

Codebook for Medicaid Pharmacy Claims Data

Enter X to Request	Variable Number	Variable Name	Variable Label	Variable Type	Variable Length	Valid Values
	1	ALT_MBR_ID_ENCRYPT	Alternate Member ID Encrypted	Char	30	No value definitions
	2	BILL_PRVDR_ATYP_PRVDR_NBR	Billing Provider Atypical NPI	Char	30	No value definitions
	3	BILL_PRVDR_CTY	Billing Provider City	Char	25	No value definitions
	4	BILL_PRVDR_ID	Billing Provider Identification Number	Char	20	No value definitions
	5	BILL_PRVDR_LOC_CD	Billing Provider Location Code	Char	20	1 = Pay-to 2 = Correspondence 3 = Service
	6	BILL_PRVDR_NPI	Billing Provider NPI	Char	30	No value definitions
	7	BILL_PRVDR_ST_CD	Billing Provider State Code	Char	20	2-letter State Abbreviations
	8	BILL_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code	Char	20	Consult Federal Provider Taxonomy Codes for Reference
	9	BILL_PRVDR_TXNMY_QLFR_CD	Billing Provider Taxonomy Qualifier Code	Char	20	Consult Federal Provider Taxonomy codes for reference; two 3-byte fields representing Provider Type and Provider Specialty
	10	BILL_PRVDR_ZIP_CD	Billing Provider Zip Code	Char	20	No value definitions
	11	CLM_HDR_PD_DT	Claim Header Paid Date	Num	8	SAS date, use format to display as DDMMYYYY
	12	CLM_RX_NBR	Drug Prescription Number	Char	30	No value definitions
	13	DRUG_PD_QTY_CT	Paid Quantity Count (Drug)	Num	8	No value definitions
	14	DRUG_RFL_CD	Drug Refill Code	Char	20	0 = ORIGINAL 1 = 1ST REFILL 2 = 2ND REFILL 3 = 3RD REFILL 4 = 4TH REFILL 5 = 5TH REFILL 99 = DEFAULT
	15	HDR_STAT_CD	Header status code	Char	20	No value definitions
	16	HDR_SVC_BGN_DT	Header Starting Date of Service	Num	8	SAS date, use format to display as DDMMYYYY
	17	HDR_SVC_END_DT	Header Ending Date of Service	Num	8	SAS date, use format to display as DDMMYYYY
	18	HDR_TRNSCT_TYP_CD	Header Transaction Type Code	Char	20	0 = ORIGINAL CLAIM

						1 = VOID/CREDIT
						2 = ADJUSTMENT CREDIT
						3 = ADJUSTMENT DEBIT
	19	HDR_TYP_CD	Claim Type Code	Char	20	0 = LOCAL EDUCATION AGENCIES
						1 = HOME INFUSION THERAPY
						2 = THERAPY SERVICES
						3 = INSTITUTIONAL AMBULANCE
						4 = CAPITATION
						5 = RURAL HLTH CLINIC / FEDERALLY QUALIFIED HLTH CNTR
						6 = PERSONAL CARE SERVICES
						8 = INDEP DIAG TESTING FACILITY / PORTABLE XRAY
						A = MEDICARE PART A CROSSOVER (INPATIENT)
						B = MEDICARE PART B CROSSOVER (PROFESSIONAL)
						C = HEALTH DEPARTMENTS
						D = DENTAL
						E = HEARING AID
						F = NURSING HOME
						G = HOSPICE
						H = HOME HEALTH
						I = INPATIENT
						K = PRIVATE DUTY NURSING
						L = INDEPENDENT LABORATORY / XRAY
						M = MANAGEMENT FEE
						N = ADULT CARE HOMES
						O = OUTPATIENT
						P = PROFESSIONAL
						Q = MENTAL HEALTH
						R = DRUG
						S = DURABLE MEDICAL EQUIPMENT
						T = AMBULANCE (PROFESSIONAL)
						U = MEDICARE PART B CROSSOVER UB (OUTPATIENT)
						V = CHILDRENS DEVELOPMENTAL SERVICES AGENCIES
						W = FINANCIAL CLAIM
						X = OPTICAL
						Y = UNDEFINED PROFESSIONAL
						Z = UNDEFINED INSTITUTIONAL
	20	MBR_PRGENCY_IND	Pregnancy Indicator	Char	1	0 = Not Specified
						1 = NOT PREGNANT
						2 = PREGNANT
						SPACE = BLANK
	21	PD_DAY_SPLY_CT	Days Supply	Num	8	No value definitions
	22	PRSCR_PRVDR_ID	Prescribing Provider Identification Number	Char	30	No value definitions

