**CCQI Overview and Data Use Acknowledgment**

**What is the Carolina Cost and Quality Initiative?**

The Carolina Cost and Quality Initiative (CCQI) is a collaborative partnership between the Cecil G. Sheps Center for Health Services Research and owners of North Carolina health care claims data to build, maintain, and oversee the use of data on North Carolina health care services and to promote the use of these data for research. Research conducted as part of the CCQI typically focuses on the incidence and prevalence of disease in insured populations, patterns of utilization and treatment, and cost of care in North Carolina. The overall objective is to improve the delivery and quality of care to North Carolina residents.

CCQI has established data-sharing agreements with various data owners. These agreements with public and private partners allow CCQI to make claims and membership data available to UNC researchers by request. These data are owned by the various partners and are available through CCQI due to a mutually collaborative partnership between the data owner and CCQI and its network of researchers.

**How does the data request process work?**

Researchers initiate the approval process by submitting a completed data request. The CCQI Oversight Committee reviews all data requests. The full approval process can take several months, depending on whether revisions are required. Once approved by the CCQI Oversight Committee, requests will be sent to review committees at the specific data owner. The entire review process is coordinated by the CCQI project manager. If your data request is approved, Sheps Center programming staff will work with you to prepare your analytic dataset. Please note that data preparation may take several months, depending on the number of pending requests.

**Where do the data reside?**

All CCQI data, including analytic extracts, must remain on Sheps Center servers. Data users must conduct all analyses on Sheps Center servers. The Sheps Center’s IT team will help approved users with setup and operation within the Sheps computing environment. Fees for accessing the Sheps computing environment may apply.

**Who owns these data?**

The data are not owned by the University of North Carolina, CCQI, or its researchers. The original data owners remain the only entities with ownership rights. As such, they may choose to terminate their data-sharing agreements with CCQI at any time, at which point all research using that data must cease.

**What are my responsibilities as a researcher using this data?**

CCQI leadership and staff devote considerable time to maintaining our partnerships with data owners so that they continue to see the value in sharing their data. Researchers can help ensure that this partnership continues by adhering to the following requirements:

1. Follow the terms outlined in your data use agreement.
2. Include the following acknowledgement in all journal articles and abstracts using CCQI data:

*The database infrastructure used for this project was supported by the Cecil G. Sheps Center for Health Services Research and the CER Strategic Initiative of UNC’s Clinical and Translational Science Award (UL1TR001111).*

1. Submit all publications (e.g., journal articles or conference abstracts) to the CCQI project manager for review by the data owner, in accordance with the terms of your DUA. In some cases, submission may be required as many as 45 days in advance.
2. For projects using BCBSNC data: Do not identify BCBSNC by name in any presentations or publications.
3. Provide the following information by June 30 each year the DUA is active to the CCQI project manager:
	* Status of the research project (e.g., milestones met)
	* External awards supporting the work, including amount and funder
	* Dissemination efforts (e.g., presentations, publications, media coverage)
	* Graduate students supported (e.g., related dissertations, students funded through grants received for this project)
	* Preliminary findings
4. At the completion of the project, prepare a 1-2 page brief for public dissemination. The brief should highlight a finding of interest, focusing on the impact on the data owner and/or the public. CCQI staff will provide a template for the format of the brief and are available to consult on which findings to highlight. Findings should be presented visually such as in the form of bar charts or cross-tabulations, rather than a regression, and therefore should not overlap with academic publications. The specific form and content will vary; researchers are encouraged to discuss with the project manager well in advance.

I acknowledge the terms and conditions outlined above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PI signature) (date)

**Carolina Cost and Quality Initiative (CCQI)**

**DATA REQUEST (revised 7/21/20)**

Please complete this form for your data request. Submit by email to ccqi@schsr.unc.edu

I. USER INFORMATION **Date of Request (mm/dd/yyyy):** \_\_\_/\_\_\_/\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Principal Investigator Name\*:** |       |
| **Organization/University Affiliation:** |       |
| **Position/Title:** |       |
| **Street Address:** |       |
| **City, State, Zip:**  |       |
| **Phone:** |       | **Email:** |       | **Fax:** |       |
| **\*Is Principal Investigator a Student?** | \_\_\_Yes\_\_\_No |
| **\*If Student, Faculty Advisor is required** | Faculty Advisor Name: Faculty Advisor Email:  |
| **List Other Data Users (if applicable):** |       |

