The New Hampshire Comprehensive Health Care Information System (NH CHIS) Public Use Data Dictionary

Version 1

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Prepared for the
New Hampshire Department of Health and Human Services
Maintained by Milliman

INTRODUCTION

The New Hampshire Comprehensive Health Care Information System (CHIS) was created by New Hampshire State statute to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." The New Hampshire Insurance Department (NHID) and the NH Department of Health and Human Services (NH DHHS) jointly lead the project, which includes legislative provisions mandating that health insurance carriers submit their encrypted health care claims to the state. The NH DHHS's Office of Medicaid Business and Policy, after a competitive bid process, contracted with Milliman, Inc. in May of 2012 to maintain the CHIS. This data dictionary documents the consolidated tables created from the data submitted to Milliman on behalf of NH CHIS.

UNDERSTANDING THE TYPES OF AVAILABLE DATA

New Hampshire's data are collected using the NHpreprocessor; an application developed by Milliman to perform initial data quality checks and automatically de-identify (hash) claims and enrollment data. Data are aggregated using Milliman's MedInsight enterprise data warehouse and software. MedInsight is an established integrated data warehousing and reporting tool specifically designed for health care analytics. Data from the MedInsight data warehouse are used to populate pre-defined data tables for the NH CHIS. These tables are organized as a relational data warehouse consisting of three primary types of data sets: **core** data sets, **supporting** data sets, and **reference** data sets. Separately, each provides a discrete path into the data; combined, they offer a comprehensive roadmap to understanding how healthcare is being used:

- **Core** data sets represent the bulk of the claims and eligibility information submitted by data reporters. Core sets include data originally submitted and are supplemented with a range of enhanced and value-added fields to aid in the use of the data. Examples of core data sets include: medical claims, pharmacy claims, medical membership, and pharmacy membership.

- **Supporting** data sets contain primarily redundant information submitted in the original files and extracted to single occurrences for efficiency in storage and performance. Examples of supporting data sets include member detail, pharmacy detail, and provider detail.

- **Reference** data sets are primarily look-up files containing all valid codes and their associated labels. Reference sets also may include elements that allow the summarizing of core data at a higher level. For example, the geography codes reference data set is ZIP-code based with one record for each ZIP code; it also includes the county associated with that ZIP code. Linking the medical claims data set to the geography codes reference data set on the ZIP code field allows the user to summarize data by county. Reference data sets include data for nonstandard code values used by individual data reporters; these often are referred to as local or homegrown codes. Users are encouraged to carefully review the contents of a reference file to determine if additional codes should be included in their specifications Reference tables are named with the prefix REF to help identify these tables.

UNDERSTANDING HOW THIS DICTIONARY WORKS

This dictionary provides a list of available data elements – some as originally submitted, others created as keys for the dimension tables, or enhanced by Milliman. Elements are listed by table and provide technical specifications and background information, including inter-element mapping so users can plot the most efficient path to the data they need.

Table Information

The table list displays each of the available tables. The information is displayed in 3 columns:

- **TABLE NAME:** The table name used in the data tables.
- **TABLE COMMON NAME:** A brief descriptive name for the table.
- **TABLE DESCRIPTIVE TEXT:** A brief description of the contents of the table.

PUBLIC USE TABLE NAME	TABLE COMMON NAME	TABLE DESCRIPTIVE TEXT
REF_CPT	CPT CODES	The CPT codes reference data set includes all valid Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) values and descriptions and links to the medical claims data sets. This data set also holds any local payer-defined codes.

Table Contents

The data element information is presented in 6 columns:

- **TABLE NAME:** The table in which the data element is populated.
- **DATA ELEMENT COMMON NAME:** A brief descriptive title for the element or field.
- **DATA ELEMENT NUMBER/IDENTIFIER:** The column identifier from the NH Data Submission Manual that is used to create the text extract in the proper order.
- **DATA ELEMENT NAME:** The element name used in New Hampshire's database.
- **FIELD POSITION:** The position of each data element in the corresponding table.
- **TYPE (Max Length):** This column displays the data type for each element and the maximum length of each field.

- There are 3 data types (DATE, VARCHAR (alphanumeric) and NUMERIC (numbers only)).

- The maximum length of each DATE element is 8 unless otherwise specified. The maximum length of each VARCHAR or NUMERIC element is given in parentheses following the type designation. Note that all NUMERIC elements also include an (x, y) notation, indicating a maximum of *x* total digits inclusive of *y* possible digits to the right of a decimal point. For example, a (5, 2)-length element embraces values such as 99999, 999.99, and 0.01.

- **DESCRIPTION:** A brief explanation of the contents contained in each element. The description also may indicate an element's relationship to other elements, particularly when reference data sets are involved. In many cases, this column also includes a list of all valid codes for the field. Note that many of these data sets include two codes that are necessary for the referential integrity of the warehouse: -1 (payer supplied no value) and -2 (payer supplied an incorrect or invalid value).

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Coverage Class	MC899	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM. Dental Claims are DEN.

Additional Notes

A few additional notes about using the data described in this dictionary:

- **Table Order:** Data sets are listed in alphabetical order by common name). (Note that the order of data elements in the tables below does not necessarily reflect their order in the released data sets.

AN IMPORTANT NOTICE ABOUT USING CLAIMS DATA

While every effort is made to ensure the utility of New Hampshire's data, it is critical to understand that there are inherent challenges to working with claims data. Extensive caution must be used when linking between claims and membership records in the medical, pharmacy, and dental files to avoid duplicate counts and overlaps. The claims data is segmented using the Milliman Health Cost Guidelines, which categorize for hospital, surgical, medical, and other services. If you need assistance in understanding how to interpret and use your data set, please contact Milliman or NH CHIS to inquire about training and consulting services.

PUBLIC USE DATA DICTIONARY

TABLE INFORMATION

PUBLIC USE TABLE NAME	TABLE COMMON NAME	TABLE DESCRIPTIVE TEXT
PUBLICUSE_CLAIM_DC_YYYY	DENTAL CLAIMS	The dental claims data set contains one record for each service that was rendered and is organized by service year. All adjustments to the claims have been applied to the data. This data set links to the following data sets: date, dental provider detail, gender, geography, members, payers, product, and relationship. Note that the yyyy in the data set's name will reflect the year of service.
PUBLICUSE_CLAIM_MC_YYYY	MEDICAL CLAIMS	The medical claims data set contains one record for each service that was rendered and is organized by service year. All adjustments to the claims have been applied to the data. Note that the yyyy in the data set's name will reflect the year of service. For medical claims industry standard coding definitions, please refer to the following websites: • For Level I HCPCS (CPT) codes, see: http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page? • For Level II HCPCS (non-CPT) codes, see: http://www.cms.hhs.gov/MedHCPCSGenInfo/ • For ICD-CM codes, see: http://www.cdc.gov/nchs/icd.htm • For Revenue codes, see: http://www.nubc.org/
PUBLICUSE_CLAIM_PC_YYYY	PHARMACY CLAIMS	The pharmacy claims data set contains one record for each filled script and is organized by service year. All adjustments to the claims have been applied to the data. Note that the yyyy in the data set's name will reflect the year in which the script was filled.
PUBLICUSE_PROVIDER_DETAIL	PROVIDER DETAIL	The provider detail reference data set provides detailed service and billing provider information, including unique records by payer and provider information.
REF_ADM_SRC	ADMISSION SOURCE CODES	The admission source codes reference data set includes all valid admission source values and descriptions and links to the medical claims data set.
REF_ADM_TYPE	ADMISSION TYPE CODES	The admission type codes reference data set includes all valid admission type values and descriptions and links to the medical claims data sets.
REF_CLAIM_STATUS	CLAIM STATUS – ORIGINAL CODES	This table contains the status of the claim as reported by the payer on the remittance.
REF_CPT	CPT CODES	The CPT codes reference data set includes all valid Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) values and descriptions and links to the medical claims data sets. This data set also holds any local payer-defined codes.
REF_CPT_MOD	CPT MODIFIER CODES	The CPT modifier codes reference data set includes all valid CPT modifier codes and links to the medical claims data sets.

