



**NCPDP POST ADJUDICATED HISTORY (PAH) 2.2
COMPANION GUIDE**

ENCOUNTER TRANSACTIONS

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Table of Contents

1	INTRODUCTION	3
1.1	Overview of HIPAA Legislation.....	3
1.2	Compliance according to HIPAA.....	3
1.3	Intended Use	3
2	NCPDP POST ADJUDICATION HISTORY (PAH) 2.2 FILE INFORMATOIN	4
2.1	Overview.....	4
2.2	Over Punch Signs.....	4
2.3	Table Format.....	5
2.4	NCPDP PAH 2.2 File Layout.....	6
3	CHANGE SUMMARY	47

1 INTRODUCTION

1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

1.3 Intended Use

These specifications cover the required fields per the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2 as well as the required fields needed for claims processing by AHCCCS. When additional segments and/or fields that are allowed within the supported NCPDP versions are provided, AHCCCS will accept the transaction but only those segments and fields pertinent to claims processing will be utilized. Any NCPDP transaction that is not supported by AHCCCS will be rejected.

AHCCCS supports the following NCPDP transactions: Post Adjudication History 2.2

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors. However, AHCCCS, the AHCCCS Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS EDI Customer Support immediately at EDICustomerSupport@azahcccs.gov

2 NCPDP POST ADJUDICATION HISTORY (PAH) 2.2 FILE INFORMATOIN

2.1 Overview

The batch specifications contained in this document include the header, detail, and trailer. Batch files should contain one header record, one trailer record (including count of records) and at least one detail record; there currently is no maximum limit of detail records. It is suggested to limit file sizes to less than 75 MB to facilitate faster file transfer.

- Post Adjudication History Header (Occurs 1);
- Post Adjudication History Detail (Occurs 1 to many);
- Post Adjudication History Compound Detail 1 (Occurs 1 as Applicable with Detail Record);
- Post Adjudication History Compound Detail 2 (Occurs 1 as Applicable with Detail Record); and,
- Post Adjudication History Trailer (Occurs 1).

2.2 Over Punch Signs

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
0	{	0	}
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

Examples:

1. 104} is -1040
2. 23B is 232

Decimal points are usually implied not explicit in the text. Example of a number with two decimal digits:

2903} is -290.32

2.3 Table Format

Following is a list of the field, use, field name and values/comments for AHCCCS PAH 2.2 Transactions.

The following definitions are given to ensure consistency of interpretation:

- **Field** – The Post Adjudication Transaction Standard Version 2.2 field number.
- **Field Name** – The Post Adjudication Transaction Standard Version 2.2 field name.
- **Mandatory or Situational (M/S)** – Field designation, indicates whether a field is mandatory or situational. Mandatory fields may be mandatory by the NCPDP Post Adjudication Transaction Standard Version 2.2 and/or required by the processor. If a field is situational and data does not exist for the field, the field **MUST** be populated with the appropriate padding.
 - a. **M** – Mandatory field.
 - b. **S** – Situational field.
- **Format** – Field format values
 - a. **A/N** – Alpha/Numeric, upper case when alpha, always left justified, space filled, upper case, printable characters and default values of spaces.
 - Example: X(14) represents “1234ABC44bbbb” where “b” is a space.
 - b. **N** – Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of zeros.
 - Example: 9(7)v999 represents “999999999”.
 - c. **D** - Signed Numeric, sign is internal and trailing (see previous section Over punch Signs), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of zeros.
 - Example: "D" fields of length 8 represent \$\$\$\$\$\$cc
- **Size** – The field length size
- **Start** – The starting position in the record of the field
- **End** – The ending position in the record of the field
- **Values/Comments** – Defines the AHCCCS required values or default values for each field.
- **AHCCCS Usage** – Clarification on what fields is expected

2.4 NCPDP PAH 2.2 File Layout

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
	POST ADJUDICATED HISTORY V2.2						ECL = Extended Code List (June 2010 or later). Code values for data elements contained within the NCPDP standards. If an amount is 0 then it is appropriate to submit it as such.	light green = Mandatory Fields Submit appropriate values as indicated
								light yellow - Situational Fields Submit if applicable or available. AHCCCS will be reviewing the data in these fields for consideration for future use.
								Grey = Situational Fields Currently not utilized by AHCCCS. Submit if available.
8.1	POST ADJUDICATION HISTORY HEADER RECORD							
601-04	RECORD TYPE	M	A/N	2	1	2	'PA' - Post Adjudication History Header Record	
102-A2	VERSION/RELEASE NUMBER	M	A/N	2	3	4	'22' – Post Adjudication	
879	SENDING ENTITY IDENTIFIER	M	A/N	24	5	28	Pos 5-13: Contracted Health Plans: 6-digit Health Plan ID + 3-digit TSN PBM Claims Submitter: 6-digit Health Plan ID	
806-5C	BATCH NUMBER	M	N	7	29	35	A number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day.	
880-K2	CREATION DATE	M	N	8	36	43	Date the file was created	
880-K3	CREATION TIME	M	N	4	44	47	Time the file was created	
880-K7	RECEIVER ID	M	A/N	24	48	71	AHCCCS866004791	
601-06	REPORTING PERIOD START DATE	M	N	8	72	79	The first day of the period being reported in the file. Format: CCYYMMDD	
601-05	REPORTING PERIOD END DATE	M	N	8	80	87	The last day of the period being reported in the file. Format: CCYYMMDD	
702-MC	FILE TYPE	M	A/N	1	88	88	T' - Test 'P' - Production	
981-JV	TRANSMISSION ACTION	M	A/N	1	89	89	O' - Original Submission (New) - A new file	
888	SUBMISSION NUMBER	M	A/N	2	90	91	00' - Original Submission	
	FILLER	M	A/N	3609	92	3700	TOMYKNOWLEDGEINFORMATIO NANDBELIEFTHE DATAIN THISFILEI SACCURATEC OMPLETEANDTRUE.CERTIFIER@P LAN.COM	BBA Attestation
8.2	POST ADJUDICATION HISTORY DETAIL RECORD							
601-04	RECORD TYPE	M	A/N	2	1	2	DE' - Post Adjudication History Detail Record	

