

NCPDP Encounters - Side by Side

3.2 - Encounter Layout						EXISTING ---- Version 5.1 ---- EXISTING										Field	Field Name	M/S
Field Name	Type	Size	From	Thru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage				
TRANSACTION HEADER SEGMENT																		
Segment Identifier	X	2	1	2	Required	G1	701									601-04	RECORD TYPE	M
Bin Number		9	6	3	8	Required	BIN Number	101-A1	101-A1	M	Card Issuer ID or Bank ID Number used for network routing.	9(6)	BIN Number					
Version/Release Number	X	2	9	10	Required	3C = RTDS Version 3.2		102-A2	102-A2	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	51	Required		102-A2	VERSION/RELEASE NUMBER	M
Transaction Code		9	2	11	12	Required	01 - Billing 11- Reversal 31 - Replacement	103-A3	103-A3	M	Code identifying the type of transaction.	x(2)	B1 = Billing B2 = Reversal B3 = Rebill	Required				
Processor Control Number	X	10	13	22	Required	Processor Control Number		104-A4	104-A4	M	Number assigned by the processor.	x(10)	Process Control number	Required				
									109-A9	M	TRANSACTION COUNT	x(1)	Count of transactions in the transmission.		"Line Count for this claim"			
ID Qualifier	X	2	1	2	Required	Valid Values are: P = National Provider Identifier Z = Mutually agreed upon ID number (AHCCCS Provider ID)			202-B2	M	SERVICE PROVIDER ID QUALIFIER	x(2)	Code qualifying the 'Service Provider ID' (201-B1).		01 = National Provider Identifier [NPI] 05 = Medicaid ID			
Pharmacy Number	X	12	3	14	Required	If ID Qualifier = P, Pharmacy's NPI If ID Qualifier = Z, Pharmacy's AHCCCS Provider Id and Location Code NNNNNNLL	201-B1	201-B1	M	ID assigned to a pharmacy or provider.	x(15)	Provider Id/Pharmacy Number Until May 22, 2007 AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier	Required					
Service Provider																		
									401-D1	M	DATE OF SERVICE	9(8)	Identifies date the prescription was filled or professional service rendered.	Required				
									110-AK	M	SOFTWARE VENDOR/ CERTIFICATION ID	x(10)	ID assigned by the switch or processor to identify the software source.		Software Vendor Certification ID of the PBM			
Transaction Reference Number	X	10	1	10	Required	Determined by provider	880-K5											
Resubmission Reference Number	X	14	11	24	Required When Field '103-A3' Value is '11' or '31'	Original "AHCCCS" CRN Needed When (adjustments no longer permitted) Replacements or Voids are Submitted.	N/A											
																879	SENDING ENTITY IDENTIFIER	M
																806-5C	BATCH NUMBER	M
																880-K2	CREATION DATE	M
																880-K3	CREATION TIME	M
																880-K7	RECEIVER ID	M
																601-06	REPORTING PERIOD START DATE	M
																601-05	REPORTING PERIOD END DATE	M
																702-MC	FILE TYPE	M
																981-JV	TRANSMISSION ACTION	M
																888	SUBMISSION NUMBER	M
																	FILLER	M

