

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
1	RXCLMNBR	N	15	1	15		RxCLAIM Number
2	CLMSEQNBR	N	3	16	18		Claim Sequence Number
3	CLAIMSTS	A/N	1	19	19		Claim Status
4	CARRIERID	A/N	9	20	28		Carrier ID
5	SCARRIERID	A/N	9	29	37		Carrier ID Override
6	CARRPROC	N	10	38	47		Processor ID
7	ACCOUNTID	A/N	15	48	62		Account ID
8	ACCTBENCDE	A/N	10	63	72		Account Benefit Code
9	VERSIONNBR	A/N	2	73	74		Submitted Version Release Nbr
10	GROUPID	A/N	15	75	89		Group ID
11	GROUPLAN	A/N	10	90	99		Group Plan Code
12	GRPCLIBENF	A/N	10	100	109		Group Client Benefit Code
13	GROUPSIC	A/N	4	110	113		SIC Code
14	CLMRESPSTS	A/N	1	114	114		Claim Response Status
15	MEMBERID	A/N	20	115	134		Member ID
16	MBRLSTNME	A/N	25	135	159		Member Last Name
17	MBRFSTNME	A/N	15	160	174		Member First Name
18	MBRMDINIT	A/N	1	175	175		Member Middle Initial
19	MBRPRSNCDE	A/N	3	176	178		Member Person Code
20	MBRRELCDE	A/N	1	179	179		Member Relationship Code
21	MBRSEX	A/N	1	180	180		Member Sex
22	MBRBIRTH	N	8	181	188	CCYYMMDD	Member Date of Birth
23	MBRAGE	N	3	189	191	ZZ9	Member Age-as of the first of the month
24	MBRZIP	A/N	15	192	206		Member ZIP
25	SOCSECNBR	A/N	9	207	215		Member Social Security Number
26	DURKEY	A/N	18	216	233		Member DUR Key
27	DURFLAG	A/N	1	234	234		Member DUR Process Flag
28	MBRFAMILYID	A/N	20	235	254		Member Family ID
29	MBRFAMLIND	A/N	1	255	255		Member Family Indicator
30	MBRFAMLTYP	A/N	1	256	256		Member Family Type
31	COBIND	A/N	2	257	258		COB Indicator
32	MBRPLAN	A/N	10	259	268		Member Plan Code
33	MBRPRODCDE	A/N	6	269	274		Member Client Product Code
34	MBRRIDERCD	A/N	6	275	280		Member Client Rider Code
35	CARENETID	A/N	10	281	290		Care Network ID
36	CAREQUALID	A/N	10	291	300		Care Qualifier ID
37	CAREFACID	A/N	10	301	310		Care Facility ID
38	CAREFACNAM	A/N	25	311	335		Care Facility Name
39	MBRPCPHYS	A/N	15	336	350		Primary Physician ID
40	PPRSFSTNME	A/N	15	351	365		Primary Prescriber First Name
41	PPRSLSTNME	A/N	25	366	390		Primary Prescriber Last Name
42	PPRSMDINIT	A/N	1	391	391		Primary Prescriber Middle Initial
43	PPRSSPCCDE	A/N	6	392	397		Primary Prescriber Specialty Code
44	MBRALTINFL	A/N	1	398	398		Member Alternate Insurance Flag
45	MBRALTINCD	A/N	10	399	408		Member Alternate Insurance ID
46	MBRALTINID	A/N	20	409	428		Member Alternate Insurance Alternate ID
47	MBRMEDDTE	N	8	429	436	CCYYMMDD	Member Medicare Coverage From Date

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
48	MBRMEDTYPE	A/N	1	437	437		Member Medicare Coverage Type
49	MBRHICCODE	A/N	11	438	448		Member Medicare Health Insurance Code (HIC)
50	CARDHOLDER	A/N	20	449	468		Submitted Cardholder ID
51	PATLASTNME	A/N	15	469	483		Submitted Patient Last Name
52	PATFRSTNME	A/N	12	484	495		Submitted Patient First Name
53	PERSONCODE	A/N	3	496	498		Submitted Person Code
54	RELATIONCD	A/N	1	499	499		Submitted Relationship Code
55	SEXCODE	A/N	1	500	500		Submitted Sex Code
56	BIRTHDTE	N	8	501	508	CCYYMMDD	Submitted Date of Birth
57	ELIGCLARIF	A/N	1	509	509		Submitted Eligibility Clarification Code
58	CUSTLOC	A/N	2	510	511		Submitted Customer Location Code
59	PRMCAREPRV	A/N	15	512	526		Submitted Primary Care Provider ID
60	PRMCAREPRQ	A/N	2	527	528		Submitted Primary Care Provider ID Qualifier
61	FACILITYID	A/N	10	529	538		Submitted Facility ID Number
62	OTHCOVERAG	A/N	2	539	540		Submitted Other Coverage Code
63	BINNUMBER	A/N	6	541	546		Submitted BIN Number
64	PROCESSOR	A/N	10	547	556		Submitted Processor Control Number
65	GROUPOBR	A/N	15	557	571		Submitted Group Number
66	TRANSCODE	A/N	2	572	573		Submitted Transaction Code
67	DATESBM	N	8	574	581	CCYYMMDD	Date Submitted
68	TIMESBM	N	6	582	587	HHMMSS	Time Claim Added
69	ORGPDSBMDT	N	8	588	595	CCYYMMDD	Original Paid Transaction Submitted Date (SR19492)
70	RVDATESBM	N	8	596	603	CCYYMMDD	Reversal Submitted Date
71	CLMCOUNTER	N	2	604	605	-9	Claim Counter
72	GENERICCTR	N	2	606	607	-9	Generic Counter
73	FORMLRYCTR	N	2	608	609	-9	Formulary Counter
74	RXNUMBER	A/N	12	610	621		Submitted Prescription Number
75	RXNUMBERQL	A/N	1	622	622		Submitted Prescription Number Qualifier
76	REFILL	A/N	2	623	624		Submitted New/Refill Code
77	DISPSTATUS	A/N	1	625	625		Submitted Dispense Status
78	DTEFILLED	N	8	626	633	CCYYMMDD	Submitted Date Filled
79	COMPOUNDCD	A/N	1	634	634		Submitted Compound Code
80	PRODTYPCDE	A/N	2	635	636		Submitted Product ID Qualifier
81	PRODUCTID	A/N	20	637	656		Submitted Product ID
82	PRODUCTKEY	N	9	657	665		Product File Key (sequential number)
83	METRIQTY	N	6	666	671	-----9	Submitted Metric Quantity Dispensed
84	DECIMALQTY	N	13	672	684	-----9.999	Submitted Quantity Dispensed
85	DAYSSUPPLY	N	3	685	687	ZZ9	Submitted Days Supply
86	PSC	A/N	1	688	688		Submitted Product Selection Code
87	WRITTENDTE	N	8	689	696	CCYYMMDD	Submitted Prescription Written Date
88	NBRFLSAUTH	N	2	697	698	Z9	Submitted Number Refills Authorized
89	ORIGINCODE	A/N	1	699	699		Submitted Prescription Origin Code
90	DENIALCLAR	A/N	2	700	701		Submitted Denial Clarification Code
91	PAMCNBR	A/N	11	702	712		Submitted Prior Auth/Medical Cert Number
92	PAMCCODE	A/N	2	713	714		Submitted Prior Auth/Medical Cert Code
93	PRAUTHNBR	A/N	11	715	725		Member Prior Authorization Number