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
398	RECORD INDICATOR	S	A/N	1	3	3	0' - New Record	AHCCCS only allows '0' - new record. Will not recognize Overwrite or Delete.
	SECTION ELIGIBILITY CATEGORY:							
248	ELIGIBLE COVERAGE CODE	S	A/N	3	4	6		Submit if available-not currently utilized by AHCCCS
898	USER BENEFIT ID	S	A/N	10	7	16		Submit if available-not currently utilized by AHCCCS
899	USER COVERAGE ID	S	A/N	10	17	26		Submit if available-not currently utilized by AHCCCS
246	ELIGIBILITY GROUP ID	S	A/N	15	27	41		Submit if available-not currently utilized by AHCCCS
270	LINE OF BUSINESS CODE	S	A/N	6	42	47		Submit if available-not currently utilized by AHCCCS
267	INSURANCE CODE	S	A/N	20	48	67		Submit if available-not currently utilized by AHCCCS
220	CLIENT ASSIGNED LOCATION CODE	S	A/N	20	68	87		Submit if available-not currently utilized by AHCCCS
222	CLIENT PASS THROUGH	S	A/N	200	88	287		Submit if available-not currently utilized by AHCCCS
	SUBSECTION CARDHOLDER INFORMATION:							
302-C2	CARDHOLDER ID	M	A/N	20	288	307	AHCCCS Member ID (9 digit)	Limited to 9 characters
716	LAST NAME	S	A/N	35	308	342		Submit if available
717	FIRST NAME	S	A/N	25	343	367		Submit if available
718	MIDDLE INITIAL	S	A/N	1	368	368		Submit if available
280	NAME SUFFIX	S	A/N	10	369	378		Submit if available-not currently utilized by AHCCCS
726	ADDRESS LINE 1	S	A/N	55	379	433		Submit if available-not currently utilized by AHCCCS
727	ADDRESS LINE 2	S	A/N	55	434	488		Submit if available-not currently utilized by AHCCCS
728	CITY	S	A/N	30	489	518		Submit if available-not currently utilized by AHCCCS
729	STATE	S	A/N	2	519	520		Submit if available-not currently utilized by AHCCCS
730	ZIP/POSTAL CODE	S	A/N	15	521	535		Submit if available-not currently utilized by AHCCCS
214	CARDHOLDER DATE OF BIRTH	S	N	8	536	543		Submit if available-not currently utilized by AHCCCS
721-MD	GENDER CODE	S	N	1	544	544		Submit if available-not currently utilized by AHCCCS
274	MEDICARE PLAN CODE	S	A/N	1	545	545		Submit if available-not currently utilized by AHCCCS
288	PAYROLL CLASS	S	A/N	1	546	546		Submit if available-not currently utilized by AHCCCS
	SUBSECTION PATIENT INFORMATION:							
331-CX	PATIENT ID QUALIFIER	S	A/N	2	547	548		Submit if available-not currently utilized by AHCCCS
332-CY	PATIENT ID	S	A/N	20	549	568		Submit if available-not currently utilized by AHCCCS
716	LAST NAME	S	A/N	35	569	603		Submit if available-not currently utilized by AHCCCS
717	FIRST NAME	S	A/N	25	604	628		Submit if available-not currently utilized by AHCCCS
718	MIDDLE INITIAL	S	A/N	1	629	629		Submit if available-not currently utilized by AHCCCS
280	NAME SUFFIX	S	A/N	10	630	639		Submit if available-not currently utilized by AHCCCS
726	ADDRESS LINE 1	S	A/N	55	640	694		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
727	ADDRESS LINE 2	S	A/N	55	695	749		Submit if available-not currently utilized by AHCCCS
728	CITY	S	A/N	30	750	779		Submit if available-not currently utilized by AHCCCS
729	STATE	S	A/N	2	780	781		Submit if available-not currently utilized by AHCCCS
730	ZIP/POSTAL CODE	S	A/N	15	782	796		Submit if available-not currently utilized by AHCCCS
304-C4	DATE OF BIRTH	S	N	8	797	804		Submit if available-not currently utilized by AHCCCS
305-C5	PATIENT GENDER CODE	S	N	1	805	805		Submit if available-not currently utilized by AHCCCS
	[see Claim Category]							Submit if available-not currently utilized by AHCCCS
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	S	N	2	806	807		Submit if available-not currently utilized by AHCCCS
208	AGE	S	N	3	808	810		Submit if available-not currently utilized by AHCCCS
303-C3	PERSON CODE	S	A/N	3	811	813		Submit if available-not currently utilized by AHCCCS
306-C6	PATIENT RELATIONSHIP CODE	S	N	1	814	814		Submit if available-not currently utilized by AHCCCS
309-C9	ELIGIBILITY CLARIFICATION CODE	S	A/N	1	815	815		Submit if available-not currently utilized by AHCCCS
336-8C	FACILITY ID	S	A/N	10	816	825		Submit if available-not currently utilized by AHCCCS
	SECTION BENEFIT CATEGORY:							
301-C1	GROUP ID	M	A/N	15	826	840	ID assigned to the cardholder group or employer group.	
215	CARRIER NUMBER	S	A/N	9	841	849		Submit if available-not currently utilized by AHCCCS
757-U6	BENEFIT ID	S	A/N	15	850	864		Submit if available-not currently utilized by AHCCCS
240	CONTRACT NUMBER	S	A/N	8	865	872		Submit if available-not currently utilized by AHCCCS
212	BENEFIT TYPE	S	A/N	1	873	873		Submit if available-not currently utilized by AHCCCS
279	MEMBER SUBMITTED CLAIM PROGRAM CODE	S	A/N	1	874	874		Submit if available-not currently utilized by AHCCCS
282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	875	875		Submit if available-not currently utilized by AHCCCS
282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	876	876		Submit if available-not currently utilized by AHCCCS
282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	877	877		Submit if available-not currently utilized by AHCCCS
241	COPAY MODIFIER ID	S	A/N	10	878	887		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	888	888		Submit if available-not currently utilized by AHCCCS
293	PREFERRED ALTERNATIVE FILE ID	S	A/N	10	889	898		Submit if available-not currently utilized by AHCCCS
308-C8	OTHER COVERAGE CODE	M	N	2	899	900	NCPDP RX coverage codes 00,Not Specified By Patient 01,No Other Coverage Identified 02,Other Coverage Exists - Payment Collected 03,Other Coverage Billed - Claim Not Covered 04,Other Coverage Exists - Payment Not Collected 05,Managed Care Plan Denial 06,Other Coverage Denied 07,Other Coverage Exists 08,Claim Billing Patient	Translates to 'Y' or 'N' on EC215 current mapping 0 or 1 or 3 = 'N' 2 or 4 = 'Y'