PUBLIC USE TABLE NAME	TABLE COMMON NAME	TABLE DESCRIPTIVE TEXT
REF_DIS_STAT	DISCHARGE STATUS CODES	The discharge status codes reference data set includes all valid patient discharge values and descriptions and links to the medical claims data sets. Any invalid status codes are marked "unknown."
REF_ELIGIBILITY_ INSURANCE_TYPE	PRODUCT CODES	The insurance type reference data set includes all valid insurance type/product codes and descriptive demographic information and links to data sets containing an Insurance_Type field.
REF_FORM_TYPE	CLAIM TYPE CODES	The form type codes reference data set includes all valid claim type values and descriptions and links to the medical claims data sets.
REF_GEOGRAPHY	GEOGRAPHY CODES	The geography codes reference data set holds all valid ZIP code values and descriptions and links to the following data sets: dental claims, dental membership, dental provider detail, medical claims, medical membership, payers, pharmacy, pharmacy claims, pharmacy membership, and provider detail.
REF_HCG	MILLIMAN HCG LABELS	The HCG reference table includes all HCG descriptions and roll-ups as defined by the Milliman HCG grouper software and links to the medical claims on MR_LINE_CODE.
REF_ICD_DIAG	ICD DIAGNOSIS CODES	The diagnosis codes reference data set includes only local, payer-defined diagnosis code values and descriptions and links to the medical claims data sets.
REF_ICD_PROC	ICD PROCEDURE CODES	The ICD procedure code reference table includes all submitted procedure codes and their related reference description.
REF_POS	SERVICE SITE CODES	The place of services site codes reference data set includes all valid site of service (facility) values and descriptions and links to the dental claims and medical claims data sets.
REF_PROC_CODE_ DENTAL	CDT CODES	The CDT codes reference data set includes all valid Current Dental Terminology (CDT) values and descriptions and links to the dental claims data sets. This data set also holds all local payer-defined diagnosis codes. Note that the CDT_DIM file will be populated only when local codes are submitted.
REF_PROCESSING_ RULES	PROCESSING RULES	Logic for defining individual members and claims.
REF_REV_CODE	REVENUE CODES	The revenue codes reference data set includes all valid revenue codes and links to the medical claims data sets.
REF_RX_DAW	DISPENSE AS WRITTEN CODES	The dispense as written (DAW) codes reference data set includes all valid DAW code values and descriptions and links to the pharmacy claims data sets.
REF_SV_STAT	CLAIM STATUS – STANDARDIZED CODES	The claim status codes reference data set includes standardized claim status code values and descriptions and links to the dental claims, medical claims, and pharmacy claims data sets.

PUBLIC USE TABLE NAME	TABLE COMMON NAME	TABLE DESCRIPTIVE TEXT
REF_UB_BILL_TYPE	BILL TYPE CODES	The bill type codes reference data set includes all valid bill type values and descriptions and links to the medical claims data sets.

Medical

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Coverage Class	MC899	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM. Dental Claims are DEN.
CLAIM_MC_yyyy	Date of Service (From) Year	MC059	FROM_YEAR	2	VARCHAR (4)	This field contains the date of service of medical claims in a CCYY format. Its source is the Date of Service from element (MC059) in the medical claims.
CLAIM_MC_yyyy	Admission Year	MC018	ADM_YR	3	NUMERIC (4)	This field contains the year of the inpatient admission in CCYY format; its source is the Admission Date element (MC018) in the medical claims file. These are only populated when Valid codes include: 0…Not an inpatient record -1…Not specified (no admission date reported) -2…Not valid (invalid admission date code reported)
CLAIM_MC_yyyy	Discharge Year	MC069	DIS_YR	4	NUMERIC (4)	This field contains the year of the inpatient discharge from the hospital in CCYY format; its source is the Discharge Date element (MC069) in the medical claims file. In addition to dates in CCYY format, valid codes also include: 0…Not an inpatient record -1…Not specified (no discharge date reported) -2…Not valid (invalid discharge date code reported)
CLAIM_MC_yyyy	Claim Key	N/A	CLAIM_ID_KEY	5	NUMERIC (12)	Unique identifier for the claim within the data warehouse.
CLAIM_MC_yyyy	Continuous Stay Identifier	N/A	CS_CLAIM_ID_ KEY	6	NUMERIC (12)	This field is assigned as a value-added field to associate all claim lines for a given inpatient stay under one coded value.
CLAIM_MC_yyyy	Identification Number	N/A	SERVICES_KEY	7	NUMERIC (22)	This field uniquely identifies each claim service record within the warehouse.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Line Counter	MC005	SV_LINE	8	NUMERIC (6)	This field contains the line number for this service as reported by the payer. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.
CLAIM_MC_yyyy	Claim Type	MC899, MC054	FORM_TYPE	9	VARCHAR (1)	This field identifies whether the claim is a UB (U), HCFA/CMS (H), Pharmacy (D) or Dental (A) type of claim.
CLAIM_MC_yyyy	Claim Status Standardized	MC063, MC065, MC066, MC067	SV_STAT	10	VARCHAR (1)	This is the standardized status of the claim. The values include: P…Paid R…Reversed D…Denied
CLAIM_MC_yyyy	Discharge Status	MC023	DIS_STAT	11	NUMERIC (2)	This field contains the patient discharge status code as reported by the payer. This field is inconsistently reported across data reporters; it may be underreported on inpatient records and sometimes reported on outpatient records. This field links to the ***REF_DIS_STAT*** table. 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 30…Still patient or expected to return for outpatient services 40…Expired at home

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						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 -1…Not specified (no discharge status reported) -2…Not valid (invalid discharge status code reported)
CLAIM_MC_yyyy	Service Site (Professional) Code / Place of Service Code	MC037	POS	12	VARCHAR (2)	This payer-supplied field, which is required for professional claims and is not be used for institutional claims, records the site where the service was performed. Pharmacy Claims are always 01. Dental Claims are always 99. This field links to the ***REF_POS*** file. Valid codes include: 01…Pharmacy 02…School 11…Office 12…Home 21…Inpatient hospital 22…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 35…Boarding home

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						41…Ambulance – Land 42…Ambulance – Air or water 50…Federally qualified 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 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 -1…Not specified (no service site reported) -2…Not valid (invalid service site code reported)
CLAIM_MC_yyyy	Member Age	ME014, MC059	AGE	13	NUMERIC (3)	This field contains the age of the member in years. Age is calculated using the FROM DATE element for dental claims (DC035), medical claims (MC059), and pharmacy claims (PC032). For membership data, the age is calculated as of the last day of the membership month. It is derived from the member's date of birth (ME014). Children younger than one year have an age of 0. Age 90 and greater is rolled up to a single group, "90+". If no date of birth is available, this field is null. Erroneous age values - due to errors in submitted enrollment, service dates or dates of birth - will appear as null or 255.
CLAIM_MC_yyyy	Member Gender	MC012	SEX	14	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Member County Code	ME017, MC016	MEMBER_ COUNTY	15	NUMERIC (5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7 …Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
CLAIM_MC_yyyy	Member State	ME016, MC015	MEMBER_ STATE	16	VARCHAR (2)	This field contains the member's state and uses the two-character state abbreviation as defined by the US Postal Service. Other valid codes include: -1…Not specific (no state reported) -2…Not valid (invalid state code)
CLAIM_MC_yyyy	Standardized Insurance Product Type	ME003	PRODUCT_ TYPE	17	VARCHAR (3)	This includes the standardized payer type values, including: PPO…Commercial PPO POS…Commercial POS HMO…Commercial HMO SN1…Special Needs Plan – Chronic Condition SN2…Special Needs Plan – Institutionalized SN3…Special Needs Plan – Dual Eligible CHP…Child Health Insurance Program EPO…Exclusive Provider Organization SF…Self-Funded SL…Stop Loss IND…Indemnity

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Standardized Line of Business	ME003	LOB	18	VARCHAR (10)	These are standardized Lines of Business that are based upon the payer type information. These include: 1…COMMERCIAL 2…MEDICAID 3…MEDICARE
CLAIM_MC_yyyy	Standardized Product Code	ME003	INSURANCE_ TYPE	19	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product and links to the ***REF_INSURANCE_TYPE***. Its source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12…Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13…Medicare Secondary – End-Stage Renal Disease Beneficiary 14…Medicare Secondary – No-Fault Insurance 15…Medicare Secondary – Workers' Compensation 16…Medicare Secondary – Public Health Service or Other Federal Agency 41…Medicare Secondary – Black Lung 42…Medicare Secondary – Veterans Administration 43…Medicare Secondary – Disabled Beneficiary Under Age 65 47…Medicare Secondary – Other Liability Insurance is Primary AP…Auto Insurance Policy CP…Medicare Conditionally Primary D…Disability DB…Disability Benefits EP…Exclusive Provider Organization HM…Health Maintenance Organization (HMO) HN…Health Maintenance Organization (HMO) Medicare Risk HS…Special Low-Income Medicare Beneficiary IN…Indemnity LB…Liability LC…Long-Term Care LD…Long-Term Policy LI…Life Insurance