II. PROJECT INFORMATION

|  |  |
| --- | --- |
| **Project Title or Name:** |       |
| **Funder Name:** |       |
| **Funder Description:** |       |
| **Funding Reference / Grant Number (if applicable):** |       |
| **Project Timeline:**  |       |
| **IRB Number:** |  |

1. DATA REQUESTED

|  |  |
| --- | --- |
| **Group(s)** | **BCBSNC Data** 🞏 BCBSNC Member 1- Insured Groups🞏 BCBSNC Member 2- ASO Groups (Administrative Services Only)🞏 BCBSNC Member 3 - Individual Market and ACA Exchange Plans🞏 Professional Claims🞏 Facility Claims🞏 Pharmacy Claims🞏 Dental Claims**NC MEDICAID DATA** 🞏 Professional Claims🞏 Facility Claims🞏 Pharmacy Claims🞏 Dental Claims🞏 Member Files🞏 Capitation Management File**Legacy Datasets (no longer updated\*)** 🞏 Legacy BCBSNC (CIPHR USERS ONLY) |
| **Time period(s) requested:***(check current availability on website)* |   |
| **Population description:***(e.g. members age 18 and older)* |       |
| **Other selection criteria:***(e.g. diagnosis of COPD, specific ICD9 diagnosis or CPT procedure codes)* |  |
| **Key data elements requested:***Note key data elements (including PHI) here and also mark-up variable list at end of this form. This list will be finalized with analyst before data extract. Only request variables that are available in the relevant datasets.* *Data dictionaries are available on the Sheps website. Additional looks-up tables are available upon request.*  |  |
| **Benefit to data owner:***Please describe how results from this project will benefit the data owner (BCBSNC or the NC Division of Health Benefits)*  |  |

*The oversight committee will use the following criteria to review your proposal:*

1. *Is the research question one that is important to be answered, for North Carolinians or to the U.S. health system as a whole, either from a policy or practice perspective?*
2. *Can the research question be adequately answered using the requested data, i.e. an adequate number of cases, necessary data elements available and specified, data quality adequate for key data elements?*
3. *Is the proposed methodology sound and viable with respect to the research questions, population and data requested?*
4. *Does the research team possess the requisite skills/experience and proposed resources to conduct the research with high standards and in an adequately specified time frame?*

**IV. DESCRIPTION (1 to 3 pages)** Provide a description of your project that includes **project overview, population of interest, aims/research questions, methodologies, expected results and policy implications**.

**Project Description**:

|  |
| --- |
| **If you are requesting NC Medicaid data, please use the data dictionaries (available at http://www.shepscenter.unc.edu/data/bcbsnc-claims-data-ccqi/data-dictionaries/) to indicate which variables you are requesting. Use the Claim and Member Files (not the Variable Summary File) to make your selections.****If you are requesting BCBSNC or SHP data, please use the table below to indicate which variables you are requesting.**  |
| Mark X | **BCBSNC MEMBER FILE** | Mark X | **BCBSNC PROVIDER FILE** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | 1. PROVIDER\_NUMBER |
|  | 3. CVR\_MNTH\_DATE |  | 2. PROVIDER\_UPIN |
|  | 4. RLNSHP\_TO\_SUBSCRIBER\_CODE |  | 3. PROVIDER\_NAME |
|  | 5. MEMBER\_DATE\_OF\_BIRTH |  | 4. PROVIDER\_SPECIALITY\_ID |
|  | 6. MEMBER\_GENDER |  | 5. PROVIDER\_SPECIALTY\_DESC |
|  | 7. PRIMARY\_PRODUCT\_CODE |  | 6. PROVIDER\_TYPE\_CODE |
|  | 8. ENRL\_FROM\_DT |  | 7. PROVIDER\_ADDRESS\_1 |
|  | 9. ENRL\_THRU\_DT |  | 8. PROVIDER\_ADDRESS\_2 |
|  | 10. MEMBER\_CITY |  | 9. PROVIDER\_CITY |
|  | 11. MEMBER\_STATE |  | 10. PROVIDER\_STATE |
|  | 12. MEMBER\_ZIP |  | 11. PROVIDER\_ZIP |
|  | 13. MBR\_LOC\_CNTY\_CD |  | 12. PROVIDER\_REGION\_CD |
|  | 14. MBR\_LOC\_CNTY\_NM |  | 13. INBOUND\_NPI |
|  | 15. COVERAGE\_LEVEL\_CODE |  | 14. OUTBOUND\_NPI |
|  | 16. CUST\_TYPE\_DESC |  | 15. PROVIDER\_NUMBER\_C |
|  | 17. SUBGROUP\_NUMBER\_BIZ |  | 16. LAST\_XTRCT\_DT |
|  | 18. BENEFIT\_PACKAGE\_ID |  |  |
|  | 19. MARITAL\_STATUS\_CODE |  |  |
|  | 20. HMO |  |  |
|  | 21. PPO |  |  |
|  | 22. POS |  |  |
|  | 23. CNM |  |  |
|  | 24. EPO |  |  |
|  | 25. PHARMACY |  |  |
|  | 26. DENTAL |  |  |
|  | 27. MH |  |  |
|  | 28. SA |  |  |
|  | 29. VISION |  |  |
|  | 30. OFFERING\_FEATURE\_CODE |  |  |
|  | 31. BENEFIT\_SERIES\_ID |  |  |
|  | 32. BENEFIT\_PACKAGE\_RANK\_NUMBERC |  |  |
|  | 37. BENEFIT\_PACKAGE\_RANK\_NUMBER |  |  |
|  | 38. C\_CVR\_MONTH  |  |  |
|  | 39. C\_DOB |  |  |
|  | 40. C\_MEMBER\_AGE\_2017 |  |  |
|  | 42. DATE\_ENRL\_FROM |  |  |
|  | 43. DATE+ENRL\_THRU |  |  |
|  | 46. C\_XTRCT\_DT |  |  |

