

## Codebook for Medicaid Institutional 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 DDDMMYYYY   |
|                    | 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 DDDMMYYYY   |
|                    | 14              | DSCHRG_DT                 | Discharge Date                           | Num           | 8               | SAS date, use format to display as DDDMMYYYY   |
|                    | 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 DDDMMYYYY   |
|                    | 17              | HDR_SVC_END_DT            | Header Ending Date of Service            | Num           | 8               | SAS date, use format to display as DDDMMYYYY   |
|                    | 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<br>1 = HOME INFUSION THERAPY<br>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_PRGNCY_IND        | Pregnancy Indicator                               | Char | 1   | 0 = Not Specified  |
|  |    |                       |   |      |     | 1 = NOT PREGNANT   |
|  |    |                       |   |      |     | 2 = PREGNANT   |
|  |    |                       |   |      |     | SPACE = BLANK  |
|  |    |                       |   |      |     |  |
|  | 23 | PAT_STAT_CD           | Patient 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   |
|  |    |                       |   |      |     |  |
|  | 34 | ATND_PRVDR_ID         | Attending Provider Identification Number          | Char | 30  | No value definitions   |
|  |    |                       |   |      |     |  |
|  | 35 | ATND_PRVDR_NPI        | Attending Provider NPI                            | Char | 20  | No value definitions   |
|  |    |                       |   |      |     |  |
|  | 36 | OPRT_PRVDR_ID         | Operating Provider Identification Number          | Char | 20  | No value definitions   |
|  |    |                       |   |      |     |  |
|  | 37 | OPRT_PRVDR_NPI        | Operating Provider NPI                            | Char | 20  | No value definitions   |
|  |    |                       |   |      |     |  |
|  | 38 | SVC_PRVDR_ID          | Servicing Facility Provider Identification Number | Char | 30  | No value definitions   |
|  |    |                       |   |      |     |  |
|  | 39 | SVC_PRVDR_NPI         | Servicing Facility NPI                            | Char | 30  | No value definitions   |
|  |    |                       |   |      |     |  |

|  |    |                        |   |      |    |  |
|--|----|------------------------|---|------|----|--|
|  | 40 | ATTD_PRVDR_LOC_CD      | Attending Provider Location Code          | Char | 20 | 1 = Pay-to   |
|  |    |                        |   |      |    | 2 = Correspondence   |
|  |    |                        |   |      |    | 3 = Service  |
|  | 41 | SVC_PRVDR_LOC_CD       | Servicing Facility Provider Location Code | Char | 20 | 1 = Pay-to   |
|  |    |                        |   |      |    | 2 = Correspondence   |
|  |    |                        |   |      |    | 3 = Service  |
|  | 42 | DRG_CD                 | Diagnosis Related Group                   | Char | 20 | Consult Online DRG Listings  |
|  | 45 | TYP_OF_BILL_DIGIT_3_CD | Type of Bill Frequency Code               | Char | 20 | 0 = NON-PAYMENT/ZERO CLAIM   |
|  |    |                        |   |      |    | 1 = ADMIT THRU DISCHARGE CLAIM                                       |
|  |    |                        |   |      |    | 2 = INTERIM - FIRST CLAIM  |
|  |    |                        |   |      |    | 3 = INTERIM - CONTINUING CLAIM                                       |
|  |    |                        |   |      |    | 4 = INTERIM - LAST CLAIM   |
|  |    |                        |   |      |    | 5 = LATE CHARGES ONLY  |
|  |    |                        |   |      |    | 6 = RESERVED BY NUBC6  |
|  |    |                        |   |      |    | 7 = REPLACEMENT OF PRIOR CLAIM                                       |
|  |    |                        |   |      |    | 8 = VOID/CANCEL OF PRIOR CLAIM                                       |