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
94	PRAUTHRSN	A/N	2	726	727		Member Prior Authorization Reason Code
95	PRAUTHFDTE	N	7	728	734	CYYMMDD	Member Prior Authorization From Date
96	PRAUHTDTE	N	7	735	741	CYYMMDD	Member Prior Authorization Thru Date
97	LABELNAME	A/N	30	742	771		Product Description Abbreviation
98	PRODNAME	A/N	70	772	841		Product Name/Name Extension
99	DRUGMFGRID	A/N	5	842	846		Drug Manufacturer ID
100	DRUGMFGR	A/N	10	847	856		Drug Manufacturer
101	GPINUMBER	A/N	14	857	870		GPI Number
102	GENERICNME	A/N	60	871	930		Drug Generic Name
103	PRDPACUOM	A/N	2	931	932		Product Package Size Unit of Measure
104	PRDPACSIZE	N	12	933	944	ZZZZZZ9.999	Product Package Size
105	DDID	N	6	945	950		Drug Descriptor ID
106	GCN	N	5	951	955		Generic Code Number
107	GCNSEQ	N	6	956	961		GCN Sequence Number
108	KDC	N	10	962	971		Knowledge Base Drug Code
109	AHFS	A/N	8	972	979		American Hospital Formulary Service Class Code
110	DRUGDEACOD	A/N	1	980	980		Drug DEA Code
111	RXOTCIND	A/N	1	981	981		Drug Prescription Over-the-Counter Indicator
112	MULTSRCCDE	A/N	1	982	982		Product Multi-source Indicator
113	GENINDOVER	A/N	1	983	983		Generic Indicator Override
114	PRDREIMIND	A/N	1	984	984		Product Reimbursement Indicator
115	BRNDTRDNE	A/N	1	985	985		Brand/Trade Name Code
116	FDATHERAEQ	A/N	2	986	987		Drug FDA Therapeutic Equivalency Code
117	METRICSTRG	N	12	988	999	ZZZZZZ9.999	Drug Metric Strength
118	DRGSTRGUOM	A/N	10	1000	1009		Drug Strength Unit of Measure
119	ADMINROUTE	A/N	2	1010	1011		Drug Administration Route
120	DOSAGEFORM	A/N	4	1012	1015		Drug Dosage Form
121	MNTDRUGCDE	A/N	1	1016	1016		Maintenance Drug Code
122	THRDPARTYX	A/N	1	1017	1017		Drug 3rd Party Exception Code
123	DRGUNITDOS	A/N	1	1018	1018		Drug Unit-Dose/Unit of Use Code
124	SBMUNITDOS	A/N	1	1019	1019		Submitted Unit Dose Indicator
125	ALTPRODTYP	A/N	1	1020	1020		Submitted Alternate Product Type
126	ALTPRODCDE	A/N	13	1021	1033		Submitted Alternate Product Code
127	SRXNETWRK	A/N	6	1034	1039		Super Pharmacy Network ID
128	SRXNETTYPE	A/N	2	1040	1041		Super Pharmacy Network Type
129	RXNETWORK	A/N	6	1042	1047		Pharmacy Network ID
130	RXNETWRKNM	A/N	25	1048	1072		Pharmacy Network Name
131	RXNETCARR	A/N	9	1073	1081		Pharmacy Network Carrier
132	REGIONCDE	A/N	10	1082	1091		Pharmacy Region Code
133	PHRAFFIL	A/N	10	1092	1101		Pharmacy Affiliation Code
134	NETPRIOR	A/N	3	1102	1104		Pharmacy Network Priority
135	NETTYPE	A/N	2	1105	1106		Pharmacy Network Type
136	NETSEQ	N	5	1107	1111		Pharmacy Network Sequence
137	PAYCNTR	A/N	10	1112	1121		Pharmacy Payment Center
138	PHRNDCLST	A/N	10	1122	1131		Pharmacy Network NDC List Used
139	PHRGPIST	A/N	10	1132	1141		Pharmacy Network GPI List Used
140	SRVPROVID	A/N	15	1142	1156		Resolved Service Provider ID

