

Delaware Health Information Network

Health Care Claims Data Base

DATA SUBMISSION AND USE AGREEMENT

ADDENDUM ONE

Data Submission Guide

DHIN HCCD Contact Information

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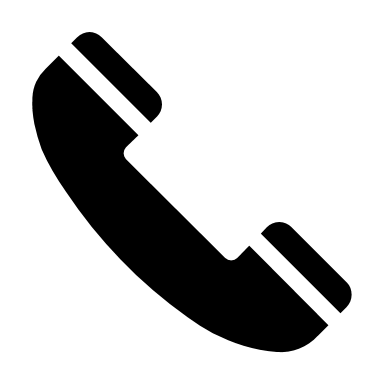
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# Data Submission Requirements

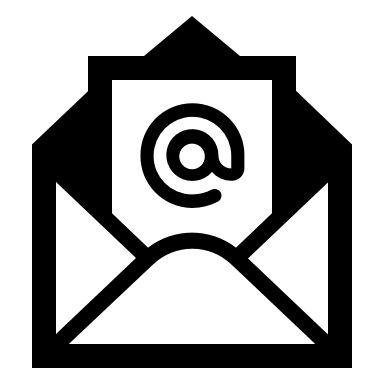
## General Information

### Introduction and Contact Information: The purpose of this document is to provide detailed information to Reporting Entities about how to prepare and submit Claims Data to the HCCD. Data submissions detailed below will include eligibility, medical claims, pharmacy claims, and provider data (Health Care Data). Field definitions and other relevant data associated with these submissions are specified in Exhibit A.

The Delaware Health Information Network (DHIN) serves as the HCCD Administrator. For questions about the HCCD, its statutory regulations, and other issues, please use the contact information below:

Angela Kaiser, Delaware Health Information Network

302-678-0220

Angela.Kaiser@dhin.org

### All definitions in this document shall be the same as those contained in the HCCD rule at DE ADC 1-100-103.2.0 which shall supersede the definitions in this document

### This Submission Guide applies to both Mandatory Reporting Entities **and** to Voluntary Reporting Entities. Some data elements pertain only to voluntary lines of business and are marked with a “(V)” in the “Required” column. This information is provided to facilitate accurate data submission and is not intended to expand authority conveyed in legislation or rule.

### Annual Registration: All Reporting Entities shall complete an initial mandatory Annual Registration Form in early 2018. Thereafter, Annual Registration Forms must be completed by all Reporting Entities no later than December 31st of each year to ensure that the HCCD Administrator’s records are kept current. The Annual Registration Form will include information on the total number of covered lives (as anticipated for the following calendar year), as well as two points of contact for each line of business required to submit files to the HCCD:

* Technical lead who is responsible for file production and submission
* Regulatory compliance officer

Upon receipt of Annual Registration Form, the HCCD Administrator will provide each Reporting Entity with their Reporting Entity Code and Reporting Entity Name to be used in HCCD submissions, as well as SFTP credentials for the secure transmission of files to the HCCD.

## Data to be Submitted

### Claims Data Generally

#### Any claims paid, modified, or adjusted partially or in whole during the reporting period should be included in the submitted file. If a procedure is denied within a claim that was partially-paid, the Reporting Entity must report all claim lines, including the denied lines. Reporting Entities are not required to submit data for wholly denied claims, but may choose to do so voluntarily.

#### Each submitted data file shall have control totals and transmission control data as defined in the Header and Trailer Record for each defined file. (see Exhibit A for specific formats).

#### Reporting Entities shall provide documentation prior to submitting data files that describes how an original claim may be linked to all subsequent actions associated with that claim (see Exhibit A-2 for specifics).

### Claims Data: Reporting Entities shall report information for all Members, as follows:

“**Member**” means individuals, employees, and dependents for which the Reporting Entity has an obligation to adjudicate, pay or disburse claims payments. The term includes covered lives. For employer-sponsored coverage, Members include certificate holders and their dependents. This definition includes members of the State Group Health Insurance Program regardless of state of residence.”

Claims Data shall contain the following types of information:

#### Medical Claims: Reporting Entities shall report adjudicated paid claims and encounters for all Members for all covered services provided in all care settings, including but not limited to inpatient, outpatient, professional, therapies, home health, rehabilitative and skilled nursing facility care, durable medical equipment, medical transportation and medical devices.

#### Pharmacy Claims: Reporting Entities shall report all paid pharmacy claims for prescriptions dispensed to Members.

#### Member Eligibility Data

##### Reporting Entities must provide a data set that contains information on every Member who was enrolled at any time and for any duration during the reporting period, whether or not the Member utilized services (including pharmacy) during the reporting period. The file must include member identifiers, subscriber name and identifier, member relationship to subscriber, residence, age, race, ethnicity and language, and other required fields to allow retrieval of related information from pharmacy and medical claims data sets.

##### Reporting Entities must flag whether the coverage is primary or secondary using ME028.

#### Provider Data

##### Reporting Entities must provide a data set that contains information on every provider for whom claims were adjudicated during the targeted reporting period.

##### In the event the same provider delivered and was reimbursed for services rendered from two different physical locations, then the provider data file shall contain two separate records for that same provider reflecting each of those physical locations. One record shall be provided for each unique physical location for a provider.

### Coordination of Submissions: If the Reporting Entity subcontracts with a pharmacy benefits manager or any other organization that manages claims for its Members, the Reporting Entity shall be responsible for ensuring that complete and accurate files are submitted to the HCCD from its subcontractors. The Reporting Entity shall ensure that the Member information on the subcontractor’s file(s) is consistent with the Member information on the Reporting Entity’s eligibility, medical claims and prescription drugs files. The Reporting Entity shall include utilization and cost information for all services provided to members under any financial arrangement, including subcapitated, bundled and global payment arrangements.

# File Submission Methods

2.1. SFTP Information: Upon receipt of the completed Annual Registration Form, the HCCD Administrator shall provide information to each Reporting Entity regarding a secure file submission methodology and access. This information will include the necessary SFTP credentials (i.e. login and password) for secure data transmission as well as the Reporting Entity Name and Reporting Entity Code to be used in the submitted files. Apart from the SFTP instructions, there will be no additional encryption requirement (e.g. PGP encryption) for files submitted to the HCCD.

# Submission Schedule

## **Initial Data Submissions**

Reporting Entities shall follow the Submission Schedule set forth in the HCCD Regulations. The information in this Section 3 is provided to assist in planning, especially for the first few data submissions to the HCCD. The submission schedule contained in the final HCCD Regulations, Attachment A, supersedes the dates listed below.

### Test Files

Reporting Entities shall submit one month of Required Claims Data files containing Member, Claims, Prescription Drugs and a sample of Provider, by the deadline stipulated in Section 3.1.4 below.

### Historical Files – Parts I and II

Reporting Entities shall submit Required Claims Data files for calendar years 2013, 2014, 2015, 2016 and 2017 that conform to file formats, by the deadline stipulated in Section 3.1.4 below.

### Partial year submission

Reporting Entities shall submit Claims Data files for claims adjudicated in the elapsed months of calendar 2018, by the deadline stipulated in Section 3.1.4 below.

### Timeline for Initial Data Submissions

|  |  |  |
| --- | --- | --- |
| **Submission Name** | **Reporting Period** | **Submission Deadline to HCCD** |
| Test File | March 1, 2018 – March 31, 2018 | May 1, 2018 |
| Historical Files – Part I | January 1, 2015 – December 31, 2017 | June 1, 2018 |
| Historical Files – Part II | January 1, 2013 – December 31, 2014 | July 1, 2018 |
| Partial Year Submission | January 1, 2018 – June 30, 2018 | August 1, 2018 |
| First “Ongoing” Data Submission | July 1-31, 2018 | September 1, 2018 |

## **Ongoing Data Submission**

Reporting Entities shall submit monthly files containing claims activity (per Section 1.2.1.1) having occurred within the prior calendar month within 30 calendar days of the last day of the following month. The schedule for this submission is provided below and will continue in similar format in subsequent years. Submission dates falling on a weekend or legal holiday are extended to the next following business day.

|  |  |  |
| --- | --- | --- |
| **Submission Due to HCCD** | **Claims and Eligibility Begin Date** | **Claims and Eligibility End Date** |
| By January 1 | November 1 | November 30 |
| By February 1 | December 1 | December 31 |
| By March 1 | January 1 | January 31 |
| By April1 | February 1 | February 28/29 |
| By May 1 | March 1 | March 31 |
| By June 1 | April 1 | April 30 |
| By July 1 | May 1 | May 31 |
| By August 1 | June 1 | June 30 |
| By September 1 | July 1 | July 31 |
| By October 1 | August 1 | August 31 |
| By November 1 | September 1 | September 30 |
| By December 1 | October 1 | October 31 |

# Data Quality Requirements

## Required Data Elements

Exhibit A lists all data elements, including definitions, formats and expected fill rates. . A data element with an “R” in the “Thresh” column means that a percentage of all records must have a value in this field based on the expected frequency that this data element is available.. Data files that do not achieve this threshold percentage for that data element may be rejected or require follow up prior to load into the HCCD. A data element marked as “O” is an optional data element that should be provided when available, but otherwise may contain a null value.

