**29 July 2014**

National Council for Prescription Drug Plan (NCPDP) File Processing Specification for the

Centralized Billing Event Repository (CBER)

(Version 1.02.16)

Future Specification

**Revision History**

| **Version** | **Date** | **Para/Tbl/Fig** | **Originator** | **Description of Change** |
| --- | --- | --- | --- | --- |
| 1.01.00 | 6/28/2012 | * Whole Document | W. Funk | * Initial version |
| 1.01.01 | 8/2/2012 | * Section 2 | W. Funk | * Added CHCS RX data as an additional source |
| 1.01.02 | 8/20/2012 | * Table 4 * Table 3 * Table 4 | W. Funk | * Used file names from MDR CHCS Rx data * Added VA rate table, removed cancellation table * Removed section on merge to cancellation table. Added a cancellation flag |
| 1.01.03 | 10/23/2012 | * Table 2 * Table 3 * Table 4 * Appendix A | W. Funk | * Clarified billing rules * Referenced new injury reference table, removed DMHRS and DMISID Table, clarified merge rules. * Added variable names from source files, clarified match rules, added variables from VA rate table, clarified VA dispensing fee, Added VA billable flag * Added Internal Injury Reference file. |
| 1.01.04 | 1/3/2013 | * Table 3 | W. Funk | * Deleted SIT and OHI reference |
| 1.02.01 | 2/1/2013 | * Table 3 * Table 4 * Appendix B | W. Funk | * Provided details on when to apply the VA Rate table. * Changed logic on MSA Key to refer to an appendix. Added VA Carrier. * Appendix B contains the MSA Key logic. |
| 1.02.02 | 2/21/2013 | * Table 2 * Table 3 * Appendix A and B | W. Funk | * Removed reference to Appendix A. * Referenced Table 2 for merge logic. Removed extra injury variables as those are now stored in the MDR Injury Reference File. * Removed Appendix A. Renamed Appendix B. |
| 1.02.03 | 3/28/2013 | * Table 2 * Table 3 * Table 4 * Appendix A | W. Funk | * Changed length of MSA Key. Identified patient subcategory code for VA billing. Standardized nomenclature. * Clarified which Service data element to use in the derivation of MSA Key * Changed CY to FY in the application of the NDC Rate Table |
| 1.02.03 revised | 4/8/2013 | * Table 3 * Table 4 | W. Funk | * Added CAPER Merge * Listed input positions for pay-to provider. Added CAPER Merge information. Clarified MSA Key logic. Removed proprietary fields from layout. |
| 1.02.04 | 5/17/2013 | * Table 4 | W. Funk | * Added a few fields. Made minor changes to derivation logic in others. |
| 1.02.05 | 5/24/2013 | * Table 3 * Table 4 * Appendix B | W. Funk | * Added a merge to an internal file with NCPDP compliant rx\_num * Restored rx\_num and added an NCPDP compliant rx\_num * Specified content for the rx\_num mapping table. |
| 1.02.06 | 5/29/2013 | * Table 3 * Appendix B |  | * Renamed a NCPDP\_RX\_NUM and changed to numeric. * Changed NCPDP\_RX\_NUM to numeric; changed rxnum to character. |
| 1.02.07 | 6/17/2013 | * Table 4 | W. Funk | * Removed “pay to” information |
| 1.02.08 | 7/29/2013 | * Table 4 * Section XI | W. Funk | * Added a “Process Flag” variable to the internally derived fields * Added Special Outputs section |
| 1.02.09 | 9/19/2013 | * Table 2 * Table 3 * Section 5 * Table 4 * Section XI * Appendix C | W. Funk | * Added a qualifier for match criteria for OHI * Added the OHI table to the external file merges (this merge was required previously but not separately identified in Table 3. * Changed the week delay to 2 weeks delay. * Added the Matching CAPER Flag * Added a section describing Special Output 2 * Added NCPDP Diagnosis File. |
| 1.02.10 | 10/7/2013 | * Table 4 * Special Output 1 | W. Funk | * Added several fields and removed 1 * Added corresponding fields to the Services output. |
| 1.02.11 | 10/28/2013 | * Special Output 1 | W. Funk | * Redid field positions at the end of the table layout. |
| 1.02.12 | 3/10/2014 | * Section IX * Table 2 * Table 4 * Section XI * Appendix C | W. Funk | * Made reference to weekly processing. * Added criteria to MSA rules * Clarified sponsor service, added injury date, changed name of MAC Flag, Added MSA Flag and TPC Flag * Removed Special Output 2 * Removed Appendix C |
| 1.02.13 | 4/16/14 | * Table 2 * Table 4 * Table 5 | W. Funk | * Added criteria for TPC assignment, larified matching logic for SSNs that are invalid. * Removed INJFLAG, accommodated delay in ICD\_10 in DXTYPE, clarified logic for DEA Number, added an “else” condition to several variables, added INITDATE, * Changed length of address field |
| 1.02.14 | 5/2/2014 | * Table 3 * Table 4 * Table 5 | W. Funk | * Changed merge rules for address file. * Fixed Dx Type logic, changed merge rules for the address file, moved change date and change flag to the internally derived fields section. Changed the rule for compound code. Changed some variable names. * Changed some of the variable names, added fields |
| 1.02.15 | 5/18/2014 | * Table 4 * Table 5 | W Funk | * Modified file date reference, length of prescriber zip, changed rules for transaction cost, changed value of change flag from Y to U * Added underscores to some variable names. |
| 1.02.16 (on hold) | 7/29/2014 | * Table 4 * Table 5 | W Funk | * Changed format for prescriber phone number; clarified a transaction field * Corrected misspelling; changed format for PCM Name |