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
141	SRVPROVIDQ	A/N	2	1157	1158		Resolved Service Provider ID Qualifier
142	NPIPROV	A/N	10	1159	1168		Provider NPI
143	PRVNCDPID	A/N	12	1169	1180		Provider NCPDP ID
144	SBMSRVPRID	A/N	15	1181	1195		Submitted Service Provider ID
145	SBMSRVPRQL	A/N	2	1196	1197		Submitted Service Provider ID Qualifier
146	SRVPROVNME	A/N	55	1198	1252		Service Provider (Pharmacy) Name
147	PROVLOCKQL	A/N	1	1253	1253		Provider Lock Qualifier
148	PROVLOCKID	A/N	15	1254	1268		Provider Lock ID
149	STORENBR	A/N	15	1269	1283		Pharmacy Store Number
150	AFFILIATIN	A/N	6	1284	1289		Pharmacy Affiliation ID
151	PAYEEID	A/N	12	1290	1301		PharmacyPayee ID
152	DISPRCLASS	A/N	3	1302	1304		Pharmacy Dispenser Class
153	DISPROTHER	A/N	3	1305	1307		Pharmacy Dispenser Type
154	PHARMZIP	A/N	10	1308	1317		Pharmacy ZIP
155	PRESNETWID	A/N	6	1318	1323		Prescriber Network ID
156	PRESCRIBER	A/N	15	1324	1338		Submitted Prescriber ID
157	PRESCRIDQL	A/N	2	1339	1340		Submitted Prescriber ID Qualifier
158	NPIPRESCR	A/N	10	1341	1350		Prescriber NPI
159	PRESCDEAID	A/N	15	1351	1365		Prescriber DEA ID
160	PRESLSTNME	A/N	25	1366	1390		Prescriber Last Name
161	PRESFSTNME	A/N	15	1391	1405		Prescriber First Name
162	PRESMDINIT	A/N	1	1406	1406		Prescriber Middle Initial
163	PRESSPCODE	A/N	6	1407	1412		Prescriber Specialty Code
164	PRESSPCODQ	A/N	3	1413	1415		Prescriber Specialty Code Qualifier
165	FNLPLANCDE	A/N	10	1416	1425		Final Plan Code
166	FNLPLANDTE	N	7	1426	1432	CYYMMDD	Final Plan Effective Date
167	PLANQUAL	A/N	10	1433	1442		Plan Qualifier
168	PLNNDCLIST	A/N	10	1443	1452		Plan NDC List ID
169	PLNGPILIST	A/N	10	1453	1462		Plan GPI List ID
170	PLNPNDCLST	A/N	10	1463	1472		Plan Preferred NDC List ID
171	PLNPGPILST	A/N	10	1473	1482		Plan Preferred GPI List ID
172	PLANDRUGST	A/N	1	1483	1483		Plan Drug Status
173	PLANFRMLRY	A/N	1	1484	1484		Plan Formulary
174	PLNFNLPSCH	A/N	10	1485	1494		Plan Final Price Schedule
175	PHRDSCSCHID	A/N	13	1495	1507		PHR Drug Cost Schedule ID
176	PHRDSCSCHSQ	N	3	1508	1510		PHR Drug Cost Schedule Sequence
177	CLTDCSCHID	A/N	13	1511	1523		CLT Drug Cost Schedule ID
178	CLTDCSCHSQ	N	3	1524	1526		CLT Drug Cost Schedule Sequence
179	PHRDCCSCID	A/N	14	1527	1540		PHR Drug Cost Comparison Schedule ID
180	PHRDCCSCSQ	N	3	1541	1543		PHR Drug Cost Comparison Schedule Sequence
181	CLTDCSCCID	A/N	14	1544	1557		CLT Drug Cost Comparison Schedule ID
182	CLTDCSCSQ	N	3	1558	1560		CLT Drug Cost Comparison Schedule Sequence
183	PHRPRTSCHID	A/N	13	1561	1573		PHR Price Table Schedule
184	CLTPRTSCHID	A/N	13	1574	1586		CLT Price Table Schedule
185	PHRRMSCHID	A/N	10	1587	1596		PHR Retail & Mail Schedule ID
186	CLTRMSCHID	A/N	10	1597	1606		CLT Retail & Mail Schedule ID

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
187	PRDPFLSTID	A/N	10	1607	1616		Product Preferred List ID
188	PRFPRDSCID	A/N	10	1617	1626		Preferred Product Schedule ID
189	FORMULARY	A/N	1	1627	1627		Formulary Protocol Flag
190	FORMLRFLAG	A/N	1	1628	1628		Formulary Flag
191	TIERVALUE	N	2	1629	1630		Tier Value
192	CONTHERAPY	A/N	1	1631	1631		Contingent Therapy Flag
193	MESSAGE1	A/N	40	1632	1671		Message 1
194	MESSAGE2	A/N	40	1672	1711		Message 2
195	MESSAGE3	A/N	40	1712	1751		Message 3
196	REJCNT	N	2	1752	1753	Z9	Reject Count
197	REJCDE1	A/N	3	1754	1756		Reject Code 1
198	REJCDE2	A/N	3	1757	1759		Reject Code 2
199	REJCDE3	A/N	3	1760	1762		Reject Code 3
200	RJCPANID	A/N	8	1763	1770		Reject Plan ID
201	DURCONFLCT	A/N	2	1771	1772		Submitted DUR Conflict Code
202	DURINTERVN	A/N	2	1773	1774		Submitted DUR Intervention Code
203	DUROUTCOME	A/N	2	1775	1776		Submitted DUR Outcome Code
204	LVLSERVICE	A/N	2	1777	1778		Submitted Level of Service
205	DIAGNOSIS	A/N	15	1779	1793		Submitted Diagnosis Code
206	DIAGNOSISQ	A/N	2	1794	1795		Submitted Diagnosis Code Qualifier
207	RVDURCNFLC	A/N	2	1796	1797		Reversal Submitted DUR Conflict Code
208	RVDURINTRV	A/N	2	1798	1799		Reversal Submitted DUR Intervention Code
209	RVDUROUTCM	A/N	2	1800	1801		Reversal Submitted DUR Outcome Code
210	RVLVLSERV	A/N	2	1802	1803		Reversal Level of Service Code
211	DRGCNFLCT1	A/N	2	1804	1805		Drug Conflict Code 1
212	SEVERITY1	A/N	1	1806	1806		Severity Index Code 1
213	OTHRPHARM1	A/N	1	1807	1807		Other Pharmacy Indicator 1
214	DTEPRVFIL1	N	8	1808	1815	CCYYMMDD	Date of Previous Fill 1
215	QTYPRVFIL1	N	12	1816	1827	ZZZZZZZ9.999	Quantity of Previous Fill 1
216	DATABASE1	A/N	1	1828	1828		Database Indicator 1
217	OTHRPRESC1	A/N	1	1829	1829		Other Prescriber Indicator 1
218	FREETEXT1	A/N	30	1830	1859		Free Text 1
219	DRGCNFLCT2	A/N	2	1860	1861		Drug Conflict Code 2
220	SEVERITY2	A/N	1	1862	1862		Severity Index Code 2
221	OTHRPHARM2	A/N	1	1863	1863		Other Pharmacy Indicator 2
222	DTEPRVFIL2	N	8	1864	1871	CCYYMMDD	Date of Previous Fill 2
223	QTYPRVFIL2	N	12	1872	1883	ZZZZZZZ9.999	Quantity of Previous Fill 2
224	DATABASE2	A/N	1	1884	1884		Database Indicator 2
225	OTHRPRESC2	A/N	1	1885	1885		Other Prescriber Indicator 2
226	FREETEXT2	A/N	30	1886	1915		Free Text 2
227	DRGCNFLCT3	A/N	2	1916	1917		Drug Conflict Code 3
228	SEVERITY3	A/N	1	1918	1918		Severity Index Code 3
229	OTHRPHARM3	A/N	1	1919	1919		Other Pharmacy Indicator 3
230	DTEPRVFIL3	N	8	1920	1927	CCYYMMDD	Date of Previous Fill 3
231	QTYPRVFIL3	N	12	1928	1939	ZZZZZZZ9.999	Quantity of Previous Fill 3
232	DATABASE3	A/N	1	1940	1940		Database Indicator 3
233	OTHRPRESC3	A/N	1	1941	1941		Other Prescriber Indicator 3

