STATE of HAWAII DEPARTMENT of HUMAN SERVICES MED-QUEST DIVISION

NCPDP Post Adjudicated History (PAH) 2.2 Companion Guide

> June 2025 Version 1.9

Materials Reproduced With the Consent of © National Council for Prescription Drug Programs, Inc. 2010

NCPDP is a registered trademark of the National Council for Prescription Drug Programs, Inc. Post Adjudication Transaction Standard Implementation Guide Version 2.2 and predecessors include proprietary material which is protected under the U.S. Copyright Law, and all rights remain with NCPDP.

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	Changed from situational (S) to mandatory (M) per this
	411-DB	TP agreement.
	419-DJ	
	442-E7	
	693	
1.1	302-C2	Added note to value and usage – limited size allowed
	201-B1	_
	411-DB	
	402-D2	
	407-D7	
	424-DO	
	896	
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.
1.9	Figure 3.3	NCPDP Transaction Flow Diagram has been updated to display current data processing flows

Table of Contents

l	INI	TRODUCTION	I
		PDP TRANSACTIONS	
	2.1	OVERVIEW	
3	TE	CHNICAL INFRASTRUCTURE AND PROCEDURES	3
	3.1	TECHNICAL ENVIRONMENT	3
	3.2	DIRECTORY AND FILE NAMING CONVENTIONS	4
	3.3	NCPDP Transaction Flow Diagram	5
4	NC.	PDP POST ADJUDICATION HISTORY (PAH) 2.2 FILE INFORMATION	6
	4.1	OVERVIEW	
	4.2	OVER PUNCH SIGNS	6
	4.3	TABLE FORMAT	7
	4.4	NPCPD PAH 2.2 File Layout	8

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 mgdhelpdesk@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

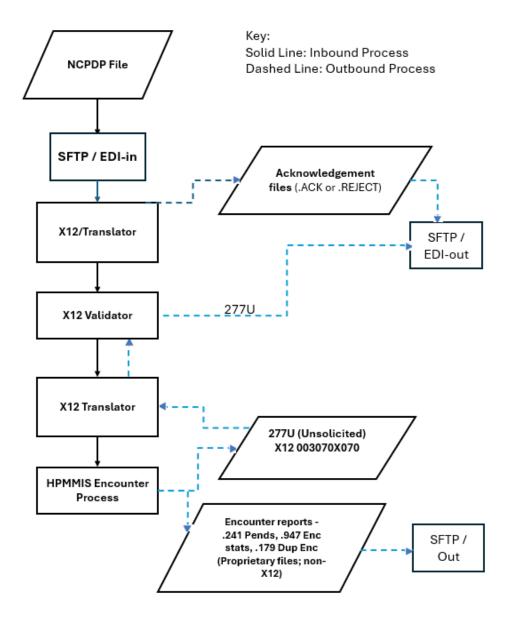
- **ID** two character Health Plan Identifier
- NCPDP
- CCYYMMDD processing date
- A-1 character sequential letter to differentiate between multiple files submitted on the same day (i.e. A, B, C, ...)

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	e Signed	Negative	e Signed
Numeric	Graphic	Numeric	Graphic
0	{	0	}
1	A	1	J
2	В	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	0
7	G	7	P
8	Н	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. \mathbf{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 "999999999";
 - 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

	Α	В	С	D	Е	F	G	Н	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	М	A/N	2	1	2	'PA' -Post Adjudication History Header Record	
8	102-A2	VERSION/RELEASE NUMBER	М	A/N	2	3	4	'22' - Post Adjudication	
9	879	SENDING ENTITY IDENTIFIER	M	A/N	24	5		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	М	N	8	36	43	Date the file was created	

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
12		CREATION TIME	М	N	4	44	47	Time the file was created	
13		RECEIVER ID	М	A/N	24	48	71	MQD996001089	
		REPORTING PERIOD START	М	N	8	72	79	The first day of the period	
		DATE						being reported in the file.	
14								Format: CCYYMMDD	
	601-05	REPORTING PERIOD END DATE	М	N	8	80	87	The last day of the period	
								being reported in the file.	
15								Format: CCYYMMDD	
10	702-MC	FILE TYPE	М	A/N	1	88	88	T' - Test	
16	7 02-IVIC		IVI	AVIN		00	00	'P' - Production	
-10	981-JV	TRANSMISSION ACTION	М	A/N	1	89	89	O' - Original Submission (New)	
17	00100	Tru treivine erery 7.6 mery		7014	·		00	- A new file	
18	888	SUBMISSION NUMBER	М	A/N	2	90	91	00' - Original Submission	
		FILLER	М	A/N	3609	92		TOMYKNOWLEDGEINFORM	BBA Attestation - applies to
								ATIONANDBELIEFTHEDATAI	Health Plans
								NTHISFILEISACCURATEC	
								OMPLETEANDTRUE.CERTIFI	
19								ER@PLAN.COM	
		POST ADJUDICATION HISTORY							
20		DETAIL RECORD							
04	601-04	RECORD TYPE	М	A/N	2	1	2	DE' - Post Adjudication History	
21	000	DECORD INDICATOR	0	A /N I	4	0	0	Detail Record	MOD and all areas 101 areas
	398	RECORD INDICATOR	S	A/N	1	3	3	0' - New Record	MQD only allows '0' - new
									record. Will not recognize Overwrite or Delete.
									Overwrite or Delete.
22		OFOTION FLIGIBLETY							
23		SECTION ELIGIBILITY							
23		CATEGORY: ELIGIBLE COVERAGE CODE	S	A/N	3	4	6		Submit if available-not
24	270	ELIGIBLE OOVERVOL GODE		<i>F</i> VIN		_	3		currently utilized by MQD
∠ 4									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	898	USER BENEFIT ID	S	A/N	10	7	16		Submit if available-not
25									currently utilized by MQD
	899	USER COVERAGE ID	S	A/N	10	17	26		Submit if available-not
26									currently utilized by MQD
	246	ELIGIBILITY GROUP ID	S	A/N	15	27	41		Submit if available-not
27									currently utilized by MQD
	270	LINE OF BUSINESS CODE	S	A/N	6	42	47		Submit if available-not
28									currently utilized by MQD
	267	INSURANCECODE	S	A/N	20	48	67		Submit if available-not
29									currently utilized by MQD
	220	CLIENT ASSIGNED LOCATION CODE	S	A/N	20	68	87		Submit if available-not
30									currently utilized by MQD
	222	CLIENT PASS THROUGH	S	A/N	200	88	287		Submit if available-not
31									currently utilized by MQD
		SUBSECTION CARDHOLDER							
32		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
	280	NAME SUFFIX	S	A/N	10	369	378		Submit if available-not
37									currently utilized by MQD
		[See Patient Info Segment]							Submit if available-not
38									currently utilized by MQD
		[See Benefit Category]							Submit if available-not
39									currently utilized by MQD
		[See Patient Info Subsection]							Submit if available-not
40									currently utilized by MQD
		[See Patient Info Subsection]							Submit if available-not
41									currently utilized by MQD
	726	ADDRESS LINE 1	S	A/N	55	379	433		Submit if available-not
42									currently utilized by MQD
	727	ADDRESS LINE 2	S	A/N	55	434	488		Submit if available-not
43									currently utilized by MQD
	728	CITY	S	A/N	30	489	518		Submit if available-not
44									currently utilized by MQD
	729	STATE	S	A/N	2	519	520		Submit if available-not
45									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	730	ZIP/POSTAL CODE	S	A/N	15	521	535		Submit if available-not
46									currently utilized by MQD
	214	CARDHOLDER DATE OF BIRTH	S	N	8	536	543		Submit if available-not
47									currently utilized by MQD
	721-MD	GENDERCODE	S	N	1	544	544		Submit if available-not
48									currently utilized by MQD
	274	MEDICARE PLAN CODE	S	A/N	1	545	545		Submit if available-not
49									currently utilized by MQD
	288	PAYROLL CLASS	S	A/N	1	546	546		Submit if available-not
50									currently utilized by MQD
		SUBSECTION PATIENT							
51		INFORMATION:							
	331-CX	PATIENT ID QUALIFIER	S	A/N	2	547	548		Submit if available-not
52									currently utilized by MQD
	332-CY	PATIENT ID	S	A/N	20	549	568		Submit if available-not
53									currently utilized by MQD
	716	LAST NAME	S	A/N	35	569	603		Submit if available-not
54			3	A/N	35	509	603		currently utilized by MQD
	717	FIRSTNAME	S	A/N	25	604	628		Submit if available-not
55			3	A/N	25	004	020		currently utilized by MQD
	718	MIDDLE INITIAL	S	A/N	1	629	629		Submit if available-not
56			3	A/N	1	029	629		currently utilized by MQD
	280	NAME SUFFIX	S	A/N	10	630	639		Submit if available-not
57			5	A/N	10	630	639		currently utilized by MQD
	726	ADDRESS LINE 1		Δ /ΝΙ	55	640	694		Submit if available-not
58			S	A/N	55	640	694		currently utilized by MQD
	727	ADDRESS LINE 2	S	Δ /ΝΙ	55	695	749		Submit if available-not
59			3	A/N	55	095	749		currently utilized by MQD
	728	CITY	S	A/N	30	750	779		Submit if available-not
60			3	A/N	30	/50	779		currently utilized by MQD
	729	STATE	S	A/N	2	780	781		Submit if available-not
61			3	A/N	2	/ 80	701		currently utilized by MQD
	730	ZIP/POSTAL CODE	S	Λ/ΝΙ	15	782	796		Submit if available-not
62			3	A/N	15	102	796		currently utilized by MQD
	304-C4	DATE OF BIRTH		NI		707	004		Submit if available-not
63			S	N	8	797	804		currently utilized by MQD
	305-C5	PATIENT GENDER CODE		NI	4	905	205		Submit if available-not
64			S	N	1	805	805		currently utilized by MQD

NCPDP PAH 2.2 Companion Guide

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
		[see Claim Category]							Submit if available-not
65									currently utilized by MQD
	247	ELIGIBILITY/PATIENT RELATIONSHIP	S	N	2	806	807		Submit if available-not
66		CODE							currently utilized by MQD
	208	AGE	S	N	3	808	810		Submit if available-not
67									currently utilized by MQD
	303-C3	PERSONCODE	S	A/N	3	811	813		Submit if available-not
68									currently utilized by MQD
	306-C6	PATIENT RELATIONSHIP CODE	S	N	1	814	814		Submit if available-not
69				2.01					currently utilized by MQD
	309-C9	ELIGIBILITY CLARIFICATION CODE	S	A/N	1	815	815		Submit if available-not
70	222.22	E LOW ITT (ID		2 (2.1		242			currently utilized by MQD
	336-8C	FACILITYID	S	A/N	10	816	825		Submit if available-not
71									currently utilized by MQD
72	004.04	SECTION BENEFIT CATEGORY:		2 (2.1	4-	000	0.40		
70	301-C1	GROUP ID	M	A/N	15	826	840	ID assigned to the cardholder	
73	215	CARRIER NUMBER	S	A/N	9	841	849	group or employer group.	Out with it assists and
74	215	CARRIERNUMBER	5	A/IN	9	841	849		Submit if available-not
74	757-U6	BENEFITID	S	A/N	15	850	864		currently utilized by MQD Submit if available-not
75	737-00	BENEFIT ID		AIN	13	030	004		
75	240	CONTRACT NUMBER	S	A/N	8	865	872		currently utilized by MQD Submit if available-not
76	240	CONTINUENTACIONELIA		7014			012		currently utilized by MQD
70	212	BENEFIT TYPE	S	A/N	1	873	873		Submit if available-not
77	2.2			7011		0.0	0.0		currently utilized by MQD
	279	MEMBER SUBMITTED CLAIM PROGRAM	S	A/N	1	874	874		Submit if available-not
78	2.0	CODE		7 4		0	. .		currently utilized by MQD
	282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	875	875		Submit if available-not
79									currently utilized by MQD
	282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	876	876		Submit if available-not
80									currently utilized by MQD
	282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	877	877		Submit if available-not
81									currently utilized by MQD
	241	COPAY MODIFIER ID	S	A/N	10	878	887		Submit if available-not
82									currently utilized by MQD
	292	PLAN CUTBACK REASON CODE	S	A/N	1	888	888		Submit if available-not
83									currently utilized by MQD
	293	PREFERRED ALTERNATIVE FILE ID	S	A/N	10	889	898		Submit if available-not
84									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
85	308-C8	OTHER COVERAGE CODE	M	N	2	899		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
	601-01	PLAN TYPE	S	A/N	4	903	906		Submit if available-not
87		OFCTION DUADMACY							currently utilized by MQD
88		SECTION PHARMACY CATEGORY:							
89	202-B2	SERVICE PROVIDER ID QUALIFIER	М	A/N	2	907	908	'01' - National Provider Identifier (NPI)	
90	201-B1	SERVICE PROVIDER ID	М	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
93	833-5P	PHARMACYNAME	1	Δ /ΝΙ	0.5	0.40	000		Submit if available-not
94			S	A/N	35	948	982		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

