



Companion Guide: Healthy Indiana Plan Post Adjudication Payer Sheet

Library Reference Number: CLEL10042

Document Management System Reference: Companion Guide: Post Adjudication Payer Sheet

Address any comments concerning the contents of this manual to:

EDS HIPAA Business Unit
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
Fax: (317) 488-5169

*EDS and the EDS logo are registered trademarks of Hewlett-Packard Development Company, LP.
All other logos, trademarks, or service marks used herein are the property of their respective owners.
© 2009 Hewlett-Packard Development Company, LP.*

Current Dental Terminology (CDT) (including procedures codes, nomenclature, descriptors, and other data contained therein) is copyrighted by the American Dental Association. ©2002, 2004 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.

Current Procedural Terminology (CPT) is copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply for government use.

© 2002 WPC Copyright for the members of ASC X12N by Washington Publishing Company. Permission is hereby granted to any organization to copy and distribute this material internally as long as this copyright statement is included, the contents are not changed, and the copies are not sold.

ZIP Code™ is a trademark of the United States Postal Service. For a more complete listing of many USPS® trademarks, visit the U.S. Patent and Trademark Office at www.uspto.gov. All rights reserved.

Revision History

Document Version Number	CO	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0		December 2007	All	New document.	Systems/ Publications
Version 2.0		April 2009	Pg 21-22	Field #894 plan reports total amount paid including PAC; Field #284 – plan reports PAC paid on claim.	Systems

Table of Contents

1. Structure Quick Reference – Post Adjudication History.....	5
1.1. Post Adjudication History Header Record.....	5
1.2. Post Adjudication History Detail Record	6
1.2.1. Post Adjudication History Compound Detail Record.....	24
1.3. Post Adjudication History Trailer Record	28

1. Structure Quick Reference – Post Adjudication History

The following conventions appear in the charts below.

M = Mandatory field

S = Situational field

Note: Field “FILLER” does not have a Field ID.

1.1. Post Adjudication History Header Record

Post Adjudication History Header Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
6Ø1-Ø4	RECORD TYPE	M	A/N	2	1	2	Mandatory	PA	
1Ø2-A2	VERSION/RELEASE NUMBER	M	A/N	2	3	4	Mandatory	11 – Version 1.1	Header Record 102-A2
879	SENDING ENTITY IDENTIFIER	M	A/N	24	5	28	Mandatory	The four-byte sender ID assigned by the IHCP (Trading Partner ID)	Header Record 880-K1
8Ø6-5C	BATCH NUMBER	M	N	7	29	35	Mandatory	Assigned by the sender and must match the Transaction Trailer Batch Number field.	Header Record 806-5C Trailer 806-5C
88Ø-K2	CREATION DATE	M	N	8	36	43	Mandatory	Format – CCYYMMDD CC – Century YY – Year MM – Month DD – Day	Header Record 880-K2
88Ø-K3	CREATION TIME	M	N	4	44	47	Mandatory	Format – HHMM HH – Hour MM – Middle	Header Record 880-K3
88Ø-K7	RECEIVER ID	M	A/N	24	48	71	Mandatory	Indiana Medicaid BIN # - 610467	Header Record 880-K7
6Ø1-Ø6	REPORTING PERIOD START DATE	S	N	8	72	79	Situational		
6Ø1-Ø5	REPORTING PERIOD END DATE	S	N	8	8Ø	87	Situational		
7Ø2-MC	FILE TYPE	M	A/N	1	88	88	Mandatory	P – Production T – Test	Header Record 702
981-JV	TRANSMISSION ACTION	M	A/N	1	89	89	Mandatory	O – Original	Header Segment 103-A3

Post Adjudication History Header Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
								O = B1 – Billing	
888	SUBMISSION NUMBER	M	A/N	2	9Ø	91	Mandatory		
	FILLER	S	A/N	39Ø9	92	4ØØØ	Spaces.		