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								456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE #	O	Related 'Prescription/Service Reference Number' (402-D2) to which the service is associated.	9(7)			456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S
								457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	Date of the Associated Prescription/Service Reference Number.	9(8)			457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S
								458-SE	PROCEDURE MODIFIER CODE COUNT	O	Count of the 'Procedure Modifier Code' (459-ER) occurrences.	9(1)					
Modifier 1	X	2	1	2	Required When Known		459-ER	459-ER	PROCEDURE MODIFIER CODE	O***R***	Identifies special circumstances related to the performance of the service.	x(2)	If sent, will be stored.	Required when known			
Modifier 2	X	2	3	4	Required When Known		459-ER										
Modifier 3	X	2	5	6	Required When Known		459-ER										
Modifier 4	X	2	7	8	Required When Known		459-ER										
Metric Decimal Quantity	9(5),999	8	3	10	Required	Quantity Dispensed	442-E7	442-E7	QUANTITY DISPENSED	O	Quantity dispensed expressed in metric decimal units.	9(7)v999	Quantity Move 9(5)v999	Required	442-E7	QUANTITY DISPENSED	S
New / Refill Code	9	2	11	12	Required	00 – Original 01-99 – Refill Number	403-D3	403-D3	FILL NUMBER	O	The code indicating whether the prescription is an original or a refill.	9(2)	Fill Number 0=Original dispensing 1 to 99 = Refill number	Required	403-D3	FILL NUMBER	S
Days Supply	9	3	13	15	Required	Days Supply	405-D5	405-D5	DAYS SUPPLY	O	Estimated number of days the prescription will last.	9(3)	Days Supply	Required	405-D5	DAYS SUPPLY	S
Compound Code	9	1	16	16	Required	0 – Not Specified 1 – Not a Compound 2 – Compound	406-D6	406-D6	COMPOUND CODE	O	Code indicating whether or not the prescription is a compound.	9(1)	0=Not Specified 1=Not a Compound 2=Compound	Required	406-D6	COMPOUND CODE	S
Dispense as Written	X	1	17	17	Required	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Selected Product Dispensed 4 – Substitution Allowed – Generic Drug Not in Stock 5 – Substitution Allowed – Brand Drug Dispensed as a Generic 6 – Override 7 – Substitution Not Allowed – Brand Drug Mandated by Law 8 – Substitution Allowed – Generic Drug Not Available in Marketplace 9 – Other	408-D8	408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	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=Substituti	Required	408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S
Date Prescription Written	9	8	18	25	Required	Format = 'CCYYMMDD'	414-DE	414-DE	DATE PRESCRIPTION WRITTEN	O	Date prescription was written.	9(8)	Format=CCYYMMDD	Required	414-DE	DATE PRESCRIPTION WRITTEN	S
Number of Refills Authorized	9	2	26	27	Required	Value 00 - 99	415-DF	415-DF	NUMBER OF REFILLS AUTHORIZED	O	Number of refills authorized by the prescriber.	9(2)	Number of refills authorized	Required	415-DF	NUMBER OF REFILLS AUTHORIZED	S
								419-DJ	PRESCRIPTION ORIGIN CODE	O	Code indicating the origin of the prescription.	9(1)			419-DJ	PRESCRIPTION ORIGIN CODE	S
								420-DK	SUBMISSION CLARIFICATION CODE	O	Code indicating that the pharmacist is clarifying the submission.	9(2)			420-DK	SUBMISSION CLARIFICATION CODE	S
								420-DK	SUBMISSION CLARIFICATION CODE	O	Code indicating that the pharmacist is clarifying the submission.	9(2)			420-DK	SUBMISSION CLARIFICATION CODE	S

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															420-DK	SUBMISSION CLARIFICATION CODE	S
								460-ET	QUANTITY PRESCRIBED	O	Amount expressed in metric decimal units.	9(7)v999			460-ET	QUANTITY PRESCRIBED	S
Other Coverage Code	9	1	1	1	Required	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected	308-C8	308-C8	OTHER COVERAGE CODE	O	Code indicating whether or not the patient has other insurance coverage.	9(2)	00=Not Specified 01=No other coverage 02=Other coverage exists- payment collected 03=Other coverage exists- claim not covered 04=Other coverage exists- payment not collected 05=Managed care plan denial 06=Other coverage denied-not participating provider 07=	Required		[See Benefit Category]	
								429-DT	UNIT DOSE INDICATOR	O	Code indicating the type of unit dose dispensing.	9(1)		Situational May Be Reported.			
								453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)					
								445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	Code of the initially prescribed product or service.	x(19)					
								446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	Product initially prescribed amount expressed in metric decimal units.	9(7)v999					
								330-CW	ALTERNATE ID	O	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(20)	The Health Plan CRN.	Required			
								454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	The serial number of the prescription blank/form.	x(12)					
Unit of Measure	X	2	1	2	Required	EA = Each GM = Grams ML = Milliliters	600-28	600-28	UNIT OF MEASURE	O	NCPDP standard product billing codes.	x(2)	EA=Each GM=Grams ML=Milliliters	Required	600-28	UNIT OF MEASURE	S
								418-DI	LEVEL OF SERVICE	O	Coding indicating the type of service the provider rendered.	9(2)			418-DI	LEVEL OF SERVICE	S
								461-EU	PRIOR AUTHORIZATION TYPE CODE	O	Code clarifying the 'Prior Authorization Number' (462-EV).	9(2)		Situational May Be Reported. Data used to bypass Medical Review type encounter edits.		[See Prior Auth Category]	
								462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	Number submitted by the provider to identify the prior authorization.	9(11)		Situational May Be Reported. Data used to bypass Medical Review type encounter edits.		[See Prior Auth Category]	
								463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	Value indicating that authorization occurred for intermediary processing.	9(2)					
								464-EX	INTERMEDIARY AUTHORIZATION ID	O	Value indicating intermediary authorization occurred.	x(11)					
								343-HD	DISPENSING STATUS	O	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)			343-HD	DISPENSING STATUS	S
								344-HF	QUANTITY INTENDED TO BE DISPENSED	O	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).	9(7)V999					