	23	RPLCM_TRNSCT_CNTL_NBR	Replacement Transaction Control Number	Char	30	No value definitions
	24	RPLCD_TRNSCT_CNTL_NBR	Replaced Transaction Control Number	Char	30	No value definitions
	25	TRNSCT_CNTL_NBR	Transaction Control Number	Char	30	No value definitions
	26	TTL_ALLW_AMT	Claim Header Allowed Amount	Num	8	No value definitions
	27	TTL_CHRG_AMT	Total Billed or Charged Amount	Num	8	No value definitions
	28	TTL_CLM_CALCD_ALLW_AMT	Total Calculated Allowed Amount	Num	8	No value definitions
	29	TTL_DSPN_FEE_AMT	Dispensing Fee Amount	Num	8	No value definitions
	30	TTL_NET_PAY_AMT	Total Amount Paid	Num	8	No value definitions
	31	TTL_RMBRSD_AMT	Total Reimbursed Amount	Num	8	No value definitions
	32	HDR_TTL_TPL_AMT	Total Third Party Liability Amount	Num	8	No value definitions
	33	HDRRX_TTL_TPL_AMT	Total Third Party Liability Amount	Num	8	No value definitions
	34	DRUG_RX_DT	Prescribed Date	Num	8	SAS date, use format to display as DDMMYYYY
	35	DSPN_AS_WRTN_CD	Dispensed As Written Code	Char	20	No value definitions
	36	GRS_DUE_AMT	Gross Amount due	Num	8	No value definitions
	37	NCPDP_CMPND_DRUG_CD	NCPDP Compound Drug Code	Char	20	1 = NOT COMPOUND 2 = COMPOUND
	38	PRSCR_PRVDR_NPI	Prescribing Provider NPI	Char	20	No value definitions
	39	TTL_ALLW_INGRD_AMT	Total Allowed Ingredient Cost Amount	Num	8	No value definitions
	40	TTL_DRUG_PD_AMT	Total Drug Paid Amount	Num	8	No value definitions
	41	HDRRX_MBR_GNDR_CD	Member Gender Code	Char	20	F = FEMALE M = MALE U = UNKNOWN
	42	NCPDP_LVL_OF_SVC	Type of Service Code	Char	20	0 = NOT SPECIFIED 1 = PATIENT CONSULTATION 2 = HOME DELIVERY 3 = EMERGENCY 4 = 24 HOUR SERVICE 5 = PATIENT CONSULTATION REGARDING GENERIC SELECTION 6 = IN-HOME SERVICE