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| --- | --- | --- | --- |
| Mark X | **BCBSNC PROFESSIONAL CLAIMS FILE** | Mark X | **BCBSNC PROFESSIONAL CLAIMS FILE** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | 95. DEN\_IND |
|  | 6. SUBGROUP\_NUMBER\_WHS |  | 96. DATE\_CLAIM\_RECEIVED |
|  | 8. RELATIONSHIP\_TO\_SUBSCRIBER\_CODE |  | 97. DATE\_CLAIM PROCCESSED |
|  | 9. EMPLOYMENT\_STATUS\_CODE |  | 98. DATE\_SERVICE\_START |
|  | 10. COVERAGE\_LEVEL\_CODE |  | 99. DATE\_SERVICE\_END |
|  | 11. CLAIM\_RECEIVED\_DATE |  | 100. C\_DAYS\_SERVICE |
|  | 12. CLAIM\_PROCESS\_DATE |  | 101. CLAIM\_LINE\_NUMBER |
|  | 13. INPATIENT\_INDICATOR |  | 105. SERVICE\_UNIT\_COUNT |
|  | 14. ORIGIN\_CODE |  | 106. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 15. ICD\_VERSION\_NUMBER |  | 107. CHARGED\_AMOUNT |
|  | 16. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |  | 108. PROVIDER\_NUMBER |
|  | 17-31. FACILITY\_DIAGNOSIS\_CODE\_2-16 |  | 109. LAST\_XTRCT\_DATE |
|  | 32-37. FACILITY\_PROCEDURE\_CODE\_1-6 |  |  |
|  | 38. VENDOR\_ID |  |  |
|  | 39. PAYMENT\_PROVIDER\_ID |  |  |
|  | 40. PAYMENT\_TO\_TYPE\_CODE |  |  |
|  | 41. COB\_TYPE\_CODE |  |  |
|  | 42. REVENUE\_CODE |  |  |
|  | 43. PROCEDURE\_CODE |  |  |
|  | 44-47. SERVICE\_MODIFIER\_CODE1-4 |  |  |
|  | 48-59. LINE\_DIAGNOSIS\_CODE\_1-12 |  |  |
|  | 60. SERVICE\_START\_DATE |  |  |
|  | 61. SERVICE\_END\_DATE |  |  |
|  | 62. PLACE\_OF\_SERVICE\_CODE |  |  |
|  | 63. ENCOUNTER\_TYPE\_CODE |  |  |
|  | 64. ENCOUNTER\_SERVICE\_TYPE\_CODE |  |  |
|  | 65. PRODUCT\_CODE |  |  |
|  | 66. ENCOUNTER\_SERVICE\_STATUS\_CODE |  |  |
|  | 67. SERVICE\_UNIT\_COUNTC |  |  |
|  | 68. APPROVED\_SERVICE\_UNIT\_COUNTC |  |  |
|  | 69-83. HOLD\_CODE\_1-15 |  |  |
|  | 84. OBSERVATION\_UNIT\_IND |  |  |
|  | 85. DUPLICATE\_STATUS\_INDICATOR |  |  |
|  | 86. AUTHORIZATION\_ID |  |  |
|  | 87. PRIMARY\_PRODUCT\_CODE |  |  |
|  | 88. BENEFIT\_PACKAGE\_ID |  |  |
|  | 89. PAID\_IN\_NETWORK\_INDICATOR |  |  |
|  | 90. RENDERING\_PROVIDER\_NUMBER |  |  |
|  | 91. CAPITATION\_TYPE\_CODE |  |  |
|  | 92. MAIL\_RETAIL\_CODE |  |  |
|  | 93. DIAGNOSIS\_GROUP\_CODE |  |  |
|  | 94. CHARGED\_AMOUNTC |  |  |

