

2014 MARYLAND MEDICAL CARE DATA BASE (MCDB) STANDARD DATA EXTRACT

User's Manual

The use of data described in this User's Manual is governed by the data use agreement (DUA) between the Maryland Health Care Commission (MHCC) and the Data User (Institution).

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Introduction

The Maryland Medical Care Data Base (MCDB) is an all-payer claims database (APCD) with three main payer components: private payers, Medicaid, and Medicare.

The Standard Data Extract only includes the private payer component.. This manual describes the data in each of four files provided for use by your organization--the Medical Eligibility File, Professional Services File, Institutional Services File, and the Pharmacy File. The data provided cover claims and eligibility data for services provided during 2014 by Maryland residents and non-Maryland residents with an insurance contract in Maryland.

The use of the data described in this manual is governed by the data use agreement (DUA) between the Maryland Health Care Commission (MHCC) and your organization.

Primary Key Variable Used for Files Linkage

All files provided for the Standard Data Extract can be linked with one unique patient identifier: PATIDP.

File Description

The table below contains brief descriptions of the data included in this manual-- number of records, number of data elements (variables) and approximate physical size. All MCDB database files are in pipe-delimited ASCII format with the first record containing the data element name. The record layout and the codebook for each file type are also provided in this user manual.

| MCDB Component | SAS File Name | Description | Number of Records | Number of Data Elements | Approximate Physical File Size (Gigabytes) |
|------------------------|-------------------------------|--|-------------------|-------------------------|--|
| Medical Eligibility | MCDB_SDE####_ELIG_2014_V1.CSV | 2014 MCDB Standard Data Extract--Eligibility File | 5,745,626 | 48 | 1.00 |
| Professional Services | MCDB_SDE####_PRF_2014_V1.CSV | 2014 MCDB Standard Data Extract- Professional Services File | 81,610,081 | 119 | 30.8 |
| Institutional Services | MCDB_SDE####_INST_2014_V1.CSV | 2014 MCDB Standard Data Extract--Institutional Services File | 3,728,184 | 281 | 2.30 |
| Pharmacy | MCDB_SDE####_RX_2014_V1.CSV | 2014 MCDB Standard Data Extract--Pharmacy File | 18,786,898 | 62 | 4.85 |

Record Layouts

Eligibility File

| # | Data Element Name | Type | Length | Data Element Description(Eligibility) |
|----|---------------------|------|--------|---|
| 1 | PATIDP | A | 25 | Payer Encrypted Patient ID-P (re-encrypted) |
| 2 | F_GAPCOV | A | 1 | Flag, Coverage Dates and End Dates Has Gaps |
| 3 | DT_COV_BEGIN | N | 8 | Start date for Benefits Coverage |
| 4 | AGE1214_E | N | 8 | Age of Enrollee as of 12/31/2014 |
| 5 | BEHAVIND | A | 1 | Behavioral Health Services Indicator |
| 6 | CDHPIND_E | A | 1 | CDHP Indicator from Eligibility File |
| 7 | CONCPRED52 | N | 8 | CDPS Concurrent Predicted Risk Score |
| 8 | COVTYPE_E | A | 1 | Coverage Type |
| 9 | EFEDTAXID | A | 9 | Employer Federal Tax ID Number |
| 10 | ETHN_DIRECT_SRC | A | 1 | Source of Direct Reporting of Enrollee Ethnicity |
| 11 | ETHN_HISP | A | 1 | Enrollee OMB Hispanic Ethnicity |
| 12 | ETHN_IMP_HI_PROB | A | 1 | Imputed Ethnicity with Highest Probability |
| 13 | ETHN_IMP_PROB | N | 8 | Probability of Imputed Ethnicity Assignment |
| 14 | F_GEO_PATMD_E | A | 1 | Flag, Service Provided to Maryland Residents (0,1) |
| 15 | F_GEO_PATZIP5_E | A | 1 | Flag, GEO_PATZIP5_E: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 16 | F_LANGUAGE | A | 1 | Flag, LANGUAGE: 1=Valid, 2=Missing, 3=Invalid |
| 17 | F_RELATIONSHIP | A | 1 | Flag, RELATIONSHIP: 1=Valid, 2=Missing, 3=Invalid |
| 18 | F_YR65_E | A | 1 | Flag, Age 65+ (0:<65, 1:>=65, 2:Missing) |
| 19 | GEO_PATCOUNTY_E | A | 5 | Enrollee Residence County Code (State FIPS/County Codes Combined) |
| 20 | GEO_PATSTATE_E | A | 2 | Enrollee Residence State |
| 21 | GEO_PATZIP5_E | A | 5 | Enrollee Zip Code of Residence |
| 22 | GF_PLAN_IND | A | 1 | Grandfathered Plan Indicator |
| 23 | LANGUAGE | A | 2 | Enrollee Preferred Spoken Language for a Healthcare Encounter |
| 24 | MEDIND | A | 1 | Medical Services Indicator |
| 25 | PATIDU | A | 12 | Enrollee Identifier-U (UUID encrypted) |
| 26 | PLANLIAB_E | A | 1 | Plan Liability |
| 27 | POLICYTYP | A | 1 | Policy Type |
| 28 | PPLAN_E | A | 1 | Plan Type, (1=Non-HMO, 2=HMO) |
| 29 | PRODTYP_E | A | 1 | Product Type |
| 30 | RACE_DIRECT_ASIAN | A | 1 | Race Category Asian – Direct |
| 31 | RACE_DIRECT_BLACK | A | 1 | Race Category Black or African American – Direct |
| 32 | RACE_DIRECT_DECLINE | A | 1 | Race Category Declined to Answer – Direct |
| 33 | RACE_DIRECT_HAWAII | A | 1 | Race Category Native Hawaiian or Pacific Islander – Direct |
| 34 | RACE_DIRECT_INDIAN | A | 1 | Race Category American Indian or Alaska Native – Direct |
| 35 | RACE_DIRECT_OTHER | A | 1 | Race Category Other – Direct |

| # | Data Element Name | Type | Length | Data Element Description(Eligibility) |
|----|---------------------|------|--------|--|
| 36 | RACE_DIRECT_SRC | A | 1 | Source of Direct Reporting of Enrollee Race |
| 37 | RACE_DIRECT_UNKNOWN | A | 1 | Race Category Unknown or Cannot be Determined – Direct |
| 38 | RACE_DIRECT_WHITE | A | 1 | Race Category White – Direct |
| 39 | RACE_IMP_HI_PROB | A | 1 | Imputed Race with Highest Probability |
| 40 | RACE_IMP_PROB | N | 8 | Probability of Imputed Race Assignment |
| 41 | RECID | A | 1 | Record Identifier |
| 42 | RELATIONSHIP | A | 1 | Relationship to Policyholder |
| 43 | RXIND | A | 1 | Pharmacy Services Indicator |
| 44 | SDE_USERID | A | 7 | Standard Data Extract ID |
| 45 | SEX | A | 1 | Enrollee Sex |
| 46 | SRC_COMP_E | A | 1 | Source Company |
| 47 | SUBSCRIBER_ID | A | 20 | Subscriber ID Number, Re-Encrypted |
| 48 | DT_COV_END | N | 8 | Coverage End Date |