State of Hawaii, Department of Human Services, Med-Quest Division NCPDP PAH 2.2 Compan								NCPDP PAH 2.2 Companion Guide	,
П	730	ZIP/POSTAL CODE	2	Δ /ΝΙ	15	1105	1120	Submit if available-not	

	730	ZIP/POSTAL CODE	0	A/N	15	1125	1139	Submit if available-not
99				AVIN	15	1123	1139	currently utilized by MQD
	887	SERVICE PROVIDER COUNTY CODE	0	A/N	2	1140	1142	Submit if available-not
100				AVIN	3	1140	1142	currently utilized by MQD
	732	TELEPHONE NUMBER	0	N	10	1143	1152	Submit if available-not
101			3	IN	10	1143	1152	currently utilized by MQD

	А	В	С	D	Е	F	G	Н	
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	146	PHARMACY DISPENSER TYPE QUALIFIER	S	A/N	1	1153	1153		Submit if available-not
102			3	AVIN	'	1133	1133		currently utilized by MQD
	290	PHARMACY DISPENSER TYPE	S	A/N	2	1154	1155		Submit if available-not
103			Ŭ	77/19		1104	1100		currently utilized by MQD
	150	PHARMACY CLASS CODE QUALIFIER	s	A/N	1	1156	1156		Submit if available-not
104			Ŭ	7014		1100	1100		currently utilized by MQD
	289	PHARMACY CLASS CODE	s	A/N	1	1157	1157		Submit if available-not
105				7,414					currently utilized by MQD
	266	IN NETWORK INDICATOR	s	A/N	1	1158	1158		Submit if available-not
106	- 45 OF			7 4.1					currently utilized by MQD
40-	545-2F	NETWORKREIMBURSEMENTID	s	A/N	10	1159	1168		Submit if available-not
107									currently utilized by MQD
400		SECTION PRESCRIBER							
108	100 57	CATEGORY:		0.701		1100	4.470	(01) 21 1. 1. 1	1400
100	466-EZ	PRESCRIBER ID QUALIFIER	М	A/N	2	1169	1170		MQD requires this field per this
109	444 DD	DDECODIDED ID	N 4	A /N I	45	4474	4405	(NPI)	TP agreement
	411-DB	PRESCRIBER ID	М	A/N	15	1171	1185	10 digit Prescriber NPI	MQD requires this field per this
									TP agreement
110									Limited to 10 characters
110									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.
	466-EZ	PRESCRIBER ID QUALIFIER	S	A/N	2	1186	1187		Submit if available-not
111	100 22	(ALTERNATE)							currently utilized by MQD
	411-DB	PRESCRIBER ID (ALTERNATE)	S	A/N	15	1188	1202		Submit if available-not
112									currently utilized by MQD
113	296	PRESCRIBER TAXONOMY	S	A/N	10	1203	1212		Submit if available
	295	PRESCRIBER CERTIFICATION STATUS	S	A/N	2	1213	1214		Submit if available-not
114									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
	732	TELEPHONE NUMBER	S	N	10	1275	1284		Submit if available-not
117									currently utilized by MQD
	468-2E	PRIMARY CARE PROVIDER ID	S	A/N	2	1285	1286	'01' - National Provider Identifier	
118		QUALIFIER						(NPI)	
119	421-DL	PRIMARY CARE PROVIDER ID	S	A/N	15	1287	1301	10 digit Pharmacy NPI	Submit if available

State of Hawaii, Department of Human Services, Med-Quest Division

NCPDP PAH 2.2 Companion Guide

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:						

	Α	В	С	D	Е	F	G	Н	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	М	A/N	1	1363	1363	See ECL	
125	395	PROCESSOR PAYMENT CLARIFICATION CODE	M	A/N	2	1364		See ECL	Provides additional information of the status of the payment of the claim.
126		PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	1366		1 - RX Billing	
127		PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	1367		10 digit Rx Number	Limited to 10 digits
128	436-E1	PRODUCT/SERVICE ID QUALIFIER	M	A/N	2	1379		03' - National Drug Code (NDC)	
129		PRODUCT/SERVICE ID	M	A/N	19	1381		11 digit ID of the product dispensed or service provided	Limited to 11 characters
130		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	ADJUDICATIONTIME	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 claimmatching 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

	Α	В	С	D	Е	F	G	Н	1
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	Submit if available.
								https://www.cms.gov/Medicare/ Coding/place-of-service- codes/Place of Service Code	If submitted, must be valid value from CMS Place of Service Code Set.
								<u>Set</u>	
138	384-4X	PATIENT RESIDENCE	S	N	2	1447	1448		Submit if available-not currently utilized by MQD
	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
139									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

State of Hawaii, Department of Human Services, Med-Quest Division

NCPDP PAH 2.2 Companion Guide

	457-EP	ASSOCIATED PRESCRIPTION/SERVICE	S	N	8	1533	1540		Submit if available-not		
147		DATE							currently utilized by MQD		
	442-E7	QUANTITY DISPENSED	М	N	10	1541	1550	Expressed in metric decimal	MQD requires this field per this		
148								units	TP agreement		
	403-D3	FILL NUMBER	S	N	2	1551	1552	0' - Original Dispensing	Submit if available		
149								'1' - '99' - Refill number			

	Α	В	С	D	Е	F	G	Н	l
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
101		DISPENSE AS WRITTEN	S	A/N	1	1564	1564	See ECL	Submit if available
		(DAW)/PRODUCT SELECTION							
152		CODE							
	415-DF	NUMBER OF REFILLS	S	N	2	1565	1566	0' - No refills authorized	Submit if available
		AUTHORIZED						'1' - '99' - Authorized Refill	
153								number	
	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1567	1567	See ECL	Submit if available
154									
155	600-28	UNIT OF MEASURE	S	A/N	2	1568	1569	See ECL	Submit if available
	418-DI	LEVEL OF SERVICE	S	N	2	1570	1571		Submit if available-not
156	0.40.110			2 (2.1		1550	1570		currently utilized by MQD
4	343-HD	DISPENSING STATUS	S	A/N	1	1572	1572		Submit if available-not
157	0.4.4.1.15	OLIANITITY INTENDED TO DE	0		40	4570	4500	14 ()	currently utilized by MQD
	344-HF	QUANTITY INTENDED TO BE	S	N	10	1573	1582	Metric decimal quantity of	Submit if available
		DISPENSED						medication that would be dispensed on original filling if	
								inventory were available. Used	
								in association with a 'P' or 'C'	
								in 'Dispensing Status' (343-	
158								HD).	
159	460-ET	QUANTITY PRESCRIBED	S	N	10	1583	1592	See ECL	Submit if available
		DAYS SUPPLY INTENDED TO BE	S	N	3	1593		Days supply for metric decimal	Submit if available
	0.0	DISPENSED						quantity of medication that	a sama
								would be dispensed on original	
								dispensing if inventory were	
								available. Used in association	
								with a 'P' or 'C' in 'Dispensing	
								Status' (343-HD).	
160									
	254	FILL NUMBER CALCULATED	S	N	2	1596	1597		Submit if available-not
161	234	TILE NOWIDEN GALGGEATED	3	IV		1390	1391		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	406-D6	COMPOUND CODE	S	N	1	1598	1598	'0' - Not Specified	If '2' - Compound is submitted,
								'1' - Not a Compound	then Compound Detail Record
								'2' - Compound (Required if	must also be submitted with at
								compound)	least two or more ingredients.
162									
163	996-G1	COMPOUND TYPE	S	A/N	2	1599	1600	See ECL	Submit if available
	452-EH	COMPOUND ROUTE OF ADMINISTRATION	s	N	2	1601	1602	replaced by 995-E2	Submit if available-not
164									currently utilized by MQD
165	995-E2	ROUTE OF ADMINISTRATION	S	A/N	11	1603	1613	See ECL	Submit if available
		[See Benefit Category]							Submit if available-not
166									currently utilized by MQD
4.07		[See Prior Auth Category]							Submit if available-not
167									currently utilized by MQD
400		[See Prior Auth Category]							Submit if available-not
168	400 14/5			2 /2 1		1011	1015		currently utilized by MQD
	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1614	1615	00' - Not specified	Submit if available
400								'01' - ICD9 '02' - ICD10-CM	
169	424-DO	DIAGNOSIS CODE		A/N	15	4040	4000		Submit if available
170	424-DO	DIAGNOSIS CODE	S	A/N	15	1616	1630	6 digit Code identifying the	Limited to 6 characters
170	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1631	1622	diagnosis of the patient 00' - Not specified	Submit if available
	492-₩□	DIAGNOSIS CODE QUALIFIER	3	AVIN	2	1031	1032	'01' - ICD9	Submit if available
171								102' - ICD9	
171	424-DO	DIAGNOSIS CODE	S	A/N	15	1633	1647	6 digit Code identifying the	Submit if available
172	727-00	DIAGNOOIG GODE		77/19	13	1000	1047	diagnosis of the patient	Limited to 6 characters
	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1648	1649	00' - Not specified	Submit if available
	102 112	Dividitionic GODE Government		7014	_	1010	1010	'01' - ICD9	Cubilit ii uvaliabio
173								'02' - ICD10-CM	
	424-DO	DIAGNOSIS CODE	S	A/N	15	1650	1664	6 digit Code identifying the	Submit if available
174								diagnosis of the patient	Limited to 6 characters
	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1665	1666	00' - Not specified	Submit if available
								'01' - ICD9	
175								'02' - ICD10-CM	
	424-DO	DIAGNOSIS CODE	S	A/N	15	1667	1681	6 digit Code identifying the	Submit if available
176								diagnosis of the patient	Limited to 6 characters
	492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1682	1683	00' - Not specified	Submit if available
								'01' - ICD9	
177								'02' - ICD10-CM	

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	424-DO	DIAGNOSIS CODE	S	A/N	15	1684	1698	6 digit Code identifying the	Submit if available
178								diagnosis of the patient	Limited to 6 characters
	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1699	1700	See ECL	Submit if available
179									
	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
180									vaccine.
									**Note: 'MA' calculation will
									include Ingredient Cost +
									Incent Fee Paid only + Sales
									Tax. Exclude Dispense Fee
									Paid.
	441 E6	RESULT OF SERVICE CODE	S	A/N	2	1703	1704	See ECL	Submit if available
181	441-⊑0	RESULT OF SERVICE CODE	3	AVIN	2	1703	1704	See ECL	Submit if available
101	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1705	1706		Submit if available-not
182	11 1 02	BOWN GLEVEL OF ELFORT	J		_	1700	1100		currently utilized by MQD
102	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1707	1708		Submit if available-not
183	.00			, , , ,	_				currently utilized by MQD
100	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1709	1710		Submit if available-not
184	==								currently utilized by MQD
	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1711	1712		Submit if available-not
185									currently utilized by MQD
	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1713	1714		Submit if available-not
186									currently utilized by MQD
	439-E4	REASON FOR SERVICE CODE	S	A/N	2	1715	1716		Submit if available-not
187									currently utilized by MQD
	440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1717	1718		Submit if available-not
188									currently utilized by MQD
	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1719	1720		Submit if available-not
189									currently utilized by MQD
1.23	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1721	1722		Submit if available-not
190									currently utilized by MQD
.00									carrotting dillized by MiQD

State of Hawaii,	, Department of Human Services, Med-Quest Div	/ision					NCPDP PAH 2.2 Companion Gu	ide
420 E4	DEVICE CODE	9	A/NI	2	1722	1724	Cultivate if available and	

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

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

1				D	E	F	G	Н	<u>!</u>
	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	441-E6	RESULT OF SERVICE CODE	S	A/N	2	1767	1768		Submit if available-not
213									currently utilized by MQD
	474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1769	1770		Submit if available-not
214									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1771	1772		Submit if available-not
215									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	1773	1791		Submit if available-not
216									currently utilized by MQD
	878	REJECT OVERRIDE CODE	S	A/N	1	1792	1792		Submit if available-not
217									currently utilized by MQD
	511-FB	REJECT CODE	S	A/N	3	1793	1795		Submit if available-not
218									currently utilized by MQD
	511-FB	REJECT CODE	S	A/N	3	1796	1798		Submit if available-not
219				2 (2.1		1700	1001		currently utilized by MQD
000	511-FB	REJECT CODE	S	A/N	3	1799	1801		Submit if available-not
220	511-FB	REJECT CODE	S	A/N	3	1802	1804		currently utilized by MQD
004	511-FB	REJECT CODE	5	A/N	3	1802	1804		Submit if available-not
221	511-FB	 REJECT CODE	S	A/N	3	1805	1807		currently utilized by MQD
222	311-FD	REJECT CODE	3	AVIN	3	1005	1007		Submit if available-not
222		OFOTION WORKERS							currently utilized by MQD
223		SECTION WORKERS COMPENSATION CATEGORY:							
223	435-DZ	CLAIM/REFERENCE ID	S	A/N	30	1808	1837	Identifies the claim number	Submit if available
	433-DZ	CLAIW/REFERENCE ID	3	AVIN	30	1000	1037	assigned by Worker's	Submit ii avaliable
224								Compensation Program.	
224	434-DY	DATE OF INJURY	S	N	8	1838	1845	Date on which the injury	Submit if available
225	404-01	DATE OF INSORT	3	14	0	1030	1043	occurred	Submit if available
220		SECTION PRODUCT CATEGORY:						Occurred	
226		SECTION PRODUCT CATEGORY.							
_	532-FW	DATABASE INDICATOR	S	A/N	1	1846	1846	See ECL	Submit if available
	397	PRODUCT/SERVICE NAME	S	A/N	30	1847		Product or Service Description	Submit if available
	001	THE BOOT, CERTIFIC TWANE		7 0.1		1011	10.0	or Product Label Name.	Casilii ii avallasio
228									
-	261	GENERIC NAME	S	A/N	30	1877	1906	Generic name of the product	Submit if available
				,,,,				identified in Product/Service	
229								Name.	
230	601-24	PRODUCT STRENGTH	S	A/N	15	1907	1921	The strength of the product.	Submit if available
	243	DOSAGE FORM CODE	S	A/N	4	1922		Dosage form code for product	Submit if available
231								identified	