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						LM…Liability Medical LT…Litigation MH…Medigap Part A MI…Medigap Part B MP…Medicare Primary OF…Other Federal Program PR…Preferred Provider Organization (PPO) PS…Point of Service (POS) QM…Qualified Medicare Beneficiary SP…Medicare Supplemental Policy VA…Veterans Administration Plan WC…Workers' Compensation -1…Not specified (no insurance type / product code reported) -2…Not valid (invalid insurance type / product code reported)
CLAIM_MC_yyyy	Procedure Code	MC055	PROC_CODE	20	VARCHAR (10)	This field contains the HCPCS or CPT code for the procedure performed. Many data reporters continue to use local codes. This code links to the file REF_CPT which contains standard values and the non-standard values that are reported by the data reporters which are flagged as custom. These must be taken into consideration when selecting records for a specific type of procedure. This is one of three medical claims fields used to report the type of service (see also Revenue Code (MC054) and ICD-CM Procedure Code (MC058)). This field links to ***REF_PROC_CODE*** using the CPT Code element.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Procedure Modifier 1	MC056	CPT_MOD1	21	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to the CPT Modifier reference file ***REF_CPT_MOD*** for Medical but to the ***REF_PROC_CODE_DENTAL*** for Dental.
CLAIM_MC_yyyy	Procedure Modifier 2	MC057	CPT_MOD2	22	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to the CPT Modifier reference file ***REF_CPT_MOD*** for Medical but to the ***REF_PROC_CODE_DENTAL*** for Dental.
CLAIM_MC_yyyy	Revenue Code	MC054	REV_CODE	23	VARCHAR (10)	This field is used to report the Revenue Code for hospital claims. National Uniform Billing Committee codes are used in this field. This field links to the ***REF_REV_CODE*** reference file using the Revenue Code. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and ICD-CM Procedure Code (MC058)).

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Type of Bill (Institutional) Code	MC036	UB_BILL_TYPE	24	VARCHAR (2)	This field contains the Type of Bill code as reported on a UB. This field links to the ***REF_BILL_TYPE*** reference table. Valid codes include: First Digit (Type of Facility) 1…Hospital 2…Skilled Nursing 3…Home Health 4…Christian Science Hospital 5…Christian Science Extended Care 6…Intermediate Care 7…Clinic 8…Special Facility Second Digit if First Digit is 1 through 6 (Bill Classification) 1…Inpatient (including Medicare Part A) 2…Inpatient (including Medicare Part B Only) 3…Outpatient 4…Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5…Nursing Facility Level I 6…Nursing Facility Level II 7…Intermediate Care – Level III Nursing Facility 8…Swing Beds Second Digit if First Digit is 7 (Bill Classification) 1…Rural Health 2…Hospital Based or Independent Renal Dialysis Center 3…Free Standing Outpatient Rehabilitation Facility (ORF) 5…Comprehensive Outpatient Rehabilitation Facility (CORF) 6…Community Mental Health Center 9…Other Second Digit if First Digit is 8 (Bill Classification) 1…Hospice, Non-hospital based 2…Hospice, Hospital based 3…Ambulatory Surgery Center

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						4…Free Standing Birthing Center 9…Other
CLAIM_MC_yyyy	Admission Source Code	MC021	ADM_SRC	25	VARCHAR (2)	This field is the primary identification key for each Admission Source record and links to the Admission Source element (MC021) in the medical claims file. This field is required for inpatient hospital claims. Valid codes include: 1…Physician Referral 2…Clinic Referral 3…HMO Referral 4…Transfer from Hospital 5…Transfer from a Skilled Nursing Facility 6…Transfer from another Health Care Facility 7…Emergency Room 8…Court/Law Enforcement 9…Unknown A…Transfer from a Rural Primary Care Hospital
CLAIM_MC_yyyy	Admission Type	MC020	ADM_TYPE	26	NUMERIC (2)	This field is used to record the type of admission for all inpatient hospital bills. Many data reporters do not capture this information. This field links to the admission type reference file using the Admit_type code. Valid codes include: 1…Emergency 2…Urgent 3…Elective 4…Newborn 5…Trauma Center 9…Information Not Available
CLAIM_MC_yyyy	Length of Stay	MC018, MC069	CLIENT_LOS	27	NUMERIC (4)	This field contains the length of stay (in days) for an inpatient claim. It is calculated by subtracting the Admission Date (MC018) from the Discharge Date (MC069).

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	ICD 10 or Higher Indicator	N/A	ICD_10_OR_ HIGHER	28	INT	Starting Oct. 1, 2015, CMS requires that Diagnosis and Procedures codes be submitted in ICD10 format. This column indicates that the correct ICD version is being used. 0…ICD9 Diagnosis and Procedure Codes exist in this claim line 1…ICD10 or higher Diagnosis and Procedure Codes exist in this claim line This links to ***REF_ICD_PROC*** and ***REF_ICD_DIAG***.
CLAIM_MC_yyyy	ICD-CM Procedure Code	MC058	ICD_PROC_01_ PRI	29	VARCHAR (4)	This field is used to report the principal ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and Revenue Code (MC054)). It links to ***REF_ICD_PROC***.
CLAIM_MC_yyyy	Principal Diagnosis	MC041	ICD_DIAG_01_P RIMARY	30	VARCHAR (5)	This field contains the ICD diagnosis code for the principal diagnosis. It (along with all ICD_DIAG Data Elements, links to ***REF_ICD_DIAG***).
CLAIM_MC_yyyy	Admitting Diagnosis	MC039	ICD_DIAG_ ADMIT	31	VARCHAR (5)	This field contains the ICD diagnosis code indicating the reason for the inpatient admission.
CLAIM_MC_yyyy	Other Diagnosis 01	MC042	ICD_DIAG_02	32	VARCHAR (5)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 1).
CLAIM_MC_yyyy	Other Diagnosis 02	MC043	ICD_DIAG_03	33	VARCHAR (5)	This field contains the ICD diagnosis code for the second secondary diagnosis (Other Diagnosis 2).
CLAIM_MC_yyyy	Other Diagnosis 03	MC044	ICD_DIAG_04	34	VARCHAR (5)	This field contains the ICD diagnosis code for the third secondary diagnosis (Other Diagnosis 3).
CLAIM_MC_yyyy	Other Diagnosis 04	MC045	ICD_DIAG_05	35	VARCHAR (5)	This field contains the ICD diagnosis code for the fourth secondary diagnosis (Other Diagnosis 4).
CLAIM_MC_yyyy	Other Diagnosis 05	MC046	ICD_DIAG_06	36	VARCHAR (5)	This field contains the ICD diagnosis code for the fifth secondary diagnosis (Other Diagnosis 5).