Professional Services

| # | Data Element Name | Type | Length | Data Element Description(Professional Services) |
|----|-------------------|------|--------|--|
| 1 | ANESTH_CF | N | 8 | Anesthesia Conversion Factor |
| 2 | BEHAVIND | A | 1 | Behavioral Health Services Indicator from Eligibility File |
| 3 | BETOSAGG | A | 1 | BETOS Category, Aggregated |
| 4 | BETOSDET | A | 3 | BETOS Category, Detailed |
| 5 | CDHPIND_E | A | 1 | CDHP Indicator from Eligibility File |
| 6 | CDHPIND_P | A | 1 | Consumer Directed Health Plan (CDHP) Indicator |
| 7 | CLAIMCN_P | A | 23 | Claim Control Number |
| 8 | CLMRELCO_P | A | 1 | Claim Related Condition |
| 9 | COVOTHR_P | A | 1 | Patient Covered by Other Insurance |
| 10 | COVTYPE_E | A | 1 | Coverage Type from Eligibility File |
| 11 | COVTYPE_P | A | 1 | Coverage Type |
| 12 | CPT | A | 6 | CPT-4/HCPCS Procedure Code |
| 13 | CPT_CAT2_01 | A | 5 | CPT Category II Code 1 |
| 14 | CPT_CAT2_02 | A | 5 | Other CPT Category II Code 2 |
| 15 | CPT_CAT2_03 | A | 5 | Other CPT Category II Code 3 |
| 16 | CPT_CAT2_04 | A | 5 | Other CPT Category II Code 4 |
| 17 | CPT_CAT2_05 | A | 5 | Other CPT Category II Code 5 |
| 18 | DT_BEGIN_P | N | 8 | Service From Date |
| 19 | DT_CLM_PAID_P | N | 8 | Claim Paid Date |
| 20 | DT_CLM_YEAR_P | N | 4 | Claim Paid Year |
| 21 | DT_COV_BEGIN | N | 8 | Coverage Start Date from Eligibility File |
| 22 | DT_COV_END | N | 8 | Coverage End Date from Eligibility File |
| 23 | DT_END_P | N | 8 | Service Thru Date |
| 24 | DT_SVCYEAR_P | N | 4 | Service Year (Based on Service Thru Date) |
| 25 | DX01_P | A | 5 | ICD-9-CM Diagnosis Code 01 |
| 26 | DX02_P | A | 5 | ICD-9-CM Diagnosis Code 02 |
| 27 | DX03_P | A | 5 | ICD-9-CM Diagnosis Code 03 |
| 28 | DX04_P | A | 5 | ICD-9-CM Diagnosis Code 04 |
| 29 | DX05_P | A | 5 | ICD-9-CM Diagnosis Code 05 |
| 30 | DX06_P | A | 5 | ICD-9-CM Diagnosis Code 06 |
| 31 | DX07_P | A | 5 | ICD-9-CM Diagnosis Code 07 |
| 32 | DX08_P | A | 5 | ICD-9-CM Diagnosis Code 08 |
| 33 | DX09_P | A | 5 | ICD-9-CM Diagnosis Code 09 |
| 34 | DX10_P | A | 5 | ICD-9-CM Diagnosis Code 10 |
| 35 | DXIND_P | A | 1 | Diagnosis Code Indicator |
| 36 | F_ANESTH | A | 1 | Flag, Anesthesia Service (0,1) |
| 37 | F_ASSIST | A | 1 | Flag, Assistant at Surgery (0,1) |
| 38 | F_BILAT | A | 1 | Flag, Bilateral Surgery (0,1) |
| 39 | F_CLAIMCN_P | A | 1 | Flag, CLAIMCN_P: 1=Not Missing, 2=Missing, 3=Filler |
| 40 | F_CPT | A | 1 | Procedure Code Category (1-7) |
| 41 | F_DATE_INRANGE | A | 1 | Flag, DT_END_P is within Eligibility Coverage Dates (0,1) |

