Attachment 2
PHARMACEUTICAL CLAIM FIELD REQUIREMENTS

Field #	Field Name	Field Description
1	Group Number	Unique identifier for the group.
2	Group Name	Name of the group.
3	Member/Subscriber Number	Unique identifier of the Member/Subscriber.
4	Patient Identifier	Unique identifier of the patient within the Member Number.
5	Patient Date of Birth	Patient age as of date of service or complete date of birth.
6	Patient Gender	F=Female; M=Male
7	Claim Number	The unique number assigned to each prescription by the plan.
8	Mail Order/Retail Claim Code	M=Mail Order; R=Retail Pharmacy in Network; O=Other
9	Prescription Number	Prescription number assigned by the pharmacy.
10	Date Filled	Date the drug was dispensed by the pharmacy.
11	NDC Number	National Drug Code (NDC) for the dispensed drug.
12	Generic/Name Brand Code	Code to indicate if the drug dispensed is G = Generic or B = Name Brand.
13	Refill Number	The number of times this prescription has been refilled. Use zero for a new prescription.
14	Drug Quantity	Total quantity dispensed expressed in metric decimal units as submitted by the pharmacy.
15	Days Supply	The estimated number of days the prescription will last.
16	Pharmacy NABP Number	Unique ID number assigned by the National Association of Boards of Pharmacy (NABP) to the pharmacy dispensing the prescription.
17	Pharmacy Name	Name of the pharmacy which dispensed the drug.
18	Pharmacy Zip Code	Zip code of the pharmacy location which dispensed the drug.
19	Prescribing Physician ID	ID assigned to the prescribing physician for the drug dispensed. Provide the physician's Federal Tax ID Number (FTIN), the National Provider ID (NPI) or DEA Number.
20	Prescribing Physician Name	Name of the Prescribing Physician (Last Name as a minimum).
21	Date Paid	Date the plan paid for the dispensed drug.
22	Payee	Code to indicate the recipient of the insurance payment. P = Provider; S = Subscriber; T = 3rd party
23	Amount Billed	Total amount of the submitted prescription.
24	Dispensing Fee	The dispensing fee submitted by the pharmacy.
25	Other Carrier Coverage Code	Code to indicate which, if any, other insurance has primary liability. Field is blank if this insurance is primary.
26	Other Carrier Amount Paid	Amount paid by another insurance for this service.
27	Pricing Method Code	Method for pricing the dispensed drug A=Average Wholesale Price (AWP); M=Maximum Allowable Charge (MAC); U=Usual, Customary & Reasonable (UCR); etc.
28	Patient Liability Amount	The patient's out-of-pocket expense for the dispensed drug.
29	Insurance Amount Paid	The amount paid to the payee by this plan for dispensed drug.