#### CBER NCPDP

1. Background:

The Centralized Billing Event Repository (CBER) project is intended to create data files that the Services can use to bill for care provided in military treatment facilities, under the following programs: Third Party Collections (TPC), Medical Affirmative Claims (MAC), and Medical Services Account (MSA). This processing specification describes the file that is used for billing for pharmacy services. This data file uses MHS data sources and a series of reference files to ensure that records are coded as close to HIPAA standards as possible and to calculate billing amounts, in accordance with TRICARE payment policies and other requirements associated with TPC, MAC and MSA.

1. Source:

The source for the CBER NCPDP file is the MDR CADRE Pharmacy File.

1. Transmission (Format and Frequency):

No transmission is necessary. The CBER NCPDP is processed from the MDR CHCS Pharmacy file weekly.

1. Organization and Batching

CBER processing will occur on a weekly basis each *pick-a-day DHSS*. The initial batch will contain the first week of feed data. Thereafter, batches will include all feeds that have been sent since the previous batching. Unprintable characters should be removed from data prior to submission for processing.

Output Products: The CBER NCPDP processor produces the files described in table 2. The preparation of the compressed SAS dataset is described in this document. The text file is just taken from the SAS dataset and its layout is described in Section XI.

**Table 1: CBER NCPDP Processor Output Products**

|  |  |  |
| --- | --- | --- |
| **MDR File** | **File Naming Convention** | **Member Name** |
| CBER NCPDP SAS | TBD | NDPDP |
| CBER NCPDP Text | TBD | N/A |

Archival of files is also required, so that corresponding “apub” and other files (i.e., log, aprod, etc) are also loaded into the MDR according to routine operating procedures.

1. Receiving Filters

Records are only included if at the time of processing more than 2 weeks have passed since the fill date and one of the conditions described in Table 2 are met and the NDC code is in the NDC Rate table.

**Table 2: Patient characteristics for billing:**

| **Criteria** | **Rule** |
| --- | --- |
| **TPC**: Patient has Other Health Insurance | There is a match for this patient in the MDR OHI file (based on patient ID, first, and if no match, based on patient SSN[[1]](#footnote-1)) and the fill date is between the begin and end date of the OHI or if the OHI Flag is Yes |
| **MSA**: Patient has a Billable Patient Category Code | Patient category is billable based on MDR patcat table. This is determined by the presence of anything other than blank or “NC” in the outpatient individual or outpatient agency columns of the patcat table. Records for Coast Guard, NOAA and Public Health Service are also included based on DEERS Sponsor Service. |
| **MAC**: The care indicated is the result of an accident | Care indicated is within the window [180 days prior to any issue date where injury flag is Yes, Date where injury flag is Yes + 2 years][[2]](#footnote-2) as determined by the MDR Injury Reference file which tracks injury information as reported in direct care data. |

1. Update Process

The MDR CBER files will be updated on a weekly basis. To update the NCPDP files, read in the most current version of the MDR Pharmacy CADRE file and append fields according to table 4.

There are several merges required to prepare the CBER NCPDP File. An asterisk after the merge file name indicates that existing MDR processing utilities should be used.