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
232		FILLER	S	A/N	8	1926		Spaces	
233	425-DP	DRUG TYPE	S	N	1	1934		See ECL	Submit if available
	273	MAINTENANCE DRUG INDICATOR	S	A/N	1	1935	1935		Submit if available-not
234									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	1936	1936		Submit if available-not
235									currently utilized by MQD
236	252	FEDERAL DEA SCHEDULE	S	A/N	1	1937		See ECL	Submit if available
	297	PRESCRIPTION OVER THE	S	A/N	1	1938	1938	See ECL	Submit if available
237		COUNTER INDICATOR							
	420-DK	SUBMISSION CLARIFICATION	S	N	2	1939	1940	See ECL	Submit if available
238		CODE							
	420-DK	SUBMISSION CLARIFICATION CODE	s	N	2	1941	1942		Submit if available-not
239	.20 5.1	3023010.t 02 it iii 10,1110.t 0022	J						currently utilized by MQD
	420-DK	SUBMISSION CLARIFICATION CODE	s	N	2	1943	1944		Submit if available-not
240									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1945	1945		Submit if available-not
241									currently utilized by MQD
242	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1946		See ECL	Submit if available
	601-18	PRODUCT CODE	S	A/N	17	1947	1963	Code identifying the product	Submit if available
243								being reported.	
0.4.4	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1964	1964		Submit if available-not
244									currently utilized by MQD
0.45	601-18	PRODUCT CODE	s	A/N	17	1965	1981		Submit if available-not
245									currently utilized by MQD
0.40	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1982	1982		Submit if available-not
246									currently utilized by MQD
0.47	601-18	PRODUCTCODE	s	A/N	17	1983	1999		Submit if available-not
247	251	 FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2000	2000		currently utilized by MQD
248	251	FEDERAL OPPER LIMIT INDICATOR	5	A/IN	1	2000	2000		Submit if available-not
248	294	PRESCRIBED DAYS SUPPLY	S	N	3	2001	2003		currently utilized by MQD
249	294	TRESCRIBED DATS SUPPLT	3	IN	3	2001	2003		Submit if available-not
249	004.00	THERABELITIC OLAGO CORE		A /N I	4	0004	0004	0 501	currently utilized by MQD
250	601-26	THERAPEUTIC CLASS CODE	S	A/N	1	2004	2004	See ECL	Submit if available
250	004.05	QUALIFIER	-	A /N1	47	2005	2024	Code cosimo ed to medicit	Cultural to the state of the st
251	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2005	2021	Code assigned to product	Submit if available
251								being reported.	Cubmit if quallable and
252	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2022	2022		Submit if available-not
252									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2023	2039		Submit if available-not
253	001-23	THERA EUTIC CLASS CODE	3	A/IN	17	2023	2039		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2040	2040		Submit if available-not
254	00120	THE TOTAL ESTIMATE OF THE TEXT	ŭ	7 414		2010	2010		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2041	2057		Submit if available-not
255									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2058	2058		Submit if available-not
256									currently utilized by MQD
0.5-7	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2059	2075		Submit if available-not
257									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
	889	THERAPEUTIC CHAPTER	S	A/N	8	2078	2085		Submit if available-not
261									currently utilized by MQD
	256	FORMULARY FILE ID	S	A/N	15	2086	2100		Submit if available-not
262									currently utilized by MQD
	255	FORMULARY CODE TYPE	S	A/N	1	2101	2101		Submit if available-not
263									currently utilized by MQD
264		SECTION PRICING CATEGORY:							
	506-F6	INGREDIENT COST PAID	М	D	8	2102	2109	Drug ingredient cost paid	
								included in the 'Total Amount	
265								Paid' (894)	
	507-F7	DISPENSING FEE PAID	М	D	8	2110	2117	Dispensing fee paid included in	
000								the 'Total Amount Paid' (894)	
266	00.4	TOTAL AMOUNT DAID DY ALL				0.1.10	0.405	-	
	894	TOTAL AMOUNT PAID BY ALL	М	D	8	2118	2125	Total amount of the	
007		SOURCES						prescription regardless of party	
267	EOO EN	AMOUNT ATTRIBUTED TO CALED	N 4		0	2420	0400	responsible for payment	
	523-FN	AMOUNT ATTRIBUTED TO SALES	М	D	8	2126	2133	Amount to be collected from	
		TAX						the patient that is included in	
								'Patient Pay Amount' (505-F5)	
268								that is due to sales tax paid.	
208									

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	505-F5	PATIENT PAY AMOUNT	М	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,	
269								penalties, etc.	
	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	
270								prescription copay.	
	572-4U	AMOUNT OF COINSURANCE	М	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	
271				_				prescription coinsurance.	
	519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	M	D	8	2158	2165	Deleted field-not used in Post	Submit if available-not
272								Adjudication Version 2.Ø	currently utilized by MQD
	517-FH	AMOUNT APPLIED TO PERIODIC	S	D	8	2166	2173		Submit if available
		DEDUCTIBLE							MQD - Health Plan Deductible
273	574 N7	AMOUNT ATTRIBUTED TO PROOFCOOD	0		0	0474	0404		Amount
07.4	571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	S	D	8	2174	2181		Submit if available-not
274									currently utilized by MQD
075	133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	s	D	8	2182	2189		Submit if available-not
275									currently utilized by MQD
070	134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	s	D	8	2190	2197		Submit if available-not
276		AMOUNT ATTRIBUTED TO PRODUCT							currently utilized by MQD
	135-UM	SELECTION/NON-PREFERRED	s	D	8	2198	2205		Submit if available-not
277		FORMULARY SELECTION							currently utilized by MQD
	400 1111	AMOUNT ATTRIBUTED TO PRODUCT		-		0000	0040		Submit if available-not
278	136-UN	SELECTION/BRANDNON-PREFERRED FORMULARY SELECTION	S	D	8	2206	2213		currently utilized by MQD
		AMOUNT ATTRIBUTED TO COVERAGE	_						Submit if available-not
279	137-UP	GAP	S	D	8	2214	2221		currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	2222	2222		Submit if available-not
280									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2223	2224		Submit if available-not
281									currently utilized by MQD
									can only amizod by Mab

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	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
282									
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		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		GROSS AMOUNT DUE	S	D	8	2270		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

	Α	В	С	D	Е	F	G	Н	ı
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
290	409-D9	INGREDIENT COST SUBMITTED	S	D	8	2287	2294	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
	558-AW	FLAT SALES TAX AMOUNT PAID	S	D	8	2303	2310		Submit if available-not
292									currently utilized by MQD
	559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	D	8	2311	2318		Submit if available-not
293									currently utilized by MQD
	560-AY	PERCENTAGE SALES TAX RATE PAID	S	D	7	2319	2325		Submit if available-not
294									currently utilized by MQD
	561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	A/N	2	2326	2327		Submit if available-not
295									currently utilized by MQD
296	521-FL	INCENTIVE AMOUNT PAID	Ø	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		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

State of Hawaii, Department of Human Services, Med-Quest Division

NCPDP PAH 2.2 Companion Guide

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

	Α	В	С	D	Е	F	G	Н	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	OTHERPAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	2	2382	2383		Submit if available-not currently utilized by MQD
306	352-NQ	OTHERPAYER-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	OTHERPAYER-PATIENTRESPONSIBILITY 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.	
310	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	Ø	N	2	2414		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

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

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
351		FILLER	S	A/N	8	2647	2654	Spaces	
	228	COB PRIMARY PAYER AMOUNT	S	D	8	2655	2662	Amount paid by primary payer	Required when 308-C8
352		PAID						for product or service.	indicates COB.
	231	COB PRIMARY PAYER	S	D	8	2663	2670	Deductible amount according	Required when 308-C8
		DEDUCTIBLE						to primary payer for product or	indicates COB.
353								service.	
	229	COB PRIMARY PAYER	S	D	8	2671	2678	Coinsurance amount	Required when 308-C8
054		COINSURANCE						according to primary payer for	indicates COB.
354	000	OOD DDIMADY DAYED OODAY	S	1		0070	0000	product or service.	Demoise destant 200 00
	230	COB PRIMARY PAYER COPAY	5	D	8	2679	2686	Co-pay amount according to	Required when 308-C8
355								primary payer for product or	indicates COB.
355	238	COB SECONDARY PAYER ID	S	A/N	10	2687	2696	service. ID assigned to primary payer.	IDs on fields 232 and 238 must be
	230	COB SECONDARY PAYER ID	3	AVIN	10	2007	2090	is assigned to primary payor.	unique; do not specify the same ID -
									like SSN otherwise duplicate error will
									occur. Also do not leave blank
356									otherwise other payer information will be bypassed.
357		FILLER	S	A/N	8	2697		Spaces	
	234	COB SECONDARY PAYER	S	D	8	2705	2712	Amount paid by secondary	Required when 308-C8
358		AMOUNT PAID						payer for product or service.	indicates COB and available
	237	COB SECONDARY PAYER	S	D	8	2713	2720	Deductible amount according	Required when 308-C8
		DEDUCTIBLE						to secondary payer for product	indicates COB and available
359				_				or service.	
	235	COB SECONDARY PAYER	S	D	8	2721	2728	Coinsurance amount	Required when 308-C8
000		COINSURANCE						according to secondary payer	indicates COB and available
360	000	COR OF COMPARY DAVER CORAY	0	-		0700	0700	for product or service.	D : 1 1 200 00
	236	COB SECONDARY PAYER COPAY	S	D	8	2729	2736	Co-pay amount according to	Required when 308-C8
361								secondary payer for product or	indicates COB and available
301		SECTION REFERENCE						service	
362		CATEGORY:							
JUZ	896	TRANSACTION ID	S	A/N	30	2737	2766	Internally assigned unique	Submit if available
	000	110.11011011	5	/ \/ I \	30	2,01	2100	claim ID by the payer	Casimic ii avallabio
								Jamin 15 by the payor	Limited to 20 chararacters
								Health Plan Claim Number (20	
363								characters max)	
	503-F3	AUTHORIZATION NUMBER	S	A/N	20	2767	2786		Submit if available-not
364									currently utilized by MQD
	224	CLIENT SPECIFIC DATA	S	A/N	50	2787	2836		Submit if available-not
365									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	396	PROCESSOR SPECIFIC DATA	S	A/N	50	2837	2886	Trading partners mutually	Submit if available-not
								agreed upon specific data	currently utilized by MQD
366								defined by processor.	
	997-G2	CMS PART D DEFINED QUALIFIED FACILITY	S	A/N	1	2887	2887		Submit if available-not
367			J	7014		2001	2007		currently utilized by MQD
368		SECTION FIELDS ADDED IN VERSIONS CATEGORY							
000					_				Submit if available-not
369	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2888	2889		currently utilized by MQD
	004 8884	DENIEST OTA OF AMOUNT	0			0000	0007		Submit if available-not
370	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2890	2897		currently utilized by MQD
	393-MV	DENIETI CTACE OHALIETED	S	A/N	2	2898	2899		Submit if available-not
371	393-IVIV	BENEFIT STAGE QUALIFIER	5	A/N	2	2898	2899		currently utilized by MQD
	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2900	2907		Submit if available-not
372	394-10100	BENEFIT STAGE ANIOUNT	3	D	0	2900	2907		currently utilized by MQD
	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2908	2909		Submit if available-not
373	333-WV	DENETH STAGE GOALIFIER	3	Z/1N		2300	2303		currently utilized by MQD
	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2910	2917		Submit if available-not
374						2010	2017		currently utilized by MQD
	393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2918	2919		Submit if available-not
375									currently utilized by MQD
070	394-MW	BENEFIT STAGE AMOUNT	S	D	8	2920	2927		Submit if available-not
376									currently utilized by MQD
077	690-ZG	INVOICEDATE	S	N	8	2928	2935		Submit if available-not
377									currently utilized by MQD Submit if available-not
378	691-ZH	OUT OF POCKET REMAINING AMOUNT	S	D	8	2936	2943		
3/0									currently utilized by MQD Submit if available-not
379	302-C2	CARDHOLDER ID (ALTERNATE)	S	A/N	20	2944	2963		currently utilized by MQD
3/9									Submit if available-not
380	692-ZJ	NUMBER OF GENERIC MANUFACTURERS	S	N	3	2964	2966		currently utilized by MQD
000									Submit if available-not
381	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2967	2968		currently utilized by MQD
			_						Submit if available-not
382	476-H6	DUR CO-AGENT ID	S	A/N	19	2969	2987		currently utilized by MQD
						0000	0000		Submit if available-not
383	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2988	2989		currently utilized by MQD
	470 110	DUD OO AOFAIT ID		Δ /ΝΙ	40	2000	2000		Submit if available-not
384	476-H6	DUR CO-AGENT ID	S	A/N	19	2990	3008		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3009	3010		Submit if available-not
385	475-59	DON CO-AGENT ID QUALIFIER	3	AVIN		3009	3010		currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	3011	3029		Submit if available-not
386	470110	DON'GO NGENTID)	77/19	13	3011	3023		currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3030	3031		Submit if available-not
387		2011 00 710 E117 12 Q07 E117 E11		7014		0000	0001		currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	3032	3050		Submit if available-not
388									currently utilized by MQD
000	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3051	3052		Submit if available-not
389									currently utilized by MQD
200	476-H6	DUR CO-AGENT ID	S	A/N	19	3053	3071		Submit if available-not
390									currently utilized by MQD
391	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3072	3073		Submit if available-not
391									currently utilized by MQD Submit if available-not
392	476-H6	DUR CO-AGENT ID	S	A/N	19	3074	3092		
392									currently utilized by MQD Submit if available-not
393	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3093	3094		currently utilized by MQD
333									Submit if available-not
394	476-H6	DUR CO-AGENT ID	S	A/N	19	3095	3113		currently utilized by MQD
004									Submit if available-not
395	475-H9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3114	3115		currently utilized by MQD
									Submit if available-not
396	476-H6	DUR CO-AGENT ID	S	A/N	19	3116	3134		currently utilized by MQD
		OTHER PAYER-PATIENT RESPONSIBILITY	_		_				Submit if available-not
397	351-NP	AMOUNTQUALIFIER	S	A/N	2	3135	3136		currently utilized by MQD
		OTHER PAYER-PATIENT RESPONSIBILITY		_					Submit if available-not
398	352-NQ	AMOUNT	S	D	10	3137	3146		currently utilized by MQD
	054.110	OTHER PAYER-PATIENT RESPONSIBILITY	-	A /A I		0447	0440		Submit if available-not
399	351-NP	AMOUNTQUALIFIER	S	A/N	2	3147	3148		currently utilized by MQD
	050 NO	OTHER PAYER-PATIENT RESPONSIBILITY	0	-	40	0440	0450		Submit if available-not
400	352-NQ	AMOUNT	S	D	10	3149	3158		currently utilized by MQD
	254 ND	OTHER PAYER-PATIENT RESPONSIBILITY	S	Δ/ΝΙ		2450	3160		Submit if available-not
401	351-NP	AMOUNTQUALIFIER	5	A/N	2	3159	3160		currently utilized by MQD
	252 NO	OTHER PAYER-PATIENT RESPONSIBILITY	S	D	10	2161	3170		Submit if available-not
402	352-NQ	AMOUNT	3	D	10	3161	3170		currently utilized by MQD
	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY	S	A/N	2	3171	3172		Submit if available-not
403	351-NP	AMOUNTQUALIFIER	0	A/IN		31/1	3172		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	1
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

