

## Codebook for Medicaid Dental Claims Data

| Enter X to Request | Variable Number | Variable Name             | Variable Label                           | Variable Type | Variable Length | Valid Values   |
|--------------------|-----------------|---------------------------|--|---------------|-----------------|--|
|                    | 1               | ADMSN_DT                  | Admission Date                           | Num           | 8               | SAS date, use format to display as<br>DDMMYYYY   |
|                    | 2               | ALT_MBR_ID_ENCRYPT        | Alternate Member ID Encrypted            | Char          | 30              | No value definitions   |
|                    | 3               | BILL_PRVDR_ATYP_PRVDR_NBR | Billing Provider Atypical NPI            | Char          | 30              | No value definitions   |
|                    | 4               | BILL_PRVDR_CTY            | Billing Provider City                    | Char          | 25              | No value definitions   |
|                    | 5               | BILL_PRVDR_ID             | Billing Provider Identification Number   | Char          | 20              | No value definitions   |
|                    | 6               | BILL_PRVDR_LOC_CD         | Billing Provider Location Code           | Char          | 20              | 1 = Pay-to<br>2 = Correspondence<br>3 = Service  |
|                    | 7               | BILL_PRVDR_NPI            | Billing Provider NPI                     | Char          | 30              | No value definitions   |
|                    | 8               | BILL_PRVDR_ST_CD          | Billing Provider State Code              | Char          | 20              | 2-letter State Abbreviations   |
|                    | 9               | BILL_PRVDR_TXNMY_CD       | Billing Provider Taxonomy Code           | Char          | 20              | Consult Federal Provider Taxonomy Codes for Reference  |
|                    | 10              | BILL_PRVDR_TXNMY_QLFR_CD  | Billing Provider Taxonomy Qualifier Code | Char          | 20              | Consult Federal Provider Taxonomy codes for reference; two 3-byte fields representing Provider Type and Provider Specialty |
|                    | 11              | BILL_PRVDR_ZIP_CD         | Billing Provider Zip Code                | Char          | 20              | No value definitions   |
|                    | 12              | CLM_HDR_PD_DT             | Claim Header Paid Date                   | Num           | 8               | SAS date, use format to display as<br>DDMMYYYY   |
|                    | 13              | CVR_DAY_NBR               | Number of Days Covered                   | Num           | 8               | No value definitions   |
|                    | 14              | DSCHRG_DT                 | Discharge Date                           | Num           | 8               | SAS date, use format to display as<br>DDMMYYYY   |
|                    | 15              | HDR_STAT_CD               | Header status code                       | Char          | 20              | No value definitions   |
|                    | 16              | HDR_SVC_BGN_DT            | Header Starting Date of Service          | Num           | 8               | SAS date, use format to display as<br>DDMMYYYY   |
|                    | 17              | HDR_SVC_END_DT            | Header Ending Date of Service            | Num           | 8               | SAS date, use format to display as<br>DDMMYYYY   |
|                    | 18              | HDR_TRNSCT_TYP_CD         | Header Transaction Type Code             | Char          | 20              | 0 = ORIGINAL CLAIM<br>1 = VOID/CREDIT<br>2 = ADJUSTMENT CREDIT<br>3 = ADJUSTMENT DEBIT                                     |
|                    | 19              | HDR_TYP_CD                | Claim Type Code                          | Char          | 20              | 0 = LOCAL EDUCATION AGENCIES   |

|  |    |                    |                         |      |    |   |
|--|----|--------------------|-------------------------|------|----|---|