**Table 3: External Reference File Merges**

| **Merge** | **Date Matching** | **Additional Matching** |
| --- | --- | --- |
| MDR Master Person Index\* | See MPI Specification | See MPI Specification. |
| MDR LVM4\* | Fill date. | See LVM Macro |
| MDR Address File | N/A | Match based on EDIPN and then patient SSN ,if no match. |
| NPPES (Merge 1) | N/A | Prescriber NPI where Entity Type code is individual and deactivation date has not passed. |
| NPPES (Merge 2) | N/A | Pharmacy NPI, where entity type code is organization and deactivation date has not passed. |
| MDR Injury Reference File | Issue Date between start and stop date of injury information. | Person ID first, then Patient SSN. |
| NDC Rate Table | FY | NDC |
| NDC VA Rate Table | FY | NDC; where patient category code is K61 and subcategory code is 2 |
| DMISID Table Format | FY | DMISID |
| MDR CAPER | N/A | CHCS Host/CAPER Appointment IEN |
| MDR NCPCP Rx Number File[[3]](#footnote-3) | N/A | Rx Number |
| MDR OHI | Fill date is between the begin and end date of the OHI. | EDIPN first, and if no match, based on patient SSN). |

Business rules for each of the appended fields that result from the merges above, are described in the body of the table in Section VIII, or in an appendix, referenced in that table.

1. Record Layout and Content

The CBER NCPDP file is stored in a SAS dataset. Table 4 describes the content and business rules for the CBER NCPDP File.

