STATE of HAWAII
DEPARTMENT of HUMAN SERVICES
MED-QUEST DIVISION

NCPDP Post Adjudicated History (PAH) 2.2 Companion Guide

November 2023
Version 1.8

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NCPDP Batch Transaction Standard Implementation Guide Version 1.2 defines the data structure and content of batch pharmacy transmissions only. NCPDP Telecommunication Standard Implementation Guide Version 5.1 defines the data structure and content of a single NCPDP standard transmission only.

Refer to the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2 (Post Adjudication History [PAH]), Data Dictionary (June 2010), and External Code List (June 2010) for further information on the various segments and fields allowed. Additional information for National Council for Prescription Drug Programs is found at www.ncpdp.org

Revision History

#	Location or Field	Description
1.0	466-EZ 411-DB 419-DJ 442-E7 693	Changed from situational (S) to mandatory (M) per this TP agreement.
1.1	302-C2 201-B1 411-DB 402-D2 407-D7 424-DO 896	Added note to value and usage – limited size allowed
1.2	301-C1	Added note that TRIBE-ID is being sent in this field for FFS
1.2	521-FL	(Incentive Amount Paid) – add note that this field should contain the Vaccine Administration Fee when field 440-E5 = 'MA'
1.2	517-FH	Added note that this field is used for the Health Plan Deductible Amount
1.2	281	Added note that this field is the HP Paid Amount
1.2	308-C8	Added note on how this field maps to other insurance on screen EC215
1.3	2.1	File Submission – Clarification Validation – Clarification
	4.1	Overview – Clarification
	4.2	Over Punch Signs – correct the example
	4.4	Change Heading to "NPCPD PAH 2.2 File Layout"
1.4	439-E4 & 441-E6	Fields are now utilized by MQD. Changed Note to "Submit if Available"
1.5	440-E5 & 521-FL	Added note in MQD Usage column: **Note: 'MA' calculation will include Ingredient Cost + Incent Fee Paid only + Sales Tax. Exclude Dispense Fee Paid.

#	Location or Field	Description
1.6	509-F9	Removed references to 509-F9 that were found in Values column for 506-F6 & 507-F7. This field was replaced by 894.
	308-C8	Did not show the full desc for Code 4 in the 'Values' column. The word 'Collected' was missing at the end.
1.7	307-C7	Place of Service 'MQD Usage' column: 1. Removed verbiage "not currently utilized by MQD". 2. Added *"If submitted, must be valid value from CMS Place of Service Code Set."* In the 'Values' column, added: Valid values found in the CMS Place of Service Code Set https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
1.8	201-B1	Service Provider ID 'MQD Usage' column. Added verbiage: *This NPI must not be associated with a provider that appears in the PMR as Provider Type 01 – Group Payment ID.*
1.8	411-DB	Prescriber ID 'MQD Usage' column. Added verbiage: *This NPI must not be associated with a provider that appears in the PMR as Provider Type 01 – Group Payment ID.*

Table of Contents

1 Introduction

Companion Documents

Companion Guides are intended to supplement the standard HIPAA Implementation Guides and are technical in nature. They are intended for technical staff members who are responsible for electronic transaction/file exchanges. This document provides specific information related to the fields and values reported.

Disclaimer

These specifications cover the required fields per the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2 as well as the required fields needed for claims processing by MQD. When additional segments and/or fields that are allowed within the supported NCPDP versions are provided, MQD will accept the transaction but only those segments and fields pertinent to claims processing will be utilized. Any NCPDP transaction that is not supported by MQD will be rejected.

MQD supports the following NCPDP transactions:
• Post Adjudication History

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between MQD and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors; however, MQD, the MQD Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the MQD Information Services Division immediately

2. NCPDP Transactions

2.1 Overview

NCPDP Overview

The NCPDP PAH 2.2 transaction is used by the MQD contracted health plans to report post adjudicated pharmacy encounters.

MQD accepts NCPDP transactions from the contracted health plans, completes a validation check, translates files that pass validation and then forwards the file to the adjudication system for processing.

File Submission

To exchange electronic data with MQD, Trading Partners must establish individual user accounts to the secure file transfer protocol (SFTP, aka EFT). When permissions have been granted to the SFTP, Trading Partners will upload their NCPDP transactions for processing.

Validation

MQD currently only performs a basic syntactical validation on the NCPDP file; record count balancing and record length checking. Batch files should contain one header, one trailer (including count of records), and at least one detail record; there currently is no maximum limit of detail records. It is suggested that Trading Partners limit file sizes to less than 75 MB to facilitate faster file transfer.

Files that pass will be forwarded to the translator and the Trading Partner will receive a response file that starts with "HIENACK" indicating the file was accepted.

Files that fail validation will discontinue processing and the Trading Partner will receive a response file with a .REJECT extension.

Translation

Files that pass validation will be translated and sent to the adjudication system for processing.

Submission Schedule

Trading Partners can transmit NCPDP transactions to MQD at any time. MQD typically processes files each evening, Monday through Friday.

3   Technical Infrastructure and Procedures

3.1   Technical Environment

Connectivity Authorized individuals from the Trading Partner organization may connect to the MQD SFTP using a standard internet browser. To obtain an individual SFTP account, the Electronic Data Exchange Request and External User Affirmation Statement forms must be completed and submitted to MQD Data Security. These forms can be obtained from the MQD website.

Technical Assistance and Help

Med-QUEST Systems Office

System	Primary
All Systems	MQD Help Desk 692-7953
Encounter	Wileen Ortega 692-7990
Provider	Wileen Ortega 692-7990
Health Plan & Rosters Questions	Haidee Shaw 692-7963
VPN, Connectivity to MQD FTP, Logins	Network Support 692-7953

To report problems, please send an email to mqdhelpdesk@medicaid.dhs.state.hi.us.

If your problem is critical to your operation, please call the above personnel.

For calls reaching Systems Office Staff voicemail, a customer can leave a message or press "03" and the call will be transferred to the MQD Help Desk for assignment. If you get the Help Desk voicemail, please leave a message and a SO staff member will return your call within 2 hours (**during normal business hours**).
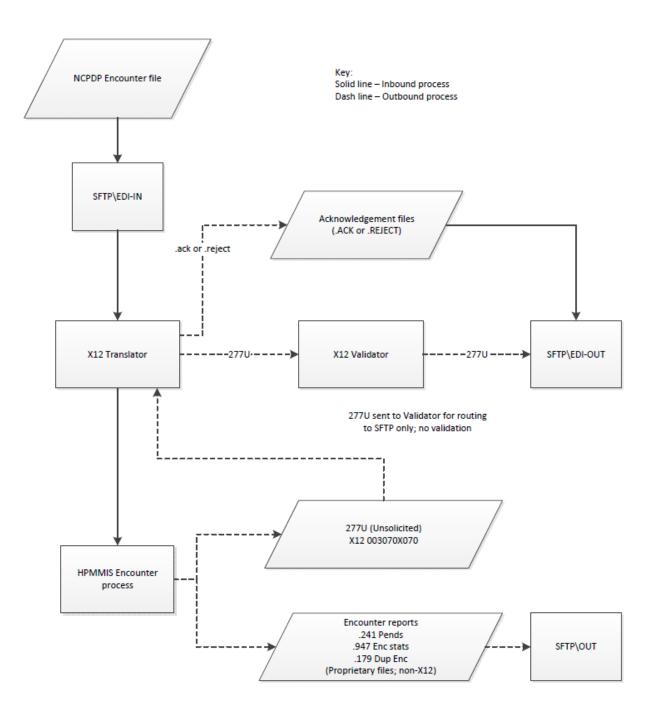
3.2 Directory and File Naming Conventions

SFTS Directory Structure

The SFTP Directory Structure is as follows:

XXXXXX/Environment/Type and Direction

- XXXXXX - Six byte Health Plan Identifier
- Environment
  Dev is for internal MQD development staff
  Other is for sending/receiving large files that cannot be sent in an email or contains PHI.
  Prod is for sending/receiving production files
  Test is for sending/receiving test files
-           Type and Direction
  EDI-IN is for sending HIPAA X12 and NCPDP PAH 2.2 transaction files only. Zipped files will not be allowed.
  EDI-OUT is for receiving HIPAA X12 NCPDP PAH 2.2 response files.
  IN is for sending proprietary files.
  OUT is for receiving proprietary files.

File Naming Conventions

File naming convention is as follows:

IDNCPDPCCYYMMDDA.txt
- **ID** - two character Health Plan Identifier
- **NCPDP**
- **CCYYMMDD** – processing date
- **A** – 1 character sequential letter to differentiate between multiple files submitted on the same day (i.e. A, B, C, …)

Files should be rendered in a standard text file format and should not have a .tmp, .zip and/or any other application file extension.

Files that fail validation will discontinue processing and the Trading Partner will receive a response file with a .REJECT extension.

3.3 NCPDP Transaction Flow Diagram

MQD Interchange Flow for NCPDP Transaction

4   NCPDP Post Adjudication History (PAH) 2.2 File Information

4.1   Overview

The batch specifications contained in this document include the header, detail and trailer. Batch files should contain one header, one trailer (including count of records), and at least one detail record; there currently is no maximum limit of detail records. It is suggested that Trading Partners limit file sizes to less than 75 MB to facilitate faster file.

- Post Adjudication History Header (Occurs 1)

- Post Adjudication History Detail (Occurs 1 to Many)

- Post Adjudication History Compound Detail 1 (Occurs 1 as Applicable with Detail Record)

- Post Adjudication History Compound Detail 2 (Occurs 1 as Applicable with Detail Record)

- Post Adjudication History Trailer (Occurs 1).

4.2   Over Punch Signs

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
0	{	0	}
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

Examples:

1.   104} is -1040

2.   23B is 232

Decimal points are usually implied not explicit in the text. Ex of a number with two decimal digits:

2903K is -290.32

4.3   Table Format

Following is a list of the field, use, field name and values/comments for MQD PAH 2.2 Transactions.

The following definitions are given to ensure consistency of interpretation:
- **Field** – The Post Adjudication Transaction Standard Version 2.2 field number. ***Note:** You may need to search by the field name because the Field ID listed in the Transaction Notes and the IG will differ because the IG formats the 0 with a slash.
  - Example: 409-D9 from cannot be found because it would be listed as 4Ø9-D9 in the IG.

- **Field Name** – The Post Adjudication Transaction Standard Version 2.2 field name

- **Mandatory or Situational (M/S)** – Field designation, Indicates whether a field is mandatory or situational. Mandatory fields may be mandatory by the NCPCP PAH 2.2 Standard and/or required by the processor. If a field is situational and data does not exist for the field, the field **MUST** be populated with the appropriate padding;
  a. **M** – Mandatory field
  b. **S** – Situational field

- **Format –** Field format values

- **Size –** The field length size
  a. **A/N** – Alpha/Numeric, upper case when alpha, always left justified, space filled, upper case, printable characters and default values of spaces;
    - Example: X(14) represents "1234ABC44bbbb" where "b" is a space

  b. **N** – Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of zeroes
    - Example: 9(7)v999 represents "9999999999";

  c. **D** - Signed Numeric, sign is internal and trailing (see 4.2 Over punch Signs), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of zeroes.
    - Example: "D" fields of length 8 represent $$$$$$cc

- **Size –** The field length size

- **Start –** The starting position in the record of the field

- **End –** The ending position in the record of the field

- **Values/Comments** – Defines the MQD required values or default values

- **MQD Usage** – Clarification & notes regarding field usage

4.4 NPCPD PAH 2.2 File Layout

Layout Table starts on next page

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
2		**POST ADJUDICATED HISTORY V2.2**						ECL = Extended Code List (June 2010 or later). Code values for data elements contained within the NCPDP standards. If an amount is 0 then it is approriate to submit it as such.	**light green = Mandatory Fields** Submit appropriate values as indicated
3									light yellow - Situational Fields Submit if available. MQD will be reviewing the data in these fields for consideration for future use.
4									Grey = Situational Fields Currently not utilized by MQD. Submit if available.
5									
6	**8.1**	**POST ADJUDICATION HISTORY HEADER RECORD**							
7	601-04	RECORD TYPE	M	A/N	2	1	2	'PA' -Post Adjudication History Header Record	
8	102-A2	VERSION/RELEASE NUMBER	M	A/N	2	3	4	'22' – Post Adjudication	
9	879	SENDING ENTITY IDENTIFIER	M	A/N	24	5	28	Pos 5-13: For Health Plans Submitter Trading Partner ID = 6-digit Health Plan ID + 3-digit TSN

For PBM NCPDP Claims: Submitter Trading Partner ID = 6-digit Health Plan ID | |
| 10 | 806-5C | BATCH NUMBER | M | N | 7 | 29 | 35 | A number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day. | |
| 11 | 880-K2 | CREATION DATE | M | N | 8 | 36 | 43 | Date the file was created | |

