			2 - Enc						G Version 5.1 EXISTING	1.2.1.	let the grade	Territoria		Lucasa =			
Field Name	Type	Size	From	Thru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	
					<u>USage</u>				CTION HEADER SEGMENT	ог Орионаг		FOIIIat					
																	\exists
gment Identifier	Х	2	1	2	Required	G1	701								6Ø1-Ø4	RECORD TYPE	
Number	9	6	3	8		BIN Number	101-A1		BIN NUMBER	М	Card Issuer ID or Bank ID Number used for network routing.	9(6)	BIN Number				
ersion/Release Number	Х	2	0	10	Required	3C = RTDS Version 3.2	102-A2	1Ø2-A2	VERSION/RELEASE NUMBER	М	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	51	Required	1Ø2-A2	VERSION/RELEASE NUMBER	
ansaction Code	9	2	11	12	Required	01 – Billing 11- Reversal 31 - Replacement	103-A3	1Ø3-A3	TRANSACTION CODE	М	Code identifying the type of transaction.	x(2)	B1 = Billing B2 = Reversal B3 = Rebill	Required			
ocessor Control Number	Х	10	13	22	Required	Processor Control Number	104-A4	1Ø4-A4	PROCESSOR CONTROL NUMBER	М	Number assigned by the processor.	x(10)	Process Control number	Required			
								1Ø9-A9	TRANSACTION COUNT	М	Count of transactions in the transmission.	x(1)	"Line Count for this claim"				
Qualifier	Х	2	1	2		Valid Values are: P = National Provider Identifier Z = Mutually agreed upon ID number {AHCCCS Provider ID}		2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	М	Code qualifying the 'Service Provider ID' (201-B1).	x(2)	01 = National Provider Identifier [NPI] 05 = Medicaid ID				
narmacy Number	X	12	3	14		If ID Qualifier = P, Pharmacy's NPI If ID Qualifier = Z, Pharmacy's AHCCCS Provider Id and Location Code NNNNNNLL	201-B1	2Ø1-B1	SERVICE PROVIDER ID	М	ID assigned to a pharmacy or provider.	x(15)	Provider Id/Pharmacy Number Until May 22, 2007 AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier	Required			
								4Ø1-D1	DATE OF SERVICE	М	Identifies date the prescription was filled or professional service rendered.	9(8)	Dispense Date / Date of Service	Required			_
								11∅-AK	SOFTWARE VENDOR/ CERTIFICATION ID	М	ID assigned by the switch or processor to identify the software source.	x(10)	Software Vendor Certification ID of the PBM				_
ransaction Reference Number	Х	10	1	10	Required	Determined by provider	880-K5										_
esubmission Reference Number	Х	14	11		When Field '103-A3'	Original "AHCCCS" CRN Needed When (adjustments no longer permitted) Replacements or Voids are Submitted.	N/A										
																SENDING ENTITY IDENTIFIER	_
												-				BATCH NUMBER	_
																CREATION DATE CREATION TIME	_
																RECEIVER ID	-
	1								+			 				REPORTING PERIOD START DATE	Ξ
												†				REPORTING PERIOD END DATE	-
																FILE TYPE	-
																TRANSMISSION ACTION	
															888	SUBMISSION NUMBER	
																FILLER	_
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Field Name	Type	Size Fron	n Thru	Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
				<u>Usage</u>			Number		or Optional		Format					
														601.00	RECORD TYPE	М
														398		S
														390	RECORD INDICATOR	3
														2/18	ELIGIBLE COVERAGE CODE	S
		-												898		S
														899	USER COVERAGE ID	S
											<u> </u>				ELIGIBILITY GROUP ID	S
															LINE OF BUSINESS CODE	S
											<u> </u>			267	INSURANCE CODE	S
														22Ø	CLIENT ASSIGNED LOCATION CODE	
														220	CLIENT AGGIGNED LOCATION CODE	
														222	CLIENT PASS THROUGH	S
							Insurance	Segment								-1
	1		1													
							111-AM	SEGMENT IDENTIFICATION	М	Identifies the segment in the request	x(2)	Ø4=Insurance				
				<u> </u>						and/or response.						
Cardholder ID Number	Х	18 1	18	Required	AHCCCS Member ID	302-C2	3Ø2-C2	CARDHOLDER ID	М	Insurance ID assigned to the cardholder.	x(20)	AHCCCS ID,	Required	3Ø2-C2	CARDHOLDER ID	М
												Left justify				
Cardholder First Name	Х	12 19	30	Required		312-CC	312-CC	CARDHOLDER FIRST NAME	0	Individual first name.	x(12)	Recipient First Name	Required		FIRST NAME	S
											ļ			718	MIDDLE INITIAL	S
Cardholder Last Name	Х	15 1	15	Required		313-CD	313-CD	CARDHOLDER LAST NAME	0	Individual last name.	x(15)	Recipient Last Name	Required	716	LAST NAME	S
														28Ø	NAME SUFFIX	S
							314-CE	HOME PLAN	0	Code identifying the Blue Cross or Blue Shield plan ID which indicates where the	x(3)					
										member's coverage has been designated.						
										Usually where the member lives or						
										purchased their coverage.						
							524-FO	PLAN ID	0	Assigned by the processor to identify a set						
										of parameters, benefit, or coverage criteria used to adjudicate a claim.						
										used to adjudicate a claim.						
							300 C0	ELIGIBILITY CLARIFICATION CODE	0	Code indicating that the pharmacy is	9(1)				[See Patient Info Segment]	
							3,03-03	LEIGIBIETT CLARIFICATION CODE	0	clarifying eligibility based on receiving a	3(1)				[See Fatient IIIIO Segment]	
										denial.						
							336-8C	FACILITY ID	0	ID assigned to the patient's clinic/host	x(10)					
										party.						
							3Ø1-C1	GROUP ID	0	ID assigned to the cardholder group or	x(15)				[See Benefit Category]	
Person Code		2 1	- 2	Not Hood		202 C2	20/2 02	DEBSON CODE	0	employer group.	v/2\				[See Betient Info Subsection]	
Person Code	X	3 1	3	Not Used		303-C3	363-03	PERSON CODE	0	Code assigned to a specific person within a family.	x(3)				[See Patient Info Subsection]	
							3Ø6-C6	PATIENT RELATIONSHIP CODE	0	Code indicating relationship of patient to	9(1)				[See Patient Info Subsection]	+
							0.20 00			cardholder.	-(.)				[
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Field Name	Type	Size	From	Thru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field	Field Name
					<u> </u>			- tuniboi		от ориона:		· cimat			726 AD	DRESS LINE 1
															727 AD	DRESS LINE 2
															728 CIT	Υ
															729 ST.	ATE
																/POSTAL CODE
																RDHOLDER DATE OF BIRTH
															721-MD GE	
																DICARE PLAN CODE
															288 PA	YROLL CLASS
								Patient Se	egment							
										_						
								111-AM	SEGMENT IDENTIFICATION	М	Identifies the segment in the request and/or response.	x(2)	Ø1=Patient			
		-						331-CX	PATIENT ID QUALIFIER	0	Code qualifying the 'Patient ID' (332-CY).	x(2)	99 = Other		331-CX PA	TIENT ID QUALIFIER
								301 OX	TATIENT ID GOALITIEK		oode qualifying the Tallett ID (552 61).	A(2)	SS = Strict		331 OX 1170	HENT ID GOVERNER
								332-CY	PATIENT ID	0	ID assigned to the patient.	x(20)	The AHCCCS CRN.	Required when 103-A3 Transaction Code	332-CY PA	TIENT ID
e of Birth	9	8	4	8	Descrised	Member Date of Birth	304-C4	2074.04	DATE OF BIRTH	0	Date of birth of patient.	0(0)	(Resubmission Claim Number) Recipient Date of Birth	= B2 or B3 transactions. Required	201 01 04	TE OF BIRTH
c Code	9	1	9	9	Required Required	1 – Male	304-C4 305-C5		PATIENT GENDER CODE	0	Code indicating the gender of the	9(8) 9(1)	Recipient Date of Birth Recipient Gender.	Required		TIENT GENDER CODE
Code	9	'	9	9	Required	2 – Female	303-03	305-05	FATIENT GENDER CODE		individual.	9(1)	1 = Male	Required	365-C5 FA	HENT GENDER CODE
													2 = Female			
ient First Name	Х	12	10	21	Not Used		310-CA	31Ø-CA	PATIENT FIRST NAME	0	Individual first name.	x(12)			717 FIR	ST NAME
		1													718 MII	DDLE INITIAL
ent Last Name	Х	15	1	15	Not Used		311-CA	311-CB	PATIENT LAST NAME	0	Individual last name.	x(15)			716 LA	ST NAME
															28Ø NA	ME SUFFIX
								322-CM	PATIENT STREET ADDRESS	0	Free-form text for address information.	x(30)			726 AD	DRESS LINE 1
																DRESS LINE 2
									PATIENT CITY ADDRESS	0	Free-form text for city name.	x(20)			728 CIT	
								324-CO	PATIENT STATE / PROVINCE ADDRESS	0	Standard State/Province Code as defined by appropriate government agency.	x(2)			729 ST.	AIE
								005.00	DATE: 12 12 12 12 12 12 12 12 12 12 12 12 12			(4.5)				
								325-CP	PATIENT ZIP/POSTAL ZONE	0	Code defining international postal zone excluding punctuation and blanks (zip	x(15)			73Ø ZIF	/POSTAL CODE
											code for US).					
									PATIENT PHONE NUMBER	0	Ten digit phone number of patient.	9(10)				
stomer Location	9	2	1	2		00 - Not specified 01 - Home 02 - Inter-Care 03 - Nursing Home 04 - Long Term/Extended Care 05 - Rest Home	307-C7	3Ø7-C7	PATIENT LOCATION	0	Code identifying the location of the patient when receiving pharmacy services.	9(2)	Ø=Not Specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home	Required.	[se	e Claim Category]
						US - Nest Home 06 - Boarding Home 07 - Skilled Care Facility 08 - Sub-Acute Care Facility 09 - Acute Care Facility 10 - Outpatient 11 - Hospice							s=kest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 1Ø=Outpatient 11=Hospice			
									EMPLOYER ID	0	ID assigned to employer.	x(15)				
noker/Non Smoker Code	9	1	1	1	Situational May be Reported	Blank – Not Specified 1 – Non Smoker 2 – Smoker	334-1C	334-1C	SMOKER / NON-SMOKER CODE	0	Code indicating the patient as a smoker or non-smoker.	x(1)	Blank - Not Specified 1 - Non Smoker 2 - Smoker	Situational May Be Reported.		
gnancy Indicator	Х	1	2	2	Required	Blank – Not Specified 1 – Not pregnant 2 – Pregnant	335-2C	335-2C	PREGNANCY INDICATOR	0	Code indicating the patient as pregnant or non-pregnant.	x(1)	Blank=Not Specified 1=Not pregnant 2=Pregnant	Required.		
		<u> </u>										1				