## Data Validation

Data files missing required fields, or when claim line/record line totals do not match, may be rejected on submission. Other data elements will be validated against established ranges as the database is populated and may require manual intervention to ensure the data are correct. Each Reporting Entity will need to work interactively with the HCCD Administrator to develop data extracts that achieve validation and quality specifications. This is the purpose of test data submissions early in the implementation process.

## Overrides and Exceptions

The DHIN may grant overrides and exceptions to threshold requirements at the discretion of the HCCD Administrator. To request an override or exception, the Reporting Entity must request and complete an Override and Exception Form, detailing the reason why the mandated threshold or requirement cannot be achieved and when the Reporting Entity anticipates being able to comply with the requirement.

Completed Override and Exception Forms must be returned to the HCCD Administrator for review and consideration. The HCCD Administrator will notify the Reporting Entity of the status of their request within 10 business days of the application’s submission. All approved requests will have an expiration date, requiring Reporting Entities to reapply and justify any continuing override or exception on a regular basis as determined by the expiration date.

# File Format

## Format Guidelines

All files submitted to the HCCD will be formatted as standard text files. Text files must comply with the following standards:

### One line item per row. No single line item of data may contain carriage return or line feed characters.

### All rows delimited by the carriage return + line feed character combination.

### All fields are variable field length, delimited using the pipe character (ASCII=124). It is imperative that no pipes (‘|’) appear in the data itself. If your data contains pipes, either remove them or discuss using an alternate delimiter character.

### Text fields are *never* demarcated or enclosed in single or double quotes. Any quotes detected are regarded as a part of the actual data.

### The first row *always* contains the names of data columns.

### Unless otherwise stipulated, numbers (e.g. ID numbers, account numbers, etc.) do not contain spaces, hyphens or other punctuation marks.

### Text fields are never padded with leading or trailing spaces or tabs.

### Numeric fields are never padded with leading or trailing zeroes.

### If a field is not available, or is not applicable, leave it blank. ‘Blank’ means do not supply any value at all between pipes (including quotes or other characters).

## File Naming Convention

All files submitted to the HCCD shall have a naming convention developed to facilitate file management without requiring access to the contents.

All files names will follow the template:

*TESTorPROD\_Reporting EntityID\_PeriodEndingDateFileTypeVersionNumber.txt*

* 1. Examples
     1. TEST\_0000\_201606MEv01.txt
     2. PROD\_0000\_201606MEv02.txt
* TESTorPROD – TEST for test files; PROD for production files
* Reporting EntityID – This is the Reporting Entity ID assigned to each submitter
* Period ending date expressed as CCYYMM (four-digit calendar year and two-digit month; for example, 201403 indicates a March 2014 end date).
* File Type – Member Eligibility (ME), Medical Claims (MC), Pharmacy Claims (PC), Provider (MP),
* Version number: This is used to differentiate multiple submissions of the same file. This will be important if a file needs to be resubmitted to resolve an issue such as a validation failure. The letter v should be used, followed by two digits, starting with v01. You must include the leading zero. Original submissions of all files should be labeled v01. The HCCD will not accept files that have the same name as an existing file.
* File extension (.txt)

## Data Element Types

date – date data type for dates from 1/1/0001 through 12/31/9999

int – integer (whole number)

decimal/numeric – fixed precision and scale numeric data

char – fixed length non-unicode data with a max of 8,000 characters

varchar – variable length non-unicode data with a maximum of 8,000 characters

text – variable length non-unicode data with a maximum of 2^31 -1 characters

# Exhibit A - Data Elements

## Member Eligibility Data

The Reporting Entity’s Member ID (Member Suffix or Sequence Number) must be unique to an individual. The unique identifier in the eligibility file must be consistent with the unique identifier in the medical claims/pharmacy file. This provides linkage between medical and pharmacy claims during established coverage periods and is critical for the implementation of Episode of Care reporting.

For Historic Data Submissions, report eligibility for all Members during each reporting month. If historical address data is not available, report historical months’ eligibility data based on Member’s last known or current address.

To reconcile the total number of Members in the historical data submissions, each Reporting Entity shall submit a summary report that totals the number of Members for each month for Historic Data.

Member Eligibility files must be formatted to provide one record per member per month.

### Member Eligibility File Header Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| HD001 | Record Type | char | 2 | ME | 100% |
| HD002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | date | 6 | CCYYMM | 100% |
| HD005 | Ending Month | date | 6 | CCYYMM | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the medical eligibility file, excluding header and trailer records | 100% |

### Member Eligibility File Trailer Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Date Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| TR001 | Record Type | char | 2 | ME | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### Member Eligibility File

(V) signals a data element value that is valid only for Voluntary Reporting Entities.

