

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
601-04	RECORD TYPE	Captures the record type used to classify or describe this record.
398	RECORD INDICATOR	Captures the record indicator used to classify or describe this record.
ELIGIBILITY CATEGORY		Section header for Eligibility Category. This marker groups the related fields that appear beneath it. Source row 4.
248	ELIGIBLE COVERAGE CODE	Captures the eligible coverage code used to classify or describe this record.
898	USER BENEFIT ID	Stores the user benefit id assigned or referenced for this record.
899	USER COVERAGE ID	Stores the user coverage id assigned or referenced for this record.
246	ELIGIBILITY GROUP ID	Stores the eligibility group id assigned or referenced for this record.
270	LINE OF BUSINESS CODE	Captures the line of business code used to classify or describe this record.
267	INSURANCE CODE	Captures the insurance code used to classify or describe this record.
220	CLIENT ASSIGNED LOCATION CODE	Captures the client assigned location code used to classify or describe this record.
222	CLIENT PASS THROUGH	Stores the client pass through for this record.
CARDHOLDER INFORMATION		Section header for Cardholder Information. This marker groups the related fields that appear beneath it. Source row 13.
302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder or identifier recognized by the plan.
716	LAST NAME	Stores the last name details associated with this record.
717	FIRST NAME	Stores the first name details associated with this record.
718	MIDDLE INITIAL	Stores the middle initial assigned or referenced for this record.
280	NAME SUFFIX	Stores the name suffix details associated with this record.
726	ADDRESS LINE 1	Stores the address line 1 details associated with this record.
727	ADDRESS LINE 2	Stores the address line 2 details associated with this record.
728-SU	CITY	Stores the city details associated with this record.
729-TA	STATE/PROVINCE ADDRESS	The State/Province Code of the address.
730	ZIP/POSTAL CODE	Captures the zip/postal code used to classify or describe this record.
xxx-xx	ENTITY COUNTRY CODE	Captures the entity country code used to classify or describe this record.
214	CARDHOLDER DATE OF BIRTH	Records the cardholder date of birth for this record.
721-MD	GENDER CODE	Captures the gender code used to classify or describe this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
274	MEDICARE PLAN CODE	Captures the medicare plan code used to classify or describe this record.
288	PAYROLL CLASS	Stores the payroll class for this record.
PATIENT INFORMATION		Section header for Patient Information. This marker groups the related fields that appear beneath it. Source row 29.
331-CX	PATIENT ID QUALIFIER	Specifies the qualifier for the Patient ID (332-CY).
332-CY	PATIENT ID	Stores the identifier assigned to the patient.
A43-1K	PATIENT COUNTRY CODE	The country of the patient's permanent residence.
304-C4	DATE OF BIRTH	Records the date of birth of patient.
305-C5	PATIENT GENDER CODE	Specifies the gender of the individual.
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	this record.
208	AGE	Stores the age for this record.
303-C3	PERSON CODE	Represents the code assigned to a specific individual within a family.
306-C6	PATIENT RELATIONSHIP CODE	Specifies relationship of patient to cardholder.
309-C9	ELIGIBILITY CLARIFICATION CODE	Shows that the pharmacy is clarifying eligibility for a patient.
E06-S8	SPECIES	another and may interbreed.
336-8C	FACILITY ID	Stores the identifier assigned to the patient's clinic/host party.
F32-W8	SEX ASSIGNED AT BIRTH	Stores the sex assigned at birth for this record.
BENEFIT		that appear beneath it. Source row 68.
301-C1	GROUP ID	Stores the identifier assigned to the cardholder group or employer group.
215	CARRIER NUMBER	Stores the carrier number assigned or referenced for this record.
757	BENEFIT ID	Stores the benefit id assigned or referenced for this record.
240	CONTRACT NUMBER	Stores the contract number assigned or referenced for this record.
212	BENEFIT TYPE	Captures the benefit type used to classify or describe this record.
279	MEMBER SUBMITTED CLAIM PROGRAM	describe this record.
282	NON-POS CLAIM OVERRIDE CODE	record.
282	repeat	value of the same type. Occurrence 1. Source row 76.
282	repeat	value of the same type. Occurrence 2. Source row 77.