|  |    |                        |   |      |    | 9 = FINAL CLAIM FOR A HOME HEALTH PPS EPISODE                        |
|  |    |                        |   |      |    | A = ADMISSION/ELECTION NOTICE  |
|  |    |                        |   |      |    | B = NOTICE OF TERMINATION/REVOCAION OF HOSPICE, CMS COORDINATED CARE |
|  |    |                        |   |      |    | C = NOTICE OF CHANGE TO HOSPICE PROVIDER                             |
|  |    |                        |   |      |    | D = NOTICE OF VOID   |
|  |    |                        |   |      |    | E = NOTICE OF CHANGE OF OWNERSHIP FOR HOSPICE                        |
|  |    |                        |   |      |    | F = RECIPIENT INITATED ADJUSTMENT CLAIM                              |
|  |    |                        |   |      |    | G = COMMON WORKING FILE INITIATED ADJUSTMENT                         |
|  |    |                        |   |      |    | H = CMS INITATED ADJUSTMENT CLAIM                                    |
|  |    |                        |   |      |    | I = INTERMEDIARY ADJUSTMENT CLAIM                                    |
|  |    |                        |   |      |    | J = INITIATED ADJUSTMENT CLAIM - OTHER                               |
|  |    |                        |   |      |    | K = OIG INITIATED ADJUSTMENT   |
|  |    |                        |   |      |    | L = RESERVED FOR NUBCL   |
|  |    |                        |   |      |    | M = MEDICARE SECONDARY PAYER INITIATED ADJUSTMENT                    |
|  |    |                        |   |      |    | N = RESERVED FOR NUBCN   |
|  |    |                        |   |      |    | O = NON-PAYMENT/ZERO CLAIM O   |
|  |    |                        |   |      |    | P = QIO ADJUSTMENT CLAIM   |
|  |    |                        |   |      |    | Q = NOT TO BE USED BY PROVIDERS                                      |
|  |    |                        |   |      |    | R = RESERVED FOR NUBCR   |
|  |    |                        |   |      |    | S = RESERVED FOR NUBCS   |
|  |    |                        |   |      |    | T = RESERVED FOR NUBCT   |
|  |    |                        |   |      |    | U = RESERVED FOR NUBCU   |
|  |    |                        |   |      |    | V = RESERVED FOR NUBCV   |
|  |    |                        |   |      |    | W = RESERVED FOR NUBCW   |
|  |    |                        |   |      |    | X = USED BY MEDICARE ADVANTAGE TO VOID INCORRECT PREVIOUS ENCOUNTER  |

|  |    |                               |                                 |      |    |  |
|--|----|-------------------------------|---------------------------------|------|----|--|
|  |    |                               |                                 |      |    | Y = USED BY MEDICARE ADVANTAGE TO REPLACE PREVIOUS SUBMITTED ENCOUNTER |
|  |    |                               |                                 |      |    | Z = USED BY MEDICARE ADVANTAGE TO SUBMIT NEW ENCOUNTER DATA            |
|  | 46 | TYP_OF_BILL_DIGITS_1_AND_2_CD | Type of Bill Facility Type Code | Char | 20 | 11 = HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)                    |
|  |    |                               |                                 |      |    | 12 = HOSPITAL INPATIENT (MEDICARE PART B ONLY)                         |
|  |    |                               |                                 |      |    | 13 = HOSPITAL OUTPATIENT   |
|  |    |                               |                                 |      |    | 14 = HOSPITAL - LAB SERVICES PROVIDED TO NON-PATIENTS                  |
|  |    |                               |                                 |      |    | 18 = HOSPITAL - SWING BEDS   |
|  |    |                               |                                 |      |    | 21 = SKILLED NURSING - INPATIENT (INCL MEDICARE PART A)                |
|  |    |                               |                                 |      |    | 22 = SKILLED NURSING - INPATIENT (MEDICARE PART B ONLY)                |