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
12	880-K3	CREATION TIME	M	N	4	44	47	Time the file was created	
13	880-K7	RECEIVER ID	M	A/N	24	48	71	MQD996001089	
14	601-06	REPORTING PERIOD START DATE	M	N	8	72	79	The first day of the period being reported in the file. Format: CCYYMMDD	
15	601-05	REPORTING PERIOD END DATE	M	N	8	80	87	The last day of the period being reported in the file. Format: CCYYMMDD	
16	702-MC	FILE TYPE	M	A/N	1	88	88	T' - Test 'P' - Production	
17	981-JV	TRANSMISSION ACTION	M	A/N	1	89	89	O' - Original Submission (New) - A new file	
18	888	SUBMISSION NUMBER	M	A/N	2	90	91	00' - Original Submission	
19		FILLER	M	A/N	3609	92	3700	TOMYKNOWLEDGEINFORMATIONANDBELIEFTHEDATAINTHISFILEISACCURATECOMPLETEANDTRUE.CERTIFIER@PLAN.COM	BBA Attestation - applies to Health Plans
20	8.2	POST ADJUDICATION HISTORY DETAIL RECORD							
21	601-04	RECORD TYPE	M	A/N	2	1	2	DE' - Post Adjudication History Detail Record	
22	398	RECORD INDICATOR	S	A/N	1	3	3	0' - New Record	MQD only allows '0' - new record. Will not recognize Overwrite or Delete.
23		SECTION ELIGIBILITY CATEGORY:							
24	248	ELIGIBLE COVERAGE CODE	S	A/N	3	4	6		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
25	898	USER BENEFIT ID	S	A/N	10	7	16		Submit if available-not currently utilized by MQD
26	899	USER COVERAGE ID	S	A/N	10	17	26		Submit if available-not currently utilized by MQD
27	246	ELIGIBILITY GROUP ID	S	A/N	15	27	41		Submit if available-not currently utilized by MQD
28	270	LINE OF BUSINESS CODE	S	A/N	6	42	47		Submit if available-not currently utilized by MQD
29	267	INSURANCE CODE	S	A/N	20	48	67		Submit if available-not currently utilized by MQD
30	220	CLIENT ASSIGNED LOCATION CODE	S	A/N	20	68	87		Submit if available-not currently utilized by MQD
31	222	CLIENT PASS THROUGH	S	A/N	200	88	287		Submit if available-not currently utilized by MQD
32		SUBSECTION CARDHOLDER INFORMATION:							
33	302-C2	CARDHOLDER ID	M	A/N	20	288	307	MQD Member ID (9 digit)	Limited to 9 characters
34	716	LAST NAME	S	A/N	35	308	342		Submit if available
35	717	FIRST NAME	S	A/N	25	343	367		Submit if available
36	718	MIDDLE INITIAL	S	A/N	1	368	368		Submit if available
37	280	NAME SUFFIX	S	A/N	10	369	378		Submit if available-not currently utilized by MQD
38		[See Patient Info Segment]							Submit if available-not currently utilized by MQD
39		[See Benefit Category]							Submit if available-not currently utilized by MQD
40		[See Patient Info Subsection]							Submit if available-not currently utilized by MQD
41		[See Patient Info Subsection]							Submit if available-not currently utilized by MQD
42	726	ADDRESS LINE 1	S	A/N	55	379	433		Submit if available-not currently utilized by MQD
43	727	ADDRESS LINE 2	S	A/N	55	434	488		Submit if available-not currently utilized by MQD
44	728	CITY	S	A/N	30	489	518		Submit if available-not currently utilized by MQD
45	729	STATE	S	A/N	2	519	520		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
46	730	ZIP/POSTAL CODE	S	A/N	15	521	535		Submit if available-not currently utilized by MQD
47	214	CARDHOLDER DATE OF BIRTH	S	N	8	536	543		Submit if available-not currently utilized by MQD
48	721-MD	GENDER CODE	S	N	1	544	544		Submit if available-not currently utilized by MQD
49	274	MEDICARE PLAN CODE	S	A/N	1	545	545		Submit if available-not currently utilized by MQD
50	288	PAYROLL CLASS	S	A/N	1	546	546		Submit if available-not currently utilized by MQD
51		SUBSECTION PATIENT INFORMATION:							
52	331-CX	PATIENT ID QUALIFIER	S	A/N	2	547	548		Submit if available-not currently utilized by MQD
53	332-CY	PATIENT ID	S	A/N	20	549	568		Submit if available-not currently utilized by MQD
54	716	LAST NAME	S	A/N	35	569	603		Submit if available-not currently utilized by MQD
55	717	FIRST NAME	S	A/N	25	604	628		Submit if available-not currently utilized by MQD
56	718	MIDDLE INITIAL	S	A/N	1	629	629		Submit if available-not currently utilized by MQD
57	280	NAME SUFFIX	S	A/N	10	630	639		Submit if available-not currently utilized by MQD
58	726	ADDRESS LINE 1	S	A/N	55	640	694		Submit if available-not currently utilized by MQD
59	727	ADDRESS LINE 2	S	A/N	55	695	749		Submit if available-not currently utilized by MQD
60	728	CITY	S	A/N	30	750	779		Submit if available-not currently utilized by MQD
61	729	STATE	S	A/N	2	780	781		Submit if available-not currently utilized by MQD
62	730	ZIP/POSTAL CODE	S	A/N	15	782	796		Submit if available-not currently utilized by MQD
63	304-C4	DATE OF BIRTH	S	N	8	797	804		Submit if available-not currently utilized by MQD
64	305-C5	PATIENT GENDER CODE	S	N	1	805	805		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
65		[see Claim Category]							Submit if available-not currently utilized by MQD
66	247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	S	N	2	806	807		Submit if available-not currently utilized by MQD
67	208	AGE	S	N	3	808	810		Submit if available-not currently utilized by MQD
68	303-C3	PERSON CODE	S	A/N	3	811	813		Submit if available-not currently utilized by MQD
69	306-C6	PATIENT RELATIONSHIP CODE	S	N	1	814	814		Submit if available-not currently utilized by MQD
70	309-C9	ELIGIBILITY CLARIFICATION CODE	S	A/N	1	815	815		Submit if available-not currently utilized by MQD
71	336-8C	FACILITY ID	S	A/N	10	816	825		Submit if available-not currently utilized by MQD
72		**SECTION BENEFIT CATEGORY:**							
73	301-C1	GROUP ID	M	A/N	15	826	840	ID assigned to the cardholder group or employer group.	
74	215	CARRIER NUMBER	S	A/N	9	841	849		Submit if available-not currently utilized by MQD
75	757-U6	BENEFIT ID	S	A/N	15	850	864		Submit if available-not currently utilized by MQD
76	240	CONTRACT NUMBER	S	A/N	8	865	872		Submit if available-not currently utilized by MQD
77	212	BENEFIT TYPE	S	A/N	1	873	873		Submit if available-not currently utilized by MQD
78	279	MEMBER SUBMITTED CLAIM PROGRAM CODE	S	A/N	1	874	874		Submit if available-not currently utilized by MQD
79	282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	875	875		Submit if available-not currently utilized by MQD
80	282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	876	876		Submit if available-not currently utilized by MQD
81	282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	877	877		Submit if available-not currently utilized by MQD
82	241	COPAY MODIFIER ID	S	A/N	10	878	887		Submit if available-not currently utilized by MQD
83	292	PLAN CUTBACK REASON CODE	S	A/N	1	888	888		Submit if available-not currently utilized by MQD
84	293	PREFERRED ALTERNATIVE FILE ID	S	A/N	10	889	898		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
85	308-C8	OTHER COVERAGE CODE	M	N	2	899	900	Code indicating whether or not the patient has other insurance coverage. 0 Not Specified by patient. 1 No other coverage. 2 Other coverage exists-payment collected. 3 Other Coverage Billed – claim not covered. 4 Other coverage exists-payment not collected.	Translates to 'Y' or 'N' on EC215 0 or 1 or 3 = 'N' 2 or 4 = 'Y'
86	291	PLAN BENEFIT CODE	S	A/N	2	901	902		Submit if available-not currently utilized by MQD
87	601-01	PLAN TYPE	S	A/N	4	903	906		Submit if available-not currently utilized by MQD
88		SECTION PHARMACY CATEGORY:							
89	202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2	907	908	'01' - National Provider Identifier (NPI)	
90	201-B1	SERVICE PROVIDER ID	M	A/N	15	909	923	10 digit Pharmacy NPI	Limited to 10 characters This NPI must not be associated with a provider that appears in the PMR as Provider Type 01 – Group Payment ID.
91	202-B2	SERVICE PROVIDER ID QUALIFIER (ALTERNATE)	S	A/N	2	924	925		Submit if available-not currently utilized by MQD
92	201-B1	SERVICE PROVIDER ID (ALTERNATE)	S	A/N	15	926	940		Submit if available-not currently utilized by MQD
93	886	SERVICE PROVIDER CHAIN CODE	S	A/N	7	941	947		Submit if available-not currently utilized by MQD
94	833-5P	PHARMACY NAME	S	A/N	35	948	982		Submit if available-not currently utilized by MQD
95	726	ADDRESS LINE 1	S	A/N	55	983	1037		Submit if available-not currently utilized by MQD
96	727	ADDRESS LINE 2	S	A/N	55	1038	1092		Submit if available-not currently utilized by MQD
97	728	CITY	S	A/N	30	1093	1122		Submit if available-not currently utilized by MQD
98	729	STATE	S	A/N	2	1123	1124		Submit if available-not currently utilized by MQD
99	730	ZIP/POSTAL CODE	S	A/N	15	1125	1139		Submit if available-not currently utilized by MQD

100	887	SERVICE PROVIDER COUNTY CODE	S	A/N	3	1140	1142		Submit if available-not currently utilized by MQD
101	732	TELEPHONE NUMBER	S	N	10	1143	1152		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
102	146	PHARMACY DISPENSER TYPE QUALIFIER	S	A/N	1	1153	1153		Submit if available-not currently utilized by MQD
103	290	PHARMACY DISPENSER TYPE	S	A/N	2	1154	1155		Submit if available-not currently utilized by MQD
104	150	PHARMACY CLASS CODE QUALIFIER	S	A/N	1	1156	1156		Submit if available-not currently utilized by MQD
105	289	PHARMACY CLASS CODE	S	A/N	1	1157	1157		Submit if available-not currently utilized by MQD
106	266	IN NETWORK INDICATOR	S	A/N	1	1158	1158		Submit if available-not currently utilized by MQD
107	545-2F	NETWORK REIMBURSEMENT ID	S	A/N	10	1159	1168		Submit if available-not currently utilized by MQD
108		**SECTION PRESCRIBER CATEGORY:**							
109	466-EZ	PRESCRIBER ID QUALIFIER	M	A/N	2	1169	1170	'01' - National Provider Identifier (NPI)	MQD requires this field per this TP agreement
110	411-DB	PRESCRIBER ID	M	A/N	15	1171	1185	10 digit Prescriber NPI	MQD requires this field per this TP agreement Limited to 10 characters This NPI must not be associated with a provider that appears in the PMR as Provider Type 01 – Group Payment ID.
111	466-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE)	S	A/N	2	1186	1187		Submit if available-not currently utilized by MQD
112	411-DB	PRESCRIBER ID (ALTERNATE)	S	A/N	15	1188	1202		Submit if available-not currently utilized by MQD
113	296	PRESCRIBER TAXONOMY	S	A/N	10	1203	1212		Submit if available
114	295	PRESCRIBER CERTIFICATION STATUS	S	A/N	2	1213	1214		Submit if available-not currently utilized by MQD
115	716	LAST NAME	S	A/N	35	1215	1249		Submit if available
116	717	FIRST NAME	S	A/N	25	1250	1274		Submit if available
117	732	TELEPHONE NUMBER	S	N	10	1275	1284		Submit if available-not currently utilized by MQD
118	468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	A/N	2	1285	1286	'01' - National Provider Identifier (NPI)	Submit if available
119	421-DL	PRIMARY CARE PROVIDER ID	S	A/N	15	1287	1301	10 digit Pharmacy NPI	Submit if available
120	716	LAST NAME	S	A/N	35	1302	1336		Submit if available

121	717	FIRST NAME	S	A/N	25	1337	1361		Submit if available
122		**SECTION CLAIM CATEGORY:**							

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
123	399	RECORD STATUS CODE	M	A/N	1	1362	1362	1 - Paid 2 - Rejected/Denied 3 - Reversed Paid 4-Adjusted	
124	218	CLAIM MEDIA TYPE	M	A/N	1	1363	1363	See ECL	
125	395	PROCESSOR PAYMENT CLARIFICATION CODE	M	A/N	2	1364	1365	See ECL	Provides additional information of the status of the payment of the claim.
126	455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	1366	1366	1 - RX Billing	
127	402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	1367	1378	10 digit Rx Number	Limited to 10 digits
128	436-E1	PRODUCT/SERVICE ID QUALIFIER	M	A/N	2	1379	1380	03' - National Drug Code (NDC)	
129	407-D7	PRODUCT/SERVICE ID	M	A/N	19	1381	1399	11 digit ID of the product dispensed or service provided	Limited to 11 characters
130	401-D1	DATE OF SERVICE	M	N	8	1400	1407	Date the prescription was filled. Format: CCYYMMDD	
131	578	ADJUDICATION DATE	M	N	8	1408	1415	Date the claim or adjustment is processed. Format: CCYYMMDD	
132	203	ADJUDICATION TIME	S	N	6	1416	1421		Submit if available-not currently utilized by MQD
133	283	ORIGINAL CLAIM RECEIVED DATE	S	N	8	1422	1429	The date the pharmacy submitted the claim electronically for a paper claim-matching program Format: CCYYMMDD	Submit if available
134	219	CLAIM SEQUENCE NUMBER	S	N	5	1430	1434		Submit if available-not currently utilized by MQD
135	213	BILLING CYCLE END DATE	S	N	8	1435	1442		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
136	239	COMMUNICATION TYPE INDICATOR	S	A/N	2	1443	1444		Submit if available-not currently utilized by MQD
137	307-C7	PLACE OF SERVICE	S	N	2	1445	1446	Valid values found in the CMS Place of Service Code Set https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set	Submit if available. If submitted, must be valid value from CMS Place of Service Code Set.
138	384-4X	PATIENT RESIDENCE	S	N	2	1447	1448		Submit if available-not currently utilized by MQD
139	419-DJ	PRESCRIPTION ORIGIN CODE	M	N	1	1449	1449	See ECL	MQD requires this field per this TP agreement. Used to capture E-prescribing statistics.
140	278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	S	N	8	1450	1457		Submit if available-not currently utilized by MQD
141	217	CLAIM DATE RECEIVED IN THE MAIL	S	N	8	1458	1465		Submit if available-not currently utilized by MQD
142	268	INTERNAL MAIL ORDER PRESCRIPTION/SERVICE REFERENCE NUMBER	S	A/N	15	1466	1480	Field designating the internal prescription number assigned by pharmacies.	Submit if available
143	102-A2	VERSION/RELEASE NUMBER (OF THE CLAIM)	S	A/N	2	1481	1482		Submit if available-not currently utilized by MQD
144	216	CHECK DATE	S	N	8	1483	1490	Member Claims - Actual member check date Non member Claims - Pharmacy check date Format: CCYYMMDD	Submit if available
145	287	PAYMENT/REFERENCE ID	S	A/N	30	1491	1520	Identifies ID assigned by sender to reference individual pharmacy and member reimbursement. Check or EFT trace number.	Submit if available
146	456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S	N	12	1521	1532		Submit if available-not currently utilized by MQD
147	457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	N	8	1533	1540		Submit if available-not currently utilized by MQD

148	442-E7	QUANTITY DISPENSED	M	N	10	1541	1550	Expressed in metric decimal units	MQD requires this field per this TP agreement
149	403-D3	FILL NUMBER	S	N	2	1551	1552	0' - Original Dispensing '1' - '99' - Refill number	Submit if available