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Other Diagnosis 06	MC047	ICD_DIAG_07	37	VARCHAR (5)	This field contains the ICD diagnosis code for the sixth secondary diagnosis (Other Diagnosis 6).
CLAIM_MC_yyyy	Other Diagnosis 07	MC048	ICD_DIAG_08	38	VARCHAR (5)	This field contains the ICD diagnosis code for the seventh secondary diagnosis (Other Diagnosis 7).
CLAIM_MC_yyyy	Other Diagnosis 08	MC049	ICD_DIAG_09	39	VARCHAR (5)	This field contains the ICD diagnosis code for the eighth secondary diagnosis (Other Diagnosis 8).
CLAIM_MC_yyyy	Other Diagnosis 09	MC050	ICD_DIAG_10	40	VARCHAR (5)	This field contains the ICD diagnosis code for the ninth secondary diagnosis (Other Diagnosis 9).
CLAIM_MC_yyyy	Other Diagnosis 10	MC051	ICD_DIAG_11	41	VARCHAR (5)	This field contains the ICD diagnosis code for the tenth secondary diagnosis (Other Diagnosis 10).
CLAIM_MC_yyyy	Other Diagnosis 11	MC052	ICD_DIAG_12	42	VARCHAR (5)	This field contains the ICD diagnosis code for the eleventh secondary diagnosis (Other Diagnosis 11).
CLAIM_MC_yyyy	Other Diagnosis 12	MC053	ICD_DIAG_13	43	VARCHAR (5)	This field contains the ICD diagnosis code for the twelfth secondary diagnosis (Other Diagnosis 12).
CLAIM_MC_yyyy	Service Provider Crosswalk ID Key	N/A	SERV_PROV_ CW_KEY	44	NUMERIC (12)	This field contains the consistent, unique service provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
CLAIM_MC_yyyy	Billing Provider Crosswalk ID Key	N/A	BILL_PROV_CW _KEY	45	NUMERIC (12)	This field contains the consistent, unique billing provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
CLAIM_MC_yyyy	Quantity	MC061	QTY	46	NUMERIC (3)	For Medical, this column is the count of services performed. For all observation bed service lines, set equal to one. For all other room and board service lines, regardless of the length of stay, set equal to zero. For Pharmacy, it is the number of metric units of medication dispensed. For Dental, this column is NULL.
CLAIM_MC_yyyy	Charge Amount	MC062	AMT_BILLED	47	NUMERIC (10,2)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Paid Amount	MC063	AMT_PAID	48	NUMERIC (10,2)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_MC_yyyy	Deductible Amount	MC067	AMT_DEDUCT	49	NUMERIC (10,2)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that are not covered by the member's insurance plan. To determine the total out-of-pocket/member responsibility for this service, you must sum this field with both Copay Amount (MC065) and Coinsurance Amount (MC066). This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_MC_yyyy	Coinsurance Amount	MC066	AMT_COINS	50	NUMERIC (10,2)	This amount is paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans, the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses has been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (MC065) and Coinsurance Amount. To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067). This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Copay Amount	MC065	AMT_COPAY	51	NUMERIC (10,2)	This field contains the preset, fixed dollar amount payable by a member, often on a per-visit/-service basis. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount and Coinsurance Amount (MC066). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067). This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_MC_yyyy	Prepaid Amount	MC064	AMT_PREPAID	52	NUMERIC (10,2)	This field contains the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. Capitated services are services rendered by a provider through a contract under which payments are based upon a fixed dollar amount for each member on a monthly basis. Note that the provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_MC_yyyy	Inpatient Flag	MC036, MC054	INPATIENT_ FLAG	53	VARCHAR (1)	This field indicates whether the current line is from an inpatient claim. The Inpatient flag is set to Y for any claim with at least one claim line having the following condition present: a REVENUE element (MC054) value of 110-239 or a BILLTYPE element (MC036) value of 11-12, 41-42, of 51-52. This flag is derived from the HCG value where the HCG high level category is hospital inpatient. Valid codes include: Y…Yes, an inpatient record N…No, not an inpatient record
CLAIM_MC_yyyy	HCG Case Key	N/A	MR_LINE_CASE _KEY	54	VARCHAR (4)	This is the key of the HCG value that links to the ***REF_HCG*** table to provide HCG information about the claim

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	HCG Cases	N/A	CASES	55	NUMERIC (6)	Cases are a measurement of unique services. The meaning of the value found in cases vary by service type. For hospital inpatient services, cases represent admits. Hospital outpatient services, cases essentially represent unique events at the outpatient facility. For professional and other (ancillary) services, cases are visits, services, tests, etc. depending on the type of service. For prescription drugs, cases represent scripts. If cases are negative this represents an adjustment to a previously received service line.
CLAIM_MC_yyyy	HCG Utilization Units	N/A	UTILS	56	NUMERIC (3)	Utilization is the count of the number of distinct services. Utilization counts differ according to the type of service. For hospital inpatient services it is the number of days spent in the facility. For hospital outpatient services it is the number of procedures delivered. For professional services it is the number of services delivered. For Rx services it is the number of prescriptions. For ancillary services it is the number of procedures performed. If the utilization is negative this represents an adjustment to a previously received service line.
CLAIM_MC_yyyy	National Drug Code	MC075	NDC	57	VARCHAR (11)	This field contains the National Drug Code. Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, three-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler/vendor code, is assigned by the FDA. A labeler is any firm that manufactures, repacks, or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Claim Status	MC038	CLAIM_STATUS_ORIG	58	VARCHAR (2)	This field contains the status of the claim as reported by the payer on the remittance. Note that the claim status code is specific to each service line of a claim. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment. This field links to the ***REF_CLAIM_STATUS*** table. Valid codes include: 01…Processed as primary 02…Processed as secondary 03…Processed as tertiary 04…Denied 19…Processed as primary, forwarded to additional payer(s) 20…Processed as secondary, forwarded to additional payer(s) 21…Processed as tertiary, forwarded to additional payer(s) 22…Reversal of previous payment -1…Not specified (no claim status reported) -2…Not valid (invalid claim status code reported)
CLAIM_MC_yyyy	E-Code	MC040	ECODE_ORIG	59	VARCHAR (10)	This field describes an injury, poisoning, or adverse effect using an ICD E-Code diagnosis. The user should search the Principal Diagnosis and Other Diagnosis fields (MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, MC053) to identify all submitted E-Codes. Note that the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the data reporter. This field links to the ***REF_ICD_DIAG*** file.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_MC_yyyy	Admission Hour	MC019	ADMIT_HOUR	60	VARCHAR (4)	This field contains the hour and minutes of the inpatient admission to the hospital in military time. Valid codes include 0000 through 2359 (0000 = midnight; 1200 = noon) as well as: -1…Not specified (no admission hour/minutes reported) -2…Not valid (invalid admission hour/minutes reported)
CLAIM_MC_yyyy	Discharge Hour	MC022	DISCHARGE_ HOUR	61	VARCHAR (4)	This field contains the hour of the inpatient discharge from the hospital in military time. Valid codes include 00 through 23 (00 = midnight; 12 = noon) as well as: -1…Not specified (no discharge hour reported) -2…Not valid (invalid discharge hour reported)
CLAIM_MC_yyyy	Claim Adjustment Logic Code	N/A	CLAIM_ ADJUSTMENT_ LOGIC	62	VARCHAR (4)	This code denotes the method of claim adjustment logic that was applied to create the final status of the claim for the Claim Final Status view. This is based upon information provided by data submitters during the registration process. However, it can be modified if the data proves that a different method is required. This field links to the ***REF_PROCESSING_RULES*** table.
CLAIM_MC_yyyy	Imputed Service Key	N/A	IMPUTED_SERV ICE_KEY	63	VARCHAR (50)	This field contains an identification number representing a specific service defined as a unique member and date of service

Dental

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_DC_yyyy	Coverage Class	DC899	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM. Dental Claims are DEN.
CLAIM_DC_yyyy	Date of Service (From) Year	DC035	FROM_YEAR	2	VARCHAR (4)	This field contains the date of service of dental claims in a CCYY format. Its source is the Date of Service – From element (DC035) in the medical claims.
CLAIM_DC_yyyy	Claim Key	N/A	CLAIM_ID_KEY	3	NUMERIC (12)	Unique identifier for the claim within the data warehouse.
CLAIM_DC_yyyy	Line Counter	DC005	SV_LINE	4	NUMERIC (6)	This field contains the line number for this service as reported by the payer. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.
CLAIM_DC_yyyy	Claim Status Standardized	DC038, DC039, DC040, DC041	SV_STAT	5	VARCHAR (1)	This is the standardized status of the claim. The values include: P…Paid R…Reversed D…Denied
CLAIM_DC_yyyy	Age	ME014, DC035	AGE	6	NUMERIC (3)	This field contains the age of the member in years. Age is calculated using the FROM DATE element for dental claims (DC035), medical claims (MC059), and pharmacy claims (PC032). For membership data, the age is calculated as of the last day of the membership month. It is derived from the member's date of birth (ME014). Children younger than one year have an age of 0. Age 90 and greater is rolled up to a single group, "90+". If no date of birth is available, this field is null. Erroneous age values - due to errors in submitted enrollment, service dates or dates of birth - will appear as null or 255.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_DC_yyyy	Member Gender	DC012	SEX	7	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)
CLAIM_DC_yyyy	Member County Code	ME017, DC016	MEMBER_ COUNTY	8	NUMERIC (5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1….Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
CLAIM_DC_yyyy	Member State	ME016, DC015	MEMBER_ STATE	9	VARCHAR (2)	This field contains the member's state and uses the two-character state abbreviation as defined by the US Postal Service. Other valid codes include: -1…Not specific (no state reported) -2…Not valid (invalid state code)
CLAIM_DC_yyyy	Standardized Product Code	ME003	INSURANCE_ TYPE	10	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product and links to the ***REF_INSURANCE_TYPE***. Its source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12…Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13…Medicare Secondary – End-Stage Renal Disease Beneficiary