| # | Data Element Name | Type | Length | Data Element Description(Professional Services) |
|----|-------------------|------|--------|---|
| 42 | F_DIAG01 | A | 1 | Flag, DX01_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 43 | F_DIAG02 | A | 1 | Flag, DX02_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 44 | F_DIAG03 | A | 1 | Flag, DX03_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 45 | F_DIAG04 | A | 1 | Flag, DX04_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 46 | F_DIAG05 | A | 1 | Flag, DX05_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 47 | F_DIAG06 | A | 1 | Flag, DX06_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 48 | F_DIAG07 | A | 1 | Flag, DX07_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 49 | F_DIAG08 | A | 1 | Flag, DX08_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 50 | F_DIAG09 | A | 1 | Flag, DX09_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 51 | F_DIAG10 | A | 1 | Flag, DX010_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 52 | F_FAC | A | 1 | Flag, Facility Service Location-IP,OP,ASC,SNF (0,1) |
| 53 | F_FAC_BILL | A | 1 | Flag, Identified Facility Bill Based on CPT Modifier (0,1) |
| 54 | F_FEDTAXID | A | 1 | Flag, FEDTAXID: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 55 | F_GEO_PATMD_P | A | 1 | Flag, Service Provided to Maryland Residents (0,1) |
| 56 | F_GEO_PATZIP5_P | A | 1 | Flag, GEO_PATZIP5_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 57 | F_GEO_SVCZIP5_P | A | 1 | Flag, GEO_SVCZIP5_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 58 | F_INCLBUNIT | A | 1 | Flag, Base Anesthesia Units Included (0,1) |
| 59 | F_LAB | A | 1 | Flag, Procedure Code for Lab/Radiology (0,1) |
| 60 | F_LOS_P | A | 1 | Flag, Length of Stay (LOS) Validation (0,1) |
| 61 | F_NP_BP_NPI_P | A | 1 | Flag, NP_BP_NPI_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 62 | F_NP_SP_NPI_P | A | 1 | Flag, NP_SP_NPI_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 63 | F_NPISPEC | A | 1 | Flag, Type of NPI Specialty Grouping in NPPES File (1,2,3,4,5) |
| 64 | F_PE_LINK | A | 1 | Flag, Professional to Eligibility Linkage by PIDBDGP(0,1) |
| 65 | F_PROVID | A | 1 | Flag, PROVID: 0=Not missing, 1=Missing, 2=Filler |
| 66 | F_SECONDARY_PAYER | A | 1 | Flag, Possible Secondary Payer (0,1) |
| 67 | F_SPLIT | A | 1 | Flag, Minor/Split Surgery Assoc. with Major Surgery (0,1) |
| 68 | F_YR65_P | A | 1 | Flag, Age 65+ (0:<65, 1:>=65, 2:Missing) |
| 69 | FEDTAXID | A | 13 | Practitioner Federal Tax ID |
| 70 | FIN_ALLOW_P | N | 8 | Allowed Amount |
| 71 | FIN_OOP | N | 8 | Total Out-of-Pocket Payment |
| 72 | FIN_SPENDING | N | 8 | Financial, Total Spending |
| 73 | FIN_BILL_P | N | 8 | Billed Charge |
| 74 | FIN_PATCOPAY_P | N | 8 | Patient Coinsurance or Co-payment |
| 75 | FIN_PATDED_P | N | 8 | Patient Deductible |
| 76 | FIN_PATLIAB_P | N | 8 | Patient Liability |
| 77 | FIN_PATOTHER_P | N | 8 | Other Patient Obligation |
| 78 | FIN_PAYMENT_P | N | 8 | Total Payment |
| 79 | FIN_REIMB_P | N | 8 | Reimbursement Amount |
| 80 | GEO_PATCOUNTY_P | A | 5 | Patient Residence County Code(State FIPS/County Codes Combined) |
| 81 | GEO_PATSTATE_P | A | 2 | Patient Residence State (2-digit FIPS code) |
| 82 | GEO_PATZIP5_E | A | 5 | Enrollee Residence ZIP Code from Eligibility File |
| 83 | GEO_PATZIP5_P | A | 5 | Patient Residence Zip Code, 5-digit Zip Code |

| # | Data Element Name | Type | Length | Data Element Description(Professional Services) |
|-----|-------------------------|------|--------|--|
| 84 | GEO_SVCZIP5_P | A | 5 | Service Location Zip Code, 5-digit Zip Code |
| 85 | LOS_P | N | 3 | Length of Service |
| 86 | MEDIND | A | 1 | Medical Services Indicator from Eligibility File |
| 87 | MOD1 | A | 2 | AMA Modifier I |
| 88 | MOD2 | A | 2 | AMA Modifier II |
| 89 | NP_BP_NPI_P | A | 10 | National Provider Identifier(NPI) used for Billing |
| 90 | NP_SP_ENTITY_TYPE_P | A | 1 | Service Pract., Entity Type Code from NPI File |
| 91 | NP_SP_NPI_P | A | 10 | Servicing Pract. Individual National Provider ID (NPI) |
| 92 | NP_SP_SOLE_PROPRIETOR_P | A | 1 | Practitioner Sole Proprietor Indicator from NPPES File |
| 93 | NP_SP_TAXOCODE1_P | A | 10 | Practitioner Taxonomy Code #1 |
| 94 | NP_SP_TAXOCODE2_P | A | 10 | Practitioner Taxonomy Code #2 |
| 95 | NP_SP_TAXOCODE3_P | A | 10 | Practitioner Taxonomy Code #3 |
| 96 | NP_SP_TAXOCODE_P_SRC | A | 1 | Source of Taxonomy Codes Assigned (1,2,3) |
| 97 | NUNITS | N | 8 | Normalized Service Units (UNITS) |
| 98 | PARTPROV_P | A | 1 | Participating Provider Flag |
| 99 | PLANLIAB_E | A | 1 | Plan Liability from Eligibility File |
| 100 | PLANLIAB_P | A | 1 | Plan Liability |
| 101 | POLICYTYP | A | 1 | Product Type from Eligibility File |
| 102 | PRODTYP_E | A | 1 | Policy Type from Eligibility File |
| 103 | PRODTYP_P | A | 1 | Product Type |
| 104 | PROVID | A | 13 | Servicing Practitioner Identifier |
| 105 | RECID | A | 1 | Record Identifier |
| 106 | RECSTAT_P | A | 1 | Records Status |
| 107 | RELATIONSHIP | A | 1 | Relationship to Policyholder from Eligibility File |
| 108 | RXIND | A | 1 | Pharmacy Services Indicator from Eligibility File |
| 109 | SEX | A | 1 | Patient Sex |
| 110 | SRC_COMP_E | A | 1 | Source Company from Eligibility File |
| 111 | SRC_COMP_P | A | 1 | Source Company |
| 112 | SVCPLACE_P | A | 2 | Place of Service |
| 113 | UNITIND | A | 1 | Service Unit Indicator |
| 114 | UNITS | N | 8 | Number of Units for a Service |
| 115 | AGE1214_P | N | 8 | Patient Age as of 12/31/2014 |
| 116 | PATIDP | A | 25 | Patient Identifier-P (Encrypted) |
| 117 | PATIDU | A | 12 | Patient Identifier-U (UUID encrypted) |
| 118 | SUBSCRIBER_ID | A | 20 | Subscriber ID Number, Re-Encrypted |
| 119 | SDE_USERID | A | 7 | Standard Data Extract User ID |