|  |    |                               |                                 |      |    | 23 = SKILLED NURSING - OUTPATIENT                                      |
|  |    |                               |                                 |      |    | 28 = SKILLED NURSING - SWING BEDS                                      |
|  |    |                               |                                 |      |    | 32 = HOME HEALTH - INPAT (PLAN OF TRET PART B ONLY)                    |
|  |    |                               |                                 |      |    | 33 = HOME HEALTH - OUTPT (PLAN OF TRET PART A, INC DME)                |
|  |    |                               |                                 |      |    | 34 = HOME HEALTH - OTHER (FOR MED/SURG SERV NO PLAN)                   |
|  |    |                               |                                 |      |    | 41 = RELIGIOUS NON-MED HEALTH CARE INSTITU - HOSP INP                  |
|  |    |                               |                                 |      |    | 43 = RELIGIOUS NON-MEDICAL HEALTH CARE INSTITU - OUTPAT                |
|  |    |                               |                                 |      |    | 65 = INTERMEDIATE CARE - LEVEL I                                       |
|  |    |                               |                                 |      |    | 66 = INTERMEDIATE CARE - LEVEL II                                      |
|  |    |                               |                                 |      |    | 71 = CLINIC - RURAL HEALTH   |
|  |    |                               |                                 |      |    | 72 = CLINIC - HOSP BASED OR IND RENAL DIALYSIS CENTER                  |
|  |    |                               |                                 |      |    | 73 = CLINIC - FREESTANDING   |
|  |    |                               |                                 |      |    | 74 = CLINIC - OUTPATIENT REHABILITATION FACILITY (ORF)                 |
|  |    |                               |                                 |      |    | 75 = CLINIC - COMPREHENSIVE OUTPAT REH FACILITY (CORF)                 |
|  |    |                               |                                 |      |    | 76 = CLINIC - COMMUNITY MENTAL HEALTH CENTER                           |
|  |    |                               |                                 |      |    | 77 = CLINIC - FED QUALIFIED HEALTH CENT (FQHC 04/01/10)                |
|  |    |                               |                                 |      |    | 78 = LICENSED FREESTANDING EMERGENCY MEDICAL FACILITY (7/2012)         |
|  |    |                               |                                 |      |    | 79 = CLINIC-OTHER  |
|  |    |                               |                                 |      |    | 81 = SPECIAL FACILITY - HOSPICE (NON-HOSPITAL BASED)                   |
|  |    |                               |                                 |      |    | 82 = SPECIAL FACILITY - HOSPICE (HOSPITAL BASED)                       |
|  |    |                               |                                 |      |    | 83 = SPECIAL FACILITY - AMBULATORY SURGERY CENTER                      |
|  |    |                               |                                 |      |    | 84 = SPECIAL FACILITY - FREE STANDING BIRTHING CENTER                  |
|  |    |                               |                                 |      |    | 85 = SPECIAL FACILITY - CRITICAL ACCESS HOSPITAL                       |
|  |    |                               |                                 |      |    | 86 = SPECIAL FACILITY - RESIDENTIAL FACILITY                           |

|  |    |                                |   |      |     |  |
|--|----|--------------------------------|---|------|-----|--|
|  |    |                                |   |      |     | 89 = SPECIAL FACILITY - OTHER  |
|  | 47 | HDRIN_BILL_PRIVDR_NM           | Billing Provider Name                                 | Char | 40  | No value definitions   |