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						14…Medicare Secondary – No-Fault Insurance 15…Medicare Secondary – Workers' Compensation 16…Medicare Secondary – Public Health Service or Other Federal Agency 41…Medicare Secondary – Black Lung 42…Medicare Secondary – Veterans Administration 43…Medicare Secondary – Disabled Beneficiary Under Age 65 47…Medicare Secondary – Other Liability Insurance is Primary AP…Auto Insurance Policy CP…Medicare Conditionally Primary D…Disability DB…Disability Benefits EP…Exclusive Provider Organization HM…Health Maintenance Organization (HMO) HN…Health Maintenance Organization (HMO) Medicare Risk HS…Special Low-Income Medicare Beneficiary IN…Indemnity LB…Liability LC…Long-Term Care LD…Long-Term Policy LI…Life Insurance LM…Liability Medical LT…Litigation MH…Medigap Part A MI…Medigap Part B MP…Medicare Primary OF…Other Federal Program PR…Preferred Provider Organization (PPO) PS…Point of Service (POS) QM…Qualified Medicare Beneficiary SP…Medicare Supplemental Policy VA…Veterans Administration Plan WC…Workers' Compensation -1…Not specified (no insurance type / product code reported) -2…Not valid (invalid insurance type / product code

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						reported)
CLAIM_DC_yyyy	Procedure Code	DC032	CDT_CODE	11	VARCHAR (5)	This field contains the CDT code for the procedure performed. Data reporters may continue to use local codes. This code links to the file ***REF_CDT*** which contains standard values and the non-standard values that are reported by the data reporters which are flagged as custom. These must be taken into consideration when selecting records for a specific type of procedure. This field links to the CDT codes reference file using the CDT Code element.
CLAIM_DC_yyyy	Procedure Modifier 1	DC033	CDT_MOD1	12	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to ***REF_PROC_CODE_DENTAL***.
CLAIM_DC_yyyy	Procedure Modifier 2	DC034	CDT_MOD2	13	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to ***REF_PROC_CODE_DENTAL***.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_DC_yyyy	Service Provider Crosswalk ID Key	N/A	SERV_PROV_ CW_KEY	14	NUMERIC (12)	This field contains the consistent, unique service provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
CLAIM_DC_yyyy	Billing Provider Crosswalk ID Key	N/A	BILL_PROV_CW _KEY	15	NUMERIC (12)	This field contains the consistent, unique billing provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
CLAIM_DC_yyyy	Charge Amount	DC037	AMT_BILLED	16	NUMERIC (10,2)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_DC_yyyy	Paid Amount	DC038	AMT_PAID	17	NUMERIC (10,2)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_DC_yyyy	Deductible Amount	DC041	AMT_DEDUCT	18	NUMERIC (10,2)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that are not covered by the member's insurance plan. To determine the total out-of-pocket/member responsibility for this service, you must sum this field with both Copay Amount (DC039) and Coinsurance Amount (DC040). This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_DC_yyyy	Coinsurance Amount	DC040	AMT_COINS	19	NUMERIC (10,2)	This amount is paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans, the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses has been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (DC039) and Coinsurance Amount. To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (DC041). This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_DC_yyyy	Copay Amount	DC039	AMT_COPAY	20	NUMERIC (10,2)	This field contains the preset, fixed dollar amount payable by a member, often on a per-visit/-service basis. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount and Coinsurance Amount (DC040). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (DC041). This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_DC_yyyy	Claim Status	DC031	CLAIM_STATUS_ORIG	21	VARCHAR (2)	This field contains the status of the claim as reported by the payer on the remittance. Note that the claim status code is specific to each service line of a claim. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment. This field links to the ***REF_CLAIM_STATUS*** table. Valid codes include: 01…Processed as primary 02…Processed as secondary 03…Processed as tertiary 04…Denied 19…Processed as primary, forwarded to additional payer(s) 20…Processed as secondary, forwarded to additional payer(s) 21…Processed as tertiary, forwarded to additional payer(s) 22…Reversal of previous payment -1…Not specified (no claim status reported) -2…Not valid (invalid claim status code reported)
CLAIM_DC_yyyy	Tooth Number	DC OPTIONAL_1	TOOTHNO	22	VARCHAR (50)	Tooth number identifies the tooth on which the service was provided.
CLAIM_DC_yyyy	Imputed Service Key	N/A	IMPUTED_SERVICE_KEY	23	VARCHAR (50)	This field contains an identification number representing a specific service defined as a unique member and date of service

Pharmacy

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Coverage Class	PC899	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM. Dental Claims are DEN.
CLAIM_PC_yyyy	Date of Service (From) Year	PC032	FROM_YEAR	2	VARCHAR (4)	This field contains the date of service of medical claims in a CCYY format. Its source is the Date of Service from element (MC059) in the medical claims.
CLAIM_PC_yyyy	Claim Key	N/A	CLAIM_ID_KEY	3	NUMERIC (12)	Unique identifier for the claim within the data warehouse.
CLAIM_PC_yyyy	Line Counter	PC005	SV_LINE	4	NUMERIC (6)	This field contains the line number for this service as reported by the payer. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.
CLAIM_PC_yyyy	Claim Status Standardized	PC036, PC040, PC041, PC042	SV_STAT	5	VARCHAR (1)	This is the standardized status of the claim. The values include: P…Paid R…Reversed D…Denied
CLAIM_PC_yyyy	Member Age	PC032	AGE	6	NUMERIC (3)	This field contains the age of the member in years. Age is calculated using the FROM DATE element for dental claims (DC035), medical claims (MC059), and pharmacy claims (PC032). For membership data, the age is calculated as of the last day of the membership month. It is derived from the member's date of birth (ME014). Children younger than one year have an age of 0. Age 90 and greater is rolled up to a single group, "90+". If no date of birth is available, this field is null. Erroneous age values - due to errors in submitted enrollment, service dates or dates of birth - will appear as null or 255.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Member Gender	PC012	SEX	7	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)
CLAIM_PC_yyyy	Member County Code	PC016	MEMBER_ COUNTY	8	NUMERIC (5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
CLAIM_PC_yyyy	Member State	PC015	MEMBER_ STATE	9	VARCHAR (2)	This field contains the member's state and uses the two-character state abbreviation as defined by the US Postal Service. Other valid codes include: -1…Not specific (no state reported) -2…Not valid (invalid state code)

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Pharmacy County	PC024	PHARMACY_ COUNTY	10	NUMERIC (5)	This field contains the Pharmacy county that the Pharmacy is in NH. Its source is the Pharmacy County Name Code element (PC024) and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
CLAIM_PC_yyyy	Standardized Product Code	ME003	INSURANCE_ TYPE	11	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product and links to the ***REF_INSURANCE_TYPE***. Its source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12…Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13…Medicare Secondary – End-Stage Renal Disease Beneficiary 14…Medicare Secondary – No-Fault Insurance 15…Medicare Secondary – Workers' Compensation 16…Medicare Secondary – Public Health Service or Other Federal Agency 41…Medicare Secondary – Black Lung 42…Medicare Secondary – Veterans Administration 43…Medicare Secondary – Disabled Beneficiary Under Age 65 47…Medicare Secondary – Other Liability Insurance is Primary AP…Auto Insurance Policy CP…Medicare Conditionally Primary