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Field Name	Type	Size	From	Thru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	ď
					<u>O3ugc</u>			Italiibei		от ориона		Tormat			247 ELI	GIBILITY/PATIENT RELATIONSHI	IΡ
															CO	DE	
															2Ø8 AGI		
																RSON CODE	
elationship Code	9	1	1	1	Not Used		306-C6									TIENT RELATIONSHIP CODE	
ligibility Clarification Code	9	1	2	2	Not Used		309-C9									GIBILITY CLARIFICATION CODE	
															336-8C FAC	CILITY ID	
																	\perp
															3Ø1-C1 GR		
																RRIER NUMBER	
																NEFIT ID	
																NTRACT NUMBER	
																NEFIT TYPE	
															279 ME	MBER SUBMITTED CLAIM	
									<u> </u>							OGRAM CODE N-POS CLAIM OVERRIDE CODE	+
									<u> </u>							N-POS CLAIM OVERRIDE CODE	
									<u> </u>							N-POS CLAIM OVERRIDE CODE	
									<u> </u>							PAY MODIFIER ID	
									<u> </u>							AN CUTBACK REASON CODE	
									<u> </u>							EFERRED ALTERNATIVE FILE ID)
												1				HER COVERAGE CODE	_
									<u> </u>							AN BENEFIT CODE	+
									<u> </u>						6Ø1-Ø1 PLA		+
									<u> </u>						001-01 PLF	AN ITPE	+
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								Claim Se	amont								ㅗ
								Cialili Se	gment	ſ							$\overline{}$
								111 AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request	x(2)	Ø7=Claim				+
								III-AW	SEGMENT IDENTIFICATION	IVI	and/or response.	X(2)	Ø7=Clailli				
								455-EM	PRESCRIPTION/SERVICE REFERENCE	М	Indicates the type of billing submitted.	x(1)	1=Rx Billing		455-EM PRI	ESCRIPTION/SERVICE	+
									NUMBER QUALIFIER		3	. ,	ı ,			FERENCE NUMBER QUALIFIER	
rescription Number	9	7	1	7	Required	RX Number	402-D2	4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE	M	Reference number assigned by the	9(7)	RX Number	Required	4Ø2-D1 PRI	ESCRIPTION/SERVICE	
									NUMBER		provider for the dispensed drug/product				REI	FERENCE NUMBER	
											and/or service provided.						4
																	4
								436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Code qualifying the value in 'Product/Service ID' (407-D7).	x(2)			436-E1 PR	ODUCT/SERVICE ID QUALIFIER	
NDC Number	9	11	1	11	Paguired	NDC format:	407-D7	407-D7	PRODUCT/SERVICE ID	M	ID of the product dispensed or service	x(19)	If 407-D7 is Ø3-NDC	Required	407-D7 DD0	ODUCT/SERVICE ID	+
DC Number	3	'''	'	""	rtequireu	MMMMMDDDDPP	407-07	401-01	I RODGET/SERVICE ID	IVI	provided.	X(13)	NDC Code format is:	required	4,07-07	ODOC I/SERVICE ID	
													Format=MMMMMDDDDPP				
						MMMMM – Manufacturer's Number											
						DDDD – Drug ID PP – Package Size							MMMMM=Manufacturer's Assigned Number				
						11 Tuonage Oize							DDDD=Drug ID				
													PP=Package Size				
other Procedure Code	Х	10	12	30	Required		407-D7			 			+	+			+
Zaloi i locedule code	^	15	12	30	When		407-07										
					Known												
												1					\top

El-Li Nomo	T				Layout	F	10 51-14		G Version 5.1 EXISTING	lio Manufat	Territa Burgara	lesson.	Definition (Format	IAUGOOG F		El-Li Nama
Field Name	Type	Size	From	Ihru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field	Field Name
					<u>Usage</u>			114111111111111111111111111111111111111	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE #	O	Related 'Prescription/Service Reference Number' (402-D2) to which the service is	9(7)			456-EN ASSOCIA PRESCR	ATED IPTION/SERVICE
											associated.				REFERE	NCE NUMBER
								457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	0	Date of the Associated Prescription/Service Reference Number.	9(8)			457-EP ASSOCIA PRESCR	ATED IPTION/SERVICE DATE
								458-SE	PROCEDURE MODIFIER CODE COUNT	0	Count of the 'Procedure Modifier Code'	9(1)				
lodifier 1	X	2	1	2	Required		459-ER	459-ER	PROCEDURE MODIFIER CODE	O***R***	(459-ER) occurrences. Identifies special circumstances related to	x(2)	If sent, will be stored.	Required when known		
			·		When Known					J	the performance of the service.	1.(=)				
odifier 2	Х	2	3	4	Required When		459-ER									
Modifier 3	X	2	5	6	Known Required		459-ER									
Suller 5		_	J		When		400 EK									
lodifier 4	Х	2	7	8	Required		459-ER									
					When Known											
Metric Decimal Quantity	9(5).999	8	3	10		Quantity Dispensed	442-E7	442-E7	QUANTITY DISPENSED	0	Quantity dispensed expressed in metric decimal units.	9(7)v999	Quantity	Required	442-E7 QUANTIT	TY DISPENSED
													Move 9(5)v999			
ew / Refill Code	9	2	11	12	Required	00 – Original	403-D3	4Ø3-D3	FILL NUMBER	0	The code indicating whether the	9(2)	Fill Number	Required	4Ø3-D3 FILL NUN	MBER
						01-99 – Refill Number					prescription is an original or a refill.		Ø=Original dispensing 1 to 99 = Refill number			
Days Supply 9	9	3	13	15	Required	Days Supply	405-D5	4Ø5-D5	DAYS SUPPLY	0	Estimated number of days the prescription will last.	9(3)	Days Supply	Required	4Ø5-D5 DAYS SU	JPPLY
Compound Code	9	1	16	16	Required	0 – Not Specified 1 – Not a Compound 2 – Compound	406-D6	4Ø6-D6	COMPOUND CODE	0	Code indicating whether or not the prescription is a compound.	9(1)	Ø=Not Specified 1=Not a Compound 2=Compound	Required	4Ø6-D6 COMPOU	JND CODE
Dispense as Written X Date Prescription Written 9	1	17	17	Required	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Selected Product Dispensed 4 – Substitution Allowed – Brand Drug Not in Stock 5 – Substitution Allowed – Brand Drug Dispensed as a Generic 6 – Override 7 – Substitution Not Allowed – Brand Drug Mandated by Law 8 – Substitution Allowed – Generic Drug Not Available in Marketplace 9 – Other	408-D8	4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	Ø=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed- Pharmacist Selected Product Dispensed 4=Substitution Allowed- Generic Drug Not in Stock 5=Substituti	Required	4Ø8-D8 DISPENS (DAW)/PI	SE AS WRITTEN RODUCT SELECTION CODE	
	9	8	18	25		Format = 'CCYYMMDD'	414-DE		DATE PRESCRIPTION WRITTEN	0	Date prescription was written.	9(8)	Format=CCYYMMDD	Required		ESCRIPTION WRITTEN
Number of Refills Authorized	9	2	26	27	Required	Value 00 - 99	415-DF		NUMBER OF REFILLS AUTHORIZED	0	Number of refills authorized by the prescriber.	9(2)	Number of refills authorized	Required		OF REFILLS AUTHORIZED
								419-DJ	PRESCRIPTION ORIGIN CODE	0	Code indicating the origin of the prescription.	9(1)			419-DJ PRESCR	IPTION ORIGIN CODE
								42Ø-DK	SUBMISSION CLARIFICATION CODE	0	Code indicating that the pharmacist is clarifying the submission.	9(2)			42Ø-DK SUBMISS	SION CLARIFICATION CODE
												1			42Ø-DK SUBMISS	SION CLARIFICATION CODE