|  |    |                    |                         |      |    | 1 = HOME INFUSION THERAPY   |
|  |    |                    |                         |      |    | 2 = THERAPY SERVICES  |
|  |    |                    |                         |      |    | 3 = INSTITUTIONAL AMBULANCE   |
|  |    |                    |                         |      |    | 4 = CAPITATION  |
|  |    |                    |                         |      |    | 5 = RURAL HLTH CLINIC / FEDERALLY QUALIFIED HLTH CNTR                         |
|  |    |                    |                         |      |    | 6 = PERSONAL CARE SERVICES  |
|  |    |                    |                         |      |    | 8 = INDEP DIAG TESTING FACILITY / PORTABLE XRAY                               |
|  |    |                    |                         |      |    | A = MEDICARE PART A CROSSOVER (INPATIENT)                                     |
|  |    |                    |                         |      |    | B = MEDICARE PART B CROSSOVER (PROFESSIONAL)                                  |
|  |    |                    |                         |      |    | C = HEALTH DEPARTMENTS  |
|  |    |                    |                         |      |    | D = DENTAL  |
|  |    |                    |                         |      |    | E = HEARING AID   |
|  |    |                    |                         |      |    | F = NURSING HOME  |
|  |    |                    |                         |      |    | G = HOSPICE   |
|  |    |                    |                         |      |    | H = HOME HEALTH   |
|  |    |                    |                         |      |    | I = INPATIENT   |
|  |    |                    |                         |      |    | K = PRIVATE DUTY NURSING  |
|  |    |                    |                         |      |    | L = INDEPENDENT LABORATORY / XRAY   |
|  |    |                    |                         |      |    | M = MANAGEMENT FEE  |
|  |    |                    |                         |      |    | N = ADULT CARE HOMES  |
|  |    |                    |                         |      |    | O = OUTPATIENT  |
|  |    |                    |                         |      |    | P = PROFESSIONAL  |
|  |    |                    |                         |      |    | Q = MENTAL HEALTH   |
|  |    |                    |                         |      |    | R = DRUG  |
|  |    |                    |                         |      |    | S = DURABLE MEDICAL EQUIPMENT   |
|  |    |                    |                         |      |    | T = AMBULANCE (PROFESSIONAL)  |
|  |    |                    |                         |      |    | U = MEDICARE PART B CROSSOVER UB (OUTPATIENT)                                 |
|  |    |                    |                         |      |    | V = CHILDRENS DEVELOPMENTAL SERVICES AGENCIES                                 |
|  |    |                    |                         |      |    | W = FINANCIAL CLAIM   |
|  |    |                    |                         |      |    | X = OPTICAL   |
|  |    |                    |                         |      |    | Y = UNDEFINED PROFESSIONAL  |
|  |    |                    |                         |      |    | Z = UNDEFINED INSTITUTIONAL   |
|  |    |                    |                         |      |    |   |
|  | 20 | MBR_LIV_ARRGMNT_CD | Living Arrangement Code | Char | 20 | 10 = PRIVATE LIVING ARRANGEMENT (NOT 1/3 REDUCTION)                           |
|  |    |                    |                         |      |    | 11 = PRIVATE LIVING ARR (WITH 1/3 REDUCTION) (MEDICAID)                       |
|  |    |                    |                         |      |    | 12 = LIVING WITH ANOTHER WORK FIRST FAMILY                                    |
|  |    |                    |                         |      |    | 13 = LIVING WITH SSI RECIPIENT(S)   |
|  |    |                    |                         |      |    | 14 = PACE PRIVATE LIVING ARRANGEMENT  |
|  |    |                    |                         |      |    | 15 = PACE LIVING WITH SSI RECIPIENT(S)  |
