## PROFESSIONAL SERVICES DATA REPORT SUBMISSION

This report details all fee-for-service and capitated encounters provided by health care practitioners and office facilities for the quarterly reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; and Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017. Please provide information on all health care services provided to applicable insureds whether those services were provided by a practitioner or office facility located in-State or out-of-State.

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| P001 | Record Identifier | 1 | A | 1 | 1 | 100% | The value is 1 | **1 Professional Services** | In the Professional Services file, this field must be 1. | |
| P002 | Encrypted Enrollee's Identifier**P** | 12 | A | 2 | 13 | 100% | Enrollee's unique identification number assigned by payor and encrypted. | The unique ID for each person on this file should correspond to the same unique Patient ID used for all other files (Eligibility, Pharmacy Claims, Institutional Services, and Dental Services Files)<br><br>If the encryption algorithm for Patient ID changes, please contact MHCC before submitting. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be at least 3 characters long.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers.<br>Must be unique for each beneficiary. | |
| P003 | Encrypted Enrollee's Identifier**U** | 12 | A | 14 | 25 | 100% | Enrollee's universally unique identification (UUID) number generated using an encryption algorithm provided by MHCC. | Refer to the UUID summary description sheet in the data submission manual. A full description is available in the UUID Users' Manual.<br><br>Leave UUID blank if it is not generated by the UUID software. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be 12 characters long.<br>Alphabetical characters must be lower-case as generated by the UUID application.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers. | |
| P004 | Enrollee Year and Month of Birth | 8 | N | 26 | 33 | 100% | Date of enrollee's birth using 00 instead of day. | CCYYMM00 | Year and month of birth must be valid. | |
| P005 | Enrollee Sex | 1 | A | 34 | 34 | 99% | Sex of the enrollee. | 1 Male<br>2 Female | Value must be valid (see list of valid values in the Field Contents column). | |
| P006 | Consumer Directed Health Plan (CDHP) with HSA or HRA Indicator | 1 | A | 35 | 35 | | Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA) or Health Resources Account(HRA) | 0 No<br>1 Yes | Value must be valid (see list of valid values in the Field Contents column). | |
| P007 | Enrollee Zip Code of Residence +4 digit add-on code | 10 | A | 36 | 45 | 99% | Zip code of enrollee's residence. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| P008 | Patient Covered by Other Insurance Indicator | 1 | A | 46 | 46 | 95% | Indicates whether patient has additional insurance coverage. | 0 No<br>1 Yes, other cover is primary<br>2 Yes, other coverage is secondary<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| P009 | Coverage Type | 1 | A | 47 | 47 | | Patient's type of insurance coverage. | 1 Medicare Supplemental (i.e., Individual, Group, WRAP)<br>2 Medicare Advantage Plan<br>3 Individual Market (not sold on MHBE)<br>5 Private Employer Sponsored or Other Group (i.e. union or association plans)<br>6 Public Employee – Federal (FEHBP)<br>7 Public Employee – Other (state, county, local/municipal government and public school systems)<br>8 Small Business Options Program (SHOP) not sold on MHBE (definition of SHOP must follow what the Maryland Insurance Administration is using. See attachement at http://www.mdinsurance.state.md.us/sa/docs/documents/insurer/bulletins/15-27-definition-of-small-employer.pdf)<br>A Student Health Plan<br>B Individual Market (sold on MHBE)<br>C Small Business Options Program (SHOP) sold on MHBE (definition of SHOP must follow what the Maryland Insurance Administration is using. See attachement at http://www.mdinsurance.state.md.us/sa/docs/documents/insurer/bulletins/15-27-definition-of-small-employer.pdf)<br>Z Unknown | Value must be valid (see list of valid values in the Field Contents column). | |