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
150	405-D5	DAYS SUPPLY	S	N	3	1553	1555	Estimated number of days the prescription will last or '000'	Submit if available
151	414-DE	DATE PRESCRIPTION WRITTEN	S	N	8	1556	1563	Format: CCYYMMDD	Submit if available
152	408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	A/N	1	1564	1564	See ECL	Submit if available
153	415-DF	NUMBER OF REFILLS AUTHORIZED	S	N	2	1565	1566	0' - No refills authorized '1' - '99' - Authorized Refill number	Submit if available
154	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1567	1567	See ECL	Submit if available
155	600-28	UNIT OF MEASURE	S	A/N	2	1568	1569	See ECL	Submit if available
156	418-DI	LEVEL OF SERVICE	S	N	2	1570	1571		Submit if available-not currently utilized by MQD
157	343-HD	DISPENSING STATUS	S	A/N	1	1572	1572		Submit if available-not currently utilized by MQD
158	344-HF	QUANTITY INTENDED TO BE DISPENSED	S	N	10	1573	1582	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	Submit if available
159	460-ET	QUANTITY PRESCRIBED	S	N	10	1583	1592	See ECL	Submit if available
160	345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	N	3	1593	1595	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	Submit if available
161	254	FILL NUMBER CALCULATED	S	N	2	1596	1597		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
162	406-D6	COMPOUND CODE	S	N	1	1598	1598	'0' - Not Specified '1' - Not a Compound '2' - Compound (Required if compound)	If '2' - Compound is submitted, then Compound Detail Record must also be submitted with at least two or more ingredients.
163	996-G1	COMPOUND TYPE	S	A/N	2	1599	1600	See ECL	Submit if available
164	452-EH	COMPOUND ROUTE OF ADMINISTRATION	S	N	2	1601	1602	replaced by 995-E2	Submit if available-not currently utilized by MQD
165	995-E2	ROUTE OF ADMINISTRATION	S	A/N	11	1603	1613	See ECL	Submit if available
166		[See Benefit Category]							Submit if available-not currently utilized by MQD
167		[See Prior Auth Category]							Submit if available-not currently utilized by MQD
168		[See Prior Auth Category]							Submit if available-not currently utilized by MQD
169	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1614	1615	00' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
170	424-DO	DIAGNOSIS CODE	S	A/N	15	1616	1630	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
171	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1631	1632	00' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
172	424-DO	DIAGNOSIS CODE	S	A/N	15	1633	1647	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
173	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1648	1649	00' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
174	424-DO	DIAGNOSIS CODE	S	A/N	15	1650	1664	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
175	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1665	1666	00' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
176	424-DO	DIAGNOSIS CODE	S	A/N	15	1667	1681	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
177	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1682	1683	00' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
178	424-DO	DIAGNOSIS CODE	S	A/N	15	1684	1698	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
179	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1699	1700	See ECL	Submit if available
180	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1701	1702	See ECL	Submit if available If 'MA' (Medication administration) then 521-FL should contain the vaccine administration fee. Only use 'MA' when the drug is a flu vaccine. **Note: 'MA' calculation will include Ingredient Cost + Incent Fee Paid only + Sales Tax. Exclude Dispense Fee Paid.
181	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1703	1704	See ECL	Submit if available
182	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1705	1706		Submit if available-not currently utilized by MQD
183	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1707	1708		Submit if available-not currently utilized by MQD
184	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1709	1710		Submit if available-not currently utilized by MQD
185	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1711	1712		Submit if available-not currently utilized by MQD
186	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1713	1714		Submit if available-not currently utilized by MQD
187	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1715	1716		Submit if available-not currently utilized by MQD
188	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1717	1718		Submit if available-not currently utilized by MQD
189	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1719	1720		Submit if available-not currently utilized by MQD
190	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1721	1722		Submit if available-not currently utilized by MQD

191	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1723	1724		Submit if available-not currently utilized by MQD
192	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1725	1726		Submit if available-not currently utilized by MQD
193	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1727	1728		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
194	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1729	1730		Submit if available-not currently utilized by MQD
195	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1731	1732		Submit if available-not currently utilized by MQD
196	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1733	1734		Submit if available-not currently utilized by MQD
197	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1735	1736		Submit if available-not currently utilized by MQD
198	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1737	1738		Submit if available-not currently utilized by MQD
199	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1739	1740		Submit if available-not currently utilized by MQD
200	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1741	1742		Submit if available-not currently utilized by MQD
201	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1743	1744		Submit if available-not currently utilized by MQD
202	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1745	1746		Submit if available-not currently utilized by MQD
203	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1747	1748		Submit if available-not currently utilized by MQD
204	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1749	1750		Submit if available-not currently utilized by MQD
205	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1751	1752		Submit if available-not currently utilized by MQD
206	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1753	1754		Submit if available-not currently utilized by MQD
207	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1755	1756		Submit if available-not currently utilized by MQD
208	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1757	1758		Submit if available-not currently utilized by MQD
209	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1759	1760		Submit if available-not currently utilized by MQD
210	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1761	1762		Submit if available-not currently utilized by MQD
211	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1763	1764		Submit if available-not currently utilized by MQD
212	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1765	1766		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
213	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1767	1768		Submit if available-not currently utilized by MQD
214	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1769	1770		Submit if available-not currently utilized by MQD
215	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1771	1772		Submit if available-not currently utilized by MQD
216	476-H6	DUR CO-AGENT ID	S	A/N	19	1773	1791		Submit if available-not currently utilized by MQD
217	878	REJECT OVERRIDE CODE	S	A/N	1	1792	1792		Submit if available-not currently utilized by MQD
218	511-FB	REJECT CODE	S	A/N	3	1793	1795		Submit if available-not currently utilized by MQD
219	511-FB	REJECT CODE	S	A/N	3	1796	1798		Submit if available-not currently utilized by MQD
220	511-FB	REJECT CODE	S	A/N	3	1799	1801		Submit if available-not currently utilized by MQD
221	511-FB	REJECT CODE	S	A/N	3	1802	1804		Submit if available-not currently utilized by MQD
222	511-FB	REJECT CODE	S	A/N	3	1805	1807		Submit if available-not currently utilized by MQD
223		SECTION WORKERS COMPENSATION CATEGORY:							
224	435-DZ	CLAIM/REFERENCE ID	S	A/N	30	1808	1837	Identifies the claim number assigned by Worker's Compensation Program.	Submit if available
225	434-DY	DATE OF INJURY	S	N	8	1838	1845	Date on which the injury occurred	Submit if available
226		SECTION PRODUCT CATEGORY:							
227	532-FW	DATABASE INDICATOR	S	A/N	1	1846	1846	See ECL	Submit if available
228	397	PRODUCT/SERVICE NAME	S	A/N	30	1847	1876	Product or Service Description or Product Label Name.	Submit if available
229	261	GENERIC NAME	S	A/N	30	1877	1906	Generic name of the product identified in Product/Service Name.	Submit if available
230	601-24	PRODUCT STRENGTH	S	A/N	15	1907	1921	The strength of the product.	Submit if available
231	243	DOSAGE FORM CODE	S	A/N	4	1922	1925	Dosage form code for product identified	Submit if available

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
232		FILLER	S	A/N	8	1926	1933	Spaces	
233	425-DP	DRUG TYPE	S	N	1	1934	1934	See ECL	Submit if available
234	273	MAINTENANCE DRUG INDICATOR	S	A/N	1	1935	1935		Submit if available-not currently utilized by MQD
235	244	DRUG CATEGORY CODE	S	A/N	1	1936	1936		Submit if available-not currently utilized by MQD
236	252	FEDERAL DEA SCHEDULE	S	A/N	1	1937	1937	See ECL	Submit if available
237	297	PRESCRIPTION OVER THE COUNTER INDICATOR	S	A/N	1	1938	1938	See ECL	Submit if available
238	420-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1939	1940	See ECL	Submit if available
239	420-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1941	1942		Submit if available-not currently utilized by MQD
240	420-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1943	1944		Submit if available-not currently utilized by MQD
241	250	FDA DRUG EFFICACY CODE	S	A/N	1	1945	1945		Submit if available-not currently utilized by MQD
242	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1946	1946	See ECL	Submit if available
243	601-18	PRODUCT CODE	S	A/N	17	1947	1963	Code identifying the product being reported.	Submit if available
244	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not currently utilized by MQD
245	601-18	PRODUCT CODE	S	A/N	17	1965	1981		Submit if available-not currently utilized by MQD
246	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1982	1982		Submit if available-not currently utilized by MQD
247	601-18	PRODUCT CODE	S	A/N	17	1983	1999		Submit if available-not currently utilized by MQD
248	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2000	2000		Submit if available-not currently utilized by MQD
249	294	PRESCRIBED DAYS SUPPLY	S	N	3	2001	2003		Submit if available-not currently utilized by MQD
250	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2004	2004	See ECL	Submit if available
251	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2005	2021	Code assigned to product being reported.	Submit if available
252	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2022	2022		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
253	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2023	2039		Submit if available-not currently utilized by MQD
254	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2040	2040		Submit if available-not currently utilized by MQD
255	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2041	2057		Submit if available-not currently utilized by MQD
256	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2058	2058		Submit if available-not currently utilized by MQD
257	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2059	2075		Submit if available-not currently utilized by MQD
258		**SECTION FORMULARY CATEGORY:**							
259	257	FORMULARY STATUS	S	A/N	1	2076	2076	See ECL	Submit if available
260	221	CLIENT FORMULARY FLAG	S	A/N	1	2077	2077	See ECL	Submit if available
261	889	THERAPEUTIC CHAPTER	S	A/N	8	2078	2085		Submit if available-not currently utilized by MQD
262	256	FORMULARY FILE ID	S	A/N	15	2086	2100		Submit if available-not currently utilized by MQD
263	255	FORMULARY CODE TYPE	S	A/N	1	2101	2101		Submit if available-not currently utilized by MQD
264		**SECTION PRICING CATEGORY:**							
265	506-F6	INGREDIENT COST PAID	M	D	8	2102	2109	Drug ingredient cost paid included in the 'Total Amount Paid' (894)	
266	507-F7	DISPENSING FEE PAID	M	D	8	2110	2117	Dispensing fee paid included in the 'Total Amount Paid' (894)	
267	894	TOTAL AMOUNT PAID BY ALL SOURCES	M	D	8	2118	2125	Total amount of the prescription regardless of party responsible for payment	
268	523-FN	AMOUNT ATTRIBUTED TO SALES TAX	M	D	8	2126	2133	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to sales tax paid.	

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
269	505-F5	PATIENT PAY AMOUNT	M	D	8	2134	2141	TOTAL ;amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.	
270	518-FI	AMOUNT OF COPAY	M	D	8	2142	2149	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription copay.	
271	572-4U	AMOUNT OF COINSURANCE	M	D	8	2150	2157	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription coinsurance.	
272	519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	M	D	8	2158	2165	Deleted field-not used in Post Adjudication Version 2.Ø	Submit if available-not currently utilized by MQD
273	517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	S	D	8	2166	2173		Submit if available MQD - Health Plan Deductible Amount
274	571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	S	D	8	2174	2181		Submit if available-not currently utilized by MQD
275	133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	S	D	8	2182	2189		Submit if available-not currently utilized by MQD
276	134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	S	D	8	2190	2197		Submit if available-not currently utilized by MQD
277	135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION	S	D	8	2198	2205		Submit if available-not currently utilized by MQD
278	136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION	S	D	8	2206	2213		Submit if available-not currently utilized by MQD
279	137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	S	D	8	2214	2221		Submit if available-not currently utilized by MQD
280	272	MAC REDUCED INDICATOR	S	A/N	1	2222	2222		Submit if available-not currently utilized by MQD
281	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2223	2224		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
282	260	GENERIC INDICATOR	S	A/N	1	2225	2225	Distinguishes if product priced as Generic or Branded product: As defined by processor.	Submit if available
283	284	OUT OF POCKET APPLY AMOUNT	S	D	8	2226	2233		Submit if available-not currently utilized by MQD
284	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2234	2242	Average Cost Per Quantity as defined by processor.	Submit if available
285	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2243	2251	Average Generic Price per unit as defined by processor.	Submit if available
286	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2252	2260	Average Wholesale Price per unit for the drug as defined by processor.	Submit if available
287	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2261	2269	Federal Upper Limit Unit Price as defined by processor.	Submit if available
288	430-DU	GROSS AMOUNT DUE	S	D	8	2270	2277	Total price claimed from all sources	Submit if available
289	271	MAC PRICE	S	D	9	2278	2286	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.	Submit if available

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
290	409-D9	INGREDIENT COST SUBMITTED	S	D	8	2287	2294	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU)	Submit if available
291	426-DQ	USUAL AND CUSTOMARY CHARGE	S	D	8	2295	2302	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed	Submit if available
292	558-AW	FLAT SALES TAX AMOUNT PAID	S	D	8	2303	2310		Submit if available-not currently utilized by MQD
293	559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	D	8	2311	2318		Submit if available-not currently utilized by MQD
294	560-AY	PERCENTAGE SALES TAX RATE PAID	S	D	7	2319	2325		Submit if available-not currently utilized by MQD
295	561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	A/N	2	2326	2327		Submit if available-not currently utilized by MQD
296	521-FL	INCENTIVE AMOUNT PAID	S	D	8	2328	2335		Submit if available MQD Flu Vaccine If 440-E5 (Professional Service Code) = 'MA' (Medication administration) then 521-FL should contain the vaccine administration fee. Only use 'MA' when the drug is a flu vaccine. **Note: 'MA' calculation will include Ingredient Cost + Incent Fee Paid only + Sales Tax. Exclude Dispense Fee Paid.
297	562-J1	PROFESSIONAL SERVICE FEE PAID	S	D	8	2336	2343	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (5Ø9-F9).	Submit if available

298	564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2344	2345	See ECL	Submit if available
299	565-J4	OTHER AMOUNT PAID	S	D	8	2346	2353	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	Submit if available
300	564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2354	2355	See ECL	Submit if available

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
301	565-J4	OTHER AMOUNT PAID	S	D	8	2356	2363	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	Submit if available
302	564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2364	2365	See ECL	Submit if available
303	565-J4	OTHER AMOUNT PAID	S	D	8	2366	2373	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	Submit if available
304	566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	D	8	2374	2381	Total amount recognized by the processor of any payment from another source.	Submit if available
305	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	2382	2383		Submit if available-not currently utilized by MQD
306	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	2384	2393		Submit if available-not currently utilized by MQD
307	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	2394	2395		Submit if available-not currently utilized by MQD
308	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	2396	2405		Submit if available-not currently utilized by MQD
309	281	NET AMOUNT DUE	M	D	8	2406	2413	Net amount paid to provider by the payer or net amount due from the client to the payer, determined by trading partner agreement.	Health Plan Paid Amount
310	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2414	2415	12 - 340b/Disproportionate Share/Public Health Service Pricing.	When NCPDP D.0 field 423-DN (Basis of Cost Determination) submitted with a value of "08" indicating 340B Drug Pricing. The corresponding PAH 2.2 field of 522-FM should then contain the value of '12'.
311	512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S	D	8	2416	2423		Submit if available-not currently utilized by MQD
312	513-FD	REMAINING DEDUCTIBLE AMOUNT	S	D	8	2424	2431		Submit if available-not currently utilized by MQD
313	514-FE	REMAINING BENEFIT AMOUNT	S	D	8	2432	2439		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
314	242	COST DIFFERENCE AMOUNT	S	D	8	2440	2447		Submit if available-not currently utilized by MQD
315	249	EXCESS COPAY AMOUNT	S	D	8	2448	2455		Submit if available-not currently utilized by MQD
316	277	MEMBER SUBMIT AMOUNT	S	D	8	2456	2463		Submit if available-not currently utilized by MQD
317	265	HOLD HARMLESS AMOUNT	S	D	8	2464	2471		Submit if available-not currently utilized by MQD
318	520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S	D	8	2472	2479		Submit if available-not currently utilized by MQD
319	346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	A/N	2	2480	2481	See ECL	Submit if available
320	347-HJ	BASIS OF CALCULATION – COPAY	S	A/N	2	2482	2483	See ECL	Submit if available
321	348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S	A/N	2	2484	2485		Submit if available-not currently utilized by MQD
322	349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S	A/N	2	2486	2487		Submit if available-not currently utilized by MQD
323	573-4V	BASIS OF CALCULATION – COINSURANCE	S	A/N	2	2488	2489		Submit if available-not currently utilized by MQD
324	557-AV	TAX EXEMPT INDICATOR	S	A/N	1	2490	2490		Submit if available-not currently utilized by MQD
325	285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S	D	8	2491	2498		Submit if available-not currently utilized by MQD
326	276	MEDICARE RECOVERY INDICATOR	S	A/N	1	2499	2499		Submit if available-not currently utilized by MQD
327	275	MEDICARE RECOVERY DISPENSING INDICATOR	S	A/N	1	2500	2500		Submit if available-not currently utilized by MQD
328	286	PATIENT SPEND DOWN AMOUNT	S	D	8	2501	2508		Submit if available-not currently utilized by MQD
329	263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	S	D	8	2509	2516		Submit if available-not currently utilized by MQD
330	264	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	S	D	8	2517	2524		Submit if available-not currently utilized by MQD
331	207	ADMINISTRATIVE FEE EFFECT INDICATOR	S	A/N	1	2525	2525		Submit if available-not currently utilized by MQD
332	206	ADMINISTRATIVE FEE AMOUNT	S	D	4	2526	2529		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
333	269	INVOICED AMOUNT	S	D	11	2530	2540		Submit if available-not currently utilized by MQD
334		FILLER	S	A/N	10	2541	2550	Spaces	
335	128-UC	SPENDING ACCOUNT AMOUNT REMAINING	S	D	8	2551	2558		Submit if available-not currently utilized by MQD
336	129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	S	D	8	2559	2566		Submit if available-not currently utilized by MQD
337		SECTION PRIOR AUTHORIZATION CATEGORY:							
338	461-EU	PRIOR AUTHORIZATION TYPE CODE	S	N	2	2567	2568	See ECL	Submit if available
339	462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	N	11	2569	2579	Number submitted by the provider to identify the prior authorization.	Submit if available
340	498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	S	N	11	2580	2590		Submit if available-not currently utilized by MQD
341	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2591	2592		Submit if available-not currently utilized by MQD
342		SECTION ADJUSTMENT CATEGORY:							
343	204	ADJUSTMENT REASON CODE	S	N	3	2593	2595		Submit if available-not currently utilized by MQD
344	205	ADJUSTMENT TYPE	S	A/N	1	2596	2596		Submit if available-not currently utilized by MQD
345	897	TRANSACTION ID CROSS REFERENCE	S	A/N	30	2597	2626	Prior CRN (12 or 14 bytes)	MQD only uses first 12 bytes of Prior CRN to locate claim being adjusted.
346		SECTION COORDINATION OF BENEFITS CATEGORY:							
347	225	COB CARRIER SUBMIT AMOUNT	S	D	8	2627	2634		Submit if available-not currently utilized by MQD
348	245	ELIGIBILITY COB INDICATOR	S	A/N	1	2635	2635		Submit if available-not currently utilized by MQD
349	226	COB PRIMARY CLAIM TYPE	S	A/N	1	2636	2636		Submit if available-not currently utilized by MQD
350	232	COB PRIMARY PAYER ID	S	A/N	10	2637	2646	ID assigned to primary payer.	IDs on fields 232 and 238 must be unique; do not specify the same ID - like SSN otherwise duplicate error will occur. Also do not leave blank otherwise other payer information will be bypassed.