| **Data Element #** | **Reference** | **Data Element Name** | **Type** | **Length** | **Description/Codes/Sources** | **Req’d** | **Thresh.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ME001 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | R | 100% |
| ME002 | N/A | Reporting Entity Name | varchar | 30 | Distributed by HCCD Administrator | R | 100% |
| ME003 | 271/2110C/EB/ /04, 271/2110D/EB/ /04 | Insurance Type Code/Product | char | 2 | See Lookup Table B-1.A | R | 100% |
| ME004 | N/A | Year | int | 4 | 4 digit Year for which eligibility is reported in this submission | R | 100% |
| ME005 | N/A | Month | char | 2 | Month for which eligibility is reported in this submission expressed numerical from 01 to 12. | R | 100% |
| ME006 | 271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02 | Insured Group or Policy Number | varchar | 30 | Group or policy number - not the number that uniquely identifies the subscriber | R | 99.5% |
| ME007 | 271/2110C/EB/ /02, 271/2110D/EB/ /02 | Coverage Level Code | char | 3 | See Lookup Table B-1. I | R | 99.9% |
| ME008 | 271/2100C/NM1/MI/09 | Subscriber Social Security Number | varchar | 9 | Subscriber’s social security number; Set as null if unavailable | O |  |
| ME009 | 271/2100C/NM1/MI/09 | Plan Specific Contract Number | varchar | 128 | Plan assigned subscriber’s contract number; Set as null if contract number = subscriber’s social security number or use an alternate unique identifier such as Medicaid ID. Must be an identifier that is unique to the subscriber. | R | 99.9% |
| ME010 | N/A | Member Number | varchar | 128 | Unique number of the member within the contract. Must be an identifier that is unique to the member. May include a combination of contract number and suffix number to be unique.  This column is the unique identifying column for membership and related medical and pharmacy claims. Only one record per eligibility month.  ME-010 = MC-009; PC-009 | R | 100% |
| ME011 | 271/2100C/NM1/MI/09, 271/2100D/NM1/MI/09 | Member Identification Code | varchar | 9 | Member’s social security number or Medicaid ID. Must be an identifier that is unique to the member. Used for matching member records. | R | 99.9% |
| ME130 |  | Member Telephone Number | char | 10 | Member’s telephone number on record with Reporting Entity; required if ME011 is blank or unknown; used for matching member records. Do not include parentheses, dashes or periods. | R if ME011 is blank | 100% |
| ME012 | 271/2100C/INS/Y/02, 271/2100D/INS/N/02 | Individual Relationship Code | char | 2 | Member's relationship to insured – see Lookup Table B-1.B | R | 100% |
| ME013 | 271/2100C/DMG/ /03, 271/2100D/DMG/ /03 | Member Gender | char | 1 | M – Male  F – Female  U - UNKNOWN | R | 100% |
| ME014 | 271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02 | Member Date of Birth | date | 8 | CCYYMMDD | R | 99.5% |
| ME015 | 271/2100C/N4/ /01, 271/2100D/N4/ /01 | Member City Name of Residence | varchar | 30 | City name of member residence | R | 99.5% |
| ME016 | 271/2100C/N4/ /02, 271/2100D/N4/ /02 | Member State or Province | char | 2 | As defined by the US Postal Service | R | 99.5% |
| ME017 | 271/2100C/N4/ /03, 271/2100D/N4/ /03 | Member ZIP Code | varchar | 11 | ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired. | R | 99.5% |
| ME018 | N/A | Medical Coverage | char | 1 | Y – YES  N - NO  3 - UNKNOWN | R | 100% |
| ME019 | N/A | Prescription Drug Coverage | char | 1 | Y – YES  N - NO  3 - UNKNOWN | R | 100% |
| ME020 | N/A | Dental Coverage (V) | char | 1 | Y – YES  N – NO  3 - UNKNOWN | R | 100% |
| ME123 | N/A | Behavioral Health | char | 1 | Y – YES  N – NO  3 - UNKNOWN | R | 100% |
| ME021 | N/A | Race 1 | varchar | 6 | R1 American Indian/Alaska Native  R2 Asian  R3 Black/African American  R4 Native Hawaiian or other Pacific Islander  R5 White  R9 Other Race  UNKNOW Unknown/Not Specified | O |  |
| ME022 | N/A | Race 2 | varchar | 6 | See code set for ME021. | O |  |
| ME023 | N/A | Other Race | varchar | 15 | List race if MC021or MC022 are coded as R9. | O |  |
| ME024 | N/A | Hispanic Indicator | char | 1 | Y = Patient is Hispanic/Latino/Spanish  N = Patient is not Hispanic/Latino/Spanish  U = Unknown | O |  |
| ME025 | N/A | Ethnicity 1 | varchar | 6 |  | O |  |
| 2182-4 Cuban |
| 2184-0 Dominican |
| 2148-5 Mexican, Mexican American, Chicano |
| 2180-8 Puerto Rican |
| 2161-8 Salvadoran |
| 2155-0 Central American (not otherwise specified) |
| 2165-9 South American (not otherwise specified) |
| 2060-2 African |
| 2058-6 African American |
| AMERCN American |
| 2028-9 Asian |
| 2029-7 Asian Indian |
| BRAZIL Brazilian |
| 2033-9 Cambodian |
| CVERDN Cape Verdean |
| CARIBI Caribbean Island |
| 2034-7 Chinese |
| 2169-1 Columbian |
| 2108-9 European |
| 2036-2 Filipino |
| 2157-6 Guatemalan |
| 2071-9 Haitian |
| 2158-4 Honduran |
| 2039-6 Japanese |
| 2040-4 Korean |
| 2041-2 Laotian |
| 2118-8 Middle Eastern |
| PORTUG Portuguese |
| RUSSIA Russian |
| EASTEU Eastern European |
| 2047-9 Vietnamese |
| OTHER Other Ethnicity |
| UNKNOW Unknown/Not Specified |
| ME026 | N/A | Ethnicity 2 | varchar | 6 | See code set for ME025. | O |  |
| ME027 | N/A | Other Ethnicity | varchar | 20 | List ethnicity if MC025 or MC026 are coded as OTHER. | O |  |
| ME028 | N/A | Primary Insurance Indicator | char | 1 | Y – Yes, primary insurance  N – No, secondary or tertiary insurance | R | 99.9% |
| ME029 | N/A | Coverage Type | char | 3 | STN – short-term, non-renewable health insurance (i.e. COBRA)  UND – plans underwritten by the insurer  OTH – any other plan. Insurers using this code shall obtain prior approval. | R | 99.9% |
| ME030 | N/A | Market Category Code | varchar | 4 | IND – policies sold and issued directly to individuals (non-group)  LGS – policies and issued directly to employers having 101 or more employees (V)  GSA – policies sold and issued directly to small employers through a qualified association trust (V)  OTH – policies sold to other types of entities. Insurers using this market code shall obtain prior approval.  SGS- Policies sold and issued to employers having 2 - 100 employees  MED- Medicare and Retiree products.  SFP – Self-insured plans (V)  MCD - Medicaid  GHI- State Group Health Insurance Program | R | 99.9% |
| ME032 | N/A | Employer Tax ID | varchar | 50 | Employer tax ID (V) | R | 99% |
| ME043 | N/A | Member Street Address | varchar | 50 | Physical street address of the covered member | R | 99% |
| ME044 | N/A | Employer Group Name | varchar | 128 | Employer Group Name or Name of the Purchaser/Client IND for individual Policies (V) | R | 99% |
| ME101 | 271/2100C/NM1/ /03 | Subscriber Last Name | varchar | 128 | The subscriber last name | R | 100% |
| ME102 | 271/2100C/NM1/ /04 | Subscriber First Name | varchar | 128 | The subscriber first name | R | 100% |
| ME103 | 271/2100C/NM1/ /05 | Subscriber Middle Initial | char | 1 | The subscriber middle initial | O | 50% |
| ME104 | 271/2100D/NM1/ /03 | Member Last Name | varchar | 128 | The member last name | R | 100% |
| ME105 | 271/2100D/NM1/ /04 | Member First Name | varchar | 128 | The member first name | R | 100% |
| ME897 | N/A | Plan Effective Date | date | 8 | CCYYMMDD  Date eligibility started for this member under this plan type. The purpose of this data element is to maintain eligibility span for each member. | R | 100% |
| ME045 |  | Marketplace Offering | char | 1 | Identifies whether a policy was purchased through the Delaware Health Benefits Marketplace (Choose Health Delaware)  Y=Commercial small or non-group QHP purchased through the Marketplace  N=Commercial small or non-group QHP purchased outside the Marketplace  U= Not applicable (plan/product is not offered in the commercial small or non-group market or grandfathered) | R | 100% |
| ME106 |  | Filler | char | 1 | Filler, leave blank |  |  |
| ME107 |  | Risk Basis | char | 1 | S – Self-insured  F – Fully insured  Default to “F” for grandfathered Plans | R | 99% |
| ME108 |  | Filler | char | 1 | Filler, leave blank |  |  |
| ME120 |  | Actuarial Value | decimal | 6 | Report value as calculated in the most recent version of the HHS Actuarial Value Calculator available at  http://cciio.cms.gov/resources/regulations/index.html  Size includes decimal point.  Required for QHPs: small group and non-group (individual) plans sold inside or outside the Exchange.  Default to “0” for Grandfathered plans | R | 99% |
| ME121 |  | Metallic Value | int | 1 | Metal Level (percentage of Actuarial Value) per federal regulations.  Valid values are:  1 – Platinum  2--Gold  3 – Silver  4 – Bronze  0 – Not Applicable  Required for small group and non-group (individual) plans sold inside or outside the Marketplace.  Use values provided in the most recent version of the HHS Actuarial Value Calculator available at  <http://cciio.cms.gov/resources/regulations/index.html>  Default to “0” for Grandfathered plans | R | 99% |
| ME122 |  | Grandfather Status | char | 1 | See definition of “grandfathered plans” in HHS rules CFR 147.140  Y= Yes  N = No  Required for small group and non-group (individual) plans sold inside or outside the Marketplace. | R | 99% |
| ME124 |  | PCP NPI | char | 10 | NPI of Member’s PCP  NA – if the eligibility does not require a PCP  Unknown – if PCP is unknown | R | 99% |
| ME125 |  | PCP Practice Name | Char | 50 | Common name of the practice accountable for the patient (please use UPPER CASE for all practice names); this may be the physician's name if the physician is a solo practitioner | R | 99% |
| ME126 |  | PCP Name | char | 50 | Name of the PCP to whom the patient is attributed | R | 99% |
| ME127 |  | Payer’s PCP ID | char | 10 | Internal payer's practice identification number (may be different by payer, e.g., BSID, TIN, or other unique ID) | R | 99% |
| ME128 |  | PCP Attribution Date | date | 8 | CCYYMMDD | R | 99% |
| ME899 | N/A | Record Type | char | 2 | Value = ME | R | 100% |

## Medical Claims data

Medical Claims file submissions shall include claims activity (as per Section 1.2.1.1.) for covered services under capitated, global, bundled, episode or other payment arrangement.