**Table 4: CBER CHCS Data Structure and Business Rules**

| **Data Element** | **SAS Name** | **CADRE File SAS Name** | **Format** | **Business Rule** |
| --- | --- | --- | --- | --- |
| Provider (Phamacy) NPI | PROVNPI | RXNPI | $10 | No Transformation |
| Pharmacy NCPDP Number | NCPDP | NCPDP | $12 | No transformation |
| Treatment DMISID | MTF | PERFDMIS | $4 | No transformation |
| Date of Service | DISPDATE | SERVDATE | CCYYMMDD | Format CCYYMMDD |
| Patient EDIPN | EDI\_PN | PATID | $10 | No transformation |
| Patient SSN | PATSSN | PATSSN | $9 | No transformation. |
| Patient FMP | FMP | PATFMP | $2 | No transformation. |
| Date of Cancellation | CANCEL\_DT | CANCDATE | CCYYMMDD | Format CCYYMMDD |
| Prescription Number | RX\_NUM | RXNO | $13 | No transformation. |
| Date Returned to Stock | RETURN\_DT | STCKDATE | CCYYMMDD | Format CCYYMMDD |
| CHCS Host DMISID | CHCS\_HOST | CHCSDMIS | $4 | No transformation |
| National Drug Code | NDC | NDCNO | $11 | No Transformation |
| Metric Quantity | RAW\_QTY | QTY | 9.3 | No Transformation |
| Fill Number | FILLCODE | FILLNO | $2 | No Transformation |
| Days of Supply | DAYSUPLY | DAYS | 3 | No Transformation |
| Compound Code | COMPCODE | NCPDPCD | $1 | If compound code is N set to 1, else set to 2. |
| Refills Authorized | REF\_AUTH | REFILLS | NUM | No transformation. |
| Date Prescription Written | DT\_WRTN | ORDDATE | CCYYMMDD | Format CCYYMMDD |
| Prescriber NPI | PRESCR\_NPI | PROVNPI | $10 | No Transformation |
| Other Coverage Indicator | OHI | OHI | $1 | No transformation. |
| Appointment Match Indicator | APPT\_MATCH | APPTMATCH | $3 | No transformation. |
| CAPER Ordering MTF | ORDER\_MTF | ORDDMIS | $4 | No transformation. |
| CAPER Appointment IEN | APPTIEN | APPTIEN | $20 | No transformation. |
| Prescriber SSN | PRESCR\_SSN | PROVSSN | $9 | No transformation |
| Prescriber EDI\_PN | PRESCR\_EDIPN | PROVID | $10 | No transformation |
| Prescriber HIPAA Taxonomy | HIPAA\_TAX | PROVHIP | $10 | No transformation |
| Patient Category Code | PATCAT | PATCAT1 | $3 | No transformation |
| Patient Subcategory Code | PATCAT\_SUB | PATCAT2 | $1 | No transformation |
| File Date | FILE\_DT | FILEEDATE | CCYYMMDD | Reformat as CCYYMMDD if necessary |
| ~~Change Date~~ | ~~CHG\_DATE~~ | ~~CBERDATE~~ | ~~CCYYMMDD~~ | ~~Reformat as CCYYMMDD if necessary~~ |
| ~~Change Flag~~ | ~~CHG\_FLAG~~ | ~~CBERCODE~~ | ~~$1~~ | ~~No transformation~~ |
| **From MPI Merge** | | | | |
| Patient DOB | PATDOB | N/A | CCYYMMDD |  |
| Patient Gender | PATSEX | N/A | $1 | If patsex is ‘F’ then set to ‘2’, else if ‘M’ then set to ‘1’, else if ‘U’, ‘Z’ or blank then set to ‘0’ |
| **From LVM Macro Merge** | | | | |
| PCM ID | PCM\_ID | N/A | $18 | See LVM Macro |
| Beneficiary Category | BENCATX | N/A | $3 | See LVM Macro |
| Sponsor Service | SPONSVC | N/A | $1 | See LVM Macro. This is the DEERS sponsor service, not sponsor service aggregate. |
| **MDR Address File (merge based on EDIPN, then patient SSN. If no match found, leave blank)** | | | | |
| Beneficiary First Name | BEN\_FIRST | N/A | $20 | If DEERS Update Date > CHCS Update, then set to d\_lastnm; else set to c\_lastnm. |
| Beneficiary Last Name | BEN\_LAST | N/A | $27 | If DEERS Update Date > CHCS Update, then set to d\_firstnm; else set to c\_firstnm. |
| Beneficiary Address | BEN\_ADDRESS | N/A | $80 | If DEERS Update Date > CHCS Update, then set to d\_addr1 | d\_address2; else set to c\_addr1 | c\_addr2. Trim blank spaces between the two. |
| Beneficiary City | BEN\_CITY | N/A | $20 | If DEERS Update Date > CHCS Update, then set to d\_addr1 | d\_address2; else set to c\_addr1 | c\_addr2. |
| Beneficiary State | BEN\_STATE | N/A | $2 | If DEERS Update Date > CHCS Update, then set to d\_addr1 | d\_address2; else set to c\_addr1 | c\_addr2 |
| Beneficiary ZIP Code | BEN\_ZIP | N/A | $5 | If DEERS Update Date > CHCS Update, then set to d\_addr1 | d\_address2; else set to c\_addr1 | c\_addr2 |
| Beneficiary Telephone Number | HOM\_FON | N/A | $10 | If DEERS Update Date > CHCS Update, then set to d\_homfon, else set to c\_homfon |
| From NPPES Merge **(based on prescriber NPI)** | | | | |
| Prescriber Last Name | LASTNAME | N/A | $35 | LNAME from NPPES. No transformation |
| Prescriber First Name | FIRSTNAME | N/A | $20 | FNAME from NPPES. No transformation |
| Prescriber Phone Number | PRESCR\_PH | N/A | $10 | MAIL\_PHONE from NPPES. No transformation |
| Prescriber Address, Line 1 | PRESCR\_ADDR1 | N/A | $55 | MAIL\_ADDR1 from NPPES. No transformation |
| Prescriber Address, Line 2 | PRESCR\_ADDR2 | N/A | $55 | MAIL\_ADDR2 from NPPES. No transformation. |
| Prescriber City | PRESCR\_CITY | N/A | $40 | MAIL\_CITY from NPPES. No transformation |
| Prescriber State | PRESCR\_STATE | N/A | $2 | MAIL\_STATE from NPPES. No transformation. |
| Prescriber ZIP | PRESCR\_ZIP | N/A | $5 | MAIL\_ZIP from NPPES. No transformation |
| Prescriber HIPAA Taxonomy | PRESCR\_HIPAA | N/A | $10 | HIPAA1 from NPPES. No transformation |
| **From DMHRS Merge (based on PCM ID matches EDIPN)** | | | | |
| Primary Care Provider Last Name | PCMNAME | N/A | $28 | No transformation |
| Primary Care Provider NPI | PCM\_NPI | N/A | $10 | No transformation |
| **From NPPES Merge (based on Pharmacy NPI)** | | | | |
| MTF Name | PHARM\_NAME |  | $70 | ORGNAME from NPPES. No transformation |
| Pharmacy Street Address, Line 1 | PHARM\_ADDR1 |  | $55 | MAIL\_ADDR1 from NPPES. No transformation. |
| Pharmacy Street Address, Line 2 | PHARM\_ADDR2 |  | $55 | MAIL\_ADDR2 from NPPES. No transformation. |
| Pharmacy City | PHARM\_CITY |  | $40 | MAIL\_CITY from NPPES. No transfomation. |
| Pharmacy State | PHARM\_STATE |  | $2 | MAIL\_STATE from NPPES. No transfomation. |
| Pharmacy ZIP Code | PHARM\_ZIP |  | $5 | 1st 5 characters (left justified) of MAIL\_ZIP from NPPES. No transfomation. |
| Pharmacy Country | PHARM\_COUNTRY |  | $2 | MAIL\_COUNTRY from NPPES. No transformation. |