|  |    |                    |                         |      |    | 16 = MEDICAID SUSPENDED ? STATE INCARCERATION                                 |
|  |    |                    |                         |      |    | 17 = MEDICAID SUSPENDED - INSTIT FOR MENTAL DISEASES (IMD)                    |
|  |    |                    |                         |      |    | 18 = MEDICAID SUSPENDED ? SA FACILITY CLASSIFIED AS INSTIT FOR MENTAL DISEASE |

|  |    |                        |  |      |     |  |
|--|----|------------------------|--|------|-----|--|
|  |    |                        |  |      |     | 19 = MEDICAID SUSPENDED ? COUNTY/LOCAL INCARCERATION         |
|  |    |                        |  |      |     | 50 = SKILLED NURSING FACILITY                                |
|  |    |                        |  |      |     | 51 = DOMICILIARY CARE, 5 OR FEWER BEDS (SAA, SAD, MSB)       |
|  |    |                        |  |      |     | 52 = DOMICILIARY CARE, 6 OR MORE BEDS (SAA, SAD, MSB)        |
|  |    |                        |  |      |     | 53 = FOSTER CARE (MAF, MIC, HSF, IAS)                        |
|  |    |                        |  |      |     | 54 = PACE LIVING IN NURSING FACILITY                         |
|  |    |                        |  |      |     | 56 = ADULT GROUP HOME (SAA, SAD, MSB, MAF, MRF)              |
|  |    |                        |  |      |     | 57 = CHILDREN'S GRP HOME (MSB, MAF, MIC, MAF, HSF, IAS)      |
|  |    |                        |  |      |     | 58 = INTERMEDIATE CARE FACILITY                              |
|  |    |                        |  |      |     | 59 = INTERMEDIATE CARE FACILITY/MENTAL RETARDATION CTR       |
|  |    |                        |  |      |     | 60 = HOS, OVER 30DAYS/PSYCH RES TREAT-FACILITY (PRTF)        |
|  |    |                        |  |      |     | 70 = CHERRY HOSPITAL   |
|  |    |                        |  |      |     | 71 = DOROTHEA DIX HOSPITAL                                   |
|  |    |                        |  |      |     | 72 = UMSTEAD HOSPITAL  |
|  |    |                        |  |      |     | 73 = BROUGHTON HOSPITAL                                      |
|  |    |                        |  |      |     | 75 = OTHER MEDICAL INSTITUTION                               |
|  |    |                        |  |      |     | 76 = CENTRAL REGIONAL HOSPITAL                               |
|  |    |                        |  |      |     | 80 = ADOPTIVE HOME (MAF, MIC, MRF, HSF, IAS)                 |
|  |    |                        |  |      |     |  |
|  | 21 | MBR_LIV_ARRGMNT_DESC   | Member Living Arrangement Description  | Char | 200 | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 22 | MBR_PRCNCY_IND         | Pregnancy Indicator                    | Char | 1   | 0 = Not Specified  |
|  |    |                        |  |      |     | 1 = NOT PREGNANT   |
|  |    |                        |  |      |     | 2 = PREGNANT   |
|  |    |                        |  |      |     | SPACE = BLANK  |
|  |    |                        |  |      |     |  |
|  | 23 | PAT_STAT_CD            | Discharge Status Code                  | Char | 20  | Consult External Standard Reference for Patient Status Codes |
|  |    |                        |  |      |     |  |
|  | 24 | RPLCM_TRNSCT_CNTL_NBR  | Replacement Transaction Control Number | Char | 30  | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 25 | RPLCD_TRNSCT_CNTL_NBR  | Replaced Transaction Control Number    | Char | 30  | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 26 | TRNSCT_CNTL_NBR        | Transaction Control Number             | Char | 30  | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 27 | TTL_ALLW_AMT           | Claim Header Allowed Amount            | Num  | 8   | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 28 | TTL_CHRG_AMT           | Total Billed or Charged Amount         | Num  | 8   | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 29 | TTL_CLM_CALCD_ALLW_AMT | Total Calculated Allowed Amount        | Num  | 8   | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 30 | TTL_NET_PAY_AMT        | Total Amount Paid                      | Num  | 8   | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 31 | TTL_RMBRSD_AMT         | Total Reimbursed Amount                | Num  | 8   | No value definitions   |