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Field Name	Type	Size	From	<u>Thru</u>	Encounter	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field Field Name
					<u>Usage</u>			Number		or Optional		Format			42Ø-DK SUBMISSION CLARIFICATION CODE
				ļ				100 57	OLIANITITY PREGORINER	0	Assessed in section decised and	0(7): 000			46Ø-ET QUANTITY PRESCRIBED
								46∅-E1	QUANTITY PRESCRIBED	0	Amount expressed in metric decimal units.	9(7)0999			46Ø-ET QUANTITY PRESCRIBED
other Coverage Code	9	1	1	1	Required	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected	308-C8	3Ø8-C8	OTHER COVERAGE CODE	0	Code indicating whether or not the patient has other insurance coverage.	9(2)	ØØ=Not Specified Ø1=No other coverage Ø2=Other coverage exists- payment collected Ø3=Other coverage exists- claim not covered Ø4=Other coverage exists- payment not collected Ø5=Managed care plan denial Ø6=Other coverage denied-not participating provider Ø7=	Required	[See Benefit Category]
								429-DT	UNIT DOSE INDICATOR	0	Code indicating the type of unit dose dispensing.	9(1)		Situational May Be Reported.	
								453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	0	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)			
								445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	0	Code of the initially prescribed product or service.	x(19)			
									ORIGINALLY PRESCRIBED QUANTITY	0	Product initially prescribed amount expressed in metric decimal units.	9(7)v999			
								33Ø-CW	ALTERNATE ID	0	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(20)	The Health Plan CRN.	Required	
									SCHEDULED PRESCRIPTION ID NUMBER	0	The serial number of the prescription blank/form.	x(12)			
Init of Measure	х	2	1	2	Required	EA = Each GM = Grams ML = Milliliters	600-28	6ØØ-28	UNIT OF MEASURE	0	NCPDP standard product billing codes.	x(2)	EA=Each GM=Grams ML=Milliliters	Required	6ØØ-28 UNIT OF MEASURE
								418-DI	LEVEL OF SERVICE	0	Coding indicating the type of service the provider rendered.	9(2)			418-DI LEVEL OF SERVICE
								461-EU	PRIOR AUTHORIZATION TYPE CODE	0	Code clarifying the 'Prior Authorization Number' (462-EV).	9(2)		Situational May Be Reported. Data used to bypass Medical Review type encounter edits.	[See Prior Auth Category]
								462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	0	Number submitted by the provider to identify the prior authorization.	9(11)		Situational May Be Reported. Data used to bypass Medical Review type encounter edits.	[See Prior Auth Category]
									INTERMEDIARY AUTHORIZATION TYPE ID	0	Value indicating that authorization occurred for intermediary processing.	9(2)			
									INTERMEDIARY AUTHORIZATION ID	0	Value indicating intermediary authorization occurred.	x(11)			
								343-HD	DISPENSING STATUS	0	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)			343-HD DISPENSING STATUS
								344-HF	QUANTITY INTENDED TO BE DISPENSED	0	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).				

				ounter I			10.51		S Version 5.1 EXISTING	lia ii	Territoria.	I=:	In a su an	Taurana =		
Field Name	Type	Size	From	Thru	Encounter	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field	Field Name
					<u>Usage</u>				DAYS SUPPLY INTENDED TO BE	O Optional	Days supply for metric decimal quantity of				345-HG DAY	S SUPPLY INTENDED TO BE
								343-110	DISPENSED		medication that would be dispensed on	3(3)			DISF	PENSED
											original dispensing if inventory were					
											available. Used in association with a 'P' or					
											'C' in 'Dispensing Status' (343-HD).					
										1					399 REC	ORD STATUS CODE
											+	1				
		\vdash		\vdash					<u> </u>	+	+	 			218 CLAI	M MEDIA TYPE
										+	1	-				CESSOR PAYMENT
															CLA	RIFICATION CODE
Filled	9	8	1	8	Required	Dispense Date/Date of Service	401-D1									E OF SERVICE
						·										JDICATION DATE
											+	1				JDICATION TIME
	-											1				SINAL CLAIM RECEIVED DATE
	-						_			+	+	1				M SEQUENCE NUMBER
	-						_			+	+	1				ING CYCLE END DATE
												<u> </u>				IMUNICATION TYPE INDICATO
	-									+		1				ENT LOCATION - SEE NOTE
												ļ				BER SUBMITTED CLAIM
																MENT RELEASE DATE
									+		+	1				M DATE RECEIVED IN THE MA
															217 027	W BATE REGERVED IN THE W
															268 INTE	RNAL MAIL ORDER
															PRE	SCRIPTION/SERVICE
																ERENCE NUMBER
															1Ø2-A2 VER	SION/RELEASE NUMBER (OF
																CLAIM)
																CK DATE
																MENT/REFERENCE ID
															429-DT UNIT	DOSE INDICATOR
																NUMBER CALCULATED
																IPOUND ROUTE OF
												ļ				INISTRATION
				لبيا								<u> </u>				SNOSIS CODE QUALIFIER
osis Code	Х	6	1	6		ICD-9 Diagnosis Code	424-DO								424-DO DIAG	SNOSIS CODE
					When Known							1				
					TUIOWII							<u> </u>			403 WE DIA	SNOSIS CODE QUALIFIER
osis Code 2		15	1	15	Paguirod		424-DO			+	_	 	+		424-DO DIAG	
U313 UUUE Z	Х	10	'	10	Required When		424-00			1		1			424-DO DIAG	DINOGIO CODE
					Known					1						
										+	1	-			492-WE DIAG	SNOSIS CODE QUALIFIER
osis Code 3	X	15	1	15	Required		424-DO		+	1	+	1			424-DO DIAG	
0000 0	^	.5	']		When		.24 00			I		1			.24 DO DIAC	
					Known					1						
									t	_	+	1				NOSIS CODE QUALIFIER

		3.2 - Enco	ounter L	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size From		Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
				<u>Usage</u>			Number		or Optional		Format					
															DIAGNOSIS CODE	S
		+													DIAGNOSIS CODE QUALIFIER	S
		+													DIAGNOSIS CODE REASON FOR SERVICE CODE	S
		 													PROFESSIONAL SERVICE CODE	S
						_									RESULT OF SERVICE CODE	S
	-														DUR/PPS LEVEL OF EFFORT	S
		 													REASON FOR SERVICE CODE	S
		 				+									PROFESSIONAL SERVICE CODE	S
	1	-													RESULT OF SERVICE CODE	S
						_									DUR/PPS LEVEL OF EFFORT	S
		1 1 1													REASON FOR SERVICE CODE	S
		1 1 1													PROFESSIONAL SERVICE CODE	S
		1 1 1												441-E6	RESULT OF SERVICE CODE	S
														474-8E	DUR/PPS LEVEL OF EFFORT	S
															REASON FOR SERVICE CODE	S
									1					44Ø-E5	PROFESSIONAL SERVICE CODE	S
	İ													441-E6	RESULT OF SERVICE CODE	S
															DUR/PPS LEVEL OF EFFORT	S
														439-E4	REASON FOR SERVICE CODE	S
														44Ø-E5	PROFESSIONAL SERVICE CODE	S
															RESULT OF SERVICE CODE	S
															DUR/PPS LEVEL OF EFFORT	S
															REASON FOR SERVICE CODE	S
															PROFESSIONAL SERVICE CODE	S
															RESULT OF SERVICE CODE	S
															DUR/PPS LEVEL OF EFFORT	S
															REASON FOR SERVICE CODE	S
															PROFESSIONAL SERVICE CODE	S
															RESULT OF SERVICE CODE	S
															DUR/PPS LEVEL OF EFFORT	S
															REASON FOR SERVICE CODE	S
															PROFESSIONAL SERVICE CODE	S
															RESULT OF SERVICE CODE	S
		\vdash													DUR/PPS LEVEL OF EFFORT REASON FOR SERVICE CODE	S
		 													PROFESSIONAL SERVICE CODE	S
		 													RESULT OF SERVICE CODE	
	-	\vdash	\vdash						 			-			DUR/PPS LEVEL OF EFFORT	S
	-	\vdash	\vdash						 			-			DUR CO-AGENT ID QUALIFIER	S
	1		\vdash						1						DUR CO-AGENT ID GOALII IEK	S
	1		\vdash		1				1			 	+		REJECT OVERRIDE CODE	S
	1	\vdash	\vdash						1						REJECT CODE	S
	1	++	\vdash						1			 			REJECT CODE	S
	1				<u> </u>				1			<u> </u>	 		REJECT CODE	S
	1								1						REJECT CODE	S
	1								1			1			REJECT CODE	S
	1								1			1				+
									1					532-FW	DATABASE INDICATOR	S
															PRODUCT/SERVICE NAME	S
									1					261	GENERIC NAME	S
															PRODUCT STRENGTH	S
														243	DOSAGE FORM CODE	S