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
291	PLAN BENEFIT CODE	S	A/N	2	901	902		Submit if available-not currently utilized by AHCCCS
601-01	PLAN TYPE	S	A/N	4	903	906		Submit if available-not currently utilized by AHCCCS
	SECTION PHARMACY CATEGORY:							
202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2	907	908	'01' - National Provider Identifier (NPI)	
201-B1	SERVICE PROVIDER ID	M	A/N	15	909	923	10 digit Pharmacy NPI	Limited to 10 characters
202-B2	SERVICE PROVIDER ID QUALIFIER (ALTERNATE)	S	A/N	2	924	925		Submit if available-not currently utilized by AHCCCS
201-B1	SERVICE PROVIDER ID (ALTERNATE)	S	A/N	15	926	940		Submit if available-not currently utilized by AHCCCS
886	SERVICE PROVIDER CHAIN CODE	S	A/N	7	941	947		Submit if available-not currently utilized by AHCCCS
833-5P	PHARMACY NAME	S	A/N	35	948	982		Submit if available-not currently utilized by AHCCCS
726	ADDRESS LINE 1	S	A/N	55	983	1037		Submit if available-not currently utilized by AHCCCS
727	ADDRESS LINE 2	S	A/N	55	1038	1092		Submit if available-not currently utilized by AHCCCS
728	CITY	S	A/N	30	1093	1122		Submit if available-not currently utilized by AHCCCS
729	STATE	S	A/N	2	1123	1124		Submit if available-not currently utilized by AHCCCS
730	ZIP/POSTAL CODE	S	A/N	15	1125	1139		Submit if available-not currently utilized by AHCCCS
887	SERVICE PROVIDER COUNTY CODE	S	A/N	3	1140	1142		Submit if available-not currently utilized by AHCCCS
732	TELEPHONE NUMBER	S	N	10	1143	1152		Submit if available-not currently utilized by AHCCCS
146	PHARMACY DISPENSER TYPE QUALIFIER	S	A/N	1	1153	1153		Submit if available-not currently utilized by AHCCCS
290	PHARMACY DISPENSER TYPE	S	A/N	2	1154	1155		Submit if available-not currently utilized by AHCCCS
150	PHARMACY CLASS CODE QUALIFIER	S	A/N	1	1156	1156		Submit if available-not currently utilized by AHCCCS
289	PHARMACY CLASS CODE	S	A/N	1	1157	1157		Submit if available-not currently utilized by AHCCCS
266	IN NETWORK INDICATOR	S	A/N	1	1158	1158		Submit if available-not currently utilized by AHCCCS
545-2F	NETWORK REIMBURSEMENT ID	S	A/N	10	1159	1168		Submit if available-not currently utilized by AHCCCS
	SECTION PRESCRIBER CATEGORY:							
466-EZ	PRESCRIBER ID QUALIFIER	M	A/N	2	1169	1170	'01' - National Provider Identifier (NPI)	AHCCCS requires this field per this TP agreement
411-DB	PRESCRIBER ID	M	A/N	15	1171	1185	10 digit Prescriber NPI	AHCCCS requires this field per this TP agreement Limited to 10 characters
466-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE)	S	A/N	2	1186	1187		Submit if available-not currently utilized by AHCCCS
411-DB	PRESCRIBER ID (ALTERNATE)	S	A/N	15	1188	1202		Submit if available-not currently utilized by AHCCCS
296	PRESCRIBER TAXONOMY	S	A/N	10	1203	1212		Submit if available
295	PRESCRIBER CERTIFICATION STATUS	S	A/N	2	1213	1214		Submit if available-not currently utilized by AHCCCS
716	LAST NAME	S	A/N	35	1215	1249		Submit if available
717	FIRST NAME	S	A/N	25	1250	1274		Submit if available
732	TELEPHONE NUMBER	S	N	10	1275	1284		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	A/N	2	1285	1286	'01' - National Provider Identifier (NPI)	Submit if available
421-DL	PRIMARY CARE PROVIDER ID	S	A/N	15	1287	1301	10 digit Pharmacy NPI	Submit if available
716	LAST NAME	S	A/N	35	1302	1336		Submit if available
717	FIRST NAME	S	A/N	25	1337	1361		Submit if available
	SECTION CLAIM CATEGORY:							
399	RECORD STATUS CODE	M	A/N	1	1362	1362	1 - Paid 2 - Rejected/Denied 3 - Reversed Paid 4-Adjusted	
218	CLAIM MEDIA TYPE	M	A/N	1	1363	1363	See ECL	
395	PROCESSOR PAYMENT CLARIFICATION CODE	M	A/N	2	1364	1365	See ECL	Provides additional information of the status of the payment of the claim.
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	1366	1366	1 - RX Billing	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	1367	1378	10 digit Rx Number	Limited to 10 digits
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	A/N	2	1379	1380	03' - National Drug Code (NDC)	
407-D7	PRODUCT/SERVICE ID	M	A/N	19	1381	1399	11 digit ID of the product dispensed or service provided	Limited to 11 characters
401-D1	DATE OF SERVICE	M	N	8	1400	1407	Date the prescription was filled. Format: CCYMMDD	
578	ADJUDICATION DATE	M	N	8	1408	1415	Date the claim or adjustment is processed. Format: CCYMMDD	
203	ADJUDICATION TIME	S	N	6	1416	1421		Submit if available-not currently utilized by AHCCCS
283	ORIGINAL CLAIM RECEIVED DATE	S	N	8	1422	1429	The date the pharmacy submitted the claim electronically for a paper claim-matching program Format: CCYMMDD	Submit if available
219	CLAIM SEQUENCE NUMBER	S	N	5	1430	1434		Submit if available-not currently utilized by AHCCCS
213	BILLING CYCLE END DATE	S	N	8	1435	1442		Submit if available-not currently utilized by AHCCCS
239	COMMUNICATION TYPE INDICATOR	S	A/N	2	1443	1444		Submit if available-not currently utilized by AHCCCS
307-C7	PLACE OF SERVICE	S	N	2	1445	1446		Submit if available-not currently utilized by AHCCCS
384-4X	PATIENT RESIDENCE	S	N	2	1447	1448		Submit if available-not currently utilized by AHCCCS
419-DJ	PRESCRIPTION ORIGIN CODE	M	N	1	1449	1449	See ECL	Changed to Mandatory per this TP agreement This field needs to be sent in order to capture E-prescribing statistics.
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASEDATE	S	N	8	1450	1457		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
217	CLAIM DATE RECEIVED IN THE MAIL	S	N	8	1458	1465		Submit if available-not currently utilized by AHCCCS
268	INTERNAL MAIL ORDER PRESCRIPTION/SERVICE REFERENCE NUMBER	S	A/N	15	1466	1480	Field designating the internal prescription number assigned by pharmacies.	Submit if available
102-A2	VERSION/RELEASE NUMBER (OF THE CLAIM)	S	A/N	2	1481	1482		Submit if available-not currently utilized by AHCCCS
216	CHECK DATE	S	N	8	1483	1490	Member Claims - Actual member check date Non-member Claims - Pharmacy check date Format: CCYYMMDD	Submit if available
287	PAYMENT/REFERENCE ID	S	A/N	30	1491	1520	Identifies ID assigned by sender to reference individual pharmacy and member reimbursement. Check or EFT trace number.	Submit if available
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S	N	12	1521	1532		Submit if available-not currently utilized by AHCCCS
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	N	8	1533	1540		Submit if available-not currently utilized by AHCCCS
442-E7	QUANTITY DISPENSED	M	N	10	1541	1550	Expressed in metric decimal units	AHCCCS requires this field per this TP agreement
403-D3	FILL NUMBER	S	N	2	1551	1552	0' - Original Dispensing '1' - '99' - Refill number	Submit if available
405-D5	DAYS SUPPLY	S	N	3	1553	1555	Estimated number of days the prescription will last Or '000'	Submit if available
414-DE	DATE PRESCRIPTION WRITTEN	S	N	8	1556	1563	Format: CCYYMMDD	Submit if available
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	A/N	1	1564	1564	See ECL	Submit if available
415-DF	NUMBER OF REFILLS AUTHORIZED	S	N	2	1565	1566	0' - No refills authorized '1' - '99' - Authorized Refill number	Submit if available
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1567	1567	See ECL	Submit if available
600-28	UNIT OF MEASURE	S	A/N	2	1568	1569	See ECL	Submit if available
418-DI	LEVEL OF SERVICE	S	N	2	1570	1571		Submit if available-not currently utilized by AHCCCS
343-HD	DISPENSING STATUS	S	A/N	1	1572	1572		Submit if available-not currently utilized by AHCCCS
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	N	10	1573	1582	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).	Submit if available
460-ET	QUANTITY PRESCRIBED	S	N	10	1583	1592	See ECL	Submit if available
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	N	3	1593	1595	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	Submit if available
254	FILL NUMBER CALCULATED	S	N	2	1596	1597		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
406-D6	COMPOUND CODE	S	N	1	1598	1598	'0' - Not Specified '1' - Not a Compound '2' - Compound (Required if compound)	If '2' - Compound is submitted, then Compound Detail Record must also be submitted with at least two or more ingredients.
996-G1	COMPOUND TYPE	S	A/N	2	1599	1600	See ECL	Submit if available
452-EH	COMPOUND ROUTE OF ADMINISTRATION	S	N	2	1601	1602	replaced by 995-E2	Submit if available-not currently utilized by AHCCCS
995-E2	ROUTE OF ADMINISTRATION	S	A/N	11	1603	1613	See ECL	Submit if available
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1614	1615	'0' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
424-DO	DIAGNOSIS CODE 1	S	A/N	15	1616	1630	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1631	1632	'0' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
424-DO	DIAGNOSIS CODE 2	S	A/N	15	1633	1647	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1648	1649	'0' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
424-DO	DIAGNOSIS CODE 3	S	A/N	15	1650	1664	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1665	1666	'0' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
424-DO	DIAGNOSIS CODE 4	S	A/N	15	1667	1681	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1682	1683	'0' - Not specified '01' - ICD9 '02' - ICD10-CM	Submit if available
424-DO	DIAGNOSIS CODE 5	S	A/N	15	1684	1698	6 digit Code identifying the diagnosis of the patient	Submit if available Limited to 6 characters
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1699	1700		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1701	1702	See ECL	Submit if available If 'MA' (Medication administration) then 521-FL should contain the vaccine administration fee. Only use 'MA' when the drug is a vaccine.
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1703	1704		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1705	1706		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1707	1708		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1709	1710		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1711	1712		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1713	1714		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1715	1716		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1717	1718		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1719	1720		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1721	1722		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1723	1724		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1725	1726		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1727	1728		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1729	1730		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1731	1732		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1733	1734		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1735	1736		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1737	1738		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1739	1740		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1741	1742		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1743	1744		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1745	1746		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1747	1748		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1749	1750		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1751	1752		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1753	1754		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1755	1756		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1757	1758		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1759	1760		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1761	1762		Submit if available-not currently utilized by AHCCCS