|  |    |                        |  |      |     |  |
|  | 32 | HDR_TTL_TPL_AMT        | Total Third Party Liability Amount     | Num  | 8   | No value definitions   |

|  |    |                            |                                       |      |    |   |
|--|----|----------------------------|---------------------------------------|------|----|---|
|  | 33 | HDRDENTAL_TTL_TPL_AMT      | Total Third Party Liability Amount    | Num  | 8  | No value definitions  |
|  | 34 | HDRDENTAL_BILL_PRVDR_NM    | Billing Provider Name                 | Char | 40 | No value definitions  |
|  | 35 | HDRDENTAL_MBR_GNDR_CD      | Member Gender Code                    | Char | 20 | F = FEMALE<br>M = MALE<br>U = UNKNOWN   |
|  | 36 | CHD_SVC_AUTH_SA_TYP_SVC_CD | Type of Service Code                  | Char | 20 | No value definitions  |
|  | 37 | CLM_LNE_NBR                | Claim Line Number                     | Num  | 8  | No value definitions  |
|  | 38 | CLM_LNE_PRLMNR_ALLW_AMT    | Claim Line Preliminary Allowed Amount | Num  | 8  | No value definitions  |
|  | 39 | DNTL_CVTY_CD               | Dental First Cavity Code              | Char | 20 | No value definitions  |
|  | 40 | LNE_ALLW_CHRG_AMT          | Claim Line Allowed Amount             | Num  | 8  | No value definitions  |
|  | 41 | LNE_ALLW_UNT_NBR           | Line Allowed Units                    | Num  | 8  | No value definitions  |
|  | 42 | LNE_NET_PAY_AMT            | Net Payment                           | Num  | 8  | No value definitions  |
|  | 43 | LNE_RMBRS_AMT              | Line Reimbursement Amount             | Num  | 8  | No value definitions  |
|  | 44 | LNE_RMBRS_UNT_NBR          | Units Paid                            | Num  | 8  | No value definitions  |
|  | 45 | LNE_SBMT_CHRG_AMT          | Line Submit Charge Amount             | Num  | 8  | No value definitions  |
|  | 46 | LNE_STAT_CD                | Line Status Code                      | Char | 20 | Consult Claim Status Code; or HDR_STAT_CD above   |
|  | 47 | LNE_SVC_BGN_DT             | Line Starting Date of Service         | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 48 | LNE_SVC_END_DT             | Line Ending Date of Service           | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 49 | LNE_TPL_AMT                | Third Party Liability Amount          | Num  | 8  | No value definitions  |
|  | 50 | MBR_AGE_NBR                | Member Age                            | Num  | 8  | No value definitions  |
|  | 51 | MBR_AID_CTG_CD             | Aid Category Code                     | Char | 20 | AA = ELIG-AID-AGED<br>AB = ELIG-AID-BLIND<br>AD = ELIG-AID-DISABLED<br>AF = ELIG-AID-FDC<br>AG = ELIG-ADOPT-GRAND<br>AS = ELIG-ADOPT-SUBSIDY<br>CD = ELIG-CERTAIN-DISAB<br>CF = ELIG-CERTAIN-FC |



|  |    |                      |  |      |     |  |
|--|----|----------------------|--|------|-----|--|
|  |    |                      |  |      |     | U = EMERGENCY COVERAGE (QUALIFIED ALIEN)                       |
|  |    |                      |  |      |     | V = EMERGENCY COVERAGE   |
|  |    |                      |  |      |     | W = FULL REGULAR COVERAGE (NON-ALIEN)                          |
|  |    |                      |  |      |     | X = NOT APPLICABLE TO THE CASE                                 |
|  | 58 | MBR_SSI_STAT_CD      | SSI Status Code                          | Char | 20  | N = NO<br>Y = YES  |
|  | 59 | POS_CD               | Place of Service Code                    | Char | 20  | Consult External Standard Reference for Place of Service Codes |
|  | 60 | PROC_ADJDC_CD        | Adjudicated Procedure Code               | Char | 20  | CPT?   |
|  | 61 | RNDR_PRVDR_ID        | Rendering Provider Identification Number | Char | 20  | No value definitions   |