				ounter					Version 5.1 EXISTING								
Field Name	Type	Size	From	<u>Thru</u>	Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M
					<u>Usage</u>			Number		or Optional		Format			298 PR	OCEDURE CODE	4
																OCEDURE MODIFIER CODE	- 1
													1		425-DP DF		- 3
													+			AINTENANCE DRUG INDICATOR	- 5
																RUG CATEGORY CODE	
																DERAL DEA SCHEDULE	
																RESCRIPTION OVER THE	
																DUNTER INDICATOR	
																A DRUG EFFICACY CODE	_
												-				ON NUMBER	
																ON SEQUENCE NUMBER	
																NERIC PRODUCT IDENTIFIER DERAL UPPER LIMIT INDICATOR	:
													<u> </u>			RESCRIBED DAYS SUPPLY	+
																IERAPEUTIC CLASS CODE -	+
															GE	ENERIC	
																IERAPEUTIC CLASS CODE -	
																PECIFIC	
															893 TH	ERAPEUTIC CLASS CODE – ANDARD	
	-											-				IERAPEUTIC CLASS CODE – AHF	S
															036	1217 11 20110 02100 0002 7111	
																	T
																	T
																	T
																	_
																RMULARY STATUS	_
																IENT FORMULARY FLAG	
												-				ERAPEUTIC CHAPTER RMULARY FILE ID	
													<u> </u>			ORMULARY CODE TYPE	+
	-							Pricing Se	agmont						255 FC	DRINGLART CODE TIFE	
	-							Fricing 3	egment I								$\overline{}$
								111-AM	SEGMENT IDENTIFICATION	М	Identifies the segment in the request	x(2)	11=Pricing				+
											and/or response.	(=/					
gredient Cost	9(6).99	8	1	8	Required	Ingredient Cost Submitted by Pharmacy	409-D9	4Ø9-D9	INGREDIENT COST SUBMITTED	0	Submitted product component cost of the	s9(6)v99	Ingredient Cost Submitted by	Required	4Ø9-D9 IN	GREDIENT COST SUBMITTED	
											dispensed prescription. This amount is		Pharmacy				
											included in the 'Gross Amount Due' (430- DU).		***9(6)v99 moved to Mainframe				
													o(o)voo movoo to mammame				
spense Fee Submitted by	9(6).99	8	9	16	Required		412-DC	412-DC	DISPENSING FEE SUBMITTED	0	Dispensing fee submitted by the	s9(6)v99	Dispensing Fee Submitted by	Required			+
narmacy	. (.,										pharmacy. This amount is included in the		Pharmacy				
											'Gross Amount Due' (430-DU).						
								477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	0	Amount submitted by the provider for professional services rendered.	s9(6)v99					
tient Paid Amount	9(6).99	8	1	8	Required	Amount the pharmacy actually collected	433-DX	433-DX	PATIENT PAID AMOUNT SUBMITTED	0	Amount the pharmacy received from the	s9(6)v99	Amount the pharmacy actually	Required if Applicable			+
	-(0).00					from the member/person picking up the		.30 DX			patient for the prescription dispensed.	(0).00	collected from the	- I was a separation			
						drug							recipient/patient/person picking up				
													the medication				
													***9(6)v99 moved to Mainframe				
										1		1					

			2 - Enco						G Version 5.1 EXISTING								
Field Name	Type	Size	From	Thru	Encounter	Encounter Value	IG Field	Field Number	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M
					<u>Usage</u>			rearrison	INCENTIVE AMOUNT SUBMITTED	or Optional	Amount represents a fee that is submitted	Format s9(6)v99					_
								430-E3	INCENTIVE AMOUNT SUBMITTED		by the pharmacy for contractually agreed	59(0)499					
											upon services. This amount is included in						
											the 'Gross Amount Due' (430-DU).						
								478-H7	OTHER AMOUNT CLAIMED SUBMITTED	0	Count of other amount claimed submitted	9(1)					
									COUNT		occurrences.						
								479-H8	OTHER AMOUNT CLAIMED SUBMITTED	O***R***	Code identifying the additional incurred	x(2)					
									QUALIFIER		cost claimed in 'Other Amount Claimed Submitted' (480-H9).						
								400 LIC	OTHER AMOUNT CLAIMED SUBMITTED	O***R***	Amount representing the additional	s9(6)v99					$-\!\!\!+$
								40⊘-⊓8	OTTER AMOUNT CLAIMED SOBWITTED	O K	incurred costs for a dispensed prescription	33(0)733					
											or service.						
								481-HA	FLAT SALES TAX AMOUNT SUBMITTED	0	Flat sales tax submitted for prescription.	s9(6)v99					
											This amount is included in the 'Gross						
											Amount Due' (430-DU).						
								482-GE	PERCENTAGE SALES TAX AMOUNT	0	Percentage sales tax submitted.	s9(6)v99					T
								400.1:-	SUBMITTED		D	-0/2					
								483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	0	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount	s9(3)v4					
									GODIVII I IED		Submitted' (482-GE).						
	1							484- IF	PERCENTAGE SALES TAX BASIS	0	Code indicating the basis for percentage	x(2)	 	+			-+
								704 JL	SUBMITTED		sales tax.	~(~)					
sual & Customary Charge		8	1	8	Situational,		426-DQ	426-DQ	USUAL AND CUSTOMARY CHARGE	0	Amount charged cash customers for the	s9(6)v99		Situational			
					May Be						prescription exclusive of sales tax or other			May Be Reported.			
					Reported						amounts claimed.		***9(6)v99 moved to Mainframe				
ross Amount Due	9(6).99	8	9	16	Required	Billed Amount	430-DU	43Ø-DU	GROSS AMOUNT DUE	0	Total price claimed from all sources. For	s9(6)v99	Billed Amount	Required	43Ø-DU GRO	SS AMOUNT DUE	
											prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-						
											D9), 'Dispensing Fee Submitted' (412-DC),		***9(6)v99 moved to Mainframe				
											'Flat Sales Tax Amount Submitted' (481-		5(0).00				
											HA), 'Percentage Sales Tax Amount						
											Submitted'						
								423-DN	BASIS OF COST DETERMINATION	0	Code indicating the method by which	x(2)					
											'Ingredient Cost Submitted' (Field 409-D9)						
											was calculated.						
																ENT PAY AMOUNT	
																REDIENT COST PAID	!
																ENSING FEE PAID	N
																AL AMOUNT PAID BY ALL	_
																RCES	
												1			523-FN AMO	UNT ATTRIBUTED TO SALE	S
	+ -			-					+	 	<u> </u>	-	 		17.00	UNT OF COPAY	
	-			-					<u> </u>	1			ļ				
	-								1	1			<u> </u>			UNT OF COINSURANCE	
												1				UNT ATTRIBUTED TO PROD	UCI
	-			-+					+	1	+	1	 	+		UNT APPLIED TO PERIODIC	;
												1				UCTIBLE	
									†				†			UNT ATTRIBUTED TO	
																CESSOR FEE	
										1					272 MAC	REDUCED INDICATOR	
									1	Ì		1			223 CLIE	NT PRICING BASIS OF COST	Т
	1 1			- 					<u> </u>	1		1				ERIC INDICATOR	
									†				†			OF POCKET APPLY AMOUN	١T
	+			-+					†	†	+	1	†			RAGE COST PER QUANTITY	
									•		1						