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	A39	COPAY WAIVER AMOUNT	S	D	8	3271	3278		Submit if available-not
423	A39	COPAT WAIVER AMOONT	3	D	0	3271	3270		currently utilized by MQD
	A33-ZX	CMS PART D CONTRACT ID	S	A/N	5	3279	3283		Submit if available-not
424	7100 271	OMOTATE CONTINUE ID)	77/19	J	3273	0200		currently utilized by MQD
	A34-ZY	MEDICARE PART D PLAN BENEFIT	S	N	3	3284	3286		Submit if available-not
425		PACKAGE (PBP)							currently utilized by MQD
426		FILLER	М	A/N	414	3287	3700	Spaces	
407		[See Claim Segment]							Submit if available-not
427		10 01 - 10 - 0 - 00 - 01							currently utilized by MQD
428		[See Claim Segment]							Submit if available-not
420		[See Claim Segment]							currently utilized by MQD Submit if available-not
429		See Claim Segment							currently utilized by MQD
423		[See Claim Segment]							Submit if available-not
430		Cee Claim Gegment							currently utilized by MQD
100		[See Claim Segment]							Submit if available-not
431									currently utilized by MQD
		[See Claim Segment]							Submit if available-not
432									currently utilized by MQD
	8.2.1	POST ADJUDICATION HISTORY						Minimum Of Two Ingredients	Required when Compound
		COMPOUND DETAIL RECORD 1						Required	Code (406-D6) = '2' -
433									Compound
	601-04	RECORD TYPE	М	A/N	2	1	2	CD - Post Adjudication History	
								Compound Detail Record 1	
434									
	455-EM	PRESCRIPTION/SERVICE	M	A/N	1	3	3	1 - RX Billing	
		REFERENCE NUMBER QUALIFIER							
435									
, ,	402-D2	PRESCRIPTION/SERVICE	М	N	12	4	15	10 digit Rx Number	Limited to 10 digits
436		REFERENCE NUMBER							
	477-EC	COMPOUND INGREDIENT	М	N	2	16	17	Count of compound product	
		COMPONENT COUNT						IDs (both active and inactive)	
427								in the compound mixture	
437		SECTION FIRST INGREDIENT:						submitted. Minimum Of Two Ingredients	
438		SECTION FIRST INGREDIENT:						Required	
430	488-RE	COMPOUND PRODUCT ID	М	A/N	2	18	19	Code qualifying the type of	
	+00-I\L	QUALIFIER	IVI	Z/1N		10	19	product dispensed.	
439		QO'ALII ILIA						See ECL	
700								000 LOL	