### Medical Claims File Header Record

| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| --- | --- | --- | --- | --- | --- |
| HD001 | Record Type | char | 2 | MC | 100% |
| HD002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | date | 6 | CCYYMM | 100% |
| HD005 | Ending Month | date | 6 | CCYYMM | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the medical claims file, excluding header and trailer records | 100% |

### Medical Claims File Trailer Record

| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| --- | --- | --- | --- | --- | --- |
| TR001 | Record Type | char | 2 | MC | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### Medical claims file

| **Data Element #** | **Reference** | **Data Element Name** | **Type** | **Length** | **Description/Codes/Sources** | **Req’d** | **Thresh.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MC001 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | R | 100% |
| MC002 | N/A | Reporting Entity Name | varchar | 30 | Distributed by HCCD Administrator | R | 100% |
| MC003 | 837/2000B/SBR/ /09 | Insurance Type /Product Code | char | 2 | See Lookup Table B-1.A | R | 100% |
| MC004 | 835/2100/CLP/ /07 | Reporting Entity Claim Control Number | varchar | 35 | Must apply to the entire claim and be unique within the Reporting Entity’s system.  No partial claims.  Only paid (or partially paid) claims. | R | 99.9% |
| MC005 | 837/2400/LX/ /01 | Line Counter | int | 4 | Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.  All claims must contain a line 1. | R | 99.5% |
| MC005A | N/A | Version Number | int | 4 | The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line.  Plans that cannot increment this column may opt to use YYMM as the version number. | R | 99.5% |
| MC006 | 837/2000B/SBR/ /03 | Insured Group or Policy Number | varchar | 30 | Group or policy number - not the number that uniquely identifies the subscriber. | R | 99.5% |
| MC007 | 835/2100/NM1/34/09 | Subscriber Social Security Number | varchar | 9 | Subscriber’s social security number; Set as null if unavailable | O |  |
| MC008 | 835/2100/NM1/HN/09 | Plan Specific Contract Number | varchar | 128 | Plan assigned subscriber’s contract number; Set as null if contract number = subscriber’s social security number or use an alternate unique identifier such as Medicaid ID. Must be an identifier that is unique to the subscriber. | R | 99.9% |
| MC009 | N/A | Member Number | varchar | 128 | Unique number of the member within the contract. Must be an identifier that is unique to the member. May include a combination of contract number and suffix number to be unique.  This column is the unique identifying column for membership and related medical and pharmacy claims. Only one record per eligibility month per Eligibility year.  MC-009=ME-010; PC-009 | R | 100% |
| MC010 | 835/2100/NM1/MI/0~~8~~9 | Member Identification Code (patient) | varchar | 9 | Member’s social security number or Medicaid ID. Must be an identifier that is unique to the member. Used for matching member records.. | R | 99.9% |
| MC130 |  | Member Telephone Number | char | 10 | Member’s telephone number on record with Reporting Entity; required if MC011 is blank or unknown; used for matching member records. Do not include parentheses, dashes or periods. | R if MC011 is blank | 100% |
| MC011 | 837/2000B/SBR/ /02, 837/2000C/PAT/ /01, 837/2320/SBR/ /02 | Individual Relationship Code | char | 2 | Member's relationship to insured – Reporting Entities will map their available codes to those listed in Lookup Table B-1.B | R | 100% |
| MC012 | 837/2010CA/DMG/ /03 | Member Gender | char | 1 | M – Male  F – Female  U – Unknown | R | 100% |
| MC013 | 837/2010CA/DMG/D8/02 | Member Date of Birth | date | 8 | CCYYMMDD | R | 99.5% |
| MC014 | 837/2010CA/N4/ /01 | Member City Name of Residence | varchar | 30 | City name of member of residence | R | 99.5% |
| MC107 |  | Member Street Address | varchar | 50 | Physical street address of the covered member | TH | 99% |
| MC015 | 837/2010CA/N4/ /02 | Member State or Province | char | 2 | As defined by the US Postal Service | R | 99.5% |
| MC016 | 837/2010CA/N4/ /03 | Member ZIP Code | varchar | 11 | ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired. | R | 99.5% |
| MC017 | N/A | Date Service Approved/Accounts Payable Date/Actual Paid Date | date | 8 | CCYYMMDD | R | 100% |
| MC018 | 837/2300/DTP/435/03 | Admission Date | date | 8 | Required for all inpatient claims. CCYYMMDD | O (inpatient claims only) |  |
| MC019 | 837/2300/DTP/435/03 | Admission Hour | char | 4 | Required for all inpatient claims. Time is expressed in military time - HHMM | O (inpatient claims only) |  |
| MC020 | 837/2300/CL1/ /01 | Admission Type | int | 1 | Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications)  1 Emergency  2 Urgent  3 Elective  4 Newborn  5 Trauma Center  9 Information not available | O (inpatient claims only) |  |
| MC021 | 837/2300/CL1/ /02 | Admission Source | char | 1 | Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications) | O (inpatient claims only) |  |
| MC022 | 837/2300/DTP/096/03 | Discharge Hour | int | 4 | Time expressed in military time – HHMM | R for all inpatient claims  O for outpatient | 50% |
| MC023 | 837/2300/CL1/ /03 | Discharge Status | char | 2 | Required for all inpatient claims.  defaults:  IP: default ‘00’ = unknown  OP: default ‘01’ = home  See Lookup Table B-1. | R for all inpatient claims  O for outpatient | 90% |
| MC024 | 835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09 | Service Provider Number | varchar | 30 | Reporting Entity assigned service provider number.  Submit facility for institutional claims; physician or healthcare professional for professional claims. | R | 90% |
| MC025 | 835/2100/NM1/FI/09 | Service Provider Tax ID Number | varchar | 10 | Federal tax identification number | R | 90% |
| MC026 | professional: 837/2420A/NM1/XX/09; 837/2310B/NM1/XX/09; institutional: 837/2420A/NM1/XX/09; 837/2420C/NM1/XX/09; 837/2310A/NM1/XX/09 | Service National Provider ID | varchar | 20 | National Provider ID. This data element pertains to the entity or individual directly providing the service. | R | 90% |
| MC027 | professional: 837/2420A/NM1/82/02; 837/2310B/NM1/82/02; institutional: 837/2420A/NM1/72/02; 837/2420C/NM1/82/02; 837/2310A/NM1/71/02 | Service Provider Entity Type Qualifier | char | 1 | HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a “person”, and these shall be coded as a person. Health care claims processors shall code according to:  1 Person  2 Non-Person Entity | R | 90% |
| MC028 | professional: 837/2420A/NM1/82/04; 837/2310B/NM1/82/04; institutional: 837/2420A/NM1/72/04; 837/2420C/NM1/82/04; 837/2310A/NM1/71/04 | Service Provider First Name | varchar | 25 | Individual first name. Set to null if provider is a facility or organization. | R | 75% |
| MC029 | professional: 837/2420A/NM1/82/05; 837/2310B/NM1/82/05; institutional: 837/2420A/NM1/72/05; 837/2420C/NM1/82/05; 837/2310A/NM1/71/05 | Service Provider Middle Name | varchar | 25 | Individual middle name or initial. Set to null if provider is a facility or organization. | O |  |
| MC030 | professional: 837/2420A/NM1/82/03; 837/2310B/NM1/82/03; institutional: 837/2420A/NM1/72/03; 837/2420C/NM1/82/03; 837/2310A/NM1/71/03 | Service Provider Last Name or Organization Name | varchar | 60 | Full name of provider organization or last name of individual provider | R | 99.5% |
| MC031 | professional: 837/2420A/NM1/82/07; 837/2310B/NM1/82/07; institutional: 837/2420A/NM1/72/07; 837/2420C/NM1/82/07; 837/2310A/NM1/71/07 | Service Provider Suffix | varchar | 10 | Suffix to individual name. Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician’s degree (e.g., MD, LCSW). | O |  |
| MC032 | professional: 837/2420A/PRV/PE/03; 837/2310B/PRV/PE/03; institutional: 837/2310A/PRV/AT/03 | Service Provider Specialty | varchar | 10 | Prefer CMS specialty or taxonomy codes. Homegrown codes can be used but a lookup is required.  A Dictionary for homegrown codes must be supplied during testing. | R | 99.5% |
| MC108 |  | Service Provider Street Address | varchar | 50 | Physical practice location street address of the provider administering the services | R | 90% |
| MC033 | professional: 837/2420C/N4/ /01; 837/2310C/N4/ /01; institutional: 837/2310E/N4/ /01 | Service Provider City Name | varchar | 30 | City name of provider - preferably practice location | R | 90% |
| MC034 | professional: 837/2420C/N4/ /02; 837/2310C/N4/ /02; institutional: 837/2310E/N4/ /02 | Service Provider State or Province | char | 2 | As defined by the US Postal Service | R | 90% |
| MC035 | professional: 837/2420C/N4/ /03; 837/2310C/N4/ /03; institutional: 837/2310E/N4/ /03 | Service Provider ZIP Code | varchar | 11 | ZIP Code of provider - may include non-US codes; do not include dash. Plus 4 optional but desired. | R | 90% |
| MC036 | 837/2300/CLM/ /05-1 | Type of Bill – Institutional | char | 3 | Required for institutional claims; Not to be used for professional claims See Lookup Table B-1.D | R (institutional claims only) | 99% |
| MC037 | 837/2300/CLM/ /05-1 | Place of Service | char | 2 | Required for professional claims. Not to be used for institutional claims. Map where you can and default to “99” for all others.  See Lookup Table B-1.E | R  (professional claims only) | 99% |
| MC038 | 835/2100/CLP/ /02 | Claim Status | char | 2 | See Lookup Table B-1.F | R | 99.5% |
| MC038a | N/A | Denial Reason | varchar | 5 | Required when MC038 = 4 or 22  Use the most appropriate code from either the Claim Adjustment Reason Codes (CARC) set or the Remittance Advice Remark Codes (RARC) set. | R | 99.5% |
| MC039 | 837/2300/HI/BJ/01-2 | Admitting Diagnosis | varchar | 7 | Required on all inpatient admission claims and encounters. ICD-9-CM or ICD-10-CM. Do not code decimal point. | R- inpatient claims  O- outpatient | 90% |
| MC898 | N/A | ICD-9 / ICD-10 Flag | char | 1 | 0 This claim contains ICD-9-CM codes  1 This claim contains ICD-10-CM codes  The purpose of this field is to identify which code set is being utilized. | R | 100% |
| MC040 | 837/2300/HI/BN/01-2 | E-Code | varchar | 7 | Describes an injury, poisoning or adverse effect. ICD-9-CM or ICD-10-CM. Do not code decimal point. | O |  |