241	COPAY MODIFIER ID	Stores the copay modifier id value associated with this record.
292	PLAN CUTBACK REASON CODE	record.
293	PREFERRED ALTERNATIVE FILE ID	Stores the preferred alternative file id assigned or referenced for this record.
308-C8	OTHER COVERAGE CODE	Shows whether the patient has other insurance coverage.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
291	PLAN BENEFIT CODE	Captures the plan benefit code used to classify or describe this record.
601-01	PLAN TYPE	Captures the plan type used to classify or describe this record.
PHARMACY		that appear beneath it. Source row 84.
202-B2	SERVICE PROVIDER ID QUALIFIER	Specifies the qualifier for the Service Provider ID (201-B1).
201-B1	SERVICE PROVIDER ID	Stores the identifier assigned to a pharmacy or provider.
886	SERVICE PROVIDER CHAIN CODE	record.
833-5P	PHARMACY NAME	Stores the pharmacy name details associated with this record.
887	SERVICE PROVIDER COUNTY CODE	record.
A93	SERVICE PROVIDER COUNTY CODE	Captures the service provider county code used to classify or describe this record.
732	TELEPHONE NUMBER	Stores the telephone number assigned or referenced for this record.
B10-8A	TELEPHONE NUMBER EXTENSION	record.
146	PHARMACY DISPENSER TYPE QUALIFIER	Stores the qualifier value for pharmacy dispenser type.
290	PHARMACY DISPENSER TYPE	record.
150	PHARMACY CLASS CODE QUALIFIER	Stores the qualifier value for pharmacy class code.
289	PHARMACY CLASS CODE	Captures the pharmacy class code used to classify or describe this record.
266	IN NETWORK INDICATOR	Captures the in network indicator used to classify or describe this record.
545-2F	NETWORK REIMBURSEMENT ID	applied when calculating the reimbursement to the pharmacy.
PRESCRIBER CATEGORY		Section header for Prescriber Category. This marker groups the related fields that appear beneath it. Source row 106.
466-EZ	PRESCRIBER ID QUALIFIER	Specifies the qualifier for the Prescriber ID (411-DB).
411-DB	PRESCRIBER ID	Stores the identifier assigned to the prescriber.
466-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE) - DO NOT ADD TO DATA DICTIONARY	Specifies the qualifier for the Prescriber ID (411-DB).
411-DB	PRESCRIBER ID (ALTERNATE) - DO NOT	Stores the identifier assigned to the prescriber.
296	PRESCRIBER TAXONOMY CODE	Captures the prescriber taxonomy code used to classify or describe this record.
295	PRESCRIBER CERTIFICATION STATUS	Captures the prescriber certification status used to classify or describe this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Specifies the qualifier for the Primary Care Provider ID (421-DL).
421-DL	PRIMARY CARE PROVIDER ID	patient is referred to a secondary care provider.
CLAIM CATEGORY		appear beneath it. Source row 121.
399	RECORD STATUS CODE	Captures the record status code used to classify or describe this record.
218	CLAIM MEDIA TYPE	Captures the claim media type used to classify or describe this record.
395	PROCESSOR PAYMENT CLARIFICATION	this record.
455-EM	PRESCRIPTION/SERVICE REFERENCE	Indicates the type of billing submitted.
402-D1	PRESCRIPTION/SERVICE REFERENCE	this record.
436-E1	PRODUCT/SERVICE ID QUALIFIER	Specifies the qualifier for the value in Product/Service ID (407-D7).
407-D7	PRODUCT/SERVICE ID	ID of the product dispensed or service provided.
401-D1	DATE OF SERVICE	subsequent payer began coverage following Part A expiration in a long-term
578	ADJUDICATION DATE	Records the adjudication date for this record.
203	ADJUDICATION TIME	Stores the adjudication time for this record.
283	ORIGINAL CLAIM RECEIVED DATE	Records the original claim received date for this record.
219	CLAIM SEQUENCE NUMBER	Stores the claim sequence number assigned or referenced for this record.
213	BILLING CYCLE END DATE	Records the billing cycle end date for this record.
239	COMMUNICATION TYPE INDICATOR	Captures the communication type indicator used to classify or describe this record.
307-C7	PLACE OF SERVICE	Identifies the place where a product or service is administered.