		3.2 - Enco	unter L	ayout			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size From		Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition		Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
				<u>Usage</u>			Number		or Optional		Format			210	AVERAGE GENERIC UNIT PRICE	S
															AVERAGE WHOLESALE UNIT PRICE	
															FEDERAL UPPER LIMIT UNIT PRICE	
															MAC PRICE	S
														426-DQ	USUAL AND CUSTOMARY CHARGE	5
														558-AW	FLAT SALES TAX AMOUNT PAID	S
															PERCENTAGE SALES TAX AMOUNT	S
	1								1						PAID PERCENTAGE SALES TAX RATE	S
														300-A1	PAID	3
															PERCENTAGE SALES TAX BASIS	S
															PAID	
		 							-						INCENTIVE AMOUNT PAID PROFESSIONAL SERVICE FEE PAID	S
									1						OTHER AMOUNT PAID QUALIFIER	S
		1 1							1						OTHER AMOUNT PAID	S
															OTHER AMOUNT PAID QUALIFIER	S
															OTHER AMOUNT PAID	S
															OTHER AMOUNT PAID QUALIFIER	S
															OTHER AMOUNT PAID	S
														566-J5	OTHER PAYER AMOUNT RECOGNIZED	S
														351-NP	OTHER PAYER-PATIENT	S
															RESPONSIBILITY AMOUNT	
	1								1						QUALIFIER OTHER PAYER-PATIENT	S
														332-NQ	RESPONSIBILITY AMOUNT	3
														351-NP	OTHER PAYER-PATIENT	S
															RESPONSIBILITY AMOUNT QUALIFIER	
														352-NQ	OTHER PAYER-PATIENT	S
															RESPONSIBILITY AMOUNT	
															NET AMOUNT DUE	M
														522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
	1	 				1								512-FC	ACCUMULATED DEDUCTIBLE	S
															AMOUNT	
															REMAINING DEDUCTIBLE AMOUNT	
	-														REMAINING BENEFIT AMOUNT COST DIFFERENCE AMOUNT	S
	1	 				+					-				EXCESS COPAY AMOUNT	S
															MEMBER SUBMIT AMOUNT	S
	1											1			HOLD HARMLESS AMOUNT	S
														52Ø-FK	AMOUNT EXCEEDING PERIODIC	S
	-													246 1111	BENEFIT MAXIMUM	1
														346-HH	BASIS OF CALCULATION – DISPENSING FEE	S
															BASIS OF CALCULATION - COPAY	S
	1										1			0.40 1.84	DACIC OF CALCUL ATION FLAT	4
														348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S
	1					1			1		t	1		349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S
									1							
														573-4V	BASIS OF CALCULATION – COINSURANCE	S
	1					1					 			557-AV	TAX EXEMPT INDICATOR	S
	1				ı			I	1	1		1	1		1	

		3.2 - E	ncounter	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Туре			Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/:
				<u>Usage</u>			Number		or Optional		Format			005		
														285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
													+	276	MEDICARE RECOVERY INDICATOR	S
														275	MEDICARE RECOVERY DISPENSING	
															INDICATOR	
														286	PATIENT SPEND DOWN AMOUNT	S
														263	HEALTH CARE REIMBURSEMENT	S
														264	ACCOUNT AMOUNT APPLIED HEALTH CARE REIMBURSEMENT	S
														204	ACCOUNT AMOUNT REMAINING	
														2Ø7	ADMINISTRATIVE FEE EFFECT	S
															INDICATOR	Щ.
														2Ø6		S
			_											269	INVOICED AMOUNT	S
			_							<u> </u>	1		_			+
			-						+	+	<u> </u>	1	+		+	+
			-				Pharmacy	Provider Segment				-	+			—
			-				Tharmacy	Trovider deginerit								$\overline{}$
			-				111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request	x(2)	Ø2=Pharmacy Provider	+			+
										and/or response.	, ,	,				
							465-EY	PROVIDER ID QUALIFIER	0	Code qualifying the 'Provider ID' (444-E9).	x(2)	05 = National Provider ID [NPI]				T
							444-EQ	PROVIDER ID	0	Unique ID assigned to the person	x(15)					+
							444-23	I KOVIDEK ID		responsible for the dispensing of the	X(13)					
										prescription or provision of the service.						
																丄
															SERVICE PROVIDER ID QUALIFIER	_
															SERVICE PROVIDER ID	S
														886	SERVICE PROVIDER CHAIN CODE PHARMACY NAME	S
														726	ADDRESS LINE 1	S
			-											727	ADDRESS LINE 2	S
			-											728	CITY	S
													+	729	STATE	S
			-										+	73Ø	ZIP/POSTAL CODE	S
														887	SERVICE PROVIDER COUNTY CODE	
														732	TELEPHONE NUMBER	S
														29Ø		S
														289	PHARMACY CLASS CODE	S
														266	IN NETWORK INDICATOR	S
			_				D	9						545-2F	NETWORK REIMBURSEMENT ID	S
							Prescribe	Segment							+	_
							111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request	x(2)	Ø3=Prescriber				+
Prescribing Provider ID Qualifier	Х	2 1	2	Peguired	Prescribing Provider ID Qualifier	466-EZ	466-E7	PRESCRIBER ID QUALIFIER	0	and/or response. Code qualifying the 'Prescriber ID' (411-	x(2)	01=National Provider Identifier		466 E7	PRESCRIBER ID QUALIFIER	S
r resonantly Frovider in Addition	_ ^		-	Nequired	01 = National Provider ID Qualifier [NPI]	400-EZ	400-22	I NEGONIDEN ID QUALIFIEN		DB).	X(Z)	[NPI]		400-EZ	I RESORIBER ID QUALIFIER	3
					05 = Medicaid ID					<i>'</i>		Ø5=Medicaid				
					12 = DEA #							12=Drug Enforcement Administration (DEA) Number				
												Administration (DEA) Number				丄

			2 - Enco						G Version 5.1 EXISTING							
Field Name	Type	Size	From	Thru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field Field Name	
rescriber ID	X	10	3	12	Required	NPI, AHCCCS Provider ID and Location Code OR DEA Number [Not used after May 23, 2007]	411-DB		PRESCRIBER ID	O	ID assigned to the prescriber.	x(15)	AHCCCS ID [6] and Location Code [2] OR the Prescriber's DEA Number OR the Prescriber's NPI The NPI will be required as of May 23, 2007. No other ID will be valid after that time.	Required	411-DB PRESCRIBER ID	
								467-1E	PRESCRIBER LOCATION CODE	0	Location address code assigned to the prescriber as identified in the National Provider System (NPS).	x(3)	aner mac ume.		467-1E PRESCRIBER LOCATION CODE	
								427-DR	PRESCRIBER LAST NAME	0	Individual last name.	x(15)			716 LAST NAME	T
															717 FIRST NAME	
								498-PM	PRESCRIBER PHONE NUMBER	0	Ten digit phone number of the prescriber.	9(10)			732 TELEPHONE NUMBER	
-								468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	0	Code qualifying the 'Primary Care Provider ID' (421-DL).	x(2)			468-2E PRIMARY CARE PROVIDER ID QUALIFIER	\exists
								421-DL	PRIMARY CARE PROVIDER ID	0	ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.	x(15)			421-DL PRIMARY CARE PROVIDER ID	
									PRIMARY CARE PROVIDER LOCATION CODE	0	Location address code assigned to the primary care provider as identified in the National Provider System (NPS).	x(3)			469-H5 PRIMARY CARE PROVIDER LOCATION CODE	
								47∅-4E	PRIMARY CARE PROVIDER LAST NAME	0	Individual last name.	x(15)			716 LAST NAME	
															717 FIRST NAME	_
																_
																_
												-			466-EZ PRESCRIBER ID QUALIFIER	_
															(ALTERNATE)	
															411-DB PRESCRIBER ID (ALTERNATE)	
															296 PRESCRIBER TAXONOMY	
															295 PRESCRIBER CERTIFICATION STATUS	
																_
								COB/Othe	er Payments Segment					One iteration of this segment will always be present to report the BHS/CRS/Health Plan paid amount.		_
								111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request	x(2)	Ø5=Coordination of Benefits/Other			-
										""	and/or response.	^(2)	Payments			
				ĺ				337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	М	Count of other payment occurrences.	9(1)	Number of Other Coverages			
ver 1 Coverage Type	Х	2	1	2	•	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	338-5C	OTHER PAYER COVERAGE TYPE	M***R***	Code identifying the type of 'Other Payer ID' (340-7C).	x(2)	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite	Required		