| MC041 | 837/2300/HI/BK/01-2 | Principal Diagnosis | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | R | 95% |
| MC042 | 837/2300/HI/BF/01-2 | Other Diagnosis – 1 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC043 | 837/2300/HI/BF/02-2 | Other Diagnosis – 2 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC044 | 837/2300/HI/BF/03-2 | Other Diagnosis – 3 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC045 | 837/2300/HI/BF/04-2 | Other Diagnosis – 4 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC046 | 837/2300/HI/BF/05-2 | Other Diagnosis – 5 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC047 | 837/2300/HI/BF/06-2 | Other Diagnosis – 6 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC048 | 837/2300/HI/BF/07-2 | Other Diagnosis – 7 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC049 | 837/2300/HI/BF/08-2 | Other Diagnosis – 8 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC050 | 837/2300/HI/BF/09-2 | Other Diagnosis – 9 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC051 | 837/2300/HI/BF/10-2 | Other Diagnosis – 10 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC052 | 837/2300/HI/BF/11-2 | Other Diagnosis – 11 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC053 | 837/2300/HI/BF/12-2 | Other Diagnosis – 12 | varchar | 7 | ICD-9-CM or ICD-10\_CM. Do not code decimal point. | O |  |
| MC054 | 835/2110/SVC/NU/01-2 | Revenue Code | char | 4 | National Uniform Billing Committee Codes. Code using leading zeroes, left justified, and four digits. | R for Institutional Claims only, otherwise leave blank | 99.9% |
| MC055 | 835/2110/SVC/HC/01-2 | Outpatient Procedure Code | varchar | 10 | Health Care Common Procedural Coding System (HCPCS); this includes the CPT codes of the American Medical Association.  Required for Outpatient and Professional claims only. | R for Outpatient and Professional Claims only; otherwise leave blank | 80% |
| MC056 | 835/2110/SVC/HC/01-3 | Procedure Modifier – 1 | char | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  Required for Outpatient and Professional claims only. | R for Outpatient and Professional Claims only; otherwise leave blank | 10% |
| MC057 | 835/2110/SVC/HC/01-4 | Procedure Modifier – 2 | char | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.  Required for Outpatient and Professional claims only. | R for Outpatient and Professional Claims only; otherwise leave blank | 2% |
| MC058 | 835/2110/SVC/ID/01-2 | ICD-9-CM or ICD-10 Procedure Code | char | 7 | Primary procedure code for this line of service. Do not code decimal point.  Default to Blank | R for Inpatient Claims only; otherwise leave blank | 55% |
| MC059 | 835/2110/DTM/150/02 | Date of Service – From | date | 8 | First date of service for this service line. CCYYMMDD | R | 99.5% |
| MC060 | 835/2110/DTM/151/02 | Date of Service – Thru | date | 8 | Last date of service for this service line. CCYYMMDD | R | 99.5% |
| MC061 | 835/2110/SVC/ /05 | Quantity | int | 3 | Count of services performed, which shall be set equal to one on all observation bed service lines and should be set equal to zero on all other room and board service lines, regardless of the length of stay. | R | 99.5% |
| MC062 | 835/2110/SVC/ /02 | Charge Amount | int | 10 | Do not code decimal point or provide any punctuation where $1,000.00 converted to 100000 Same for all financial data that follows. | R | 99.5% |
| MC063 | 835/2110/SVC/ /03 | Paid Amount | int | 10 | Includes any withhold amounts. Do not code decimal point. For capitated claims set to zero. | R | 99.5% |
| MC064 | N/A | Prepaid Amount | int | 10 | For capitated services, the fee for service equivalent amount. Do not code decimal point. | R | 99.5% |
| MC065 | N/A | Co-pay Amount | int | 10 | The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point. | R | 99.5% |
| MC066 | N/A | Coinsurance Amount | int | 10 | The dollar amount an individual is responsible for – not the percentage. Do not code decimal point. | R | 99.5% |
| MC067 | N/A | Deductible Amount | int | 10 | Do not code decimal point. | R | 99.5% |
| MC068 | 837/2300/CLM/ /01 | Patient Account/Control Number | varchar | 20 | Number assigned by hospital | O |  |
| MC069 | N/A | Discharge Date | date | 8 | Date patient discharged. Required for all inpatient claims. CCYYMMDD | R for all inpatient Claims O for Outpatient | 95% |
| MC070 | N/A | Service Provider Country Name | varchar | 30 | Code US for United States. | R | 100% |
| MC071 | 837/2300/HI/DR/01-2 | DRG | varchar | 10 | Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an “A” prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX). | O |  |
| MC072 | N/A | DRG Version | char | 2 | Version number of the grouper used | O |  |
| MC073 | 835/2110/REF/APC/02 | APC | char | 4 | Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to APCs transmitted from the health care provider. | O |  |
| MC074 | N/A | APC Version | char | 2 | Version number of the grouper used | O |  |
| MC075 | 837/2410/LIN/N4/03 | NDC Drug Code | varchar | 11 | Report the NDC code used only when a medication is paid for as part of a medical claim or when a DME device has an NDC code. J codes should be submitted under procedure code (MC055), and have a procedure code type of ‘HCPCS. | R; Set as null if unavailable | 100% |
| MC076 | 837/2010AA/NM1/ID/09 | Billing Provider Number | varchar | 30 | Reporting Entity assigned billing provider number. This number should be the identifier used by the Reporting Entity for internal identification purposes, and does not routinely change. | R | 90% |
| MC077 | 837/2010AA/NM1/XX/09 | National Billing Provider ID | varchar | 20 | National Provider ID | R | 99% |
| MC078 | 837/2010AA/NM1/ /03 | Billing Provider Last Name or Organization Name | varchar | 60 | Full name of provider billing organization or last name of individual billing provider. | R | 99.5% |
| MC101 | 837/2010BA/NM1/ /03 | Subscriber Last Name | varchar | 128 | Subscriber last name | R | 100% |
| MC102 | 837/2010BA/NM1/ /04 | Subscriber First Name | varchar | 128 | Subscriber first name | R | 100% |
| MC103 | 837/2010BA/NM1/ /05 | Subscriber Middle Initial | char | 1 | Subscriber middle initial | O |  |
| MC104 | 837/2010CA/NM1/ /03 | Member Last Name | varchar | 128 |  | R | 100% |
| MC105 | 837/2010CA/NM1/ /04 | Member First Name | varchar | 128 |  | R | 100% |
| MC106 | 837/2010CA/NM1/ /05 | Member Middle Initial | char | 1 |  | O |  |
| MC201A |  | Present on Admission – PDX | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank) | 95% |
| MC201B |  | Present on Admission – DX1 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission for MC201A  See Table B-1.G for valid values. | R if 201A has a value  (Inpatient Only, otherwise leave blank | 50% |
| MC201C |  | Present on Admission – DX2 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 20% |
| MC201D |  | Present on Admission – DX3 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 5% |
| MC201E |  | Present on Admission – DX4 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201F |  | Present on Admission – DX5 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | .05% |
| MC201G |  | Present on Admission – DX6 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201H |  | Present on Admission – DX7 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201I |  | Present on Admission – DX8 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201J |  | Present on Admission – DX9 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201K |  | Present on Admission – DX10 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201L |  | Present on Admission – DX11 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC201M |  | Present on Admission – DX12 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission  See Table B-1.G for valid values. | R  (Inpatient Only, otherwise leave blank | 0% |
| MC205 |  | ICD-9-CM or  ICD-10-CM  Procedure Date | date | 8 | Date MC058 was performed | R | 55% |
| MC058A | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or  ICD-10-CM  Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point. | R Inpatient Only, optional for O/P Default to blank | 30% |
| MC205A |  | ICD-9-CM or  ICD-10-CM  Procedure Date | date | 8 | Date MC058A was performed | R when MC058A is populated Default to blank if not present | 55% |
| MC058B | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or  ICD-10-CM  Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point. | R Inpatient Only, optional for O/P Default to blank if not present | 30% |
| MC205B |  | ICD-9-CM or  ICD-10-CM Procedure Date | date | 8 | Date MC058B was performed | R when MC058B is populated Default to blank if not present | 55% |
| MC058C | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or  ICD-10-CM  Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point. | R Inpatient Only, optional for O/P Default to blank if not present | 15% |
| MC205C |  | ICD-9-CM or  ICD-10-CM  Procedure Date | date | 8 | Date MC058C was performed | R when MC058C is populated Default to blank if not present | 55% |
| MC058D | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or  ICD-10-CM  Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point. | R Inpatient Only, optional for O/P Default to blank if not present | 10% |
| MC205D |  | ICD-9-CM or  ICD-10-CM  Procedure Date | date | 8 | Date MC058E was performed | R when MC058D is populated Default to blank if not present | 55% |
| MC058E | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or  ICD-10-CM  Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point. | R Inpatient Only, optional for O/P Default to blank if not present | 5% |
| MC205E |  | ICD-9-CM or  ICD-10-CM  Procedure Date | date | 8 | Date MC058E was performed | R when MC058E is populated Default to blank if not present | 55% |
| MC206 | N/A | Capitated Service Indicator | char | 1 | Y – services are paid under a capitated arrangement  N – services are not paid under a capitated arrangement  U – unknown | R | 100% |
| MC207 |  | Provider network indicator | char | 1 | Servicing provider is a participating provider.  Y = Yes  N = No  U = unknown | R | 100% |
| MC208 |  | Self-Funded Claim Indicator | char | 1 | Y = Yes, Self-Funded claim  N = No, Other | R | 100% |
| MC899 | N/A | Record Type | char | 2 | Value = MC |  | 100% |

