

Part D Data Elements Available to States for Care Coordination and Program Integrity Data Requests*

FIELD NO.	FIELD NAME	POSITION	PICTURE	LENGTH	IDR DATA DICTIONARY	PDE DEFINITION / VALUES
1	CONTRACT NUMBER	1 - 5	X(5)	5	Unique identification for a Contract	Contract number
2	PBP NUMBER	6 - 8	X(3)	3	Unique identification for a benefit package offered within an MA or PDP contract.	Plan Benefit Package
3	HEALTH INSURANCE CLAIM NUMBER (HICN)	9 - 28	X(20)	20	The number uniquely identifying the primary beneficiary under the SSA or RRB program. The external HICN will be used to populate this field.	Medicare Health Insurance Claim Number or Railroad Retirement Board (RRB) number.
4	CARDHOLDER ID	29 - 48	X(20)	20	The Part D sponsor's enrollee identifier found on the PDE.	Plan identification of the enrollee. Assigned by plan.
5	PATIENT DATE OF BIRTH (DOB)	49 - 56	9(8)	8	The date of birth of the Medicare Beneficiary that is indicated on the PDE.	CCYYMMDD Optional Field
6	PATIENT GENDER CODE	57	9(1)	1	The gender of the Medicare Beneficiary that is indicated on the PDE.	1 = M 2 = F Unspecified or unknown values are not accepted
7	DATE OF SERVICE (DOS)	58 - 65	9(8)	8	CCYYMMDD format	CCYYMMDD
8	PAID DATE	66 - 73	9(8)	8	The date the plan paid the pharmacy for the prescription drug. CCYYMMDD	CCYYMMDD. The date the plan paid the pharmacy for the prescription drug. Mandatory for Fallback plans. Optional for all other plans.
9	PRODUCT SERVICE ID	74 - 92	X(19)	19	The National Drug Code that identifies specific drugs.	Submit 11 digit NDC only. Fill the first 11 positions, no spaces or hyphens, followed by 8 spaces. Format is: MMMMMDDDDPP. DDPS will reject the following billing codes for compounded legend and/or scheduled drugs: 99999999999, 99999999992, 99999999993, 99999999994, 99999999995, and 99999999996.
10	SERVICE PROVIDER ID QUALIFIER	93 - 94	X(2)	2	The type of number used to identify a service provider. For example: 01 = NPI 06 = UPIN 07 = NCPDP Number 08 = State License Number 11 = Federal Tax Number 99 = Other mandatory for Standard Data Format Values of '06', '08', '11', or '99' only acceptable if non-Standard Format = 'B', 'X', or 'P'	The type of pharmacy provider identifier used in field 11+G24. 01 = National Provider Identifier (NPI) 06 = UPIN 07 = NCPDP Provider ID 08 = State License 11 = Federal Tax Number 99 = Other (Reported Gap Discount must = 0) Mandatory for standard format. For standard format, valid values are 01 - NPI or 07 - NCPDP Provider ID. For non-standard format any of the above values are acceptable.
11	SERVICE PROVIDER ID	95 - 109	X(15)	15	A number used to identify a service provider.	When Plans report Service Provider ID Qualifier = "99" - Other, populate Service Provider ID with the default value "PAPERCLAIM" defined for TROOP Facilitation Contract. When Plans report Federal Tax Number (TIN), use the following format: ex: 999999999 (do not report embedded dashes).
12	FILL NUMBER	110 - 111	9(2)	2	Fill number, defaults to zero. Fill Number is not edited across pharmacies. For example, Fill Number resets to 0 if a new pharmacy fills the prescription or if a "new" prescription for the same drug is filled more than once. This variable is supplied by the pharmacy.	Values = 0 - 99.
13	DISPENSING STATUS	112	X(1)	1	Indication the prescription has been completely filled. A partial fill is represented as 'P' and a complete fill is represented as 'C'.	On PDEs with DOS on or after January 1, 2011, must be blank. On PDEs with DOS prior to January 1, 2011, valid values are: Blank = Not Specified P = Partial Fill C = Completion of Partial Fill
14	COMPOUND CODE	113	9(1)	1	Indication whether or not the dispensed drug was mixed. 0 = Not a compound 1 = Compound (single) 2 = Compound (multiple)	0=Not specified 1=Not a Compound 2=Compound