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						D…Disability DB…Disability Benefits EP…Exclusive Provider Organization HM…Health Maintenance Organization (HMO) HN…Health Maintenance Organization (HMO) Medicare Risk HS…Special Low-Income Medicare Beneficiary IN…Indemnity LB…Liability LC…Long-Term Care LD…Long-Term Policy LI…Life Insurance LM…Liability Medical LT…Litigation MH…Medigap Part A MI…Medigap Part B MP…Medicare Primary OF…Other Federal Program PR…Preferred Provider Organization (PPO) PS…Point of Service (POS) QM…Qualified Medicare Beneficiary SP…Medicare Supplemental Policy VA…Veterans Administration Plan WC…Workers' Compensation -1…Not specified (no insurance type / product code reported) -2…Not valid (invalid insurance type / product code reported)
CLAIM_PC_yyyy	Service Provider Crosswalk ID Key	N/A	SERV_PROV_CW_KEY	12	NUMERIC (12)	This field contains the consistent, unique service provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
CLAIM_PC_yyyy	Billing Provider Crosswalk ID Key	N/A	BILL_PROV_CW_KEY	13	NUMERIC (12)	This field contains the consistent, unique billing provider ID key across all data suppliers that links to an identified single provider in the provider detail file.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Quantity	PC033	QTY	14	NUMERIC (3)	For Medical, this column is the count of services performed. For all observation bed service lines, set equal to one. For all other room and board service lines, regardless of the length of stay, set equal to zero. For Pharmacy, it is the number of metric units of medication dispensed. For Dental, this column is NULL.
CLAIM_PC_yyyy	Charge Amount	PC035	AMT_BILLED	15	NUMERIC (10,2)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_PC_yyyy	Paid Amount	PC036	AMT_PAID	16	NUMERIC (10,2)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_PC_yyyy	Deductible Amount	PC042	AMT_DEDUCT	17	NUMERIC (10,2)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that are not covered by the member's insurance plan. To determine the total out-of-pocket/member responsibility for this service, you must sum this field with both Copay Amount (MC065) and Coinsurance Amount (MC066). This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Coinsurance Amount	PC041	AMT_COINS	18	NUMERIC (10,2)	This amount is paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans, the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses has been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (MC065) and Coinsurance Amount. To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067). This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_PC_yyyy	Copay Amount	PC040	AMT_COPAY	19	NUMERIC (10,2)	This field contains the preset, fixed dollar amount payable by a member, often on a per-visit/-service basis. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount and Coinsurance Amount (MC066). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067). This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	National Drug Code	PC026	NDC	20	VARCHAR (11)	This field contains the National Drug Code. Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, three-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler/vendor code, is assigned by the FDA. A labeler is any firm that manufactures, repacks, or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1.
CLAIM_PC_yyyy	Drug Name	N/A	NDC_PROD_ NAME	21	VARCHAR (50)	This field contains the text name of drug as supplied by the data reporter.
CLAIM_PC_yyyy	Generic Drug Indicator	N/A	BRAND_ STATUS	22	VARCHAR (7)	This field indicates whether the drug is a branded drug or a generic drug. The values included are: OTC…Over The Counter GENERIC…Generic SSB…Single Source Brand MSB…Multi Source Brand
CLAIM_PC_yyyy	Days Supply	PC034	RX_DAYS_ SUPPLY	23	NUMERIC (3)	This field contains the actual Days Supply for the prescription based on the Quantity element (PC033). This field may contain a negative value.
CLAIM_PC_yyyy	Ingredient Cost/List Price	PC037	RX_INGR_ COST	24	NUMERIC (10, 2)	This field contains the cost of the drug that was dispensed as reported by the payer. This is a money field containing dollars and cents. This field may contain a negative value.
CLAIM_PC_yyyy	Dispensing Fee	PC039	RX_DISP_FEE	25	NUMERIC (10, 2)	This field contains the amount charged for dispensing. This is a money field containing dollars and cents. This field may contain a negative value.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Dispense as Written Code	PC030	RX_DAW	26	VARCHAR (2)	This field indicates the instructions given to the pharmacist for filling the prescription. This field links to the ***REF_DAW*** reference file using the Dispense as Written Code. Valid codes include: 0…Not dispensed as written 1…Physician dispensed as written 2…Member dispensed as written 3..Pharmacy dispensed 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 -1…Not specified (no dispense as written code reported) -2…Not valid (invalid dispense as written code reported)
CLAIM_PC_yyyy	New Prescription or Refill	PC028	RX_REFILLS	27	VARCHAR (2)	This field is used to determine if this is a new prescription or a refill. This field links to the New Prescription Code file using the New Prescription Key element. Valid codes include: 00…New prescription 01-99…Number of refill(s) Note that a value of 01 may have been reported if the specific number of the prescription refill was unavailable.
CLAIM_PC_yyyy	Compound Drug Indicator	PC031	COMPOUND	28	VARCHAR (2)	This field indicates if this is a compound drug. Valid codes include: N…Non-compound drug Y…Compound drug U…Unspecified drug compound -1…Not specified (no compound drug indicator reported) -2…Not valid (invalid compound drug indicator code reported)

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
CLAIM_PC_yyyy	Claim Status	PC025	CLAIM_ STATUS_ORIG	29	VARCHAR (2)	This field contains the status of the claim as reported by the payer on the remittance. Note that the claim status code is specific to each service line of a claim. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment. This field links to the ***REF_CLAIM_STATUS*** table. Valid codes include: 01…Processed as primary 02…Processed as secondary 03…Processed as tertiary 04…Denied 19…Processed as primary, forwarded to additional payer(s) 20…Processed as secondary, forwarded to additional payer(s) 21…Processed as tertiary, forwarded to additional payer(s) 22…Reversal of previous payment -1…Not specified (no claim status reported) -2…Not valid (invalid claim status code reported)
CLAIM_PC_yyyy	Imputed Service Key	N/A	IMPUTED_SER VICE_KEY	30	VARCHAR (50)	This field contains an identification number representing a specific service defined as a unique member and date of service

Provider

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Unique Provider ID Number	MC024, MC076	PROV_KEY	1	NUMERIC (12)	This field is the primary ID number for each Provider_Detail record and links to the Serv_Prov_Key and the Bill_Prov_Key in claim files. It is generated by MedInsight and is based upon the various 'provider' fields in the claims data: MC024 Service Provider Number, MC076 Billing Provider Number, DC018 Service Provider Number, DC042 Billing Provider Number, and PC018 Pharmacy Number.
PROVIDER_ DETAIL	Provider Crosswalk Key	N/A	PROV_CW_KEY	2	NUMERIC (20)	This field contains the consistent, unique provider ID key across all data suppliers. It is generated by MedInsight based upon a matching criteria that looks at various provider fields such as name, NPI, TIN, DEA, address.
PROVIDER_ DETAIL	Facility Name	MC030	FACILITY_ NAME	3	VARCHAR (255)	This field contains the service provider's facility name if the provider has been identified as a non-person entity. This field is derived from MC030 in the medical claims data and from the PROV_LNAME in the provider detail file. Note that if the provider is an individual practitioner, this field will be blank.
PROVIDER_ DETAIL	Service Provider Entity Type Qualifier	MC027	PROV_TYPE	4	VARCHAR (20)	This field is used to distinguish an individual practitioner from a business entity. Its source is Provider Type from the National NPI reference or MC027 in the medical claims data when the NPI is not available. The valid values are PRAC, GROUP, PHARMACY, FACILITY, OTHER.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Service Provider Entity Type Qualifier	MC027	PROV_TYPE_O RIG	5	VARCHAR (2)	This field is used to distinguish an individual practitioner from a business entity. Its source is MC027 in the medical claims data. Valid codes include: 1…Person 2…Non-person entity -1…Not specified (no service provider entity type reported) -2…Not valid (invalid service provider entity type code reported)
PROVIDER_ DETAIL	Service Provider State	MC034	PROV_CLINIC_ STATE	6	VARCHAR (2)	This field contains the provider's state and uses the two-character state abbreviation as defined by the US Postal Service. Its source is MC034 in the medical claims file.
PROVIDER_ DETAIL	Service Provider County Code	MC035	NH_COUNTY_C ODE	7	VARCHAR(5)	This field contains the county code of the service provider's location; its source is the Service Provider ZIP Code element (MC035) in the medical claims file. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):