1.2. Post Adjudication History Detail Record

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
6Ø1-Ø4	RECORD TYPE	M	A/N	2	1	2	Mandatory	DE	
398	RECORD INDICATOR	S	A/N	1	3	3	Mandatory if Transmission Action (981-JV) = “O”	0 = New Record, 1 = Overwrite existing record, 2 = Delete existing record Claim reversals should be treated as New Records. When a claim is reversed, Record Status Code (399) is “3” (Reversed), Adjustment Type (2Ø5) is “2” (Credit) and Record Indicator (398) is “Ø” (New Record) to allow for the dollar and quantity amounts to be correctly negated.	
Section Denotes Eligibility Category:									
248	ELIGIBLE COVERAGE CODE	S	A/N	3	4	6	Situational		
898	USER BENEFIT ID	S	A/N	1Ø	7	16	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
899	USER COVERAGE ID	S	A/N	10	17	26	Situational		
246	ELIGIBILITY GROUP ID	S	A/N	15	27	41	Situational		
270	LINE OF BUSINESS CODE	S	A/N	6	42	47	Situational		
267	INSURANCE CODE	S	A/N	20	48	67	Situational		
220	CLIENT ASSIGNED LOCATION CODE	S	A/N	20	68	87	Situational		
Subsection Denotes Cardholder Information:									
222	CLIENT PASS THROUGH	S	A/N	200	88	287	Situational		
302-C2	CARDHOLDER ID	M	A/N	20	288	307	Mandatory	12 – digit Indiana Medicaid member ID <i>Note: The Indiana Prescription Drug Program (IPDP)</i>	Insurance Segment 302-C2
716	LAST NAME	S	A/N	35	308	342	Situational		
717	FIRST NAME	S	A/N	25	343	367	Situational		
718	MIDDLE INITIAL	S	A/N	1	368	368	Situational		
280	NAME SUFFIX	S	A/N	10	369	378	Situational		
726	ADDRESS LINE 1	S	A/N	55	379	433	Situational		
727	ADDRESS LINE 2	S	A/N	55	434	488	Situational		
728	CITY	S	A/N	30	489	518	Situational		
729	STATE	S	A/N	2	519	520	Situational		
730	ZIP/POSTAL CODE	S	A/N	15	521	535	Situational		
214	CARDHOLDER DATE OF BIRTH	S	N	8	536	543	Situational		
721-MD	GENDER CODE	S	N	1	544	544	Situational		
274	MEDICARE PLAN CODE	S	A/N	1	545	545	Situational		
288	PAYROLL CLASS	S	A/N	1	546	546	Situational		
Subsection Denotes Patient Information:									
331-CX	PATIENT ID QUALIFIER	S	A/N	2	547	548	Situational Mandatory if Patient ID (332-CY) is sent.		
332-CY	PATIENT ID	S	A/N	20	549	568	Situational		
716	LAST NAME	M	A/N	35	569	603	Mandatory	Patient Last Name	Patient Segment 311-CB
717	FIRST NAME	M	A/N	25	604	628	Mandatory	Patient First Name	Patient Segment 310-CA
718	MIDDLE INITIAL	S	A/N	1	629	629	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
28Ø	NAME SUFFIX	S	A/N	1Ø	63Ø	639	Situational		
726	ADDRESS LINE 1	S	A/N	55	64Ø	694	Situational		
727	ADDRESS LINE 2	S	A/N	55	695	749	Situational		
728	CITY	S	A/N	3Ø	75Ø	779	Situational		
729	STATE	S	A/N	2	78Ø	781	Situational		
73Ø	ZIP/POSTAL CODE	S	A/N	15	782	796	Situational		
3Ø4-C4	DATE OF BIRTH	S	N	8	797	8Ø4	Situational		
3Ø5-C5	PATIENT GENDER CODE	S	N	1	8Ø5	8Ø5	Situational		
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	S	N	2	8Ø6	8Ø7	Situational		
2Ø8	AGE	S	N	3	8Ø8	81Ø	Situational		
3Ø3-C3	PERSON CODE	S	A/N	3	811	813	Situational		
3Ø6-C6	PATIENT RELATIONSHIP CODE	S	N	1	814	814	Situational		
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S	A/N	1	815	815	Situational		
336-8C	FACILITY ID	S	A/N	1Ø	816	825	Situational		
SECTION DENOTES BENEFIT CATEGORY									
3Ø1-C1	GROUP ID	M	A/N	15	826	84Ø	Mandatory	For managed care organization (MCO) encounter claims: 10-character MCO ID (nine-digit MCO ID plus one alpha character region code) For fee for service claims: INCAID100	301-C1
215	CARRIER NUMBER	S	A/N	9	841	849	Situational		
757	BENEFIT ID	S	A/N	15	85Ø	864	Situational		
24Ø	CONTRACT NUMBER	S	A/N	8	865	872	Situational		
212	BENEFIT TYPE	S	A/N	1	873	873	Situational		
279	MEMBER SUBMITTED CLAIM PROGRAM CODE	S	A/N	1	874	874	Situational		
282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	875	875	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	876	876	Situational		
282	NON-POS CLAIM OVERRIDE CODE	S	A/N	1	877	877	Situational		
241	COPAY MODIFIER ID	S	A/N	1Ø	878	887	Situational		
292	PLAN CUTBACK REASON CODE	S	A/N	1	888	888	Situational		
293	PREFERRED ALTERNATIVE FILE ID	S	A/N	1Ø	889	898	Situational		
3Ø8-C8	OTHER COVERAGE CODE	S	N	2	899	9ØØ	Situational	<p>02 – Other coverage exists – payment collected</p> <p>03 – Other coverage exists – claim not covered</p> <p>04 – Other coverage exists – payment not collected</p> <p>05 – Managed care plan denial</p> <p>06 – Other coverage denied – not participating provider</p> <p>07 – Other coverage exists – not in effect on DOS</p> <p>08 – Claim is billing for copay</p>	308-C8
291	PLAN BENEFIT CODE	S	A/N	2	9Ø1	9Ø2	Situational		
6Ø1-Ø1	PLAN TYPE	S	A/N	4	9Ø3	9Ø6	Situational		
SECTION DENOTES PHARMACY CATEGORY:									
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2	9Ø7	9Ø8	Mandatory	<p>05 – Medicaid</p> <p><i>Note: This qualifier does not guarantee Indiana Health Coverage</i></p>	202-B2