	43	CLM_LNE_NBR	Claim Line Number	Num	8	No value definitions
	44	CLM_LNE_PRLMNR_ALLW_A MT	Claim Line Preliminary Allowed Amount	Num	8	No value definitions
	45	DRUG_CD	National Drug Code	Char	20	No value definitions
	46	LNE_ALLW_CHRG_AMT	Claim Line Allowed Amount	Num	8	No value definitions
	47	LNE_ALLW_UNT_NBR	Line Allowed Units	Num	8	No value definitions
	48	LNE_NET_PAY_AMT	Net Payment	Num	8	No value definitions
	49	LNE_RMBRS_AMT	Line Reimbursement Amount	Num	8	No value definitions
	50	LNE_RMBRS_UNT_NBR	Units Paid	Num	8	No value definitions
	51	LNE_SBMT_CHRG_AMT	Line Submit Charge Amount	Num	8	No value definitions
	52	LNE_STAT_CD	Line Status Code	Char	20	Consult Claim Status Code; or HDR_STAT_CD above
	53	LNE_SVC_BGN_DT	Line Starting Date of Service	Num	8	SAS date, use format to display as DDMMYYYY
	54	LNE_SVC_END_DT	Line Ending Date of Service	Num	8	SAS date, use format to display as DDMMYYYY
	55	LNE_TPL_AMT	Third Party Liability Amount	Num	8	No value definitions
	56	MBR_AGE_NBR	Member Age	Num	8	No value definitions
	57	MBR_AID_CTG_CD	Aid Category Code	Char	20	AA = ELIG-AID-AGED AB = ELIG-AID-BLIND AD = ELIG-AID-DISABLED AF = ELIG-AID-FDC AG = ELIG-ADOPT-GRAND AS = ELIG-ADOPT-SUBSIDY CD = ELIG-CERTAIN-DISAB CF = ELIG-CERTAIN-FC FC = ELIG-FOSTER-CARE IC = ELIG-INF-CHILD NA = Not Applicable PW = ELIG-PREG-WOMEN QB = ELIG-CATASTOPHIC RC = ELIG-REASON-CLASS RF = ELIG-AID-REFUGEE SB = ELIG-SA-BLIND SF = ELIG-AID-SFHF
	58	MBR_AID_CTG_DESC	Aid Category Description	Char	200	No value definitions

	59	MBR_AID_PGM_CD	Aid Program Code	Char	20	No value definitions
	60	MBR_AID_PGM_DESC	Aid Program Description	Char	200	No value definitions
	61	MBR_BNFT_SVC_GRP_ID	Member Group Number	Num	8	No value definitions
	62	MBR_HLTHPLN_ID	Health Plan ID	Num	8	No value definitions
	63	MBR_MCAID_CLSFN_CD	Medicaid Classification Code	Char	20	1 = USED ONLY AS MIC-1) 185-200% (<1) 133-200% (1-5) A = NO ENROLLMENT FEE, NA AND ALASKANS (< 150 FPL) B = CATEGORICALLY NEEDY (USED ONLY WITH MAABD OR MQB) C = CATEGORICALLY NEEDY D = USED ONLY AS MAF-D ? LIMITED TO FAMILY PLANNING E = QUALIFYING INDIVIDUAL (USED ONLY WITH MQB). F = NO MONEY PAY ? EMERG-SER FOR NON-QUALIFIED ALIENS G = NO MONEY PAYMENT ? FULL-COV FOR QUALIFIED ALIENS H = NO MONEY PAYMENT ? EMERG-SER FOR QUALIFIED ALIENS I = NO MONEY PAYMENT ? FULL COV FOR PREGNANT ALIEN J = NO ENROLLMENT FEE OTHERS K = ENROLLMENT FEE APPLICABLE L = OPTIONAL ECG M = MEDICALLY NEEDY N = CATEGORICALLY NEEDY- NO MONEY PAYMENT O = MEDICALLY NEEDY - EMERG-SER NON-QUALIFIED ALIENS P = MEDICALLY NEEDY ? FULL COV FOR QUALIFIED ALIENS Q = USED ONLY WITH DUALY ELIGIBLE CASES OR M-QB CASES R = MEDICALLY NEEDY - EMERG-SER FOR QUALIFIED ALIENS S = NO ENROLLMENT FEE, NA AND ALASKANS (>150 FPL) T = FULL COVERAGE U = EMERGENCY COVERAGE (QUALIFIED ALIEN) V = EMERGENCY COVERAGE W = FULL REGULAR COVERAGE (NON-ALIEN) X = NOT APPLICABLE TO THE CASE
	64	MBR_SSI_STAT_CD	SSI Status Code	Char	20	N = NO Y = YES
	65	POS_CD	Place of Service Code	Char	20	Consult External Standard Reference for Place of Service Codes