|  | 48 | HDRIN_MBR_GNDR_CD              | Member Gender Code                                    | Char | 1   | F = FEMALE<br>M = MALE<br>U = UNKNOWN  |
|  | 49 | CHI_SVC_AUTH_SA_TYP_SV<br>C_CD | Type of Service Code                                  | Char | 20  | No value definitions   |
|  | 50 | DRG_DRG_GRP_VER_NBR            | Diagnosis Related Group DRG Grouper Version<br>Number | Char | 30  | 23 = DRG GROUPEL VERSION 23.<br>24 = DRG GROUPEL VERSION 24.<br>25 = DRG GROUPEL VERSION 25.1.<br>26 = DRG GROUPEL VERSION 26.<br>27 = DRG GROUPEL VERSION 27.   |
|  | 52 | RSN_VST_DIAG_CD                | Reference Diagnosis Code 1_Reason for Visit           | Char | 20  | ICD-9?   |
|  | 53 | RSN_VST_DIAG_2_CD              | Reference Diagnosis Code 2_Reason for Visit           | Char | 20  | ICD-9?   |
|  | 54 | RSN_VST_DIAG_3_CD              | Reference Diagnosis Code 3_Reason for Visit           | Char | 20  | ICD-9?   |
|  | 63 | LNE_STAT_CD                    | Line Status Code                                      | Char | 20  | Consult Claim Status Code; or HDR_STAT_CD<br>above   |
|  | 64 | LNE_SVC_BGN_DT                 | Line Starting Date of Service                         | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY   |
|  | 65 | LNE_SVC_END_DT                 | Line Ending Date of Service                           | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY   |
|  | 68 | 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<br>FC = ELIG-FOSTER-CARE<br>IC = ELIG-INF-CHILD<br>NA = Not Applicable<br>PW = ELIG-PREG-WOMEN<br>QB = ELIG-CATASTOPHIC<br>RC = ELIG-REASON-CLASS<br>RF = ELIG-AID-REFUGEE<br>SB = ELIG-SA-BLIND<br>SF = ELIG-AID-SFHF |
|  | 69 | MBR_AID_CTG_DESC               | Aid Category Description                              | Char | 200 | No value definitions   |

|  |    |                    |                              |      |     |  |
|--|----|--------------------|------------------------------|------|-----|--|
|  | 70 | MBR_AID_PGM_CD     | Aid Program Code             | Char | 20  | No value definitions   |
|  | 71 | MBR_AID_PGM_DESC   | Aid Program Description      | Char | 200 | No value definitions   |
|  | 74 | MBR_MCAID_CLSFN_CD | Medicaid Classification Code | Char | 20  | 1 = USED ONLY AS MIC-1) 185-200% (<1) 133-200% (1-5)<br>A = NO ENROLLMENT FEE, NA AND ALASKANS (< 150 FPL)<br>B = CATEGORICALLY NEEDY (USED ONLY WITH MAABD OR MQB)<br>C = CATEGORICALLY NEEDY<br>D = USED ONLY AS MAF-D ? LIMITED TO FAMILY PLANNING<br>E = QUALIFYING INDIVIDUAL (USED ONLY WITH MQB).<br>F = NO MONEY PAY ? EMERG-SER FOR NON-QUALIFIED ALIENS<br>G = NO MONEY PAYMENT ? FULL-COV FOR QUALIFIED ALIENS<br>H = NO MONEY PAYMENT ? EMERG-SER FOR QUALIFIED ALIENS<br>I = NO MONEY PAYMENT ? FULL COV FOR PREGNANT ALIEN<br>J = NO ENROLLMENT FEE OTHERS<br>K = ENROLLMENT FEE APPLICABLE<br>L = OPTIONAL ECG<br>M = MEDICALLY NEEDY<br>N = CATEGORICALLY NEEDY- NO MONEY PAYMENT<br>O = MEDICALLY NEEDY - EMERG-SER NON-QUALIFIED ALIENS<br>P = MEDICALLY NEEDY ? FULL COV FOR QUALIFIED ALIENS<br>Q = USED ONLY WITH DUALY ELIGIBLE CASES OR M-QB CASES<br>R = MEDICALLY NEEDY - EMERG-SER FOR QUALIFIED ALIENS<br>S = NO ENROLLMENT FEE, NA AND ALASKANS (>150 FPL)<br>T = FULL COVERAGE<br>U = EMERGENCY COVERAGE (QUALIFIED ALIEN)<br>V = EMERGENCY COVERAGE<br>W = FULL REGULAR COVERAGE (NON-ALIEN)<br>X = NOT APPLICABLE TO THE CASE |
|  | 75 | MBR_SSI_STAT_CD    | SSI Status Code              | Char | 20  | N = NO<br>Y = YES  |
|  | 76 | POS_CD             | Place of Service Code        | Char | 20  | Consult External Standard Reference for Place of Service Codes   |
|  | 77 | PROC_ADJDC_CD      | Adjudicated Procedure Code   | Char | 20  | CPT?   |

|  |     |                     |  |      |     |  |
|--|-----|---------------------|--|------|-----|--|
|  | 78  | RNDR_PRVDR_ID       | Rendering Provider Identification Number           | Char | 20  | No value definitions   |
|  | 79  | RNDR_PRVDR_LOC_CD   | Rendering Provider Location Code                   | Char | 20  | No value definitions   |
