

Invoiced Paid Claims

Non Compound Claims Extract Format

Name (in positional order)	Data Type	Max, Decimal
Claim Control Number	Alphanumeric	30
NDC Code	Alphanumeric	20
Product Name	Alphanumeric	30
Date of Service (ccyymmdd)	Digits	8
Claim Date of Payment (ccyymmdd)	Digits	8
Original Units of Service	Numeric	12, 3
Adjusted Units of Service	Numeric	12, 3
Current Invoiced Units of Service	Numeric	12, 3
Reimbursed Amount	Numeric	12, 2
Billed Amount	Numeric	12, 2
Adjustment Indicator	Alphanumeric	1
Prescription Number (RX)	Alphanumeric	12
Procedure Code	Alphanumeric	5
Billing Provider Number	Alphanumeric	10
Billing Provider Owner Number	Alphanumeric	2
Billing Provider Service Location Number	Alphanumeric	3
Adjustment Claim Control Number	Alphanumeric	30
Recipient Other Coverage Code	Alphanumeric	1
Other Health Coverage Indicator	Alphanumeric	1
TAR Control Number	Alphanumeric	11
Third Party Code	Alphanumeric	1
Third Party Amount	Numeric	11, 2
Patient Liability Amount	Numeric	11, 2
Co-Pay Code	Alphanumeric	2

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Name (in positional order)	Data Type	Max, Decimal
Co-Pay Amount	Numeric	7, 2
Days Supply Number	Numeric	3
Referring Prescribing Provider Number	Alphanumeric	10
Recipient Crossover Status Code	Alphanumeric	1
Recipient Prepaid Health Plan (PHP) Status Code	Alphanumeric	3
Compound Code	Alphanumeric	2
Cost Basis Determination Code	Alphanumeric	2

Compound Claims Extract Format

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Claim Date Of Payment (ccyymmdd)	Digits	8
Original Units of Service	Numeric	12, 3
Adjusted Units of Service	Numeric	12, 3
Current Invoiced Units of Service	Numeric	12, 3
Reimbursed Amount	Numeric	12, 2
Billed Amount	Numeric	12, 2
Adjustment Indicator	Alphanumeric	1
Prescription Number (Rx)	Alphanumeric	12
Billing Provider Number	Alphanumeric	10

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Compound Claims Extract Format

Name (in positional order)	Data Type	Max, Decimal
Billing Provider Owner Number	Alphanumeric	2
Billing Provider Service Location Number	Alphanumeric	3
Adjustment Claim Control Number	Alphanumeric	30
Recipient Other Coverage Code	Alphanumeric	1
Other Health Coverage Indicator	Alphanumeric	1
TAR Control Number	Alphanumeric	11
Third Party Code	Alphanumeric	1
Third Party Amount	Numeric	11, 2
Patient Liability Amount	Numeric	11, 2
Co-Pay Code	Alphanumeric	2
Co-Pay Amount	Numeric	7, 2
Days Supply Number	Numeric	3
Referring Prescribing Provider Number	Alphanumeric	10
Recipient Crossover Status Code	Alphanumeric	1
Recipient Prepaid Health Plan (PHP) Status Code	Alphanumeric	3
Compound Code	Alphanumeric	2
Ingredient Cost Basis Determination Code	Alphanumeric	2
Claim Compound Ingredient Reimbursement Amount	Numeric	11, 2