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	489-TE	COMPOUND PRODUCT ID	М	A/N	19	20	38	Product identification of an ingredient used in a	
440								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		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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	004.40	PROPLICE CORE CLIALIFIED	s	0./51	4	440	440		Submit if available-not
455	601-19	PRODUCT CODE QUALIFIER	5	A/N	1	140	140		currently utilized by MQD
	604.40	DRODUCT CODE	S	A/N	17	141	157		Submit if available-not
456	601-18	PRODUCT CODE	5	A/N	17	141	157		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	158	158		Submit if available-not
457	601-19	PRODUCT CODE QUALIFIER	5	A/N	'	158	156		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	159	175		Submit if available-not
458	001-10	PRODUCT CODE	3	A/IN	17	159	175		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	176	176		Submit if available-not
459	001-19	PRODUCT CODE QUALIFIER	3	A/IN	'	170	170		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	177	193		Submit if available-not
460									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	194	194		Submit if available-not
461									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	195	195		Submit if available-not
462	001-20	THERAFEOTIC CLASS CODE QUALIFIER	3	A/IN	'	193	9		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	196	212		Submit if available-not
463	001-23	MENAFEONIC CLASS CODE	3	A/IN	17	190	212		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	213	213		Submit if available-not
464	001-20	THERAI ESTIG SEASS SOBE QUALITIEN	J	ZVIN	'	210	210		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	214	230		Submit if available-not
465	00120	THEIV WESTIGGEN GOODE		7014	.,	217	200		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	231	231		Submit if available-not
466	00120	THE TUTE OF THE SERVICE STATE OF THE TEXT		7014		201	201		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	232	248		Submit if available-not
467		11121011 20110 027 100 0022		7014		202	2.0		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	249	249		Submit if available-not
468				7014	•	210	210		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	250	266		Submit if available-not
469				7014		200	200		currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	s	N	1	267	267		Submit if available-not
470									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	268	269		Submit if available-not
471							0=1		currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	270	271		Submit if available-not
472				4.01			070		currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	272	272		Submit if available-not
473									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	449-EE	COMPOUND INGREDIENT DRUG	S	D	8	392	399	Ingredient cost for the metric	Submit if available
		COST						decimal quantity of the product	
								included in the compound	
								mixture indicated in	
								'Compound Ingredient	
491								Quantity' (Field 448-ED).	
	490-UE	COMPOUND INGREDIENT BASIS	S	A/N	2	400	401	See ECL	Submit if available
492		OF COST DETERMINATION	_						
	221	CLIENT FORMULARY FLAG	S	A/N	1	402	402		Submit if available-not
493			_						currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	403	432	Product or Service Description	Submit if available
404								or Product Label Name.	
494	004	OF VEDIC MANE		A /N I		400	100	6.11	
	261	GENERIC NAME	S	A/N	30	433	462	Generic name of the product	Submit if available
405								identified in Product/Service	
495 496	004.04	DDODUCT CTDENCTU		A /N1	40	400	470	Name.	Culturality 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	5	A/N	4	473	476	Dosage form code for product identified.	Submit if available
701	532-FW	DATABASE INDICATOR	S	A/N	1	477	477	lacitunea.	Submit if available-not
498									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	478	478		Submit if available-not
499									currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	479	479		Submit if available-not
500									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	480	480		Submit if available-not
501									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	481	481		Submit if available-not
502									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	482	482		Submit if available-not
503									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	483	483		Submit if available-not
504	001-19	THOUSE GOALITIEN	3	F-VIN		700	700		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	484	500		Submit if available-not
505	001-10	THOUSE TO BE	J	7.711	.,	707	000		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	501	501		Submit if available-not
506	001-10	THOUSE COME GOALII IEI	,	7011		301	301		currently utilized by MQD
	601-18	 PRODUCT CODE	S	A/N	17	502	518		Submit if available-not
507	001-10	THOUSE TOOLS	3	7 (1)	.,,	002	010		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	519	519		Submit if available-not
508	001-19	PRODUCT CODE QUALITIEN	3	A/IN		319	319		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	520	536		Submit if available-not
509				74.1		020			currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	s	A/N	1	537	537		Submit if available-not
510									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	538	538		Submit if available-not
511									currently utilized by MQD
540	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	539	555		Submit if available-not
512									currently utilized by MQD Submit if available-not
513	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	556	556		
513									currently utilized by MQD Submit if available-not
514	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	557	573		
314									currently utilized by MQD Submit if available-not
515	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	574	574		currently utilized by MQD
313									Submit if available-not
516	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	575	591		currently utilized by MQD
310									Submit if available-not
517	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	592	592		currently utilized by MQD
017									Submit if available-not
518	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	593	609		currently utilized by MQD
0.0									Submit if available-not
519	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	610	610		currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	611	612		Submit if available-not
520									currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR	S	N	2	613	614		Submit if available-not
521		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	615	615		Submit if available-not
522									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	616	617		Submit if available-not
523									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	618	619		Submit if available-not
524									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	620	638		Submit if available-not
525									currently utilized by MQD
	260	GENERIC INDICATOR	S	A/N	1	639	639		Submit if available-not
526									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	221	CLIENT FORMULARY FLAG	S	A/N	1	745	745		Submit if available-not
542									currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	746	775	Product or Service Description	Submit if available
								or Product Label Name.	
543									
	261	GENERIC NAME	S	A/N	30	776	805	Generic name of the product	Submit if available
								identified in Product/Service	
544								Name.	
545	601-24	PRODUCT STRENGTH	S	A/N	10	806		The strength of the product.	Submit if available
	243	DOSAGE FORM CODE	S	A/N	4	816	819	Dosage form code for product	Submit if available
546	500 F\A/	DATABAGE INDICATOR	S	0 (0.1				identified.	
- 47	532-FW	DATABASE INDICATOR	S	A/N	1	820	820		Submit if available-not
547	425-PD	DRUG TYPE	S	N					currently utilized by MQD
548	425-PD	DRUG I TPE	5	IN	1	821	821		Submit if available-not
548	257	FORMULARY STATUS	S	A/N					currently utilized by MQD
549	237	PORMULARY STATUS	3	AVIN	1	822	822		Submit if available-not
549	244	DRUG CATEGORY CODE	S	A/N					currently utilized by MQD Submit if available-not
550	244	DROG CATEGORY CODE		AIN	1	823	823		currently utilized by MQD
330	252	FEDERAL DEA SCHEDULE	S	A/N					Submit if available-not
551	202	EBEITAE BEITAGITE BOLE		7014	1	824	824		currently utilized by MQD
331	250	FDA DRUG EFFICACY CODE	S	A/N					Submit if available-not
552					1	825	825		currently utilized by MQD
002									Submit if available-not
553	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	826	826		currently utilized by MQD
333			_						Submit if available-not
554	601-18	PRODUCT CODE	S	A/N	17	827	843		currently utilized by MQD
	004.40			A /A !	4	0.4.4	0.4.4		Submit if available-not
555	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	844	844		currently utilized by MQD
	601-18	PRODUCTCODE	s	A /N1	17	845	861		Submit if available-not
556	601-18	PRODUCTCODE	5	A/N	17	845	861		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	862	862		Submit if available-not
557	001-19	I RODUCT CODE QUALIFIER		AVIN		002	002		currently utilized by MQD
	601-18	PRODUCTCODE	S	A/N	17	863	879		Submit if available-not
558									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	880	880		Submit if available-not
559									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	881	881		Submit if available-not
560	001 20	THE STATE OF THE S		, , , ,		001	5		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	882	898		Submit if available-not
561	001-20	THERAPEUTIC CLASS CODE	3	A/IN	17	002	090		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	899	899		Submit if available-not
562	001-20	THERAP EUTIC CEASS CODE QUALIFIER	3	A/IN	'	099	099		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	900	916		Submit if available-not
563	001-23	THERAI EOTIO GEAGO GODE		ZVIN	17	300	310		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	917	917		Submit if available-not
564	00120	THE TOTAL ESTIMATE OF THE SERVICE STATE STATE OF TH		7014		317	317		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	918	934		Submit if available-not
565	00120	1112.10.11.2011.002.100.0022		7014		0.0			currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	935	935		Submit if available-not
566	00.20			7 4.1	·				currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	936	952		Submit if available-not
567	00.20			7 4.1					currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	s	A/N	1	953	953		Submit if available-not
568									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	954	955		Submit if available-not
569	222					0.50	0.5.7		currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	956	957		Submit if available-not
570	070			0./0.1		050	050		currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	958	958		Submit if available-not
571	223	CLIENT PRICING BASIS OF COST	S	A/N	0	959	960		currently utilized by MQD
570	223	CLIENT PRICING BASIS OF COST	5	A/N	2	959	960		Submit if available-not
572	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	961	962		currently utilized by MQD
570	475-J9	DUR CO-AGENT ID QUALIFIER	5	A/N	2	961	962		Submit if available-not
573	476-H6	DUR CO-AGENT ID	S	A/N	19	963	981		currently utilized by MQD
574	470-110	DON CO-AGENT ID		AVIN	19	903	901		Submit if available-not
5/4	260	GENERIC INDICATOR	S	A/N	1	982	982		currently utilized by MQD Submit if available-not
575	200	GENERIC INDICATOR		ZVIN	'	902	902		
5/5	292	PLAN CUTBACK REASON CODE	S	A/N	1	983	983		currently utilized by MQD Submit if available-not
576	232	LANGOTBAGICICAGON GODE		ZVIN		303	303		currently utilized by MQD
3/0	889	THERAPEUTIC CHAPTER	S	A/N	8	984	991		Submit if available-not
577	000	THE TOTAL CONTROLLER		7014		004	001		currently utilized by MQD
311	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	992	1000		Submit if available-not
578		PRICE				002	1000		currently utilized by MQD
370	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1001	1009		Submit if available-not
579									currently utilized by MQD
513									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	252	FEDERAL DEA SCHEDULE	S	A/N	1	1167	1167		Submit if available-not
600									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1168	1168		Submit if available-not
601									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1169	1169		Submit if available-not
602	001-19	PRODUCT CODE QUALIFIER	3	A/IN		1109	1109		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1170	1186		Submit if available-not
603	001-10	PRODUCT CODE	3	A/IN	17	1170	1100		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1187	1187		Submit if available-not
604	001-19	PRODUCT CODE QUALIFIER	3	A/IN		1107	1107		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	1188	1204		Submit if available-not
605	001-10	FRODUCT CODE	3	A/IN	17	1100	1204		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1205	1205		Submit if available-not
606	001-19	PRODUCT CODE QUALIFIER	3	A/IN	'	1205	1205		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1206	1222		Submit if available-not
607					17				currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1223	1223		Submit if available-not
608									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1224	1224		Submit if available-not
609	001-20	THERALEONO GEAGO GODE QUALIFIER	J	ZVIN	'	1224	1227		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1225	1241		Submit if available-not
610	001-20	THERAL EGITO GEAGG CODE	J	ZVIN	17	1220	1241		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1242	1242		Submit if available-not
611	001-20	THERA EUTICOLAGO CODE QUALITIEN		ZVIN	'	1272	1272		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1243	1259		Submit if available-not
612	001 20	THEIV'II ESTIGOE/ISSOCIE		7014	.,	1240	1200		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1260	1260		Submit if available-not
613	001 20	THE TOTAL ENTINE COMPANY OF THE TOTAL COMPANY OF TH		7014		1200	1200		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	1261	1277		Submit if available-not
614		11121011 20110 021 100 0022		7014		1201	.2.,		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	1278	1278		Submit if available-not
615		THE ON ESTIMATE OF A STATE OF THE OWNER OWNER OF THE OWNER OWNE		7014		1270	1270		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1279	1295		Submit if available-not
616	00120			, , , ,		12,5	1200		currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1297	1296		Submit if available-not
617									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	1297	1298		Submit if available-not
618									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N	2	1429	1430		Submit if available-not
639		DETERMINATION							currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	1431	1431		Submit if available-not
640									currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	1432	1461		Submit if available-not
641									currently utilized by MQD
	261	GENERICNAME	S	A/N	30	1462	1491		Submit if available-not
642									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	1492	1501		Submit if available-not
643									currently utilized by MQD
	243	DOSAGE FORM CODE	S	A/N	4	1502	1505		Submit if available-not
644									currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	1506	1506		Submit if available-not
645									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	1507	1507		Submit if available-not
646									currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	1508	1508		Submit if available-not
647									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	1509	1509		Submit if available-not
648									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	1510	1510		Submit if available-not
649									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1511	1511		Submit if available-not
650									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1512	1512		Submit if available-not
651	001-13	TRODUCT CODE QUALITIER		AVIN	'				currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1513	1529		Submit if available-not
652	001-10	T KOBOOT COBE	0	AIN	17	1313	1029		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1530	1530		Submit if available-not
653	001-13	TROBOOT CODE QUALITIEN	0	AIN	'	1550	1550		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1531	1547		Submit if available-not
654	001-10	T KOBOOT COBE	0	AIN	17	1551	1547		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1548	1548		Submit if available-not
655	001-10	THOUSE GOVERNMENT		7.011		1040	1040		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1549	1565		Submit if available-not
656									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1566	1566		Submit if available-not
657									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1567	1567		Submit if available-not
658	001-20	THERAP EUTIC CEASS CODE QUALITIES	3	A/IN	'	1307	1307		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	1568	1584		Submit if available-not
659				74.1					currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	1585	1585		Submit if available-not
660									currently utilized by MQD
004	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	1586	1602		Submit if available-not
661									currently utilized by MQD
000	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	1603	1603		Submit if available-not
662									currently utilized by MQD Submit if available-not
663	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1604	1620		
003									currently utilized by MQD Submit if available-not
664	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1621	1621		
004									currently utilized by MQD Submit if available-not
665	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1622	1638		currently utilized by MQD
003									Submit if available-not
666	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1639	1639		currently utilized by MQD
000	600-28	UNIT OF MEASURE	S	A/N	2	1640	1641		Submit if available-not
667	000 20	S. W. S. W. S.		74.1	-				currently utilized by MQD
001	299	PROCESSOR DEFINED PRIOR	S	N	2	1642	1643		Submit if available-not
668		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	1644	1644		Submit if available-not
669									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1645	1646		Submit if available-not
670									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1647	1648		Submit if available-not
671									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	1649	1667		Submit if available-not
672									currently utilized by MQD
	260	GENERIC INDICATOR	S	A/N	1	1668	1668		Submit if available-not
673									currently utilized by MQD
	292	PLAN CUTBACK REASON CODE	S	A/N	1	1669	1669		Submit if available-not
674									currently utilized by MQD
	889	THERAPEUTIC CHAPTER	S	A/N	8	1670	1677		Submit if available-not
675									currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	1678	1686		Submit if available-not
676		PRICE							currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1687	1695		Submit if available-not
677									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1696	1704		Submit if available-not
678									currently utilized by MQD
	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1705	1713		Submit if available-not
679									currently utilized by MQD
	271	MAC PRICE	S	D	9	1714	1722		Submit if available-not
680									currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT	S	N	2	1723	1724		Submit if available-not
681		DETERMINATION							currently utilized by MQD
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1725	1732		Submit if available-not
682									currently utilized by MQD
		SECTION SIXTH INGREDIENT							
683									
	488-RE	COMPOUND PRODUCT ID QUALIFIER	М	A/N	2	1733	1734		Submit if available-not
684									currently utilized by MQD
	489-TE	COMPOUND PRODUCT ID	М	A/N	19	1735	1753		Submit if available-not
685									currently utilized by MQD
	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1754	1763		Submit if available-not
686									currently utilized by MQD
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1764	1771		Submit if available-not
687									currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N	2	1772	1773		Submit if available-not
688		DETERMINATION	_						currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	1774	1774		Submit if available-not
689			_						currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	1775	1804		Submit if available-not
690									currently utilized by MQD
	261	GENERIC NAME	S	A/N	30	1805	1834		Submit if available-not
691									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	1835	1844		Submit if available-not
692									currently utilized by MQD
000	243	DOSAGE FORM CODE	S	A/N	4	1845	1848		Submit if available-not
693	500 511	DATABASE INDICATES		A /h /		46.10	1010		currently utilized by MQD
00.4	532-FW	DATABASE INDICATOR	S	A/N	1	1849	1849		Submit if available-not
694	105.55	DDUG TV/D5				4650	10=0		currently utilized by MQD
00-	425-PD	DRUG TYPE	S	N	1	1850	1850		Submit if available-not
695									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	257	FORMULARYSTATUS	S	A/N	1	1851	1851		Submit if available-not
696									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	1852	1852		Submit if available-not
697									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	1853	1853		Submit if available-not
698									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1854	1854		Submit if available-not
699									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1855	1855		Submit if available-not
700	001-19	PRODUCT CODE QUALIFIER	3	A/IN	'				currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1856	1872		Submit if available-not
701	001-10	FRODUCT CODE	3	AVIN	17	1000	1072		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1873	1873		Submit if available-not
702	001-19	PRODUCT CODE QUALIFIER	3	AVIN	'	1073	10/3		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1874	1890		Submit if available-not
703	001-10	TROBUCT CODE	3	A/IN	17	1074	1090		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1891	1891		Submit if available-not
704	001-19	PRODUCT CODE QUALITIEN	3	A/IN	'	1091	1091		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	1892	1908		Submit if available-not
705									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1909	1909		Submit if available-not
706									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1910	1910		Submit if available-not
707	001-20	THERA EUTOGEAGG CODE QUALIFIER		ZVIN	'	1310	1310		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1911	1927		Submit if available-not
708	001-20	THERAI EUTIC CLAGG CODE		ZVIN	17	1311	1321		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1928	1928		Submit if available-not
709	001-20	THERAI EO HO OLAGO CODE QUALIFIER	J	ZVIN	'	1320	1920		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1929	1945		Submit if available-not
710	001 20	THERWII ESTIGOE/ISS CODE		7010	.,	1020	1040		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	1946	1946		Submit if available-not
711	00120	THERVI ESTIGOE/ISS CODE QUILLI IEIX		7010		1040	1040		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1947	1963		Submit if available-not
712	001 20			, , , , ,	.,	,54,			currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not
713	001 20	THE STATE OF THE S		, , , , ,		1004	1004		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1965	1981		Submit if available-not
714	00120			, , , ,		1000	1001		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	400 DT	CDECIAL DAGICACINIC INDICATOR	S	N	4	4000	1982		Submit if available-not
715	429-DT	SPECIAL PACKAGING INDICATOR	5	N	1	1982	1982		currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	1983	1984		Submit if available-not
716									currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR	S	N	2	1985	1986		Submit if available-not
717		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	1987	1987		Submit if available-not
718									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1988	1989		Submit if available-not
719									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1990	1991		Submit if available-not
720									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	1992	2010		Submit if available-not
721									currently utilized by MQD
	260	GENERIC INDICATOR	S	A/N	1	2011	2011		Submit if available-not
722									currently utilized by MQD
	292	PLAN CUTBACK REASON CODE	S	A/N	1	2012	2012		Submit if available-not
723									currently utilized by MQD
	889	THERAPEUTIC CHAPTER	S	A/N	8	2013	2020		Submit if available-not
724									currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	2021	2029		Submit if available-not
725		PRICE							currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2030	2038		Submit if available-not
726									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2039	2047		Submit if available-not
727									currently utilized by MQD
	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2048	2056		Submit if available-not
728									currently utilized by MQD
	271	MAC PRICE	S	D	9	2057	2065		Submit if available-not
729									currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT	S	N	2	2066	2067		Submit if available-not
730		DETERMINATION							currently utilized by MQD
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2068	2075		Submit if available-not
731									currently utilized by MQD
		SECTION SEVENTH INGREDIENT							
732									
	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2076	2077		Submit if available-not
733									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	489-TE	COMPOUND PRODUCT ID	М	A/N	19	2078	2096		Submit if available-not
734									currently utilized by MQD
	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2097	2106		Submit if available-not
735									currently utilized by MQD
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2107	2114		Submit if available-not
736									currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N	2	2115	2116		Submit if available-not
737		DETERMINATION							currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	2117	2117		Submit if available-not
738									currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	2118	2147		Submit if available-not
739									currently utilized by MQD
	261	GENERICNAME	S	A/N	30	2148	2177		Submit if available-not
740									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	2178	2187		Submit if available-not
741									currently utilized by MQD
	243	DOSAGE FORM CODE	S	A/N	4	2188	2191		Submit if available-not
742									currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	2192	2192		Submit if available-not
743									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	2193	2193		Submit if available-not
744									currently utilized by MQD
	257	FORMULARYSTATUS	S	A/N	1	2194	2194		Submit if available-not
745									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	2195	2195		Submit if available-not
746									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	2196	2196		Submit if available-not
747									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	2197	2197		Submit if available-not
748									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2198	2198		Submit if available-not
749		TROBOOT GODE GOVERNIEN		7010					currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	2199	2215		Submit if available-not
750				7 4.13		2.00			currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2216	2216		Submit if available-not
751				, , , , ,					currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	2217	2233		Submit if available-not
752									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	004.40	PRODUCT CODE CUALIFIED	S	A /N1	1	2234	2234		Submit if available-not
753	601-19	PRODUCT CODE QUALIFIER	5	A/N	1	2234	2234		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	2235	2251		Submit if available-not
754	001-18	PRODUCT CODE	5	A/N	17	2235	2251		currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2252	2252		Submit if available-not
755									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2253	2253		Submit if available-not
756	001-20	THERAPEUTIC CLASS CODE QUALIFIER	3	A/IN	'	2233	2255		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2254	2270		Submit if available-not
757	001-23	THERAP EUTIC CEASS CODE	3	AIN	17	2254	2210		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2271	2271		Submit if available-not
758	001-20	THERAL EOTIO GEAGG GODE QUALITIER	J	AIN	'	2211	2211		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2272	2288		Submit if available-not
759	00120	THE TO THE SERVICE SCHOOL		7014	.,	ZZIZ	2200		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2289	2289		Submit if available-not
760	00120	THE TAIL ESTIMATE OF THE GOVERNMENT OF THE TAIL		7014		2200	2200		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2290	2306		Submit if available-not
761		1112.10.11.2011.002.100.0022		7 41 4		2200	2000		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2307	2307		Submit if available-not
762		771213 II 20110 027100 0002 Q0712II 1211		7 4.1					currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2308	2324		Submit if available-not
763									currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	s	N	1	2325	2325		Submit if available-not
764									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	2326	2327		Submit if available-not
765	200					0000	0000		currently utilized by MQD
700	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2328	2329		Submit if available-not
766	272	MAC REDUCED INDICATOR		A/N	4	0000	2330		currently utilized by MQD
707	212	MAC REDUCED INDICATOR	S	A/N	1	2330	2330		Submit if available-not
767	000	CLIENT PRICING BASIS OF COST	S	A /N1	0	0004	0000		currently utilized by MQD
700	223	CLIENT PRICING BASIS OF COST	8	A/N	2	2331	2332		Submit if available-not
768	475 10	DUD OO AOFNIT ID OUAL IFIED	S	A /N1	0	0000	0004		currently utilized by MQD
700	475-J9	DUR CO-AGENT ID QUALIFIER	5	A/N	2	2333	2334		Submit if available-not
769	476-H6	DUR CO-AGENT ID	S	A/N	19	2335	2353		currently utilized by MQD
770	470-00	DON CO-AGENT ID		A/IN	19	2335	2333		Submit if available-not
770	260	GENERIC INDICATOR	S	A/N	1	2354	2354		currently utilized by MQD
774	200	GENERIC INDICATOR	3	AVIN	<u> </u>	2334	2334		Submit if available-not
771									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	532-FW	DATABASE INDICATOR	S	A/N	1	2535	2535		Submit if available-not
792									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	2536	2536		Submit if available-not
793									currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	2537	2537		Submit if available-not
794									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	2538	2538		Submit if available-not
795									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	2539	2539		Submit if available-not
796									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	2540	2540		Submit if available-not
797									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2541	2541		Submit if available-not
798	001-19	PRODUCT CODE QUALIFIER		AVIN	'				currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	2542	2558		Submit if available-not
799	001-10	TROBOCT CODE	3	A/IN	17	2542	2000		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	2559	2559		Submit if available-not
800	001-19	PRODUCT CODE QUALITIEN	3	A/IN	'	2559	2009		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	2560	2576		Submit if available-not
801	001-10	T KOBOOT COBE		ZVIN	17	2300	2010		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2577	2577		Submit if available-not
802	001-13	I ROBOUT CODE QUALITIEN		ZVIN	'	2011	2011		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	2578	2594		Submit if available-not
803									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2595	2595		Submit if available-not
804									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2596	2596		Submit if available-not
805	001-20	THERAL ECTIO GEAGG CODE QUALITIEN		ZVIN	'	2550	2000		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2597	2613		Submit if available-not
806	001-20	THERAL ECTIO GEAGG CODE		ZVIN	17	2001	2013		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2614	2614		Submit if available-not
807	001-20	THERAL ECTIO GEAGG CODE QUALITIEN		ZVIN	'	2014	2014		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2615	2631		Submit if available-not
808	001-20	THERAL ECTIO GEAGG CODE		ZVIN	17	2010	2001		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2632	2632		Submit if available-not
809	001-20	THE VILLETTO CEAGGO CODE QUALITIES		7010	'	2002	2002		currently utilized by MQD
1 7	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2633	2649		Submit if available-not
810	00120	1112.0112.0112.012.00.0002		7014	.,	2000	2040		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2650	2650		Submit if available-not
811	001-20	THERAI EUTIC CEAGG CODE QUALITIER		ZVIN	'	2000	2000		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2651	2667		Submit if available-not
812		1112.10.11.2011.002.100.0022		7,014		2001	2007		currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	s	N	1	2668	2668		Submit if available-not
813									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	2669	2670		Submit if available-not
814	200					0074	0070		currently utilized by MQD
0.45	299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2671	2672		Submit if available-not
815	272		S	A /N I	1	0070	0070		currently utilized by MQD
040	212	MAC REDUCED INDICATOR	5	A/N	1	2673	2673		Submit if available-not
816	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2674	2675		currently utilized by MQD
817	223	CLIENT PRICING BASIS OF COST	5	AVIN	2	2074	2075		Submit if available-not
817	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2676	2677		currently utilized by MQD Submit if available-not
818	475-59	DON CO-AGENT ID QUALIFIER	3	AVIN		2070	2011		
010	476-H6	DUR CO-AGENT ID	S	A/N	19	2678	2696		currently utilized by MQD Submit if available-not
819	470-110	DONGO-AGENTID		AIN	19	2070	2090		currently utilized by MQD
019	260	GENERIC INDICATOR	S	A/N	1	2697	2697		Submit if available-not
820	200	SERVENIO INDIGNITORI		7014		2007	2007		currently utilized by MQD
020	292	PLAN CUTBACK REASON CODE	S	A/N	1	2698	2698		Submit if available-not
821				74.1		2000	2000		currently utilized by MQD
021	889	THERAPEUTIC CHAPTER	S	A/N	8	2699	2706		Submit if available-not
822									currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	2707	2715		Submit if available-not
823		PRICE							currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2716	2724		Submit if available-not
824									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2725	2733		Submit if available-not
825									currently utilized by MQD
	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2734	2742		Submit if available-not
826									currently utilized by MQD
	271	MAC PRICE	S	D	9	2743	2751		Submit if available-not
827									currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT	S	N	2	2752	2753		Submit if available-not
828		DETERMINATION							currently utilized by MQD
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2754	2761		Submit if available-not
829									currently utilized by MQD
830		FILLER	M	A/N	939	2762	3700	Spaces	