|  | 80  | RNDR_PRVDR_NPI      | Rendering Provider NPI                             | Char | 20  | No value definitions   |
|  | 81  | RNDR_PRVDR_TXNMY_CD | Rendering Provider Taxonomy                        | Char | 20  | No value definitions   |
|  | 82  | RVN_CD              | Revenue Code                                       | Char | 20  | Consult External Standard Reference for Revenue Codes  |
|  | 83  | REV_DESC            | Revenue Code Description                           | Char | 40  | No value definitions   |
|  | 84  | LINE_RFR_PRVDR_ID   | Referring Provider Identification Number           | Char | 20  | No value definitions   |
|  | 85  | HDRIN_RFR_PRVDR_ID  | Referring Provider Identification Number           | Char | 30  | No value definitions   |
|  | 86  | LINE_RFR_PRVDR_NPI  | Referring Provider NPI                             | Char | 20  | No value definitions   |
|  | 87  | HDRIN_RFR_PRVDR_NPI | Referring Provider NPI                             | Char | 20  | No value definitions   |
|  | 88  | RFR_PRVDR_TXNMY_CD  | Referring Provider Taxonomy                        | Char | 20  | Consult Federal Provider Taxonomy Codes for Reference  |
|  | 93  | MBR_HLTHPLN_DESC    | Health Plan Description                            | Char | 200 | No value definitions   |
|  | 95  | MBR_BNFTPLN_DESC    | Benefit Plan Description                           | Char | 200 | No value definitions   |
|  | 96  | ICD_VER_CD          | ICD Version Code                                   | Char | 20  | 0 = ICD-10<br>9 = ICD-9  |
|  | 97  | ADMT_DIAG_CD        | Admitting Diagnosis Code                           | Char | 20  | ICD-9/ICD-10   |
|  | 98  | DIAG_PRI_POA_CD     | Admitting Diagnosis Present on Admission Indicator | Char | 20  | 1 = EXEMPT FROM POA REPORTING<br>N = DIAGNOSIS WAS NOT PRESENT<br>U = DOCUMENTATION INSUFFICIENT<br>W = CLINICALLY UNDETERMINED IF DIAG WAS PRESENT<br>Y = DIAGNOSIS WAS PRESENT |
|  | 99  | DIAG_CD_01          | Diagnosis Code 1                                   | Char | 20  | ICD-9/ICD-10   |
|  | 100 | DIAG_CD_01_DESC     | Diagnosis Code 1 Description                       | Char | 200 | No value definitions   |
|  | 101 | DIAG_CD_02          | Diagnosis Code 2                                   | Char | 20  | ICD-9/ICD-10   |
|  | 102 | DIAG_CD_02_DESC     | Diagnosis Code 2 Description                       | Char | 200 | No value definitions   |
|  | 103 | DIAG_CD_03          | Diagnosis Code 3                                   | Char | 20  | ICD-9/ICD-10   |
|  | 104 | DIAG_CD_03_DESC     | Diagnosis Code 3 Description                       | Char | 200 | No value definitions   |



|  |     |                     |   |      |     |  |
|--|-----|---------------------|---|------|-----|--|
|  | 105 | DIAG_CD_04          | Diagnosis Code 4                                  | Char | 20  | ICD-9/ICD-10   |
|  | 106 | DIAG_CD_04_DESC     | Diagnosis Code 4 Description                      | Char | 200 | No value definitions   |
|  | 107 | DIAG_CD_05          | Diagnosis Code 5                                  | Char | 20  | ICD-9/ICD-10   |
|  | 108 | DIAG_CD_05_DESC     | Diagnosis Code 5 Description                      | Char | 200 | No value definitions   |
|  | 109 | DIAG_CD_06          | Diagnosis Code 6                                  | Char | 20  | ICD-9/ICD-10   |
|  | 110 | DIAG_CD_06_DESC     | Diagnosis Code 6 Description                      | Char | 200 | No value definitions   |
|  | 111 | DIAG_CD_07          | Diagnosis Code 7                                  | Char | 20  | ICD-9/ICD-10   |
|  | 112 | DIAG_CD_07_DESC     | Diagnosis Code 7 Description                      | Char | 200 | No value definitions   |
|  | 113 | DIAG_CD_08          | Diagnosis Code 8                                  | Char | 20  | ICD-9/ICD-10   |
|  | 114 | DIAG_CD_08_DESC     | Diagnosis Code 8 Description                      | Char | 200 | No value definitions   |
|  | 115 | DIAG_CD_09          | Diagnosis Code 9                                  | Char | 20  | ICD-9/ICD-10   |
