

The purpose of this email is to inform you that the Paid Claims Data File Layout has changed. The Prescription Number (Rx) field has changed from 8 to 12 bytes in length. Attached is the Layout page for all fields. This layout page is also available on the EIS Paid Claims website when you select the option to Retrieve Previous Requests.

If you use a macro or other program to automatically format the data, please make the necessary changes.

Please forward this email to others in your company that use the EIS system who may not have received it.

If you have questions, please email them to DrugRebateMedi-Cal@xerox.com or greg.savage@dhcs.ca.gov

Department of
Health Care Services  *Medi-Cal*

Home → Transaction Services → List Labelers

Paid Claims Data File Layout

Labeler

Description	Length	Column
Claim Control Number	13	1
NDC Code	11	14
Date of Service (ccymmdd)	8	25
Claim Adjudication Date (ccymmdd)	8	33
Units of Service (Quantity)	12	41
Units of Service +/- Sign	1	53
Reimbursed Amount	10	54
Reimbursed Amount +/- Sign	1	64
Billed Amount	10	65
Billed Amount +/- Sign	1	75
Adjustment Indicator	1	76
Prescription Number (Rx)	12	77
Billing Provider Number	10	89
Billing Provider Owner Number	2	99
Billing Provider Service Location Number	3	101
Adjustment Claim Control Number	13	104
Recipient Other Coverage Code	1	117
Other Health Coverage (OHC) Indicator	1	118
Treatment Authorization Request (TAR) Control Number	11	119
Third Party Code	1	130
Third Party Amount	10	131
Third Party Amount +/- Sign	1	141
Patient Liability Amount	10	142
Patient Liability Amount +/- Sign	1	152
Co-Pay Code	1	153
Co-Pay Amount	8	154
Co-Pay Amount +/- Sign	1	160
Days Supply Number	3	161
Referring Prescribing Provider Number	10	164
Recipient Crossover Status Code	1	174
Recipient Prepaid Health Plan (PHP) Status Code	3	175
Compound Code	2	178
Cost Basis Determination Code	2	180
Total Length:	181	