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
351		FILLER	S	A/N	8	2647	2654	Spaces	
352	228	COB PRIMARY PAYER AMOUNT PAID	S	D	8	2655	2662	Amount paid by primary payer for product or service.	Required when 308-C8 indicates COB.
353	231	COB PRIMARY PAYER DEDUCTIBLE	S	D	8	2663	2670	Deductible amount according to primary payer for product or service.	Required when 308-C8 indicates COB.
354	229	COB PRIMARY PAYER COINSURANCE	S	D	8	2671	2678	Coinsurance amount according to primary payer for product or service.	Required when 308-C8 indicates COB.
355	230	COB PRIMARY PAYER COPAY	S	D	8	2679	2686	Co-pay amount according to primary payer for product or service.	Required when 308-C8 indicates COB.
356	238	COB SECONDARY PAYER ID	S	A/N	10	2687	2696	ID assigned to primary payer.	IDs on fields 232 and 238 must be unique; do not specify the same ID - like SSN otherwise duplicate error will occur. Also do not leave blank otherwise other payer information will be bypassed.
357		FILLER	S	A/N	8	2697	2704	Spaces	
358	234	COB SECONDARY PAYER AMOUNT PAID	S	D	8	2705	2712	Amount paid by secondary payer for product or service.	Required when 308-C8 indicates COB and available
359	237	COB SECONDARY PAYER DEDUCTIBLE	S	D	8	2713	2720	Deductible amount according to secondary payer for product or service.	Required when 308-C8 indicates COB and available
360	235	COB SECONDARY PAYER COINSURANCE	S	D	8	2721	2728	Coinsurance amount according to secondary payer for product or service.	Required when 308-C8 indicates COB and available
361	236	COB SECONDARY PAYER COPAY	S	D	8	2729	2736	Co-pay amount according to secondary payer for product or service	Required when 308-C8 indicates COB and available
362		SECTION REFERENCE CATEGORY:							
363	896	TRANSACTION ID	S	A/N	30	2737	2766	Internally assigned unique claim ID by the payer Health Plan Claim Number (20 characters max)	Submit if available Limited to 20 chararacters
364	503-F3	AUTHORIZATION NUMBER	S	A/N	20	2767	2786		Submit if available-not currently utilized by MQD
365	224	CLIENT SPECIFIC DATA	S	A/N	50	2787	2836		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
366	396	PROCESSOR SPECIFIC DATA	S	A/N	50	2837	2886	Trading partners mutually agreed upon specific data defined by processor.	Submit if available-not currently utilized by MQD
367	997-G2	CMS PART D DEFINED QUALIFIED FACILITY	S	A/N	1	2887	2887		Submit if available-not currently utilized by MQD
368		**SECTION FIELDS ADDED IN VERSIONS CATEGORY**							
369	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2888	2889		Submit if available-not currently utilized by MQD
370	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2890	2897		Submit if available-not currently utilized by MQD
371	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2898	2899		Submit if available-not currently utilized by MQD
372	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2900	2907		Submit if available-not currently utilized by MQD
373	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2908	2909		Submit if available-not currently utilized by MQD
374	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2910	2917		Submit if available-not currently utilized by MQD
375	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2918	2919		Submit if available-not currently utilized by MQD
376	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2920	2927		Submit if available-not currently utilized by MQD
377	690-ZG	INVOICE DATE	S	N	8	2928	2935		Submit if available-not currently utilized by MQD
378	691-ZH	OUT OF POCKET REMAINING AMOUNT	S	D	8	2936	2943		Submit if available-not currently utilized by MQD
379	302-C2	CARDHOLDER ID (ALTERNATE)	S	A/N	20	2944	2963		Submit if available-not currently utilized by MQD
380	692-ZJ	NUMBER OF GENERIC MANUFACTURERS	S	N	3	2964	2966		Submit if available-not currently utilized by MQD
381	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2967	2968		Submit if available-not currently utilized by MQD
382	476-H6	DUR CO-AGENT ID	S	A/N	19	2969	2987		Submit if available-not currently utilized by MQD
383	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2988	2989		Submit if available-not currently utilized by MQD
384	476-H6	DUR CO-AGENT ID	S	A/N	19	2990	3008		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
385	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3009	3010		Submit if available-not currently utilized by MQD
386	476-H6	DUR CO-AGENT ID	S	A/N	19	3011	3029		Submit if available-not currently utilized by MQD
387	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3030	3031		Submit if available-not currently utilized by MQD
388	476-H6	DUR CO-AGENT ID	S	A/N	19	3032	3050		Submit if available-not currently utilized by MQD
389	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3051	3052		Submit if available-not currently utilized by MQD
390	476-H6	DUR CO-AGENT ID	S	A/N	19	3053	3071		Submit if available-not currently utilized by MQD
391	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3072	3073		Submit if available-not currently utilized by MQD
392	476-H6	DUR CO-AGENT ID	S	A/N	19	3074	3092		Submit if available-not currently utilized by MQD
393	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3093	3094		Submit if available-not currently utilized by MQD
394	476-H6	DUR CO-AGENT ID	S	A/N	19	3095	3113		Submit if available-not currently utilized by MQD
395	475-H9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3114	3115		Submit if available-not currently utilized by MQD
396	476-H6	DUR CO-AGENT ID	S	A/N	19	3116	3134		Submit if available-not currently utilized by MQD
397	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3135	3136		Submit if available-not currently utilized by MQD
398	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3137	3146		Submit if available-not currently utilized by MQD
399	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3147	3148		Submit if available-not currently utilized by MQD
400	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3149	3158		Submit if available-not currently utilized by MQD
401	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3159	3160		Submit if available-not currently utilized by MQD
402	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3161	3170		Submit if available-not currently utilized by MQD
403	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3171	3172		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
404	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3173	3182		Submit if available-not currently utilized by MQD
405	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3183	3184		Submit if available-not currently utilized by MQD
406	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3185	3194		Submit if available-not currently utilized by MQD
407	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3195	3196		Submit if available-not currently utilized by MQD
408	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3197	3206		Submit if available-not currently utilized by MQD
409	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3207	3208		Submit if available-not currently utilized by MQD
410	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3209	3218		Submit if available-not currently utilized by MQD
411	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3219	3220		Submit if available-not currently utilized by MQD
412	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3221	3230		Submit if available-not currently utilized by MQD
413	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3231	3232		Submit if available-not currently utilized by MQD
414	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3233	3242		Submit if available-not currently utilized by MQD
415	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	3243	3244		Submit if available-not currently utilized by MQD
416	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3245	3254		Submit if available-not currently utilized by MQD
417	A37	SPECIALTY CLAIM INDICATOR	S	A/N	1	3255	3255		Submit if available-not currently utilized by MQD
418	A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3256	3258		Submit if available-not currently utilized by MQD
419	A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3259	3261		Submit if available-not currently utilized by MQD
420	A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3262	3264		Submit if available-not currently utilized by MQD
421	A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3265	3267		Submit if available-not currently utilized by MQD
422	A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3268	3270		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
423	A39	COPAY WAIVER AMOUNT	S	D	8	3271	3278		Submit if available-not currently utilized by MQD
424	A33-ZX	CMS PART D CONTRACT ID	S	A/N	5	3279	3283		Submit if available-not currently utilized by MQD
425	A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	S	N	3	3284	3286		Submit if available-not currently utilized by MQD
426		FILLER	M	A/N	414	3287	3700	Spaces	
427		[See Claim Segment]							Submit if available-not currently utilized by MQD
428		[See Claim Segment]							Submit if available-not currently utilized by MQD
429		[See Claim Segment]							Submit if available-not currently utilized by MQD
430		[See Claim Segment]							Submit if available-not currently utilized by MQD
431		[See Claim Segment]							Submit if available-not currently utilized by MQD
432		[See Claim Segment]							Submit if available-not currently utilized by MQD
433	8.2.1	POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD 1						Minimum Of Two Ingredients Required	Required when Compound Code (406-D6) = '2' - Compound
434	601-04	RECORD TYPE	M	A/N	2	1	2	CD - Post Adjudication History Compound Detail Record 1	
435	455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	3	3	1 - RX Billing	
436	402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	4	15	10 digit Rx Number	Limited to 10 digits
437	477-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	N	2	16	17	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	
438		SECTION FIRST INGREDIENT:						Minimum Of Two Ingredients Required	
439	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	18	19	Code qualifying the type of product dispensed. See ECL	

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
440	489-TE	COMPOUND PRODUCT ID	M	A/N	19	20	38	Product identification of an ingredient used in a compound.	
441	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	39	48	Amount expressed in metric decimal units of the product included in the compound mixture.	Submit if available
442	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	49	56	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Submit if available
443	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	57	58	See ECL	Submit if available
444	221	CLIENT FORMULARY FLAG	S	A/N	1	59	59		Submit if available-not currently utilized by MQD
445	397	PRODUCT/SERVICE NAME	S	A/N	30	60	89	Product or Service Description or Product Label Name.	Submit if available
446	261	GENERIC NAME	S	A/N	30	90	119	Generic name of the product identified in Product/Service Name.	Submit if available
447	601-24	PRODUCT STRENGTH	S	A/N	10	120	129	The strength of the product.	Submit if available
448	243	DOSAGE FORM CODE	S	A/N	4	130	133	Dosage form code for product identified.	Submit if available
449	532-FW	DATABASE INDICATOR	S	A/N	1	134	134		Submit if available-not currently utilized by MQD
450	425-PD	DRUG TYPE	S	N	1	135	135		Submit if available-not currently utilized by MQD
451	257	FORMULARY STATUS	S	A/N	1	136	136		Submit if available-not currently utilized by MQD
452	244	DRUG CATEGORY CODE	S	A/N	1	137	137		Submit if available-not currently utilized by MQD
453	252	FEDERAL DEA SCHEDULE	S	A/N	1	138	138		Submit if available-not currently utilized by MQD
454	250	FDA DRUG EFFICACY CODE	S	A/N	1	139	139		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
455	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	140	140		Submit if available-not currently utilized by MQD
456	601-18	PRODUCT CODE	S	A/N	17	141	157		Submit if available-not currently utilized by MQD
457	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	158	158		Submit if available-not currently utilized by MQD
458	601-18	PRODUCT CODE	S	A/N	17	159	175		Submit if available-not currently utilized by MQD
459	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	176	176		Submit if available-not currently utilized by MQD
460	601-18	PRODUCT CODE	S	A/N	17	177	193		Submit if available-not currently utilized by MQD
461	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	194	194		Submit if available-not currently utilized by MQD
462	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	195	195		Submit if available-not currently utilized by MQD
463	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	196	212		Submit if available-not currently utilized by MQD
464	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	213	213		Submit if available-not currently utilized by MQD
465	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	214	230		Submit if available-not currently utilized by MQD
466	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	231	231		Submit if available-not currently utilized by MQD
467	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	232	248		Submit if available-not currently utilized by MQD
468	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	249	249		Submit if available-not currently utilized by MQD
469	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	250	266		Submit if available-not currently utilized by MQD
470	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	267	267		Submit if available-not currently utilized by MQD
471	600-28	UNIT OF MEASURE	S	A/N	2	268	269		Submit if available-not currently utilized by MQD
472	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	270	271		Submit if available-not currently utilized by MQD
473	272	MAC REDUCED INDICATOR	S	A/N	1	272	272		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
474	223	CLIENT PRICING BASIS OF COST	S	A/N	2	273	274		Submit if available-not currently utilized by MQD
475	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	275	276		Submit if available-not currently utilized by MQD
476	476-H6	DUR CO-AGENT ID	S	A/N	19	277	295		Submit if available-not currently utilized by MQD
477	260	GENERIC INDICATOR	S	A/N	1	296	296		Submit if available-not currently utilized by MQD
478	292	PLAN CUTBACK REASON CODE	S	A/N	1	297	297		Submit if available-not currently utilized by MQD
479	889	THERAPEUTIC CHAPTER	S	A/N	8	298	305		Submit if available-not currently utilized by MQD
480	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	306	314		Submit if available-not currently utilized by MQD
481	210	AVERAGE GENERIC UNIT PRICE	S	D	9	315	323		Submit if available-not currently utilized by MQD
482	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	324	332		Submit if available-not currently utilized by MQD
483	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	333	341		Submit if available-not currently utilized by MQD
484	271	MAC PRICE	S	D	9	342	350		Submit if available-not currently utilized by MQD
485	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	351	352		Submit if available-not currently utilized by MQD
486	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	353	360		Submit if available-not currently utilized by MQD
487		**SECTION SECOND INGREDIENT:**						Minimum Of Two Ingredients Required	
488	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	361	362	Code qualifying the type of product dispensed. See ECL	
489	489-TE	COMPOUND PRODUCT ID	M	A/N	19	363	381	Product identification of an ingredient used in a compound.	
490	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	382	391	Amount expressed in metric decimal units of the product included in the compound mixture.	Submit if available