		3.	.2 - Enc	ounter	Layout			EXISTING	Version 5.1 EXISTING							
Field Name	Type				Encounter	Encounter Value	IG Field	Field			Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name M/S
					<u>Usage</u>			339-6C	OTHER PAYER ID QUALIFIER	or Optional O**R***	Code qualifying the 'Other Payer ID' (340-7C).	x(2)	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99=Other 99 - when payer is Health Plan or Medicare			
Payer 1 ld	X	10	1	10	Required	6 byte Health Plan ID + 3 byte TSN	340-7C	34∅-7C	OTHER PAYER ID	O***R***	ID assigned to the payer.	x(10)	To report the Health Plan ID, 339-6C = 99 and this field is the AHCCCS Health Plan ID [6] and TSN [3] OR The Other Payer Id If Other Payer is Medicare, Other Payer ID must be "MEDICARE".	Required		
Primary Payer Denial Date	9	8	11	18	Situational May Be Reported	Format = 'CCYYMMDD'	443-E8	443-E8	OTHER PAYER DATE	O***R***	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	9(8)	Format=CCYYMMDD	Situational May Be Reported.		
								341-HB	OTHER PAYER AMOUNT PAID COUNT	0	Count of the payer amount paid occurrences.	9(1)	Other Payer amount paid occurrences			
									OTHER PAYER AMOUNT PAID QUALIFIER	O***R***	Code qualifying the 'Other Payer Amount Paid' (431-DV).	x(2)	Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative (Dispensing Fee) Ø5=Incentive Ø6=Cognitive Service Ø7=Allowed Amount (Ingredient Cost) Ø8=Amount Paid (Paid Amount) 98=Coupon 99=Other 1st occurrence = Deductible 2nd occurrence = Colnsurance	Required		
Other Payer Amount	9(6).99	8	1	8	Required	Amount of the other payment	431-DV		OTHER PAYER AMOUNT PAID	O***R***	Amount of any payment known by the pharmacy from other sources (including coupons).		Amount of the other payment	Required		
								471-5E	OTHER PAYER REJECT COUNT	0	Count of 'Other Payer Reject Code' (472- 6E) occurrences.	9(2)				
								472-6E	OTHER PAYER REJECT CODE	O***R***	The error encountered by the previous Other Payer in 'Reject Code' (511-FB).	x(3)				
		+		\vdash												
ı																
						•				•	•		•			· · · · · · · · · · · · · · · · · · ·

					Layout				G Version 5.1 EXISTING							
Field Name	Type	Size	From	Thru	Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name
					<u>Usage</u>			Number		or Optional		Format				
	-									+			+	1		
	-									+						
	-									+			+			
															225	COB CARRIER SUBMIT AMOUNT
																ELIGIBILITY COB INDICATOR
															226	COB PRIMARY CLAIM TYPE
															232	COB PRIMARY PAYER ID
ayer 1 Allowed Amount	9(6).99	8	1	8	Required	Allowed Amount	431-DV								227	COB PRIMARY PAYER ALLOWED AMOUNT
ayer 1 Paid Amount	9(6).99	8	9	16	Required	Paid Amount (Health Plan Paid Amount)	431-DV									COB PRIMARY PAYER AMOUNT PAID
ayer 1 Dispense Fee Paid	9(6).99	8	17	24	Required	Dispensing Fee Paid	431-DV									
ayer 1 Ingredient Cost Paid	9(6).99		25	32	Required	Ingredient Cost Paid	431-DV			<u> </u>			<u> </u>			
Payer 1Deductible	9(6).99	8	33	40	Required	Deductible	431-DV								231	COB PRIMARY PAYER DEDUCTIBL
ayer 1 Coinsurance	9(6).99	8	41	48	Required	Coinsurance	431-DV								229	COB PRIMARY PAYER COINSURANCE
Payer 1CoPay	9(6).99	8	49	56	Required	CoPay	431-DV							1	23Ø	COB PRIMARY PAYER COPAY
Payer 2 Coverage Type	Х	2	57	58	When Other	Blank – Not Specified 01-Primary 02–Secondary	338-5C									
						03-Tertiary										
Payer 2 ld	Х	10	59	68		Other payer ID	340-7C								238	COB SECONDARY PAYER ID
					When Other Coverage Exists	If other payer is Medicare, Other Payer ID Must be "MEDICARE".										
Payer 2 Allowed Amount	9(6).99	8	69	76	Required When Other Coverage Exists	Allowed Amount	431-DV								233	COB SECONDARY PAYER ALLOWE AMOUNT
Payer 2 Paid Amount	9(6).99	8	77	84	Required When Other Coverage Exists		431-DV									COB SECONDARY PAYER AMOUNT PAID
Payer 2 Dispense Fee	9(6).99	8	85	92	Required	Dispensing Fee Paid	431-DV									
					When Other Coverage Exists											
ayer 2 Ingredient Cost Paid	9(6).99	8	93	100	Required When Other		431-DV									
					Coverage Exists											
Payer 2 Deductible	9(6).99	8	101	108	Required	Deductible	431-DV								237	COB SECONDARY PAYER
					When Other Coverage Exists											DEDUCTIBLE

Field Name	Tom				Layout	Encounter Value	IC Field		G Version 5.1 EXISTING	IC Mandata :::	Field Definition	Trials.	Definition/Formet	AUCCOS Fraguetas Hagin	F2-1-1	Field Name	
Field Name	Type	Size	From	Ihru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/
Payer 2 Coinsurance	9(6).99	8	109	116		Coinsurance	431-DV	rumber		or optional		Tomac			235	COB SECONDARY PAYER COINSURANCE	S
Payer 2 CoPay	9(6).99	8	117	124	Required When Other Coverage Exists	СоРау	431-DV								236	COB SECONDARY PAYER COPAY	S
Payer 3 Coverage Type	X	2	125	126	When Other Coverage	Blank – Not Specified 01-Primary 02–Secondary 03-Tertiary	338-5C										
Payer 3 ID	х	10	127	136	When Other Coverage	Other payer ID If other payer is Medicare, Other Payer ID Must be "MEDICARE".	340-7C										
Payer 3 Allowed Amount	9(6).99	8	137	144	Required When Other Coverage Exists	Allowed Amount	431-DV										
Payer 3 Paid Amount	9(6).99	8	145	152	Required When Other Coverage Exists	Paid Amount	431-DV										
Payer 3 Dispense Fee Paid	9(6).99	8	153		Required When Other Coverage Exists	Dispensing Fee Paid	431-DV										
Payer 3 Ingredient Cost Paid	9(6).99	8	161	168	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV										
Payer 3 CoPay	9(6).99	8	169	176	Required When Other Coverage Exists	CoPay	431-DV										
Payer 3 Deductible	9(6).99	8	177	184	Required When Other Coverage Exists	Deductible	431-DV										
Payer 3 Coinsurance	9(6).99	8	185	192	Required When Other Coverage Exists	Coinsurance	431-DV										\uparrow
																TRANSACTION ID	
Health Plan Claim Number	Х	20	1	20	Required	Internal Health Plan Claim Tracking Number	601-68			1					5Ø3-F3 224	AUTHORIZATION NUMBER CLIENT SPECIFIC DATA	9
	1	1		1	1				1	1		1	i i			1	- 1

		3.2 - Enco	unter Lay	<u>out</u>			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size From			Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
			Ţ	<u>Jsage</u>			Number		or Optional		Format					
															FILLER	M
							Workers'	Compensation Segment								
							111-AM	SEGMENT IDENTIFICATION	М	Identifies the segment in the request and/or response.	x(2)	Ø6=Worker's Compensation				
		 					424 DV	DATE OF INJURY	M	Date on which the injury occurred.	9(8)			424 DV	DATE OF INJURY	S
		 						EMPLOYER NAME	O	Complete name of employer.	x(30)			434-01	DATE OF INJUNT	3
		1 1						EMPLOYER NAME EMPLOYER STREET ADDRESS	0	Free-form text for address information.						
							316-03	EMPLOTER STREET ADDRESS		Free-form text for address information.	x(30)					
		 					317-CH	EMPLOYER CITY ADDRESS	0	Free-form text for city name.	x(20)					
		+ + +						EMPLOYER STATE/PROVINCE	0	Standard State/Province Code as defined	x(2)					
								ADDRESS		by appropriate government agency.	(=)					
		 					319-CJ	EMPLOYER ZIP/POSTAL ZONE	0	Code defining international postal zone	x(15)					
							0.000			excluding punctuation and blanks (zip	λ(.0)					
										code for US).						
								EMPLOYER PHONE NUMBER	0	Ten digit phone number of employer.	9(10)					
								EMPLOYER CONTACT NAME	0	Employer primary contact.	x(30)					
							327-CR	CARRIER ID	0	Carrier code assigned in Worker's Compensation Program.	x(10)					
							435-DZ	CLAIM/REFERENCE ID	0	Identifies the claim number assigned by	x(30)			435-DZ	CLAIM/REFERENCE ID	S
										Worker's Compensation Program.	-					
		 														