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|---|---|---|---|---|---|---|---|---|---|---|
| P010 | Source Company | 1 | A | 48 | 48 | | Defines the payor company that holds the beneficiary's contract; for use in characterizing contract requirements under Maryland law. | 1 Health Maintenance Organization<br>2 Life & Health Insurance Company or Not-for-Profit Health Benefit Plan<br>3 Third-Party Administrator (TPA) Unit<br><br>This field is optional, but must be populated in the Eligibility file. | Value must be valid (see list of valid values in the Field Contents column). | |
| P011 | Claim Related Condition | 1 | A | 49 | 49 | | Describes connection, if any, between patient's condition and employment, automobile accident, or other accident. | 0 Non-accident (default)<br>1 Work<br>2 Auto Accident<br>3 Other Accident<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| P012 | Practitioner Federal Tax ID | 9 | A | 50 | 58 | 100% | Employer Tax ID of the practitioner, practice or office facility receiving payment for services. | | Must be 9 characters long.<br>Value must be a valid federal tax ID. | |
| P013 | Participating Provider Status | 1 | A | 59 | 59 | 95% | Indicates if the service was provided by a provider that participates in the payor's network. | 1 Participating<br>2 Non-Participating<br>3 Unknown/Not Coded<br>9 No Network for this Plan | Value must be valid (see list of valid values in the Field Contents column). | |
| P014 | Record Status | 1 | A | 60 | 60 | 95% | Describes payment and adjustment status of a claim. Adjustments include paying a claim more than once, paying additional services that may have been denied, or crediting a provider due to overpayment or paying the wrong provider. | 1 Fee-for-service<br>8 Capitated or Global Contract Services | Value must be valid (see list of valid values in the Field Contents column). | |
| P015 | Claim Control Number | 23 | A | 61 | 83 | 100% | Internal payor claim number used for tracking. | Include on each record as this is the key to summarizing service detail to claim level | Must be at least 2 characters long.<br>Cannot be entirely unknown values (0s and 9s). | |
| P016 | Claim Paid Date | 8 | N | 84 | 91 | 100% | The date that the claim was paid. This date should agree with the paid date the Finance and Actuarial department is using in your organization.<br><br>If there is a lag between the time a claim is authorized and paid, please contact MHCC for advice on which date field to use. | CCYYMMDD | Must be a valid date value. | |
| P017 | Filler | 2 | N | 92 | 93 | | Filler | Used to be Number of Diagnosis Codes | | |
| P018 | Filler | 2 | N | 94 | 95 | | Filler | Used to be Number of Line Items | | |
| P019 | Diagnosis Code 1 | 7 | A | 96 | 102 | 99% | The primary ICD-9-CM or ICD-10-CM Diagnosis Code followed by a secondary diagnosis (up to 9 codes), if applicable at time of service. | Remove embedded decimal point. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P020 | Diagnosis Code 2 | 7 | A | 103 | 109 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P021 | Diagnosis Code 3 | 7 | A | 110 | 116 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P022 | Diagnosis Code 4 | 7 | A | 117 | 123 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P023 | Diagnosis Code 5 | 7 | A | 124 | 130 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P024 | Diagnosis Code 6 | 7 | A | 131 | 137 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| P025 | Diagnosis Code 7 | 7 | A | 138 | 144 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P026 | Diagnosis Code 8 | 7 | A | 145 | 151 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P027 | Diagnosis Code 9 | 7 | A | 152 | 158 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P028 | Diagnosis Code 10 | 7 | A | 159 | 165 | | See comment under Diagnosis Code 1 | | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code.<br>Must not include embedded decimal points. | |
| P029 | Service From Date | 8 | N | 166 | 173 | 100% | First date of service for a procedure in this line item. | CCYYMMDD | Must be a valid date value. | |
| P030 | Service Thru Date | 8 | N | 174 | 181 | 100%* | Last date of service for this line item. | CCYYMMDD<br><br>If the Service Thru Date is not reported, then assume that the Service From Date (P029) and the Service Thru Date are the same. | Must be a valid date value. | |
| P031 | Place of Service | 2 | A | 182 | 183 | 99% | Two-digit numeric code that describes where a service was rendered. | See link for available codes:<br>http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html | Value must be a valid place of service code(link of vaid codes provided in the Field Contents column). | |
| P032 | Service Location Zip Code +4digit add-on code | 10 | A | 184 | 193 | 95% | Zip code for location where service described was provided. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| P033 | Service Unit Indicator | 1 | A | 194 | 194 | 95% | Category of service as it corresponds to Units data element. | 0 Values reported as zero (no allowed services)<br>1 Transportation (ambulance air or ground) Miles<br>2 Anesthesia Time Units<br>3 Services<br>4 Oxygen Units<br>5 Units of Blood<br>6 Allergy Tests<br>7 Lab Tests<br>8 Minutes of Anesthesia | Value must be valid (see list of valid values in the Field Contents column). | |
