NCPDP 1.1 Encounter Extract Mapping			
FIELD	NCPDP FIELD	FIRST-RX FIELD	BUSINESS LOGIC
Transaction Header			
bin number	101-A1	transmission_header.i_bin	
version	102-A2	transmission_header.i_version_release_no	51
transaction code	103-A3	transmission_header.i_txn_cd	Tenncare only accepts B1 & B2 transactions; B3s should be mapped to a B2 followed by a B1
processor control number	104-A4	transmission_header.i_processor_ctrl_no	
transaction count	109-A9	transmission_header.i_transaction_count	
service provider id qualifier	202-B2	transmission_header.i_service_provider_id_qlfr	
service provider id	201-B1	transmission_header.i_service_provider_id	If reversal use original claim value.
date of service	401-D1	transmission_header.i_service_dt	
software vendor/certification id	110-AK	transmission_header.i_provdr_software_vndr_cert_id	
Patient	1		
date of birth	304-C4	transmission_header.birth_dt	
first name	310-CA	transmission_header.i_patient_first_name	
last name	311-CB	transmission_header.i_patient_last_name	
patient location	307-C7	transmission_header.i_patient_location	
pregnancy indicator	335-2C	transmission_header.i_pregnancy_cd	
Insurance	4		
cardholder id	302-C2	transmission_header.i_cardholder_id	If reversal use original claim value.
cardholder first name	312-CC	transmission_header.i_cardholder_first_name	If reversal use original claim value.
cardholder last name	313-CD	transmission_header.i_cardholder_last_name	If reversal use original claim value.
group id	301-C1	txn_claim_reference.adj_group_id	This field will have MCO # for the first three characters (this is our adj group id) BHO number (3 chars) (this is from patient attribute which comes from enrollment. Current valid values are 081,082 and spaces). Program code (2 chars) this is the state program code from patient attribute which comes from enrollment. And lastly a single N/Y to indicate if the drug on the claim is a BHO drug (this will be determined by what list rule was used to adjudicate the claim). If reversal use original claim value.
person code	303-C3	transmission_header.i_person_cd	If reversal use original claim value.
patient relationship code	306-C6	transmission_header.i_relationship_cd	If reversal use original claim value.
Claim	7		
prescription/service reference number qualifier	455-EM	txn_claim.i_rx_service_ref_no_qlfr	
prescription/service reference number	402-D2	txn_claim.i_rx_service_ref_no	If reversal use original claim value.
product/service id qualifier	436-E1	txn_claim.i_product_service_id_qlfr	
product/service id	407-D7	txn_claim.i_product_service_id	If reversal use original claim value.
quantity dispensed	442-E7	txn_claim.i_qty_dispensed	txn_claim.i_qty_dispensed*1000
fill number	403-D3	txn_claim.i_new_refill_cd	

NCPDP 1.1 Encounter Extract Mapping			
FIELD	NCPDP FIELD	FIRST-RX FIELD	BUSINESS LOGIC
days supply	405-D5	txn_claim.i_days_supply	
compound code	406-D6	txn_claim.i_compound_cd	
dispense as written/product selection code	408-D8	txn_claim.i_daw_cd	
Date prescription written	414-DE	txn_claim.i_rx_dt	
other coverage code	308-C8	txn_claim.i_other_cov_cd	
alternate id	330-CW	transaction_header.o_auth_no	This will be the icn for the claim
unit of measure	600-28	txn_claim.i_unit_of_measure	
level of service	418-DI	txn_claim.i_level_of_service	
prior authorization type code	461-EU	txn_claim.i_prior_auth_type_cd	
prior auth number submitted	462-EV	txn_claim.i_prior_auth_no	
Submission Clarification Code	42Ø-DK	txn.claim.i_sub_clarification	expecting values 5 & 7
intermediary authorization type id	463-EW	99	For paid reversals
intermediary auth id	464-EX	transmission_header .. original claim o_auth	For paid reversals this is the icn of the original claim
Pharmacy Provider	2		
provider id qualifier	465-EY	txn_claim.i_provider_id_qlfr	
provider id	444-E9	txn_claim.i_provider_id	
Prescriber	3		
prescriber id qualifier	466-EZ	txn_claim.i_prescriber_id_qlfr	
prescriber ID	411-DB	txn_claim.i_prescriber_id	
COB	5		
coordination of benefits/other payments count	337-4C	transaction_header.i_cob_other_pmts_count	other payments counts + 1 (for FH)
other payer coverage type	338-5C	1	The PBM (SXC) is always first
other payer qualifier id	339-6C	99	
other payer id	340-7C	MCC062	SXC's MCC number
other payer date	443-E8	transmission_header.adjud_dt	adjudication date (this will also serve as receipt date for paper/batch claims)
other payer amount paid count	341-HB	6	
other payer amount paid qualifier	342-HC	4	
other payer amount paid	431-DV	txn_pricing.o_dispense_fee_paid_amt	Dispensing Fee (0 default)
other payer amount paid qualifier	342-HC	7	
other payer amount paid	431-DV	txn_pricing.o_dispense_fee_paid_amt + txn_pricing.o_ingred_cost_paid_amt	TennCare Allowed Amount (0 default)
other payer amount paid qualifier	342-HC	8	
other payer amount paid	431-DV	txn_pricing.o_total_amt_paid	TennCare Paid amount (0 default)
other payer amount paid qualifier	342-HC	99	
other payer amount paid	431-DV	txn_pricing.o_amt_applied_to_period_deduct	deductible amount (0 default)
other payer amount paid qualifier	342-HC	99	
other payer amount paid	431-DV	0	coinsurance amount (0 default)
other payer amount paid qualifier	342-HC	99	