Institutional Services File

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|----|-------------------|------|--------|--|
| 1 | ADMITN | A | 2 | Admission, Combined Admission Type & Source |
| 2 | ADMITNORI | A | 2 | Point of Origin for Admission or Visit |
| 3 | BEHAVIND | A | 1 | Behavioral Health Services Indicator from Eligibility |
| 4 | CDHPIND_E | A | 1 | Consumer Directed Health Plan (CDHP) with HAS or HRA Indicator |
| 5 | CLAIMCN_I | A | 23 | Claim Control Number |
| 6 | COBENSAV | N | 8 | Coordination of Benefit Savings/Other Payer Payments |
| 7 | COVTYPE_E | A | 1 | Coverage Type from Eligibility File |
| 8 | CPT01 | A | 6 | Principal Procedure Code 1 |
| 9 | CPT02 | A | 6 | Other Procedure Code 2 |
| 10 | CPT03 | A | 6 | Other Procedure Code 3 |
| 11 | CPT04 | A | 6 | Other Procedure Code 4 |
| 12 | CPT05 | A | 6 | Other Procedure Code 5 |
| 13 | CPT06 | A | 6 | Other Procedure Code 6 |
| 14 | CPT07 | A | 6 | Other Procedure Code 7 |
| 15 | CPT08 | A | 6 | Other Procedure Code 8 |
| 16 | CPT09 | A | 6 | Other Procedure Code 9 |
| 17 | CPT10 | A | 6 | Other Procedure Code 10 |
| 18 | CPT11 | A | 6 | Other Procedure Code 11 |
| 19 | CPT12 | A | 6 | Other Procedure Code 12 |
| 20 | CPT13 | A | 6 | Other Procedure Code 13 |
| 21 | CPT14 | A | 6 | Other Procedure Code 14 |
| 22 | CPT15 | A | 6 | Other Procedure Code 15 |
| 23 | CPTIND | A | 1 | Procedure Code Indicator |
| 24 | DISCHSTAT | A | 2 | Patient Discharge Status |
| 25 | DT_BEGIN_I | N | 8 | Service From Date |
| 26 | DT_CLM_PAID_I | 1 | 8 | Claim Paid Date |
| 27 | DT_CLM_YEAR_I | 1 | 4 | Year of Claim Paid Date |
| 28 | DT_COV_BEGIN | N | 8 | Coverage Start Date from Eligibility File |
| 29 | DT_COV_END | N | 8 | Coverage End Date from Eligibility File |
| 30 | DT_END_I | N | 8 | Service Thru Date |
| 31 | DT_SVCYEAR_I | N | 4 | Service Provided Year (Based on Service Thru Date) |
| 32 | DX00_ADMITN | A | 1 | Primary Diagnosis Code Present on Admission |
| 33 | DX00_I | A | 5 | Primary Diagnosis Code |
| 34 | DX01_ADMITN | A | 1 | Other Diagnosis Code 1 present at Admission |
| 35 | DX01_I | A | 5 | Other Diagnosis Code 1 |
| 36 | DX02_ADMITN | A | 1 | Other Diagnosis Code 2 present at Admission |
| 37 | DX02_I | A | 5 | Other Diagnosis Code 2 |
| 38 | DX03_ADMITN | A | 1 | Other Diagnosis Code 3 present at Admission |
| 39 | DX03_I | A | 5 | Other Diagnosis Code 3 |
| 40 | DX04_ADMITN | A | 1 | Other Diagnosis Code 4 present at Admission |
| 41 | DX04_I | A | 5 | Other Diagnosis Code 4 |

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|----|-------------------|------|--------|--|
| 42 | DX05_ADMITN | A | 1 | Other Diagnosis Code 5 present at Admission |
| 43 | DX05_I | A | 5 | Other Diagnosis Code 5 |
| 44 | DX06_ADMITN | A | 1 | Other Diagnosis Code 6 present at Admission |
| 45 | DX06_I | A | 5 | Other Diagnosis Code 6 |
| 46 | DX07_ADMITN | A | 1 | Other Diagnosis Code 7 present at Admission |
| 47 | DX07_I | A | 5 | Other Diagnosis Code 7 |
| 48 | DX08_ADMITN | A | 1 | Other Diagnosis Code 8 present at Admission |
| 49 | DX08_I | A | 5 | Other Diagnosis Code 8 |
| 50 | DX09_ADMITN | A | 1 | Other Diagnosis Code 9 present at Admission |
| 51 | DX09_I | A | 5 | Other Diagnosis Code 9 |
| 52 | DX10_ADMITN | A | 1 | Other Diagnosis Code 10 present at Admission |
| 53 | DX10_I | A | 5 | Other Diagnosis Code 10 |
| 54 | DX11_ADMITN | A | 1 | Other Diagnosis Code 11 present at Admission |
| 55 | DX11_I | A | 5 | Other Diagnosis Code 11 |
| 56 | DX12_ADMITN | A | 1 | Other Diagnosis Code 12 present at Admission |
| 57 | DX12_I | A | 5 | Other Diagnosis Code 12 |
| 58 | DX13_ADMITN | A | 1 | Other Diagnosis Code 13 present at Admission |
| 59 | DX13_I | A | 5 | Other Diagnosis Code 13 |
| 60 | DX14_ADMITN | A | 1 | Other Diagnosis Code 14 present at Admission |
| 61 | DX14_I | A | 5 | Other Diagnosis Code 14 |
| 62 | DX15_ADMITN | A | 1 | Other Diagnosis Code 15 present at Admission |
| 63 | DX15_I | A | 5 | Other Diagnosis Code 15 |
| 64 | DX16_ADMITN | A | 1 | Other Diagnosis Code 16 present at Admission |
| 65 | DX16_I | A | 5 | Other Diagnosis Code 16 |
| 66 | DX17_ADMITN | A | 1 | Other Diagnosis Code 17 present at Admission |
| 67 | DX17_I | A | 5 | Other Diagnosis Code 17 |
| 68 | DX18_ADMITN | A | 1 | Other Diagnosis Code 18 present at Admission |
| 69 | DX18_I | A | 5 | Other Diagnosis Code 18 |
| 70 | DX19_ADMITN | A | 1 | Other Diagnosis Code 19 present at Admission |
| 71 | DX19_I | A | 5 | Other Diagnosis Code 19 |
| 72 | DX20_ADMITN | A | 1 | Other Diagnosis Code 20 present at Admission |
| 73 | DX20_I | A | 5 | Other Diagnosis Code 20 |
| 74 | DX21_ADMITN | A | 1 | Other Diagnosis Code 21 present at Admission |
| 75 | DX21_I | A | 5 | Other Diagnosis Code 21 |
| 76 | DX22_ADMITN | A | 1 | Other Diagnosis Code 22 present at Admission |
| 77 | DX22_I | A | 5 | Other Diagnosis Code 22 |
| 78 | DX23_ADMITN | A | 1 | Other Diagnosis Code 23 present at Admission |
| 79 | DX23_I | A | 5 | Other Diagnosis Code 23 |
| 80 | DX24_ADMITN | A | 1 | Other Diagnosis Code 24 present at Admission |
| 81 | DX24_I | A | 5 | Other Diagnosis Code 24 |
| 82 | DX25_ADMITN | A | 1 | Other Diagnosis Code 25 present at Admission |
| 83 | DX25_I | A | 5 | Other Diagnosis Code 25 |