| P034 | Units of Service | 3 | A | 195 | 197 | 95% | Quantity of services or number of units for a service or minutes of anesthesia. | Report as whole number rounded to nearest whole value. For instance, if the value is "16.6," report 17. | Must be an integer. | |
| P035 | Procedure Code | 6 | A | 198 | 203 | 95% | Describes the health care service provided (CPT-4 or HCPCS) | | Value must be a valid CPT or HCPCS code. | |
| P036 | Modifier I | 2 | A | 204 | 205 | | Discriminate code used by practitioners to distinguish that a health care service has been altered [by a specific condition] but not changed in definition or code. A modifier is added as a suffix to a procedure code field. | MHCC accepts national standard modifiers approved by the American Medical Association as published in the 2008 Current Procedure Terminology. Modifiers approved for Hospital Outpatient use: Level I (CPT) and Level II (HCPCS/National) modifiers.<br><br>Nurse Anesthetist services are to be reported using the following Level II (HCPCS) modifiers:<br>· **QX** – Nurse Anesthetist service; under supervision of a doctor<br>· **QZ** – Nurse Anesthetist service; w/o the supervision of a doctor | Value must be a valid modifier applicable to the procedure code. | |
| P037 | Modifier II | 2 | A | 206 | 207 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| P038 | Servicing Practitioner ID | 11 | A | 208 | 218 | 100% | Payor-specific identifier for the practitioner rendering health care service(s). | | Must be populated with values that are not unknown (entirely 0s and 9s). | |
| P039 | Billed Charge | 9 | N | 219 | 227 | 100% | A practitioner's billed charges rounded to whole dollars. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| P040 | Allowed Amount | 9 | N | 228 | 236 | 100% | Maximum amount contractually allowed. This is generally equal to the sum of patient liability and payor reimbursement.<br><br>For payors that participate in the sale of ACA compliant health insurance products on or off the Maryland Health Benefit Exchange (MHBE), membership and allowed claims data in the MCDB must be consistent with the membership and allowed claims data submitted by your company's Actuarial Pricing/Rating department to the Maryland Insurance Administration (MIA) via Actuarial Memorandums and rate filings. The Individual and Small Group markets (Non-Grandfathered Health Plans only) are affected by this MCDB v. MIA data reconciliation and will result in MCDB data resubmissions if discrepancies in the excess of 2.5% exist. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Modified description for clarity. |
| P041 | Reimbursement Amount | 9 | N | 237 | 245 | 100% | Amount paid to Employer Tax ID # of rendering physician as listed on claim. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| P042 | Date of Enrollment | 8 | N | 246 | 253 | | The first day of the reporting period the patient is in this delivery system (in this data submission time period). (see Source Company on page 26) | CCYYMMDD<br>Date is the first day of the reporting period if patient is enrolled at that time. Enter other date if patient **not enrolled** at start of reporting period, but enrolled during reporting period.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value. | |
| P043 | Date of Disenrollment | 8 | N | 254 | 261 | | The end date of enrollment for the patient in this delivery system (in this data submission time period). (see Source Company on page 26) | CCYYMMDD<br>If patient is still enrolled on the last day of the reporting period, enter 20991231. If patient disenrolled before end of reporting period enter date disenrolled.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value or left blank. | |
| P044 | Patient Deductible | 9 | N | 262 | 270 | 100% | The fixed amount that the patient must pay for covered medical services before benefits are payable. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| P045 | Patient Coinsurance or Patient Co-payment | 9 | N | 271 | 279 | 100% | The specified amount or percentage the patient is required to contribute towards covered medical services after any applicable deductible. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| P046 | Other Patient Obligations | 9 | N | 280 | 288 | 100% | Any patient obligations other than the deductible or coinsurance/co-payment. This could include obligations for out-of-network care (balance billing net of patient deductible, patient coinsurance/co-payment and payor reimbursement), non-covered services, or penalties. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| P047 | Plan Liability | 1 | A | 289 | 289 | | Indicates if insurer is at risk for the patient's service use or the insurer is simply paying claims as Administrative Services Only (ASO) | 1 Risk (under Maryland contract)<br>2 Risk (under non-Maryland contract)<br>3 ASO (employer self-insured, under Maryland contract)<br>4 ASO (employer self-insured, under non-Maryland contract<br><br>This field is optional, but must be populated in the Eligibility file. | Value must be valid (see list of valid values in the Field Contents column). | |