## Pharmacy Claims Data

Pharmacy Claims data file submissions shall include all claims for covered pharmaceutical services provided to Members.

### Pharmacy Claims File Header Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| HD001 | Record Type | char | 2 | PC | 100% |
| HD002 | Reporting Entity Code | char | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | char | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | date | 6 | CCYYMM | 100% |
| HD005 | Ending Month | date | 6 | CCYYMM | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the Pharmacy claims file, excluding header and trailer records | 100% |

### Pharmacy Claims File Trailer Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| TR001 | Record Type | char | 2 | PC | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### Pharmacy Claims File

| **Data Element #** | **National Council for Prescription Drug Programs Field #** | **Data Element Name** | **Type** | **Length** | **Description/Codes/Sources** | **Req’d** | **Thresh.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PC001 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | R | 100% |
| PC002 | N/A | Reporting Entity Name | varchar | 30 | Distributed by HCCD Administrator | R | 100% |
| PC003 | N/A | Insurance Type/Product Code | char | 2 | See lookup table B-1.A | R | 100% |
| PC004 | N/A | Reporting Entity Claim Control Number | varchar | 35 | Must apply to the entire claim and be unique within the Reporting Entity's system. | R | 99.9% |
| PC005 | N/A | Line Counter | int | 4 | Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. | R | 99.5% |
| PC006 | 301-C1 | Insured Group or Policy Number | varchar | 30 | Group or policy number - not the number that uniquely identifies the subscriber | R | 99.5% |
| PC007 | 302-C2 | Subscriber Social Security Number | varchar | 9 | Subscriber’s social security number; Set as null if unavailable | O |  |
| PC008 | N/A | Plan Specific Contract Number | varchar | 128 | Plan assigned subscriber’s contract number; Set as null if contract number = subscriber’s social security number or use an alternate unique identifier such as Medicaid ID. Must be an identifier that is unique to the subscriber. | R | 99.9% |
| PC009 | 303-C3 | Member Number | varchar | 128 | Unique number of the member within the contract. Must be an identifier that is unique to the member. May include a combination of contract number and suffix number to be unique.  This column is the unique identifying column for membership and related medical and pharmacy claims. Only one record per eligibility month per eligibility year.  PC-009= ME-010 and MC-009 | R | 100% |
| PC010 | 302-C2 | Member Identification Code | varchar | 128 | Member’s social security number or Medicaid ID. Must be an identifier that is unique to the member. Used for matching member records. | O |  |
| PC130 |  | Member Telephone Number | char | 10 | Member’s telephone number on record with Reporting Entity; required if PC011 is blank or unknown; used for matching member records. Do not include parentheses, dashes or periods. | R if PC010 is blank | 100% |
| PC011 |  | Individual Relationship Code | char | 2 | Member's relationship to insured  Use Lookup Table B-1.B | R | 100% |
| PC012 | 305-C5 | Member Gender | char | 1 | M – Male  F – Female  U – UNKNOWN | R | 100% |
| PC013 | 304-C4 | Member Date of Birth | Date | 8 | CCYYMMDD | R | 99.5% |
| PC014 | N/A | Member City Name of Residence | varchar | 50 | City name of member | R | 99.5% |
| PC015 | N/A | Member State or Province | char | 2 | As defined by the US Postal Service | R | 99.5% |
| PC016 | N/A | Member ZIP Code | varchar | 11 | ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired. | R | 99.5% |
| PC017 | N/A | Date Service Approved (AP Date) | date | 8 | CCYYMMDD – date claim paid if available, otherwise set to Date Prescription Filled | R | 100% |
| PC018 | 201-B1 | Pharmacy Number | varchar | 30 | Reporting Entity assigned pharmacy number. AHFS number is acceptable. | O |  |
| PC019 | N/A | Pharmacy Tax ID Number | varchar | 10 | Federal tax identification number coded with no punctuation (carriers that contract with outside PBM’s will not have this) | TH | 10% |
| PC020 | 833-5P | Pharmacy Name | varchar | 50 | Name of pharmacy | R | 99.5% |
| PC021 | N/A | National Provider ID Number | varchar | 20 | National Provider ID. This data element pertains to the entity or individual directly providing the service. | R | 90% |
| PC048 | N/A | Pharmacy Location Street Address | varchar | 30 | Street address of pharmacy | O |  |
| PC022 | 831-5N | Pharmacy Location City | varchar | 30 | City name of pharmacy - preferably pharmacy location (if mail order null) | R | 99.5% |
| PC023 | 832-5O | Pharmacy Location State | char | 2 | As defined by the US Postal Service (if mail order null) | R | 99.5% |
| PC024 | 835-5R | Pharmacy ZIP Code | varchar | 10 | ZIP Code of pharmacy - may include non-US codes. Do not include dash. Plus 4 optional but desired (if mail order null) | R | 99.5% |
| PC024d | N/A | Pharmacy Country Name | varchar | 30 | Code US for United States | R | 99.5% |
| PC025 | N/A | Claim Status | char | 2 | See Lookup Table B-1.F | R | 99.5% |
| PC025a | N/A | Denial Reason | Varchar | 5 | Required when PC025 = 4 or 22.  Use the most appropriate code from either the Claim Adjustment Reason Codes (CARC) set or the Remittance Advice Remark Codes (RARC) set. | R | 99.5% |
| PC026 | 407-D7 | Drug Code | varchar | 11 | NDC Code | R | 99.5% |
| PC027 | 516-FG | Drug Name | varchar | 80 | Text name of drug | R | 99.5% |
| PC028 | 403-D3 | New Prescription or Refill | varchar | 2 | Older systems provide only an “N” for new or an “R” for refill, otherwise provide refill #  01 - New prescription  02 - Refill | R | 99.5% |
| PC029 | 425-DP | Generic Drug Indicator | char | 2 | 01 - branded drug  02 - generic drug | R | 99.5% |
| PC030 | 408-D8 | Dispense as Written Code | char | 1 | Please use Table B.1.H | R | 99.5% |
| PC031 | 406-D6 | Compound Drug Indicator | char | 1 | N - Non-compound drug  Y - Compound drug  U - Non-specified drug compound | O |  |
| PC032 | 401-D1 | Date Prescription Filled | date | 8 | CCYYMMDD | R | 99.5% |
| PC033 | 404-D4 | Quantity Dispensed | int | 5 | Number of metric units of medication dispensed | R | 99.5% |
| PC034 | 405-D5 | Days Supply | int | 3 | Estimated number of days the prescription will last | R | 95% |
| PC035 | 804-5B | Charge Amount | int | 10 | Do not code decimal point or provide any punctuation where $1,000.00 converted to 100000  Same for all financial data that follows. | R | 99.5% |
| PC036 | 876-4B | Paid Amount | int | 10 | Includes all health plan payments and excludes all member payments. Do not code decimal point. | R | 99.5% |
| PC037 | 506-F6 | Ingredient Cost/List Price | int | 10 | Cost of the drug dispensed. Do not code decimal point. | R | 99.5% |
| PC038 | 428-DS | Postage Amount Claimed | int | 10 | Do not code decimal point. Not typically captured. | O |  |
| PC039 | 412-DC | Dispensing Fee | int | 10 | Do not code decimal point. | R | 99.5% |
| PC040 | 817-5E | Co-pay Amount | int | 10 | The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point. | R | 99.5% |
| PC041 | N/A | Coinsurance Amount | int | 10 | The dollar amount an individual is responsible for – not the percentage. Do not code decimal point. | R | 99.5% |
| PC042 | N/A | Deductible Amount | int | 10 | Do not code decimal point. | R | 99.5% |
| PC043 | N/A | Unassigned |  |  | Reserved for assignment | O |  |
| PC044 | N/A | Prescribing Physician First Name | varchar | 25 | Physician first name. | O if PC047 is filled with DEA # | 40% |
| PC045 | N/A | Prescribing Physician Middle Name | varchar | 25 | Physician middle name or initial. | O if PC047 is filled with DEA # | .5% |
| PC046 | 427-DR | Prescribing Physician Last Name | varchar | 60 | Physician last name. | O if PC047 is filled with DEA #; R if PC047 is not filled or contains NPI number | 99% |
| PC047 | 421-DZ | Prescribing Physician NPI | varchar | 20 | NPI number for prescribing physician | R | 80% |
| PC049 |  | Member Street Address | varchar | 50 | Physical street address of the covered member | R | 99% |
| PC101 | 313-CD | Subscriber Last Name | varchar | 128 |  | R | 100% |
| PC102 | 312-CC | Subscriber First Name | varchar | 128 |  | R | 100% |
| PC103 | N/A | Subscriber Middle Initial | char | 1 |  | O |  |
| PC104 | 311-CB | Member Last Name | varchar | 128 |  | R | 100% |
| PC105 | 310-CA | Member First Name | varchar | 128 |  | R | 100% |
| PC106 | N/A | Member Middle Initial | char | 1 |  | O |  |
| PC201 | N/A | Version Number | int | 4 | The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line. Required Default YYMM | R | 99.5% |
| PC202 | N/A | Prescription Written Date | date | 8 | Date Prescription was written | R | 99% |
| PC047a | 421-DZ | Prescribing Physician Provider ID | varchar | 30 | Provider ID for the prescribing physician | R | 98% |
| PC047b | 421-DZ | Prescribing Physician DEA | varchar | 20 | DEA number for prescribing physician | O |  |
| PC899 | N/A | Record Type | char | 2 | PC | R | 100% |

