

List of Pharmacy Claims

File Name: ClaimsWks[week numbers].xlsx. E.g., "ClaimsWks1and2.xlsx, ClaimsWks3and4.xlsx", etc.
 Data should be submitted in bi-weekly files to manage file size.

The files should be downloaded from company system(s) and contain one record for each paid claim transaction submitted by pharmacies physically located in Tennessee, mail order pharmacies that served Tennessee residents, or specialty pharmacies that served Tennessee residents that the company processed within the scope of the audit.

Characters are required in all requested fields if applicable to a claim.

PBM may exclude information if the information pertains exclusively to plans in T.C.A. § 56-7-3102(1)(8).)

Table Field	Type	NCPDP Field	Long Field Name	Definition	Notes
503_F3	A	503-F3	Authorization Number	Number assigned by the processor to identify an authorized transaction.	
283	D	283	Original Claim Received Date	The date the pharmacy submitted the claim electronically for a paper claim- MM/DD/YYYY matching program.	
578	D	578	Adjudication Date	Date the claim or adjustment is processed.	MM/DD/YYYY
101_A1	A	101-A1	BIN Number	Card Issuer ID or Bank ID Number used for network routing.	
103_A3	A	103-A3	Transaction Code	Code identifying the type of transaction.	
104_A4	A	104-A4	Processor Control Number	Number assigned by the processor.	
201_B1	A	201-B1	Service Provider ID	NPI	The Service Provider ID should correspond to a NPI found on the Pharmacies Table
PhrmNme	A		Pharmacy Name		
Address1	A		Pharmacy Address Line 1		
Address2	A		Pharmacy Address Line 2 (if necessary)		
City	A		Pharmacy City		
State	A		Pharmacy State Abbreviation		
ZIPCode	A		Pharmacy Zip Code		
LwVolCrt	A		Low-Volume Pharmacy Indicator	Whether the pharmacy certified as a low-volume pharmacy with the PBM pursuant to Rule 0780-01-95-.10 for any portion of the calendar year	"Y"=Low Volume Pharmacy, "N"=Not a Low Volume Pharmacy
401_D1	D	401-D1	Date of Service	Identifies date the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only.	MM/DD/YYYY
332_CY	A	332-CY	Patient ID	ID assigned to the patient.	
302_C2	A	302-C2	Cardholder ID	Insurance ID assigned to the cardholder or identification number used by the plan.	
301_C1	A	301-C1	Group ID	ID assigned to the cardholder group or employer group.	
524_FO	A	524-FO	Plan ID	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	
455_EM	A	455-EM	Prescription/Service Reference Number Qualifier	Indicates the type of billing submitted.	
402_D2	A	402-D2	Prescription/Service Reference Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	
436_E1	A	436-E1	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (407-D7).	
407_D7	A	407-D7	Product/Service ID	ID of the product dispensed or service provided.	
442_E7	N	442-E7	Quantity Dispensed	Quantity dispensed expressed in metric decimal units.	
403_D3	N	403-D3	Fill Number	The code indicating whether the prescription is an original or a refill.	
405_D5	N	405-D5	Days Supply	Estimated number of days the prescription will last.	
406_D6	A	406-D6	Compound Code	Code indicating whether or not the prescription is a compound.	

Table Field	Type	NCPDP Field	Long Field Name	Definition	Notes
408_D8	A	408-D8	Dispense As Written (DAW)/Product Selection Code	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	
414_DE	D	414-DE	Date Prescription Written	Date prescription was written.	MM/DD/YYYY
415_DF	N	415-DF	Number of Refills Authorized	Number of refills authorized by the prescriber.	
460_ET	N	460-ET	Quantity Prescribed	Amount expressed in metric decimal units.	
429_DT	A	429-DT	Unit Dose Indicator/Special Packaging Indicator	Code indicating the type of dispensing dose.	
600_28	A	600-28	Unit Of Measure	NCPDP standard product billing codes.	
461_EU	A	461-EU	Prior Authorization Type Code	Code clarifying the 'Prior Authorization Number Submitted' (462-EV) or benefit/plan exemption.	
462_EV	A	462-EV	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization.	
337_4C	A	337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences.	
338_5C	A	338-5C	Other Payer Coverage Type	Code identifying the type of 'Other Payer ID' (340-7C).	
339_6C	A	339-6C	Other Payer ID Qualifier	Code qualifying the 'Other Payer ID' (340-7C).	
340_7C	A	340-7C	Other Payer ID	ID assigned to the payer.	
443_E8	D	443-E8	Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	MM/DD/YYYY
341_HB	N	341-HB	Other Payer Amount Paid Count	Count of the payer amount paid occurrences.	
342_HC	A	342-HC	Other Payer Amount Paid Qualifier	Code qualifying the 'Other Payer Amount Paid' (431-DV).	
431_DV	N	431-DV	Other Payer Amount Paid	Amount of any payment known by the pharmacy from other sources.	
409_D9	N	409-D9	Ingredient Cost Submitted	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU).	
412_DC	N	412-DC	Dispensing Fee Submitted	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (430-DU).	
477_BE	N	477-BE	Professional Service Fee Submitted	Amount submitted by the provider for professional services rendered.	
433_DX	N	433-DX	Patient Paid Amount Submitted	Amount the pharmacy received from the patient for the prescription dispensed.	
438_E3	N	438-E3	Incentive Amount Submitted	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (430-DU).	
478_H7	N	478-H7	Other Amount Claimed Submitted Count	Count of other amount claimed submitted occurrences.	
479_H8	A	479-H8	Other Amount Claimed Submitted Qualifier	Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (480-H9).	
480_H9	N	480-H9	Other Amount Claimed Submitted	Amount representing the additional incurred costs for a dispensed prescription or service.	
426_DQ	N	426-DQ	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	
430_DU	N	430-DU	Gross Amount Due	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (480-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (480-H9).	
423_DN	A	423-DN	Basis of Cost Determination	Code indicating the method by which 'Ingredient Cost Submitted' (Field 409-D9) was calculated.	