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
								<i>Programs (IHCP) enrollment, unless the provider is currently enrolled.</i>	
2Ø1-B1	SERVICE PROVIDER ID	M	A/N	15	9Ø9	923	Mandatory	10 – character Billing Pharmacy Provider ID number assigned by IHCP (9-digit provider number plus 1-alpha character location code) <i>Note: If the service provider is also enrolled in IHCP, this is the same provider number.</i>	201-B1
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	S	A/N	2	924	925	Situational Mandatory if Service Provider ID (2Ø1-B1) is sent.		
2Ø1-B1	SERVICE PROVIDER ID	S	A/N	15	926	94Ø	Situational		
886	SERVICE PROVIDER CHAIN CODE	S	N	7	941	947	Situational		
833-5P	PHARMACY NAME	S	A/N	35	948	982	Situational		
726	ADDRESS LINE 1	S	A/N	55	983	1Ø37	Situational		
727	ADDRESS LINE 2	S	A/N	55	1Ø38	1Ø92	Situational		
728	CITY	S	A/N	3Ø	1Ø93	1122	Situational		
729	STATE	S	A/N	2	1123	1124	Situational		
73Ø	ZIP/POSTAL CODE	S	A/N	15	1125	1139	Situational		
887	SERVICE PROVIDER COUNTY CODE	S	A/N	3	114Ø	1142	Situational		
732	TELEPHONE NUMBER	S	N	1Ø	1143	1152	Situational		
29Ø	PHARMACY DISPENSER TYPE	S	A/N	2	1153	1154	Situational		
289	PHARMACY CLASS CODE	S	A/N	1	1155	1155	Situational		
266	IN NETWORK INDICATOR	S	A/N	1	1156	1156	Situational		
545-2F	NETWORK REIMBURSEMENT ID	S	A/N	1Ø	1157	1166	Situational		
SECTION DENOTES PRESCRIBER CATEGORY:									

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
466-EZ	PRESCRIBER ID QUALIFIER	M	A/N	2	1167	1168	Mandatory	08-State License	466-EZ
411-DB	PRESCRIBER ID	M	A/N	15	1169	1183	Mandatory	8-digit Prescriber license number	411-DB
466-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE)	S	A/N	2	1184	1185	Situational Mandatory if Prescriber ID (Alternate) (411-DB) is sent.		
411-DB	PRESCRIBER ID (ALTERNATE)	S	A/N	15	1186	1200	Situational		
467-1E	PRESCRIBER LOCATION CODE	S	A/N	3	1201	1203	Situational		
296	PRESCRIBER TAXONOMY	S	A/N	10	1204	1213	Situational		
295	PRESCRIBER CERTIFICATION STATUS	S	A/N	2	1214	1215	Situational		
716	LAST NAME	S	A/N	35	1216	1250	Situational		
717	FIRST NAME	S	A/N	25	1251	1275	Situational		
732	TELEPHONE NUMBER	S	N	10	1276	1285	Situational		
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	A/N	2	1286	1287	Situational Mandatory if Primary Care Provider ID (421-DL) is sent.		
421-DL	PRIMARY CARE PROVIDER ID	S	A/N	15	1288	1302	Situational		
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	A/N	3	1303	1305	Situational		
716	LAST NAME	S	A/N	35	1306	1340	Situational		
717	FIRST NAME	S	A/N	25	1341	1365	Situational		
SECTION DENOTES CLAIM CATEGORY:									
399	RECORD STATUS CODE	M	A/N	1	1366	1366		2 = Rejected	
218	CLAIM MEDIA TYPE	S	A/N	1	1367	1367			
395	PROCESSOR PAYMENT CLARIFICATION CODE	S	A/N	2	1368	1369			
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	1370	1370	Mandatory	1-Rx Billing	455-EM
402-D1	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	9	1371	1379	Mandatory	Prescription Number	402-D2
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	A/N	2	1380	1381	Mandatory	00-Not Specified	436-E1