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																210	AVERAGE GENERIC UNIT PRICE	S
																211	AVERAGE WHOLESAL UNIT PRICE	S
																253	FEDERAL UPPER LIMIT UNIT PRICE	S
																271	MAC PRICE	S
																426-DQ	USUAL AND CUSTOMARY CHARGE	S
																558-AW	FLAT SALES TAX AMOUNT PAID	S
																559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S
																560-AY	PERCENTAGE SALES TAX RATE PAID	S
																561-AZ	PERCENTAGE SALES TAX BASIS PAID	S
																521-FL	INCENTIVE AMOUNT PAID	S
																562-J1	PROFESSIONAL SERVICE FEE PAID	S
																564-J3	OTHER AMOUNT PAID QUALIFIER	S
																565-J4	OTHER AMOUNT PAID	S
																564-J3	OTHER AMOUNT PAID QUALIFIER	S
																565-J4	OTHER AMOUNT PAID	S
																564-J3	OTHER AMOUNT PAID QUALIFIER	S
																565-J4	OTHER AMOUNT PAID	S
																566-J5	OTHER PAYER AMOUNT RECOGNIZED	S
																351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S
																352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S
																351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S
																352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S
																281	NET AMOUNT DUE	M
																522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
																512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S
																513-FD	REMAINING DEDUCTIBLE AMOUNT	S
																514-FE	REMAINING BENEFIT AMOUNT	S
																242	COST DIFFERENCE AMOUNT	S
																249	EXCESS COPAY AMOUNT	S
																277	MEMBER SUBMIT AMOUNT	S
																265	HOLD HARMLESS AMOUNT	S
																520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S
																346-HH	BASIS OF CALCULATION - DISPENSING FEE	S
																347-HJ	BASIS OF CALCULATION - COPAY	S
																348-HK	BASIS OF CALCULATION - FLAT SALES TAX	S
																349-HM	BASIS OF CALCULATION - PERCENTAGE SALES TAX	S
																573-4V	BASIS OF CALCULATION - COINSURANCE	S
																557-AV	TAX EXEMPT INDICATOR	S

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																285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
																276	MEDICARE RECOVERY INDICATOR	S
																275	MEDICARE RECOVERY DISPENSING INDICATOR	S
																286	PATIENT SPEND DOWN AMOUNT	S
																263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	S
																264	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	S
																207	ADMINISTRATIVE FEE EFFECT INDICATOR	S
																206	ADMINISTRATIVE FEE AMOUNT	S
																269	INVOICED AMOUNT	S
								Pharmacy Provider Segment										
								111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	02=Pharmacy Provider					
								465-EY	PROVIDER ID QUALIFIER	O	Code qualifying the 'Provider ID' (444-E9).	x(2)	05 = National Provider ID [NPI]					
								444-E9	PROVIDER ID	O	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	x(15)						
																202-B2	SERVICE PROVIDER ID QUALIFIER	S
																201-B1	SERVICE PROVIDER ID	S
																886	SERVICE PROVIDER CHAIN CODE	S
																833-5P	PHARMACY NAME	S
																726	ADDRESS LINE 1	S
																727	ADDRESS LINE 2	S
																728	CITY	S
																729	STATE	S
																730	ZIP/POSTAL CODE	S
																887	SERVICE PROVIDER COUNTY CODE	S
																732	TELEPHONE NUMBER	S
																290	PHARMACY DISPENSER TYPE	S
																289	PHARMACY CLASS CODE	S
																266	IN NETWORK INDICATOR	S
																545-2F	NETWORK REIMBURSEMENT ID	S
								Prescriber Segment										
								111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	03=Prescriber					
Prescribing Provider ID Qualifier	X	2	1	2	Required	Prescribing Provider ID Qualifier 01 = National Provider Identifier (NPI) 05 = Medicaid ID 12 = DEA #	466-EZ	466-EZ	PRESCRIBER ID QUALIFIER	O	Code qualifying the 'Prescriber ID' (411-DB).	x(2)	01=National Provider Identifier [NPI] 05=Medicaid 12=Drug Enforcement Administration (DEA) Number			466-EZ	PRESCRIBER ID QUALIFIER	S