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
234	FREETEXT3	A/N	30	1942	1971		Free Text 3
235	FEETYPE	A/N	2	1972	1973		Fee Type
236	AWPUNITCST	N	14	1974	1987	ZZZZZZZ9.99999	Average Wholesale Price Unit Cost
237	WACUNITCST	N	14	1988	2001	ZZZZZZZ9.99999	Wholesaler Acquisition Cost (WAC) Unit Cost
238	GEAPUNTCST	N	14	2002	2015	ZZZZZZZ9.99999	Generic Equiv Avg Price (GEAP) Unit Cost
239	CTYPEUCOST	N	14	2016	2029	ZZZZZZZ9.99999	Cost Type Unit Cost
240	BASISCOST	A/N	2	2030	2031		Submitted Basis of Cost Determination
241	PRICEQTY	N	13	2032	2044	-----9.999	Pricing Quantity
242	PRODAYSSUP	N	3	2045	2047	ZZ9	Prorated Days Supply
243	PROQTY	N	12	2048	2059	ZZZZZZZ9.999	Prorated Quantity
244	RVINCNTVSB	N	11	2060	2070	-----9.99	Reversal Submitted Incentive Amount
245	SBMINGRCST	N	11	2071	2081	-----9.99	Submitted Ingredient Cost
246	SBMDISPFEE	N	11	2082	2092	-----9.99	Submitted Dispensing Fee
247	SBMPSLSTX	N	11	2093	2103	-----9.99	Submitted Percentage Sales Tax
248	SBMFSLSTX	N	11	2104	2114	-----9.99	Submitted Flat Sales Tax
249	SBMSLSTAX	N	11	2115	2125	-----9.99	Submitted Total Sales Tax
250	SBMPATPAY	N	11	2126	2136	-----9.99	Submitted Patient Paid Amount
251	SBMAMTDUE	N	11	2137	2147	-----9.99	Submitted Gross Amount Due
252	SBMINCENTV	N	11	2148	2158	-----9.99	Submitted Incentive Amount
253	SBMPROFFEE	N	11	2159	2169	-----9.99	Submitted Professional Service Fee
254	SBMTOHAMT	N	11	2170	2180	-----9.99	Submitted Total Other Amount
255	SBMOPAMTCT	N	1	2181	2181		Submitted Other Payer Amount Paid Count
256	SBMOPAMTQL	A/N	2	2182	2183		Submitted Other Payer Amount Paid Qualifier
257	USUALNCUST	N	11	2184	2194	-----9.99	Submitted Usual and Customary
258	DENIALDTE	N	8	2195	2202	CCYYMMDD	Submitted Primary Payor Denial Date
259	OTHRPAYOR	N	11	2203	2213	-----9.99	Submitted Other Payor Amount Paid
260	CALINGRCST	N	11	2214	2224	-----9.99	Calculated Ingredient Cost
261	CALDISPFEE	N	11	2225	2235	-----9.99	Calculated Dispensing Fee
262	CALPSTAX	N	11	2236	2246	-----9.99	Calculated Percentage Sales Tax Amt
263	CALFSTAX	N	11	2247	2257	-----9.99	Calculated Flat Sales Tax
264	CALSLSTAX	N	11	2258	2268	-----9.99	Calculated Total Sales Tax
265	CALPATPAY	N	11	2269	2279	-----9.99	Calculated Patient Pay Amount
266	CALDUEAMT	N	11	2280	2290	-----9.99	Calculated Total Amount Due
267	CALWITHHLD	N	11	2291	2301	-----9.99	Calculated Withhold Amount
268	CALFCOPAY	N	11	2302	2312	-----9.99	Calculated Flat Copay Amount
269	CALPCOPAY	N	11	2313	2323	-----9.99	Calculated Percentage Copay Amt
270	CALCOPAY	N	11	2324	2334	-----9.99	Calculated Total Copay Amount
271	CALPRODSEL	N	11	2335	2345	-----9.99	Calculated PatPay Amt Attrib to Product Sel Amt
272	CALATRTAX	N	11	2346	2356	-----9.99	Calculated PatPay Amt Attributed to Sales Tax
273	CALEXCEBFT	N	11	2357	2367	-----9.99	Calculated PatPay Amt Attrib to Exceed Ben Max
274	CALINCENTV	N	11	2368	2378	-----9.99	Calculated Incentive Fee Amount
275	CALATRDED	N	11	2379	2389	-----9.99	Calculated PatPay Amount Attrib to Deductible
276	CALCOB	N	11	2390	2400	-----9.99	Calculated Total COB Amount
277	CALTOHAMT	N	11	2401	2411	-----9.99	Calculated Total Other Amount