| **From Injury Reference file (include all records within the date window described in table 2 after matching to the person)** | | | | |
| ~~Injury Related Record Flag~~ | ~~INJ\_FLAG~~ | ~~N/A~~ | ~~$1~~ | ~~Set to 1 if a matched record is found in the internal injury reference file and the issue date is between the start and stop date from the injury file; else set to 0.~~ |
| Date of Injury | INJ\_DT |  | CCYYMMDD | Set to injdate. |
| **NDC Rate Table Merge (Matching FY and NDC).** | | | | |
| Ingredient Cost | INGCOST | N/A | Num | Set to NDC Rate \* Quantity |
| Gross Amount Due | TPC\_RATE | N/A | Num | Set to NDC Rate \* Quantity Dispensed + DISP\_FEE |
| **NDC VA Rate Table Merge (Matching FY and NDC; only for patients with patient category code K61 and subcategory code 2)** | | | | |
| VA Ingredient Cost | VA\_INGCOST | N/A | Num | Set to NDC VA Rate \* Quantity |
| VA Gross Amount Due | VA\_RATE | N/A | Num | Set to NDC VA Rate \* Quantity Dispensed + VA\_DISP\_FEE. |
| **From CAPER Merge** | | | | |
| Diagnosis 1 – Diagnosis 10 | DXn | N/A | $7 | 10 separate data fields, representing the 1st 5 characters of the diagnosis codes from the matching CAPER if diagnosis code type is “01”, else set to the first 7 characters of the diagnosis codes |
| Diagnosis Code Count | NUM\_DX | N/A | Num | Set to the number of reported diagnosis codes. If no match, set to 0. |
| Diagnosis Code Type | DX\_TYPE | N/A | $2 | Set to ‘01’ if Issue Date is < Oct 1, 2015, else set to ‘02’ |
| Matching CAPER Flag | CAPER\_MATCH | N/A | $1 | Set to 1 if a matching record is found in the CAPER, else set to 0 |
| **DMIS ID Table Merge (Based on DMISID and FY)** | | | | |
| VA MSA Carrier ID | VA\_CARRIER | N/A | $9 | No transformation. |
| MTF Branch of Service | MTFSVC | N/A | $1 | UBU\_SVC, no transformation |
| **NCPDP Rx Number File (based on Rx Number)** | | | | |
| NCPDP Rx Number | NCPDP\_RX\_NUM | N/A | 12. | Set to NCPDP Rx Number |
| **Internally Derived Elements** | | | | |
| Version/Release Number | VERSION | N/A | $2 | set to 'D0' |
| Transaction Code | TRNSCODE | N/A | $2 | If CANCEL = 1 then set to ‘B2’, else B1 |
| Provider Accept Assignment Indicator | PROV\_ASSIGN | N/A | $1 | Set to 'A' |
| Eligibility Clarification Code | ELG\_CLAR |  | $1 | Set to 0. |
| Place of Service | PLACE | N/A | $2 | Set to 01 |
| Prescriber DEA Number | PRESCR\_DEA | N/A | $7 | If length of the PRESCR\_NPI is not 10, then set to PRESCR\_NPI. |
| CBER Last Update Date | LAST\_UPDT | N/A | YYYYMMDD | Indicates the date that this record was last updated in this file. |
| Dispensing Fee | DISP\_FEE | N/A | Num | Set to 2.00 |
| VA Dispensing Fee | VA\_DISP\_FEE |  | Num | Set to 9.00 |
| Prescription Origin Code | RX\_ORG | N/A | $1 | Set to ‘3’ |
| DMR Indicator | DMR | N/A | $1 | Set to ‘Y’ |
| Basis of Cost Determination | COST\_BASIS | N/A | $2 | Set to ‘09’ |
| Dispensed As Written | DAW | N/A | $1 | Set to ‘3’ |
| Record Cancellation Status | CANCEL\_STAT | N/A | $1 | Set to 1 if record cancellation date or return to stock date is populated; else set to 0. |
| VA Billable Flag | VA\_BILLABLE | N/A | $1 | Set to 1 if patcat = “K61” and patcat subcategory = “2”, else set to 0. |
| MAC Record Flag | MAC~~\_REC\_FLAG~~ | N/A | $1 | Set to 1 is the record qualifies for inclusion under the MAC criteria, else set to 0 |
| MSA Key | MSA\_KEY | N/A | $9 | If patcat code is not K61 then derive based on logic in Appendix A, else match to DMISID table by DMISID and fill with MSA\_KEY, else leave blank. |
| MSA Flag | MSA | N/A | $1 | Set to 1 if this record meets the criteria for MSA billing from Section V, else set to 0. |
| TPC Flag | TPC | N/A | $1 | Set to 1 if this record meets the criteria for TPC billing from Section V, else set to 0. |
| ~~Process Flag~~ | ~~PROCESS\_FLAG~~ | ~~N/A~~ | ~~$1~~ | ~~Set to “N” if this is a new record for CBER (based on CHCS Host/RX number). Set to “U” if this record has been in the CBER dataset, but has changed. Set to “D” if the record has been cancelled.~~ |
| Transaction Ingredient Cost | TX\_TPC\_INGCOST | N/A | Num | For records processed before the first Service data push, set to INGCOST, thereafter, if CHG\_FLAG=N then set to INGCOST, else if CHG\_FLG=U set to INGCOST from the current cycle – INGCOST from the previous cycle. If CANCEL\_STAT=1 the leave alone. |
| Transaction Gross Amount Due | TX\_TPC\_RATE | N/A | Num | For records processed before the first Service data push, set to TX\_TPC\_RATE, thereafter, if CHG\_FLAG=N then set to TPC\_RATE, else if CHG\_FLG=U set to TPC\_RATE from the current cycle – TPC\_RATE from the previous cycle. If CANCEL\_STAT=1 the leave alone. |
| Transaction VA Ingredient Cost | TX\_VA\_INGCOST | N/A | Num | Set to ingredient cost (ingcost) for initial development. Thereafter, if the value of the change flag is “U” then set to the difference between ingcost in the current cycle and the ingcost from the previous cycle. If cancel\_stat =1 then set to the negative of the ingcost from the previous processing cycle. |
| Transaction VA Gross Amount Due | TX\_VA\_RATE | N/A | Num | Set to va\_rate for the initial development. Thereafter, if the change flag is “U”, then set to the difference between the va\_rate in the current cycle and the va\_rate from the previous cycle. If cancel \_stat=1 then set to the negative of the va\_rate from the previous cycle. |
| Initial CBER Processing Date | INIT\_DATE | N/A | CCYYMMDD | Date this record was initially processed for CBER. |
| Change Date | CHG\_DT | N/A | CCYYMMDD | Match this batch of CBER data to the previous batch based on record key. If any of the values on an existing record changed from the last batch to this one, fill the change date on the new record with the processing date. |
| Change Flag | CHG\_FLAG | N/A | $1 | Match this batch of CBER data to the previous batch based on record key. If any of the values on an existing record changed from the last batch to this one, fill the change flag on the new record with “U”, else fill with N. |