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Payer 2 Coinsurance	9(6).99	8	109	116	Required When Other Coverage Exists	Coinsurance	431-DV								235	COB SECONDARY PAYER COINSURANCE	S		
Payer 2 CoPay	9(6).99	8	117	124	Required When Other Coverage Exists	CoPay	431-DV								236	COB SECONDARY PAYER COPAY	S		
Payer 3 Coverage Type	X	2	125	126	Required When Other Coverage Exists	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C												
Payer 3 ID	X	10	127	136	Required When Other Coverage Exists	Other payer ID If other payer is Medicare, Other Payer ID Must be "MEDICARE".	340-7C												
Payer 3 Allowed Amount	9(6).99	8	137	144	Required When Other Coverage Exists	Allowed Amount	431-DV												
Payer 3 Paid Amount	9(6).99	8	145	152	Required When Other Coverage Exists	Paid Amount	431-DV												
Payer 3 Dispense Fee Paid	9(6).99	8	153	160	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV												
Payer 3 Ingredient Cost Paid	9(6).99	8	161	168	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV												
Payer 3 CoPay	9(6).99	8	169	176	Required When Other Coverage Exists	CoPay	431-DV												
Payer 3 Deductible	9(6).99	8	177	184	Required When Other Coverage Exists	Deductible	431-DV												
Payer 3 Coinsurance	9(6).99	8	185	192	Required When Other Coverage Exists	Coinsurance	431-DV												
															896	TRANSACTION ID	S		
															503-F3	AUTHORIZATION NUMBER	S		
Health Plan Claim Number	X	20	1	20	Required	Internal Health Plan Claim Tracking Number	601-68								224	CLIENT SPECIFIC DATA	S		
															396	PROCESSOR SPECIFIC DATA	S		

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																490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S
																221	CLIENT FORMULARY FLAG	S
																397	PRODUCT/SERVICE NAME	S
																261	GENERIC NAME	S
																601-24	PRODUCT STRENGTH	S
																243	DOSAGE FORM CODE	S
																532-FW	DATABASE INDICATOR	S
																425-PD	DRUG TYPE	S
																257	FORMULARY STATUS	S
																244	DRUG CATEGORY CODE	S
																252	FEDERAL DEA SCHEDULE	S
																250	FDA DRUG EFFICACY CODE	S
																258	GCN NUMBER	S
																259	GCN SEQUENCE NUMBER	S
																262	GENERIC PRODUCT IDENTIFIER	S
																251	FEDERAL UPPER LIMIT INDICATOR	S
																891	THERAPEUTIC CLASS CODE – GENERIC	S
																892	THERAPEUTIC CLASS CODE – SPECIFIC	S
																893	THERAPEUTIC CLASS CODE – STANDARD	S
																890	THERAPEUTIC CLASS CODE – AHFS	S
Unit Dose Indicator	9	1	1	1	Situational May be Reported		429-DT									429-DT	UNIT DOSE INDICATOR	S
																600-28	UNIT OF MEASURE	S
																299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S
																272	MAC REDUCED INDICATOR	S
																223	CLIENT PRICING BASIS OF COST	S
																475-J9	DUR CO-AGENT ID QUALIFIER	S
																476-H6	DUR CO-AGENT ID	S
																260	GENERIC INDICATOR	S
																292	PLAN CUTBACK REASON CODE	S
																889	THERAPEUTIC CHAPTER	S
																209	AVERAGE COST PER QUANTITY UNIT PRICE	S
																210	AVERAGE GENERIC UNIT PRICE	S
																211	AVERAGE WHOLESALE UNIT PRICE	S
																253	FEDERAL UPPER LIMIT UNIT PRICE	S
																271	MAC PRICE	S
																522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
																285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
																	SECTION DENOTES SECOND INGREDIENT:	
																488-RE	COMPOUND PRODUCT ID QUALIFIER	M
																489-TE	COMPOUND PRODUCT ID	M
																448-ED	COMPOUND INGREDIENT QUANTITY	S