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
278	CALPROFFEE	N	11	2412	2422	-----9.99	Calculated Professional Service Fee
279	CALOTHPAYA	N	11	2423	2433	-----9.99	Calculated Other Payor Amount Recognized
280	CALCOSTSRC	A/N	1	2434	2434		Calculated Cost Source
281	CALADMNFEE	N	11	2435	2445	-----9.99	Calculated Admin Fee
282	PHRINGRCST	N	11	2446	2456	-----9.99	Pharmacy Ingredient Cost
283	PHRDISPFEE	N	11	2457	2467	-----9.99	Pharmacy Dispensing Fee
284	PHRPPSTAX	N	11	2468	2478	-----9.99	Pharmacy Percentage Sales Tax
285	PHRFSTAX	N	11	2479	2489	-----9.99	Pharmacy Flat Sales Tax
286	PHRSLSTAX	N	11	2490	2500	-----9.99	Pharmacy Total Sales Tax
287	PHRPATPAY	N	11	2501	2511	-----9.99	Pharmacy Total Patient Pay Amount
288	PHRDUEAMT	N	11	2512	2522	-----9.99	Pharmacy Total Amount Due
289	PHRWITHHLD	N	11	2523	2533	-----9.99	Pharmacy Withhold Amount
290	PHRPPRCS	A/N	10	2534	2543		Pharmacy Price Schedule Used
291	PHRPRCST	A/N	10	2544	2553		Pharmacy Price Schedule Table Used
292	PHRPTPS	A/N	10	2554	2563		Pharmacy Patient Pay Schedule Used
293	PHRPTPST	A/N	10	2564	2573		Pharmacy Patient Pay Schedule Table Used
294	PHRCOPAYSC	A/N	10	2574	2583		Pharmacy Copay Schedule Used
295	PHRCOPAYSS	N	2	2584	2585	Z9	Pharmacy Copay Schedule Step Used
296	PHRFCOPAY	N	11	2586	2596	-----9.99	Pharmacy Flat Copay Amount
297	PHRPCOPAY	N	11	2597	2607	-----9.99	Pharmacy Percentage Copay Amount
298	PHRCOPAY	N	11	2608	2618	-----9.99	Pharmacy Total Copy Amount
299	PHRPRODSEL	N	11	2619	2629	-----9.99	Pharmacy PatPay Amt Attrib to Prdct Selection
300	PHRATRTAX	N	11	2630	2640	-----9.99	Pharmacy PatPay Amountt Attrib to Sales Tax
301	PHREXCEBFT	N	11	2641	2651	-----9.99	Pharmacy PatPay Amount Attr Exceed BenMax
302	PHRINCENTV	N	11	2652	2662	-----9.99	Pharmacy Incentive Amount
303	PHRATRDED	N	11	2663	2673	-----9.99	Pharmacy PatPay Amount Attrib to Deductible
304	PHRCOB	N	11	2674	2684	-----9.99	Pharmacy Total COB Amount
305	PHRTOTHAMT	N	11	2685	2695	-----9.99	Pharmacy Total Other Amount
306	PHRPROFFEE	N	11	2696	2706	-----9.99	Pharmacy Professional Service Fee
307	PHROTHPAYA	N	11	2707	2717	-----9.99	Pharmacy Other Payor Amount Recognized
308	PHRCOSTSRC	A/N	1	2718	2718		Pharmacy Cost Source
309	PHRCOSTTYP	A/N	10	2719	2728		Pharmacy Cost Type Code
310	PHRPRCTYPE	A/N	10	2729	2738		Pharmacy Price Type
311	PHRRATE	N	8	2739	2746	----9.99	Pharmacy Rate
312	POSINGRCST	N	11	2747	2757	-----9.99	Post Adjudication Ingredient Cost
313	POSDISPFEE	N	11	2758	2768	-----9.99	Post Adjudication Dispensing Fee Paid
314	POSPSLSTAX	N	11	2769	2779	-----9.99	Post Adjudication Percentage Sales Tax
315	POSFSLSTAX	N	11	2780	2790	-----9.99	Post Adjudication Flat Sales Tax
316	POSSLSTAX	N	11	2791	2801	-----9.99	Post Adjudication Total Sales Tax
317	POSPATPAY	N	11	2802	2812	-----9.99	Post Adjudication Patient Pay Amount
318	POSDUEAMT	N	11	2813	2823	-----9.99	Post Adjudication Total Amount Due
319	POSWITHHLD	N	11	2824	2834	-----9.99	Post Adjudication Total Withhold Amount
320	POSCOPAY	N	11	2835	2845	-----9.99	Post Adjudication Copay Amount
321	POSPRODSEL	N	11	2846	2856	-----9.99	Post Adjudication PatPay Attrib to Prdct Selection
322	POSATRTAX	N	11	2857	2867	-----9.99	Post Adjudication PatPay Attrib to Sales Tax