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	8.2.2	POST ADJUDICATION HISTORY						Only if more than 8 ingredients	
831		COMPOUND DETAIL RECORD 2							
	601-04	RECORD TYPE	M	A/N	2	1	2	CD - Post Adjudication History	
								Compound Detail Record 1	
832									
	455-EM	PRESCRIPTION/SERVICE	М	A/N	1	3	3	1 - RX Billing	
000		REFERENCE NUMBER QUALIFIER							
833	100 -								
004	402-D2	PRESCRIPTION/SERVICE	М	N	12	4	15	10 digit Rx Number	Limited to 10 digits
834	477.50	REFERENCE NUMBER		N.I	0	40	47	Occupation of the control of the con	
	477-EC	COMPOUND INGREDIENT COMPONENT COUNT	М	N	2	16	17	Count of compound product	
		COMPONENT COUNT						IDs (both active and inactive) in the compound mixture	
835								submitted.	
033		SECTION NINTH INGREDIENT						Submitted.	
836		SECTION MINTH INGREDIENT							
	488-RE	COMPOUND PRODUCT ID QUALIFIER	М	A/N	2	18	19		Submit if available-not
837									currently utilized by MQD
	489-TE	COMPOUND PRODUCT ID	М	A/N	19	20	38		Submit if available-not
838									currently utilized by MQD
	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	39	48		Submit if available-not
839									currently utilized by MQD
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	49	56		Submit if available-not
840									currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	57	58		Submit if available-not
841									currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	59	59		Submit if available-not
842	007	DDODLIOT/OFD\/IOFNAME	-	A /N I	30	00	00		currently utilized by MQD
0.40	397	PRODUCT/SERVICE NAME	S	A/N	30	60	89		Submit if available-not
843	261	 GENERIC NAME	S	A/N	30	90	119		currently utilized by MQD
044	261	GENERICNAME	5	A/N	30	90	119		Submit if available-not
844	601-24	PRODUCT STRENGTH	S	A/N	10	120	129		currently utilized by MQD
845	001-24	PRODUCT STRENGTH	3	AVIN	10	120	129		Submit if available-not
843	243	DOSAGE FORM CODE	S	A/N	4	130	133		currently utilized by MQD Submit if available-not
846	240	DOG/IGET GRIVI GODE	3	AVIN	-	130	133		currently utilized by MQD
040	532-FW	DATABASE INDICATOR	S	A/N	1	134	134		Submit if available-not
847	302 1 11	D. T. D. GE HOLOTTON		7011	,	104	10-1		currently utilized by MQD
047									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	425-PD	DRUG TYPE	S	N	1	135	135		Submit if available-not
848									currently utilized by MQD
	257	FORMULARYSTATUS	S	A/N	1	136	136		Submit if available-not
849									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	137	137		Submit if available-not
850									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	138	138		Submit if available-not
851									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	139	139		Submit if available-not
852									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	140	140		Submit if available-not
853	001-19	PRODUCT CODE QUALIFIER		AVIN	'	140	140		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	141	157		Submit if available-not
854	001-10	FRODUCT CODE		AVIN	17	141	137		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	158	158		Submit if available-not
855	001-19	PRODUCT CODE QUALITIEN	3	A/IN	'	130	130		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	159	175		Submit if available-not
856	001-10	TRODUCT CODE	3	A/IN	17	139	173		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	176	176		Submit if available-not
857	001-13	TROBOOT CODE QUALITIEN		ZVIN	'	170	170		currently utilized by MQD
	601-18	PRODUCTCODE	S	A/N	17	177	193		Submit if available-not
858									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	194	194		Submit if available-not
859									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	195	195		Submit if available-not
860	00120	THERVI ESTIGOE/ISS CODE QUILLI IEIX		7010		100	100		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	196	212		Submit if available-not
861	001 20	THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL		7010		130	212		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	213	213		Submit if available-not
862	00120	THE WILL ESTIMATE OF THE STATE		7010		2.0	2.0		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	214	230		Submit if available-not
863		111214 2011002 00022		7014			200		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	231	231		Submit if available-not
864		The state of the s		, ,,,,					currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	232	248		Submit if available-not
865				, ,,,,					currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	249	249		Submit if available-not
866		and the state of t		, , , ,			_ ,0		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	250	266		Submit if available-not
867	001-25	THERAPEUTIC CLASS CODE	3	A/N	17	250	200		currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	267	267		Submit if available-not
868	429-D1	SPECIAL PACKAGING INDICATOR		IN	ı ı	207	207		currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	268	269		Submit if available-not
869									currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR	S	N	2	270	271		Submit if available-not
870		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	272	272		Submit if available-not
871									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	273	274		Submit if available-not
872									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	275	276		Submit if available-not
873									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	277	295		Submit if available-not
874									currently utilized by MQD
	260	GENERIC INDICATOR	S	A/N	1	296	296		Submit if available-not
875									currently utilized by MQD
	292	PLAN CUTBACK REASON CODE	S	A/N	1	297	297		Submit if available-not
876									currently utilized by MQD
	889	THERAPEUTIC CHAPTER	S	A/N	8	298	305		Submit if available-not
877									currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	306	314		Submit if available-not
878		PRICE							currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	315	323		Submit if available-not
879									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	324	332		Submit if available-not
880									currently utilized by MQD
	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	333	341		Submit if available-not
881									currently utilized by MQD
	271	MAC PRICE	S	D	9	342	350		Submit if available-not
882									currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT	S	N	2	351	352		Submit if available-not
883		DETERMINATION							currently utilized by MQD
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	353	360		Submit if available-not
884									currently utilized by MQD
885		SECTION TENTH INGREDIENT							
000	488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	361	362		Submit if available-not
886									currently utilized by MQD
000									carreinly dulized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	489-TE	COMPOUND PRODUCT ID	М	A/N	19	363	381		Submit if available-not
887									currently utilized by MQD
	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	382	391		Submit if available-not
888									currently utilized by MQD
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	392	399		Submit if available-not
889									currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N	2	400	401		Submit if available-not
890		DETERMINATION							currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	402	402		Submit if available-not
891									currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	403	432		Submit if available-not
892									currently utilized by MQD
	261	GENERICNAME	S	A/N	30	433	462		Submit if available-not
893									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	463	472		Submit if available-not
894									currently utilized by MQD
	243	DOSAGE FORM CODE	S	A/N	4	473	476		Submit if available-not
895									currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	477	477		Submit if available-not
896									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	478	478		Submit if available-not
897									currently utilized by MQD
	257	FORMULARYSTATUS	S	A/N	1	479	479		Submit if available-not
898									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	480	480		Submit if available-not
899									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	481	481		Submit if available-not
900									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	482	482		Submit if available-not
901									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	483	483		Submit if available-not
902	001-13	I ROBOOT COBE QUALITIEN)	AIN	'	400	400		currently utilized by MQD
	601-18	PRODUCTCODE	S	A/N	17	484	500		Submit if available-not
903	001-10	THOUSE THE PROPERTY OF THE PRO		7.011		707	- 000		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	501	501		Submit if available-not
904	001-13	THOUSE WORLD IER	3	7011	'	301	301		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	502	518		Submit if available-not
905	-001 10			7,514		552			currently utilized by MQD