Reference

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_ADM_SRC	Admission Source Code	MC021	ADM_SRC	1	VARCHAR (2)	This field is the primary identification key for each Admission Source record and links to the Admission Source element (MC021) in the medical claims file. This field is required for inpatient hospital claims. Valid codes include: 1…Physician Referral 2…Clinic Referral 3…HMO Referral 4…Transfer from Hospital 5…Transfer from a Skilled Nursing Facility 6…Transfer from another Health Care Facility 7…Emergency Room 8…Court/Law Enforcement 9…Unknown A…Transfer from a Rural Primary Care Hospital
REF_ADM_SRC	Admission Source Description	N/A	ADM_SRC_ ESC	2	VARCHAR (100)	This field contains the description of the Admission Source Code.
REF_ADM_SRC	Admission Source Description – Newborn	N/A	ADM_SRC_ NEWBORN_ DESC	3	VARCHAR (50)	This field contains the description of the Admission Source element that is applicable to newborns.
REF_ADM_TYPE	Admission Type	MC020	ADM_TYPE	1	NUMERIC (2)	This field is used to record the type of admission for all inpatient hospital bills. Many data reporters do not capture this information. This field links to the admission type reference file using the Admit_type code. Valid codes include: 1…Emergency 2…Urgent 3…Elective 4…Newborn 5…Trauma Center 9…Information Not Available
REF_ADM_TYPE	Admission Type Description	N/A	ADM_TYPE_ DESC	2	VARCHAR (30)	This field contains the description of the Admission Type Code.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_CLAIM_ STATUS	Claim Status Code	MC038	CODE	1	VARCHAR (2)	Based on MC038, this code describes the payment status of the specific service line record. This field links to the REF_CLAIM_STATUS table. Valid codes include: 01...Processed as primary 02...Processed as secondary 03...Processed as tertiary 04...Denied 19...Processed as primary, forwarded to additional payer(s) 20...Processed as secondary, forwarded to additional payer(s) 21...Processed as tertiary, forwarded to additional payer(s) 22...Reversal of previous payment -1...Not specified (no claim status reported) -2...Not valid (invalid claim status code reported)"
REF_CLAIM_ STATUS	Claim Status Description	MC038	VALUE	2	VARCHAR (50)	Descriptions of Claim Status Code above
REF_CPT	CPT Code	MC055	PROC_CODE	1	VARCHAR (20)	This field contains the locally defined CPT Code and is used to link to the medical claims CPT field (MC055). This field may not be unique if it contains the value of a local CPT code assigned by a payer. This links to the ***REF_CPT*** file using the PROC_CODE.
REF_CPT	CPT Code Class	N/A	CPT_CUSTOM	2	VARCHAR (1)	This field has a value of PAYER SUPPLIED to indicate that the CPT Code is a locally defined code. This value is 0 if this is a standard code and 1 if it is a custom code.
REF_CPT	CPT Code Description	N/A	CPT_DESC	3	VARCHAR (255)	This field contains the description of the local CPT Code as provided by the payer.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_CPT_MOD	CPT Modifier Key	N/A	CPT_MOD	1	VARCHAR (10)	This field is the primary identification key for each CPT modifier record and links to the procedure modifier fields in the medical claims data sets (MC056, MC057).
REF_CPT_MOD	CPT Modifier Key Description	N/A	CPT_MOD_ DESC	2	VARCHAR (280)	This field contains the description of the CPT Modifier Key element.
REF_DIS_STAT	Discharge Status	MC023	DIS_STAT	1	NUMERIC (2)	This field is the primary identification key for each inpatient discharge status record and links to the Discharge Status element (MC023) in the medical claims data.
REF_DIS_STAT	Discharge Status Description	N/A	DIS_STAT_ DESC	2	VARCHAR (75)	This field contains the description of the Discharge Status code.
REF_ELIGIBILITY_ INSURANCE_ TYPE	Standardized Insurance Type Code	ME003	INSURANCE_ TYPE	1	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product. Its source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12...Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13...Medicare Secondary – End-Stage Renal Disease Beneficiary 14...Medicare Secondary – No-Fault Insurance 15...Medicare Secondary – Workers' Compensation 16...Medicare Secondary – Public Health Service or Other Federal Agency 41...Medicare Secondary – Black Lung 42...Medicare Secondary – Veterans Administration 43...Medicare Secondary – Disabled Beneficiary Under Age 65 47...Medicare Secondary – Other Liability Insurance is Primary AP...Auto Insurance Policy CP...Medicare Conditionally Primary D...Disability DB...Disability Benefits EP...Exclusive Provider Organization HM...Health Maintenance Organization (HMO)

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						HN...Health Maintenance Organization (HMO) Medicare Risk HS...Special Low-Income Medicare Beneficiary IN...Indemnity LB...Liability LC...Long-Term Care LD...Long-Term Policy LI...Life Insurance LM...Liability Medical LT...Litigation MD...Medicare Part D MH...Medigap Part A MI...Medigap Part B MP...Medicare Primary OF...Other Federal Program PR...Preferred Provider Organization (PPO) PS...Point of Service (POS) QM...Qualified Medicare Beneficiary SP...Medicare Supplemental Policy VA...Veterans Administration Plan WC...Workers' Compensation -1...Not specified (no insurance type / product code reported) -2...Not valid (invalid insurance type / product code reported)
REF_ELIGIBILITY_ INSURANCE_ TYPE	Standardized Insurance Type Description	ME003	INSURANCE_ TYPE_DESC	2	VARCHAR (50)	Descriptions of Insurance Type above.
REF_ELIGIBILITY_ INSURANCE_ TYPE	Standardized Insurance Product Code	N/A	PRODUCT_ TYPE	3	VARCHAR (3)	This includes the standardized payer type values, including: PPO…Commercial PPO POS…Commercial POS HMO…Commercial HMO MDE…Medicaid Dual Eligible HMO MD…Medicaid Disabled HMO MLI…Medicaid Low Income HMO

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						MRB…Medicaid Restricted Benefit HMO MR…Medicare Advantage HMO MP…Medicare Advantage PPO MC…Medicare Cost SN1…Special Needs Plan – Chronic Condition SN2…Special Needs Plan – Institutionalized SN3…Special Needs Plan – Dual Eligible CHP…Child Health Insurance Program EPO…Exclusive Provider Organization SF…Self-Funded SL…Stop Loss IND…Indemnity
REF_FORM_TYPE	Claim Type	MC899, MC054, PC899, DC899	FORM_TYPE	1	VARCHAR (1)	This field identifies whether the claim is a UB (U), HCFA/CMS (H), Pharmacy (D) or Dental (A) type of claim.
REF_FORM_TYPE	Claim Type Description	N/A	FORM_TYPE_ DESC	2	VARCHAR (100)	This field contains the description of the Claim Type code.
REF_ GEOGRAPHY	Geographic Record ID Key	N/A	ID	1	NUMERIC (20)	This field uniquely identifies a geographic record and links to data sets' ZIP Code ID (ZIPCODEID) fields.
REF_ GEOGRAPHY	New Hampshire County Name	ME017, MC016, PC016, DC016	NH_COUNTY_ NAME	2	VARCHAR (100)	This field contains the name of the New Hampshire county associated with the NH_COUNTY Code and/or value provided.
REF_ GEOGRAPHY	New Hampshire County Number	N/A	NH_COUNTY	3	NUMERIC (3)	This field contains a number that represents a New Hampshire county.
REF_ GEOGRAPHY	New Hampshire HAA ID Number	N/A	NH_HAA	4	VARCHAR (2)	This field contains the 2006 New Hampshire Hospital Analysis Area (HAA) ID number.
REF_ GEOGRAPHY	New Hampshire HAA Name	N/A	NH_HAA_NAME	5	VARCHAR (100)	This field contains the name of the New Hampshire HAA associated with the zip code provided.
REF_HCG	HCG Case Key	N/A	MR_LINE_CASE _KEY	1	VARCHAR (4)	This field contains Milliman HCG MR_LINE_KEY. This links to the MR_LINE_CASE_KEY in the service tables and claims files in the extracts.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_HCG	HCG Code Set Year	N/A	CODE_SET_ YEAR	2	CHAR (4)	This denotes which HCG version year was used to group the data into HCG categories.
REF_HCG	HCG Description	N/A	MR_LINE_ DESC2	3	VARCHAR (50)	This field contains the description for the Milliman HCG rollup code.
REF_HCG	HCG Detail Code	N/A	MR_LINE	4	VARCHAR (4)	This field contains Milliman HCG code.
REF_HCG	HCG Detail Description	N/A	MR_LINE_DESC	5	VARCHAR (50)	This field contains the description for the Milliman HCG code.
REF_HCG	HCG Related Product Type	N/A	PROD_TYPE	6	VARCHAR (20)	This field contains the product type that is related to the HCG.
REF_HCG	HCG Setting Code	N/A	MR_LINE_ DESC1	7	VARCHAR (4)	This field contains the HCG setting rollup code.
REF_HCG	HCG Setting Description	N/A	HCG_DESC_02	8	VARCHAR (20)	Description of MR_LINE_DESC1 values. Available values are “1. Facility Inpatient,” “2. Facility Outpatient,” “3. Professional,” “4. Prescription Drug,” and “5. Ancillary.”
REF_ICD_DIAG	Diagnosis Code	MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, MC053	ICD_DIAG	1	VARCHAR (10)	This field contains the Diagnosis Code and is used to link to the diagnosis fields (MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, MC053) in the medical claims file. This field may not be unique if it contains the value of a local Diagnosis Code assigned by a payer.
REF_ICD_DIAG	Diagnosis Code Description	N/A	ICD_DIAG_ DESC	2	VARCHAR (100)	This field contains the description of the Diagnosis Code associated with the claim as provided by the payer.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_ICD_DIAG	ICD 10 or Higher Indicator	N/A	ICD_10_OR_ HIGHER	3	INT	Starting Oct. 1, 2015, CMS requires that Diagnosis and Procedures codes be submitted in ICD10 format. This column indicates that the correct ICD version is being used. 0…ICD9 Diagnosis and Procedure Codes exist in this claim line 1…ICD10 or higher Diagnosis
REF_ICD_PROC	ICD Procedure Code	MC054, MC055	ICD_PROC	1	VARCHAR (10)	This field is used to report the principal ICD CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and Revenue Code (MC054)).
REF_ICD_PROC	ICD Procedure Description	N/A	ICD_PROC_ DESC	2	VARCHAR (100)	This is the description of the ICD Procedure Code.
REF_ICD_PROC	ICD 10 or Higher Indicator	N/A	ICD_10_OR_ HIGHER	3	INT	Starting Oct. 1, 2015, CMS requires that Diagnosis and Procedures codes be submitted in ICD10 format. This column indicates that the correct ICD version is being used. 0…ICD9 Diagnosis and Procedure Codes exist in this claim line 1…ICD10 or higher Diagnosis
REF_POS	Service Site (Professional) Code/Place of Service Code	MC037	POS	1	VARCHAR (2)	This payer-supplied field, which is required for professional claims and is not be used for institutional claims, records the site where the service was performed. Pharmacy Claims are always 01. Dental Claims are always 99. This field links to the ***REF_POS*** file. Valid codes include: 01…Pharmacy 02…School 11…Office 12…Home 21…Inpatient hospital 22…Outpatient hospital