1. Refresh Frequency

Weekly

1. Quality Review Requirements

In order to ensure processing is done correctly, several basic quality review requirements are presented in this section.

1. Basic Data Flow Process Check: A spreadsheet should be maintained that tracks record counts associated with each data step used in processing. Record counts from the monthly processor should be tracked and significant variations should be noted and explored with BEA.
2. File Size: Record counts should increase as the files are updated for each year.
3. Proc contents should be reviewed and compared against specifications to ensure conformance.
4. Routine feed and file management procedures should be followed for the MDR CBER NCPDP processor.
5. Data Marts

N/A

1. Special Outputs

**Special Output 1:** The Services will receive a text formatted output file derived from the CBER NCPDP SAS Dataset. To prepare this file initially, text output is simply written in the format described below. Each week thereafter, only new, changed or cancelled records are provided to the Services. The key to this file is the NCPDP\_RX\_NUM, CHCS\_HOST, FILL\_NO. This file will initially be provided as a dump of all records. Thereafter, records are included if the CBER change date is greater than or equal to the last processing date . Note that there is both a net amount due and a transaction level net amount due. The data file is ‘^’ delimited. The layout of the data is contained in table 5.

Table 5: Layout of main output to the Services

| **LOOP #** | **HIPAA #** | **Data Element** | **Order in Output File** | **Format** | **Business Rule** |
| --- | --- | --- | --- | --- | --- |
| 7.4.1 | 102-A2 | Version/Release Number | 1 | $2 | VERSION |
| 7.4.1 | 102-A3 | Transaction Code | 2 | $2 | TRNSCODE |
| N/A | N/A | CHCS Host | 3 | $4 | CHCS\_HOST |
| N/A | N/A | Treatment DMISID | 4 | $4 | MTF |
| 7.4.1 | 201-B1 | Pharmacy NPI | 5 | $10 | PROVNPI |
| 7.4.1 | 201-B1 | Pharmacy NCPDP ID | 6 | $12 | NCPDP |
| N/A | N/A | Pharmacy Name | 7 | $70 | PHARM\_NAME |
| N/A | N/A | Pharmacy Address | 8 | $110 | PHARM\_ADDR1 | PHARM\_ADDR2 (with blanks at end of ADD1 removed) |
| N/A | N/A | Pharmacy City | 9 | $40 | PHARM\_CITY |
| N/A | N/A | Pharmacy State | 10 | $2 | PHARM\_STATE |
| N/A | N/A | Pharmacy Zip | 11 | $5 | PHARM\_ZIP |
| N/A | N/A | Pharmacy Country | 12 | $2 | PHARM\_COUNTRY |
| 7.4.2 | 361-2D | Provider Accept Assignment Indicator | 13 | $1 | PROV\_ASSIGN |
| 7.4.3 | 332-CY | Patient ID (SSN) | 14 | $9 | PATSSN |
| 7.4.3 | 332-CY | Patient ID (EDI\_PN) | 15 | $10 | EDI\_PN |
| 7.4.3 | 304-C4 | Patient Date of Birth | 16 | CCYYMMDD | PATDOB |
| 7.4.3 | 305-C5 | Patient Gender Code | 17 | $1 | PATSEX |
| 7.4.3 | 310-CA | Patient First Name | 18 | $20 | BEN\_FIRST |
| 7.4.3 | 311-CB | Patient Last Name | 19 | $27 | BEN\_LAST |
| 7.4.3 | 322-CM | Patient Street Address | 20 | $80 | BEN\_ADDRESS |
| 7.4.3 | 323-CN | Patient City Address | 21 | $20 | BEN\_CITY |
| 7.4.3 | 324-CO | Patient State/Province Address | 22 | $2 | BEN\_STATE |
| 7.4.3 | 325-CP | Patient Zip/Postal Code | 23 | $5 | BEN\_ZIP |
| 7.4.3 | 326-CQ | Patient Phone Number | 24 | $10 | HOM\_FON |
| N/A | N/A | Patient Category Code | 25 | $4 | PATCAT | PATCAT\_SUB |
| N/A | N/A | Beneficiary Category | 26 | $3 | BENCATX |
| N/A | N/A | Sponsor Service | 27 | $1 | SPONSVC |
| N/A | N/A | Other Coverage Indicator | 28 | $1 | OHI |
| 7.4.3 | 307-C7 | Place of Service | 29 | $2 | PLACE |
| 7.4.4 | 402-D2 | Prescription/Service Reference Number | 30 | $12 | NCPDP\_RX\_NUM |
| N/A | N/A | MDR Prescription Number | 31 | $13 | RX\_NUM |