	Α	В	С	D	Ε	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	519	519		Submit if available-not
906	001-19	PRODUCT CODE QUALIFIER	3	A/IN	'	519	519		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	520	536		Submit if available-not
907	001-10	T NODGOT GODE		ZVIN	17	320	330		currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	s	A/N	1	537	537		Submit if available-not
908	201	T EBETOLE OF T ETCENNIT IN BIOM TOTAL		7,014	ļ	007	007		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	538	538		Submit if available-not
909				74.1					currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	539	555		Submit if available-not
910									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	556	556		Submit if available-not
911									currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	557	573		Submit if available-not
912									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	574	574		Submit if available-not
913									currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	575	591		Submit if available-not
914									currently utilized by MQD
0.45	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	592	592		Submit if available-not
915									currently utilized by MQD
040	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	593	609		Submit if available-not
916									currently utilized by MQD
917	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	610	610		Submit if available-not
917	600-28	UNIT OF MEASURE	S	A/N	2	611	612		currently utilized by MQD Submit if available-not
918	000-20	UNIT OF MEASURE		AVIN		011	012		
916	299	PROCESSOR DEFINED PRIOR	S	N	2	613	614		currently utilized by MQD Submit if available-not
919	299	AUTHORIZATION REASON CODE		IN		013	014		currently utilized by MQD
919	272	MAC REDUCED INDICATOR	S	A/N	1	615	615		Submit if available-not
920	212	WACKEDOOLD INDICATOR		AIN	'	013	013		currently utilized by MQD
920	223	CLIENT PRICING BASIS OF COST	S	A/N	2	616	617		Submit if available-not
921	220	DELETT FROM BROID OF COOT		7014	_	010	017		currently utilized by MQD
921	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	618	619		Submit if available-not
922	11000	2011 OF NOETH ID GOVERNMENT		, , , ,			0.10		currently utilized by MQD
322	476-H6	DUR CO-AGENT ID	S	A/N	19	620	638		Submit if available-not
923	3 110			, , , ,					currently utilized by MQD
525	260	GENERIC INDICATOR	S	A/N	1	639	639		Submit if available-not
924	200			, , , ,			000		currently utilized by MQD
324									currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	292	PLAN CUTBACK REASON CODE	S	A/N	1	640	640		Submit if available-not
925									currently utilized by MQD
	889	THERAPEUTIC CHAPTER	S	A/N	8	641	648		Submit if available-not
926									currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	649	657		Submit if available-not
927		PRICE							currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	658	666		Submit if available-not
928									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	667	675		Submit if available-not
929									currently utilized by MQD
	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	676	684		Submit if available-not
930									currently utilized by MQD
	271	MAC PRICE	S	D	9	685	693		Submit if available-not
931									currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT	S	N	2	694	695		Submit if available-not
932		DETERMINATION							currently utilized by MQD
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	696	703		Submit if available-not
933									currently utilized by MQD
934		SECTION ELEVENTH INGREDIENT							
	488-RE	COMPOUND PRODUCT ID QUALIFIER	М	A/N	0	704	705		Submit if available-not
935					2	704	705		currently utilized by MQD
	489-TE	COMPOUND PRODUCT ID	М	A/N	40	700	704		Submit if available-not
936					19	706	724		currently utilized by MQD
	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	40	705	70.4		Submit if available-not
937					10	725	734		currently utilized by MQD
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D		705	740		Submit if available-not
938					8	735	742		currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N					Submit if available-not
939		DETERMINATION			2	743	744		currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N					Submit if available-not
940					1	745	745		currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N					Submit if available-not
941					30	746	775		currently utilized by MQD
	261	GENERIC NAME	S	A/N					Submit if available-not
942					30	776	805		currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N					Submit if available-not
943					10	806	815		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	243	DOSAGE FORM CODE	S	A/N	4	816	819		Submit if available-not
944					4	010	019		currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	820	820		Submit if available-not
945					'	020	020		currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	821	821		Submit if available-not
946					'	021	021		currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	822	822		Submit if available-not
947					'	022	022		currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	823	823		Submit if available-not
948					'	023	023		currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	824	824		Submit if available-not
949					'	024	024		currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	825	825		Submit if available-not
950						625	625		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	826	826		Submit if available-not
951	001-19	PRODUCT CODE QUALITIEN	3	AVIN	•	020	020		currently utilized by MQD
	601-18	PRODUCT CODE	S	A/N	17	827	843		Submit if available-not
952	001-10	T NODGOT GODE	3	A/1N	17	021	5		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	844	844		Submit if available-not
953	001-19	PRODUCT CODE QUALITIEN	3	AVIN		044	044		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	845	861		Submit if available-not
954	001-10	T NODGOT GODE		ZVIN	17	043	001		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	862	862		Submit if available-not
955	001 10	THOUSEN CODE WONEH TEN		7014		002	002		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	863	879		Submit if available-not
956									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	880	880		Submit if available-not
957									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	881	881		Submit if available-not
958	001 20	THERVI ESTIGOE/ISS CODE QUILLI IEIX		7014		001	001		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	882	898		Submit if available-not
959	001 20	THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL		7010		002	000		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	899	899		Submit if available-not
960				7010					currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	900	9016		Submit if available-not
961				, ,,,,					currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	917	917		Submit if available-not
962	001.20	THE STATE OF THE GOVERNMENT OF THE STATE OF		, , , ,					currently utilized by MQD

NCPDP PAH 2.2 Companion Guide

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	918	934		Submit if available-not
963	001-25	THERAPEUTIC CLASS CODE	5	A/IN	17	918	934		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	935	935		Submit if available-not
964	001-20	THERAPEUTIC CLASS CODE QUALIFIER	3	A/N		935	933		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	936	952		Submit if available-not
965	001-25	THERAFEUTIC CLASS CODE	3	A/N	17	930	952		currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	s	A/N	1	953	953		Submit if available-not
966									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	954	955		Submit if available-not
967									currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR	S	N	2	956	957		Submit if available-not
968		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	958	958		Submit if available-not
969									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	959	960		Submit if available-not
970									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	961	962		Submit if available-not
971									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	963	981		Submit if available-not
972									currently utilized by MQD
	260	GENERIC INDICATOR	S	A/N	1	982	982		Submit if available-not
973									currently utilized by MQD
	292	PLAN CUTBACK REASON CODE	S	A/N	1	983	983		Submit if available-not
974									currently utilized by MQD
	889	THERAPEUTIC CHAPTER	S	A/N	8	984	991		Submit if available-not
975				_					currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	992	1000		Submit if available-not
976	0.10					1001	1000		currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1001	1009		Submit if available-not
977				_					currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1010	1018		Submit if available-not
978	0.50					1010	100=		currently utilized by MQD
076	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1019	1027		Submit if available-not
979	074	MAC PRICE		D		1000	1000		currently utilized by MQD
	271	MAC PRICE	S	D	9	1028	1036		Submit if available-not
980	E00 EN4	DAGIC OF DEIMBURGEMENT		N.		4007	1000		currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1037	1038		Submit if available-not
981		DETERMINATION							currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1039	1046		Submit if available-not
982									currently utilized by MQD
		SECTION TWELFTH INGREDIENT							
983									
	488-RE	COMPOUND PRODUCT ID QUALIFIER	М	A/N	2	1047	1048		Submit if available-not
984									currently utilized by MQD
	489-TE	COMPOUND PRODUCT ID	М	A/N	19	1049	1067		Submit if available-not
985									currently utilized by MQD
	448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1068	1077		Submit if available-not
986									currently utilized by MQD
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1078	1085		Submit if available-not
987									currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N	2	1086	1087		Submit if available-not
988		DETERMINATION							currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	1088	1088		Submit if available-not
989									currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	1089	1118		Submit if available-not
990									currently utilized by MQD
	261	GENERICNAME	S	A/N	30	1119	1148		Submit if available-not
991									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	1049	1158		Submit if available-not
992									currently utilized by MQD
	243	DOSAGE FORM CODE	S	A/N	4	1159	1162		Submit if available-not
993									currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	1163	1163		Submit if available-not
994									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	1164	1164		Submit if available-not
995									currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	1165	1165		Submit if available-not
996									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	1166	1166		Submit if available-not
997									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	1167	1167		Submit if available-not
998									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1168	1168		Submit if available-not
999									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1169	1169		Submit if available-not
1000	001-19	TRODUCT CODE QUALIFIER	3	AVIN		1109	1109		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-18	PRODUCT CODE	S	A/N	17	1170	1186		Submit if available-not
1001	001-10	PRODUCT CODE	3	A/IN	17	1170	1100		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1187	1187		Submit if available-not
1002		THOUSE GOVERNER		7010		1107	1107		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	1188	1204		Submit if available-not
1003									currently utilized by MQD
1,004	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1205	1205		Submit if available-not
1004									currently utilized by MQD
1.005	601-18	PRODUCT CODE	s	A/N	17	1206	1222		Submit if available-not
1005	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1223	1223		currently utilized by MQD
4000	251	FEDERAL OPPER LIMIT INDICATOR	5	A/N	1	1223	1223		Submit if available-not
1006									currently utilized by MQD
4007	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1224	1224		Submit if available-not
1007									currently utilized by MQD
1000	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1225	1241		Submit if available-not
1008									currently utilized by MQD Submit if available-not
1009	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1242	1242		
1009									currently utilized by MQD Submit if available-not
1010	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1243	1259		currently utilized by MQD
1010									Submit if available-not
1011	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1260	1260		currently utilized by MQD
1011									Submit if available-not
1012	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1261	1277		currently utilized by MQD
1012									Submit if available-not
1013	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1278	1278		currently utilized by MQD
1010									Submit if available-not
1014	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1279	1295		currently utilized by MQD
1011									Submit if available-not
1015	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1297	1296		currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	1297	1298		Submit if available-not
1016									currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR	S	N	2	1299	1300		Submit if available-not
1017		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	1301	1301		Submit if available-not
1018									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1302	1303		Submit if available-not
1019									currently utilized by MQD