Table Field	Type	NCPDP Field	Long Field Name	Definition	Notes
450_EF	A	450-EF	Compound Dosage Form Description Code	Dosage form of the complete compound mixture.	
451_EG	A	451-EG	Compound Dispensing Unit Form Indicator	NCPDP standard product billing codes.	
452_EH	A	452-EH	Compound Route of Administration	Code for the route of administration of the complete compound mixture.	
447_EC	N	447-EC	Compound Ingredient Component Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	
488_RE	A	488-RE	Compound Product ID Qualifier	Code qualifying the type of product dispensed.	
489_TE	A	489-TE	Compound Product ID	Product identification of an ingredient used in a compound.	
448_ED	N	448-ED	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound mixture.	
449_EE	N	449-EE	Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	
490_UE	A	490-UE	Compound Ingredient Basis of Cost Determination	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	
545_2F	A	545-2F	Network Reimbursement ID	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.	The Network Reimbursement ID should correspond to a NwkID found on the Network Table
568_J7	A	568-J7	Payer ID Qualifier	Code indicating the type of payer ID.	
569_J8	A	569-J8	Payer ID	ID of the payer.	
505_F5	N	505-F5	Patient Pay Amount	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.	
506_F6	N	506-F6	Ingredient Cost Paid	Drug ingredient cost paid included in the 'Total Amount Paid' (509-F9).	
507_F7	N	507-F7	Dispensing Fee Paid	Dispensing fee paid included in the 'Total Amount Paid' (509-F9).	
521_FL	N	521-FL	Incentive Amount Paid	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (509-F9).	
509_F9	N	509-F9	Total Amount Paid	Total amount to be paid by the claims processor (i.e. pharmacy receivable). Represents a sum of 'Ingredient Cost Paid' (506-F6), 'Dispensing Fee Paid' (507-F7), 'Flat Sales Tax Amount Paid' (558-AW), 'Percentage Sales Tax Amount Paid' (559-AX), 'Incentive Amount Paid' (521-FL), 'Professional Service Fee Paid' (562-J1), 'Other Amount Paid' (565-J4), less 'Patient Pay Amount' (505-F5) and 'Other Payer Amount Recognized' (566-J5).	
693	N	693	Total Gross Amount Due	Total sum of the gross amount due fields on the claim level.	
522_FM	A	522-FM	Basis of Reimbursement Determination	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6).	
512_FC	N	512-FC	Accumulated Deductible Amount	Amount in dollars met by the patient/family in a deductible plan.	
513_FD	N	513-FD	Remaining Deductible Amount	Amount not met by the patient/family in the deductible plan.	
514_FE	N	514-FE	Remaining Benefit Amount	Amount remaining in a patient/family plan with a periodic maximum benefit.	
517_FH	N	517-FH	Amount Applied to Periodic Deductible	Amount to be collected from a patient that is included in 'Patient Pay Amount' (505-F5) that is applied to a periodic deductible.	

Table Field	Type	NCPDP Field	Long Field Name	Definition	Notes
518_FI	N	518-FI	Amount of Copay	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription copay.	
520_FK	N	520-FK	Amount Exceeding Periodic Benefit Maximum	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to the patient exceeding a periodic benefit maximum.	
346_HH	A	346-HH	Basis of Calculation-Dispensing Fee	Code indicating how the reimbursement amount was calculated for 'Dispensing Fee Paid' (507-F7).	
347_HJ	A	347-HJ	Basis of Calculation-Copay	Code indicating how the Copay reimbursement amount was calculated for 'Patient Pay Amount' (505-F5).	
571_NZ	N	571-NZ	Amount Attributed to Processor Fee	Amount to be collected from the patient that is included in Patient Pay Amount (505-F5) that is due to the processing fee imposed by the processor.	
148_U8	N	148-U8	Ingredient Cost Contracted/Reimbursable Amount	Informational field used when Other Payer-Patient Responsibility Amount (352-NQ) or Patient Pay Amount (505-F5) is used for reimbursement. Amount is equal to contracted or reimbursable amount for product being dispensed.	
149_U9	N	149-U9	Dispensing Fee Contracted/Reimbursable Amount	Informational field used when Other Payer-Patient Responsibility Amount (352-NQ) or Patient Pay Amount (505-F5) is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.	
355_NT	N	355-NT	Other Payer ID Count	Count of other payers with payment responsibility.	
991_MH	A	991-MH	Other Payer Processor Control Number	A number that uniquely identifies the secondary, tertiary, etc. payer to the processor.	
356_NU	A	356-NU	Other Payer Cardholder ID	Cardholder ID for this member that is associated with the Payer noted.	
992_MJ	A	992-MJ	Other Payer Group ID	ID assigned to the cardholder group or employer group by the secondary, tertiary, etc. payer.	
142_UV	A	142-UV	Other Payer Person Code	Code assigned by the other payer to a specific person within a family.	
DrgNmS	A		Drug Name and Strength	Drug Name-The name under which the drug is marketed. I.e., the brand name if applicable or the generic name if the drug was not a brand name drug. Strength-How much of the active ingredient is present in each dosage.	
SpnsrFee	N		Sponsor Administrative Fee	Administrative fee charged to the plan sponsor	
SpnsrAmt	N		Sponsor Amount	Amount charged to the plan sponsor by the PBM for the cost of the drug or device	
SprdCst	N		Cost spread to the PBM	Amount charged to the plan sponsor by the PBM for the cost of the drug or device less the amount paid by the PBM.	