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|-----|-------------------|------|--------|--|
| 84 | DX26_ADMITN | A | 1 | Other Diagnosis Code 26 present at Admission |
| 85 | DX26_I | A | 5 | Other Diagnosis Code 26 |
| 86 | DX27_ADMITN | A | 1 | Other Diagnosis Code 27 present at Admission |
| 87 | DX27_I | A | 5 | Other Diagnosis Code 27 |
| 88 | DX28_ADMITN | A | 1 | Other Diagnosis Code 28 present at Admission |
| 89 | DX28_I | A | 5 | Other Diagnosis Code 28 |
| 90 | DX29_ADMITN | A | 1 | Other Diagnosis Code 29 present at Admission |
| 91 | DX29_I | A | 5 | Other Diagnosis Code 29 |
| 92 | DXIND_I | A | 1 | Diagnosis Code Indicator |
| 93 | FACTYPE | A | 1 | Facility Type from IBILLCLASS |
| 94 | FAC_MCR_PROVID | A | 6 | Hospital/Facility Medicare Provider Number |
| 95 | FEDTAXID | A | 13 | Hospital/Facility Federal Tax ID |
| 96 | FIN_ALLOW_I | N | 8 | Allowed Amount |
| 97 | FIN_BILL_I | N | 8 | Billed Charge |
| 98 | FIN_PATCOPAY_I | N | 8 | Patient Coinsurance/Co-payment |
| 99 | FIN_PATDED_I | N | 8 | Patient Deductible |
| 100 | FIN_PATLIAB_I | N | 8 | Patient Liability |
| 101 | FIN_PATOTHER_I | N | 8 | Patient Other Patient Obligation |
| 102 | FIN_PAYMENT_I | N | 8 | Total Payment |
| 103 | FIN_REIMB_I | N | 8 | Reimbursement Amount |
| 104 | F_CLAIMCN_I | A | 1 | Flag, CLAIMCN_I: 1=Not Missing, 2=Missing, 3=Filler |
| 105 | F_CPT01 | A | 1 | Flag, Primary Procedure Code Category |
| 106 | F_CPT02 | A | 1 | Flag, Other Procedure Code 2 Category |
| 107 | F_CPT03 | A | 1 | Flag, Other Procedure Code 3 Category |
| 108 | F_CPT04 | A | 1 | Flag, Type of Procedure Code 04 |
| 109 | F_CPT05 | A | 1 | Flag, Type of Procedure Code 05 |
| 110 | F_CPT06 | A | 1 | Flag, Type of Procedure Code 06 |
| 111 | F_CPT07 | A | 1 | Flag, Type of Procedure Code 07 |
| 112 | F_CPT08 | A | 1 | Flag, Type of Procedure Code 08 |
| 113 | F_CPT09 | A | 1 | Flag, Type of Procedure Code 09 |
| 114 | F_CPT10 | A | 1 | Flag, Type of Procedure Code 10 |
| 115 | F_CPT11 | A | 1 | Flag, Type of Procedure Code 11 |
| 116 | F_CPT12 | A | 1 | Flag, Type of Procedure Code 12 |
| 117 | F_CPT13 | A | 1 | Flag, Type of Procedure Code 13 |
| 118 | F_CPT14 | A | 1 | Flag, Type of Procedure Code 14 |
| 119 | F_CPT15 | A | 1 | Flag, Type of Procedure Code 15 |
| 120 | F_DATE_INRANGE | A | 1 | Flag, DT_END_I is within Eligibility Coverage Dates(0,1) |
| 121 | F_DIAG01 | A | 1 | Flag, DX_01_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 122 | F_DIAG02 | A | 1 | Flag, DX_02_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 123 | F_DIAG03 | A | 1 | Flag, DX_03_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 124 | F_DIAG04 | A | 1 | Flag, DX_04_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 125 | F_DIAG05 | A | 1 | Flag, DX_05_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|-----|-------------------|------|--------|--|
| 126 | F_DIAG06 | A | 1 | Flag, DX_06_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 127 | F_DIAG07 | A | 1 | Flag, DX_07_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 128 | F_DIAG08 | A | 1 | Flag, DX_08_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 129 | F_DIAG09 | A | 1 | Flag, DX_09_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 130 | F_DIAG10 | A | 1 | Flag, DX_10_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 131 | F_DIAG11 | A | 1 | Flag, DX_11_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 132 | F_DIAG12 | A | 1 | Flag, DX_12_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 133 | F_DIAG13 | A | 1 | Flag, DX_13_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 134 | F_DIAG14 | A | 1 | Flag, DX_14_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 135 | F_DIAG15 | A | 1 | Flag, DX_15_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 136 | F_DIAG16 | A | 1 | Flag, DX_16_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 137 | F_DIAG17 | A | 1 | Flag, DX_17_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 138 | F_DIAG18 | A | 1 | Flag, DX_18_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 139 | F_DIAG19 | A | 1 | Flag, DX_19_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 140 | F_DIAG20 | A | 1 | Flag, DX_20_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 141 | F_DIAG21 | A | 1 | Flag, DX_21_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 142 | F_DIAG22 | A | 1 | Flag, DX_22_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 143 | F_DIAG23 | A | 1 | Flag, DX_23_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 144 | F_DIAG24 | A | 1 | Flag, DX_24_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 145 | F_DIAG25 | A | 1 | Flag, DX_25_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 146 | F_DIAG26 | A | 1 | Flag, DX_26_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 147 | F_DIAG27 | A | 1 | Flag, DX_27_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 148 | F_DIAG28 | A | 1 | Flag, DX_28_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 149 | F_DIAG29 | A | 1 | Flag, DX_29_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 150 | F_FEDTAXID | A | 1 | Flag, FEDTAXID: 0=Valid, 1=Missing, 2=Filler,3=Invalid |
| 151 | F_GEO_PATMD_I | A | 1 | Flag, Service Provided to Maryland Residents (0/1) |
| 152 | F_GEO_PATZIP5_I | A | 1 | Flag, GEO_PATZIP5_I: 0=Valid, 1=Missing, 2=Filler |
| 153 | F_IBILLTYPE | A | 1 | Flag, F_IBILLTYPE: 1=Valid, 2=Invalid, 3=Filler, 4=Missing |
| 154 | F_IE_LINK | A | 1 | Flag, Institutional Service to Eligibility Linkage by PATIDP (0/1) |
| 155 | F_LOS_I | A | 1 | Flag, Length of Stay (LOS) Validation (0/1) |
| 156 | F_NP_AP_NPI | A | 1 | Flag, NP_AP_NPI: 0=Valid, 1=Missing, 2=Filler,3=Invalid |
| 157 | F_NP_FAC_NPI | A | 1 | Flag, NP_FAC_NPI: 0=Valid, 1=Missing, 2=Filler,3=Invalid |
| 158 | F_NP_OP_NPI | A | 1 | Flag, NP_OP_NPI: 0=Valid, 1=Missing, 2=Filler,3=Filler |
| 159 | F_REVCODE01 | A | 1 | Flag, REVCODE01: 1=Valid, 2=Invalid, 3=Missing |
| 160 | F_REVCODE02 | A | 1 | Flag, REVCODE02: 1=Valid, 2=Invalid, 3=Missing |
| 161 | F_REVCODE03 | A | 1 | Flag, REVCODE03: 1=Valid, 2=Invalid, 3=Missing |
| 162 | F_REVCODE04 | A | 1 | Flag, REVCODE04: 1=Valid, 2=Invalid, 3=Missing |
| 163 | F_REVCODE05 | A | 1 | Flag, REVCODE05: 1=Valid, 2=Invalid, 3=Missing |
| 164 | F_REVCODE06 | A | 1 | Flag, REVCODE06: 1=Valid, 2=Invalid, 3=Missing |
| 165 | F_REVCODE07 | A | 1 | Flag, REVCODE07: 1=Valid, 2=Invalid, 3=Missing |
| 166 | F_REVCODE08 | A | 1 | Flag, REVCODE08: 1=Valid, 2=Invalid, 3=Missing |
| 167 | F_REVCODE09 | A | 1 | Flag, REVCODE09: 1=Valid, 2=Invalid, 3=Missing |

