	Integer	3	Estimated number of days the prescription will last	√	√	√	√	√	√
PC035	804-5B	Charge Amount	Decimal	10	Do not code decimal point.	√	√	√	"gross amount due"	"gross amount due"	√
PC036	876-4B	Paid Amount	Decimal	10	Includes all health plan payments and excludes all member payments. Do not code decimal point.	√	√	√	√	√	√
PC036A		Other Amount Paid	Decimal	10		not included	not included	not included	√	not included	not included
PC036B		Other Payer Amount Recognized	Decimal	11		not included	not included	not included	√	not included	not included
PC037	506-F6	Ingredient Cost/List Price	Decimal	10	Cost of the drug dispensed. Do not code decimal point.	√	√	√	√	√	√
PC038	428-DS	Postage Amount Claimed	Decimal	10	Do not code decimal point.	√	√	√	not included	√	√
PC039	412-DC	Dispensing Fee	Decimal	10	Do not code decimal point.	√	√	√	√	√	√
PC040	817-5E	Co-pay Amount	Decimal	10	The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point.	√	√	√	√	√	√
PC041	N/A	Coinsurance Amount	Decimal	10	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	√	√	√	included in co-pay PC040	√	√
PC042	N/A	Deductible Amount	Decimal	10	Do not code decimal point.	√	√	√	√	√	√
PC043	N/A	Unassigned			Reserved for assignment	√	√	not included	"patient pay amount"	√	√
PC044	N/A	Prescribing Physician First Name	Text	25	Physician first name. Optional if PC047 is filled with DEA number.	√	√	√	√	√	√
PC045	N/A	Prescribing Physician Middle Name	Text	25	Physician middle name or initial. Optional if PC047 is filled with DEA number.	√	√	√	√	√	√
PC046	427-DR	Prescribing Physician Last Name	Text	60	Physician last name. Optional if PC047 is filled with DEA number; required if PC047 is not filled or is filled with NPI number.	√	√	√	√	√	√
PC047	421-DZ	Prescribing Physician Number	Text	20	DEA or NPI number for prescribing physician	√	√	√	DEA or Legacy	√	DEA Number
PC048		Prescribing Physician Number				not included	not included	not included	NPI	not included	NPI
PC049		Prescribing Physician Plan Number	Text	30		not included	not included	not included	not included	not included	√
PC050		Prescribing Physician License Number	Text	30		not included	not included	not included	not included	not included	√
PC051		Prescribing Physician Street Address	Text	50		not included	not included	not included	not included	not included	√
PC052		Prescribing Physician Street Address 2	Text	50		not included	not included	not included	not included	not included	√
PC053		Prescribing Physician City	Text	30		not included	not included	not included	not included	not included	√
PC054		Prescribing Physician State	Text	2		not included	not included	not included	not included	not included	√
PC055		Prescribing Physician Zip	Text	10		not included	not included	not included	not included	not included	√
PC056		Product ID Number	Text	TBD	Must correspond to the Product file	not included	not included	not included	not included	not included	√
PC057		Mail Order pharmacy	Text	1	Mail Order pharmacy = 1 all other =0	not included	not included	not included	not included	not included	√
PC058		Script number	Text	20		not included	not included	not included	not included	not included	√
PC059		Recipient PCP ID	Text	30		not included	not included	not included	not included	not included	√
PC060		Single/Multiple Source Indicator	Text	1	Values '1' = Single Source or '2' = Multi Source	not included	not included	not included	not included	not included	√
PC061		Member Street Address	Text	50	Street address of member	not included	not included	not included	not included	not included	√
PC062		Billing Provider Tax ID Number	Text	10		not included	not included	not included	not included	not included	√
PC063		Date of Payment	Date	8		not included	not included	not included	not included	not included	√
PC101	313-CD	Encrypted Subscriber Last Name	Text	128	The encrypted subscriber last name	√	√	√	√	placeholder	NOT ENCRYPTED
PC102	312-CC	Encrypted Subscriber First Name	Text	128	The encrypted subscriber first name	√	√	√	√	placeholder	NOT ENCRYPTED
PC103	N/A	Encrypted Subscriber Middle Initial	Text	1	The encrypted subscriber middle initial	√	√	√	√	placeholder	NOT ENCRYPTED
PC104	311-CB	Encrypted Member Last Name	Text	128	The encrypted member last name	√	√	√	√	transformed	NOT ENCRYPTED
PC105	310-CA	Encrypted Member First Name	Text	128	The encrypted member first name	√	√	√	√	transformed	NOT ENCRYPTED
PC106	N/A	Encrypted Member Middle Initial	Text	1	The encrypted member middle initial	√	√	√	√	placeholder	NOT ENCRYPTED

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Data Element #	National Council for Prescription Drug Programs Field #	Data Element Name	Type	Length	Description/Codes/Sources	Maine	NH	VT	MN	TN	MA (draft)
PC899	N/A	Record Type	Text	2	PC	√	√	√	√	√	√