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
								03-National Drug Code (NDC) Compound: Use 00 to designate multi-ingredient product	
407-D7	PRODUCT/SERVICE ID	M	A/N	19	1382	1400	Mandatory	NDC (Drug Code) 11 characters Compound: Use 0 to designate multi-ingredient product.	407-D7
401-D1	DATE OF SERVICE	M	N	8	1401	1408	Mandatory	Format – CCYYMMDD CC – Century YY – Year MM – Month DD – Day	401-D1
578	ADJUDICATION DATE	S	N	8	1409	1416	Situational		
203	ADJUDICATION TIME	S	N	6	1417	1422	Situational		
283	ORIGINAL CLAIM RECEIVED DATE	S	N	8	1423	1430	Situational		
219	CLAIM SEQUENCE NUMBER	S	N	5	1431	1435	Situational		
213	BILLING CYCLE END DATE	S	N	8	1436	1443	Situational		
307-C7	PATIENT LOCATION	S	N	2	1446	1447	Mandatory when known	Req00-Not Specified 03-Nursing Home 04-Long Term/Extended Care 11-Hospice 04 is to be used for a member who resides in an intermediate care facility for the mentally retarded (ICF/MR)	307-C7
419-DJ	PRESCRIPTION ORIGIN CODE	S	N	1	1448	1448	Situational		
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	S	N	8	1449	1456	Situational		
217	CLAIM DATE RECEIVED IN THE MAIL	S	N	8	1457	1464	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
268	INTERNAL MAIL ORDER PRESCRIPTION/SERVICE REFERENCE NUMBER	S	A/N	15	1465	1479	Situational		
1Ø2-A2	VERSION/RELEASE NUMBER (OF THE CLAIM)	S	A/N	2	148Ø	1481	Situational		
216	CHECK DATE	S	N	8	1482	1489	Situational		
287	PAYMENT/REFERENCE ID	S	A/N	3Ø	149Ø	1519	Situational		
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S	N	9	152Ø	1528	Situational		
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	N	8	1529	1536	Situational		
442-E7	QUANTITY DISPENSED	M	N	1Ø	1537	1546	Mandatory	Maximum of 9999999.999 9(7).9(3) Enter the 10-digit metric decimal quantity of the drug dispensed. Compound: Enter the quantity of entire multi-ingredient product.	442-E7
4Ø3-D3	FILL NUMBER	M	N	2	1547	1548	Mandatory	00-Original Dispensing 01-99-Refill Number	403-D3
4Ø5-D5	DAYS SUPPLY	M	N	3	1549	1551	Mandatory	Estimate number of days the prescription will last.	405-D5
414-DE	DATE PRESCRIPTION WRITTEN	M	N	8	1552	1559	Mandatory	Format – CCYYMMDD CC – Century YY – Year MM – Month DD – Day	414-DE
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	A/N	1	156Ø	156Ø	Code indicating if the prescriber's instructions regarding	0-No Product Selection Indicated 5-Substitution Allowed-Brand Drug Dispensed as a Generic	408-D8

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
							substitution were followed. DAW 6 is Mandatory when prescriber has written <i>Brand Medically Necessary</i> on the prescription. This may also require PA. Other values sent treated as 0.		
415-DF	NUMBER OF REFILLS AUTHORIZED	S	N	2	1561	1562	Situational		
429-DT	UNIT DOSE INDICATOR	S	N	1	1563	1563	Situational		
600-28	UNIT OF MEASURE	S	A/N	2	1564	1565	Situational		
418-DI	LEVEL OF SERVICE	S	N	2	1566	1567	Mandatory when known	00 – Not specified 03 – Emergency	418-DI
343-HD	DISPENSING STATUS	S	A/N	1	1568	1568	Situational		
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	N	10	1569	1578	Situational		
460-ET	QUANTITY PRESCRIBED	S	N	10	1579	1588	Situational		
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	N	3	1589	1591	Situational		
254	FILL NUMBER CALCULATED	M	N	2	1592	1593	Mandatory	00-Original dispensing 01-99 – Refill number	403-D3
406-D6	COMPOUND CODE	M	N	1	1594	1594	Mandatory	1-Not a Compound 2-Compound	406-D6
452-EH	COMPOUND ROUTE OF ADMINISTRATION	S	N	2	1595	1596	Mandatory when known	0 – Not Specified 1 – Buccal 2 – Dental	452-EH

