Requirement Status	Data Name	Picture	Actual Positions From	Actual Positions To	Remarks	NCPDP Field ID	Field Name
R	Invoice Number	9(6)	01	06	Low order digit zero	N/A	N/A
R	Filler	X(3)	07	09	Blanks	N/A	N/A
R	Service Provider ID	9(6)	10	15		201-B1	Pharmacy Number
R	Service Provider Location	9(2)	16	17	Provider's address location code as defined on Monthly Provider File	201-B1	Pharmacy Number
R	Contractor ID	9(6)	18	23		340-7C	Other 1 Payer ID
O	Contractor County	9(2)	24	25	See Appendix A	N/A	N/A
N	Group Provider ID	9(6)	26	31		N/A	N/A
O	Billing Date	9(6)	32	37	MMDDYY	N/A	N/A
O	Place of Service	X(2)	38	39	See Appendix A - **Different values**	307-C7	Customer Location
R	Prescribing Provider ID	9(6)	40	45		411-DB	Prescriber ID
O	Prescribing Provider Location	9(2)	46	47	Provider's address location code as defined on Monthly Provider File	411-DB	Prescriber ID
R	Member AHCCCS ID	X(9)	48	56		302-C2	Cardholder ID Number
A	Adjust code	X(1)	57	57	Valid values A, V or space. Used to adjust or void an approved encounter. When the adjust function is used, only one encounter line is allowed (record type E3 and E4). - **Different values**	103-A3	Transaction Code

Requirement Status	Data Name	Picture	Actual Positions From	Actual Positions To	Remarks	NCPDP Field ID	Field Name
A	Original CRN	9(14)	58	71	If submitting an adjust or void transaction, the AHCCCS Control Reference Number of the encounter to be adjusted must be included in this field.	N/A - **Does not map to valid 5.1 field**	Resubmission Reference Number
R	Other Insurance Indicator	X(1)	72	72	Value Y or N	308-C8	Other Coverage Code - **Different values**
N	Mental Health Srv Ind	X(1)	73	73	System determined	N/A	N/A
N	Filler	X(5)	74	78	Blanks	N/A	N/A
R	Record Type	X(2)	79	80	Value "D1"	701	Segment Identifier
R	Invoice Number	9(6)	01	06	Low order digit zero	N/A	N/A
N	RI Number	X(10)	07	16		N/A	N/A
O	Patient Account Number	X(17)	17	33		N/A	N/A
N	Filler	X(45)	34	78	Blanks	N/A	N/A
R	Record Type	X(2)	79	80	Value "D2"	N/A	N/A
DETAIL						N/A	N/A
R	Invoice Number	9(6)	01	06	Low order digit zero	N/A	N/A
R	Line Number	X(02)	07	08	Value '01'-'50'	N/A	N/A
R	RX Order Date	9(6)	09	14	MMDDYY	414-DE	Date Prescription Written
R	Date of Service (Dispense Date)	9(6)	15	20	MMDDYY	401-D1	Date Filled
R	NDC Code Group 1	X(5)	21	25	Right justify with zero in high order position if necessary.	407-D7	NDC Number
R	NDC Code Group 2	X(4)	26	29	Right justify with zero in high order position if necessary.	407-D7	NDC Number

Requirement Status	Data Name	Picture	Actual Positions From	Actual Positions To	Remarks	NCPDP Field ID	Field Name
R	NDC Code Group 3	X(2)	30	31	Right justify with zero in high order position if necessary.	407-D7	NDC Number
O	Prescription Number	X(10)	32	41		402-D2	Prescription Number
N	PA/RI/DL Number	X(10)	42	51		N/A	N/A
R	Quantity Dispensed	9(4)	52	55		442-E7	Quantity Dispensed
R	Days Supply	X(4)	56	59	Numeric value or "PRN"	405-D5	Days Supply
R	Number of this Refill	9(2)	60	61	Numeric value	403-D3	New/Refill Code
R	Refills Authorized	9(2)	62	63	Numeric value	415-DF	Number of Refills Authorized
O	Brand Necessary	X(1)	64	64	Values 'Y' or 'N' - **Different values**	408-D8	Dispense as Written
N	Filler	X(14)	65	78		N/A	N/A
R	Record Type	X(2)	79	80	Value "E3"	701	Segment Identifier
R	Invoice Number	9(6)	01	06	Low order digit zero	N/A	N/A
A	Plan Payment Amount	9(6)V99	07	14	Required depending on value of subcapitated code. See Appendix A.	431-DV	Amount of Payment (Other 1 Payer - Qualifier 08)
R	Claim Line Charge	9(6)V99	15	22		430-DU	Gross Amount Due
A	Medicare Allow Amount	9(6)V99	23	30	Required if applicable to claim. Otherwise blank.	431-DV	Amount of Payment (Other 2 or 3 Payer if Medicare - Qualifier 07)

Requirement Status	Data Name	Picture	Actual Positions From	Actual Positions To	Remarks	NCPDP Field ID	Field Name
A	Medicare Deductible	9(6)V99	31	38	Required if applicable to claim. Otherwise blank.	431-DV	Amount of Payment (Other 2 or 3 Payer if Medicare - Qualifier 99 1st occurrence)
A	Medicare Payment	9(6)V99	39	46	Required if applicable to claim. Otherwise blank.	431-DV	Amount of Payment (Other 2 or 3 Payer if Medicare - Qualifier 08)
A	Other Ins Payment	9(6)V99	47	54	Required if applicable to claim. Otherwise blank.	431-DV	Other Payor Amount - Total
A	Subcapitated Code	X(2)	55	56	See Appendix A	N/A	N/A
N	Filler	X(22)	57	78	Blanks	N/A	N/A
R	Record Type	X(2)	79	80	Value "E4"	701	Segment Identifier