|  | 62 | RNDR_PRVDR_LOC_CD    | Rendering Provider Location Code         | Char | 20  | No value definitions   |
|  | 63 | RNDR_PRVDR_NPI       | Rendering Provider NPI                   | Char | 20  | No value definitions   |
|  | 64 | RNDR_PRVDR_TXNMY_CD  | Rendering Provider Taxonomy              | Char | 20  | No value definitions   |
|  | 65 | RVN_CD               | Revenue Code                             | Char | 20  | Consult External Standard Reference for Revenue Codes          |
|  | 66 | REV_DESC             | Revenue Code Description                 | Char | 40  | No value definitions   |
|  | 67 | LINE_RFR_PRVDR_ID    | Referring Provider Identification Number | Char | 20  | No value definitions   |
|  | 68 | LINE_RFR_PRVDR_NPI   | Referring Provider NPI                   | Char | 20  | No value definitions   |
|  | 69 | RFR_PRVDR_TXNMY_CD   | Referring Provider Taxonomy              | Char | 20  | Consult Federal Provider Taxonomy Codes for Reference          |
|  | 70 | LINEDE_LNE_COPAY_AMT | Claim Line Copay Amount                  | Num  | 8   | No value definitions   |
|  | 71 | PYR_REF_ID           | Payer ID                                 | Num  | 8   | No value definitions   |
|  | 72 | MBR_HLTHPLN_DESC     | Health Plan Description                  | Char | 200 | No value definitions   |
|  | 73 | BNFTPLN_ID           | Benefit Plan                             | Num  | 8   | No value definitions   |
|  | 74 | MBR_BNFTPLN_DESC     | Benefit Plan Description                 | Char | 200 | No value definitions   |
|  | 75 | ICD_VER_CD           | ICD Version Code                         | Char | 20  | 0 = ICD-10<br>9 = ICD-9  |
|  | 76 | DIAG_CD_01           | Diagnosis Code 1                         | Char | 20  | ICD-9/ICD-10   |
|  | 77 | DIAG_CD_01_DESC      | Diagnosis Code 1 Description             | Char | 200 | No value definitions   |

|  |     |                 |                                  |      |     |                      |
|--|-----|-----------------|----------------------------------|------|-----|----------------------|
|  | 78  | DIAG_CD_02      | Diagnosis Code 2                 | Char | 20  | ICD-9/ICD-10         |
|  | 79  | DIAG_CD_02_DESC | Diagnosis Code 2 Description     | Char | 200 | No value definitions |
|  | 80  | DIAG_CD_03      | Diagnosis Code 3                 | Char | 20  | ICD-9/ICD-10         |
|  | 81  | DIAG_CD_03_DESC | Diagnosis Code 3 Description     | Char | 200 | No value definitions |
|  | 82  | DIAG_CD_04      | Diagnosis Code 4                 | Char | 20  | ICD-9/ICD-10         |
|  | 83  | DIAG_CD_04_DESC | Diagnosis Code 4 Description     | Char | 200 | No value definitions |
|  | 84  | DIAG_CD_05      | Diagnosis Code 5                 | Char | 20  | ICD-9/ICD-10         |
|  | 85  | DIAG_CD_05_DESC | Diagnosis Code 5 Description     | Char | 200 | No value definitions |
|  | 86  | DIAG_CD_06      | Diagnosis Code 6                 | Char | 20  | ICD-9/ICD-10         |
|  | 87  | DIAG_CD_06_DESC | Diagnosis Code 6 Description     | Char | 200 | No value definitions |
|  | 88  | DIAG_CD_07      | Diagnosis Code 7                 | Char | 20  | ICD-9/ICD-10         |
|  | 89  | DIAG_CD_07_DESC | Diagnosis Code 7 Description     | Char | 200 | No value definitions |
|  | 90  | DIAG_CD_08      | Diagnosis Code 8                 | Char | 20  | ICD-9/ICD-10         |
|  | 91  | DIAG_CD_08_DESC | Diagnosis Code 8 Description     | Char | 200 | No value definitions |
|  | 92  | DIAG_CD_09      | Diagnosis Code 9                 | Char | 20  | ICD-9/ICD-10         |
|  | 93  | DIAG_CD_09_DESC | Diagnosis Code 9 Description     | Char | 200 | No value definitions |
|  | 94  | DIAG_CD_10      | Diagnosis Code 10                | Char | 20  | ICD-9/ICD-10         |
|  | 95  | DIAG_CD_10_DESC | Diagnosis Code 10 Description    | Char | 200 | No value definitions |
|  | 96  | PROC_MOD_1_CD   | Procedure modifier 1             | Char | 20  | No value definitions |
|  | 97  | PROC_MOD_1_DESC | Procedure modifier 1 Description | Char | 80  | No value definitions |