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
								3 – Inhalation 4 – Injection 5 – Intraperitoneal 6 – Irrigation 7 – Mouth/Throat 8 – Mucous Membrane 9 – Nasal 10 – Ophthalmic 11 – Oral 12 – Other/Miscellaneous 13 – Otic 14 – Perfusion 15 – Rectal 16 – Sublingual 17 – Topical 18 – Transdermal 19 – Translingual 20 – Urethral 21 – Vaginal 22 – Enteral	
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1597	1598	Situational Mandatory if Diagnosis Code (424- DO) is sent.		
424-DO	DIAGNOSIS CODE	S	A/N	15	1599	1613	Situational		
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1614	1615	Situational Mandatory if		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
							Diagnosis Code (424-DO) is sent.		
424-DO	DIAGNOSIS CODE	S	A/N	15	1616	1630	Situational		
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1631	1632	Situational Mandatory if Diagnosis Code (424-DO) is sent.		
424-DO	DIAGNOSIS CODE	S	A/N	15	1633	1647	Situational		
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1648	1649	Situational Mandatory if Diagnosis Code (424-DO) is sent.		
424-DO	DIAGNOSIS CODE	S	A/N	15	1650	1664	Situational		
492-WE	DIAGNOSIS CODE QUALIFIER	S	A/N	2	1665	1666	Situational Mandatory if Diagnosis Code (424-DO) is sent.		
424-DO	DIAGNOSIS CODE	S	A/N	15	1667	1681	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1682	1683	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1684	1685	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1686	1687	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1688	1689	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1690	1691	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1692	1693	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1694	1695	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1696	1697	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1698	1699	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1700	1701	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1702	1703	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1704	1705	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1706	1707	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1708	1709	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1710	1711	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1712	1713	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1714	1715	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1716	1717	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1718	1719	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1720	1721	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1722	1723	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1724	1725	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1726	1727	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1728	1729	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1730	1731	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1732	1733	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1734	1735	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1736	1737	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1738	1739	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1740	1741	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1742	1743	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1744	1745	Situational		
439-E4	REASON FOR SERVICE CODE	S	A/N	2	1746	1747	Situational		
440-E5	PROFESSIONAL SERVICE CODE	S	A/N	2	1748	1749	Situational		
441-E6	RESULT OF SERVICE CODE	S	A/N	2	1750	1751	Situational		
474-8E	DUR/PPS LEVEL OF EFFORT	S	N	2	1752	1753	Situational		
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	1754	1755	Situational Mandatory if DUR Co-Agent ID (476-H6) is sent.		
476-H6	DUR CO-AGENT ID	S	A/N	19	1756	1774	Situational		
878	REJECT OVERRIDE CODE	S	A/N	1	1775	1775	Situational		
511-FB	REJECT CODE	M	A/N	3	1776	1778	Mandatory		
511-FB	REJECT CODE	S	A/N	3	1779	1781	Situational		
511-FB	REJECT CODE	S	A/N	3	1782	1784	Situational		
511-FB	REJECT CODE	S	A/N	3	1785	1787	Situational		
511-FB	REJECT CODE	S	A/N	3	1788	1790	Situational		

SECTION DENOTES WORKERS COMPENSATION CATEGORY:

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
435-DZ	CLAIM/REFERENCE ID	S	A/N	3Ø	1791	182Ø	Situational		
434-DY	DATE OF INJURY	S	N	8	1821	1828	Situational		
SECTION DENOTES PRODUCT CATEGORY:									
532-FW	DATABASE INDICATOR	S	A/N	1	1829	1829	Situational		
397	PRODUCT/SERVICE NAME	S	A/N	3Ø	183Ø	1859	Mandatory if the receiver does not have access to drug compendium information		
261	GENERIC NAME	S	A/N	3Ø	186Ø	1889	Mandatory if not used for services specified in trading partner agreement		
6Ø1-24	PRODUCT STRENGTH	S	A/N	15	189Ø	19Ø4	Mandatory if not used for services specified in trading partner agreement		
243	DOSAGE FORM CODE	S	A/N	4	19Ø5	19Ø8	Mandatory if not used for services specified in trading partner agreement		
298	PROCEDURE CODE	S	A/N	6	19Ø9	1914	Situational		
459-ER	PROCEDURE MODIFIER CODE	S	A/N	2	1915	1916	Situational		
425-DP	DRUG TYPE	S	N	1	1917	1917	Situational		
273	MAINTENANCE DRUG INDICATOR	S	A/N	1	1918	1918	Situational		
244	DRUG CATEGORY CODE	S	A/N	1	1919	1919	Situational		
252	FEDERAL DEA SCHEDULE	S	A/N	1	192Ø	192Ø	Situational		
297	PRESCRIPTION OVER THE COUNTER INDICATOR	S	A/N	1	1921	1921	Situational		
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1922	1923	Situational	Ø8 – Process compound for approved ingredients	420-DK Claim segment
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1924	1925	Situational		
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	N	2	1926	1927	Situational		
25Ø	FDA DRUG EFFICACY CODE	S	A/N	1	1928	1928	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
258	GCN NUMBER	S	A/N	6	1929	1934	Situational		
259	GCN SEQUENCE NUMBER	S	A/N	6	1935	1940	Situational		
262	GENERIC PRODUCT IDENTIFIER	S	A/N	14	1941	1954	Situational		
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	1955	1955	Situational		
294	PRESCRIBED DAYS SUPPLY	S	N	3	1956	1958	Situational		
891	THERAPEUTIC CLASS CODE – GENERIC	S	N	2	1959	1960	Situational		
892	THERAPEUTIC CLASS CODE – SPECIFIC	S	A/N	3	1961	1963	Situational		
893	THERAPEUTIC CLASS CODE – STANDARD	S	A/N	2	1964	1965	Situational		
890	THERAPEUTIC CLASS CODE – AHFS	S	N	6	1966	1971	Situational		
SECTION DENOTES FORMULARY CATEGORY:									
257	FORMULARY STATUS	S	A/N	1	1972	1972	Situational		
221	CLIENT FORMULARY FLAG	S	A/N	1	1973	1973	Situational		
889	THERAPEUTIC CHAPTER	S	A/N	8	1974	1981	Situational		
256	FORMULARY FILE ID	S	A/N	15	1982	1996	Situational		
255	FORMULARY CODE TYPE	S	A/N	1	1997	1997	Situational		
SECTION DENOTES PRICING CATEGORY:									
506-F6	INGREDIENT COST PAID	S	D	8	1998	2005	Situational		
507-F7	DISPENSING FEE PAID	S	D	8	2006	2013	Situational		
894	TOTAL AMOUNT PAID BY ALL SOURCES	S	D	8	2014	2021	Situational	For HIP, plans will report total amount paid including POWER account dollars paid on the claim.	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	S	D	8	2022	2029	Situational		
505-F5	PATIENT PAY AMOUNT	S	D	8	2030	2037	Situational		
518-FI	AMOUNT OF COPAY	S	D	8	2038	2045	Situational		
572-4U	AMOUNT OF COINSURANCE	S	D	8	2046	2053	Situational		
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	S	D	8	2054	2061	Situational		
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	S	D	8	2062	2069	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	S	D	8	2070	2077	Situational		
272	MAC REDUCED INDICATOR	S	A/N	1	2078	2078	Situational		
223	CLIENT PRICING BASIS OF COST	S	A/N	2	2079	2080	Situational		
26Ø	GENERIC INDICATOR	S	A/N	1	2081	2081	Situational		
284	OUT OF POCKET APPLY AMOUNT	S	D	8	2082	2089	Situational	For HIP, plans will report total POWER account dollars paid on claim.	
2Ø9	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	2090	2098	Situational		
21Ø	AVERAGE GENERIC UNIT PRICE	S	D	9	2099	2107	Situational		
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	2108	2116	Situational		
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	2117	2125	Situational		
43Ø-DU	GROSS AMOUNT DUE	M	D	8	2126	2133	Mandatory		
271	MAC PRICE	S	D	9	2134	2142	Situational		
4Ø9-D9	INGREDIENT COST SUBMITTED	S	D	8	2143	2150	Situational		
426-DQ	USUAL AND CUSTOMARY CHARGE	M	D	8	2151	2158	Mandatory	s\$\$\$\$\$cc s9(6)v99 Total amount billed	426-DQ - Pricing
558-AW	FLAT SALES TAX AMOUNT PAID	S	D	8	2159	2166	Situational		
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	D	8	2167	2174	Situational		
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	S	D	7	2175	2181	Situational		
561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	A/N	2	2182	2183	Situational		
521-FL	INCENTIVE AMOUNT PAID	S	D	8	2184	2191	Situational		
562-J1	PROFESSIONAL SERVICE FEE PAID	S	D	8	2192	2199	Situational		
564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2200	2201	Situational Mandatory if Other Amount Paid (565-J4) is sent.		
565-J4	OTHER AMOUNT PAID	S	D	8	2202	2209	Situational		
564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2210	2211	Situational Mandatory if Other		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
							Amount Paid (565-J4) is sent.		
565-J4	OTHER AMOUNT PAID	S	D	8	2212	2219	Situational		
564-J3	OTHER AMOUNT PAID QUALIFIER	S	A/N	2	2220	2221	Situational Mandatory if Other Amount Paid (565-J4) is sent.		
565-J4	OTHER AMOUNT PAID	S	D	8	2222	2229	Situational		
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	D	8	2230	2237	Situational		
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	1	2238	2238	Situational Mandatory if OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT (352-NQ) is sent.		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	1Ø	2239	2248	Situational Mandatory if OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER (351-NP) is sent.		
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S	A/N	1	2249	2249	Situational Mandatory if OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT (352-NQ) is sent.		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S	D	1Ø	2250	2259	Situational Mandatory if OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER (351-NP) is sent.		
281	NET AMOUNT DUE	S	D	8	2260	2267	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	2268	2269	Situational		
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S	D	8	2270	2277	Situational		
513-FD	REMAINING DEDUCTIBLE AMOUNT	S	D	8	2278	2285	Situational		
514-FE	REMAINING BENEFIT AMOUNT	S	D	8	2286	2293	Situational		
242	COST DIFFERENCE AMOUNT	S	D	8	2294	2301	Situational		
249	EXCESS COPAY AMOUNT	S	D	8	2302	2309	Situational		
277	MEMBER SUBMIT AMOUNT	S	D	8	2310	2317	Situational		
265	HOLD HARMLESS AMOUNT	S	D	8	2318	2325	Situational		
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S	D	8	2326	2333	Situational		
346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	A/N	2	2334	2335	Situational		
347-HJ	BASIS OF CALCULATION – COPAY	S	A/N	2	2336	2337	Situational		
348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S	A/N	2	2338	2339	Situational		
349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S	A/N	2	2340	2341	Situational		
573-4V	BASIS OF CALCULATION – COINSURANCE	S	A/N	2	2342	2343	Situational		
557-AV	TAX EXEMPT INDICATOR	S	A/N	1	2344	2344	Situational		
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S	D	8	2345	2352	Situational		
276	MEDICARE RECOVERY INDICATOR	S	A/N	1	2353	2353	Situational		
275	MEDICARE RECOVERY DISPENSING INDICATOR	S	A/N	1	2354	2354	Situational		
286	PATIENT SPEND DOWN AMOUNT	S	D	8	2355	2362	Situational		
263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	S	D	8	2363	2370	Situational		
264	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	S	D	8	2371	2378	Situational		
207	ADMINISTRATIVE FEE EFFECT INDICATOR	S	A/N	1	2379	2379	Situational		
206	ADMINISTRATIVE FEE AMOUNT	S	D	4	2380	2383	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
269	INVOICED AMOUNT	S	D	11	2384	2394	Situational		
SECTION DENOTES PRIOR AUTHORIZATION CATEGORY:									
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	N	2	2395	2396	Situational		
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	N	11	2397	2407	Situational		
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	S	N	11	2408	2418	Situational		
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	2419	2420	Situational		
SECTION DENOTES ADJUSTMENT CATEGORY:									
204	ADJUSTMENT REASON CODE	S	N	3	2421	2423	Situational		
205	ADJUSTMENT TYPE	S	A/N	1	2424	2424	Situational		
897	TRANSACTION ID CROSS REFERENCE	S	A/N	30	2425	2454	Situational		
SECTION DENOTES COORDINATION OF BENEFITS CATEGORY:									
225	COB CARRIER SUBMIT AMOUNT	S	D	8	2455	2462	Situational	O-Not Specified 1 – Payer is primary 2- Payer is secondary 3 – Payer is tertiary	338-5C
245	ELIGIBILITY COB INDICATOR	S	A/N	1	2463	2463	Situational		
226	COB PRIMARY CLAIM TYPE	S	A/N	1	2464	2464	Situational		
232	COB PRIMARY PAYER ID	S	A/N	10	2465	2474	Situational		
227	COB PRIMARY PAYER ALLOWED AMOUNT	S	D	8	2475	2482	Situational		
228	COB PRIMARY PAYER AMOUNT PAID	S	D	8	2483	2490	Situational	\$\$\$\$\$\$cc S9(6)v99 Mandatory when there is payment from another source	431-DV
231	COB PRIMARY PAYER DEDUCTIBLE	S	D	8	2491	2498	Situational		
229	COB PRIMARY PAYER COINSURANCE	S	D	8	2499	2506	Situational		
230	COB PRIMARY PAYER COPAY	S	D	8	2507	2514	Situational		
238	COB SECONDARY PAYER ID	S	A/N	10	2515	2524	Situational		
233	COB SECONDARY PAYER ALLOWED AMOUNT	S	D	8	2525	2532	Situational		