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
323	POSEXCEBFT	N	11	2868	2878	-----9.99	Post Adjudication PatPay Attr to Exceed BenMax
324	POSINCENTV	N	11	2879	2889	-----9.99	Post Adjudication Incentive Amount
325	POSATRDED	N	11	2890	2900	-----9.99	Post Adjudication PatPay Attrib to Deductible
326	POSTOTHAMT	N	11	2901	2911	-----9.99	Post Adjudication Total Other Amount
327	POSPROFFEE	N	11	2912	2922	-----9.99	Post Adjudication Professional Service Fee
328	POSOTHPAYA	N	11	2923	2933	-----9.99	Post Adjudication Other Payor Amt Recognized
329	POSCOSTSRC	A/N	1	2934	2934		Post Adjudication Cost Source
330	CLIENTFLAG	A/N	1	2935	2935		Client Pricing Flag
331	CLTINGRCST	N	11	2936	2946	-----9.99	Client Ingredient Cost
332	CLTDISPTEE	N	11	2947	2957	-----9.99	Client Dispensing Fee
333	CLTSLSTAX	N	11	2958	2968	-----9.99	Client Sales Tax
334	CLTPATPAY	N	11	2969	2979	-----9.99	Client Patient Pay
335	CLTDUEAMT	N	11	2980	2990	-----9.99	Client Total Amount Due
336	CLTWITHHLD	N	11	2991	3001	-----9.99	Client Withhold Amount
337	CLTPRCS	A/N	10	3002	3011		Client Price Schedule Used
338	CLTPRCST	A/N	10	3012	3021		Client Price Schedule Table Used
339	CLTPTPS	A/N	10	3022	3031		Client Patient Pay Schedule Used
340	CLTPTPST	A/N	10	3032	3041		Client Pat Pay Sched Table Used
341	CLTCOPAYS	A/N	10	3042	3051		Client Copay Schedule Used
342	CLTCOPAYSS	N	2	3052	3053	Z9	Client Copay Sched Step Used
343	CLTFCOPAY	N	11	3054	3064	-----9.99	Client Flat Copay Amount
344	CLTPCOPAY	N	11	3065	3075	-----9.99	Client Percentage Copay Amount
345	CLTCOPAY	N	11	3076	3086	-----9.99	Client Total Copay Amount
346	CLTPRODSEL	N	11	3087	3097	-----9.99	Client Pat Pay Amt Attrib to Prod Sel
347	CLTPSTAX	N	11	3098	3108	-----9.99	Client Percentage Sales Tax
348	CLTFSTAX	N	11	3109	3119	-----9.99	Client Flat Sales Tax
349	CLTATR TAX	N	11	3120	3130	-----9.99	Client Pat Pay Amt Attrib to Sales Tax
350	CLTEXCEBFT	N	11	3131	3141	-----9.99	Client PatPay Amt Attr Exceed Ben Max
351	CLTINCENTV	N	11	3142	3152	-----9.99	Client Incentive Amount
352	CLTATRDED	N	11	3153	3163	-----9.99	Client PatPay Amt Attrib to Deductible
353	CLTTOTHAMT	N	11	3164	3174	-----9.99	Client Total Other Amount
354	CLTPROFFEE	N	11	3175	3185	-----9.99	Client Professional Service Fee
355	CLTCOB	N	11	3186	3196	-----9.99	Client Total COB Amount
356	CLTOTHERPAYA	N	11	3197	3207	-----9.99	Client Other Payor Amount Recognized
357	CLTCOSTSRC	A/N	1	3208	3208		Client Cost Source
358	CLTCOSTTYP	A/N	10	3209	3218		Client Cost Type Code
359	CLTPRCTYPE	A/N	10	3219	3228		Client Price Type
360	CLTRATE	N	8	3229	3236	----9.99	Client Rate
361	CLTPRSCSTP	N	3	3237	3239	ZZ9	Client Price Sched Step
362	CLTPRSCNM	A/N	18	3240	3257		Client Price Sched Name
363	CCLTINGR	N	11	3258	3268	-----9.99	Calculated Client Ingredient Cost
364	CCLTDISP	N	11	3269	3279	-----9.99	Calculated Client Dispensing Fee
365	CCLTPRSTAX	N	11	3280	3290	-----9.99	Calculated Client Percentage Sales Tax
366	CCLTFLSTAX	N	11	3291	3301	-----9.99	Calculated Client Flat Sales Tax
367	CCLTSLSTAX	N	11	3302	3312	-----9.99	Calculated Client Total Sales Tax
368	CCLTPATPAY	N	11	3313	3323	-----9.99	Calculated Client Patient Pay Amount

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
369	CCLTDUEAMT	N	11	3324	3334	-----9.99	Calculated Client Total Amount Due
370	CCLTWTHHLD	N	11	3335	3345	-----9.99	Calculated Client Withhold Amount
371	CCLTFCOPAY	N	11	3346	3356	-----9.99	Calculated Client Flat Copay Amount
372	CCLTPCOPAY	N	11	3357	3367	-----9.99	Calculated Client Percentage Copay Amount
373	CCLTCOPAY	N	11	3368	3378	-----9.99	Calculated Client Total Copay Amount
374	CCLTPRDESEL	N	11	3379	3389	-----9.99	Calculated Client PatPay Amt Attrb to Prd Select
375	CCLTATR TAX	N	11	3390	3400	-----9.99	Calculated Client PatPay Amt Attrb to Sales Tax
376	CCLTEXBEFT	N	11	3401	3411	-----9.99	Calculated Client PatPay Amt Attrb Excd BenMax
377	CCLTINCENT	N	11	3412	3422	-----9.99	Calculated Client Incentive Fee Amount
378	CCLTARDED	N	11	3423	3433	-----9.99	Calculated Client PatPay Amt Attrb to Deductible
379	CCLTCOB	N	11	3434	3444	-----9.99	Calculated Client Total COB Amount
380	CCLTOTHAM	N	11	3445	3455	-----9.99	Calculated Client Total Other Amount
381	CCLTPROFEE	N	11	3456	3466	-----9.99	Calculated Client Professional Service Fee
382	CCLTOTHPYR	N	11	3467	3477	-----9.99	Calculated Client Other Payor Amount Recognized
383	CCLTCSTSRC	A/N	1	3478	3478		Calculated Client Cost Source
384	RSPREIMBUR	A/N	2	3479	3480		Response Basis of Reimbursement Determination
385	RSPINGRCST	N	11	3481	3491	-----9.99	Response Ingredient Cost
386	RSPDISPFEE	N	11	3492	3502	-----9.99	Response Dispensing Fee
387	RSPPSLSTAX	N	11	3503	3513	-----9.99	Response Percentage Sales Tax
388	RSPFSLSTAX	N	11	3514	3524	-----9.99	Response Flat Sales Tax
389	RSPSLSTAX	N	11	3525	3535	-----9.99	Response Total Sales Tax
390	RSPPATPAY	N	11	3536	3546	-----9.99	Response Patient Pay Amount
391	RSPDUEAMT	N	11	3547	3557	-----9.99	Response Total Amount Due
392	RSPFCOPAY	N	11	3558	3568	-----9.99	Response Flat Copay Amount
393	RSPPCOPAY	N	11	3569	3579	-----9.99	Response Percentage Copay Amount
394	RSPCOPAY	N	11	3580	3590	-----9.99	Response Copay Amount
395	RSPPRODSEL	N	11	3591	3601	-----9.99	Response PatPay Amt Attr to Product Selection
396	RSPATR TAX	N	11	3602	3612	-----9.99	Response Total PatPay Amt Attr to Sales Tax
397	RSPEXCEBFT	N	11	3613	3623	-----9.99	Response PatPay Amt Attr to Exceeding Ben Max
398	RSPINCENTV	N	11	3624	3634	-----9.99	Response Incentive Amount
399	RSPARDED	N	11	3635	3645	-----9.99	Response PatPay Amt Attributed to Deductible
400	RSPTOTHAMT	N	11	3646	3656	-----9.99	Response Total Other Amount
401	RSPPROFEE	N	11	3657	3667	-----9.99	Response Professional Service Fee
402	RSPOTHPAYA	N	11	3668	3678	-----9.99	Response Other Payor Amount Recognized
403	RSPACCUDED	N	11	3679	3689	-----9.99	Response Accumulated Deductible Amount
404	RSPREMBFT	N	11	3690	3700	-----9.99	Response Remaining Benefit Amount
405	RSPREMDDED	N	11	3701	3711	-----9.99	Response Remaining Deductible Amount
406	RSPPLANID	A/N	8	3712	3719		Response Plan ID
407	INDEDEDPTD	N	11	3720	3730	-----9.99	Individual Accumulated Deductible - PTD
408	INDEDEDREM	N	11	3731	3741	-----9.99	Individual Remaining Deductible Amount