## Provider Data

Frequency: Monthly Upload via FTP or Web Portal

Additional formatting requirements:

* Reporting Entities submit data in a single, consistent format for each data type.
* A provider means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.
* A billing provider means a provider or other entity that submits claims to health care claims processors for health care services directly or provided to a subscriber or member by a service provider.
* A service provider means the provider who directly performed or provided a health care service to a subscriber of member.
* One record submitted for each provider for each unique physical address.

### Provider File Header Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| HD001 | Record Type | char | 2 | MP | 100% |
| HD002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | Date | 6 | CCYYMM (Example: 200801) | 100% |
| HD005 | Ending Month | Date | 6 | CCYYMM (Example: 200812) | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the Provider file, excluding header and trailer records | 100% |

### 

### Provider File Trailer Record

| **Data Element #** | **Data Element Name** | **Type** | **Max Length** | **Description/valid values** | **Thresh.** |
| --- | --- | --- | --- | --- | --- |
| TR001 | Record Type | char | 2 | MP | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM (Example: 200801) | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM (Example: 200812) | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### Provider File

| **Data Element #** | **Reference** | **Data Element Name** | **Type** | **Length** | **Description/Codes/Sources** | **Req’d** | **Thresh.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MP001 | N/A | Provider ID | varchar | 30 | A unique identifier for the provider as assigned by the reporting entity. Needs to be unique within the MP file.  One unique ID Per Provider. May include a unique combination of NPI and tax ID.  MP-001= MC-024, PC047A | R | 100% |
| MP002 | N/A | Provider Tax ID | varchar | 10 | Tax ID of the provider. Do not code punctuation. | R | 90% |
| MP003 | N/A | Provider Entity | char | 1 | F – Facility  G – Provider group  I – IPA  P – Practitioner | R | 100% |
| MP004 | N/A | Provider First Name | varchar | 25 | Individual first name. Set to null if provider is a facility or organization. | R | 98% |
| MP005 | N/A | Provider Middle Name or Initial | varchar | 25 |  | O |  |
| MP006 | N/A | Provider Last Name or Organization Name | varchar | 60 | Full name of provider organization or last name of individual provider | R | 100% |
| MP007 | N/A | Provider Suffix | varchar | 10 | Example: Jr.; null if provider is an organization. Do not use credentials such as MD or PhD | O |  |
| MP008 | N/A | Provider Specialty | varchar | 50 | Report the HIPAA-compliant health care provider taxonomy code. Code set is freely available at the National Uniform Claims Committee’s web site at <http://www.nucc.org/> | R | 98% |
| MP009 | N/A | Provider Office Street Address | varchar | 50 | Physical address – address where provider delivers health care services | R | 99.9% |
| MP010 | N/A | Provider Office City | varchar | 30 | Physical address – address where provider delivers health care services | R | 99.9% |
| MP011 | N/A | Provider Office State | char | 2 | Physical address – address where provider delivers health care services. Use postal service standard 2 letter abbreviations. | R | 99.9% |
| MP012 | N/A | Provider Office Zip | varchar | 11 | Physical address – address where provider delivers health care services. Minimum 5 digit code. | R | 99.9% |
| MP013 | N/A | Provider DEA Number | varchar | 12 |  | TH | 50% |
| MP014 | N/A | Provider NPI | varchar | 20 |  | TH | 98% |
| MP015 | N/A | Provider State License Number | varchar | 20 | Prefix with two-character state of licensure with no punctuation. Example COLL12345 | TH | 40% |
| MP016 | N/A | Provider office  Address | varchar | 10 | Physical address – address where provider delivers health care services: Suite number, floor number, Unit number, etc. | O |  |
| MP017 | N/A | Provider Office phone number | varchar | 10 | Provider Office number: Telephone number where provider delivers health care services. | O |  |
| MP899 | N/A | Record Type | char | 2 | MP | R | 100% |

# Lookup Tables

## B.1.A Insurance Type

This table contains codes that may be applicable to Mandatory and Voluntary Reporting Entities.