| 7.4.4 | 407-D7 | Product/Service ID | 32 | $11 | NDC |
| 7.4.1 | 401-D1 | Date of Service | 33 | CCYYMMDD | DISPDATE |
| 7.4.4 | 442-E7 | Quantity Dispensed | 34 | 9.3 | RAW\_QTY |
| 7.4.4 | 403-D3 | Fill Number | 35 | $2 | FILLCODE |
| 7.4.4 | 405-D9 | Days Supply | 36 | 3 | DAYSUPLY |
| 7.4.4 | 406-D6 | Compound Code | 37 | $1 | COMPCODE |
| 7.4.4 | 408-D8 | Dispense As Written (DAS)/Product Selection Code | 38 | $1 | DAW |
| 7.4.4 | 414-DE | Date Prescription Written | 39 | CCYYMMDD | DT\_WRTN |
| 7.4.4 | 415-DF | Number of Refills Authorized | 40 | 3 | REF\_AUTH |
| 7.4.4 | 419-DJ | Prescription Origin Code | 41 | $1 | RX\_ORG |
| 7.4.5 | 409-D9 | Ingredient Cost Submitted (if not VA) | 42 | 9.2 | INGCOST |
| 7.4.5 | 409-D9 | Ingredient Cost Submitted (If VA) | 43 | 9.2 | VA\_INGCOST |
| 7.4.5 | 412-DC | Dispensing Fee Submitted (if not VA) | 44 | 9.2 | DISP\_FEE |
| 7.4.5 | 412-DC | Dispensing Fee Submitted (if VA) | 45 | 9.2 | VA\_DISP\_FEE |
| 7.4.5 | 430-DU | Gross Amount Due (TPC) | 46 | 10.2 | TPC\_RATE |
| 7.4.5 | 430-DU | Gross Amount Due (VA) | 47 | 10.2 | VA\_RATE |
| N/A | N/A | Transaction TPC Ingredient Cost | 48 | 9.2 | TX\_TPC\_INGCOST |
| N/A | N/A | Transaction TPC Gross Amount Due | 49 | 9.2 | TX\_TPC\_RATE |
| N/A | N/A | Transaction VA Ingredient Cost | 50 | 9.2 | TX\_VA\_INGCOST |
| N/A | N/A | Transaction VA Gross Amount Due | 51 | 9.2 | TX\_VA\_RATE |
| 7.4.5 | 423-DN | Basis of Cost Determination | 52 | $2 | COST\_BASIS |
| 7.4.7 | 411-DB | Prescriber NPI | 53 | $10 | PRESCR\_NPI |
|  |  | Prescriber DEA Number | 54 | $7 | PRESCR\_DEA |
| 7.4.7 | 427-DR | Prescriber Last Name | 55 | $35 | LASTNAME |
| 7.4.7 | 498-PM | Prescriber Phone Number | 56 | $10 | PRESCR\_PH |
|  |  | Prescriber HIPAA Taxonomy Code | 57 | $10 | PRESCR\_HIPAA |
| 7.4.7 | 421-DL | Primary Care Provider NPI | 58 | $10 | PCM\_NPI |
| 7.4.7 | 470-4E | Primary Care Provider Last Name | 59 | $28 | PCMNAME |
| 7.4.7 | 364-2J | Prescriber First Name | 60 | $20 | FIRSTNAME |
| 7.4.7 | 365-2K | Prescriber Street Address | 61 | $80 | PRESCR\_ADDR1 | PRESCR\_ADDR2 |
| 7.4.7 | 366-2M | Prescriber City | 62 | $40 | PRESCR\_CITY |
| 7.4.7 | 367-2N | Prescriber State | 63 | $2 | PRESCR\_STATE |
| 7.4.7 | 368-2P | Prescriber ZIP Code | 64 | $5 | PRESCR\_ZIP |
| 7.4.13 | 491-VE | Number of Diagnosis Codes | 65 | 3 | NUM\_DX |
| 7.4.13 | 492-WE | Diagnosis Code Type | 66 | $2 | DX\_TYPE |
| 7.4.13 | 424-DO | Diagnosis Codes 1- 10 | 67 | $70 | DXn; n=1 to 10; fixed length fields with no delimiter) |
| N/A | N/A | Matching CAPER Flag | 68 | $1 | CAPER\_MATCH |
| N/A | N/A | Appointment Match Flag | 69 | $3 | APPT\_MATCH |
| N/A | N/A | Ordering MTF | 70 | $4 | ORDER\_MTF |
| N/A | N/A | Ordering Appointment IEN | 71 | $20 | APPTIEN |
| N/A | N/A | Last Update Date | 72 | CCYYMMDD | LAST\_UPDT |
| N/A | N/A | Cancellation Date | 73 | CCYYMMDD | CANCEL\_DT |
| N/A | N/A | Date Returned to Stock | 74 | CCYYMMDD | RETURN\_DT |
| N/A | N/A | Cancellation Status | 75 | $1 | CANCEL\_STAT |
| N/A | N/A | File Date | 76 | CCYYMMDD | FILE\_DT |
| N/A | N/A | Change Date | 77 | CCYYMMDD | CHG\_DT |
| N/A | N/A | Change Flag | 78 | $1 | CHG\_FLAG |
|  |  | Direct Member Reimbursement | 79 | $1 | DMR |
| N/A | N/A | MSA Key | 80 | $9 | MSA\_KEY |
| N/A | N/A | MAC Flag | 81 | $1 | MAC |
| N/A | N/A | MSA Flag | 82 | $1 | MSA |
| N/A | N/A | TPC Flag | 83 | $1 | TPC |
| N/A | N/A | MTF Service | 84 | $1 | MTFSVC |
| N/A | N/A | Prescriber EDIPN | 85 | $10 | PRESCR\_EDIPN |
| N/A | N/A | Prescriber SSN | 86 | $9 | PRESCR\_SSN |
| N/A | N/A | Date of Injury | 87 | CCYYMMDD | INJ\_DT |
| N/A | N/A | VA Billable Flag | 88 | $1 | VA\_BILLABLE |