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| Mark X | **BCBSNC FACILITY CLAIMS FILE** | Mark X | **BCBSNC FACILITY CLAIMS FILE** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | 95. BENEFIT\_PACKAGE\_ID |
|  | 6. SUBGROUP\_NUMBER\_WHS |  | 96. PAID\_IN\_NETWORK\_INDICATOR |
|  | 8. RELATIONSHIP\_TO\_SUBSCRIBER\_CODE |  | 97. RENDERING\_PROVIDER\_NUMBER |
|  | 9. EMPLOYMENT\_STATUS\_CODE |  | 98. MAIL\_RETAIL\_CODE |
|  | 10. COVERAGE\_LEVEL\_CODE |  | 99. DIAGNOSIS\_GROUP\_CODE |
|  | 11. CLAIM\_RECEIVED\_DATE |  | 100. CPT\_GROUP\_CODE |
|  | 12. CLAIM\_PROCESS\_DATE |  | 101. CHARGED\_AMOUNTC |
|  | 13. INPATIENT\_INDICATOR |  | 102. DEN\_IND |
|  | 14. DISCHARGE\_STATUS\_CODE |  | 103. DATE\_CLAIM\_RECEIVED |
|  | 15. ORIGIN\_CODE |  | 104. DATE\_CLAIM\_PROCESSED |
|  | 16. ICD\_VERSION\_NUMBER |  | 105. DATE\_SERVICE\_START |
|  | 17. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |  | 106. DATE\_SERVICE\_END |
|  | 18-32. FACILITY\_DIAGNOSIS\_CODE\_2-16 |  | 107. C\_DAYS\_SERVICE |
|  | 33-38. FACILITY\_PROCEDURE\_CODE\_1-6 |  | 108. CLAIM\_LINE\_NUMBER |
|  | 39. VENDOR\_ID |  | 112. SERVICE\_UNIT\_COUNT |
|  | 40. PAYMENT\_PROVIDER\_ID |  | 113. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 41. PAYMENT\_TO\_TYPE\_CODE |  | 114. CHARGED\_AMOUNT  |
|  | 42. PRICING\_METHOD\_CODE |  | 115. PROVIDER\_NUMBER |
|  | 43. COB\_TYPE\_CODE |  | 116. LAST\_XTRCT\_DATE |
|  | 44. AP\_DRG\_CODE |  |  |
|  | 45. AP\_DRG\_MDC\_CODE |  |  |
|  | 46. MS\_DRG\_CODE |  |  |
|  | 47. MS\_DRG\_MD\_CODE |  |  |
|  | 48. REVENUE\_CODE |  |  |
|  | 49. PROCEDURE\_CODE |  |  |
|  | 50-53. SERVICE\_MODIFIER\_CODE1-4 |  |  |
|  | 54-65. LINE\_DIGANOSIS\_CODE\_1-12 |  |  |
|  | 66. SERVICE\_START\_DATE |  |  |
|  | 67. SERVICE\_END\_DATE |  |  |
|  | 68. PLACE\_OF\_SERVICE\_CODE |  |  |
|  | 69. ENCOUNTER\_TYPE\_CODE |  |  |
|  | 70. ENCOUNTER\_SERVICE\_TYPE\_CODE |  |  |
|  | 71. PRODUCT\_CODE |  |  |
|  | 72. ENCOUNTER\_SERVICE\_STATUS\_CODE |  |  |
|  | 73. SERVICE\_UNIT\_COUNTC |  |  |
|  | 74. APPROVED\_SERVICE\_UNIT\_COUNTC |  |  |
|  | 75-89. HOLD\_CODE\_1-15 |  |  |
|  | 90. EMERGENCY\_ROOM\_IND |  |  |
|  | 91. OBSERVATION\_UNIT\_IND |  |  |
|  | 92. DUPLICATE\_STATUS\_INDICATOR |  |  |
|  | 93. AUTHORIZATION\_ID |  |  |
|  | 94. PRIMARY\_PRODUCT\_CODE |  |  |