Post Adjudication History Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
234	COB SECONDARY PAYER AMOUNT PAID	S	D	8	2533	2540	Situational		
237	COB SECONDARY PAYER DEDUCTIBLE	S	D	8	2541	2548	Situational		
235	COB SECONDARY PAYER COINSURANCE	S	D	8	2549	2556	Situational		
236	COB SECONDARY PAYER COPAY	S	D	8	2557	2564	Situational		
SECTION DENOTES REFERENCE CATEGORY:									
896	TRANSACTION ID	M	A/N	3Ø	2565	2594	Mandatory	The Transaction Reference Number is assigned by the pharmacy and is used to explicitly tie a response back to the original claim	880-K5
5Ø3-F3	AUTHORIZATION NUMBER	S	A/N	2Ø	2595	2614	Situational		
224	CLIENT SPECIFIC DATA	S	A/N	5Ø	2615	2664	Situational		
396	PROCESSOR SPECIFIC DATA	S	A/N	5Ø	2665	2714	Situational		
	FILLER	M	A/N	1286	2715	4ØØØ	Spaces.		

1.2.1. Post Adjudication History Compound Detail Record

Post Adjudication History Compound Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
6Ø1-Ø4	RECORD TYPE	S	A/N	2	1	2	Situational		
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	S	A/N	1	3	3	Situational		
4Ø2-D1	PRESCRIPTION/SERVICE REFERENCE NUMBER	S	N	9	4	12	Situational		
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	S	N	2	13	14	Mandatory when segment is present	01-40	447-EC