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
491	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	392	399	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Submit if available
492	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	400	401	See ECL	Submit if available
493	221	CLIENT FORMULARY FLAG	S	A/N	1	402	402		Submit if available-not currently utilized by MQD
494	397	PRODUCT/SERVICE NAME	S	A/N	30	403	432	Product or Service Description or Product Label Name.	Submit if available
495	261	GENERIC NAME	S	A/N	30	433	462	Generic name of the product identified in Product/Service Name.	Submit if available
496	601-24	PRODUCT STRENGTH	S	A/N	10	463	472	The strength of the product.	Submit if available
497	243	DOSAGE FORM CODE	S	A/N	4	473	476	Dosage form code for product identified.	Submit if available
498	532-FW	DATABASE INDICATOR	S	A/N	1	477	477		Submit if available-not currently utilized by MQD
499	425-PD	DRUG TYPE	S	N	1	478	478		Submit if available-not currently utilized by MQD
500	257	FORMULARY STATUS	S	A/N	1	479	479		Submit if available-not currently utilized by MQD
501	244	DRUG CATEGORY CODE	S	A/N	1	480	480		Submit if available-not currently utilized by MQD
502	252	FEDERAL DEA SCHEDULE	S	A/N	1	481	481		Submit if available-not currently utilized by MQD
503	250	FDA DRUG EFFICACY CODE	S	A/N	1	482	482		Submit if available-not currently utilized by MQD
504	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	483	483		Submit if available-not currently utilized by MQD
505	601-18	PRODUCT CODE	S	A/N	17	484	500		Submit if available-not currently utilized by MQD
506	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	501	501		Submit if available-not currently utilized by MQD
507	601-18	PRODUCT CODE	S	A/N	17	502	518		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
508	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	519	519		Submit if available-not currently utilized by MQD
509	601-18	PRODUCT CODE	S	A/N	17	520	536		Submit if available-not currently utilized by MQD
510	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	537	537		Submit if available-not currently utilized by MQD
511	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	538	538		Submit if available-not currently utilized by MQD
512	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	539	555		Submit if available-not currently utilized by MQD
513	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	556	556		Submit if available-not currently utilized by MQD
514	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	557	573		Submit if available-not currently utilized by MQD
515	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	574	574		Submit if available-not currently utilized by MQD
516	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	575	591		Submit if available-not currently utilized by MQD
517	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	592	592		Submit if available-not currently utilized by MQD
518	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	593	609		Submit if available-not currently utilized by MQD
519	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	610	610		Submit if available-not currently utilized by MQD
520	600-28	UNIT OF MEASURE	S	A/N	2	611	612		Submit if available-not currently utilized by MQD
521	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	613	614		Submit if available-not currently utilized by MQD
522	272	MAC REDUCED INDICATOR	S	A/N	1	615	615		Submit if available-not currently utilized by MQD
523	223	CLIENT PRICING BASIS OF COST	S	A/N	2	616	617		Submit if available-not currently utilized by MQD
524	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	618	619		Submit if available-not currently utilized by MQD
525	476-H6	DUR CO-AGENT ID	S	A/N	19	620	638		Submit if available-not currently utilized by MQD
526	260	GENERIC INDICATOR	S	A/N	1	639	639		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
527	292	PLAN CUTBACK REASON CODE	S	A/N	1	640	640		Submit if available-not currently utilized by MQD
528	889	THERAPEUTIC CHAPTER	S	A/N	8	641	648		Submit if available-not currently utilized by MQD
529	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	649	657		Submit if available-not currently utilized by MQD
530	210	AVERAGE GENERIC UNIT PRICE	S	D	9	658	666		Submit if available-not currently utilized by MQD
531	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	667	675		Submit if available-not currently utilized by MQD
532	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	676	684		Submit if available-not currently utilized by MQD
533	271	MAC PRICE	S	D	9	685	693		Submit if available-not currently utilized by MQD
534	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	694	695		Submit if available-not currently utilized by MQD
535	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	696	703		Submit if available-not currently utilized by MQD
536		**SECTION THIRD INGREDIENT:**						Submit if a 3rd ingredient	
537	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	704	705	Code qualifying the type of product dispensed. See ECL	
538	489-TE	COMPOUND PRODUCT ID	M	A/N	19	706	724	Product identification of an ingredient used in a compound.	
539	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	725	734	Amount expressed in metric decimal units of the product included in the compound mixture.	Submit if available
540	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	735	742	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Submit if available
541	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	743	744	See ECL	Submit if available

