ATTACHMENT B

1. Reporting Quarter (xQ20yy) enter once	2. Provider ID (NPI) enter once	3. Labeler Code (first 5 digits of NDC)	4. Product Code (middle 4 digits of NDC)	5. Package Size (last 2 digits of NDC)	6. Last Name (recipient)	7. Record Number (TCN/ICN)	8. Payer Plan Name (plan initial)	9. Service Date (ccyy/mm/dd)	10. Paid Date (ccyy/mm/dd)	11. Number of Units (NCPDP units-ea, gm , ml)	12. Reimbursement Amount	13. Adjustment Code (O-original, Q-reversal, R-replacement, V-void)	14. Patient ID (HAWI) (10 digit)