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|-----|-------------------|------|--------|---|
| 168 | F_REVCODE10 | A | 1 | Flag, REVCODE10: 1=Valid, 2=Invalid, 3=Missing |
| 169 | F_REVCODE11 | A | 1 | Flag, REVCODE11: 1=Valid, 2=Invalid, 3=Missing |
| 170 | F_REVCODE12 | A | 1 | Flag, REVCODE12: 1=Valid, 2=Invalid, 3=Missing |
| 171 | F_REVCODE13 | A | 1 | Flag, REVCODE13: 1=Valid, 2=Invalid, 3=Missing |
| 172 | F_REVCODE14 | A | 1 | Flag, REVCODE14: 1=Valid, 2=Invalid, 3=Missing |
| 173 | F_REVCODE15 | A | 1 | Flag, REVCODE15: 1=Valid, 2=Invalid, 3=Missing |
| 174 | F_REVCODE16 | A | 1 | Flag, REVCODE16: 1=Valid, 2=Invalid, 3=Missing |
| 175 | F_REVCODE17 | A | 1 | Flag, REVCODE17: 1=Valid, 2=Invalid, 3=Missing |
| 176 | F_REVCODE18 | A | 1 | Flag, REVCODE18: 1=Valid, 2=Invalid, 3=Missing |
| 177 | F_REVCODE19 | A | 1 | Flag, REVCODE19: 1=Valid, 2=Invalid, 3=Missing |
| 178 | F_REVCODE20 | A | 1 | Flag, REVCODE20: 1=Valid, 2=Invalid, 3=Missing |
| 179 | F_REVCODE21 | A | 1 | Flag, REVCODE21: 1=Valid, 2=Invalid, 3=Missing |
| 180 | F_REVCODE22 | A | 1 | Flag, REVCODE22: 1=Valid, 2=Invalid, 3=Missing |
| 181 | F_REVCODE23 | A | 1 | Flag, REVCODE23: 1=Valid, 2=Invalid, 3=Missing |
| 182 | F_YR65_I | A | 1 | Flag, Age 65+ (0:<65, 1:>=65, 2:Missing) |
| 183 | GEO_PATCOUNTY_I | A | 5 | Patient Residence County Code(State FIPS/County Codes Combined) |
| 184 | GEO_PATSTATE_I | A | 2 | Patient Residence State (2-digit FIPS code) |
| 185 | GEO_PATZIP5_E | A | 5 | Enrollee Residence ZIP Code from Eligibility File |
| 186 | GEO_PATZIP5_I | A | 5 | Patient Residence ZIP Code |
| 187 | HCUP_CCS_CAT | A | 2 | Single Level CCS Categories |
| 188 | HCUP_L1DCCS1 | N | 4 | Single Level ICD9 Diagnoses CCS Category |
| 189 | HCUP_L1PCCS1 | N | 4 | Single Level ICD9 Procedure CCS Category |
| 190 | IBILLCLASS | A | 2 | Bill Classification, 1st-2nd Digit of IBILLTYPE |
| 191 | IBILLTYPE | A | 3 | Type of Bill |
| 192 | LOS_I | N | 3 | Length of Service |
| 193 | MOD1_CPT01 | A | 2 | Procedure Code1 Modifier I |
| 194 | MOD1_CPT02 | A | 2 | Procedure Code2 Modifier I |
| 195 | MOD1_CPT03 | A | 2 | Procedure Code3 Modifier I |
| 196 | MOD1_CPT04 | A | 2 | Procedure Code4 Modifier I |
| 197 | MOD1_CPT05 | A | 2 | Procedure Code5 Modifier I |
| 198 | MOD1_CPT06 | A | 2 | Procedure Code6 Modifier I |
| 199 | MOD1_CPT07 | A | 2 | Procedure Code7 Modifier I |
| 200 | MOD1_CPT08 | A | 2 | Procedure Code8 Modifier I |
| 201 | MOD1_CPT09 | A | 2 | Procedure Code9 Modifier I |
| 202 | MOD1_CPT10 | A | 2 | Procedure Code10 Modifier I |
| 203 | MOD1_CPT11 | A | 2 | Procedure Code11 Modifier I |
| 204 | MOD1_CPT12 | A | 2 | Procedure Code12 Modifier I |
| 205 | MOD1_CPT13 | A | 2 | Procedure Code13 Modifier I |
| 206 | MOD1_CPT14 | A | 2 | Procedure Code14 Modifier I |
| 207 | MOD1_CPT15 | A | 2 | Procedure Code15 Modifier I |
| 208 | MOD2_CPT01 | A | 2 | Procedure Code1 Modifier II |
| 209 | MOD2_CPT02 | A | 2 | Procedure Code2 Modifier II |