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																449-EE	COMPOUND INGREDIENT DRUG COST	S
																490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S
																221	CLIENT FORMULARY FLAG	S
																397	PRODUCT/SERVICE NAME	S
																261	GENERIC NAME	S
																601-24	PRODUCT STRENGTH	S
																243	DOSAGE FORM CODE	S
																532-FW	DATABASE INDICATOR	S
																425-PD	DRUG TYPE	S
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																250	FDA DRUG EFFICACY CODE	S
																258	GCN NUMBER	S
																259	GCN SEQUENCE NUMBER	S
																262	GENERIC PRODUCT IDENTIFIER	S
																251	FEDERAL UPPER LIMIT INDICATOR	S
																891	THERAPEUTIC CLASS CODE - GENERIC	S
																892	THERAPEUTIC CLASS CODE - SPECIFIC	S
																893	THERAPEUTIC CLASS CODE - STANDARD	S
																890	THERAPEUTIC CLASS CODE - AHFS	S
																429-DT	UNIT DOSE INDICATOR	S
																600-28	UNIT OF MEASURE	S
																299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S
																272	MAC REDUCED INDICATOR	S
																223	CLIENT PRICING BASIS OF COST	S
																475-J9	DUR CO-AGENT ID QUALIFIER	S
																476-H6	DUR CO-AGENT ID	S
																260	GENERIC INDICATOR	S
																292	PLAN CUTBACK REASON CODE	S
																889	THERAPEUTIC CHAPTER	S
																209	AVERAGE COST PER QUANTITY UNIT PRICE	S
																210	AVERAGE GENERIC UNIT PRICE	S
																211	AVERAGE WHOLESALE UNIT PRICE	S
																253	FEDERAL UPPER LIMIT UNIT PRICE	S
																271	MAC PRICE	S
																522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
																285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
																	SECTION DENOTES THIRD INGREDIENT:	
																488-RE	COMPOUND PRODUCT ID QUALIFIER	M
																489-TE	COMPOUND PRODUCT ID	M
																448-ED	COMPOUND INGREDIENT QUANTITY	S
																449-EE	COMPOUND INGREDIENT DRUG COST	S

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																490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S
																221	CLIENT FORMULARY FLAG	S
																397	PRODUCT/SERVICE NAME	S
																261	GENERIC NAME	S
																601-24	PRODUCT STRENGTH	S
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																258	GCN NUMBER	S
																259	GCN SEQUENCE NUMBER	S
																262	GENERIC PRODUCT IDENTIFIER	S
																251	FEDERAL UPPER LIMIT INDICATOR	S
																891	THERAPEUTIC CLASS CODE - GENERIC	S
																892	THERAPEUTIC CLASS CODE - SPECIFIC	S
																893	THERAPEUTIC CLASS CODE - STANDARD	S
																890	THERAPEUTIC CLASS CODE - AHFS	S
																429-DT	UNIT DOSE INDICATOR	S
																600-28	UNIT OF MEASURE	S
																299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S
																272	MAC REDUCED INDICATOR	S
																223	CLIENT PRICING BASIS OF COST	S
																475-J9	DUR CO-AGENT ID QUALIFIER	S
																476-H6	DUR CO-AGENT ID	S
																260	GENERIC INDICATOR	S
																292	PLAN CUTBACK REASON CODE	S
																889	THERAPEUTIC CHAPTER	S
																209	AVERAGE COST PER QUANTITY UNIT PRICE	S
																210	AVERAGE GENERIC UNIT PRICE	S
																211	AVERAGE WHOLESALE UNIT PRICE	S
																253	FEDERAL UPPER LIMIT UNIT PRICE	S
																271	MAC PRICE	S
																522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
																285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S
																	SECTION DENOTES FOURTH INGREDIENT:	
																488-RE	COMPOUND PRODUCT ID QUALIFIER	M
																489-TE	COMPOUND PRODUCT ID	M
																448-ED	COMPOUND INGREDIENT QUANTITY	S
																449-EE	COMPOUND INGREDIENT DRUG COST	S
																490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S

NCPDP Encounters - Side by Side

3.2 - Encounter Layout							EXISTING ---- Version 5.1 ---- EXISTING							Field	Field Name	M/S	
Field Name	Type	Size	From	Thru	Encounter Usage	Encounter Value	IG Field	Field Number	Field Name	IG Mandatory or Optional	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage			
PA Type Code	X	2	1	2	Situational May Be Reported	Data used to bypass medical review type encounter edits 0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	461-EU								461-EU	PRIOR AUTHORIZATION TYPE CODE	S
PA Number Submitted	X	12	3	14	Situational May Be Reported	PA Number	462-EV								462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S
															498-PY	PRIOR AUTHORIZATION NUMBER - ASSIGNED	S
															299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S
															204	ADJUSTMENT REASON CODE	S
															205	ADJUSTMENT TYPE	S
															897	TRANSACTION ID CROSS REFERENCE	S
															601-04	RECORD TYPE	M
															601-09	TOTAL RECORD COUNT	M
															895	TOTAL NET AMOUNT DUE	M
																FILLER	M