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		1 1					DUR/PPS	Segment				+				
		 					DOMFTS	Segment					+	_		
		 					111 AM	SEGMENT IDENTIFICATION	M	Identifies the comment in the request	v(2)	Ø8=DUR/PPS				
							TTT-AIVI	SEGMENT IDENTIFICATION	IVI	Identifies the segment in the request and/or response.	x(2)	06=DUR/PPS				
							473-7E	DUR/PPS CODE COUNTER	O***R***	Counter number for each DUR/PPS set/logical grouping.	9(1)					
							439-E4	REASON FOR SERVICE CODE	O***R***	Code identifying the type of utilization conflict detected or the reason for the	x(2)				[See Claim Segment]	
										pharmacist's professional service.						
	-	 				-	44Ø-E5	PROFESSIONAL SERVICE CODE	O***R***	Code identifying pharmacist intervention	x(2)				[See Claim Segment]	-+
										when a conflict code has been identified or service has been rendered.					,	
	_	1 1					444 50	DESTILL OF SERVICE CORE	O***D***	Action taken by a phormacist in second	v(0)		_		[Con Claim Coamant]	
							441-E6	RESULT OF SERVICE CODE	O***R***	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)				[See Claim Segment]	
	-	 				_	474-8E	DUR/PPS LEVEL OF EFFORT	O***R***	Code indicating the level of effort as	9(2)	-	+		[See Claim Segment]	
							4/4-0E	DOINT I S LEVEL OF EFFORT	O K	determined by the complexity of decision	9(2)				Loce ciaini sedinenti	
		1 1 1								making or resources utilized by a						
										pharmacist to perform a professional						
			I							service.						
							475-J9	DUR CO-AGENT ID QUALIFIER	O***R***	Code qualifying the value in 'DUR Co- Agent ID' (476-H6).	x(2)				[See Claim Segment]	

		3	.2 - Enc	ounter I	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size	From	<u>Thru</u>	Encounter	Encounter Value	IG Field	Field			Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
					<u>Usage</u>			Number 476-H6	DUR CO-AGENT ID	Optional O***R***	Identifies the co-existing agent contributing	Format x(19)				[See Claim Segment]	
								470110	BON GO NGENT IB	O IX	to the DUR event (drug or disease	X(13)				loce oranii oeginenij	
											conflicting with the prescribed drug or prompting pharmacist professional						
											service).						
								Coupon S	egment								
								111-AM	SEGMENT IDENTIFICATION	М	Identifies the segment in the request and/or response.	x(2)	Ø9=Coupon				
								485-KE	COUPON TYPE	М	Code indicating the type of coupon being used.	x(2)					
								486-ME	COUPON NUMBER	М	Unique serial number assigned to the prescription coupons.	x(15)					
								487-NE	COUPON VALUE AMOUNT	0	Value of the coupon.	s9(6)v99					
								Compoun	d Segment								
								444 444				(0)	10.0				
									SEGMENT IDENTIFICATION	М	Identifies the segment in the request and/or response.	x(2)	1Ø=Compound				
									COMPOUND DOSAGE FORM DESCRIPTION CODE	М	Dosage form of the complete compound mixture.	x(2)					
								451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	М	NCPDP standard product billing codes.	9(1)					
								452-EH	COMPOUND ROUTE OF ADMINISTRATION	М	Code for the route of administration of the complete compound mixture.	9(2)					
								447-EC	COMPOUND INGREDIENT COMPONENT	М	Count of compound product IDs (both	9(2)					
									COUNT		active and inactive) in the compound mixture submitted.						
								488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	Code qualifying the type of product dispensed.	x(2)					
								489-TE	COMPOUND PRODUCT ID	M***R***	Product identification of an ingredient used in a compound.	x(19)					
								448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Amount expressed in metric decimal units of the product included in the compound	9(7)v999					
								440-EE	COMPOUND INGREDIENT DRUG COST	O***R***	mixture. Ingredient cost for the metric decimal	s9(6)v99					
								449-66	COMPOUND INGREDIENT DRUG COST	O K	quantity of the product included in the						
											compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	i					
											Ingredient Quantity (Field 446-ED).						
								49Ø-UE	COMPOUND INGREDIENT BASIS OF	O***R***	Code indicating the method by which the	x(2)					
									COST DETERMINATION		drug cost of an ingredient used in a compound was calculated.						
											compound was calculated.						
																RECORD TYPE	M
																PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	М
															4Ø2-D1	PRESCRIPTION/SERVICE REFERENCE NUMBER	М
															477-EC	COMPOUND INGREDIENT COMPONENT COUNT	М
																SECTION DENOTES FIRST INGREDIENT:	
															488-RE	COMPOUND PRODUCT ID QUALIFIER	М
												1			489-TE	COMPOUND PRODUCT ID	M
																COMPOUND INGREDIENT QUANTIT	Y S
												1			449-EE	COMPOUND INGREDIENT DRUG	S
			<u> </u>													COST	

				ounter L					Version 5.1 EXISTING							
Field Name	Type	Size	From	<u>Thru</u>	Encounter	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name
					<u>Usage</u>			Number		or Optional		Format			49Ø-UE	COMPOUND INGREDIENT BASIS OF
															102 02	COST DETERMINATION
																CLIENT FORMULARY FLAG
																GENERIC NAME
																PRODUCT STRENGTH
																DOSAGE FORM CODE
																DATABASE INDICATOR DRUG TYPE
																FORMULARY STATUS
																DRUG CATEGORY CODE
																FEDERAL DEA SCHEDULE
																FDA DRUG EFFICACY CODE
															259	GCN SEQUENCE NUMBER
															262	GENERIC PRODUCT IDENTIFIER
															251	FEDERAL UPPER LIMIT INDICATOR
															891	THERAPEUTIC CLASS CODE -
															892	GENERIC THERAPEUTIC CLASS CODE -
															692	SPECIFIC
															893	THERAPEUTIC CLASS CODE -
																STANDARD
															89Ø	THERAPEUTIC CLASS CODE - AHFS
Dose Indicator	9	1	1	1	Situational		429-DT			+					420-DT	UNIT DOSE INDICATOR
Jose Indicator		'			Olludional		423 01								423 01	SINIT BOSE INDIGITION
					May be											
					Reported											
																UNIT OF MEASURE
															299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE
															272	MAC REDUCED INDICATOR
																CLIENT PRICING BASIS OF COST
																DUR CO-AGENT ID QUALIFIER
															476-H6	DUR CO-AGENT ID
																GENERIC INDICATOR
															292	PLAN CUTBACK REASON CODE
															889	THERAPEUTIC CHAPTER
															2Ø9	AVERAGE COST PER QUANTITY UNIT PRICE
															210	AVERAGE GENERIC UNIT PRICE
		H		+						+			1			AVERAGE WHOLESALE UNIT PRICE
											1					
<u> </u>															271	MAC PRICE
															522-FM	BASIS OF REIMBURSEMENT
															205	DETERMINATION PATIENT MEDICARE FORMULARY
											1				285	REBATE AMOUNT
										1	†		1			SECTION DENOTES SECOND
																INGREDIENT:
				T	·										488-RE	COMPOUND PRODUCT ID
									 	+	1		+		480 TE	QUALIFIER COMPOUND PRODUCT ID
	_	 								+	 		+			COMPOUND INGREDIENT QUANTITY
										1		1	1		440-ED	CONT. COND INGICEDIENT QUANTITI

		<u>3.2 - En</u>	counter	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size From	<u>Thru</u>	Encounter	Encounter Value	IG Field		Field Name		Field Definition		Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
				<u>Usage</u>			Number		or Optional		Format			449-EE	COMPOUND INGREDIENT DRUG COST	S
														49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S
			1											221	CLIENT FORMULARY FLAG	S
			1 1											397	PRODUCT/SERVICE NAME	S
														261	GENERIC NAME	S
															PRODUCT STRENGTH	S
															DOSAGE FORM CODE	S
															DATABASE INDICATOR	S
															DRUG TYPE	S
															FORMULARY STATUS	S
															DRUG CATEGORY CODE	S
											_				FEDERAL DEA SCHEDULE	S
			+						1		-				FDA DRUG EFFICACY CODE GCN NUMBER	S
			+						1		-				GCN SEQUENCE NUMBER	S
			+						1						GENERIC PRODUCT IDENTIFIER	S
			-												FEDERAL UPPER LIMIT INDICATOR	
														891	THERAPEUTIC CLASS CODE – GENERIC	S
															THERAPEUTIC CLASS CODE – SPECIFIC	S
														893	THERAPEUTIC CLASS CODE – STANDARD	S
														89Ø	THERAPEUTIC CLASS CODE – AHFS	3 S
														429-DT	UNIT DOSE INDICATOR	S
															UNIT OF MEASURE	S
															PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S
															MAC REDUCED INDICATOR	S
															CLIENT PRICING BASIS OF COST	S
															DUR CO-AGENT ID QUALIFIER	S
															DUR CO-AGENT ID	S
															GENERIC INDICATOR	S
			4												PLAN CUTBACK REASON CODE THERAPEUTIC CHAPTER	S
			-												AVERAGE COST PER QUANTITY	S
														2,03	UNIT PRICE	3
														21Ø	AVERAGE GENERIC UNIT PRICE	S
														211	AVERAGE WHOLESALE UNIT PRICE	S
															FEDERAL UPPER LIMIT UNIT PRICE	S
															MAC PRICE	S
															BASIS OF REIMBURSEMENT DETERMINATION	S
															PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
															SECTION DENOTES THIRD INGREDIENT:	\bot
															COMPOUND PRODUCT ID QUALIFIER	М
			+						-						COMPOUND PRODUCT ID	M
															COMPOUND INGREDIENT QUANTITY	
														449-EE	COMPOUND INGREDIENT DRUG COST	S