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15	DISPENSE AS WRITTEN (DAW) PRODUCT SELECTION CODE	114	X(1)	1	An indication of how the prescriber's instructions regarding generic substitution were followed. Example: Substitution not allowed by prescriber, Substitution allowed - patient requested product dispensed, Substitution allowed generic drug not available in marketplace, etc.	0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed - Patient Requested Product Dispensed 3=Substitution Allowed - Pharmacist Selected Product Dispensed 4=Substitution Allowed - Generic Drug Not in Stock 5=Substitution Allowed - Brand Drug Dispensed as Generic 6=Override 7=Substitution Not Allowed - Brand Drug Mandated by Law 8=Substitution Allowed Generic Drug Not Available in Marketplace 9=Other
16	QUANTITY DISPENSED	115 - 124	9(7)V999	10	The number of dosage units of the medication that were dispensed in this fill. The unit being a precisely specified quantity in terms of which the magnitudes of other quantities of the same kind can be stated. For example, number of tablets, grams, or milliliters. If a compounded item, total of all ingredients will be supplied as Quantity Dispensed.	Number of Units, Grams, Milliliters, other. If compounded item, total of all ingredients will be supplied as Quantity Dispensed.
17	DAYS SUPPLY	125 - 127	9(3)	3	0 - 999	0 - 999
18	PRESCRIBER ID QUALIFIER	128 - 129	X(2)	2	The type of data used to identify the service provider of the claim: 01 = NPI 07 = NCPDP Number 08 = State License Number 11 = Federal Tax Number 12 = DEA Mandatory for Standard Format. Optional when non -Standard Data Format = 'B' or 'X' or 'P'	The type of data used to identify the service provider of the claim: 01 = NPI 07 = NCPDP Number 08 = State License Number 11 = Federal Tax Number 12 = DEA Mandatory for Standard Format. Optional when non -Standard Data Format = 'B' or 'X' or 'P'
19	PRESCRIBER ID	130 - 144	X(15)	15	The Prescribing provider identifier on the claim.	Mandatory for standard format. Mandatory for non-standard format (Non-Standard Format Code = "B", "C", "P" or "X") when Prescriber ID Qualifier is present and valid, otherwise optional.
20	DRUG COVERAGE STATUS CODE	145	X(1)	1	Coverage status of the drug under part D and/or the PBP. C = Covered E = Supplemental drugs (reported by Enhanced Alternative plans only) X = Non-covered drugs (MA plans only) O = Over-the-counter drugs	Coverage status of the drug under Part D and/or the PBP. C = Covered E = Supplemental drugs (reported by Enhanced Alternative plans only) O = Over-the-counter drugs
21	ADJUSTMENT DELETION CODE	146	X(1)	1	A value signifying the type of PDE submitted. Derived from CLM_TYPE_CD, value of '2' is a code of 'A', value of '3' is a code of 'D' else space	A = Adjustment D = Deletion Blank = Original PDE
22	NON- STANDARD FORMAT CODE	147	X(1)	1	Format of claims originating in a non-standard format. B = Beneficiary submitted claim C = COB claim P = Paper claim from provider X = X12 837 Blank = NCPDP electronic format	Format of claims originating in a non-standard format. B = Beneficiary submitted claim C = COB claim P = Paper claim from provider X = X12 837 Blank = NCPDP electronic format
23	PRICING EXCEPTION CODE	148	X(1)	1	Indication the claim was within a network or not: O = Out-of-network blank = In-network	M= Medicare as Secondary Payer O = Out-of-network pharmacy (Medicare is Primary) Blank = In-network pharmacy (Medicare is Primary)
24	EFFECTIVE UNIQUE IDENTIFIER	149 - 161	9(13)	13	Effective Claim identifier number associated with the last claim of the same claim family	
25	UNIQUE IDENTIFIER	162 - 174	9(13)	13	Claim unique Identifier number associated with each claim	

* Available data elements do not include financial information or internal plan or pharmacy prescription identification numbers. In addition, under Minimum Data Necessary rules, State must provide justification of each data element it wishes to receive. Those data elements that the State chooses not to select or fails to justify adequately will be provided but not populated with information.