| P048 | Servicing Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | 290 | 299 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| P049 | Practitioner National Provider Identifier (NPI) Number used for Billing | 10 | A | 300 | 309 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner or an organization for billing purposes. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| P050 | Product Type | 1 | A | 310 | 310 | | Classifies the benefit plan by key product characteristics (scope of coverage, size of network, coverage for out-of-network benefits). | This field is optional, but must be populated in the Eligibility file. | | |
| P051 | Payor ID Number | 4 | A | 311 | 314 | 100% | Payor assigned submission identification number. | | Value must match payor's assigned identification number.<br>Value must be identical in all records. | |
| P052 | Source System | 1 | A | 315 | 315 | 100% | Identify the source system (platforms or business units) *from which the data was obtained* by using an alphabet letter (A, B, C, D, etc…)<br><br>Please ensure that the source system letter used is consistent from quarter to quarter, as well as with the source system letter indicated on the MCDB Portal. | A – Z. If only submitted for one source system, default is A. | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| P053 | Assignment of Benefits | 1 | A | 316 | 316 | 100% | For out-of-network services please provide information on whether or not the patient assigned benefits to the servicing physician for an out-of-network service. | 0 No, Assignment of Benefits not accepted and Practitioner Not in Network<br>1 Yes, Assignment of Benefits Accepted and Practitioner Not in Network<br>2 N/A, Practitioner is In Network<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| P054 | Diagnosis Code Indicator | 1 | A | 317 | 317 | | Indicates the volume of the International Classification of Diseases, Clinical Modification system used in assigning codes to diagnoses. | 1 ICD-9-CM<br>2 ICD-10-CM<br>3 Missing/Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| P055 | CPT Category II Code 1 | 5 | A | 318 | 322 | | Provide any applicable CPT Category II codes. | | Value must be a valid CPT Category II code. | |
| P056 | CPT Category II Code 2 | 5 | A | 323 | 327 | | See comment under CPT Category II Code 1 | | Value must be a valid CPT Category II code. | |
| P057 | CPT Category II Code 3 | 5 | A | 328 | 332 | | See comment under CPT Category II Code 1 | | Value must be a valid CPT Category II code. | |
| P058 | CPT Category II Code 4 | 5 | A | 333 | 337 | | See comment under CPT Category II Code 1 | | Value must be a valid CPT Category II code. | |
| P059 | CPT Category II Code 5 | 5 | A | 338 | 342 | | See comment under CPT Category II Code 1 | | Value must be a valid CPT Category II code. | |
| P060 | Reporting Quarter | 1 | A | 343 | 343 | 100% | Indicate the quarter number for which the data is being submitted. | 1 First Quarter = January 1 thru March 31<br>2 Second Quarter = April 1 thru June 30<br>3 Third Quarter = July 1 thru September 30<br>4 Fourth Quarter = October 1 thru December 31 | Value must match the current reporting quarter. | |
| P061 | Claim Adjudication Date | 8 | N | 344 | 351 | 100% | The date that the claim was adjudicated. | CCYYMMDD | Must be a valid date value. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| P062 | Claim Line Number | 4 | A | 352 | 355 | 100% | Line number for the service within a claim. | The first line is 1 and subsequent lines are incremented by 1 | Must be an integer. | |
| P063 | Version Number | 4 | A | 356 | 359 | 100% | Version number of this claim service line. The version number begins with 1 and is incremented by 1 for each subsequent version of that service line | | Must be an integer. | |
| P064 | Claim Line Type | 1 | A | 360 | 360 | 100% | Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment | O Original<br>V Void<br>R Replacement<br>B Back Out<br>A Amendment | Value must be valid (see list of valid values in the Field Contents column). | |
| P065 | Former Claim Number | 23 | A | 361 | 383 | 30% | Former claims control number or claims control number used in the original claim that corresponds to this claim line. | Must be different to the claims control number reported under field # 15 | Must be at least 2 characters long.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| P066 | Flag for Former Claim Number Use | 1 | A | 384 | 384 | 100% | Code Indicating the use of former claims control number | 1 Former claims number not used-claim does not change<br>2 Former claims number not used-new claim is generated<br>3 Former claims number used | | |
| P067 | NDC Number | 11 | A | 385 | 395 | | National Drug Code 11 digit number. | This field is filled when provider-administered drugs are available on a professional claim.<br><br>Please ensure leading zeroes are not dropped for NDCs beginning with 0s.<br><br>Expected to be populated when provider-administered drugs are involved in a claim. | Value must be a valid NDC number. | |
| P068 | Drug Quantity | 5 | N | 396 | 400 | | Number of units of medication dispensed. | Expected to be populated when provider-administered drugs are involved in a claim. | Value must be rounded to the nearest unit | |
| P069 | Amount Paid by Other Insurance | 9 | N | 401 | 409 | | Amount paid by the primary payor if the patient is not the primary insurer. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Added field. |