384-4X	PATIENT RESIDENCE	Identifies the patient's place of residence.
419-DJ	PRESCRIPTION ORIGIN CODE	Specifies the origin of the prescription.
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	Records the member submitted claim payment release date for this record.
217	CLAIM DATE RECEIVED IN THE MAIL	Records the claim date received in the mail for this record.
268	INTERNAL MAIL ORDER (PRESCRIPTION/SERVICE) REFERENCE	Stores the internal mail order (prescription/service) reference number assigned or referenced for this record.
102-A2	VERSION/RELEASE NUMBER	Dictionary.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
216	CHECK DATE	Records the check date for this record.
287	PAYMENT/REFERENCE ID	Stores the payment/reference id assigned or referenced for this record.
456-EN	ASSOCIATED PRESCRIPTION/SERVICE	service is associated.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE	(456-EN).
442-E7	QUANTITY DISPENSED	Quantity dispensed expressed in metric decimal units.
403-D3	FILL NUMBER	The code indicating whether the prescription fill is an original or a subsequent fill as it relates to the Prescription Service Reference Number.
405-D5	DAYS SUPPLY	Estimated number of days the prescription will last.
414-DE	DATE PRESCRIPTION WRITTEN	Date prescription was written.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT	Specifies product selection determination.
415-DF	NUMBER OF REFILLS AUTHORIZED	Number of refills authorized by the prescriber as indicated on the prescription.
429-DT	SPECIAL PACKAGING INDICATOR	Specifies the type of dispensing dose.
600-28	UNIT OF MEASURE	NCPDP standard product billing codes.
418-DI	LEVEL OF SERVICE	Coding indicating the type of service the provider rendered.
343-HD	DISPENSING STATUS	fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
344-HF	QUANTITY INTENDED TO BE DISPENSED	fill if inventory were available. Used in association with a P or C in Dispensing
460-ET	QUANTITY PRESCRIBED	Amount expressed in metric decimal units.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	dispensed on original dispensing if inventory were available. Used in association with a P or C in Dispensing Status (343-HD).
254	FILL NUMBER CALCULATED	Stores the fill number calculated assigned or referenced for this record.
406-D6	COMPOUND CODE	Shows whether the prescription is a compound.
996-G1	COMPOUND TYPE	Clarifies the type of compound.
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Stores the compound route of administration for this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
995-E2	ROUTE OF ADMINISTRATION	This is an override to the default route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.
C60-AG	COMPOUND LEVEL OF COMPLEXITY	preparation of the compounded prescription.
C99-KU	PREPARATION ENVIRONMENT TYPE	Identifies the environment in which the medication was prepared.
C98-KT	PREPARATION ENVIRONMENT EVENT CODE	Event which required a special preparation environment.
492-WE	DIAGNOSIS CODE QUALIFIER	Specifies the qualifier for the Diagnosis Code (424-DO).
424-DO	DIAGNOSIS CODE	Identifies the diagnosis of the patient.
492-WE	DIAGNOSIS CODE QUALIFIER	Specifies the qualifier for the Diagnosis Code (424-DO).
424-DO	DIAGNOSIS CODE 2 (OCCURRENCE NUMBER 2)	Identifies the diagnosis of the patient.
492-WE	DIAGNOSIS CODE QUALIFIER	Specifies the qualifier for the Diagnosis Code (424-DO).
424-DO	DIAGNOSIS CODE (OCCURRENCE NUMBER 3)	Identifies the diagnosis of the patient.
492-WE	DIAGNOSIS CODE QUALIFIER	Specifies the qualifier for the Diagnosis Code (424-DO).
424-DO	DIAGNOSIS CODE (OCCURRENCE NUMBER 5)	Identifies the diagnosis of the patient.
492-WE	DIAGNOSIS CODE QUALIFIER 5	Specifies the qualifier for the Diagnosis Code (424-DO).
424-DO	DIAGNOSIS CODE (OCCURRENCE NUMBER 5)	Identifies the diagnosis of the patient.
439-E4	REASON FOR SERVICE CODE	pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 1)	Identifies pharmacist intervention when a conflict code has been identified or service has been rendered.