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						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 35…Boarding home 41…Ambulance – Land 42…Ambulance – Air or water 50…Federally qualified 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 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 -1…Not specified (no service site reported) -2…Not valid (invalid service site code reported)
REF_POS	Service Site (Professional) Code / Place of Service Code	N/A	POS_DESC	2	VARCHAR (75)	This field contains the description of the Service Site (Professional) Key element.
REF_PROC_ CODE_DENTAL	CDT Code	DC032	PROC_CODE	1	VARCHAR (20)	This field contains the Current Dental Terminology (CDT) Code and links to the ***REF_CDT*** table using the PROC_CODE.
REF_PROC_ CODE_DENTAL	CDT Code Description	N/A	PROC_CODE_ DESC	2	VARCHAR (200)	This field contains the description of the Current Dental Terminology (CDT) Code.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_PROC_ CODE_DENTAL	CDT Code Class	N/A	CODE_CLASS	3	VARCHAR (1)	This field has a value of PAYER SUPPLIED to indicate that the CPT Code is a locally defined code. This value is 0 if this is a standard code and 1 if it is a custom code.
REF_ PROCESSING_ RULES	Processing Rule Type	N/A	RULE_TYPE	1	VARCHAR (25)	Either MEMBER_ID (for most consolidated extracts) or CLAIM_ADJUSTMENT (for 'FinalClaim' extracts).
REF_ PROCESSING_ RULES	Processing Rule Code	N/A	RULE_CODE	2	VARCHAR (10)	Letter/numeric ID for Rule_Description.
REF_ PROCESSING_ RULES	Processing Rule Description	N/A	RULE_ DESCRIPTION	3	VARCHAR (255)	Friendly name of the rule used to define Member_ID or Claim_Adjustment logic.
REF_ PROCESSING_ RULES	Processing Rule File Type	ME899, MC899, PC899, DC899	FILE_TYPE	4	VARCHAR (2)	This field indicated the type of record. For all medical claims records, this value will be MC Pharmacy Claims are PC. Dental Claims are DC.
REF_ PROCESSING_ RULES	Processing Rule Table	N/A	TABLE_NAME	5	VARCHAR (25)	Friendly name of FILE_TYPE column.
REF_REV_CODE	Revenue Code	MC054	REV_CODE	1	VARCHAR (4)	The field contains the revenue code reported for hospital medical claims and links to the Revenue Code element (MC054) in the medical claims data. It is defined by the National Uniform Billing Committee. This field has been padded with leading zeroes if the submitted Revenue Code contained fewer than four digits.
REF_REV_CODE	Revenue Code Description	N/A	REV_DESC_ MAJ	2	VARCHAR (37)	This field contains the description of the Revenue Center Code element.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_RX_DAW	Dispense as Written Code	PC030	RX_DAW	1	VARCHAR (2)	This field indicates the instructions given to the pharmacist for filling the prescription. This field links to the ***REF_DAW*** reference file using the Dispense as Written Code. Valid codes include: 0…Not dispensed as written 1…Physician dispensed as written 2…Member dispensed as written 3..Pharmacy dispensed 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 -1…Not specified (no dispense as written code reported) -2…Not valid (invalid dispense as written code reported)
REF_RX_DAW	Dispense as Written Description	N/A	RX_DAW_DESC	2	VARCHAR (75)	This field contains the description of the Dispense as Written Key element.
REF_SV_STAT	Claim status code	MC063, MC065, MC066, MC067, PC036, PC040, PC041, PC042, DC038, DC039, DC040, DC041	SV_STAT	1	VARCHAR (10)	Claim status codes reference data set includes standardized claim status code values.

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_SV_STAT	Claim Status Code Description	N/A	SV_STAT_DESC	2	VARCHAR (15)	Claim status codes reference data set includes standardized claim status code descriptions.
REF_UB_BILL_ TYPE	Type of Bill (Institutional) Code	MC036	UB_BILL_TYPE	1	VARCHAR (2)	This field contains the Type of Bill code as reported on a UB. This field links to the ***REF_BILL_TYPE*** reference table. Valid codes include: First Digit (Type of Facility) 1…Hospital 2…Skilled Nursing 3…Home Health 4…Christian Science Hospital 5…Christian Science Extended Care 6…Intermediate Care 7…Clinic 8…Special Facility Second Digit if First Digit is 1 through 6 (Bill Classification) 1…Inpatient (including Medicare Part A) 2…Inpatient (including Medicare Part B Only) 3…Outpatient 4…Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5…Nursing Facility Level I 6…Nursing Facility Level II 7…Intermediate Care – Level III Nursing Facility 8…Swing Beds Second Digit if First Digit is 7 (Bill Classification) 1…Rural Health 2…Hospital Based or Independent Renal Dialysis Center 3…Free Standing Outpatient Rehabilitation Facility (ORF) 5…Comprehensive Outpatient Rehabilitation Facility (CORF) 6…Community Mental Health Center 9…Other

PUBLIC USE TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						Second Digit if First Digit is 8 (Bill Classification) 1…Hospice, Non-hospital based 2…Hospice, Hospital based 3…Ambulatory Surgery Center 4…Free Standing Birthing Center 9…Other
REF_UB_BILL_ TYPE	Type of Bill Class Description	N/A	UB_BILL_ BILLCLASS_ DESC	2	VARCHAR (100)	Included in the ***REF_BILL_TYPE*** reference table, this provides the bill classification.
REF_UB_BILL_ TYPE	Type of Bill Facility Type	N/A	UB_BILL_ FACTYPE_ DESC	3	VARCHAR (50)	Included in the ***REF_BILL_TYPE*** reference table, this provides the type of facility related to the specified code.