## PHARMACY DATA REPORT SUBMISSION

This report details all prescription drug encounters for your enrollees for the quarterly reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; and Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017. Please provide information on all pharmacy services provided to applicable insureds whether the services were provided by a pharmacy located in-State or out-of-State. Do not include pharmacy supplies or prosthetics.

COMAR 10.25.06 specifies the Pharmacy Data Report be submitted separately from the Professional Services Data Report.

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|---|---|---|---|---|---|---|---|---|---|---|
| R001 | Record Identifier | 1 | A | 1 | 1 | 100% | The value is 2 | **2 Pharmacy Services** | In the Pharmacy Services file, this field must be 2. | |
| R002 | Encrypted Enrollee's Identifier**P** | 12 | A | 2 | 13 | 100% | Patient's unique identification number assigned by payor and encrypted. | The unique ID for each person on this file should correspond to the same unique Patient ID used for all other files (Eligibility, Pharmacy Claims, Institutional Services, and Dental Services Files)<br><br>If the encryption algorithm for Patient ID changes, please contact MHCC before submitting. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be at least 3 characters long.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers.<br>Must be unique for each beneficiary. | |
| R003 | Encrypted Enrollee's Identifier**U** | 12 | A | 14 | 25 | 100% | Patient's universally unique identification (UUID) number generated using an encryption algorithm provided by MHCC. | Refer to the UUID summary description sheet in the data submission manual. A full description is available in the UUID Users' Manual.<br><br>Leave UUID blank if it is not generated by the UUID software. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be 12 characters long.<br>Alphabetical characters must be lower-case as generated by the UUID application.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers. | |
| R004 | Enrollee Sex | 1 | A | 26 | 26 | 99% | Sex of the enrollee. | 1 Male<br>2 Female | Value must be valid (see list of valid values in the Field Contents column). | |
| R005 | Enrollee Zip Code of Residence +4 digit add-on code | 10 | A | 27 | 36 | 99% | Zip code of enrollee's residence. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| R006 | Enrollee Year and Month of Birth | 8 | N | 37 | 44 | 100% | Date of enrollee's birth using 00 instead of day. | CCYYMM00 | Year and month of birth must be valid. | |
| R007 | Pharmacy NCPDP Number | 7 | A | 45 | 51 | 100% | Unique 7 digit number assigned by the National Council for Prescription Drug Program (NCPDP). | Use Pharmacy NPI Number if Pharmacy NCPDP Number is unavailable (waiver required). | Value must be shorter than or equal to 7 characters unless a Pharmacy NPI has been provided instead. In this case, it must be a valid value. | |
| R008 | Pharmacy Zip Code +4digit add-on code | 10 | A | 52 | 61 | 95% | Zip code of pharmacy where prescription was filled and dispensed. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| R009 | Practitioner DEA Number | 11 | A | 62 | 72 | 100% | Drug Enforcement Agency number assigned to an individual registered under the Controlled Substance Act. | Same as DEA Number in Provider File. Only required if NPI has not been reported (waiver required). | The first two characters must be letters.<br>Value must be valid according to the check equation. | |
| R010 | Fill Number | 2 | A | 73 | 74 | 100% | The code used to indicate if the prescription is an original prescription or a refill. Use '01' for all refills if the specific number of the prescription refill is not available. | 00 New prescription/Original<br>01 – 99 Refill number | Value must be valid (see list of valid values in the Field Contents column). | |