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
542	221	CLIENT FORMULARY FLAG	S	A/N	1	745	745		Submit if available-not currently utilized by MQD
543	397	PRODUCT/SERVICE NAME	S	A/N	30	746	775	Product or Service Description or Product Label Name.	Submit if available
544	261	GENERIC NAME	S	A/N	30	776	805	Generic name of the product identified in Product/Service Name.	Submit if available
545	601-24	PRODUCT STRENGTH	S	A/N	10	806	815	The strength of the product.	Submit if available
546	243	DOSAGE FORM CODE	S	A/N	4	816	819	Dosage form code for product identified.	Submit if available
547	532-FW	DATABASE INDICATOR	S	A/N	1	820	820		Submit if available-not currently utilized by MQD
548	425-PD	DRUG TYPE	S	N	1	821	821		Submit if available-not currently utilized by MQD
549	257	FORMULARY STATUS	S	A/N	1	822	822		Submit if available-not currently utilized by MQD
550	244	DRUG CATEGORY CODE	S	A/N	1	823	823		Submit if available-not currently utilized by MQD
551	252	FEDERAL DEA SCHEDULE	S	A/N	1	824	824		Submit if available-not currently utilized by MQD
552	250	FDA DRUG EFFICACY CODE	S	A/N	1	825	825		Submit if available-not currently utilized by MQD
553	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	826	826		Submit if available-not currently utilized by MQD
554	601-18	PRODUCT CODE	S	A/N	17	827	843		Submit if available-not currently utilized by MQD
555	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	844	844		Submit if available-not currently utilized by MQD
556	601-18	PRODUCT CODE	S	A/N	17	845	861		Submit if available-not currently utilized by MQD
557	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	862	862		Submit if available-not currently utilized by MQD
558	601-18	PRODUCT CODE	S	A/N	17	863	879		Submit if available-not currently utilized by MQD
559	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	880	880		Submit if available-not currently utilized by MQD
560	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	881	881		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
561	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	882	898		Submit if available-not currently utilized by MQD
562	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	899	899		Submit if available-not currently utilized by MQD
563	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	900	916		Submit if available-not currently utilized by MQD
564	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	917	917		Submit if available-not currently utilized by MQD
565	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	918	934		Submit if available-not currently utilized by MQD
566	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	935	935		Submit if available-not currently utilized by MQD
567	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	936	952		Submit if available-not currently utilized by MQD
568	429-DT	SPECIAL PACKAGING INDICATOR	S	A/N	1	953	953		Submit if available-not currently utilized by MQD
569	600-28	UNIT OF MEASURE	S	A/N	2	954	955		Submit if available-not currently utilized by MQD
570	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	956	957		Submit if available-not currently utilized by MQD
571	272	MAC REDUCED INDICATOR	S	A/N	1	958	958		Submit if available-not currently utilized by MQD
572	223	CLIENT PRICING BASIS OF COST	S	A/N	2	959	960		Submit if available-not currently utilized by MQD
573	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	961	962		Submit if available-not currently utilized by MQD
574	476-H6	DUR CO-AGENT ID	S	A/N	19	963	981		Submit if available-not currently utilized by MQD
575	260	GENERIC INDICATOR	S	A/N	1	982	982		Submit if available-not currently utilized by MQD
576	292	PLAN CUTBACK REASON CODE	S	A/N	1	983	983		Submit if available-not currently utilized by MQD
577	889	THERAPEUTIC CHAPTER	S	A/N	8	984	991		Submit if available-not currently utilized by MQD
578	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	992	1000		Submit if available-not currently utilized by MQD
579	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1001	1009		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
580	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1010	1018		Submit if available-not currently utilized by MQD
581	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1019	1027		Submit if available-not currently utilized by MQD
582	271	MAC PRICE	S	D	9	1028	1036		Submit if available-not currently utilized by MQD
583	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1037	1038		Submit if available-not currently utilized by MQD
584	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1039	1046		Submit if available-not currently utilized by MQD
585		**SECTION FOURTH INGREDIENT:**							
586	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1047	1048		Submit if available-not currently utilized by MQD
587	489-TE	COMPOUND PRODUCT ID	M	A/N	19	1049	1067		Submit if available-not currently utilized by MQD
588	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1068	1077		Submit if available-not currently utilized by MQD
589	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1078	1085		Submit if available-not currently utilized by MQD
590	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1086	1087		Submit if available-not currently utilized by MQD
591	221	CLIENT FORMULARY FLAG	S	A/N	1	1088	1088		Submit if available-not currently utilized by MQD
592	397	PRODUCT/SERVICE NAME	S	A/N	30	1089	1118		Submit if available-not currently utilized by MQD
593	261	GENERIC NAME	S	A/N	30	1119	1148		Submit if available-not currently utilized by MQD
594	601-24	PRODUCT STRENGTH	S	A/N	10	1149	1158		Submit if available-not currently utilized by MQD
595	243	DOSAGE FORM CODE	S	A/N	4	1159	1162		Submit if available-not currently utilized by MQD
596	532-FW	DATABASE INDICATOR	S	A/N	1	1163	1163		Submit if available-not currently utilized by MQD
597	425-PD	DRUG TYPE	S	N	1	1164	1164		Submit if available-not currently utilized by MQD
598	257	FORMULARY STATUS	S	A/N	1	1165	1165		Submit if available-not currently utilized by MQD
599	244	DRUG CATEGORY CODE	S	A/N	1	1166	1166		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
600	252	FEDERAL DEA SCHEDULE	S	A/N	1	1167	1167		Submit if available-not currently utilized by MQD
601	250	FDA DRUG EFFICACY CODE	S	A/N	1	1168	1168		Submit if available-not currently utilized by MQD
602	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1169	1169		Submit if available-not currently utilized by MQD
603	601-18	PRODUCT CODE	S	A/N	17	1170	1186		Submit if available-not currently utilized by MQD
604	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1187	1187		Submit if available-not currently utilized by MQD
605	601-18	PRODUCT CODE	S	A/N	17	1188	1204		Submit if available-not currently utilized by MQD
606	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1205	1205		Submit if available-not currently utilized by MQD
607	601-18	PRODUCT CODE	S	A/N	17	1206	1222		Submit if available-not currently utilized by MQD
608	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1223	1223		Submit if available-not currently utilized by MQD
609	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1224	1224		Submit if available-not currently utilized by MQD
610	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1225	1241		Submit if available-not currently utilized by MQD
611	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1242	1242		Submit if available-not currently utilized by MQD
612	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1243	1259		Submit if available-not currently utilized by MQD
613	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1260	1260		Submit if available-not currently utilized by MQD
614	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1261	1277		Submit if available-not currently utilized by MQD
615	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1278	1278		Submit if available-not currently utilized by MQD
616	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1279	1295		Submit if available-not currently utilized by MQD
617	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1297	1296		Submit if available-not currently utilized by MQD
618	600-28	UNIT OF MEASURE	S	A/N	2	1297	1298		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
619	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1299	1300		Submit if available-not currently utilized by MQD
620	272	MAC REDUCED INDICATOR	S	A/N	1	1301	1301		Submit if available-not currently utilized by MQD
621	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1302	1303		Submit if available-not currently utilized by MQD
622	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1304	1305		Submit if available-not currently utilized by MQD
623	476-H6	DUR CO-AGENT ID	S	A/N	19	1306	1324		Submit if available-not currently utilized by MQD
624	260	GENERIC INDICATOR	S	A/N	1	1325	1325		Submit if available-not currently utilized by MQD
625	292	PLAN CUTBACK REASON CODE	S	A/N	1	1326	1326		Submit if available-not currently utilized by MQD
626	889	THERAPEUTIC CHAPTER	S	A/N	8	1327	1334		Submit if available-not currently utilized by MQD
627	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1335	1343		Submit if available-not currently utilized by MQD
628	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1344	1352		Submit if available-not currently utilized by MQD
629	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1353	1361		Submit if available-not currently utilized by MQD
630	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1362	1370		Submit if available-not currently utilized by MQD
631	271	MAC PRICE	S	D	9	1371	1379		Submit if available-not currently utilized by MQD
632	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1380	1381		Submit if available-not currently utilized by MQD
633	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1382	1389		Submit if available-not currently utilized by MQD
634		**SECTION FIFTH INGREDIENT**							
635	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1390	1391		Submit if available-not currently utilized by MQD
636	489-TE	COMPOUND PRODUCT ID	M	A/N	19	1392	1410		Submit if available-not currently utilized by MQD
637	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1411	1420		Submit if available-not currently utilized by MQD
638	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1421	1428		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
639	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1429	1430		Submit if available-not currently utilized by MQD
640	221	CLIENT FORMULARY FLAG	S	A/N	1	1431	1431		Submit if available-not currently utilized by MQD
641	397	PRODUCT/SERVICE NAME	S	A/N	30	1432	1461		Submit if available-not currently utilized by MQD
642	261	GENERIC NAME	S	A/N	30	1462	1491		Submit if available-not currently utilized by MQD
643	601-24	PRODUCT STRENGTH	S	A/N	10	1492	1501		Submit if available-not currently utilized by MQD
644	243	DOSAGE FORM CODE	S	A/N	4	1502	1505		Submit if available-not currently utilized by MQD
645	532-FW	DATABASE INDICATOR	S	A/N	1	1506	1506		Submit if available-not currently utilized by MQD
646	425-PD	DRUG TYPE	S	N	1	1507	1507		Submit if available-not currently utilized by MQD
647	257	FORMULARY STATUS	S	A/N	1	1508	1508		Submit if available-not currently utilized by MQD
648	244	DRUG CATEGORY CODE	S	A/N	1	1509	1509		Submit if available-not currently utilized by MQD
649	252	FEDERAL DEA SCHEDULE	S	A/N	1	1510	1510		Submit if available-not currently utilized by MQD
650	250	FDA DRUG EFFICACY CODE	S	A/N	1	1511	1511		Submit if available-not currently utilized by MQD
651	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1512	1512		Submit if available-not currently utilized by MQD
652	601-18	PRODUCT CODE	S	A/N	17	1513	1529		Submit if available-not currently utilized by MQD
653	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1530	1530		Submit if available-not currently utilized by MQD
654	601-18	PRODUCT CODE	S	A/N	17	1531	1547		Submit if available-not currently utilized by MQD
655	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1548	1548		Submit if available-not currently utilized by MQD
656	601-18	PRODUCT CODE	S	A/N	17	1549	1565		Submit if available-not currently utilized by MQD
657	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1566	1566		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
658	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1567	1567		Submit if available-not currently utilized by MQD
659	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1568	1584		Submit if available-not currently utilized by MQD
660	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1585	1585		Submit if available-not currently utilized by MQD
661	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1586	1602		Submit if available-not currently utilized by MQD
662	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1603	1603		Submit if available-not currently utilized by MQD
663	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1604	1620		Submit if available-not currently utilized by MQD
664	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1621	1621		Submit if available-not currently utilized by MQD
665	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1622	1638		Submit if available-not currently utilized by MQD
666	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1639	1639		Submit if available-not currently utilized by MQD
667	600-28	UNIT OF MEASURE	S	A/N	2	1640	1641		Submit if available-not currently utilized by MQD
668	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1642	1643		Submit if available-not currently utilized by MQD
669	272	MAC REDUCED INDICATOR	S	A/N	1	1644	1644		Submit if available-not currently utilized by MQD
670	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1645	1646		Submit if available-not currently utilized by MQD
671	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1647	1648		Submit if available-not currently utilized by MQD
672	476-H6	DUR CO-AGENT ID	S	A/N	19	1649	1667		Submit if available-not currently utilized by MQD
673	260	GENERIC INDICATOR	S	A/N	1	1668	1668		Submit if available-not currently utilized by MQD
674	292	PLAN CUTBACK REASON CODE	S	A/N	1	1669	1669		Submit if available-not currently utilized by MQD
675	889	THERAPEUTIC CHAPTER	S	A/N	8	1670	1677		Submit if available-not currently utilized by MQD
676	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1678	1686		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
677	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1687	1695		Submit if available-not currently utilized by MQD
678	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1696	1704		Submit if available-not currently utilized by MQD
679	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1705	1713		Submit if available-not currently utilized by MQD
680	271	MAC PRICE	S	D	9	1714	1722		Submit if available-not currently utilized by MQD
681	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1723	1724		Submit if available-not currently utilized by MQD
682	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1725	1732		Submit if available-not currently utilized by MQD
683		**SECTION SIXTH INGREDIENT**							
684	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1733	1734		Submit if available-not currently utilized by MQD
685	489-TE	COMPOUND PRODUCT ID	M	A/N	19	1735	1753		Submit if available-not currently utilized by MQD
686	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1754	1763		Submit if available-not currently utilized by MQD
687	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1764	1771		Submit if available-not currently utilized by MQD
688	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1772	1773		Submit if available-not currently utilized by MQD
689	221	CLIENT FORMULARY FLAG	S	A/N	1	1774	1774		Submit if available-not currently utilized by MQD
690	397	PRODUCT/SERVICE NAME	S	A/N	30	1775	1804		Submit if available-not currently utilized by MQD
691	261	GENERIC NAME	S	A/N	30	1805	1834		Submit if available-not currently utilized by MQD
692	601-24	PRODUCT STRENGTH	S	A/N	10	1835	1844		Submit if available-not currently utilized by MQD
693	243	DOSAGE FORM CODE	S	A/N	4	1845	1848		Submit if available-not currently utilized by MQD
694	532-FW	DATABASE INDICATOR	S	A/N	1	1849	1849		Submit if available-not currently utilized by MQD
695	425-PD	DRUG TYPE	S	N	1	1850	1850		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
696	257	FORMULARY STATUS	S	A/N	1	1851	1851		Submit if available-not currently utilized by MQD
697	244	DRUG CATEGORY CODE	S	A/N	1	1852	1852		Submit if available-not currently utilized by MQD
698	252	FEDERAL DEA SCHEDULE	S	A/N	1	1853	1853		Submit if available-not currently utilized by MQD
699	250	FDA DRUG EFFICACY CODE	S	A/N	1	1854	1854		Submit if available-not currently utilized by MQD
700	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1855	1855		Submit if available-not currently utilized by MQD
701	601-18	PRODUCT CODE	S	A/N	17	1856	1872		Submit if available-not currently utilized by MQD
702	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1873	1873		Submit if available-not currently utilized by MQD
703	601-18	PRODUCT CODE	S	A/N	17	1874	1890		Submit if available-not currently utilized by MQD
704	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1891	1891		Submit if available-not currently utilized by MQD
705	601-18	PRODUCT CODE	S	A/N	17	1892	1908		Submit if available-not currently utilized by MQD
706	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1909	1909		Submit if available-not currently utilized by MQD
707	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1910	1910		Submit if available-not currently utilized by MQD
708	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1911	1927		Submit if available-not currently utilized by MQD
709	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1928	1928		Submit if available-not currently utilized by MQD
710	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1929	1945		Submit if available-not currently utilized by MQD
711	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1946	1946		Submit if available-not currently utilized by MQD
712	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1947	1963		Submit if available-not currently utilized by MQD
713	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not currently utilized by MQD
714	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1965	1981		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
715	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1982	1982		Submit if available-not currently utilized by MQD
716	600-28	UNIT OF MEASURE	S	A/N	2	1983	1984		Submit if available-not currently utilized by MQD
717	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1985	1986		Submit if available-not currently utilized by MQD
718	272	MAC REDUCED INDICATOR	S	A/N	1	1987	1987		Submit if available-not currently utilized by MQD
719	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1988	1989		Submit if available-not currently utilized by MQD
720	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1990	1991		Submit if available-not currently utilized by MQD
721	476-H6	DUR CO-AGENT ID	S	A/N	19	1992	2010		Submit if available-not currently utilized by MQD
722	260	GENERIC INDICATOR	S	A/N	1	2011	2011		Submit if available-not currently utilized by MQD
723	292	PLAN CUTBACK REASON CODE	S	A/N	1	2012	2012		Submit if available-not currently utilized by MQD
724	889	THERAPEUTIC CHAPTER	S	A/N	8	2013	2020		Submit if available-not currently utilized by MQD
725	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2021	2029		Submit if available-not currently utilized by MQD
726	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2030	2038		Submit if available-not currently utilized by MQD
727	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2039	2047		Submit if available-not currently utilized by MQD
728	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2048	2056		Submit if available-not currently utilized by MQD
729	271	MAC PRICE	S	D	9	2057	2065		Submit if available-not currently utilized by MQD
730	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2066	2067		Submit if available-not currently utilized by MQD
731	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2068	2075		Submit if available-not currently utilized by MQD
732		**SECTION SEVENTH INGREDIENT**							
733	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2076	2077		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
734	489-TE	COMPOUND PRODUCT ID	M	A/N	19	2078	2096		Submit if available-not currently utilized by MQD
735	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2097	2106		Submit if available-not currently utilized by MQD
736	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2107	2114		Submit if available-not currently utilized by MQD
737	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	2115	2116		Submit if available-not currently utilized by MQD
738	221	CLIENT FORMULARY FLAG	S	A/N	1	2117	2117		Submit if available-not currently utilized by MQD
739	397	PRODUCT/SERVICE NAME	S	A/N	30	2118	2147		Submit if available-not currently utilized by MQD
740	261	GENERIC NAME	S	A/N	30	2148	2177		Submit if available-not currently utilized by MQD
741	601-24	PRODUCT STRENGTH	S	A/N	10	2178	2187		Submit if available-not currently utilized by MQD
742	243	DOSAGE FORM CODE	S	A/N	4	2188	2191		Submit if available-not currently utilized by MQD
743	532-FW	DATABASE INDICATOR	S	A/N	1	2192	2192		Submit if available-not currently utilized by MQD
744	425-PD	DRUG TYPE	S	N	1	2193	2193		Submit if available-not currently utilized by MQD
745	257	FORMULARY STATUS	S	A/N	1	2194	2194		Submit if available-not currently utilized by MQD
746	244	DRUG CATEGORY CODE	S	A/N	1	2195	2195		Submit if available-not currently utilized by MQD
747	252	FEDERAL DEA SCHEDULE	S	A/N	1	2196	2196		Submit if available-not currently utilized by MQD
748	250	FDA DRUG EFFICACY CODE	S	A/N	1	2197	2197		Submit if available-not currently utilized by MQD
749	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2198	2198		Submit if available-not currently utilized by MQD
750	601-18	PRODUCT CODE	S	A/N	17	2199	2215		Submit if available-not currently utilized by MQD
751	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2216	2216		Submit if available-not currently utilized by MQD
752	601-18	PRODUCT CODE	S	A/N	17	2217	2233		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
753	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2234	2234		Submit if available-not currently utilized by MQD
754	601-18	PRODUCT CODE	S	A/N	17	2235	2251		Submit if available-not currently utilized by MQD
755	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2252	2252		Submit if available-not currently utilized by MQD
756	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2253	2253		Submit if available-not currently utilized by MQD
757	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2254	2270		Submit if available-not currently utilized by MQD
758	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2271	2271		Submit if available-not currently utilized by MQD
759	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2272	2288		Submit if available-not currently utilized by MQD
760	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2289	2289		Submit if available-not currently utilized by MQD
761	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2290	2306		Submit if available-not currently utilized by MQD
762	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2307	2307		Submit if available-not currently utilized by MQD
763	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2308	2324		Submit if available-not currently utilized by MQD
764	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	2325	2325		Submit if available-not currently utilized by MQD
765	600-28	UNIT OF MEASURE	S	A/N	2	2326	2327		Submit if available-not currently utilized by MQD
766	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2328	2329		Submit if available-not currently utilized by MQD
767	272	MAC REDUCED INDICATOR	S	A/N	1	2330	2330		Submit if available-not currently utilized by MQD
768	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2331	2332		Submit if available-not currently utilized by MQD
769	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2333	2334		Submit if available-not currently utilized by MQD
770	476-H6	DUR CO-AGENT ID	S	A/N	19	2335	2353		Submit if available-not currently utilized by MQD
771	260	GENERIC INDICATOR	S	A/N	1	2354	2354		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
772	292	PLAN CUTBACK REASON CODE	S	A/N	1	2355	2355		Submit if available-not currently utilized by MQD
773	889	THERAPEUTIC CHAPTER	S	A/N	8	2356	2363		Submit if available-not currently utilized by MQD
774	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2364	2372		Submit if available-not currently utilized by MQD
775	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2373	2381		Submit if available-not currently utilized by MQD
776	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2382	2390		Submit if available-not currently utilized by MQD
777	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2391	2399		Submit if available-not currently utilized by MQD
778	271	MAC PRICE	S	D	9	2400	2408		Submit if available-not currently utilized by MQD
779	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2409	2410		Submit if available-not currently utilized by MQD
780	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2411	2418		Submit if available-not currently utilized by MQD
781		**SECTION EIGHTH INGREDIENT**							
782	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2419	2420		Submit if available-not currently utilized by MQD
783	489-TE	COMPOUND PRODUCT ID	M	A/N	19	2421	2439		Submit if available-not currently utilized by MQD
784	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2440	2449		Submit if available-not currently utilized by MQD
785	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2450	2457		Submit if available-not currently utilized by MQD
786	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	2458	2459		Submit if available-not currently utilized by MQD
787	221	CLIENT FORMULARY FLAG	S	A/N	1	2460	2460		Submit if available-not currently utilized by MQD
788	397	PRODUCT/SERVICE NAME	S	A/N	30	2461	2490		Submit if available-not currently utilized by MQD
789	261	GENERIC NAME	S	A/N	30	2491	2520		Submit if available-not currently utilized by MQD
790	601-24	PRODUCT STRENGTH	S	A/N	10	2521	2530		Submit if available-not currently utilized by MQD
791	243	DOSAGE FORM CODE	S	A/N	4	2531	2534		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
792	532-FW	DATABASE INDICATOR	S	A/N	1	2535	2535		Submit if available-not currently utilized by MQD
793	425-PD	DRUG TYPE	S	N	1	2536	2536		Submit if available-not currently utilized by MQD
794	257	FORMULARY STATUS	S	A/N	1	2537	2537		Submit if available-not currently utilized by MQD
795	244	DRUG CATEGORY CODE	S	A/N	1	2538	2538		Submit if available-not currently utilized by MQD
796	252	FEDERAL DEA SCHEDULE	S	A/N	1	2539	2539		Submit if available-not currently utilized by MQD
797	250	FDA DRUG EFFICACY CODE	S	A/N	1	2540	2540		Submit if available-not currently utilized by MQD
798	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2541	2541		Submit if available-not currently utilized by MQD
799	601-18	PRODUCT CODE	S	A/N	17	2542	2558		Submit if available-not currently utilized by MQD
800	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2559	2559		Submit if available-not currently utilized by MQD
801	601-18	PRODUCT CODE	S	A/N	17	2560	2576		Submit if available-not currently utilized by MQD
802	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2577	2577		Submit if available-not currently utilized by MQD
803	601-18	PRODUCT CODE	S	A/N	17	2578	2594		Submit if available-not currently utilized by MQD
804	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2595	2595		Submit if available-not currently utilized by MQD
805	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2596	2596		Submit if available-not currently utilized by MQD
806	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2597	2613		Submit if available-not currently utilized by MQD
807	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2614	2614		Submit if available-not currently utilized by MQD
808	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2615	2631		Submit if available-not currently utilized by MQD
809	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2632	2632		Submit if available-not currently utilized by MQD
810	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2633	2649		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
811	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2650	2650		Submit if available-not currently utilized by MQD
812	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2651	2667		Submit if available-not currently utilized by MQD
813	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	2668	2668		Submit if available-not currently utilized by MQD
814	600-28	UNIT OF MEASURE	S	A/N	2	2669	2670		Submit if available-not currently utilized by MQD
815	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2671	2672		Submit if available-not currently utilized by MQD
816	272	MAC REDUCED INDICATOR	S	A/N	1	2673	2673		Submit if available-not currently utilized by MQD
817	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2674	2675		Submit if available-not currently utilized by MQD
818	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2676	2677		Submit if available-not currently utilized by MQD
819	476-H6	DUR CO-AGENT ID	S	A/N	19	2678	2696		Submit if available-not currently utilized by MQD
820	260	GENERIC INDICATOR	S	A/N	1	2697	2697		Submit if available-not currently utilized by MQD
821	292	PLAN CUTBACK REASON CODE	S	A/N	1	2698	2698		Submit if available-not currently utilized by MQD
822	889	THERAPEUTIC CHAPTER	S	A/N	8	2699	2706		Submit if available-not currently utilized by MQD
823	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2707	2715		Submit if available-not currently utilized by MQD
824	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2716	2724		Submit if available-not currently utilized by MQD
825	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2725	2733		Submit if available-not currently utilized by MQD
826	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2734	2742		Submit if available-not currently utilized by MQD
827	271	MAC PRICE	S	D	9	2743	2751		Submit if available-not currently utilized by MQD
828	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2752	2753		Submit if available-not currently utilized by MQD
829	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2754	2761		Submit if available-not currently utilized by MQD
830		FILLER	M	A/N	939	2762	3700	Spaces	