|  | 98  | PROC_MOD_2_CD   | Procedure modifier 2             | Char | 20  | No value definitions |
|  | 99  | PROC_MOD_2_DESC | Procedure modifier 2 Description | Char | 80  | No value definitions |
|  | 100 | PROC_MOD_3_CD   | Procedure modifier 3             | Char | 20  | No value definitions |
|  | 101 | PROC_MOD_3_DESC | Procedure modifier 3 Description | Char | 80  | No value definitions |
|  | 102 | PROC_MOD_4_CD   | Procedure modifier 4             | Char | 20  | No value definitions |
|  | 103 | PROC_MOD_4_DESC | Procedure modifier 4 Description | Char | 80  | No value definitions |

|  |     |                              |   |      |     |   |
|--|-----|------------------------------|---|------|-----|---|
|  | 104 | HDRDENTAL_MBR_GNDR_DE<br>SC  | Member Gender Description                         | Char | 200 | No value definitions  |
|  | 105 | CLM_BTCH_DOC_TYP_CD          | Specifies the classification of claims in a batch | Char | 20  | C = ORIGINAL CLAIM<br>E = ENCOUNTER<br>W = WEB SERVICE TRANSACTION  |
|  | 106 | CR_CD                        | Credit Code                                       | Char | 20  | No value definitions  |
|  | 107 | MBR_DOB_DT                   | Member Date of Birth                              | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 108 | MBR_REF_REL_TO_PAY_CD        | Member Relationship Code                          | Char | 20  | A = SPOUSE<br>B = SON<br>C = DAUGHTER<br>D = STEPSON<br>E = STEPDAUGHTER<br>F = MOTHER<br>G = FATHER<br>H = MOTHER IN LAW<br>I = FATHER IN LAW<br>J = GRAND CHILD<br>K = STUDENT<br>L = SELF<br>M = BROTHER<br>N = SISTER<br>O = NEPHEW<br>P = NIECE<br>Q = FOSTER CHILD<br>R = CHILD |
|  | 109 | MBR_REF_CNTY_CD              | Member County Code                                | Char | 20  | No value definitions  |
|  | 110 | MBR_REF_CTY                  | Member City                                       | Char | 50  | No value definitions  |
|  | 111 | MBR_REF_ST_ABBREV            | Member State Code                                 | Char | 20  | No value definitions  |
|  | 112 | MBR_REF_ZIP_CD               | Member Zip Code                                   | Char | 20  | No value definitions  |
|  | 113 | MBR_REF_CNTY_NM              | Member County Name                                | Char | 40  | No value definitions  |
|  | 114 | MBR_REF_CNTRY_DESC           | Member Country Description                        | Char | 200 | No value definitions  |
|  | 115 | MBR_REF_ELGB_AUTH_BGN_<br>DT | Member Eligibility Authorization Begin Date       | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 116 | MBR_REF_ELGB_BGN_DT          | Member Eligibility Begin Date                     | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 117 | MBR_REF_ELGB_CVRG_CD         | Member Eligibility Coverage Code                  | Char | 20  | Consult External Standard Reference for<br>Eligibility Coverage Codes   |



|  |     |                        |   |      |     |  |
|--|-----|------------------------|---|------|-----|--|
|  | 118 | MBR_REF_ELGB_END_DT    | Member Eligibility End Date             | Num  | 8   | SAS date, use format to display as DDMMYYYY  |
|  | 119 | MBR_REF_PCP_ID         | Primary Care Physician ID               | Char | 30  | No value definitions   |
|  | 120 | MBR_REF_SPCL_CVRG_CD   | Special Coverage Code                   | Char | 20  | AI = AI-CAP/AIDS ICF-OBSOLETE 12/31/06<br>AS = AS-CAP/AIDS SNF-OBSOLETE 12/31/06<br>BH = TRAUMATIC BRAIN INJURY - SPECIALTY HOSPITAL<br>BN = TRAUMATIC BRAIN INJURY - NURSING FACILITY<br>C2 = C2-CAP-MR/DD ICF MR LEVEL OF CARE EFF 11/01/08<br>CC = CC-CAP/CHILDREN-PRIOR TO 11/01/95<br>CI = CI-CAP/DA ICF LEVEL OF CARE<br>CM = CM-CAP-MR/DD ICF MR LEVEL OF CARE<br>CS = CS-CAP/DA SNF LEVEL OF CARE<br>HC = HC-CAP/CHILDREN HOSPITAL-EFF.11/01/95<br>IC = IC-CAP/CHILDREN ICF-EFFECTIVE 11/01/95<br>ID = ID-CAP CHOICE ICF<br>IN = INNOVATIONS<br>LT = SPL ASSIST-CASES AWAITING A HIGHER LEVEL OF CARE<br>SC = SC-CAP/CHILDREN SNF-EFFECTIVE 11/01/95<br>SD = SD-CAP CHOICE SNF |
|  | 121 | MBR_REF_ELGB_CVRG_DESC | Member Eligibility Coverage Description | Char | 200 | No value definitions   |