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
409	FAMDEDPTD	N	11	3742	3752	-----9.99	Family Accumulated Deductible - PTD
410	FAMDEDREM	N	11	3753	3763	-----9.99	Family Remaining Deductible Amount
411	DEDSCHED	A/N	10	3764	3773		Deductible Schedule Used
412	DEDACCC	A/N	10	3774	3783		Deductible Accumulation Code Used
413	DEDFLAG	A/N	1	3784	3784		Deductible Flag
414	INDLBFTUT	N	11	3785	3795	-----9.99	Indiv Lifetime BenMax Amt Used for Transaction
415	INDLBFTPTD	N	11	3796	3806	-----9.99	Indiv Accumulated Lifetime Benefit Max
416	INDLBFTREM	N	11	3807	3817	-----9.99	Indiv Remaining Lifetime Benefit Max
417	FAMLBFTUT	N	11	3818	3828	-----9.99	Family Lifetime BenMax Amt Used for Transaction
418	FAMLBFTPTD	N	11	3829	3839	-----9.99	Family Accumulated Lifetime Benefit Max
419	FAMLBFTREM	N	11	3840	3850	-----9.99	Family Remaining Lifetime Benefit Max
420	LFTBFTMSCH	A/N	10	3851	3860		Lifetime Benefit Max Schedule Used
421	LFTBFTACCC	A/N	10	3861	3870		Lifetime Benefit Max Accumulation Code Used
422	LFTBFTFLAG	A/N	1	3871	3871		Lifetime Benefit Max Flag
423	INDBFTUT	N	11	3872	3882	-----9.99	Individual Ben Max Amt Used for Transaction
424	INDBMAXPTD	N	11	3883	3893	-----9.99	Individual Accumulated Benefit Max
425	FAMBFTUT	N	11	3894	3904	-----9.99	Family Ben Max Amt Used for Transaction
426	FAMBMAXPTD	N	11	3905	3915	-----9.99	Family Accumulated Benefit Max
427	INDBMAXREM	N	11	3916	3926	-----9.99	Individual Remaining Benefit Max
428	FAMBMAXREM	N	11	3927	3937	-----9.99	Family Remaining Benefit Max
429	BFTMAXSCHD	A/N	10	3938	3947		Benefit Max Schedule Used
430	BFTMAXACCC	A/N	10	3948	3957		Benefit Max Accumulation Code Used
431	BFTMAXFLAG	A/N	1	3958	3958		Benefit Max Flag
432	INDOOPPTD	N	11	3959	3969	-----9.99	Individual Accumulated Out-of-Pocket
433	FAMOOPPTD	N	11	3970	3980	-----9.99	Family Accumulated Out-of-Pocket
434	INDOOPREM	N	11	3981	3991	-----9.99	Individual Remaining Out-of-Pocket
435	FAMOOPREM	N	11	3992	4002	-----9.99	Family Remaining Out-of-Pocket
436	OOPSCHED	A/N	10	4003	4012		Out-of-Pocket Schedule Used
437	OOPACCC	A/N	10	4013	4022		Out-of-Pocket Accumulation Code Used
438	OOPFLAG	A/N	1	4023	4023		Out-of-Pocket Flag
439	CONTRIBUT	N	11	4024	4034	-----9.99	Contribution Amount
440	CONTBASIS	A/N	2	4035	4036		Contribution Basis
441	CONTSCHED	A/N	10	4037	4046		Contribution Schedule Used
442	CONTACCCD	A/N	10	4047	4056		Contribution Accumulation Code Used
443	CONTFLAG	A/N	1	4057	4057		Contribution Flag
444	RXTFLAG	A/N	1	4058	4058		RxTRACK Flag
445	REIMBURSMT	A/N	1	4059	4059		Reimbursement Flag
446	CLMORIGIN	A/N	1	4060	4060		Claim Origination Flag
447	HLDCLMFLAG	A/N	1	4061	4061		Hold Claim Flag
448	HLDCLM DAYS	N	3	4062	4064	ZZ9	Hold Claim Days
449	PARTDFLAG	A/N	1	4065	4065		Part D Extract Indicator
450	COBEXTFLG	A/N	1	4066	4066		COB Extract Flag
451	PAEXTFLG	A/N	1	4067	4067		Prior Auth Extract Flag
452	HSAEXTIND	A/N	1	4068	4068		Savings Account Extract Indicator
453	FFPMEDRMST	A/N	1	4069	4069		FFP Indicator - Med RM Status