| R011 | NDC Number | 11 | A | 75 | 85 | 100% | National Drug Code 11 digit number. | Please ensure leading zeroes are not dropped for NDCs beginning with 0s. | Value must be a valid NDC number. | |
| R012 | Drug Compound | 1 | A | 86 | 86 | | Indicates a mix of drugs to form a compound medication. | 1 Non-compound<br>2 Compound | Value must be valid (see list of valid values in the Field Contents column). | |
| R013 | Drug Quantity | 5 | N | 87 | 91 | 99% | Number of units of medication dispensed. | | Value must be a nonzero integer. | |
| R014 | Drug Supply | 3 | N | 92 | 94 | 99% | Estimated number of days of dispensed supply. | | Value must be a nonzero integer. | |
| R015 | Date Filled | 8 | N | 95 | 102 | 100% | Date prescription was filled. | CCYYMMDD | Must be a valid date value. | |
| R016 | Date Prescription Written | 8 | N | 103 | 110 | | Date prescription was written. | CCYYMMDD | Must be a valid date value. | |
| R017 | Billed Charge | 9 | N | 111 | 119 | 100% | Retail amount for drug including dispensing fees and administrative costs. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| R018 | Reimbursement Amount | 9 | N | 120 | 128 | 100% | Amount paid to the pharmacy by payor. Do not include patient copayment or sales tax. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |

## PHARMACY DATA REPORT SUBMISSION

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| R019 | Prescription Claim Control Number | 15 | A | 129 | 143 | 100% | Internal payor claim number used for tracking. | | Must be at least 2 characters long.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| R020 | Prescription Claim Paid Date | 8 | N | 144 | 151 | 100% | The date that the claim was paid. This date should agree with the paid date the Finance and Actuarial department is using in your organization.<br><br>If there is a lag between the time a claim is authorized and paid, please contact MHCC for advice on which date field to use. | CCYYMMDD | Must be a valid date value. | |
| R021 | Prescribing Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | 152 | 161 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| R022 | Patient Deductible | 9 | N | 162 | 170 | 100% | The fixed amount that the patient must pay for covered pharmacy services before benefits are payable. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| R023 | Patient Coinsurance or Patient Co-payment | 9 | N | 171 | 179 | 100% | The specified amount or percentage the patient is required to contribute towards covered pharmacy services after any applicable deductible. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| R024 | Other Patient Obligations | 9 | N | 180 | 188 | 100% | Any patient obligations other than the deductible or coinsurance/co-payment. This could include obligations for non-formulary drugs, non-covered pharmacy services, or penalties. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| R025 | Date of Enrollment | 8 | N | 189 | 196 | | The first day of the reporting period the patient is in this delivery system (in this data submission time period). (see Source Company on page 26) | CCYYMMDD<br>Date is the first day of the reporting period if patient is enrolled at that time. Enter other date if patient **not enrolled** at start of reporting period, but enrolled during reporting period.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value. | |
| R026 | Date of Disenrollment | 8 | N | 197 | 204 | | The end date of enrollment for the patient in this delivery system (in this data submission time period). (see Source Company on page 26) | CCYYMMDD<br>If patient is still enrolled on the last day of the reporting period, enter 20991231. If patient disenrolled before end of reporting period enter date disenrolled.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value or left blank. | |