		<u>3.2 - En</u>	counter	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size From	<u>Thru</u>	Encounter	Encounter Value	IG Field		Field Name		Field Definition		Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/
				<u>Usage</u>			Number		or Optional		Format			49Ø-UE	COMPOUND INGREDIENT BASIS OF	F S
															COST DETERMINATION	
															CLIENT FORMULARY FLAG	S
	-													397 261	PRODUCT/SERVICE NAME GENERIC NAME	S
			-												PRODUCT STRENGTH	S
		+ + -													DOSAGE FORM CODE	S
															DATABASE INDICATOR	S
															DRUG TYPE	S
														257	FORMULARY STATUS	S
															DRUG CATEGORY CODE	S
															FEDERAL DEA SCHEDULE	S
															FDA DRUG EFFICACY CODE	S
	-													258	GCN NUMBER	S
	+	+									1			259 262	GCN SEQUENCE NUMBER GENERIC PRODUCT IDENTIFIER	S
	+		+						1				+	251	FEDERAL UPPER LIMIT INDICATOR	
	1		+								+		+	891	THERAPEUTIC CLASS CODE -	S
															GENERIC	
														892	THERAPEUTIC CLASS CODE – SPECIFIC	S
														893	THERAPEUTIC CLASS CODE – STANDARD	S
														89Ø	THERAPEUTIC CLASS CODE - AHF	S S
														429-DT	UNIT DOSE INDICATOR	S
															UNIT OF MEASURE	S
														299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S
														272	MAC REDUCED INDICATOR	S
															CLIENT PRICING BASIS OF COST	S
															DUR CO-AGENT ID QUALIFIER	S
															DUR CO-AGENT ID	S
	_														GENERIC INDICATOR	S
			-											292 889	PLAN CUTBACK REASON CODE THERAPEUTIC CHAPTER	S
		 													AVERAGE COST PER QUANTITY	S
															UNIT PRICE	
															AVERAGE GENERIC UNIT PRICE	S
														211	AVERAGE WHOLESALE UNIT PRICE	E S
														253	FEDERAL UPPER LIMIT UNIT PRICE	E S
															MAC PRICE	S
														522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
														285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
															SECTION DENOTES FOURTH INGREDIENT:	
														488-RE	COMPOUND PRODUCT ID QUALIFIER	N
	+		+						1		1		+	489-TE	COMPOUND PRODUCT ID	N
	1														COMPOUND INGREDIENT QUANTIT	
	1													449-EE	COMPOUND INGREDIENT DRUG COST	S
	+	 												49Ø-UE	COMPOUND INGREDIENT BASIS OF	F §
									<u> </u>						COST DETERMINATION	\perp

		3.2 - Enco	ounter L	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Туре	Size From		Encounter	Encounter Value	IG Field		Field Name		Field Definition		Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
				<u>Usage</u>			Number		or Optional		Format			224	CLIENT FORMULARY FLAG	
		+													PRODUCT/SERVICE NAME	S
									-						GENERIC NAME	S
		 													PRODUCT STRENGTH	S
		 														S
		 													DATABASE INDICATOR	S
		 													DRUG TYPE	S
																S
														244	DRUG CATEGORY CODE	S
															FEDERAL DEA SCHEDULE	S
															FDA DRUG EFFICACY CODE	S
																S
															GCN SEQUENCE NUMBER	S
															GENERIC PRODUCT IDENTIFIER	S
		\vdash									ļ				FEDERAL UPPER LIMIT INDICATOR	
														891	THERAPEUTIC CLASS CODE – GENERIC	S
														892	THERAPEUTIC CLASS CODE – SPECIFIC	S
														893	THERAPEUTIC CLASS CODE – STANDARD	S
														89Ø	THERAPEUTIC CLASS CODE - AHFS	S
		 												429-DT	UNIT DOSE INDICATOR	S
		 													UNIT OF MEASURE	S
		 													PROCESSOR DEFINED PRIOR	S
															AUTHORIZATION REASON CODE	
															MAC REDUCED INDICATOR	S
															CLIENT PRICING BASIS OF COST	S
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															DUR CO-AGENT ID GENERIC INDICATOR	S
		+													PLAN CUTBACK REASON CODE	S
														889	THERAPEUTIC CHAPTER	S
		\vdash													AVERAGE COST PER QUANTITY	S
															UNIT PRICE	ľ
															AVERAGE GENERIC UNIT PRICE	S
														211	AVERAGE WHOLESALE UNIT PRICE	S
															FEDERAL UPPER LIMIT UNIT PRICE	S
															MAC PRICE	S
														522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
														285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
															SECTION DENOTES FIFTH INGREDIENT	S
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															INGREDIENT	

		3.2	- Encounte	er Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Type	Size	From Thr	Encounter	Encounter Value	IG Field	Field	Field Name	IG Mandatory	Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
				<u>Usage</u>			Number		or Optional		Format					
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															INGREDIENT	_
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															SECTION DENOTES EIGHTH INGREDIENT	S
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															INGREDIENT	
															SECTION DENOTES TWELVTH	S
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	1														SECTION DENOTES THIRTEENTH INGREDIENT	S
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		3.2 - Enco	ounter l	Layout			EXISTING	Version 5.1 EXISTING								
Field Name	Туре	Size From		Encounter	Encounter Value	IG Field	Field	Field Name		Field Definition	Field	Definition/Format	AHCCCS Encounter Usage	Field	Field Name	M/S
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							Clinical S	egment								
							111-AM	SEGMENT IDENTIFICATION	М	Identifies the segment in the request and/or response.	x(2)	13=Clinical				
							491-VE	DIAGNOSIS CODE COUNT	0	Count of diagnosis occurrences.	9(1)	Diagnosis code count				
							492-WE	DIAGNOSIS CODE QUALIFIER	O***R***	Code qualifying the 'Diagnosis Code' (424- DO).	x(2)	Ø1=International Classification of Diseases (ICD9)				
						+ +	424-DO	DIAGNOSIS CODE	O***R***	Code identifying the diagnosis of the	x(15)	ICD-9 Diagnosis Code	Required when known			+
										patient.	,	***1st DX Moved to Mainframe				
							493-XE	CLINICAL INFORMATION COUNTER	O***R***	Counter number of clinical information	9(1)					\forall
							404.75	MEACUDEMENT DATE	O***D***	measurement set/logical grouping.	0(0)					
								MEASUREMENT DATE	O***R***	Date clinical information was collected or measured.	9(8)					
							495-H1	MEASUREMENT TIME	O***R***	Time clinical information was collected or measured.	9(4)					
							496-H2	MEASUREMENT DIMENSION	O***R***	Code indicating the clinical domain of the	x(2)					
										observed value in 'Measurement Value' (499-H4).						
							497-H3	MEASUREMENT UNIT	O***R***	Code indicating the metric or English units	x(2)					
										used with the clinical information.						
							499-H4	MEASUREMENT VALUE	O***R***	Actual value of clinical information.	x(15)					+
						+ +	433-114	WEAGONEMENT VALUE	O K	Actual value of cliffical liftorniation.	X(13)	+			+	-
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PA Type Code	X	2	1	2	Situational	Data used to bypass medical review type	461-EU					-			461-EL	J PRIOR AUTHORIZATION TYPE COL	DEIS
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						Ø=Not Specified											
						1=Prior Authorization											
						2=Medical Certification											
						3=EPSDT (Early Periodic Screening Diagnosis Treatment)					1						
						4=Exemption from Copay											
						5=Exemption from RX					1						
						6=Family Plan. Indic.											
						7=AFDC (Aid to Families with Dependent											
						Children)					1						
						8=Payer Defined Exemption											
PA Number Submitted	Х	12	3	14	Situational	PA Number	462-EV								462-E\	PRIOR AUTHORIZATION NUMBER	8
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