|  | 116 | DIAG_CD_09_DESC     | Diagnosis Code 9 Description                      | Char | 200 | No value definitions   |
|  | 117 | DIAG_CD_10          | Diagnosis Code 10                                 | Char | 20  | ICD-9/ICD-10   |
|  | 118 | DIAG_CD_10_DESC     | Diagnosis Code 10 Description                     | Char | 200 | No value definitions   |
|  | 119 | PROC_MOD_1_CD       | Procedure modifier 1                              | Char | 20  | No value definitions   |
|  | 120 | PROC_MOD_1_DESC     | Procedure modifier 1 Description                  | Char | 80  | No value definitions   |
|  | 121 | PROC_MOD_2_CD       | Procedure modifier 2                              | Char | 20  | No value definitions   |
|  | 122 | PROC_MOD_2_DESC     | Procedure modifier 2 Description                  | Char | 80  | No value definitions   |
|  | 123 | PROC_MOD_3_CD       | Procedure modifier 3                              | Char | 20  | No value definitions   |
|  | 124 | PROC_MOD_3_DESC     | Procedure modifier 3 Description                  | Char | 80  | No value definitions   |
|  | 125 | PROC_MOD_4_CD       | Procedure modifier 4                              | Char | 20  | No value definitions   |
|  | 126 | PROC_MOD_4_DESC     | Procedure modifier 4 Description                  | Char | 80  | No value definitions   |
|  | 127 | HDRIN_MBR_GNDR_DESC | Member Gender Description                         | Char | 200 | No value definitions   |
|  | 128 | 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 |
|  | 129 | CR_CD               | Credit Code                                       | Char | 20  | No value definitions   |

|  |     |                          |   |      |     |   |
|--|-----|--------------------------|---|------|-----|---|
|  | 130 | MBR_DOB_DT               | Member Date of Birth                        | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 131 | 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 |
|  | 132 | MBR_REF_CNTY_CD          | Member County Code                          | Char | 20  | No value definitions  |
|  | 133 | MBR_REF_CTY              | Member City                                 | Char | 50  | No value definitions  |
|  | 134 | MBR_REF_ST_ABBREV        | Member State Code                           | Char | 20  | No value definitions  |
|  | 135 | MBR_REF_ZIP_CD           | Member Zip Code                             | Char | 20  | No value definitions  |
|  | 136 | MBR_REF_CNTY_NM          | Member County Name                          | Char | 40  | No value definitions  |
|  | 137 | MBR_REF_CNTRY_DESC       | Member Country Description                  | Char | 200 | No value definitions  |
|  | 138 | MBR_REF_ELGB_AUTH_BGN_DT | Member Eligibility Authorization Begin Date | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 139 | MBR_REF_ELGB_BGN_DT      | Member Eligibility Begin Date               | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 140 | MBR_REF_ELGB_CVRG_CD     | Member Eligibility Coverage Code            | Char | 20  | Consult External Standard Reference for<br>Eligibility Coverage Codes   |
|  | 141 | MBR_REF_ELGB_END_DT      | Member Eligibility End Date                 | Num  | 8   | SAS date, use format to display as<br>DDMMYYYY  |
|  | 142 | MBR_REF_PCP_ID           | Primary Care Physician ID                   | Char | 30  | No value definitions  |
|  | 143 | 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<br>HOSPITAL   |

|  |     |                        |   |      |     |   |
|--|-----|------------------------|---|------|-----|---|
|  |     |                        |   |      |     | BN = TRAUMATIC BRAIN INJURY - NURSING FACILITY        |
|  |     |                        |   |      |     | C2 = C2-CAP-MR/DD ICF MR LEVEL OF CARE EFF 11/01/08   |
|  |     |                        |   |      |     | CC = CC-CAP/CHILDREN-PRIOR TO 11/01/95                |
|  |     |                        |   |      |     | CI = CI-CAP/DA ICF LEVEL OF CARE                      |
|  |     |                        |   |      |     | CM = CM-CAP-MR/DD ICF MR LEVEL OF CARE                |