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
831	**8.2.2**	**POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD 2**						Only if more than 8 ingredients	
832	601-04	RECORD TYPE	M	A/N	2	1	2	CD - Post Adjudication History Compound Detail Record 1	
833	455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	3	3	1 - RX Billing	
834	402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	4	15	10 digit Rx Number	Limited to 10 digits
835	477-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	N	2	16	17	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	
836		**SECTION NINTH INGREDIENT**							
837	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	18	19		Submit if available-not currently utilized by MQD
838	489-TE	COMPOUND PRODUCT ID	M	A/N	19	20	38		Submit if available-not currently utilized by MQD
839	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	39	48		Submit if available-not currently utilized by MQD
840	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	49	56		Submit if available-not currently utilized by MQD
841	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	57	58		Submit if available-not currently utilized by MQD
842	221	CLIENT FORMULARY FLAG	S	A/N	1	59	59		Submit if available-not currently utilized by MQD
843	397	PRODUCT/SERVICE NAME	S	A/N	30	60	89		Submit if available-not currently utilized by MQD
844	261	GENERIC NAME	S	A/N	30	90	119		Submit if available-not currently utilized by MQD
845	601-24	PRODUCT STRENGTH	S	A/N	10	120	129		Submit if available-not currently utilized by MQD
846	243	DOSAGE FORM CODE	S	A/N	4	130	133		Submit if available-not currently utilized by MQD
847	532-FW	DATABASE INDICATOR	S	A/N	1	134	134		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
848	425-PD	DRUG TYPE	S	N	1	135	135		Submit if available-not currently utilized by MQD
849	257	FORMULARY STATUS	S	A/N	1	136	136		Submit if available-not currently utilized by MQD
850	244	DRUG CATEGORY CODE	S	A/N	1	137	137		Submit if available-not currently utilized by MQD
851	252	FEDERAL DEA SCHEDULE	S	A/N	1	138	138		Submit if available-not currently utilized by MQD
852	250	FDA DRUG EFFICACY CODE	S	A/N	1	139	139		Submit if available-not currently utilized by MQD
853	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	140	140		Submit if available-not currently utilized by MQD
854	601-18	PRODUCT CODE	S	A/N	17	141	157		Submit if available-not currently utilized by MQD
855	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	158	158		Submit if available-not currently utilized by MQD
856	601-18	PRODUCT CODE	S	A/N	17	159	175		Submit if available-not currently utilized by MQD
857	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	176	176		Submit if available-not currently utilized by MQD
858	601-18	PRODUCT CODE	S	A/N	17	177	193		Submit if available-not currently utilized by MQD
859	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	194	194		Submit if available-not currently utilized by MQD
860	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	195	195		Submit if available-not currently utilized by MQD
861	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	196	212		Submit if available-not currently utilized by MQD
862	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	213	213		Submit if available-not currently utilized by MQD
863	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	214	230		Submit if available-not currently utilized by MQD
864	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	231	231		Submit if available-not currently utilized by MQD
865	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	232	248		Submit if available-not currently utilized by MQD
866	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	249	249		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
867	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	250	266		Submit if available-not currently utilized by MQD
868	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	267	267		Submit if available-not currently utilized by MQD
869	600-28	UNIT OF MEASURE	S	A/N	2	268	269		Submit if available-not currently utilized by MQD
870	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	270	271		Submit if available-not currently utilized by MQD
871	272	MAC REDUCED INDICATOR	S	A/N	1	272	272		Submit if available-not currently utilized by MQD
872	223	CLIENT PRICING BASIS OF COST	S	A/N	2	273	274		Submit if available-not currently utilized by MQD
873	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	275	276		Submit if available-not currently utilized by MQD
874	476-H6	DUR CO-AGENT ID	S	A/N	19	277	295		Submit if available-not currently utilized by MQD
875	260	GENERIC INDICATOR	S	A/N	1	296	296		Submit if available-not currently utilized by MQD
876	292	PLAN CUTBACK REASON CODE	S	A/N	1	297	297		Submit if available-not currently utilized by MQD
877	889	THERAPEUTIC CHAPTER	S	A/N	8	298	305		Submit if available-not currently utilized by MQD
878	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	306	314		Submit if available-not currently utilized by MQD
879	210	AVERAGE GENERIC UNIT PRICE	S	D	9	315	323		Submit if available-not currently utilized by MQD
880	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	324	332		Submit if available-not currently utilized by MQD
881	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	333	341		Submit if available-not currently utilized by MQD
882	271	MAC PRICE	S	D	9	342	350		Submit if available-not currently utilized by MQD
883	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	351	352		Submit if available-not currently utilized by MQD
884	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	353	360		Submit if available-not currently utilized by MQD
885		**SECTION TENTH INGREDIENT**							
886	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	361	362		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
887	489-TE	COMPOUND PRODUCT ID	M	A/N	19	363	381		Submit if available-not currently utilized by MQD
888	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	382	391		Submit if available-not currently utilized by MQD
889	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	392	399		Submit if available-not currently utilized by MQD
890	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	400	401		Submit if available-not currently utilized by MQD
891	221	CLIENT FORMULARY FLAG	S	A/N	1	402	402		Submit if available-not currently utilized by MQD
892	397	PRODUCT/SERVICE NAME	S	A/N	30	403	432		Submit if available-not currently utilized by MQD
893	261	GENERIC NAME	S	A/N	30	433	462		Submit if available-not currently utilized by MQD
894	601-24	PRODUCT STRENGTH	S	A/N	10	463	472		Submit if available-not currently utilized by MQD
895	243	DOSAGE FORM CODE	S	A/N	4	473	476		Submit if available-not currently utilized by MQD
896	532-FW	DATABASE INDICATOR	S	A/N	1	477	477		Submit if available-not currently utilized by MQD
897	425-PD	DRUG TYPE	S	N	1	478	478		Submit if available-not currently utilized by MQD
898	257	FORMULARY STATUS	S	A/N	1	479	479		Submit if available-not currently utilized by MQD
899	244	DRUG CATEGORY CODE	S	A/N	1	480	480		Submit if available-not currently utilized by MQD
900	252	FEDERAL DEA SCHEDULE	S	A/N	1	481	481		Submit if available-not currently utilized by MQD
901	250	FDA DRUG EFFICACY CODE	S	A/N	1	482	482		Submit if available-not currently utilized by MQD
902	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	483	483		Submit if available-not currently utilized by MQD
903	601-18	PRODUCT CODE	S	A/N	17	484	500		Submit if available-not currently utilized by MQD
904	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	501	501		Submit if available-not currently utilized by MQD
905	601-18	PRODUCT CODE	S	A/N	17	502	518		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
906	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	519	519		Submit if available-not currently utilized by MQD
907	601-18	PRODUCT CODE	S	A/N	17	520	536		Submit if available-not currently utilized by MQD
908	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	537	537		Submit if available-not currently utilized by MQD
909	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	538	538		Submit if available-not currently utilized by MQD
910	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	539	555		Submit if available-not currently utilized by MQD
911	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	556	556		Submit if available-not currently utilized by MQD
912	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	557	573		Submit if available-not currently utilized by MQD
913	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	574	574		Submit if available-not currently utilized by MQD
914	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	575	591		Submit if available-not currently utilized by MQD
915	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	592	592		Submit if available-not currently utilized by MQD
916	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	593	609		Submit if available-not currently utilized by MQD
917	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	610	610		Submit if available-not currently utilized by MQD
918	600-28	UNIT OF MEASURE	S	A/N	2	611	612		Submit if available-not currently utilized by MQD
919	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	613	614		Submit if available-not currently utilized by MQD
920	272	MAC REDUCED INDICATOR	S	A/N	1	615	615		Submit if available-not currently utilized by MQD
921	223	CLIENT PRICING BASIS OF COST	S	A/N	2	616	617		Submit if available-not currently utilized by MQD
922	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	618	619		Submit if available-not currently utilized by MQD
923	476-H6	DUR CO-AGENT ID	S	A/N	19	620	638		Submit if available-not currently utilized by MQD
924	260	GENERIC INDICATOR	S	A/N	1	639	639		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
925	292	PLAN CUTBACK REASON CODE	S	A/N	1	640	640		Submit if available-not currently utilized by MQD
926	889	THERAPEUTIC CHAPTER	S	A/N	8	641	648		Submit if available-not currently utilized by MQD
927	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	649	657		Submit if available-not currently utilized by MQD
928	210	AVERAGE GENERIC UNIT PRICE	S	D	9	658	666		Submit if available-not currently utilized by MQD
929	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	667	675		Submit if available-not currently utilized by MQD
930	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	676	684		Submit if available-not currently utilized by MQD
931	271	MAC PRICE	S	D	9	685	693		Submit if available-not currently utilized by MQD
932	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	694	695		Submit if available-not currently utilized by MQD
933	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	696	703		Submit if available-not currently utilized by MQD
934		**SECTION ELEVENTH INGREDIENT**							
935	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	704	705		Submit if available-not currently utilized by MQD
936	489-TE	COMPOUND PRODUCT ID	M	A/N	19	706	724		Submit if available-not currently utilized by MQD
937	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	725	734		Submit if available-not currently utilized by MQD
938	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	735	742		Submit if available-not currently utilized by MQD
939	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	743	744		Submit if available-not currently utilized by MQD
940	221	CLIENT FORMULARY FLAG	S	A/N	1	745	745		Submit if available-not currently utilized by MQD
941	397	PRODUCT/SERVICE NAME	S	A/N	30	746	775		Submit if available-not currently utilized by MQD
942	261	GENERIC NAME	S	A/N	30	776	805		Submit if available-not currently utilized by MQD
943	601-24	PRODUCT STRENGTH	S	A/N	10	806	815		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
944	243	DOSAGE FORM CODE	S	A/N	4	816	819		Submit if available-not currently utilized by MQD
945	532-FW	DATABASE INDICATOR	S	A/N	1	820	820		Submit if available-not currently utilized by MQD
946	425-PD	DRUG TYPE	S	N	1	821	821		Submit if available-not currently utilized by MQD
947	257	FORMULARY STATUS	S	A/N	1	822	822		Submit if available-not currently utilized by MQD
948	244	DRUG CATEGORY CODE	S	A/N	1	823	823		Submit if available-not currently utilized by MQD
949	252	FEDERAL DEA SCHEDULE	S	A/N	1	824	824		Submit if available-not currently utilized by MQD
950	250	FDA DRUG EFFICACY CODE	S	A/N	1	825	825		Submit if available-not currently utilized by MQD
951	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	826	826		Submit if available-not currently utilized by MQD
952	601-18	PRODUCT CODE	S	A/N	17	827	843		Submit if available-not currently utilized by MQD
953	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	844	844		Submit if available-not currently utilized by MQD
954	601-18	PRODUCT CODE	S	A/N	17	845	861		Submit if available-not currently utilized by MQD
955	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	862	862		Submit if available-not currently utilized by MQD
956	601-18	PRODUCT CODE	S	A/N	17	863	879		Submit if available-not currently utilized by MQD
957	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	880	880		Submit if available-not currently utilized by MQD
958	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	881	881		Submit if available-not currently utilized by MQD
959	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	882	898		Submit if available-not currently utilized by MQD
960	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	899	899		Submit if available-not currently utilized by MQD
961	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	900	9016		Submit if available-not currently utilized by MQD
962	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	917	917		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
963	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	918	934		Submit if available-not currently utilized by MQD
964	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	935	935		Submit if available-not currently utilized by MQD
965	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	936	952		Submit if available-not currently utilized by MQD
966	429-DT	SPECIAL PACKAGING INDICATOR	S	A/N	1	953	953		Submit if available-not currently utilized by MQD
967	600-28	UNIT OF MEASURE	S	A/N	2	954	955		Submit if available-not currently utilized by MQD
968	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	956	957		Submit if available-not currently utilized by MQD
969	272	MAC REDUCED INDICATOR	S	A/N	1	958	958		Submit if available-not currently utilized by MQD
970	223	CLIENT PRICING BASIS OF COST	S	A/N	2	959	960		Submit if available-not currently utilized by MQD
971	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	961	962		Submit if available-not currently utilized by MQD
972	476-H6	DUR CO-AGENT ID	S	A/N	19	963	981		Submit if available-not currently utilized by MQD
973	260	GENERIC INDICATOR	S	A/N	1	982	982		Submit if available-not currently utilized by MQD
974	292	PLAN CUTBACK REASON CODE	S	A/N	1	983	983		Submit if available-not currently utilized by MQD
975	889	THERAPEUTIC CHAPTER	S	A/N	8	984	991		Submit if available-not currently utilized by MQD
976	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	992	1000		Submit if available-not currently utilized by MQD
977	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1001	1009		Submit if available-not currently utilized by MQD
978	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1010	1018		Submit if available-not currently utilized by MQD
979	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1019	1027		Submit if available-not currently utilized by MQD
980	271	MAC PRICE	S	D	9	1028	1036		Submit if available-not currently utilized by MQD
981	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1037	1038		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
982	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1039	1046		Submit if available-not currently utilized by MQD
983		**SECTION TWELFTH INGREDIENT**							
984	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1047	1048		Submit if available-not currently utilized by MQD
985	489-TE	COMPOUND PRODUCT ID	M	A/N	19	1049	1067		Submit if available-not currently utilized by MQD
986	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1068	1077		Submit if available-not currently utilized by MQD
987	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1078	1085		Submit if available-not currently utilized by MQD
988	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1086	1087		Submit if available-not currently utilized by MQD
989	221	CLIENT FORMULARY FLAG	S	A/N	1	1088	1088		Submit if available-not currently utilized by MQD
990	397	PRODUCT/SERVICE NAME	S	A/N	30	1089	1118		Submit if available-not currently utilized by MQD
991	261	GENERIC NAME	S	A/N	30	1119	1148		Submit if available-not currently utilized by MQD
992	601-24	PRODUCT STRENGTH	S	A/N	10	1049	1158		Submit if available-not currently utilized by MQD
993	243	DOSAGE FORM CODE	S	A/N	4	1159	1162		Submit if available-not currently utilized by MQD
994	532-FW	DATABASE INDICATOR	S	A/N	1	1163	1163		Submit if available-not currently utilized by MQD
995	425-PD	DRUG TYPE	S	N	1	1164	1164		Submit if available-not currently utilized by MQD
996	257	FORMULARY STATUS	S	A/N	1	1165	1165		Submit if available-not currently utilized by MQD
997	244	DRUG CATEGORY CODE	S	A/N	1	1166	1166		Submit if available-not currently utilized by MQD
998	252	FEDERAL DEA SCHEDULE	S	A/N	1	1167	1167		Submit if available-not currently utilized by MQD
999	250	FDA DRUG EFFICACY CODE	S	A/N	1	1168	1168		Submit if available-not currently utilized by MQD
1000	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1169	1169		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
1001	601-18	PRODUCT CODE	S	A/N	17	1170	1186		Submit if available-not currently utilized by MQD
1002	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1187	1187		Submit if available-not currently utilized by MQD
1003	601-18	PRODUCT CODE	S	A/N	17	1188	1204		Submit if available-not currently utilized by MQD
1004	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1205	1205		Submit if available-not currently utilized by MQD
1005	601-18	PRODUCT CODE	S	A/N	17	1206	1222		Submit if available-not currently utilized by MQD
1006	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1223	1223		Submit if available-not currently utilized by MQD
1007	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1224	1224		Submit if available-not currently utilized by MQD
1008	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1225	1241		Submit if available-not currently utilized by MQD
1009	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1242	1242		Submit if available-not currently utilized by MQD
1010	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1243	1259		Submit if available-not currently utilized by MQD
1011	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1260	1260		Submit if available-not currently utilized by MQD
1012	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1261	1277		Submit if available-not currently utilized by MQD
1013	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1278	1278		Submit if available-not currently utilized by MQD
1014	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1279	1295		Submit if available-not currently utilized by MQD
1015	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1297	1296		Submit if available-not currently utilized by MQD
1016	600-28	UNIT OF MEASURE	S	A/N	2	1297	1298		Submit if available-not currently utilized by MQD
1017	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1299	1300		Submit if available-not currently utilized by MQD
1018	272	MAC REDUCED INDICATOR	S	A/N	1	1301	1301		Submit if available-not currently utilized by MQD
1019	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1302	1303		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1020	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1304	1305		Submit if available-not currently utilized by MQD
1021	476-H6	DUR CO-AGENT ID	S	A/N	19	1306	1324		Submit if available-not currently utilized by MQD
1022	260	GENERIC INDICATOR	S	A/N	1	1325	1325		Submit if available-not currently utilized by MQD
1023	292	PLAN CUTBACK REASON CODE	S	A/N	1	1326	1326		Submit if available-not currently utilized by MQD
1024	889	THERAPEUTIC CHAPTER	S	A/N	8	1327	1334		Submit if available-not currently utilized by MQD
1025	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1335	1343		Submit if available-not currently utilized by MQD
1026	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1344	1352		Submit if available-not currently utilized by MQD
1027	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1353	1361		Submit if available-not currently utilized by MQD
1028	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1362	1370		Submit if available-not currently utilized by MQD
1029	271	MAC PRICE	S	D	9	1371	1379		Submit if available-not currently utilized by MQD
1030	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1380	1381		Submit if available-not currently utilized by MQD
1031	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1382	1389		Submit if available-not currently utilized by MQD
1032		**SECTION THIRTEENTH INGREDIENT**							
1033	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1390	1391		Submit if available-not currently utilized by MQD
1034	489-TE	COMPOUND PRODUCT ID	M	A/N	19	1392	1410		Submit if available-not currently utilized by MQD
1035	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1411	1420		Submit if available-not currently utilized by MQD
1036	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1421	1428		Submit if available-not currently utilized by MQD
1037	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1429	1430		Submit if available-not currently utilized by MQD
1038	221	CLIENT FORMULARY FLAG	S	A/N	1	1431	1431		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1039	397	PRODUCT/SERVICE NAME	S	A/N	30	1432	1461		Submit if available-not currently utilized by MQD
1040	261	GENERIC NAME	S	A/N	30	1462	1491		Submit if available-not currently utilized by MQD
1041	601-24	PRODUCT STRENGTH	S	A/N	10	1492	1501		Submit if available-not currently utilized by MQD
1042	243	DOSAGE FORM CODE	S	A/N	4	1502	1505		Submit if available-not currently utilized by MQD
1043	532-FW	DATABASE INDICATOR	S	A/N	1	1506	1506		Submit if available-not currently utilized by MQD
1044	425-PD	DRUG TYPE	S	N	1	1507	1507		Submit if available-not currently utilized by MQD
1045	257	FORMULARY STATUS	S	A/N	1	1508	1508		Submit if available-not currently utilized by MQD
1046	244	DRUG CATEGORY CODE	S	A/N	1	1509	1509		Submit if available-not currently utilized by MQD
1047	252	FEDERAL DEA SCHEDULE	S	A/N	1	1510	1510		Submit if available-not currently utilized by MQD
1048	250	FDA DRUG EFFICACY CODE	S	A/N	1	1511	1511		Submit if available-not currently utilized by MQD
1049	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1512	1512		Submit if available-not currently utilized by MQD
1050	601-18	PRODUCT CODE	S	A/N	17	1513	1529		Submit if available-not currently utilized by MQD
1051	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1530	1530		Submit if available-not currently utilized by MQD
1052	601-18	PRODUCT CODE	S	A/N	17	1531	1547		Submit if available-not currently utilized by MQD
1053	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1548	1548		Submit if available-not currently utilized by MQD
1054	601-18	PRODUCT CODE	S	A/N	17	1549	1565		Submit if available-not currently utilized by MQD
1055	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1566	1566		Submit if available-not currently utilized by MQD
1056	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1567	1567		Submit if available-not currently utilized by MQD
1057	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1568	1584		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1058	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1585	1585		Submit if available-not currently utilized by MQD
1059	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1586	1602		Submit if available-not currently utilized by MQD
1060	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1603	1603		Submit if available-not currently utilized by MQD
1061	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1604	1620		Submit if available-not currently utilized by MQD
1062	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1621	1621		Submit if available-not currently utilized by MQD
1063	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1622	1638		Submit if available-not currently utilized by MQD
1064	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1639	1639		Submit if available-not currently utilized by MQD
1065	600-28	UNIT OF MEASURE	S	A/N	2	1640	1641		Submit if available-not currently utilized by MQD
1066	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1642	1643		Submit if available-not currently utilized by MQD
1067	272	MAC REDUCED INDICATOR	S	A/N	1	1644	1644		Submit if available-not currently utilized by MQD
1068	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1645	1646		Submit if available-not currently utilized by MQD
1069	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1647	1648		Submit if available-not currently utilized by MQD
1070	476-H6	DUR CO-AGENT ID	S	A/N	19	1649	1667		Submit if available-not currently utilized by MQD
1071	260	GENERIC INDICATOR	S	A/N	1	1668	1668		Submit if available-not currently utilized by MQD
1072	292	PLAN CUTBACK REASON CODE	S	A/N	1	1669	1669		Submit if available-not currently utilized by MQD
1073	889	THERAPEUTIC CHAPTER	S	A/N	8	1670	1677		Submit if available-not currently utilized by MQD
1074	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1678	1686		Submit if available-not currently utilized by MQD
1075	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1687	1695		Submit if available-not currently utilized by MQD
1076	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1696	1704		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1077	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1705	1713		Submit if available-not currently utilized by MQD
1078	271	MAC PRICE	S	D	9	1714	1222		Submit if available-not currently utilized by MQD
1079	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1723	1724		Submit if available-not currently utilized by MQD
1080	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1725	1732		Submit if available-not currently utilized by MQD
1081		**SECTION FOURTEENTH INGREDIENT**							
1082	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1733	1734		Submit if available-not currently utilized by MQD
1083	489-TE	COMPOUND PRODUCT ID	M	A/N	19	1735	1753		Submit if available-not currently utilized by MQD
1084	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1754	1763		Submit if available-not currently utilized by MQD
1085	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1764	1771		Submit if available-not currently utilized by MQD
1086	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1772	1773		Submit if available-not currently utilized by MQD
1087	221	CLIENT FORMULARY FLAG	S	A/N	1	1774	1774		Submit if available-not currently utilized by MQD
1088	397	PRODUCT/SERVICE NAME	S	A/N	30	1775	1804		Submit if available-not currently utilized by MQD
1089	261	GENERIC NAME	S	A/N	30	1805	1834		Submit if available-not currently utilized by MQD
1090	601-24	PRODUCT STRENGTH	S	A/N	10	1835	1844		Submit if available-not currently utilized by MQD
1091	243	DOSAGE FORM CODE	S	A/N	4	1845	1848		Submit if available-not currently utilized by MQD
1092	532-FW	DATABASE INDICATOR	S	A/N	1	1849	1849		Submit if available-not currently utilized by MQD
1093	425-PD	DRUG TYPE	S	N	1	1850	1850		Submit if available-not currently utilized by MQD
1094	257	FORMULARY STATUS	S	A/N	1	1851	1851		Submit if available-not currently utilized by MQD
1095	244	DRUG CATEGORY CODE	S	A/N	1	1852	1852		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1096	252	FEDERAL DEA SCHEDULE	S	A/N	1	1853	1853		Submit if available-not currently utilized by MQD
1097	250	FDA DRUG EFFICACY CODE	S	A/N	1	1854	1854		Submit if available-not currently utilized by MQD
1098	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1855	1855		Submit if available-not currently utilized by MQD
1099	601-18	PRODUCT CODE	S	A/N	17	1856	1872		Submit if available-not currently utilized by MQD
1100	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1873	1873		Submit if available-not currently utilized by MQD
1101	601-18	PRODUCT CODE	S	A/N	17	1874	1890		Submit if available-not currently utilized by MQD
1102	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1891	1891		Submit if available-not currently utilized by MQD
1103	601-18	PRODUCT CODE	S	A/N	17	1892	1908		Submit if available-not currently utilized by MQD
1104	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1909	1909		Submit if available-not currently utilized by MQD
1105	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1910	1910		Submit if available-not currently utilized by MQD
1106	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1911	1927		Submit if available-not currently utilized by MQD
1107	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1928	1928		Submit if available-not currently utilized by MQD
1108	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1929	1945		Submit if available-not currently utilized by MQD
1109	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1946	1946		Submit if available-not currently utilized by MQD
1110	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1947	1963		Submit if available-not currently utilized by MQD
1111	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not currently utilized by MQD
1112	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1965	1981		Submit if available-not currently utilized by MQD
1113	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1982	1982		Submit if available-not currently utilized by MQD
1114	600-28	UNIT OF MEASURE	S	A/N	2	1983	1984		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1115	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1985	1986		Submit if available-not currently utilized by MQD
1116	272	MAC REDUCED INDICATOR	S	A/N	1	1987	1987		Submit if available-not currently utilized by MQD
1117	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1988	1989		Submit if available-not currently utilized by MQD
1118	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1990	1991		Submit if available-not currently utilized by MQD
1119	476-H6	DUR CO-AGENT ID	S	A/N	19	1992	2010		Submit if available-not currently utilized by MQD
1120	260	GENERIC INDICATOR	S	A/N	1	2011	2011		Submit if available-not currently utilized by MQD
1121	292	PLAN CUTBACK REASON CODE	S	A/N	1	2012	2012		Submit if available-not currently utilized by MQD
1122	889	THERAPEUTIC CHAPTER	S	A/N	8	2013	2020		Submit if available-not currently utilized by MQD
1123	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2021	2029		Submit if available-not currently utilized by MQD
1124	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2030	2038		Submit if available-not currently utilized by MQD
1125	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2039	2047		Submit if available-not currently utilized by MQD
1126	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2048	2056		Submit if available-not currently utilized by MQD
1127	271	MAC PRICE	S	D	9	2057	2065		Submit if available-not currently utilized by MQD
1128	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2066	2067		Submit if available-not currently utilized by MQD
1129	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2068	2075		Submit if available-not currently utilized by MQD
1130		**SECTION FIFTEENTH INGREDIENT**							
1131	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2076	2077		Submit if available-not currently utilized by MQD
1132	489-TE	COMPOUND PRODUCT ID	M	A/N	19	2078	2096		Submit if available-not currently utilized by MQD
1133	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2097	2106		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1134	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2107	2114		Submit if available-not currently utilized by MQD
1135	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	2115	2116		Submit if available-not currently utilized by MQD
1136	221	CLIENT FORMULARY FLAG	S	A/N	1	2117	2117		Submit if available-not currently utilized by MQD
1137	397	PRODUCT/SERVICE NAME	S	A/N	30	2118	2147		Submit if available-not currently utilized by MQD
1138	261	GENERIC NAME	S	A/N	30	2148	2177		Submit if available-not currently utilized by MQD
1139	601-24	PRODUCT STRENGTH	S	A/N	10	2178	2187		Submit if available-not currently utilized by MQD
1140	243	DOSAGE FORM CODE	S	A/N	4	2188	2191		Submit if available-not currently utilized by MQD
1141	532-FW	DATABASE INDICATOR	S	A/N	1	2192	2192		Submit if available-not currently utilized by MQD
1142	425-PD	DRUG TYPE	S	N	1	2193	2193		Submit if available-not currently utilized by MQD
1143	257	FORMULARY STATUS	S	A/N	1	2194	2194		Submit if available-not currently utilized by MQD
1144	244	DRUG CATEGORY CODE	S	A/N	1	2195	2195		Submit if available-not currently utilized by MQD
1145	252	FEDERAL DEA SCHEDULE	S	A/N	1	2196	2196		Submit if available-not currently utilized by MQD
1146	250	FDA DRUG EFFICACY CODE	S	A/N	1	2197	2197		Submit if available-not currently utilized by MQD
1147	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2198	2198		Submit if available-not currently utilized by MQD
1148	601-18	PRODUCT CODE	S	A/N	17	2199	2215		Submit if available-not currently utilized by MQD
1149	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2216	2216		Submit if available-not currently utilized by MQD
1150	601-18	PRODUCT CODE	S	A/N	17	2217	2233		Submit if available-not currently utilized by MQD
1151	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2234	2234		Submit if available-not currently utilized by MQD
1152	601-18	PRODUCT CODE	S	A/N	17	2235	2251		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
1153	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2252	2252		Submit if available-not currently utilized by MQD
1154	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2253	2253		Submit if available-not currently utilized by MQD
1155	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2254	2270		Submit if available-not currently utilized by MQD
1156	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2271	2271		Submit if available-not currently utilized by MQD
1157	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2272	2288		Submit if available-not currently utilized by MQD
1158	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2289	2289		Submit if available-not currently utilized by MQD
1159	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2290	2306		Submit if available-not currently utilized by MQD
1160	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2307	2307		Submit if available-not currently utilized by MQD
1161	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2308	2324		Submit if available-not currently utilized by MQD
1162	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	2325	2325		Submit if available-not currently utilized by MQD
1163	600-28	UNIT OF MEASURE	S	A/N	2	2326	2327		Submit if available-not currently utilized by MQD
1164	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2328	2329		Submit if available-not currently utilized by MQD
1165	272	MAC REDUCED INDICATOR	S	A/N	1	2330	2330		Submit if available-not currently utilized by MQD
1166	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2331	2332		Submit if available-not currently utilized by MQD
1167	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2333	2334		Submit if available-not currently utilized by MQD
1168	476-H6	DUR CO-AGENT ID	S	A/N	19	2335	2353		Submit if available-not currently utilized by MQD
1169	260	GENERIC INDICATOR	S	A/N	1	2354	2354		Submit if available-not currently utilized by MQD
1170	292	PLAN CUTBACK REASON CODE	S	A/N	1	2355	2355		Submit if available-not currently utilized by MQD
1171	889	THERAPEUTIC CHAPTER	S	A/N	8	2356	2363		Submit if available-not currently utilized by MQD