## PHARMACY DATA REPORT SUBMISSION

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|---|---|---|---|---|---|---|---|---|---|---|
| R027 | Source of Processing | 1 | A | 205 | 205 | 100% | The source processing the pharmacy claim. | 1 Processed Internally by Payor<br>2 Argus Health Systems, Inc.<br>3 Caremark, LLC<br>4 Catalyst Rx, Inc.<br>5 Envision Pharmaceutical Services, Inc.<br>6 Express Scripts, Inc.<br>7 Medco Health, LLC<br>8 National Employee Benefit Companies, Inc.<br>9 NextRx Services, Inc.<br>A Atlantic Prescription Services, LLC<br>B Benecard Services, Inc.<br>C BioScrip PBM Services, LLC<br>D Futurescripts, LLC<br>E Health E Systems<br>F HealthTran, LLC<br>G Innoviant, Inc.<br>H MaxorPlus<br>I Medical Security Card Company<br>J MedImpact Healthcare Systems, Inc.<br>K MemberHealth, LLC<br>L PharmaCare Management Services, LLC<br>M Prime Therapeutics, LLC<br>N Progressive Medical, Inc.<br>O RxAmerica, LLC<br>P RxSolutions, Inc.<br>Q Scrip World, LLC<br>R Tmesys, Inc.<br>S WellDyneRx, Inc. | Value must be valid (see list of valid values in the Field Contents column). | |
| R028 | Payor ID Number | 4 | A | 206 | 209 | 100% | Payor assigned submission identification number. | | Value must match payor's assigned identification number.<br>Value must be identical in all records. | |
| R029 | Source System | 1 | A | 210 | 210 | 100% | Identify the source system (platforms or business units) *from which the data was obtained* by using an alphabet letter (A, B, C, D, etc…)<br><br>Please ensure that the source system letter used is consistent from quarter to quarter, as well as with the source system letter indicated on the MCDB Portal. | A – Z. If only submitted for one source system, default is A. | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| R030 | Reporting Quarter | 1 | A | 211 | 211 | 100% | Indicate the quarter number for which the data is being submitted | 1 First Quarter = January 1 thru March 31<br>2 Second Quarter = April 1 thru June 30<br>3 Third Quarter = July 1 thru September 30<br>4 Fourth Quarter = October 1 thru December 31 | Value must match the current reporting quarter. | |
| R031 | Pharmacy NPI Number | 10 | A | 212 | 221 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. This is the NPI of the dispensing pharmacy | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| R032 | Prescribing Provider ID | 11 | A | 222 | 232 | 100% | Payor-specific identifier (internal ID) for the prescribing practitioner. | Must link to the practitioner ID on the Provider Directory | Must be populated with values that are not unknown (entirely 0s and 9s). | |
| R033 | Claim Adjudication Date | 8 | N | 233 | 240 | 100% | The date that the claim was adjudicated. | CCYYMMDD | Must be a valid date value. | |
| R034 | Claim Line Number | 4 | A | 241 | 244 | 100% | Line number for the service within a claim. | The first line is 1 and subsequent lines are incremented by 1 | Must be an integer. | |