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|-----|------------------------|------|--------|---|
| 210 | MOD2_CPT03 | A | 2 | Procedure Code3 Modifier II |
| 211 | MOD2_CPT04 | A | 2 | Procedure Code4 Modifier II |
| 212 | MOD2_CPT05 | A | 2 | Procedure Code5 Modifier II |
| 213 | MOD2_CPT06 | A | 2 | Procedure Code6 Modifier II |
| 214 | MOD2_CPT07 | A | 2 | Procedure Code7 Modifier II |
| 215 | MOD2_CPT08 | A | 2 | Procedure Code8 Modifier II |
| 216 | MOD2_CPT09 | A | 2 | Procedure Code9 Modifier II |
| 217 | MOD2_CPT10 | A | 2 | Procedure Code10 Modifier II |
| 218 | MOD2_CPT11 | A | 2 | Procedure Code11 Modifier II |
| 219 | MOD2_CPT12 | A | 2 | Procedure Code12 Modifier II |
| 220 | MOD2_CPT13 | A | 2 | Procedure Code13 Modifier II |
| 221 | MOD2_CPT14 | A | 2 | Procedure Code14 Modifier II |
| 222 | MOD2_CPT15 | A | 2 | Procedure Code15 Modifier II |
| 223 | MS_DRG | A | 3 | MS-DRG |
| 224 | NP_AP_NPI | A | 10 | Reported Attending Practitioner Individual NPI Number |
| 225 | NP_AP_SOLE_PROPRIETOR | A | 1 | Attending Pract. Provider Sole Proprietor Indicator from NPI File |
| 226 | NP_AP_TAXOCODE1 | A | 10 | Attending Pract. Prim Taxonomy Code from NPI File |
| 227 | NP_AP_TAXOCODE2 | A | 10 | Attending Pract. Taxonomy Code#2 from NPI File |
| 228 | NP_AP_TAXOCODE3 | A | 10 | Attending Pract. Taxonomy Code#3from NPI File |
| 229 | NP_FAC_ENTITY_TYPE | A | 1 | Hospital/Facility Entity Type Code from NPI File |
| 230 | NP_FAC_NPI | A | 10 | Hospital/Facility National Provider Identifier # (NPI) |
| 231 | NP_FAC_SOLE_PROPRIETOR | A | 1 | Hospital/Facility Provider Sole Proprietor Indicator |
| 232 | NP_FAC_TAXOCODE1 | A | 10 | Hospital/Facility Prim Taxonomy Code from NPI File |
| 233 | NP_FAC_TAXOCODE2 | A | 10 | Hospital/Facility Taxonomy Code#2 from NPI File |
| 234 | NP_FAC_TAXOCODE3 | A | 10 | Hospital/Facility Taxonomy Code#3 from NPI File |
| 235 | NP_OP_ENTITY_TYPE | A | 1 | Operating Pract. Entity Type Code |
| 236 | NP_OP_NPI | A | 10 | Operating Pract. Individual NPI Number |
| 237 | NP_OP_SOLE_PROPRIETOR | A | 1 | Operating Pract. Provider Sole Proprietor Indicator |
| 238 | NP_OP_TAXOCODE1 | A | 10 | Operating Pract. Prim Taxonomy Code from NPI File |
| 239 | NP_OP_TAXOCODE2 | A | 10 | Operating Pract. Taxonomy Code#2 from NPI File |
| 240 | NP_OP_TAXOCODE3 | A | 10 | Operating Pract. Taxonomy Code#3 from NPI File |
| 241 | PARTPROV_I | A | 1 | Hospital/Facility Participating Provider Flag |
| 242 | PLANLIAB_E | A | 1 | Plan Liability from Eligibility File |
| 243 | POLICYTYP | A | 1 | Policy Type from Eligibility File |
| 244 | PRODTYP_E | A | 1 | Product Type from Eligibility File |
| 245 | RECID | A | 1 | Record Identifier |
| 246 | RECSTAT_I | A | 1 | Institutional Record Status, 3rd Digit of IBILLTYPE |
| 247 | RELATIONSHIP | A | 1 | Relationship to Policyholder from Eligibility File |
| 248 | REVCODE01 | A | 4 | Revenue Code 1 |
| 249 | REVCODE02 | A | 4 | Other Revenue Code 2 |
| 250 | REVCODE03 | A | 4 | Other Revenue Code 3 |
| 251 | REVCODE04 | A | 4 | Other Revenue Code 4 |

| # | Data Element Name | Type | Length | Data Element Description(Institutional Services) |
|-----|-------------------|------|--------|--|
| 252 | REVCODE05 | A | 4 | Other Revenue Code 5 |
| 253 | REVCODE06 | A | 4 | Other Revenue Code 6 |
| 254 | REVCODE07 | A | 4 | Other Revenue Code 7 |
| 255 | REVCODE08 | A | 4 | Other Revenue Code 8 |
| 256 | REVCODE09 | A | 4 | Other Revenue Code 9 |
| 257 | REVCODE10 | A | 4 | Other Revenue Code 10 |
| 258 | REVCODE11 | A | 4 | Other Revenue Code 11 |
| 259 | REVCODE12 | A | 4 | Other Revenue Code 12 |
| 260 | REVCODE13 | A | 4 | Other Revenue Code 13 |
| 261 | REVCODE14 | A | 4 | Other Revenue Code 14 |
| 262 | REVCODE15 | A | 4 | Other Revenue Code 15 |
| 263 | REVCODE16 | A | 4 | Other Revenue Code 16 |
| 264 | REVCODE17 | A | 4 | Other Revenue Code 17 |
| 265 | REVCODE18 | A | 4 | Other Revenue Code 18 |
| 266 | REVCODE19 | A | 4 | Other Revenue Code 19 |
| 267 | REVCODE20 | A | 4 | Other Revenue Code 20 |
| 268 | REVCODE21 | A | 4 | Other Revenue Code 21 |
| 269 | REVCODE22 | A | 4 | Other Revenue Code 22 |
| 270 | REVCODE23 | A | 4 | Other Revenue Code 23 |
| 271 | RXIND | A | 1 | Pharmacy Services Indicator from Eligibility File |
| 272 | SEX | A | 1 | Patient Sex |
| 273 | SRC_COMP_E | A | 1 | Source Company from Eligibility File |
| 274 | ADMITNTYP | A | 2 | Type of Admission |
| 275 | F_DIAG00 | A | 1 | Flag, DX_00_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid |
| 276 | MEDIND | A | 1 | Medical Services Indicator |
| 277 | AGE1214_I | N | 8 | Age of Patient as of 12/31/2014 |
| 278 | PATIDP | A | 25 | Patient Identifier-P (Payer encrypted) |
| 279 | PATIDU | A | 12 | Patient Identifier-U (UUID encrypted) |
| 280 | SUBSCRIBER_ID | A | 20 | Subscriber ID Number, Re-Encrypted |
| 281 | SDE_USERID | A | 7 | Standard Data Extract User ID |