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1763	1764		Submit if available-not currently utilized by AHCCCS
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1765	1766		Submit if available-not currently utilized by AHCCCS
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1767	1768		Submit if available-not currently utilized by AHCCCS
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1769	1770		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1771	1772		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1773	1791		Submit if available-not currently utilized by AHCCCS
878	REJECT OVERRIDE CODE	S	A/N	1	1792	1792		Submit if available-not currently utilized by AHCCCS
511-FB	REJECT CODE	S	A/N	3	1793	1795		Submit if available-not currently utilized by AHCCCS
511-FB	REJECT CODE	S	A/N	3	1796	1798		Submit if available-not currently utilized by AHCCCS
511-FB	REJECT CODE	S	A/N	3	1799	1801		Submit if available-not currently utilized by AHCCCS
511-FB	REJECT CODE	S	A/N	3	1802	1804		Submit if available-not currently utilized by AHCCCS
511-FB	REJECT CODE	S	A/N	3	1805	1807		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
	SECTION WORKERS COMPENSATION CATEGORY:							
435-DZ	CLAIM/REFERENCE ID	S	A/N	30	1808	1837	Identifies the claim number assigned by Worker's Compensation Program.	Submit if available
434-DY	DATE OF INJURY	S	N	8	1838	1845	Date on which the injury occurred	Submit if available
	SECTION PRODUCT CATEGORY:							
532-FW	DATABASE INDICATOR	S	A/N	1	1846	1846	See ECL	Submit if available
397	PRODUCT/SERVICE NAME	S	A/N	30	1847	1876	Product or Service Description or Product Label Name.	Submit if available
261	GENERIC NAME	S	A/N	30	1877	1906	Generic name of the product identified in Product/Service Name.	Submit if available
601-24	PRODUCT STRENGTH	S	A/N	15	1907	1921	The strength of the product.	Submit if available
243	DOSAGE FORM CODE	S	A/N	4	1922	1925	Dosage form code for product identified	Submit if available
	FILLER	S	A/N	8	1926	1933	Spaces	
425-DP	DRUG TYPE	S	N	1	1934	1934	See ECL	Submit if available
273	MAINTENANCE DRUG INDICATOR	S	A/N	1	1935	1935		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1936	1936		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1937	1937	See ECL	Submit if available
297	PRESCRIPTION OVER THE COUNTER INDICATOR	S	A/N	1	1938	1938	See ECL	Submit if available
420-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1939	1940	See ECL	Submit if available
420-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1941	1942		Submit if available-not currently utilized by AHCCCS
420-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1943	1944		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1945	1945		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1946	1946	See ECL	Submit if available
601-18	PRODUCT CODE	S	A/N	17	1947	1963	Code identifying the product being reported.	Submit if available
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1965	1981		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1982	1982		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1983	1999		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2000	2000		Submit if available-not currently utilized by AHCCCS
294	PRESCRIBED DAYS SUPPLY	S	N	3	2001	2003		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2004	2004	See ECL	Submit if available
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2005	2021	Code assigned to product being reported.	Submit if available
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2022	2022		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2023	2039	Product may have more than one assigned T.C. code	Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2040	2040		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2041	2057	Product may have more than one assigned T.C. code	Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2058	2058		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2059	2075	Product may have more than one assigned T.C. code	Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	2076	2076	See ECL	Submit if available
221	CLIENT FORMULARY FLAG	S	A/N	1	2077	2077	See ECL	Submit if available
889	THERAPEUTIC CHAPTER	S	A/N	8	2078	2085		Submit if available-not currently utilized by AHCCCS
256	FORMULARY FILE ID	S	A/N	15	2086	2100		Submit if available-not currently utilized by AHCCCS
255	FORMULARY CODE TYPE	S	A/N	1	2101	2101		Submit if available-not currently utilized by AHCCCS
	SECTION PRICING CATEGORY:							
506-F6	INGREDIENT COST PAID	M	D	8	2102	2109	Drug ingredient cost paid included in the 'Total Amount Paid (509-F9)	Payer 1 Ingredient Cost Paid
507-F7	DISPENSING FEE PAID	M	D	8	2110	2117	Dispensing fee paid included in the 'Total Amount Paid (509-F9)	Payer 1 Dispense Fee Paid If Medication Administered (MA) code in 440-E5, then the field should not contain a dispensing fee
894	TOTAL AMOUNT PAID BY ALL SOURCES	M	D	8	2118	2125	Total amount of the prescription regardless of party responsible for payment	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	M	D	8	2126	2133	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to sales tax paid.	
505-F5	PATIENT PAY AMOUNT	M	D	8	2134	2141	TOTAL ;amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.	
518-FI	AMOUNT OF COPAY	M	D	8	2142	2149	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription copay.	
572-4U	AMOUNT OF COINSURANCE	M	D	8	2150	2157	Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription coinsurance.	
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	M	D	8	2158	2165	Deleted field-not used in Post Adjudication Version 2.0	Submit if available-not currently utilized by AHCCCS
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	S	D	8	2166	2173		Submit if available AHCCCS - Health Plan Deductible Amount
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	S	D	8	2174	2181		Submit if available-not currently utilized by AHCCCS
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORKSELECTION	S	D	8	2182	2189		Submit if available-not currently utilized by AHCCCS
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	S	D	8	2190	2197		Submit if available-not currently utilized by AHCCCS
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION	S	D	8	2198	2205		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION	S	D	8	2206	2213		Submit if available-not currently utilized by AHCCCS
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	S	D	8	2214	2221		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
272	MAC REDUCED INDICATOR	S	A/N	1	2222	2222		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	2223	2224		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	2225	2225	Distinguishes if product priced as Generic or Branded product: As defined by processor.	Submit if available <ul style="list-style-type: none"> • M = Multi-source brand (more than one “branded” version of a drug available) • N = Single-source brand (a brand-name drug only, no generic(s) available) • O = Originator Brand drug product with generics. An item shall be considered a generic drug if there is a DAW code of 3, 4, 5, 6, or 9. • Y = Generic product The plans may also be sending the ‘686’ - Brand/Generic Indicator codes in the Generic Indicator field. Denotes Brand or Generic drug dispensed. <ul style="list-style-type: none"> • B = Brand • G = Generic
284	OUT OF POCKET APPLY AMOUNT	S	D	8	2226	2233		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2234	2242	Average Cost Per Quantity as defined by processor.	Submit if available
210	AVERAGE GENERIC UNIT PRICE	S	D	9	2243	2251	Average Generic Price per unit as defined by processor.	Submit if available
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2252	2260	Average Wholesale Price per unit for the drug as defined by processor.	Submit if available
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2261	2269	Federal Upper Limit Unit Price as defined by processor.	Submit if available
430-DU	GROSS AMOUNT DUE	S	D	8	2270	2277	Total price claimed from all sources	Submit if available
271	MAC PRICE	S	D	9	2278	2286	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.	Submit if available
409-D9	INGREDIENT COST SUBMITTED	S	D	8	2287	2294	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU)	Submit if available
426-DQ	USUAL AND CUSTOMARY CHARGE	S	D	8	2295	2302	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed	Submit if available
558-AW	FLAT SALES TAX AMOUNT PAID	S	D	8	2303	2310		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	D	8	2311	2318		Submit if available-not currently utilized by AHCCCS
560-AY	PERCENTAGE SALES TAX RATE PAID	S	D	7	2319	2325		Submit if available-not currently utilized by AHCCCS
561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	A/N	2	2326	2327		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
521-FL	INCENTIVE AMOUNT PAID	S	D	8	2328	2335		Submit if available AHCCCS Vaccine If 440-E5 (Professional Service Code) = 'MA' (Medication administration) then 521-FL should contain the vaccine administration fee. <u>Only use 'MA'</u> when the drug is a vaccine.
562-J1	PROFESSIONAL SERVICE FEE PAID	S	D	8	2336	2343	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (509-F9).	Submit if available
564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2344	2345	See ECL	Submit if available
565-J4	OTHER AMOUNT PAID	S	D	8	2346	2353	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-H9).	Submit if available
564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2354	2355	See ECL	Submit if available
565-J4	OTHER AMOUNT PAID	S	D	8	2356	2363	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-H9).	Submit if available
564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2364	2365	See ECL	Submit if available
565-J4	OTHER AMOUNT PAID	S	D	8	2366	2373	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-H9).	Submit if available
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	D	8	2374	2381	Total amount recognized by the processor of any payment from another source.	Submit if available
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	2382	2383		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	2384	2393		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	2394	2395		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	2396	2405		Submit if available-not currently utilized by AHCCCS
281	NET AMOUNT DUE	M	D	8	2406	2413	Net amount paid to provider by the payer or net amount due from the client to the payer, determined by trading partner agreement.	Health Plan Paid Amount
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2414	2415	12 - 340b/Disproportionate Share/Public Health Service Pricing.	When NCPDP D.0 field 423-DN (Basis of Cost Determination) submitted with a value of "08" indicating 340B Drug Pricing. The corresponding PAH 2.2 field of 522-FM should then contain the value of '12'.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S	D	8	2416	2423		Submit if available-not currently utilized by AHCCCS
513-FD	REMAINING DEDUCTIBLE AMOUNT	S	D	8	2424	2431		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