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 1)	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE	making or resources utilized by a pharmacist to perform a professional
439-E4	REASON FOR SERVICE CODE	pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 2)	Identifies pharmacist intervention when a conflict code has been identified or service has been rendered.
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 2)	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE	making or resources utilized by a pharmacist to perform a professional

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 3)	Identifies the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE	service has been rendered.
441-E6	RESULT OF SERVICE CODE	result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 3)	making or resources utilized by a pharmacist to perform a professional service.
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 4)	Identifies the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE	service has been rendered.
441-E6	RESULT OF SERVICE CODE	result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE	making or resources utilized by a pharmacist to perform a professional
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 5)	Identifies the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 5)	Identifies pharmacist intervention when a conflict code has been identified or service has been rendered.
441-E6	RESULT OF SERVICE CODE	result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 5)	Specifies the level of effort as determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.
439-E4	REASON FOR SERVICE CODE	pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE	service has been rendered.
441-E6	RESULT OF SERVICE CODE	result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE	making or resources utilized by a pharmacist to perform a professional
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 7)	Identifies the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 7)	Identifies pharmacist intervention when a conflict code has been identified or service has been rendered.
441-E6	RESULT OF SERVICE CODE	result of a pharmacist's professional service.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 7)	making or resources utilized by a pharmacist to perform a professional service.
439-E4	REASON FOR SERVICE CODE	pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE	service has been rendered.
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 8)	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 8)	making or resources utilized by a pharmacist to perform a professional service.
439-E4	REASON FOR SERVICE CODE (OCCURRENCE 9)	Identifies the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE (OCCURRENCE 9)	Identifies pharmacist intervention when a conflict code has been identified or service has been rendered.
441-E6	RESULT OF SERVICE CODE (OCCURRENCE 9)	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.
474-8E	DUR/PPS LEVEL OF EFFORT CODE (OCCURRENCE 9)	making or resources utilized by a pharmacist to perform a professional service.
475-J9	DUR/DUE CO-AGENT ID QUALIFIER	Specifies the qualifier for the value in DUR/DUE Co-Agent ID (476-H6).
476-H6	DUR/DUE CO-AGENT ID	disease conflicting with the prescribed drug or prompting pharmacist professional service).
878	REJECT OVERRIDE CODE	Captures the reject override code used to classify or describe this record.
511-FB	REJECT CODE	Specifies the error encountered.
511-FB	repeat	Additional repeated entry for field 511-FB; use this occurrence to store another value of the same type. Occurrence 1. Source row 218.
511-FB	repeat	Additional repeated entry for field 511-FB; use this occurrence to store another value of the same type. Occurrence 2. Source row 219.
511-FB	repeat	Additional repeated entry for field 511-FB; use this occurrence to store another value of the same type. Occurrence 3. Source row 220.
511-FB	repeat	Additional repeated entry for field 511-FB; use this occurrence to store another value of the same type. Occurrence 4. Source row 221.
WORKERS COMPENSATION		Section header for Workers Compensation Category. This marker groups the related fields that appear beneath it. Source row 222.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
435-DZ	CLAIM/REFERENCE ID	Identifies the claim number assigned by Worker's Compensation Program.
434-DY	DATE OF INJURY	Date on which the injury occurred.
PRODUCT CATEGORY		Section header for Product Category. This marker groups the related fields that appear beneath it. Source row 225.
532-FW	DATABASE INDICATOR	Identifies the source of drug information applied for DUR processing or to define the database applied for identifying the product.
397	PRODUCT/SERVICE NAME	Stores the product/service name details associated with this record.
261	GENERIC NAME	Stores the generic name details associated with this record.
601-24	PRODUCT STRENGTH	Stores the product strength for this record.
243	DOSAGE FORM CODE	Captures the dosage form code used to classify or describe this record.
	FILLER	Reserved filler position for this record; it is kept to preserve the file structure and field alignment. Occurrence 1. Source row 231.
425-DP	DRUG TYPE	Captures the drug type used to classify or describe this record.