	A	B	C	D	E	F	G	H	I
1	**Field**	**Field Name**	**M/S**	**Format**	**Size**	**Start**	**End**	**Values**	**MQD USAGE**
1172	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2364	2372		Submit if available-not currently utilized by MQD
1173	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2373	2381		Submit if available-not currently utilized by MQD
1174	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2382	2390		Submit if available-not currently utilized by MQD
1175	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2391	2399		Submit if available-not currently utilized by MQD
1176	271	MAC PRICE	S	D	9	2400	2408		Submit if available-not currently utilized by MQD
1177	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2409	2410		Submit if available-not currently utilized by MQD
1178	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2411	2418		Submit if available-not currently utilized by MQD
1179		FILLER	M	A/N	1282	2419	3700	Spaces	
1180	**8.3**	**POST ADJUDICATION HISTORY TRAILER RECORD**							
1181	601-04	RECORD TYPE	M	A/N	2	1	2	PT - Post Adjudication History Trailer Record	
1182	601-09	TOTAL RECORD COUNT	M	N	10	3	12	Total number of records being submitted, including header and trailer	
1183	895	TOTAL NET AMOUNT DUE	M	D	12	13	24	Summarization of Net Amount Due (281)	
1184	693	TOTAL GROSS AMOUNT DUE	M	D	12	25	36	Total sum of the gross amount due fields on the claim level.	MQD requires this field per this TP agreement
1185	694	TOTAL PATIENT PAY AMOUNT	M	D	12	37	48	Total sum of the patient pay amount fields on the claim level.	
1186		FILLER	M	A/N	3652	49	3700	Spaces	