|  |
| --- |
| 12 Preferred Provider Organization (PPO) |
| 13 Point of Service (POS) |
| 15 Indemnity Insurance [applies to Voluntary Submitters only] |
| 16 Health Maintenance Organization (HMO) Medicare Advantage |
| 17 Dental Maintenance Organization (DMO) [applies to Voluntary Submitters only] |
| CI Commercial Insurance Company |
| DN Dental [applies to Voluntary Submitters only] |
| HM Health Maintenance Organization |
| HN HMO Medicare Risk/ Medicare Part C |
| MA Medicare Part A |
| MB Medicare Part B |
| MC Medicaid |
| MD Medicare Part D |
| MP Medicare Primary |
| QM Qualified Medicare Beneficiary |
| TV Title V |
| 99 Other |
| SP – Medicare Supplemental (Medi-gap) plan |
| CP- Medicaid CHIP |
| MS-Medicaid Fee for service |
| MM- Medicaid Managed care |
| CS- Commercial Supplemental plan |
| SF- Self-Funded |

## B.1.B Relationship Codes

|  |
| --- |
| 01 Spouse |
| 04 Grandfather or Grandmother |
| 05 Grandson or Granddaughter |
| 07 Nephew or Niece |
| 10 Foster Child |
| 15 Ward |
| 17 Stepson or Stepdaughter |
| 19 Child |
| 20 Employee/Self |
| 21 Unknown |
| 22 Handicapped Dependent |
| 23 Sponsored Dependent |
| 24 Dependent of a Minor Dependent |
| 29 Significant Other |
| 32 Mother |
| 33 Father |
| 36 Emancipated Minor |
| 39 Organ Donor |
| 40 Cadaver Donor |
| 41 Injured Plaintiff |
| 43 Child Where Insured Has No Financial Responsibility |
| 53 Life Partner |
| 76 Dependent |

## B.1.C Discharge Status

|  |
| --- |
| 01 Discharged to home or self-care |
| 02 Discharged/transferred to another short term general hospital for inpatient care |
| 03 Discharged/transferred to skilled nursing facility (SNF) |
| 04 Discharged/transferred to nursing facility (NF) |
| 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution |
| 06 Discharged/transferred to home under care of organized home health service organization |
| 07 Left against medical advice or discontinued care |
| 08 Discharged/transferred to home under care of a Home IV provider |
| 09 Admitted as an inpatient to this hospital |
| 20 Expired |
| 21 Discharged/Transferred To Court/Law Enforcement |
| 30 Still patient or expected to return for outpatient services |
| 40 Expired at home |
| 41 Expired in a medical facility |
| 42 Expired, place unknown |
| 43 Discharged/ transferred to a Federal Hospital |
| 50 Hospice – home |
| 51 Hospice – medical facility |
| 61 Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed |
| 62 Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital |
| 63 Discharged/transferred to a long-term care hospital |
| 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital |
| 66 Discharged/transferred to a critical access hospital (cah) |
| 69 Discharged/transferred to a designated disaster alternative care site (effective 10/1/13) |
| 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list |
| 81 Discharged to home or self care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 82 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 83 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 84 Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 85 Discharged/transferred to a designated cancer center or children’s hospital with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 86 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 87 Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 89 Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 90 Discharged/transferred to an inpatient rehabilitation facility (irf) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 91 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 92 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 93 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 94 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 95 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| OP: default ‘01’ = home |
| P: default ‘00’ = unknown |

## B.1.D Type of Bill (Institutional claims ONLY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Facility**  **First Digit** | **Bill Classification**  **(Second digit if first is 1-6)** | **Bill Classification**  **(Second Digit if First Digit = 7)** | **Bill Classification**  **(Second Digit if First Digit = 8)** | **Frequency**  **(Third digit)** |
| 1 Hospital | 1 Inpatient (Including Medicare Part A) | 1 Rural Health | 1 Hospice (Non-Hospital Based) | 1 admit through discharge |
| 2 Skilled Nursing | 2 Inpatient (Medicare Part B Only) | 2 Hospital Based or Independent Renal Dialysis Center | 2 Hospice (Hospital-Based) | 2 interims - first claim used for the… |
| 3 Home Health | 3 Outpatient | 3 Free Standing Outpatient Rehabilitation Facility (ORF) | 3 Ambulatory Surgery Center | 3 interim - continuing claims |
| 4 Christian Science Hospital | 4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment) | 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs) | 4 Free Standing Birthing Center | 4 interim - last claim |
| 5 Christian Science Extended Care | 5 Nursing Facility Level I | 6 Community Mental Health Center | 9 Other | 5 late charge only |
| 6 Intermediate Care | 6 Nursing Facility Level II | 9 Other |  | 7 replacement of prior claim |
| 7 Clinic | 7 Intermediate Care - Level III Nursing Facility |  |  | 8 void/cancel of a prior claim |
| 8 Special Facility | 8 Swing Beds |  |  | 9 final claim for a home |

## B.1.E Place of Service

|  |
| --- |
| 01 Pharmacy |
| 02 Telehealth |
| 03 School |
| 04 Homeless Shelter |
| 05 Indian Health Service Free-standing Facility |
| 06 Indian Health Service Provider-based Facility |
| 07 Tribal 638 Free-standing Facility |
| 08 Tribal 638 Provider-based Facility |
| 09 Prison/Correctional Facility |
| 11 Office |
| 12 Home |
| 13 Assisted Living Facility |
| 14 Group Home |
| 15 Mobile Unit |
| 16 Temporary Lodging |
| 17 Walk-in Retail Health Clinic |
| 18 Place of Employment-Worksite |
| 19 Off Campus-Outpatient Hospital |
| 20 Urgent care Facility |
| 21 Inpatient Hospital |
| 22 On Campus-Outpatient Hospital |
| 23 Emergency Room - Hospital |
| 24 Ambulatory Surgery Center |
| 25 Birthing Center |
| 26 Military Treatment Facility |
| 31 Skilled Nursing Facility |
| 32 Nursing Facility |
| 33 Custodial Care Facility |
| 34 Hospice |
| 41 Ambulance - Land |
| 42 Ambulance - Air or Water |
| 49 Independent Clinic |
| 50 Federally Qualified Health Center |
| 51 Inpatient Psychiatric Facility |
| 52 Psychiatric Facility Partial Hospitalization |
| 53 Community Mental Health Center |
| 54 Intermediate Care Facility/Mentally Retarded |
| 55 Residential Substance Abuse Treatment Facility |
| 56 Psychiatric Residential Treatment Center |
| 57 Non-residential Substance Abuse Treatment Facility |
| 60 Mass Immunization Center |
| 61 Comprehensive Inpatient Rehabilitation Facility |
| 62 Comprehensive Outpatient Rehabilitation Facility |
| 65 End Stage Renal Disease Treatment Facility |
| 71 State or Local Public Health Clinic |
| 72 Rural Health Clinic |
| 81 Independent Laboratory |
| 99 Other Unlisted Facility |

## B.1.F Claim Status

|  |
| --- |
| 01 Processed as primary |
| 02 Processed as secondary |
| 03 Processed as tertiary |
| 04 Denied |
| 06 Approved as amended |
| 19 Processed as primary, forwarded to additional Reporting Entity(s) |
| 20 Processed as secondary, forwarded to additional Reporting Entity(s) |
| 21 Processed as tertiary, forwarded to additional Reporting Entity(s) |
| 22 Reversal of previous payment |
| 26 Documentation claim – no payment associated |
| 28 Repriced |

## B.1.G Present on Admission Codes

|  |  |
| --- | --- |
| POA\_Code | POA\_Desc |
| 3 | Unknown |
| 1 | Exempt for POA reporting |
| E | Exempt for POA reporting |
| N | Diagnosis was not present at time of inpatient admission |
| U | Documentation insufficient to determine if condition was present at time of inpatient admission |
| W | Clinically undetermined |
| Y | Diagnosis was present at time of inpatient admission |

## B.1.H Dispense as Written Code

|  |
| --- |
| 0 Not dispensed as written |
| 1 Physician dispense as written |
| 2 Member dispense as written |
| 3 Pharmacy dispense as written |
| 4 No generic available |
| 5 Brand dispensed as generic |
| 6 Override |
| 7 Substitution not allowed - brand drug mandated by law |
| 8 Substitution allowed - generic drug not available in marketplace |
| 9 Other |

## B.1.I Benefit Coverage Level

|  |  |  |
| --- | --- | --- |
| CHD | Children Only | |
| DEP | Dependents Only | |
| ECH | Employee and Children | |
| EPN | Employee plus N where N equals the number of other covered dependents | |
| ELF | Employee and Life Partner | |
| EMP | Employee Only | |
| ESP | Employee and Spouse | |
| FAM | Family |  |
| IND | Individual | |
| SPC | Spouse and Children | |
| SPO | Spouse Only | |