273	MAINTENANCE DRUG INDICATOR	Captures the maintenance drug indicator used to classify or describe this record.
244	DRUG CATEGORY CODE	Captures the drug category code used to classify or describe this record.
252	FEDERAL DEA SCHEDULE	Stores the federal dea schedule for this record.
297	PRESCRIPTION OVER THE COUNTER INDICATOR	Captures the prescription over the counter indicator used to classify or describe this record.
420-DK	SUBMISSION CLARIFICATION CODE	Shows that the pharmacist is clarifying the submission.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
250	FDA DRUG EFFICACY CODE	Captures the fda drug efficacy code used to classify or describe this record.
601-19	PRODUCT CODE QUALIFIER	Stores the qualifier value for product code.
601-18	PRODUCT CODE	Captures the product code used to classify or describe this record.
251	FEDERAL UPPER LIMIT INDICATOR	Captures the federal upper limit indicator used to classify or describe this record.
294	PRESCRIBED DAYS SUPPLY	Stores the prescribed days supply for this record.
601-26	THERAPEUTIC CLASS CODE QUALIFIER	Stores the qualifier value for therapeutic class code.
601-25	THERAPEUTIC CLASS CODE	Captures the therapeutic class code used to classify or describe this record.
D17-K8	SUBMISSION TYPE CODE	Identifies the type of submission as needed for appropriate transaction processing.
FORMULARY CATEGORY		Section header for Formulary Category. This marker groups the related fields that appear beneath it. Source row 268.
257	FORMULARY STATUS	Captures the formulary status used to classify or describe this record.
221	CLIENT FORMULARY FLAG	Stores the client formulary flag for this record.
889	THERAPEUTIC CHAPTER	Stores the therapeutic chapter for this record.
256	FORMULARY FILE ID	Stores the formulary file id assigned or referenced for this record.
255	FORMULARY CODE TYPE	Captures the formulary code type used to classify or describe this record.
PRICING		appear beneath it. Source row 274.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
506-F6	INGREDIENT COST PAID	Drug ingredient cost paid included in the Total Amount Paid (509-F9).
507-F7	DISPENSING FEE PAID	Dispensing fee paid included in the Total Amount Paid (509-F9).
894	TOTAL AMOUNT PAID BY ALL SOURCES	Stores the total amount paid by all sources value associated with this record.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	Stores the amount attributed to sales tax value associated with this record.
505-F5	PATIENT PAY AMOUNT	the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over
518-FI	AMOUNT OF COPAY	Stores the amount of copay value associated with this record.
572-4U	AMOUNT OF COINSURANCE	Stores the amount of coinsurance value associated with this record.
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	Stores the amount attributed to product selection value associated with this record.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	Stores the amount applied to periodic deductible value associated with this record.
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR	record.
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	Stores the amount attributed to provider network selection value associated with this record.
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	Stores the amount attributed to product selection/brand drug value associated with this record.
135-UM	AMOUNT ATTRIBUTED TO PRODUCT	selection value associated with this record.
136-UN	AMOUNT ATTRIBUTED TO PRODUCT	formulary selection value associated with this record.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	record.
272	MAC REDUCED INDICATOR	Captures the mac reduced indicator used to classify or describe this record.
223	CLIENT PRICING BASIS OF COST	Stores the client pricing basis of cost value associated with this record.
260	GENERIC INDICATOR	Captures the generic indicator used to classify or describe this record.
284	OUT OF POCKET APPLY AMOUNT	Stores the out of pocket apply amount value associated with this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
209	AVERAGE COST PER QUANTITY UNIT PRICE	Stores the average cost per quantity unit price value associated with this record.
210	AVERAGE GENERIC UNIT PRICE	Stores the average generic unit price value associated with this record.
211	AVERAGE WHOLESALE UNIT PRICE	Stores the average wholesale unit price value associated with this record.
253	FEDERAL UPPER LIMIT UNIT PRICE	Stores the federal upper limit unit price value associated with this record.
430-DU	GROSS AMOUNT DUE	represents a sum of Ingredient Cost Submitted (409-D9), Dispensing Fee
271	MAC PRICE	Stores the mac price value associated with this record.
409-D9	INGREDIENT COST SUBMITTED	amount is included in the Gross Amount Due (430-DU).
426-DQ	USUAL AND CUSTOMARY CHARGE	other amounts claimed.