	66	PRI_APRV_NBR	Prior Authorization Number	Char	20	No value definitions
	67	DRUG_GNRC_PRDCT_CD	Drug Generic Product Code	Char	20	0 = NON-DRUG ITEM 1 = GENERIC DRUG 2 = BRANDED DRUG 3 = MULTI-SOURCE DRUG 4 = SINGLE-SOURCE DRUG SPACE = DEFAULT
	68	DRUG_NM	Drug Name	Char	200	No value definitions
	69	LNE_ALLW_INGRD_AMT	Claim Line Allowed Ingredient Cost Amount	Num	8	No value definitions
	70	NCPDP_BASIS_OF_CST_DTR M_CD	Basis of Cost Determination	Char	20	0 = NOT SPECIFIED 1 = AWP (AVERAGE WHOLESALE PRICE) 2 = LOCAL WHOLESALER 3 = DIRECT 4 = EAC (ESTIMATED ACQUISITION COST) 5 = ACQUISITION 6 = MAC (MAXIMUM ALLOWABLE COST) 7 = USUAL AND CUSTOMARY 8 = 340B 9 = OTHER SPACE = NOT SPECIFIED
	71	DEA_SCHED_CD	Drug Schedule Code	Char	20	No value definitions
	72	DRUG_GNRC_NM	Drug Generic Name	Char	80	No value definitions
	73	DRUG_REF_FRMLRY_CVRG_ CD	Drug Formulary Coverage Code	Char	20	1 = PRIOR APPROVAL REQUIRED C = COVERED N = NOT COVERED R = PREFERRED DRUG SPACE = NOT COVERED (SPACE)
	74	DRUG_REF_GNRC_SRCS_CD	Drug Generic Sources Code	Char	20	1 = MULTIPLE SOURCE 2 = SINGLE SOURCE
	75	DRUG_REF_THRPTC_CLS_SP CFC_CD	Drug Therapeutic Class Code	Char	20	No value definitions
	76	DRUG_STRNGT_DESC	Drug Strength	Char	200	No value definitions
	77	SPEC_THERA_DESC	Drug Therapeutic Class Code Description	Char	100	No value definitions
	78	DRUG_REF_GNRC_CNTL_SE Q_NBR	Drug Sequence Number	Char	30	No value definitions
	79	PYR_REF_ID	Payer ID	Num	8	No value definitions

	80	PRI_APRV_REF_TYP_CD	Prior Approval Type Code	Char	20	No value definitions
	81	MBR_HLTHPLN_DESC	Health Plan Description	Char	200	No value definitions
	82	BNFTPLN_ID	Benefit Plan	Num	8	No value definitions
	83	MBR_BNFTPLN_DESC	Benefit Plan Description	Char	200	No value definitions
	84	HDRRX_MBR_GNDR_DESC	Member Gender Description	Char	200	No value definitions
	85	CLM_BTCH_DOC_TYP_CD	Specifies the classification of claims in a batch	Char	20	C = ORIGINAL CLAIM E = ENCOUNTER W = WEB SERVICE TRANSACTION
	86	CR_CD	Credit Code	Char	20	No value definitions
	87	MBR_DOB_DT	Member Date of Birth	Num	8	SAS date, use format to display as DDMMYYYY
	88	MBR_REF_REL_TO_PAY_CD	Member Relationship Code	Char	20	A = SPOUSE B = SON C = DAUGHTER D = STEPSON E = STEPDAUGHTER F = MOTHER G = FATHER H = MOTHER IN LAW I = FATHER IN LAW J = GRAND CHILD K = STUDENT L = SELF M = BROTHER N = SISTER O = NEPHEW P = NIECE Q = FOSTER CHILD R = CHILD
	89	MBR_REF_CNTY_CD	Member County Code	Char	20	No value definitions
	90	MBR_REF_CTY	Member City	Char	50	No value definitions
	91	MBR_REF_ST_ABBREV	Member State Code	Char	20	No value definitions
	92	MBR_REF_ZIP_CD	Member Zip Code	Char	20	No value definitions
	93	MBR_REF_CNTY_NM	Member County Name	Char	40	No value definitions
	94	MBR_REF_CNTRY_DESC	Member Country Description	Char	200	No value definitions