|  | 122 | BILL_PRVDR_REF_FRST_NM | Billing Provider First Name             | Char | 40  | No value definitions   |
|  | 123 | BILL_PRVDR_REF_LST_NM  | Billing Provider Last Name              | Char | 40  | No value definitions   |
|  | 124 | BILL_PRVDR_REF_MDL_NM  | Billing Provider Middle Name            | Char | 20  | No value definitions   |
|  | 125 | BILL_PRVDR_REF_STAT_CD | Billing Provider Status Code            | Char | 20  | 1 = ACTIVE<br>2 = TERMINATED<br>3 = SUSPENDED  |
|  | 126 | BILL_PRVDR_REF_TITL    | Billing Provider Title                  | Char | 30  | No value definitions   |
|  | 127 | BILL_PRVDR_REF_CNTY_CD | Billing Provider County Code            | Char | 20  | No value definitions   |
|  | 128 | BILL_PRVDR_REF_CNTY_NM | Billing Provider County Name            | Char | 40  | No value definitions   |
|  | 129 | RFR_PRVDR_REF_FRST_NM  | Referring Provider First Name           | Char | 40  | No value definitions   |
|  | 130 | RFR_PRVDR_REF_LST_NM   | Referring Provider Last Name            | Char | 40  | No value definitions   |

|  |     |                                |  |      |    |   |
|--|-----|--------------------------------|--|------|----|---|
|  | 131 | RFR_PRVDR_REF_MDL_NM           | Referring Provider Middle Name                 | Char | 20 | No value definitions                          |
|  | 132 | RFR_PRVDR_REF_TITL             | Referring Provider Title                       | Char | 30 | No value definitions                          |
|  | 133 | RNDR_PRVDR_REF_ATYPICAL_NPI    | Rendering Provider Atypical NPI                | Char | 30 | No value definitions                          |
|  | 134 | RNDR_PRVDR_REF_DTH_DT          | Rendering Provider Date of Death               | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 135 | RNDR_PRVDR_REF_FRST_NM         | Rendering Provider First Name                  | Char | 40 | No value definitions                          |
|  | 136 | RNDR_PRVDR_REF_LST_NM          | Rendering Provider Last Name                   | Char | 40 | No value definitions                          |
|  | 137 | RNDR_PRVDR_REF_MDL_NM          | Rendering Provider Middle Name                 | Char | 20 | No value definitions                          |
|  | 138 | RNDR_PRVDR_REF_STAT_CD         | Rendering Provider Status Code                 | Char | 20 | 1 = ACTIVE<br>2 = TERMINATED<br>3 = SUSPENDED |
|  | 139 | RNDR_PRVDR_REF_STAT_EFF_DT     | Rendering Provider Status Effective Date       | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 140 | RNDR_PRVDR_REF_STAT_END_DT     | Rendering Provider Status End Date             | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 141 | RNDR_PRVDR_REF_TITL            | Rendering Provider Title                       | Char | 30 | No value definitions                          |
|  | 142 | RNDR_PRVDR_REF_CNTY_CD         | Rendering Provider County Code                 | Char | 20 | No value definitions                          |
|  | 143 | RNDR_PRVDR_REF_CTY             | Rendering Provider City                        | Char | 80 | No value definitions                          |
|  | 144 | RNDR_PRVDR_REF_ST_CD           | Rendering Provider State                       | Char | 20 | No value definitions                          |
|  | 145 | RNDR_PRVDR_REF_SVC_LOCATION_NM | Rendering Provider Site Location Name          | Char | 40 | No value definitions                          |
|  | 146 | RNDR_PRVDR_REF_ZIP_CD          | Rendering Provider Zip                         | Char | 20 | No value definitions                          |
|  | 147 | RNDR_PRVDR_REF_CNTY_NM         | Rendering Provider County Name                 | Char | 40 | No value definitions                          |
|  | 148 | BILL_PRVDR_REF_ALT_ID          | Billing Provider Medicaid Legacy Provider ID   | Char | 15 | No value definitions                          |
|  | 149 | RNDR_PRVDR_REF_ALT_ID          | Rendering Provider Medicaid Legacy Provider ID | Char | 15 | No value definitions                          |