MEDICAID DRUG UTILIZATION RECORD

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
****	MEDICAID DRUG UTILIZATION RECORD	REC	54	1	54	MEDICAID DRUG UTILIZATION DATA FOR MEDICAID PUBLIC USE FILE #1.
1.	STATE AGENCY CODE	CHAR	2	1	2	POST OFFICE ABBREVIATION FOR MEDICAID STATE AGENCY CODES: AL = ALABAMA AK = ALASKA AZ = ARIZONA AR = ARKANSAS CA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DIST OF COL FL = FLORIDA GA = GEORGIA GU = GUAM/AM SAM HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWA KS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINE MD = MARYLAND MA = MASSACHUSETTS MI = MICHIGAN MN = MINNESOTA MS = MISSISSIPPI MO = MISSOURI MT = MONTANA NE = NEBRASKA NV = NEVADA NH = NEW HAMPSHIRE NJ = NEW JERSEY NM = NEW MEXICO NY = NEW YORK

NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
PR = PUERTO RICO
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH

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	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
-						VT = VERMONT VI = VIRGIN ISLANDS VA = VIRGINIA WA = WASHINGTON WV = WEST VIRGINIA WI = WISCONSIN WY = WYOMING
****	NATIONAL DRUG CODE (NDC)	GROUP	11	3	13	
2.	LABELER CODE	CHAR	5	3	7	FIRST SEGMENT OF NATIONAL DRUG CODE THAT IDENTIFIES THE MANUFACTURER, LABELER, OR DISTRIBUTOR OF THE DRUG. EDIT-RULES: NUMERIC, RIGHT JUSTIFIED, ZERO FILLED FOR 4 DIGIT LABELER CODES
3.	PRODUCT CODE	CHAR	4	8	11	SECOND SEGMENT OF THE NATIONAL DRUG CODE EDIT-RULES: ALPHANUMERIC, RIGHT JUSTIFIED, ZERO FILLED FOR THREE DIGIT CODES
4.	PACKAGE SIZE CODE	CHAR	2	12	13	THIRD SEGMENT OF THE NATIONAL DRUG CODE EDIT-RULES: ALPHANUMERIC, RIGHT JUSTIFIED, ZERO FILLED FOR ONE DIGIT CODES

5. PERIOD COVERED	CHAR	3	14	16	CALENDAR QUARTER AND YEAR COVERED BY DATA SUBMISSION EDIT-RULES: QYY VALID VALUES FOR Q: 1 = JANUARY 1 THRU MARCH 31 2 = APRIL 1 THRU JUNE 30 3 = JULY 1 THRU SEPTEMBER 30 4 = OCTOBER 1 THRU DECEMBER 31 VALID VALUES FOR YY: RANGE: 91 TO 99
6. PRODUCT FDA REGISTRATION NAME (ABBREVIATED)	CHAR	10	17	26	FIRST 10 CHARACTERS OF PRODUCT FDA REGISTRATION NAME
7. TOTAL UNITS REIMBURSED	NUM	12	27	38	THE TOTAL NUMBER OF UNIT TYPES OF THE DRUG REIMBURSED BY THE STATE DURING THE PERIOD COVERED. 9.3 DIGITS
8. NUMBER OF PRESCRIPTIONS	NUM	6	39	44	NUMBER OF PRESCRIPTIONS REIMBURSED FOR THE DRUG DURING THE QUARTER 6 DIGITS

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9. TOTAL AMOUNT REIMBURSED BY STATE	NUM	10	45	54	TOTAL AMOUNT THE STATE REIMBURSED TO PHARMACISTS FOR THE DRUG FOR THE QUARTER COVERED 8.2 DIGITS

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