NCPDP 1.1 Encounter Extract Mapping			
FIELD	NCPDP FIELD	FIRST-RX FIELD	BUSINESS LOGIC
other payer amount paid	431-DV	txn_pricing.o_amt_of_copay	co-payment amount (0 default)
other payer reject count	471-5E	txn_header.o_reject_count	rejected claims only,claim status of U or X
other payer reject code	472-6E	txn_error.o_reject_cd	rejected claims only,claim status of U or X
Normal COB			
other payer coverage type	338-5C	txn_req_cob_coverage.i_other_payer_cov_type_cd	
other payer qualifier id	339-6C	txn_req_cob_coverage.i_other_payer_id_qlfr	
other payer id	340-7C	txn_req_cob_coverage.i_other_payer_id	
other payer date	443-E8	txn_req_cob_coverage.i_other_payer_dt	
other payer amount paid count	341-HB	txn_req_cob_coverage.i_other_payer_amt_paid_count	
other payer amount paid qualifier	342-HC	txn_req_cob_payment.i_other_payer_amt_paid_qlfr	
other payer amount paid	431-DV	txn_req_cob_payment.i_other_payer_amt	
other payer reject count	471-5E	txn_req_cob_coverage.i_other_payer_reject_cd_count	
other payer reject code	472-6E	txn_req_cob_payment.i_other_payer_reject_cd	
Dur/PPS	8		
dur/pps code counter	473-7E	txn_req_dur_pps.i_dur_pps_code_counter	
reason for service code	439-E4	txn_req_dur_pps.i_reason_for_service_cd	
professional service code	440-E5	txn_req_dur_pps.i_professional_service_cd	
result of service code	441-E6	txn_req_dur_pps.i_result_of_service_cd	
Pricing	11		
dispensing fee submitted	412-DC	txn_pricing.i_disp_fee_amt	
patient paid amount submitted	433-DX	txn_pricing.i_patient_paid_amt	
gross amt due	430-DU	txn_pricing.i_gross_due_amt	
basis of reimbursement determination	522-FM	txn_pricing.provider_final_price_type_cd	Code supplied is NCPDP value derived from following crosswalk price table code/desc. NCPDP code/desc
			Blank, null or not in this translation table 0 Not Specified
			01 Blue Book AWP Unit Price 3 Ingredient Cost Reduced to AWP Less X% Pricing
			100 Submitted Ingredient Cost 1 Ingredient Cost Paid as Submitted
			11 Fed Partcptn Plan Upper Limit 6 MAC Pricing Ingredient Cost Paid
			66 Gross Amount Due 5 Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary
			98 Usual And Customary Cost 4 Usual & Customary Paid as Submitted
			DOJ1 DOJ Unit Price 8 Contract Pricing
			SMAC First Health MAC Price 7 MAC Pricing Ingredient Cost Reduced to MAC
Compound	10		

NCPDP 1.1 Encounter Extract Mapping			
FIELD	NCPDP FIELD	FIRST-RX FIELD	BUSINESS LOGIC
compound dosage form description code	450-EF	txn_claim.i_cmpnd_dosage_form_cd	
compound dispensing unit form indicator	451-EG	txn_claim.i_cmpnd_disp_unit_form_cd	
compound route of admin	452-EH	txn_claim.i_cmpnd_route_of_admin	
ingredient component count	447-EC	txn_claim.I_cmpnd_ingred_count	
compound product id qualifier	488-RE	txn_req_compound_component.i_cmpnd_product_id_qlfr	if the txn_claim.I_cmpnd_ingred_count>0
compound product id	489-TE	txn_req_compound_component.i_cmpnd_product_id	if the txn_claim.I_cmpnd_ingred_count>0
compound ingredient quantity	448-ED	txn_req_compound_component.i_cmpnd_ingred_qty	if the txn_claim.I_cmpnd_ingred_count>0
compound ingredient drug cost	449-EE	txn_req_compound_component.i_cmpnd_ingred_drug_cost	if the txn_claim.I_cmpnd_ingred_count>0
compound ingredient basis of cost determination	490-UE	txn_req_compound_component.i_cmpnd_ingred_basis_of_cost	if the txn_claim.I_cmpnd_ingred_count>0
Clinical	13		
diagnosis code count	491-VE	transaction_header.i_diagnosis_cd_count	
diagnosis code qualifier	492-WE	txn_req_clinical_diagnosis.i_diagnosis_cd_qlfr	if the transaction_header.i_diagnosis_cd_count>0
diagnosis code	424-DO	txn_req_clinical_diagnosis.i_diagnosis_cd	if the transaction_header.i_diagnosis_cd_count>0
clinical information counter	493-XE	txn_req_clinical.i_clinical_information_counter	
measurement date	494-ZE	txn_req_clinical.i_measurement_dt	
measurement time	495-H1	txn_req_clinical.i_measurement_time	
measurement dimension	496-H2	txn_req_clinical.i_measurement_dimension_cd	
measurement unit	497-H3	txn_req_clinical.i_measurement_unit	
measurement value	499-H4	txn_req_clinical.i_measurement_value	