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

	Α	В	С	D	Ε	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	397	PRODUCT/SERVICE NAME	S	A/N	30	1432	1461		Submit if available-not
1039									currently utilized by MQD
	261	GENERIC NAME	S	A/N	30	1462	1491		Submit if available-not
1040									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	1492	1501		Submit if available-not
1041									currently utilized by MQD
	243	DOSAGE FORM CODE	S	A/N	4	1502	1505		Submit if available-not
1042									currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	1506	1506		Submit if available-not
1043									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	1507	1507		Submit if available-not
1044									currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	1508	1508		Submit if available-not
1045									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	1509	1509		Submit if available-not
1046									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	1510	1510		Submit if available-not
1047									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1511	1511		Submit if available-not
1048									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1512	1512		Submit if available-not
1049	001-19	PRODUCT CODE QUALITIEN	3	A/N	'				currently utilized by MQD
	601-18	PRODUCTCODE	S	A/N	17	1513	1529		Submit if available-not
1050	001-10	PRODUCT CODE	3	A/N	17	1313	1329		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1530	1530		Submit if available-not
1051	001-19	PRODUCT CODE QUALITIEN	3	A/N	'	1550	1550		currently utilized by MQD
	601-18	PRODUCTCODE	S	A/N	17	1531	1547		Submit if available-not
1052	001-10	PRODUCT CODE	3	A/N	17	1551	1547		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1548	1548		Submit if available-not
1053	001-19	PRODUCT CODE QUALITIEN	3	A/N	'	1340	1340		currently utilized by MQD
	601-18	PRODUCTCODE	S	A/N	17	1549	1565		Submit if available-not
1054					17				currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1566	1566		Submit if available-not
1055									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1567	1567		Submit if available-not
1056	001-20	THE WALLET TO GEAGG GODE QUALIFIER		AVIN		1307	1307		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1568	1584		Submit if available-not
1057	001-23	THE TOTAL CONTROLLAND CODE		7//N	17	1300	1304		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1585	1585		Submit if available-not
1058	001-20	THERAPEUTIC CLASS CODE QUALIFIER	3	A/IN		1505	1565		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1586	1602		Submit if available-not
1059	001-25	THERAPEUTIC CLASS CODE	3	A/IN	17	1560	1002		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	1603	1603		Submit if available-not
1060	001-20	THERAFEOTIC CLASS CODE QUALIFIER	3	A/IN	'	1003	1003		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1604	1620		Submit if available-not
1061	001-23	THERAP EUTIC CLASS CODE	3	A/IN	17	1004	1020		currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1621	1621		Submit if available-not
1062	001-20	THERAP EUTIC CEASS CODE QUALITIES	3	A/IN	'	1021	1021		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1622	1638		Submit if available-not
1063	001-23	THERAF EOTIC CLASS CODE	3	A/IN	17	1022	1030		currently utilized by MQD
	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1639	1639		Submit if available-not
1064									currently utilized by MQD
	600-28	UNIT OF MEASURE	S	A/N	2	1640	1641		Submit if available-not
1065									currently utilized by MQD
	299	PROCESSOR DEFINED PRIOR	S	N	2	1642	1643		Submit if available-not
1066		AUTHORIZATION REASON CODE							currently utilized by MQD
	272	MAC REDUCED INDICATOR	S	A/N	1	1644	1644		Submit if available-not
1067									currently utilized by MQD
	223	CLIENT PRICING BASIS OF COST	S	A/N	2	1645	1646		Submit if available-not
1068									currently utilized by MQD
	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1647	1648		Submit if available-not
1069									currently utilized by MQD
	476-H6	DUR CO-AGENT ID	S	A/N	19	1649	1667		Submit if available-not
1070									currently utilized by MQD
	260	GENERIC INDICATOR	S	A/N	1	1668	1668		Submit if available-not
1071									currently utilized by MQD
	292	PLAN CUTBACK REASON CODE	S	A/N	1	1669	1669		Submit if available-not
1072									currently utilized by MQD
	889	THERAPEUTIC CHAPTER	S	A/N	8	1670	1677		Submit if available-not
1073									currently utilized by MQD
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	1678	1686		Submit if available-not
1074		PRICE							currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	1687	1695		Submit if available-not
1075									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1696	1704		Submit if available-not
1076									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	1
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	252	FEDERAL DEA SCHEDULE	S	A/N	1	1853	1853		Submit if available-not
1096									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	1854	1854		Submit if available-not
1097									currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1855	1855		Submit if available-not
1098		TROBUGI GOBE QUALITIEN		7010					currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	1856	1872		Submit if available-not
1099		- Nobect cobe		7014		1000	1072		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1873	1873		Submit if available-not
1100		THOUGHT GODE GOVERNER		7010		1070	1070		currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	1874	1890		Submit if available-not
1101				7 4.13					currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	s	A/N	1	1891	1891		Submit if available-not
1102									currently utilized by MQD
	601-18	PRODUCT CODE	s	A/N	17	1892	1908		Submit if available-not
1103									currently utilized by MQD
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1909	1909		Submit if available-not
1104									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	1910	1910		Submit if available-not
1105									currently utilized by MQD
4400	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1911	1927		Submit if available-not
1106									currently utilized by MQD
4407	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1928	1928		Submit if available-not
1107									currently utilized by MQD
4400	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1929	1945		Submit if available-not
1108									currently utilized by MQD
1109	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1946	1946		Submit if available-not
1109									currently utilized by MQD Submit if available-not
1110	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1947	1963		
1110									currently utilized by MQD Submit if available-not
1111	601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1964	1964		currently utilized by MQD
1111									Submit if available-not
1112	601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1965	1981		currently utilized by MQD
1112									Submit if available-not
1113	429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1982	1982		currently utilized by MQD
1113	600-28	UNIT OF MEASURE	S	A/N	2	1983	1984		Submit if available-not
1114	000 20	OTT OF MERIODICE		7014		1000	1007		currently utilized by MQD
1114									currently utilized by MQD

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

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2107	2114		Submit if available-not
1134									currently utilized by MQD
	490-UE	COMPOUND INGREDIENT BASIS OF COST	S	A/N	2	2115	2116		Submit if available-not
1135		DETERMINATION							currently utilized by MQD
	221	CLIENT FORMULARY FLAG	S	A/N	1	2117	2117		Submit if available-not
1136									currently utilized by MQD
	397	PRODUCT/SERVICE NAME	S	A/N	30	2118	2147		Submit if available-not
1137									currently utilized by MQD
	261	GENERIC NAME	S	A/N	30	2148	2177		Submit if available-not
1138									currently utilized by MQD
	601-24	PRODUCT STRENGTH	S	A/N	10	2178	2187		Submit if available-not
1139									currently utilized by MQD
	243	DOSAGE FORM CODE	S	A/N	4	2188	2191		Submit if available-not
1140									currently utilized by MQD
	532-FW	DATABASE INDICATOR	S	A/N	1	2192	2192		Submit if available-not
1141									currently utilized by MQD
	425-PD	DRUG TYPE	S	N	1	2193	2193		Submit if available-not
1142									currently utilized by MQD
	257	FORMULARY STATUS	S	A/N	1	2194	2194		Submit if available-not
1143									currently utilized by MQD
	244	DRUG CATEGORY CODE	S	A/N	1	2195	2195		Submit if available-not
1144									currently utilized by MQD
	252	FEDERAL DEA SCHEDULE	S	A/N	1	2196	2196		Submit if available-not
1145									currently utilized by MQD
	250	FDA DRUG EFFICACY CODE	S	A/N	1	2197	2197		Submit if available-not
1146									currently utilized by MQD
	004.40	DDODUOT CODE CUALIFIED	S	A /N I	1	2198	2198		Submit if available-not
1147	601-19	PRODUCT CODE QUALIFIER	5	A/N	1				currently utilized by MQD
	601-18	PROPUCT CORE	S	A /N1	17	2199	2215		Submit if available-not
1148	001-18	PRODUCT CODE	5	A/N	17	2199	2215		currently utilized by MQD
	601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2216	2216		Submit if available-not
1149	601-19	PRODUCT CODE QUALIFIER	5	A/IN	'	2210	2210		currently utilized by MQD
	601-18	DRODUCT CODE	S	Δ /ΝΙ	17	2217	2233		Submit if available-not
1150	001-18	PRODUCT CODE	5	A/N	17	2217	2233		currently utilized by MQD
	601.10	DRODUCT CODE QUALIFIED	S	Δ /ΝΙ	1	2024	2224		Submit if available-not
1151	601-19	PRODUCT CODE QUALIFIER	5	A/N	1	2234	2234		currently utilized by MQD
	604.40	DDODLICT CODE	S	A/N	17	2225	2254		Submit if available-not
1152	601-18	PRODUCT CODE	5	A/N	17	2235	2251		currently utilized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2252	2252		Submit if available-not
1153									currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2253	2253		Submit if available-not
1154	00120	THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL		7010		2200	2200		currently utilized by MQD
	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2254	2270		Submit if available-not
1155				74.1					currently utilized by MQD
	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2271	2271		Submit if available-not
1156									currently utilized by MQD
1	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2272	2288		Submit if available-not
1157									currently utilized by MQD
1	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2289	2289		Submit if available-not
1158									currently utilized by MQD
1450	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2290	2306		Submit if available-not
1159									currently utilized by MQD
1400	601-26	THERAPEUTIC CLASS CODE QUALIFIER	s	A/N	1	2307	2307		Submit if available-not
1160									currently utilized by MQD
1404	601-25	THERAPEUTIC CLASS CODE	s	A/N	17	2308	2324		Submit if available-not
1161									currently utilized by MQD
1400	429-DT	SPECIAL PACKAGING INDICATOR	s	N	1	2325	2325		Submit if available-not
1162	600-28	UNIT OF MEASURE	S	A/N	2	2326	2327		currently utilized by MQD
1400	000-28	UNIT OF MEASURE	5	AVIN		2320	2321		Submit if available-not
1163	299	PROCESSOR DEFINED PRIOR	S	N	2	2328	2329		currently utilized by MQD Submit if available-not
1164	299	AUTHORIZATION REASON CODE		IN	2	2320	2329		
1104	272	MAC REDUCED INDICATOR	S	A/N	1	2330	2330		currently utilized by MQD Submit if available-not
1165	212	IWAC REDUCED INDICATOR		AVIN	'	2330	2330		
1100	223	CLIENT PRICING BASIS OF COST	S	A/N	2	2331	2332		currently utilized by MQD Submit if available-not
1166	220	DEIENT FROM BAGIO OF GOOT		AIN		2001	2002		currently utilized by MQD
1100	475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2333	2334		Submit if available-not
1167	470 00	BONGO NGENTIB QONEILI IEN		7014	_	2000	2004		currently utilized by MQD
1107	476-H6	DUR CO-AGENT ID	S	A/N	19	2335	2353		Submit if available-not
1168				74.1		2000	2000		currently utilized by MQD
1100	260	GENERIC INDICATOR	S	A/N	1	2354	2354		Submit if available-not
1169				.,,,					currently utilized by MQD
1100	292	PLAN CUTBACK REASON CODE	S	A/N	1	2355	2355		Submit if available-not
1170									currently utilized by MQD
1	889	THERAPEUTIC CHAPTER	S	A/N	8	2356	2363		Submit if available-not
1171									currently utilized by MQD
1 1 / 1									our critis dulized by MQD

	Α	В	С	D	Е	F	G	Н	I
1	Field	Field Name	M/S	Format	Size	Start	End	Values	MQD USAGE
	209	AVERAGE COST PER QUANTITY UNIT	S	D	9	2364	2372		Submit if available-not
1172		PRICE							currently utilized by MQD
	210	AVERAGE GENERIC UNIT PRICE	S	D	9	2373	2381		Submit if available-not
1173									currently utilized by MQD
	211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2382	2390		Submit if available-not
1174									currently utilized by MQD
	253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2391	2399		Submit if available-not
1175									currently utilized by MQD
	271	MAC PRICE	S	D	9	2400	2408		Submit if available-not
1176									currently utilized by MQD
	522-FM	BASIS OF REIMBURSEMENT	S	N	2	2409	2410		Submit if available-not
1177		DETERMINATION							currently utilized by MQD
	285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2411	2418		Submit if available-not
1178									currently utilized by MQD
1179		FILLER	M	A/N	1282	2419	3700	Spaces	
	8.3	POST ADJUDICATION HISTORY							
1180		TRAILER RECORD							
	601-04	RECORD TYPE	M	A/N	2	1	2	PT - Post Adjudication History	
1181							_		
1.01								Trailer Record	
1.01	601-09	TOTAL RECORD COUNT	M	N	10	3	12	Total number of records being	
	601-09	TOTAL RECORD COUNT	M			3		Total number of records being submitted, including header	
1182	601-09				10			Total number of records being submitted, including header and trailer	
1182	601-09 895	TOTAL RECORD COUNT TOTAL NET AMOUNT DUE	M			3		Total number of records being submitted, including header	
	895	TOTAL NET AMOUNT DUE		N	10	13	12	Total number of records being submitted, including header and trailer Summarization of Net Amount Due (281)	
1182				N	10		12	Total number of records being submitted, including header and trailer Summarization of Net Amount Due (281)	MQD requires this field per this
1182	895 693	TOTAL NET AMOUNT DUE TOTAL GROSS AMOUNT DUE	M	N D	10 12 12	13	12	Total number of records being submitted, including header and trailer Summarization of Net Amount Due (281) Total sum of the gross amount due fields on the claim level.	MQD requires this field per this TP agreement
1182	895	TOTAL NET AMOUNT DUE	M	N D	10	13	12	Total number of records being submitted, including header and trailer Summarization of Net Amount Due (281) Total sum of the gross amount	•
1182	895 693	TOTAL NET AMOUNT DUE TOTAL GROSS AMOUNT DUE	M	N D	10 12 12	13	12 24 36	Total number of records being submitted, including header and trailer Summarization of Net Amount Due (281) Total sum of the gross amount due fields on the claim level.	•
1182	895 693	TOTAL NET AMOUNT DUE TOTAL GROSS AMOUNT DUE	M	N D	10 12 12	13	12 24 36	Total number of records being submitted, including header and trailer Summarization of Net Amount Due (281) Total sum of the gross amount due fields on the claim level. Total sum of the patient pay	•