	95	MBR_REF_ELGB_AUTH_BGN_DT	Member Eligibility Authorization Begin Date	Num	8	SAS date, use format to display as DDMMYYYY
	96	MBR_REF_ELGB_BGN_DT	Member Eligibility Begin Date	Num	8	SAS date, use format to display as DDMMYYYY
	97	MBR_REF_ELGB_CVRG_CD	Member Eligibility Coverage Code	Char	20	Consult External Standard Reference for Eligibility Coverage Codes
	98	MBR_REF_ELGB_END_DT	Member Eligibility End Date	Num	8	SAS date, use format to display as DDMMYYYY
	99	MBR_REF_PCP_ID	Primary Care Physician ID	Char	30	No value definitions
	100	MBR_REF_SPCL_CVRG_CD	Special Coverage Code	Char	20	AI = AI-CAP/AIDS ICF-OBSOLETE 12/31/06 AS = AS-CAP/AIDS SNF-OBSOLETE 12/31/06 BH = TRAUMATIC BRAIN INJURY - SPECIALTY HOSPITAL BN = TRAUMATIC BRAIN INJURY - NURSING FACILITY C2 = C2-CAP-MR/DD ICF MR LEVEL OF CARE EFF 11/01/08 CC = CC-CAP/CHILDREN-PRIOR TO 11/01/95 CI = CI-CAP/DA ICF LEVEL OF CARE CM = CM-CAP-MR/DD ICF MR LEVEL OF CARE CS = CS-CAP/DA SNF LEVEL OF CARE HC = HC-CAP/CHILDREN HOSPITAL-EFF. 11/01/95 IC = IC-CAP/CHILDREN ICF-EFFECTIVE 11/01/95 ID = ID-CAP CHOICE ICF IN = INNOVATIONS LT = SPL ASSIST-CASES AWAITING A HIGHER LEVEL OF CARE SC = SC-CAP/CHILDREN SNF-EFFECTIVE 11/01/95 SD = SD-CAP CHOICE SNF
	101	MBR_REF_ELGB_CVRG_DESC	Member Eligibility Coverage Description	Char	200	No value definitions
	102	BILL_PRVDR_REF_FRST_NM	Billing Provider First Name	Char	40	No value definitions
	103	BILL_PRVDR_REF_LST_NM	Billing Provider Last Name	Char	40	No value definitions
	104	BILL_PRVDR_REF_MDL_NM	Billing Provider Middle Name	Char	20	No value definitions
	105	BILL_PRVDR_REF_STAT_CD	Billing Provider Status Code	Char	20	1 = ACTIVE 2 = TERMINATED 3 = SUSPENDED
	106	BILL_PRVDR_REF_TITL	Billing Provider Title	Char	30	No value definitions
	107	BILL_PRVDR_REF_CNTY_CD	Billing Provider County Code	Char	20	No value definitions

	108	BILL_PRVDR_REF_CNTY_NM	Billing Provider County Name	Char	40	No value definitions
	109	PRSCR_PRVDR_REF_FRST_NM	Prescribing Provider First Name	Char	40	No value definitions
	110	PRSCR_PRVDR_REF_LST_NM	Prescribing Provider Last Name	Char	40	No value definitions
	111	PRSCR_PRVDR_REF_MDL_NM	Prescribing Provider Middle Name	Char	20	No value definitions
	112	BILL_PRVDR_REF_ALT_ID	Billing Provider Medicaid Legacy Provider ID	Char	15	No value definitions
	113	PRSCR_PRVDR_REF_ALT_ID	Prescribing Provider Medicaid Legacy Provider ID	Char	15	No value definitions