514-FE	REMAINING BENEFIT AMOUNT	S	D	8	2432	2439		Submit if available-not currently utilized by AHCCCS
242	COST DIFFERENCE AMOUNT	S	D	8	2440	2447		Submit if available-not currently utilized by AHCCCS
249	EXCESS COPAY AMOUNT	S	D	8	2448	2455		Submit if available-not currently utilized by AHCCCS

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
277	MEMBER SUBMIT AMOUNT	S	D	8	2456	2463		Submit if available-not currently utilized by AHCCCS
265	HOLD HARMLESS AMOUNT	S	D	8	2464	2471		Submit if available-not currently utilized by AHCCCS
520-FK	AMOUNT EXCEEDING PERIODIC BENEFITMAXIMUM	S	D	8	2472	2479		Submit if available-not currently utilized by AHCCCS
346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	A/N	2	2480	2481	See ECL	Submit if available
347-HJ	BASIS OF CALCULATION – COPAY	S	A/N	2	2482	2483	See ECL	Submit if available
348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S	A/N	2	2484	2485		Submit if available-not currently utilized by AHCCCS
349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S	A/N	2	2486	2487		Submit if available-not currently utilized by AHCCCS
573-4V	BASIS OF CALCULATION – COINSURANCE	S	A/N	2	2488	2489		Submit if available-not currently utilized by AHCCCS
557-AV	TAX EXEMPT INDICATOR	S	A/N	1	2490	2490		Submit if available-not currently utilized by AHCCCS
285	PATIENT MEDICARE FORMULARY REBATEAMOUNT	S	D	8	2491	2498		Submit if available-not currently utilized by AHCCCS
276	MEDICARE RECOVERY INDICATOR	S	A/N	1	2499	2499		Submit if available-not currently utilized by AHCCCS
275	MEDICARE RECOVERY DISPENSING INDICATOR	S	A/N	1	2500	2500		Submit if available-not currently utilized by AHCCCS
286	PATIENT SPEND DOWN AMOUNT	S	D	8	2501	2508		Submit if available-not currently utilized by AHCCCS
263	HEALTH CARE REIMBURSEMENT ACCOUNTAMOUNT APPLIED	S	D	8	2509	2516		Submit if available-not currently utilized by AHCCCS
264	HEALTH CARE REIMBURSEMENT ACCOUNTAMOUNT REMAINING	S	D	8	2517	2524		Submit if available-not currently utilized by AHCCCS
207	ADMINISTRATIVE FEE EFFECT INDICATOR	S	A/N	1	2525	2525		Submit if available-not currently utilized by AHCCCS
206	ADMINISTRATIVE FEE AMOUNT	S	D	4	2526	2529		Submit if available-not currently utilized by AHCCCS
269	INVOICED AMOUNT	S	D	11	2530	2540		Submit if available-not currently utilized by AHCCCS
	FILLER	S	A/N	10	2541	2550	Spaces	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING	S	D	8	2551	2558		Submit if available-not currently utilized by AHCCCS
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	S	D	8	2559	2566		Submit if available-not currently utilized by AHCCCS
	SECTION PRIOR AUTHORIZATION CATEGORY:							
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	N	2	2567	2568	See ECL	Submit if available
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	N	11	2569	2579	Number submitted by the provider to identify the prior authorization.	Submit if available
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	S	N	11	2580	2590		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATIONREASON CODE	S	N	2	2591	2592		Submit if available-not currently utilized by AHCCCS
	SECTION ADJUSTMENT CATEGORY:							
204	ADJUSTMENT REASON CODE	S	N	3	2593	2595		Submit if available-not currently utilized by AHCCCS
205	ADJUSTMENT TYPE	S	A/N	1	2596	2596		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

897	TRANSACTION ID CROSS REFERENCE	S	A/N	30	2597	2626	Prior CRN (12 or 14 bytes)	AHCCCS only uses first 12 bytes of Prior CRN to locate claim being adjusted.
	SECTION COORDINATION OF BENEFITS CATEGORY:							
225	COB CARRIER SUBMIT AMOUNT	S	D	8	2627	2634		Submit if available-not currently utilized by AHCCCS

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
245	ELIGIBILITY COB INDICATOR	S	A/N	1	2635	2635		Submit if available-not currently utilized by AHCCCS
226	COB PRIMARY CLAIM TYPE	S	A/N	1	2636	2636		Submit if available-not currently utilized by AHCCCS
232	COB PRIMARY PAYER ID	S	A/N	10	2637	2646	ID assigned to primary payer.	IDs on fields 232 and 238 must be unique; do not specify the same ID - like SSN otherwise duplicate error will occur. Also do not leave blank otherwise other payer information will be bypassed.
	FILLER	S	A/N	8	2647	2654	Spaces	
228	COB PRIMARY PAYER AMOUNT PAID	S	D	8	2655	2662	Amount paid by primary payer for product or service.	Required when 308-C8 indicates COB.
231	COB PRIMARY PAYER DEDUCTIBLE	S	D	8	2663	2670	Deductible amount according to primary payer for product or service.	Required when 308-C8 indicates COB.
229	COB PRIMARY PAYER COINSURANCE	S	D	8	2671	2678	Coinsurance amount according to primary payer for product or service.	Required when 308-C8 indicates COB.
230	COB PRIMARY PAYER COPAY	S	D	8	2679	2686	Co-pay amount according to primary payer for product or service.	Required when 308-C8 indicates COB.
238	COB SECONDARY PAYER ID	S	A/N	10	2687	2696	ID assigned to primary payer.	IDs on fields 232 and 238 must be unique; do not specify the same ID - like SSN otherwise duplicate error will occur. Also do not leave blank otherwise other payer information will be bypassed.
	FILLER	S	A/N	8	2697	2704	Spaces	
234	COB SECONDARY PAYER AMOUNT PAID	S	D	8	2705	2712	Amount paid by secondary payer for product or service.	Required when 308-C8 indicates COB and available
237	COB SECONDARY PAYER DEDUCTIBLE	S	D	8	2713	2720	Deductible amount according to secondary payer for product or service.	Required when 308-C8 indicates COB and available
235	COB SECONDARY PAYER COINSURANCE	S	D	8	2721	2728	Coinsurance amount according to secondary payer for product or service.	Required when 308-C8 indicates COB and available
236	COB SECONDARY PAYER COPAY	S	D	8	2729	2736	Co-pay amount according to secondary payer for product or service	Required when 308-C8 indicates COB and available
	SECTION REFERENCE CATEGORY:							
896	TRANSACTION ID	S	A/N	30	2737	2766	Internally assigned unique claim ID by the payer Health Plan Claim Number (20 characters max)	Submit if available Limited to 20 characters
503-F3	AUTHORIZATION NUMBER	S	A/N	20	2767	2786		Submit if available-not currently utilized by AHCCCS
224	CLIENT SPECIFIC DATA	S	A/N	50	2787	2836		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

396	PROCESSOR SPECIFIC DATA	S	A/N	50	2837	2886	Trading partners mutually agreed upon specific data defined by processor.	Submit if available-not currently utilized by AHCCCS
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	S	A/N	1	2887	2887		Submit if available-not currently utilized by AHCCCS
	SECTION FIELDS ADDED IN VERSIONS CATEGORY							
393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2888	2889		Submit if available-not currently utilized by AHCCCS
394-MW	BENEFIT STAGE AMOUNT	S	D	8	2890	2897		Submit if available-not currently utilized by AHCCCS

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2898	2899		Submit if available-not currently utilized by AHCCCS
394-MW	BENEFIT STAGE AMOUNT	S	D	8	2900	2907		Submit if available-not currently utilized by AHCCCS
393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2908	2909		Submit if available-not currently utilized by AHCCCS
394-MW	BENEFIT STAGE AMOUNT	S	D	8	2910	2917		Submit if available-not currently utilized by AHCCCS
393-MV	BENEFIT STAGE QUALIFIER	S	A/N	2	2918	2919		Submit if available-not currently utilized by AHCCCS
394-MW	BENEFIT STAGE AMOUNT	S	D	8	2920	2927		Submit if available-not currently utilized by AHCCCS
690-ZG	INVOICE DATE	S	N	8	2928	2935		Submit if available-not currently utilized by AHCCCS
691-ZH	OUT OF POCKET REMAINING AMOUNT	S	D	8	2936	2943		Submit if available-not currently utilized by AHCCCS
302-C2	CARDHOLDER ID (ALTERNATE)	S	A/N	20	2944	2963		Submit if available-not currently utilized by AHCCCS limited to 9 digits
692-ZI	NUMBER OF GENERIC MANUFACTURERS	S	N	3	2964	2966		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2967	2968		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	2969	2987		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2988	2989		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	2990	3008		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3009	3010		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	3011	3029		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3030	3031		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	3032	3050		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3051	3052		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	3053	3071		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3072	3073		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	3074	3092		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3093	3094		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	3095	3113		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

475-H9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	3114	3115		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	3116	3134		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3135	3136		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3137	3146		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3147	3148		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3149	3158		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3159	3160		Submit if available-not currently utilized by AHCCCS

Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3161	3170		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3171	3172		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3173	3182		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3183	3184		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3185	3194		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3195	3196		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3197	3206		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3207	3208		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3209	3218		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3219	3220		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3221	3230		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3231	3232		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3233	3242		Submit if available-not currently utilized by AHCCCS
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNTQUALIFIER	S	A/N	2	3243	3244		Submit if available-not currently utilized by AHCCCS
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	10	3245	3254		Submit if available-not currently utilized by AHCCCS
A37	SPECIALTY CLAIM INDICATOR	S	A/N	1	3255	3255		Submit if available-not currently utilized by AHCCCS
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3256	3258		Submit if available-not currently utilized by AHCCCS
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3259	3261		Submit if available-not currently utilized by AHCCCS
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3262	3264		Submit if available-not currently utilized by AHCCCS
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3265	3267		Submit if available-not currently utilized by AHCCCS
A38	MEMBER SUBMITTED CLAIM REJECT CODE	S	A/N	3	3268	3270		Submit if available-not currently utilized by AHCCCS
A39	COPAY WAIVER AMOUNT	S	D	8	3271	3278		Submit if available-not currently utilized by AHCCCS
A33-ZX	CMS PART D CONTRACT ID	S	A/N	5	3279	3283		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	S	N	3	3284	3286		Submit if available-not currently utilized by AHCCCS
	FILLER	M	A/N	414	3287	3700	Spaces	
8.2.1	POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD 1							Situational when Compound Drug is prescribed. M used for fields that are Mandatory when Compound Detail and Ingredient sections are submitted. Required when Compound Code (406-D6) = '2' - Compound
601-04	RECORD TYPE	M	A/N	2	1	2	CD - Post Adjudication History Compound Detail Record 1	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	3	3	1 - RX Billing	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	4	15	10 digit Rx Number	Limited to 10 digits
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	N	2	16	17	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	Minimum Of Two Ingredients Required
	SECTION FIRST INGREDIENT:						Minimum Of Two Ingredients Required	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	18	19	Code qualifying the type of product dispensed. See ECL	
489-TE	COMPOUND PRODUCT ID	M	A/N	19	20	38	Product identification of an ingredient used in a compound.	
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	39	48	Amount expressed in metric decimal units of the product included in the compound mixture.	Submit if available
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	49	56	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Submit if available
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	57	58	See ECL	Submit if available
221	CLIENT FORMULARY FLAG	S	A/N	1	59	59		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	60	89	Product or Service Description or Product Label Name.	Submit if available
261	GENERIC NAME	S	A/N	30	90	119	Generic name of the product identified in Product/Service Name.	Submit if available
601-24	PRODUCT STRENGTH	S	A/N	10	120	129	The strength of the product.	Submit if available
243	DOSAGE FORM CODE	S	A/N	4	130	133	Dosage form code for product identified.	Submit if available
532-FW	DATABASE INDICATOR	S	A/N	1	134	134		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	135	135		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	136	136		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	137	137		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	138	138		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	139	139		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-19	PRODUCT CODE QUALIFIER	S	A/N	1	140	140		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	141	157		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	158	158		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	159	175		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	176	176		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	177	193		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	194	194		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	195	195		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	196	212		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	213	213		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	214	230		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	231	231		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	232	248		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	249	249		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	250	266		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	267	267		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	268	269		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	270	271		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	272	272		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	273	274		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	275	276		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	277	295		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	296	296		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	297	297		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	298	305		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	306	314		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	315	323		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	324	332		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	333	341		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	342	350		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	351	352		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	353	360		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

	SECTION SECOND INGREDIENT:						Minimum Of Two Ingredients Required	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	361	362	Code qualifying the type of product dispensed. See ECL	
489-TE	COMPOUND PRODUCT ID	M	A/N	19	363	381	Product identification of an ingredient used in a compound.	
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	382	391	Amount expressed in metric decimal units of the product included in the compound mixture.	Submit if available
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	392	399	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Submit if available
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	400	401	See ECL	Submit if available
221	CLIENT FORMULARY FLAG	S	A/N	1	402	402		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	403	432	Product or Service Description or Product Label Name.	Submit if available
261	GENERIC NAME	S	A/N	30	433	462	Generic name of the product identified in Product/Service Name.	Submit if available
601-24	PRODUCT STRENGTH	S	A/N	10	463	472	The strength of the product.	Submit if available
243	DOSAGE FORM CODE	S	A/N	4	473	476	Dosage form code for product identified.	Submit if available
532-FW	DATABASE INDICATOR	S	A/N	1	477	477		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	478	478		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	479	479		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	480	480		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	481	481		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	482	482		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	483	483		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	484	500		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	501	501		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	502	518		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	519	519		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	520	536		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	537	537		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	538	538		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	539	555		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	556	556		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-25	THERAPEUTIC CLASS CODE	S	A/N	17	557	573		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	574	574		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	575	591		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	592	592		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	593	609		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	610	610		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	611	612		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	613	614		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	615	615		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	616	617		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	618	619		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	620	638		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	639	639		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	640	640		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	641	648		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	649	657		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	658	666		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	667	675		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	676	684		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	685	693		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	694	695		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	696	703		Submit if available-not currently utilized by AHCCCS
	SECTION THIRD INGREDIENT:						Submit if a 3rd ingredient	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	704	705	Code qualifying the type of product dispensed. See ECL	
489-TE	COMPOUND PRODUCT ID	M	A/N	19	706	724	Product identification of an ingredient used in a compound.	
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	725	734	Amount expressed in metric decimal units of the product included in the compound mixture.	Submit if available
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	735	742	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Submit if available
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	743	744	See ECL	Submit if available

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

221	CLIENT FORMULARY FLAG	S	A/N	1	745	745		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	746	775	Product or Service Description or Product Label Name.	Submit if available
261	GENERIC NAME	S	A/N	30	776	805	Generic name of the product identified in Product/Service Name.	Submit if available
601-24	PRODUCT STRENGTH	S	A/N	10	806	815	The strength of the product.	Submit if available
243	DOSAGE FORM CODE	S	A/N	4	816	819	Dosage form code for product identified.	Submit if available
532-FW	DATABASE INDICATOR	S	A/N	1	820	820		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	821	821		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	822	822		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	823	823		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	824	824		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
250	FDA DRUG EFFICACY CODE	S	A/N	1	825	825		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	826	826		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	827	843		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	844	844		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	845	861		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	862	862		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	863	879		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	880	880		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	881	881		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	882	898		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	899	899		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	900	916		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	917	917		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	918	934		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	935	935		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	936	952		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	A/N	1	953	953		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	954	955		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	956	957		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	958	958		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	959	960		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	961	962		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	963	981		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

260	GENERIC INDICATOR	S	A/N	1	982	982		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	983	983		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	984	991		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	992	1000		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	1001	1009		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1010	1018		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1019	1027		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	1028	1036		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1037	1038		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1039	1046		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
	SECTION FOURTH INGREDIENT:							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1047	1048		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	1049	1067		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1068	1077		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1078	1085		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1086	1087		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	1088	1088		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	1089	1118		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	1119	1148		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	1149	1158		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	1159	1162		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	1163	1163		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	1164	1164		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	1165	1165		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1166	1166		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1167	1167		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1168	1168		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1169	1169		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1170	1186		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1187	1187		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1188	1204		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1205	1205		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1206	1222		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1223	1223		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1224	1224		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1225	1241		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1242	1242		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1243	1259		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1260	1260		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1261	1277		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1278	1278		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1279	1295		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1297	1296		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
600-28	UNIT OF MEASURE	S	A/N	2	1297	1298		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1299	1300		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	1301	1301		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	1302	1303		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1304	1305		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1306	1324		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	1325	1325		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	1326	1326		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	1327	1334		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1335	1343		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	1344	1352		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1353	1361		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1362	1370		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	1371	1379		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1380	1381		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1382	1389		Submit if available-not currently utilized by AHCCCS
	SECTION FIFTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1390	1391		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	1392	1410		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1411	1420		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1421	1428		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1429	1430		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

221	CLIENT FORMULARY FLAG	S	A/N	1	1431	1431		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	1432	1461		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	1462	1491		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	1492	1501		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	1502	1505		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	1506	1506		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	1507	1507		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	1508	1508		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1509	1509		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1510	1510		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1511	1511		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1512	1512		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1513	1529		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1530	1530		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1531	1547		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1548	1548		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1549	1565		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1566	1566		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1567	1567		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1568	1584		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1585	1585		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1586	1602		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1603	1603		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1604	1620		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1621	1621		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1622	1638		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1639	1639		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	1640	1641		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1642	1643		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	1644	1644		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	1645	1646		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1647	1648		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1649	1667		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