558-AW	REGULATORY FEE AMOUNT PAID	the Total Amount Paid (509-F9).
559-AX	PERCENTAGE TAX AMOUNT PAID	(509-F9).
560-AY	PERCENTAGE TAX RATE PAID	(559-AX).
561-AZ	PERCENTAGE TAX BASIS PAID	Specifies the percentage tax paid basis.
521-FL	INCENTIVE AMOUNT PAID	specific services rendered. Amount is included in the Total Amount Paid (509-F9).
562-J1	PROFESSIONAL SERVICE FEE PAID	services rendered. This amount is included in the Total Amount Paid (509-F9).
564-J3	OTHER AMOUNT PAID QUALIFIER	Code clarifying the value in the Other Amount Paid (565-J4).
565-J4	OTHER AMOUNT PAID	(480-H9).
566-J5	OTHER PAYER AMOUNT RECOGNIZED	source.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY	NQ), which aligns to the specific Patient Pay Component Qualifier (C95-KQ)
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY	the patient's cost share from a previous payer.
281	NET AMOUNT DUE	Stores the net amount due value associated with this record.
522-FM	BASIS OF REIMBURSEMENT	Paid (506-F6).
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	Amount in dollars met by the patient/family in a deductible plan.
513-FD	REMAINING DEDUCTIBLE AMOUNT	Amount not met by the patient/family in the deductible plan.
514-FE	REMAINING BENEFIT AMOUNT	Amount remaining in a patient/family plan with a periodic maximum benefit.
242	COST DIFFERENCE AMOUNT	Stores the cost difference amount value associated with this record.
249	EXCESS COPAY AMOUNT	Stores the excess copay amount value associated with this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
277	MEMBER SUBMIT AMOUNT	Stores the member submit amount value associated with this record.
265	HOLD HARMLESS AMOUNT	Stores the hold harmless amount value associated with this record.
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	Stores the amount exceeding periodic benefit maximum value associated with this record.
346-HH	BASIS OF CALCULATION-DISPENSING FEE	Specifies how the reimbursement amount was calculated for Dispensing Fee Paid (507-F7).
347-HJ	BASIS OF CALCULATION—COPAY	Specifies how the copay reimbursement amount was calculated for Patient Pay Amount (505-F5).
348-HK	BASIS OF CALCULATION—REGULATORY FEE	Specifies how the reimbursement amount was calculated for Regulatory Fee Amount Paid (558-AW).
349-HM	BASIS OF CALCULATION—PERCENTAGE TAX	Specifies how the reimbursement amount was calculated for Percentage Tax Amount Paid (559-AX).
573-4V	BASIS OF CALCULATION – COINSURANCE	Specifies how the Coinsurance reimbursement amount was calculated for Patient Pay Amount (505-F5).
557-AV	PERCENTAGE TAX EXEMPT INDICATOR	Specifies the source of the percentage tax exempt status of the claim.
285	PATIENT FORMULARY REBATE AMOUNT	Stores the patient formulary rebate amount value associated with this record.
276	MEDICARE RECOVERY INDICATOR	record.
275	MEDICARE RECOVERY DISPENSING	describe this record.
286	PATIENT SPEND DOWN AMOUNT	Stores the patient spend down amount value associated with this record.
263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	Stores the health care reimbursement account amount applied value associated with this record.
264	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	Stores the health care reimbursement account amount remaining value associated with this record.
207	ADMINISTRATIVE FEE EFFECT INDICATOR	Stores the administrative fee effect indicator value associated with this record.
206	ADMINISTRATIVE FEE AMOUNT	Stores the administrative fee amount value associated with this record.
269	INVOICED AMOUNT	Stores the invoiced amount value associated with this record.
	FILLER	Reserved filler position for this record; it is kept to preserve the file structure and field alignment. Occurrence 2. Source row 344.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
128-UC	SPENDING ACCOUNT AMOUNT REMAINING	The balance from the patient's spending account after this transaction was applied.
129-UD	HEALTH PLAN-FUNDED ASSISTANCE	record.
C95-KQ	PATIENT PAY COMPONENT QUALIFIER	Specifies the qualifier for the Patient Pay Component Amount (C93-KN).