APPENDIX A: MSA Key Logic (Except for VA)

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Category | Patient Category Code | DMISID Information | MSA Key Value |
| NOAA | B\*, except B29 with subcat A | N/A | NOAMD9999 |
| Coast Guard | C\*, except C28 and C29 with subcat A | N/A | CGDDC9999 |
| USPHS | P\*, except P29 with subcat A | UBU\_Service is A, B, 1 | PHSMD9991 |
| USPHS | P\*, except P29 with subcat A | UBU\_Service is F, G, 3 | PHSMD9992 |
| USPHS | P\*, except P29 with subcat A | UBU\_Service is N, R, 2 | PHSMD9993 |
| USPHS | P\*, except P29 with subcat A | UBU\_Service is P, 5, 6 | PHSMD9994 |

**Appendix B: NCPDP Rx Number File**

The MDR NCPDP Rx Number file is prepared by sorting the pharmacy data by Rx Number and assigning a sequential number, beginning at 1, to map the rx number to.

|  |  |  |  |
| --- | --- | --- | --- |
| Data Element | SAS Name | Format | Business Rule |
| Rx Number | RX\_NUM | $13 | No transformation |
| NCPDP Rx Number | NCPDP\_RX\_NUM | 12. | Sequentially assigned number uniquely assigned to each rx\_num |

1. If an SSN is invalid in the NCPDP, there is no need to do the SSN merge. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. The MDR NCPDP Rx Number file is described in Appendix B [↑](#footnote-ref-3)