Pharmacy File

| # | Data Element Name | Type | Length | Data Element Description(Pharmacy) |
|----|-------------------|------|--------|---|
| 1 | BEHAVIND | A | 1 | Behavioral Health Services Indicator from Eligibility File |
| 2 | CDHPIND_E | A | 1 | CDHP Indicator from Eligibility File |
| 3 | COVTYPE_E | A | 1 | Coverage Type from Eligibility File |
| 4 | DEANUM | A | 11 | Practitioner DEA# |
| 5 | DRUGCMP | A | 1 | Drug Compound |
| 6 | DRUGQTY | N | 8 | Drug Quantity |
| 7 | DRUGSPL | N | 8 | Drug Supply |
| 8 | DT_CLM_PAID_R | 1 | 8 | DT_CLM_PAID_R w/original, corrected or imputed values |
| 9 | DT_CLM_YEAR_R | 1 | 4 | Year of Claim Paid Date |
| 10 | DT_COV_BEGIN | N | 8 | Coverage Start Date from Eligibility File |
| 11 | DT_COV_END | N | 8 | Coverage End Date from Eligibility File |
| 12 | DT_RXFILLED | N | 8 | Date Prescription Filled |
| 13 | DT_SVCYEAR_R | N | 8 | Service Provided Year (Based on Prescription Filled Date) |
| 14 | F_DATE_INRANGE | A | 1 | Flag, DT_RXFILLED is within Eligibility Coverage Dates (0,1) |
| 15 | F_DEANUM | A | 1 | Flag, DEANUM: 0=Not missing, 1=Missing, 2=Filler |
| 16 | F_FILLNUM | A | 1 | Flag, FILLNUM: 1 = New (0), 2 = Refill (1-99) , 3 = Missing, 4 = Negative |
| 17 | F_FINMS | A | 1 | Flag, All Financial Variables are Zero or Missing |
| 18 | F_GEO_PATMD_R | A | 1 | Flag, Service Provided to Maryland Residents (0/1) |
| 19 | F_GEO_PATZIP5_R | A | 1 | Flag, GEO_PATZIP5_R: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 20 | F_GEO_SVCZIP5_R | A | 1 | Flag, GEO_SVCZIP5_R: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 21 | F_MORDER | A | 1 | Mail Order Flag (0=No, 1=Yes) |
| 22 | F_NCPDP | A | 1 | Flag, NCPDP : 0=Not missing, 1=Missing, 2=Filler |
| 23 | F_NDC | A | 1 | NDC Flag (0=Match Multum,1=No Match,2=Blank,9=Others) |
| 24 | F_NP_PP_NPI_R | A | 1 | Flag, NP_PP_NPI_R: 0=Valid, 1=Missing, 2=Filler, 3=Invalid |
| 25 | F_RE_LINK | A | 1 | Flag, Pharmacy Service to Eligibility Linkage by PIDBDGP (0/1) |
| 26 | F_RXNUMBER | A | 1 | Flag, RXNUMBER: 0=Not missing, 1=Missing, 2=Filler |
| 27 | F_YR65_R | A | 1 | Flag, Patients Ages 65+ (0,1,2) |
| 28 | FILLNUM | N | 3 | Fill Number |
| 29 | FIN_BILL_R | N | 8 | Billed Charge |
| 30 | FIN_PATCOPAY_R | N | 8 | Patient Co-Payment |
| 31 | FIN_PATDED_R | N | 8 | Patient Deductible |
| 32 | FIN_PATLIAB_R | N | 8 | Financial, Patient Liability |
| 33 | FIN_PATOTHER_R | N | 8 | Other Patient Obligations |
| 34 | FIN_PAYMENT_R | N | 8 | Total Payment |
| 35 | FIN_REIMB_R | N | 8 | Reimbursement Amount |
| 36 | GEO_PATCOUNTY_R | A | 5 | Patient Residence County Code(State FIPS/County Codes Combined) |
| 37 | GEO_PATSTATE_R | A | 2 | Patient Residence State (2-digit FIPS code) |
| 38 | GEO_PATZIP5_E | A | 5 | Enrollee Residence ZIP Code from Eligibility File |
| 39 | GEO_PATZIP5_R | A | 5 | Patient Residence ZIP Code |
| 40 | GEO_SVCCOUNTY_R | A | 5 | Pharmacy Location County Code |
| 41 | GEO_SVCSTATE_R | A | 2 | Pharmacy Location State |

| # | Data Element Name | Type | Length | Data Element Description(Pharmacy) |
|----|-------------------|------|--------|--|
| 42 | GEO_SVCZIP5_R | A | 5 | Pharmacy Zip Code - First 5 Digits |
| 43 | MEDIND | A | 1 | Medical Services Indicator |
| 44 | NCPDP | A | 7 | NCPDP Number |
| 45 | NDC | A | 11 | NDC Number |
| 46 | NP_PP_NPI_R | A | 10 | National Provider Identifier |
| 47 | PLANLIAB_E | A | 1 | Plan Liability from Eligibility File |
| 48 | POLICYTYP | A | 1 | Policy Type from Eligibility File |
| 49 | PRODTYP_E | A | 1 | Product Type from Eligibility File |
| 50 | RECID | A | 1 | Records Identifier |
| 51 | RELATIONSHIP | A | 1 | Relationship to Policyholder from Eligibility File |
| 52 | RXIND | A | 1 | Pharmacy Services Indicator from Eligibility File |
| 53 | RXNUMBER | A | 18 | Prescription Claim Number |
| 54 | SCRIPT | N | 3 | Number of Adjusted or 30-day Script |
| 55 | SEX | A | 1 | Patient Sex(1=Male,2=Female,3=Unknown) |
| 56 | SRC_COMP_E | A | 1 | Source Company from Eligibility File |
| 57 | NCPDP_ST | A | 2 | State Code - 1st Two Pos of NCPDP |
| 58 | AGE1214_R | N | 8 | Patient Age as of 12/31/2014 |
| 59 | PATIDP | A | 25 | Patient Identifier-P (Payer encrypted) |
| 60 | PATIDU | A | 12 | Patient Identifier-U (UUID encrypted) |
| 61 | SUBSCRIBER_ID | 2 | 20 | Subscriber ID Number, Re-Encrypted |
| 62 | SDE_USERID | A | 7 | Standard Data Extract User ID |