|  |     |                        |   |      |     | CS = CS-CAP/DA SNF LEVEL OF CARE                      |
|  |     |                        |   |      |     | HC = HC-CAP/CHILDREN HOSPITAL-EFF.11/01/95            |
|  |     |                        |   |      |     | IC = IC-CAP/CHILDREN ICF-EFFECTIVE 11/01/95           |
|  |     |                        |   |      |     | ID = ID-CAP CHOICE ICF                                |
|  |     |                        |   |      |     | IN = INNOVATIONS                                      |
|  |     |                        |   |      |     | LT = SPL ASSIST-CASES AWAITING A HIGHER LEVEL OF CARE |
|  |     |                        |   |      |     | SC = SC-CAP/CHILDREN SNF-EFFECTIVE 11/01/95           |
|  |     |                        |   |      |     | SD = SD-CAP CHOICE SNF                                |
|  |     |                        |   |      |     |   |
|  | 144 | MBR_REF_ELGB_CVRG_DESC | Member Eligibility Coverage Description | Char | 200 | No value definitions                                  |
|  | 145 | ATND_PRVDR_REF_FRST_NM | Attending Provider First Name           | Char | 40  | No value definitions                                  |
|  | 146 | ATND_PRVDR_REF_LST_NM  | Attending Provider Last Name            | Char | 40  | No value definitions                                  |
|  | 147 | ATND_PRVDR_REF_MDL_NM  | Attending Provider Middle Name          | Char | 20  | No value definitions                                  |
|  | 148 | ATND_PRVDR_REF_CNTY_CD | Attending Provider County Code          | Char | 20  | No value definitions                                  |
|  | 149 | ATND_PRVDR_REF_CTY     | Attending Provider City                 | Char | 80  | No value definitions                                  |
|  | 150 | ATND_PRVDR_REF_ST_CD   | Attending Provider State                | Char | 20  | No value definitions                                  |
|  | 151 | ATND_PRVDR_REF_ZIP_CD  | Attending Provider zip                  | Char | 20  | No value definitions                                  |
|  | 152 | ATND_PRVDR_REF_CNTY_NM | Attending Provider County Name          | Char | 40  | No value definitions                                  |
|  | 153 | BILL_PRVDR_REF_FRST_NM | Billing Provider First Name             | Char | 40  | No value definitions                                  |
|  | 154 | BILL_PRVDR_REF_LST_NM  | Billing Provider Last Name              | Char | 40  | No value definitions                                  |
|  | 155 | BILL_PRVDR_REF_MDL_NM  | Billing Provider Middle Name            | Char | 20  | No value definitions                                  |
|  | 156 | BILL_PRVDR_REF_STAT_CD | Billing Provider Status Code            | Char | 20  | 1 = ACTIVE<br>2 = TERMINATED<br>3 = SUSPENDED         |
|  | 157 | BILL_PRVDR_REF_TITL    | Billing Provider Title                  | Char | 30  | No value definitions                                  |

|  |     |                                |  |      |    |   |
|--|-----|--------------------------------|--|------|----|---|
|  | 158 | BILL_PRVDR_REF_CNTY_CD         | Billing Provider County Code             | Char | 20 | No value definitions                          |
|  | 159 | BILL_PRVDR_REF_CNTY_NM         | Billing Provider County Name             | Char | 40 | No value definitions                          |
|  | 160 | RFR_PRVDR_REF_FRST_NM          | Referring Provider First Name            | Char | 40 | No value definitions                          |
|  | 161 | RFR_PRVDR_REF_LST_NM           | Referring Provider Last Name             | Char | 40 | No value definitions                          |
|  | 162 | RFR_PRVDR_REF_MDL_NM           | Referring Provider Middle Name           | Char | 20 | No value definitions                          |
|  | 163 | RFR_PRVDR_REF_TITL             | Referring Provider Title                 | Char | 30 | No value definitions                          |