C93-KN	PATIENT PAY COMPONENT AMOUNT	The cost share amount attributed to the component of Patient Pay Amount (505-F5).
PRIOR AUTHORIZATION		Section header for Prior Authorization Category. This marker groups the related fields that appear beneath it. Source row 397.
461-EU	PRIOR AUTHORIZATION TYPE CODE	Code clarifying the Prior Authorization ID Submitted (462-EV) or benefit/plan exemption.
462-EV	PRIOR AUTHORIZATION ID SUBMITTED	ID submitted by the provider to identify the prior authorization.
498-PY	PRIOR AUTHORIZATION ID ASSIGNED	Unique ID identifying the prior authorization assigned by the processor.
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	Captures the processor defined prior authorization reason code used to classify or describe this record.
ADJUSTMENT CATEGORY		Section header for Adjustment Category. This marker groups the related fields that appear beneath it. Source row 402.
204	ADJUSTMENT REASON CODE	Captures the adjustment reason code used to classify or describe this record.
205	ADJUSTMENT TYPE	Captures the adjustment type used to classify or describe this record.
897	TRANSACTION ID CROSS REFERENCE	record.
COORDINATION OF		related fields that appear beneath it. Source row 406.
225	COB CARRIER SUBMIT AMOUNT	Stores the cob carrier submit amount value associated with this record.
245	ELIGIBILITY COB INDICATOR	Captures the eligibility cob indicator used to classify or describe this record.
226	COB PRIMARY CLAIM TYPE	Captures the cob primary claim type used to classify or describe this record.
232	COB PRIMARY PAYER ID	Stores the cob primary payer id assigned or referenced for this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
	FILLER	and field alignment. Occurrence 3. Source row 411.
228	COB PRIMARY PAYER AMOUNT PAID	Stores the cob primary payer amount paid value associated with this record.
231	COB PRIMARY PAYER DEDUCTIBLE	Stores the cob primary payer deductible for this record.
229	COB PRIMARY PAYER COINSURANCE	Stores the cob primary payer coinsurance value associated with this record.
230	COB PRIMARY PAYER COPAY	Stores the cob primary payer copay value associated with this record.
238	COB SECONDARY PAYER ID	Stores the cob secondary payer id assigned or referenced for this record.
	FILLER	Reserved filler position for this record; it is kept to preserve the file structure and field alignment. Occurrence 4. Source row 417.
234	COB SECONDARY PAYER AMOUNT PAID	Stores the cob secondary payer amount paid value associated with this record.
237	COB SECONDARY PAYER DEDUCTIBLE	Stores the cob secondary payer deductible for this record.
235	COB SECONDARY PAYER COINSURANCE	Stores the cob secondary payer coinsurance value associated with this record.
236	COB SECONDARY PAYER COPAY	Stores the cob secondary payer copay value associated with this record.
REFERENCE		that appear beneath it. Source row 422.
896	TRANSACTION ID	Stores the transaction id assigned or referenced for this record.
503-F3	AUTHORIZATION NUMBER	Number assigned by the processor to identify an authorized transaction.
224	CLIENT SPECIFIC DATA	Stores the client specific data for this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
396	Memo Item Indicator	Captures the memo item indicator used to classify or describe this record.
396	Prior Auth copay Override Indicator	Stores the prior auth copay override indicator value associated with this record.
396	Patient level Authorization Indicator	Captures the patient level authorization indicator used to classify or describe this record.
396	Vendor Batch Code	Captures the vendor batch code used to classify or describe this record.
396	Vendor Batch Code cross-reference	Captures the vendor batch code cross-reference used to classify or describe this record.
396	Eligibility Relationship Code	Captures the eligibility relationship code used to classify or describe this record.
396	Patient Location	Stores the patient location for this record.
396	Coverage Gap Discount Indicator / Rebate	classify or describe this record.
396	Preferred Pharmacy Status code	Captures the preferred pharmacy status code used to classify or describe this record.
396	Short Cycle Fill Code	Captures the short cycle fill code used to classify or describe this record.
396	Medicaid Agency ID	Stores the medicaid agency id assigned or referenced for this record.
396	Unused Processor Specific Data	Stores the unused processor specific data for this record.
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	Stores the cms part d defined qualified facility for this record.