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| Mark X | **BCBSNC PHARMACY CLAIMS FILE** | Mark X | **BCBSNC PHARMACY CLAIMS FILE** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | 49. COST\_BASIS\_CODE |
|  | 6. SUBGROUP\_NUMBER\_WHS |  | 50. PHARMACY\_ID |
|  | 8. RELATIONSHIP\_TO\_SUBSCRIBER |  | 51. SINGLE\_SOURCE\_INDICATOR |
|  | 9. EMPLOYMENT\_STATUS\_CODE |  | 52. PACKAGE\_UNIT\_COUNTC |
|  | 10. COVERAGE\_LEVEL\_CODE |  | 53. DAYS\_SUPPLY\_COUNTC |
|  | 11. CLAIM\_RECEIVED\_DATE |  | 54. DRUG\_FORM\_CODE |
|  | 12. CLAIM\_PROCESS\_DATE |  | 55. MAIL\_RETAIL\_CODE |
|  | 13. INPATIENT\_INDICATOR |  | 56. DEA\_NUMBER |
|  | 14. ORIGIN\_CODE |  | 58. CHARGED\_AMOUNTC |
|  | 15. VENDOR\_ID |  | 59. DEN\_IND |
|  | 16. PAYMENT\_PROVIDER\_ID |  | 60. DATE\_CLAIM\_RECEIVED |
|  | 17. PAYMENT\_TO\_TYPE\_CODE |  | 61. DATE\_CLAIM\_PROCESSED |
|  | 18. PROCEDURE\_CODE |  | 62. DATE\_SERVICE\_START |
|  | 19. SERVICE\_START\_DATE |  | 63. DATE\_SERVICE\_END |
|  | 20. SERVICE\_END\_DATE |  | 64. C\_DAYS\_SERVICE |
|  | 21. PLACE\_OF\_SERVICE\_CODE |  | 65. CLAIM\_LINE\_NUMBER |
|  | 22. ENCOUNTER\_TYPE\_CODE |  | 69. SERVICE\_UNIT\_COUNT |
|  | 23. ENCOUNTER\_SERVICE\_TYPE\_CODE |  | 70. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 24. PRODUCT\_CODE |  | 71. PACKAGE\_UNIT\_COUNT |
|  | 25. ENCOUNTER\_SERVICE\_STATUS\_CODE |  | 72. DAYS\_SUPPLY\_COUNT |
|  | 26. SERVICE\_UNIT\_COUNTC |  | 73. CHARGED\_AMOUNT |
|  | 27. APPROVED\_SERVICE\_UNIT\_COUNTC |  | 74. PROVIDER\_NUMBER |
|  | 28. OBSERVATION\_UNIT\_IND |  | 75. LAST\_XTRCT\_DATE |
|  | 29. DUPLICATE\_STATUS\_INDICATOR |  |  |
|  | 30. PRIMARY\_PRODUCT\_CODE |  |  |
|  | 31. BENEFIT\_PACKAGE\_ID |  |  |
|  | 32. PAID\_IN\_NETWORK\_INDICATOR |  |  |
|  | 33. RENDERING\_PROVIDER\_NUMBER |  |  |
|  | 34. NATIONAL\_DRUG\_CODE |  |  |
|  | 35. DRUG\_NAME |  |  |
|  | 36. DRUG\_CATEGORY\_CODE |  |  |
|  | 37. STRENGTH\_DESCRIPTION |  |  |
|  | 38. FORMULARY\_INDICATOR |  |  |
|  | 39. DEA\_CLASS\_CODE |  |  |
|  | 40. DISPENSE\_AS\_WRITTEN\_CODE |  |  |
|  | 41. NEW\_OR\_REFILL\_CODE |  |  |
|  | 43. DRUG\_CLASS\_CODE |  |  |
|  | 44. THERAPEUTIC\_CLASS\_CODE |  |  |
|  | 45. SPECIFIC\_THERA\_CLASS\_CODE |  |  |
|  | 46. AHFS\_THERA\_CLASS\_CODE |  |  |
|  | 47. GENERIC\_THERA\_CLASS\_CODE |  |  |
|  | 48. STANDARD\_THERA\_CLASS\_CODE |  |  |