|  | 164 | RNDR_PRVDR_REF_ATYPICAL_NPI    | Rendering Provider Atypical NPI          | Char | 30 | No value definitions                          |
|  | 165 | RNDR_PRVDR_REF_DTH_DT          | Rendering Provider Date of Death         | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 166 | RNDR_PRVDR_REF_FRST_NM         | Rendering Provider First Name            | Char | 40 | No value definitions                          |
|  | 167 | RNDR_PRVDR_REF_LST_NM          | Rendering Provider Last Name             | Char | 40 | No value definitions                          |
|  | 168 | RNDR_PRVDR_REF_MDL_NM          | Rendering Provider Middle Name           | Char | 20 | No value definitions                          |
|  | 169 | RNDR_PRVDR_REF_STAT_CD         | Rendering Provider Status Code           | Char | 20 | 1 = ACTIVE<br>2 = TERMINATED<br>3 = SUSPENDED |
|  | 170 | RNDR_PRVDR_REF_STAT_EFF_DT     | Rendering Provider Status Effective Date | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 171 | RNDR_PRVDR_REF_STAT_END_DT     | Rendering Provider Status End Date       | Num  | 8  | SAS date, use format to display as DDMMYYYY   |
|  | 172 | RNDR_PRVDR_REF_TITL            | Rendering Provider Title                 | Char | 30 | No value definitions                          |
|  | 173 | RNDR_PRVDR_REF_CNTY_CD         | Rendering Provider County Code           | Char | 20 | No value definitions                          |
|  | 174 | RNDR_PRVDR_REF_CTY             | Rendering Provider City                  | Char | 80 | No value definitions                          |
|  | 175 | RNDR_PRVDR_REF_ST_CD           | Rendering Provider State                 | Char | 20 | No value definitions                          |
|  | 176 | RNDR_PRVDR_REF_SVC_LOCATION_NM | Rendering Provider Site Location Name    | Char | 40 | No value definitions                          |
|  | 177 | RNDR_PRVDR_REF_ZIP_CD          | Rendering Provider Zip                   | Char | 20 | No value definitions                          |
|  | 178 | RNDR_PRVDR_REF_CNTY_NM         | Rendering Provider County Name           | Char | 40 | No value definitions                          |

|  |     |                        |  |      |    |                      |
|--|-----|------------------------|--|------|----|----------------------|
|  | 179 | OPRT_PRVDR_REF_FRST_NM | Operating Provider First Name                  | Char | 40 | No value definitions |
|  | 180 | OPRT_PRVDR_REF_LST_NM  | Operating Provider Last Name                   | Char | 40 | No value definitions |
|  | 181 | OPRT_PRVDR_REF_MDL_NM  | Operating Provider Middle Name                 | Char | 20 | No value definitions |
|  | 182 | OPRT_PRVDR_REF_TITL    | Operating Provider Title                       | Char | 30 | No value definitions |
|  | 183 | SVC_PRVDR_REF_FRST_NM  | Servicing Facility Provider First Name         | Char | 40 | No value definitions |
|  | 184 | SVC_PRVDR_REF_LST_NM   | Servicing Facility Provider Last Name          | Char | 40 | No value definitions |
|  | 185 | SVC_PRVDR_REF_MDL_NM   | Servicing Facility Provider Middle Name        | Char | 20 | No value definitions |
|  | 186 | SVC_PRVDR_REF_CNTY_CD  | Servicing Facility Provider County Code        | Char | 20 | No value definitions |
|  | 187 | SVC_PRVDR_REF_CTY      | Servicing Facility Provider City               | Char | 80 | No value definitions |
|  | 188 | SVC_PRVDR_REF_ST_CD    | Servicing Facility Provider State              | Char | 20 | No value definitions |
|  | 189 | SVC_PRVDR_REF_ZIP_CD   | Servicing Facility Provider Zip                | Char | 20 | No value definitions |
|  | 190 | SVC_PRVDR_REF_CNTY_NM  | Servicing Facility Provider County Code        | Char | 40 | No value definitions |
|  | 191 | ATND_PRVDR_REF_ALT_ID  | Attending Provider Medicaid Legacy Provider ID | Char | 15 | No value definitions |
|  | 192 | BILL_PRVDR_REF_ALT_ID  | Billing Provider Medicaid Legacy Provider ID   | Char | 15 | No value definitions |
|  | 193 | RNDR_PRVDR_REF_ALT_ID  | Rendering Provider Medicaid Legacy Provider ID | Char | 15 | No value definitions |