Post Adjudication History Compound Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
SECTION DENOTES FIRST INGREDIENT:									
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	A/N	2	15	16	Mandatory when segment is present (Repeating)	03 – NDC Code	488-RE
489-TE	COMPOUND PRODUCT ID	M	A/N	19	17	35	Mandatory when segment is present (Repeating)	NDC (Drug Code) 11 characters	489-TE
448-ED	COMPOUND INGREDIENT QUANTITY	M	D	1Ø	36	45	Mandatory when segment is present (Repeating)	Compound Ingredient Quantity 9999999.999	448-ED
449-EE	COMPOUND INGREDIENT DRUG COST	S	D	8	46	53	Situational		
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	A/N	2	54	55	Situational		
221	CLIENT FORMULARY FLAG	S	A/N	1	56	56	Situational		
397	PRODUCT/SERVICE NAME	S	A/N	3Ø	57	86	Situational		
261	GENERIC NAME	S	A/N	3Ø	87	116	Situational		
6Ø1-24	PRODUCT STRENGTH	S	A/N	1Ø	117	126	Situational		
243	DOSAGE FORM CODE	S	A/N	4	127	13Ø	Mandatory when segment is present	Blank – Not Specified 01 – Capsule 02 – Ointment 03 – Cream 04 – Suppository 05 – Powder 06 – Emulsion 07 – Liquid	450-EF

Post Adjudication History Compound Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
								10 – Tablet 11 – Solution 12 – Suspension 13 – Lotion 14 – Shampoo 15 – Elixir 16 – Syrup 17 – Lozenge 18 – Enema	
532-FW	DATABASE INDICATOR	S	A/N	1	131	131	Situational		
425-PD	DRUG TYPE	S	N	1	132	132	Situational		
257	FORMULARY STATUS	S	A/N	1	133	133	Situational		
244	DRUG CATEGORY CODE	S	A/N	1	134	134	Situational		
252	FEDERAL DEA SCHEDULE	S	A/N	1	135	135	Situational		
25Ø	FDA DRUG EFFICACY CODE	S	A/N	1	136	136	Situational		
258	GCN NUMBER	S	A/N	6	137	142	Situational		
259	GCN SEQUENCE NUMBER	S	A/N	6	143	148	Situational		
262	GENERIC PRODUCT IDENTIFIER	S	A/N	14	149	162	Situational		
251	FEDERAL UPPER LIMIT INDICATOR	S	A/N	1	163	163	Situational		
891	THERAPEUTIC CLASS CODE – GENERIC	S	N	2	164	165	Situational		
892	THERAPEUTIC CLASS CODE – SPECIFIC	S	A/N	3	166	168	Situational		
893	THERAPEUTIC CLASS CODE – STANDARD	S	A/N	2	169	17Ø	Situational		
89Ø	THERAPEUTIC CLASS CODE – AHFS	S	N	6	171	176	Situational		
429-DT	UNIT DOSE INDICATOR	S	N	1	177	177	Situational		
6ØØ-28	UNIT OF MEASURE	S	A/N	2	178	179	Mandatory when	1 – Each	451-EG

Post Adjudication History Compound Detail Record

Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
							segment is present	2 – Grams 3 – Milliliters	
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	S	N	2	180	181	Situational		
272	MAC REDUCED INDICATOR	S	A/N	1	182	182	Situational		
223	CLIENT PRICING BASIS OF COST	S	A/N	2	183	184	Situational		
475-J9	DUR CO-AGENT ID QUALIFIER	S	A/N	2	185	186	Situational Mandatory if DUR Co-Agent ID (476-H6) is sent.		
476-H6	DUR CO-AGENT ID	S	A/N	19	187	205	Situational		
260	GENERIC INDICATOR	S	A/N	1	206	206	Situational		
292	PLAN CUTBACK REASON CODE	S	A/N	1	207	207	Situational		
889	THERAPEUTIC CHAPTER	S	A/N	8	208	215	Situational		
209	AVERAGE COST PER QUANTITY UNIT PRICE	S	D	9	216	224	Situational		
210	AVERAGE GENERIC UNIT PRICE	S	D	9	225	233	Situational		
211	AVERAGE WHOLESALE UNIT PRICE	S	D	9	234	242	Situational		
253	FEDERAL UPPER LIMIT UNIT PRICE	S	D	9	243	251	Situational		
271	MAC PRICE	S	D	9	252	260	Situational		
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	N	2	261	262	Situational		
285	PATIENT MEDICARE FORMULARY REBATE AMOUNT	S	D	8	263	270	Situational		

1.3. Post Adjudication History Trailer Record

Post Adjudication History Trailer Record									
Field	Field Name	Mandatory or Situational	Format	Size	Start	End	Situation	Comment	Crosswalk
601-04	RECORD TYPE	M	A/N	2	1	2	Mandatory		
601-09	RECORD COUNT	M	N	10	3	12	Mandatory	Count of Version 1.1 Batch records (one Version 1.1 Batch Transaction Header, One or many Version 1.1 Batch Transaction Detail Data Records, and one Version 1.1 Batch Transaction Trailer). The record count field includes the total number of Version 1.1 records in the batch, including the header and trailer records. The maximum number of records in a file is 9,999,999,999 including one Transaction Header and one Transaction Trailer	751
895	TOTAL NET AMOUNT DUE	M	D	12	13	24	Mandatory		
	FILLER	M	A/N	3976	25	4000	Spaces.	Spaces.	Spaces.