260	GENERIC INDICATOR	S	A/N	1	1668	1668		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	1669	1669		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	1670	1677		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1678	1686		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	1687	1695		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1696	1704		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1705	1713		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	1714	1722		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1723	1724		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1725	1732		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
	SECTION SIXTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1733	1734		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	1735	1753		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1754	1763		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1764	1771		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1772	1773		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	1774	1774		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	1775	1804		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	1805	1834		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	1835	1844		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	1845	1848		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	1849	1849		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	1850	1850		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	1851	1851		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1852	1852		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1853	1853		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1854	1854		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1855	1855		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1856	1872		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1873	1873		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1874	1890		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1891	1891		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-18	PRODUCT CODE	S	A/N	17	1892	1908		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1909	1909		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1910	1910		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1911	1927		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1928	1928		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1929	1945		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1946	1946		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1947	1963		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1965	1981		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1982	1982		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
600-28	UNIT OF MEASURE	S	A/N	2	1983	1984		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1985	1986		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	1987	1987		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	1988	1989		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1990	1991		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1992	2010		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	2011	2011		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	2012	2012		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	2013	2020		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2021	2029		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	2030	2038		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2039	2047		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2048	2056		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	2057	2065		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2066	2067		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2068	2075		Submit if available-not currently utilized by AHCCCS
	SECTION SEVENTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2076	2077		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	2078	2096		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2097	2106		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2107	2114		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	2115	2116		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

221	CLIENT FORMULARY FLAG	S	A/N	1	2117	2117		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	2118	2147		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	2148	2177		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	2178	2187		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	2188	2191		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	2192	2192		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	2193	2193		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	2194	2194		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	2195	2195		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	2196	2196		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	2197	2197		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2198	2198		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2199	2215		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2216	2216		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2217	2233		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2234	2234		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2235	2251		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2252	2252		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2253	2253		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2254	2270		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2271	2271		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2272	2288		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2289	2289		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2290	2306		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2307	2307		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2308	2324		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	2325	2325		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	2326	2327		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2328	2329		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	2330	2330		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	2331	2332		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2333	2334		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

476-H6	DUR CO-AGENT ID	S	A/N	19	2335	2353		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	2354	2354		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	2355	2355		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	2356	2363		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2364	2372		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	2373	2381		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2382	2390		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2391	2399		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	2400	2408		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2409	2410		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2411	2418		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
	SECTION EIGHTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2419	2420		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	2421	2439		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2440	2449		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2450	2457		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	2458	2459		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	2460	2460		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	2461	2490		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	2491	2520		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	2521	2530		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	2531	2534		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	2535	2535		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	2536	2536		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	2537	2537		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	2538	2538		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	2539	2539		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	2540	2540		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2541	2541		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2542	2558		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2559	2559		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2560	2576		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2577	2577		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2578	2594		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2595	2595		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2596	2596		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2597	2613		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2614	2614		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2615	2631		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2632	2632		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2633	2649		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2650	2650		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2651	2667		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	2668	2668		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
600-28	UNIT OF MEASURE	S	A/N	2	2669	2670		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2671	2672		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	2673	2673		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	2674	2675		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2676	2677		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	2678	2696		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	2697	2697		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	2698	2698		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	2699	2706		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2707	2715		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	2716	2724		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2725	2733		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2734	2742		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	2743	2751		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2752	2753		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2754	2761		Submit if available-not currently utilized by AHCCCS
	FILLER	M	A/N	939	2762	3700	Spaces	
8.2.2	POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD 2						Only if more than 8 ingredients	
601-04	RECORD TYPE	M	A/N	2	1	2	CD - Post Adjudication History Compound Detail Record 1	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	3	3	1 - RX Billing	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	12	4	15	10 digit Rx Number	Limited to 10 digits

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

477-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	N	2	16	17	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	
	SECTION NINTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	18	19		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	20	38		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	39	48		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	49	56		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	57	58		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	59	59		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	60	89		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	90	119		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	120	129		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
243	DOSAGE FORM CODE	S	A/N	4	130	133		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	134	134		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	135	135		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	136	136		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	137	137		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	138	138		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	139	139		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	140	140		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	141	157		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	158	158		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	159	175		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	176	176		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	177	193		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	194	194		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	195	195		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	196	212		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	213	213		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	214	230		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	231	231		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	232	248		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	249	249		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	250	266		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	267	267		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	268	269		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	270	271		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	272	272		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	273	274		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	275	276		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	277	295		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	296	296		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	297	297		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	298	305		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	306	314		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	315	323		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	324	332		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	333	341		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	342	350		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	351	352		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	353	360		Submit if available-not currently utilized by AHCCCS
	SECTION TENTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	361	362		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	363	381		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	382	391		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	392	399		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	400	401		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	402	402		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	403	432		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	433	462		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	463	472		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	473	476		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	477	477		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	478	478		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

257	FORMULARY STATUS	S	A/N	1	479	479		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	480	480		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	481	481		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	482	482		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	483	483		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	484	500		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	501	501		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	502	518		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	519	519		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	520	536		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	537	537		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	538	538		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	539	555		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	556	556		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	557	573		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	574	574		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	575	591		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	592	592		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	593	609		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	610	610		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	611	612		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	613	614		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	615	615		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	616	617		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	618	619		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	620	638		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	639	639		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	640	640		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	641	648		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	649	657		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	658	666		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	667	675		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	676	684		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

271	MAC PRICE	S	D	9	685	693		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	694	695		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	696	703		Submit if available-not currently utilized by AHCCCS
	SECTION ELEVENTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	704	705		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	706	724		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	725	734		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	735	742		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	743	744		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	745	745		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	746	775		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	776	805		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	806	815		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
243	DOSAGE FORM CODE	S	A/N	4	816	819		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	820	820		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	821	821		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	822	822		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	823	823		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	824	824		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	825	825		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	826	826		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	827	843		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	844	844		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	845	861		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	862	862		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	863	879		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	880	880		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	881	881		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	882	898		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	899	899		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	900	9016		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	917	917		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-25	THERAPEUTIC CLASS CODE	S	A/N	17	918	934		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	935	935		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	936	952		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	A/N	1	953	953		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	954	955		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	956	957		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	958	958		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	959	960		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	961	962		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	963	981		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	982	982		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	983	983		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	984	991		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	992	1000		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	1001	1009		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1010	1018		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1019	1027		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	1028	1036		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1037	1038		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1039	1046		Submit if available-not currently utilized by AHCCCS
	SECTION TWELFTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1047	1048		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	1049	1067		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1068	1077		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1078	1085		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1086	1087		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	1088	1088		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	1089	1118		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	1119	1148		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	1049	1158		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	1159	1162		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	1163	1163		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

425-PD	DRUG TYPE	S	N	1	1164	1164		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	1165	1165		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1166	1166		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1167	1167		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1168	1168		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1169	1169		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1170	1186		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1187	1187		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1188	1204		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1205	1205		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1206	1222		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1223	1223		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1224	1224		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1225	1241		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1242	1242		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1243	1259		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1260	1260		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1261	1277		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1278	1278		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1279	1295		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1297	1296		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	1297	1298		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1299	1300		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	1301	1301		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	1302	1303		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1304	1305		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1306	1324		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	1325	1325		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	1326	1326		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	1327	1334		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1335	1343		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	1344	1352		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

211	AVERAGE WHOLESAL UNIT PRICE	S	D	9	1353	1361		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1362	1370		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	1371	1379		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1380	1381		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1382	1389		Submit if available-not currently utilized by AHCCCS
	SECTION THIRTEENTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1390	1391		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	1392	1410		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1411	1420		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1421	1428		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1429	1430		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	1431	1431		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	1432	1461		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	1462	1491		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	1492	1501		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
243	DOSAGE FORM CODE	S	A/N	4	1502	1505		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	1506	1506		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	1507	1507		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	1508	1508		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1509	1509		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1510	1510		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1511	1511		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1512	1512		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1513	1529		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1530	1530		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1531	1547		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1548	1548		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1549	1565		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1566	1566		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1567	1567		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1568	1584		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1585	1585		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1586	1602		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1603	1603		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1604	1620		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1621	1621		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1622	1638		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1639	1639		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	1640	1641		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1642	1643		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	1644	1644		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	1645	1646		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1647	1648		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1649	1667		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	1668	1668		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	1669	1669		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	1670	1677		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	1678	1686		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	1687	1695		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	1696	1704		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	1705	1713		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	1714	1222		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	1723	1724		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	1725	1732		Submit if available-not currently utilized by AHCCCS
	SECTION FOURTEENTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	1733	1734		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	1735	1753		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	1754	1763		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	1764	1771		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	1772	1773		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	1774	1774		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	1775	1804		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	1805	1834		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	1835	1844		Submit if available-not currently utilized by AHCCCS
243	DOSAGE FORM CODE	S	A/N	4	1845	1848		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