VERSIONS CATEGORY		that appear beneath it. Source row 439.
393-MV	BENEFIT STAGE QUALIFIER	Stores the qualifier value for benefit stage.
394-MW	BENEFIT STAGE AMOUNT	Stores the benefit stage amount value associated with this record.
C51-9X	BENEFIT STAGE INDICATOR	Identifies the Benefit Stage(s) which applied to the claim at the time of adjudication.
690-ZG	INVOICED DATE	Records the invoiced date for this record.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
691-ZH	OUT OF POCKET REMAINING AMOUNT	Stores the out of pocket remaining amount value associated with this record.
302-C2	CARDHOLDER ID (Alternate)	Insurance ID assigned to the cardholder or identifier recognized by the plan.
692-ZJ	NUMBER OF GENERIC MANUFACTURERS	Stores the number of generic manufacturers assigned or referenced for this record.
A37	SPECIALTY CLAIM INDICATOR	Captures the specialty claim indicator used to classify or describe this record.
A38	MEMBER SUBMITTED CLAIM REJECT	this record.
A39	COPAY WAIVER AMOUNT	Stores the copay waiver amount value associated with this record.
A33-ZX	CMS PART D CONTRACT ID	Stores the cms part d contract id assigned or referenced for this record.
A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	Stores the medicare part d plan benefit package (pbp) for this record.
A73	MEDICARE DRUG COVERAGE CODE	record.
ESI-001	PATIENT ASSURANCE PROGRAM TYPE	Identifies the type of Patient Assurance Program (PAP) that was responsible for the Patient Assurance Program Amount applying on this claim.
ESI-002	PATIENT ASSURANCE PROGRAM AMOUNT	Amount that the Patient Assurance Program applied to the claim, reducing the claim ingredient cost and the member's financial responsibility.
ESI-003	SAVEON RX INDICATOR	Identifies when a claim has been impacted by the SaveOn RX Program.
ESI-004	MED D COVERED DRUG	Drug is/is not a Medicare Part D eligible drug
ESI-005	MED B CLAIM	processed under Medicare Part B
ESI-006	MED B DRUG	Indicator to determine if the NDC on this Medicare Part D claim is/is not was considered a Medicare Part B drug
ESI-007	MED D DRUG COVERAGE STATUS CODE	A code specifying the DRUG coverage status for a Medicare D-enabled group
ESI-008	UNIVERSAL RRA/CHANNEL MANAGEMENT INDICATOR	A code identifying a courtesy fill for RRA or other Channel Management Programs
ESI-014	ESI BILLED BASIS CODE	cost.
ESI-015	CLEAR CHOICE INDICATOR	Identifies when a claim has been impacted by the Clear Choice program.

PAL v53 Data Dictionary

FIELD ID	FIELD NAME	FIELD DESCRIPTION
ESI-018	MEDICAID TRIBAL MANDATE	pharmacies
ESI-019	M3P ORIGIN	Indicates the Medicare Prescription Payment Plan (M3P) claim and its origin.
ESI-020	PATIENT REDUCTION AMOUNT	Discount. This applies when the Gross Approved Amount minus the
ESI-021	SUPPLEMENTAL COVERAGE AMOUNT	amount is the difference between CMS Defined Standard and the Part D Plan Benefit's patient cost-share.
ESI-022	SUPPLEMENTAL COVERAGE TROOP	Non-qualified.
ESI-023	MANUFACTURER DISCOUNT TYPE	Representing the type of Manufacture discount applied on the initial MED D claim. (REF to Coverage Gap Disc)
ESI-024	MED D MANUFACTURER DISCOUNT	Discount Amount for MED D claims. Starting in 2025 this represents MED D
ESI-025	ORIGINAL CLAIM ID	Claim / Transaction ID of the original claim record for which this record is associated.
ESI-026	Transaction Type Code	submitted or processed
C91-KK	LTPAC Dispense Frequency	Indicates the frequency of dispensing medication specific to an LTPAC patient.
C90-KH	LTPAC Billing Methodology	Indicates the method of billing used for the claim.
C92-KM	Number of LTPAC Dispensing Events	Identifies the number of times the pharmacy dispensed the product for the claim period requested.