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
454	FFPMEDPXST	A/N	1	4070	4070		FFP Indicator - Med PX Status
455	FFPMEDMSST	A/N	1	4071	4071		FFP Indicator - Med MS Status
456	INCIDENTID	A/N	25	4072	4096		Incident ID
457	ETCNBR	A/N	30	4097	4126		External Transaction Control Number
458	DTEINJURY	N	8	4127	4134	CCYYMMDD	Submitted Date of Injury (SR19747)
459	ADDUSER	A/N	10	4135	4144		ID of User that added the transaction
460	CHGUSER	A/N	10	4145	4154		ID of User that changed the transaction
461	DMRUSERID	A/N	10	4155	4164		ID of User adding Direct Member Reimbursement
462	PRAUSERID	A/N	10	4165	4174		ID of User adding Prior Authorization
463	CLAIMREFID	A/N	30	4175	4204		Submitted Claim Reference ID Number
464	EOBDNOV	A/N	3	4205	4207		EOB Denial Override Code
465	EOBPDV	A/N	3	4208	4210		EOB Paid Override Code
466	MANTRKNBR	A/N	14	4211	4224		Manual Claim Tracking Number
467	MANRECVDATE	N	8	4225	4232	CCYYMMDD	Manual Claim Received Date
468	PASAUTHYTP	A/N	2	4233	4234		Submitted PA Segment Initial Authorization Type
469	PASAUTHID	A/N	11	4235	4245		Submitted PA Segment Initial Authorization ID
470	PASREQTYPE	A/N	1	4246	4246		Submitted PA Segment Request Type
471	PASREQFROM	N	8	4247	4254	CCYYMMDD	Submitted PA Segmt Requested Period From Date
472	PASREQTHRU	N	8	4255	4262	CCYYMMDD	Submitted PA Segmt Requested Period Thru Date
473	PASBASISRQ	A/N	2	4263	4264		Submitted PA Segment Basis of Request
474	PASREPFN	A/N	12	4265	4276		Submitted PA Segment Auth Rep First Name
475	PASREPLN	A/N	15	4277	4291		Submitted PA Segment Auth Rep Last Name
476	PASSTREET	A/N	30	4292	4321		Submitted PA Segment Auth Rep Street Address
477	PASCITY	A/N	20	4322	4341		Submitted PA Segment Auth Rep City
478	PASSTATE	A/N	2	4342	4343		Submitted PA Segment Auth Rep State
479	PASZIP	A/N	15	4344	4358		Submitted PA Segment Auth Rep ZIP
480	PASPANBR	A/N	11	4359	4369		Submitted PA Segment Prior Auth Nbr Assigned
481	PASAUTHNBR	A/N	20	4370	4389		Submitted PA Segment Authorization Number
482	PASSDOCCT	N	3	4390	4392	999	Submitted PA Segmnt Supporting Doc Line Count
483	CLIENTDEF1	A/N	10	4393	4402		Client Defined Field 1
484	CLIENTDEF2	A/N	10	4403	4412		Client Defined Field 2
485	CLIENTDEF3	A/N	10	4413	4422		Client Defined Field 3
486	CLIENTDEF4	A/N	10	4423	4432		Client Defined Field 4
487	CLIENTDEF5	A/N	10	4433	4442		Client Defined Field 5
488	CCTRESERV1	A/N	10	4443	4452		Submitted Pharmacist Qualifier
489	CCTRESERV2	A/N	10	4453	4462		Pharmacy Network Qualifier (SR20430)
490	CCTRESERV3	A/N	10	4463	4472		SXC Reserved Field 3
491	CCTRESERV4	A/N	10	4473	4482		SXC Reserved Field 4
492	CCTRESERV5	A/N	10	4483	4492		SXC Reserved Field 5
493	CCTRESERV6	A/N	10	4493	4502		SXC Reserved Field 6
494	CCTRESERV7	A/N	10	4503	4512		SXC Reserved Field 7
495	CCTRESERV8	A/N	10	4513	4522		SXC Reserved Field 8

FIELD#	FIELD NAME	TYPE	LENGTH	START	END	FORMAT	COMMENTS/VALUES
496	CCTRESERV9	A/N	20	4523	4542		Submitted Pharmacist ID
497	CCTRESRV10	A/N	20	4543	4562		SXC Reserved Field 10
498	CCTRESRV11	N	11	4563	4573		SXC Reserved Field 11
499	CCTRESRV12	N	11	4574	4584		SXC Reserved Field 12
500	CCTRESRV13	N	11	4585	4595		SXC Reserved Field 13
501	CCTRESRV14	N	11	4596	4606		SXC Reserved Field 14
502	USERFIELD	A/N	10	4607	4616		User Defined Field 1
503	MESSAGECD1	A/N	10	4617	4626		Message Code 1
504	MESSAGECD2	A/N	10	4627	4636		Message Code 2
505	MESSAGECD3	A/N	10	4637	4646		Message Code 3
506	EXTRACTDTE	N	8	4647	4654	CCYYMMDD	Extract Date
507	BATCHCTRL	A/N	21	4655	4675		Batch Control

KEY:

Field Name	=	Description of the field as it appears on the file
Required?	=	Designates whether the field must be populated
Type	=	Describes characters in the field: A/N – Alphanumeric N – Numeric
Length	=	Number of characters in the field
Start	=	Position of the field's start byte
End	=	Position of the field's end byte
Comments/Values	=	Description of value(s) or format(s)

NOTES:

- The valid date format for a 7-character field is CYYMMDD, where C=Century Code. A value of 0 (zero) in the Century Code represents "19" and a value of 1 (one) represents "20." For example, 0981201 = December 1, 1998.
- The valid date format for an 8-character field is CCYYMMDD, where CC=Century, YY=Year, MM=Month, and DD=Day.
- All numeric fields are right-justified.
- All non-required numeric fields are filled with zeros.
- The format for numeric fields with implied decimals uses a **V** to indicate the position of the decimal point. Example: 9999V999.
- All non-required alphanumeric fields are filled with spaces.
- "Z" in front = Zero Suppression
- "-" means Leading zero sign
- SXC Unpacked Extract v7.0 standard layout length is 4,675.
- Created via SR16043 in mod 7.0.00, June, 2007.
- Updated, for Fields 311 and 360, July, 2007
- Modified via SR19080 in mod 7.0.03, December, 2007. Updated for Fields 159, 457, 506, and 507.
- Modified via SR18891 in mod 7.0.03, December, 2007.
- Modified via SR19492 in mod 7.0.04, February, 2008.
- Modified via SR19670 in mod 7.0.05, April, 2008; update population logic of WAC pricing on daily claims extract.
- Modified via SR19984 in mod 7.0.05, April, 2008; update population logic of BOR (Basis of Reimbursement) field to always use pharmacy pricing results.
- Modified via SR20152 in mod 7.0.05, April, 2008; create standard extract output that suppresses pharmacy pricing; populate fields 260 through 406 with **Zero** or **Blank** if the Client Pricing flag is set to **Y**.
- Modified via SR19746 in mod 7.0.06, June, 2008; a modification is required to program RCPLN003 so that the Basis of Reimbursement value considers MAC lists beginning with alpha characters.
- Modified via SR19747 in mod 7.0.06, June, 2008; add the ability to select the first incident for a member regardless if the submitted Date of Injury on a claim matches the incident's From Date of Injury.
- Modified via SR20430 in mod 7.0.09, December, 2008; update layout to include Pharmacy Network Qualifier in CCTRESERV2 field description.