532-FW	DATABASE INDICATOR	S	A/N	1	1849	1849		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	1850	1850		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	1851	1851		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	1852	1852		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	1853	1853		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	1854	1854		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1855	1855		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1856	1872		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1873	1873		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1874	1890		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	1891	1891		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	1892	1908		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1909	1909		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1910	1910		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1911	1927		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1928	1928		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1929	1945		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1946	1946		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1947	1963		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	1964	1964		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	1965	1981		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	1982	1982		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	1983	1984		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	1985	1986		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	1987	1987		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	1988	1989		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1990	1991		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	1992	2010		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	2011	2011		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	2012	2012		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	2013	2020		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2021	2029		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

210	AVERAGE GENERIC UNIT PRICE	S	D	9	2030	2038		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2039	2047		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2048	2056		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	2057	2065		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2066	2067		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2068	2075		Submit if available-not currently utilized by AHCCCS
	SECTION FIFTEENTH INGREDIENT							
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	2076	2077		Submit if available-not currently utilized by AHCCCS
489-TE	COMPOUND PRODUCT ID	M	A/N	19	2078	2096		Submit if available-not currently utilized by AHCCCS
448-ED	COMPOUND INGREDIENT QUANTITY	S	D	10	2097	2106		Submit if available-not currently utilized by AHCCCS
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	2107	2114		Submit if available-not currently utilized by AHCCCS
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	2115	2116		Submit if available-not currently utilized by AHCCCS
221	CLIENT FORMULARY FLAG	S	A/N	1	2117	2117		Submit if available-not currently utilized by AHCCCS
397	PRODUCT/SERVICE NAME	S	A/N	30	2118	2147		Submit if available-not currently utilized by AHCCCS
261	GENERIC NAME	S	A/N	30	2148	2177		Submit if available-not currently utilized by AHCCCS
601-24	PRODUCT STRENGTH	S	A/N	10	2178	2187		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
243	DOSAGE FORM CODE	S	A/N	4	2188	2191		Submit if available-not currently utilized by AHCCCS
532-FW	DATABASE INDICATOR	S	A/N	1	2192	2192		Submit if available-not currently utilized by AHCCCS
425-PD	DRUG TYPE	S	N	1	2193	2193		Submit if available-not currently utilized by AHCCCS
257	FORMULARY STATUS	S	A/N	1	2194	2194		Submit if available-not currently utilized by AHCCCS
244	DRUG CATEGORY CODE	S	A/N	1	2195	2195		Submit if available-not currently utilized by AHCCCS
252	FEDERAL DEA SCHEDULE	S	A/N	1	2196	2196		Submit if available-not currently utilized by AHCCCS
250	FDA DRUG EFFICACY CODE	S	A/N	1	2197	2197		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2198	2198		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2199	2215		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2216	2216		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2217	2233		Submit if available-not currently utilized by AHCCCS
601-19	PRODUCT CODE QUALIFIER	S	A/N	1	2234	2234		Submit if available-not currently utilized by AHCCCS
601-18	PRODUCT CODE	S	A/N	17	2235	2251		Submit if available-not currently utilized by AHCCCS
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	2252	2252		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2253	2253		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2254	2270		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2271	2271		Submit if available-not currently utilized by AHCCCS

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2272	2288		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2289	2289		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2290	2306		Submit if available-not currently utilized by AHCCCS
601-26	THERAPEUTIC CLASS CODE QUALIFIER	S	A/N	1	2307	2307		Submit if available-not currently utilized by AHCCCS
601-25	THERAPEUTIC CLASS CODE	S	A/N	17	2308	2324		Submit if available-not currently utilized by AHCCCS
429-DT	SPECIAL PACKAGING INDICATOR	S	N	1	2325	2325		Submit if available-not currently utilized by AHCCCS
600-28	UNIT OF MEASURE	S	A/N	2	2326	2327		Submit if available-not currently utilized by AHCCCS
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2328	2329		Submit if available-not currently utilized by AHCCCS
272	MAC REDUCED INDICATOR	S	A/N	1	2330	2330		Submit if available-not currently utilized by AHCCCS
223	CLIENT PRICING BASIS OF COST	S	A/N	2	2331	2332		Submit if available-not currently utilized by AHCCCS
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	2333	2334		Submit if available-not currently utilized by AHCCCS
476-H6	DUR CO-AGENT ID	S	A/N	19	2335	2353		Submit if available-not currently utilized by AHCCCS
260	GENERIC INDICATOR	S	A/N	1	2354	2354		Submit if available-not currently utilized by AHCCCS
292	PLAN CUTBACK REASON CODE	S	A/N	1	2355	2355		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	2356	2363		Submit if available-not currently utilized by AHCCCS
Field	Field Name	M/S	Format	Size	Start	End	Values	AHCCCS USAGE
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2364	2372		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	2373	2381		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2382	2390		Submit if available-not currently utilized by AHCCCS
889	THERAPEUTIC CHAPTER	S	A/N	8	2356	2363		Submit if available-not currently utilized by AHCCCS
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2364	2372		Submit if available-not currently utilized by AHCCCS
210	AVERAGE GENERIC UNIT PRICE	S	D	9	2373	2381		Submit if available-not currently utilized by AHCCCS
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2382	2390		Submit if available-not currently utilized by AHCCCS
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2391	2399		Submit if available-not currently utilized by AHCCCS
271	MAC PRICE	S	D	9	2400	2408		Submit if available-not currently utilized by AHCCCS
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2409	2410		Submit if available-not currently utilized by AHCCCS
285	PATIENT FORMULARY REBATE AMOUNT	S	D	8	2411	2418		Submit if available-not currently utilized by AHCCCS
	FILLER	M	A/N	1282	2419	3700	Spaces	
8.3	POST ADJUDICATION HISTORY TRAILER RECORD							
601-04	RECORD TYPE	M	A/N	2	1	2	PT - Post Adjudication History Trailer Record	
601-09	TOTAL RECORD COUNT	M	N	10	3	12	Total number of records being submitted, including header and trailer	
895	TOTAL NET AMOUNT DUE	M	D	12	13	24	Summarization of Net Amount Due (281)	

NCPDP POST ADJUDICATED HISTORY (PAH) 2.2 COMPANION GUIDE

693	TOTAL GROSS AMOUNT DUE	M	D	12	25	36	Total sum of the gross amount due fields on the claim level.	AHCCCS requires this field per this TP agreement
694	TOTAL PATIENT PAY AMOUNT	M	D	12	37	48	Total sum of the patient pay amount fields on the claim level.	
	FILLER	M	A/N	3652	49	3700	Spaces	
8.3	POST ADJUDICATION HISTORY TRAILER RECORD							
601-04	RECORD TYPE	M	A/N	2	1	2	PT - Post Adjudication History Trailer Record	
601-09	TOTAL RECORD COUNT	M	N	10	3	12	Total number of records being submitted, including header and trailer	
895	TOTAL NET AMOUNT DUE	M	D	12	13	24	Summarization of Net Amount Due (281)	
693	TOTAL GROSS AMOUNT DUE	M	D	12	25	36	Total sum of the gross amount due fields on the claim level.	AHCCCS requires this field per this TP agreement
694	TOTAL PATIENT PAY AMOUNT	M	D	12	37	48	Total sum of the patient pay amount fields on the claim level.	
	FILLER	M	A/N	3652	49	3700	Spaces	

3 CHANGE SUMMARY

Version	Location	Section	Description	Date
0.2			Draft Transaction Notes published to for distribution to health plans.	January 2012
0.3			Draft Updated Transaction notes distributed to health plans via 5010 testing.	May 2012
0.4			Draft Companion Guide published to for distribution to health plans.	June 2012
1.3			Reviewed Companion Guide for changes; removed Draft watermark.	September 2016
1.4			Minor changes to text; appended AZ NCPDP PAH Transaction Notes Excel Spreadsheet.	October 2019
2.0		Title Page	Updated with the new template. Change versioning number.	September 2021
2.0		2.NCPDP Transactions 2.1 Overview	This section was removed.	September 2021
2.0		3. Technical Infrastructure and Procedures Transactions 3.1 Technical Environment	This section was removed.	September 2021
2.0		3.2 Directory and File Naming Conventions	This section was removed.	September 2021
2.0	Page 8	2.4 NCPDP PAH 2.2 File Layout	Updated AHCCCS Notes	September 2021
2.0	Page 12	2.4 NCPDP PAH 2.2 File Layout	440-E5 Professional Service Code. Remove “flu” reference.	September 2021
2.0	Page 17	2.4 NCPDP PAH 2.2 File Layout	521-FL Incentive Amount Page. Remove “flu” reference.	September 2021
3.0	Page 15	2.4 NCPDP PAH 2.2 File Layout	507-F7 Updated Notes	September 2024