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| Mark X | **BCBSNC DENTAL FILE** | Mark X | **BCBSNC DENTAL FILE** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | 100. CLAIM\_LINE\_NUMBER |
|  | 6. SUBGROUP\_NUMBER\_WHS |  | 104. SERVICE\_UNIT\_COUNT |
|  | 8. RELATIONSHIP\_TO\_SUBSCRIBER\_CODE |  | 105. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 9. EMPLOYMENT\_STATUS\_CODE |  | 106. CHARGED\_AMOUNT |
|  | 10. COVERAGE\_LEVEL\_CODE |  | 107. PROVIDER\_NUMBER |
|  | 11. CLAIM\_RECEIVED\_DATE |  | 108. LAST\_XTRCT\_DATE |
|  | 12. CLAIM\_PROCESS\_DATE |  |  |
|  | 13. INPATIENT\_INDICATOR |  |  |
|  | 14. ORIGIN\_CODE |  |  |
|  | 15. ICD\_VERSION\_NUMBER |  |  |
|  | 16. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |  |  |
|  | 17-31. FACILITY\_DIAGNOSIS\_CODE2-16 |  |  |
|  | 32-37. FACILITY\_PROCEDURE\_CODE\_1-6 |  |  |
|  | 38. VENDOR\_ID |  |  |
|  | 39. PAYMENT\_PROVIDER\_ID |  |  |
|  | 40. PAYMENT\_TO\_TYPE\_CODE |  |  |
|  | 41. COB\_TYPE\_CODE |  |  |
|  | 42. REVENEUE\_CODE |  |  |
|  | 43. PROCEDURE\_CODE |  |  |
|  | 44-47. SERVICE\_MODIFIER\_CODE1-4 |  |  |
|  | 48-59. LINE\_DIAGNOSIS\_CODE\_1-12 |  |  |
|  | 60. SERVICE\_START\_DATE |  |  |
|  | 61. SERVICE\_END\_DATE |  |  |
|  | 62. PLACE\_OF\_SERVICE\_CODE |  |  |
|  | 63. ENCOUNTER\_TYPE\_CODE |  |  |
|  | 64. ENCOUNTER\_SERVICE\_TYPE\_CODE |  |  |
|  | 65. PRODUCT\_CODE |  |  |
|  | 66. ENCOUNTER\_SERVICE\_STATUS\_CODE |  |  |
|  | 67. SERVICE\_UNIT\_COUNTC |  |  |
|  | 68. APPROVED\_SERVICE\_UNIT\_COUNTC |  |  |
|  | 69-83. HOLD\_CODE\_1-15 |  |  |
|  | 84. OBSERVATION\_UNIT\_IND |  |  |
|  | 85. DUPLICATE\_STATUS\_INDICATOR |  |  |
|  | 86. AUTHORIZATION\_ID |  |  |
|  | 87. PRIMARY\_PRODUCT\_CODCE |  |  |
|  | 88. BENEFIT\_PACKAGE\_ID |  |  |
|  | 89. PAID\_IN\_NETWORK\_INDICATOR |  |  |
|  | 90. RENDERING\_PROVIDER\_NUMBER |  |  |
|  | 91. MAIL\_RETAIL\_CODE |  |  |
|  | 92. DIAGNOSIS\_GROUP\_CODE |  |  |
|  | 93. CHARGED\_AMOUNTC |  |  |
|  | 94. DEN\_IND |  |  |
|  | 95. DATE\_CLAIM\_RECEIVED |  |  |
|  | 96. DATE\_CLAIM\_PROCESSED |  |  |
|  | 97. DATE\_SERVICE\_START |  |  |
|  | 98. DATE\_SERVICE\_END |  |  |
|  | 99. C\_DAYS\_SERVICE |  |  |