## PHARMACY DATA REPORT SUBMISSION

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| R035 | Version Number | 4 | A | 245 | 248 | 100% | Version number of this claim service line. The version number begins with 1 and is incremented by 1 for each subsequent version of that service line | | Must be an integer. | |
| R036 | Claim Line Type | 1 | A | 249 | 249 | 100% | Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment | O Original<br>V Void<br>R Replacement<br>B Back Out<br>A Amendment | Value must be valid (see list of valid values in the Field Contents column). | |
| R037 | Former Prescription Claim Number | 23 | A | 250 | 272 | 30% | Former claims control number or claims control number used in the original claim that corresponds to this claim line. | Must be different to the claims control number reported under field # 19 | Must be at least 2 characters long.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| R038 | Flag for Former Claim Number Use | 1 | A | 273 | 273 | 100% | Code Indicating the use of former claims control number | 1 Former claims number not used-claim does not change<br>2 Former claims number not used-new claim is generated<br>3 Former claims number used | | |
| R039 | Allowed Amount | 9 | N | 274 | 282 | 100% | Maximum amount contractually allowed. This is generally equal to the sum of patient liability and payor reimbursement.<br><br>For payors that participate in the sale of ACA compliant health insurance products on or off the Maryland Health Benefit Exchange (MHBE), membership and allowed claims data in the MCDB must be consistent with the membership and allowed claims data submitted by your company's Actuarial Pricing/Rating department to the Maryland Insurance Administration (MIA) via Actuarial Memorandums and rate filings. The Individual and Small Group markets (Non-Grandfathered Health Plans only) are affected by this MCDB v. MIA data reconciliation and will result in MCDB data resubmissions if discrepancies in the excess of 2.5% exist. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Added field. |
| R040 | Patient Covered by Other Insurance Indicator | 1 | A | 283 | 283 | 95% | Indicates whether patient has additional insurance coverage. | 0 No<br>1 Yes, other cover is primary<br>2 Yes, other coverage is secondary<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | Added field. |
| R041 | Amount Paid by Other Insurance | 9 | N | 284 | 292 | | Amount paid by the primary payor if the patient is not the primary insurer. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Added field. |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

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Level File format. For inpatient facility (hospital and non-hospital), each line would be defined by revenue code. Each line will have one revenue code. However, each revenue code can have more than one procedure or diagnosis code. For inpatient claims, all ICD procedure codes present on the same claim should be replicated for each line of the same claim.

For outpatient facility (hospital and non-hospital), each line would be defined by revenue code or CPT code, each in its own respective field. Each line will have one revenue code or at least one CPT code. If a revenue code is not available or applicable, the field should be left blank. However, such lines must be identified with at least a CPT code in the principal procedure code.

All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I001 | Record Identifier | 1 | A | 1 | 1 | 100% | The value is 4 | **4 Institutional Services** | In the Institutional Services file, this field must be 4. | |
| I002 | Encrypted Enrollee's Identifier**P** | 12 | A | 2 | 13 | 100% | Enrollee's unique identification number assigned by payor and encrypted. | The unique ID for each person on this file should correspond to the same unique Patient ID used for all other files (Eligibility, Pharmacy Claims, Institutional Services, and Dental Services Files)<br><br>If the encryption algorithm for Patient ID changes, please contact MHCC before submitting. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be at least 3 characters long.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers.<br>Must be unique for each beneficiary. | |
| I003 | Encrypted Enrollee's Identifier**U** | 12 | A | 14 | 25 | 100% | Enrollee's universally unique identification (UUID) number generated using an encryption algorithm provided by MHCC. | Refer to the UUID summary description sheet in the data submission manual. A full description is available in the UUID Users' Manual.<br><br>Leave UUID blank if it is not generated by the UUID software. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be 12 characters long.<br>Alphabetical characters must be lower-case as generated by the UUID application.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers. | |
| I004 | Enrollee Year and Month of Birth | 8 | N | 26 | 33 | 100% | Date of enrollee's birth using 00 instead of day. | CCYYMM00 | Year and month of birth must be valid. | |
| I005 | Enrollee Sex | 1 | A | 34 | 34 | 99% | Sex of the enrollee. | 1 Male<br>2 Female | Value must match value found in field contents. | |
| I006 | Enrollee Zip Code of Residence +4 digit add-on code | 10 | A | 35 | 44 | 99% | Zip code of enrollee's residence. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| I007 | Date of Enrollment | 8 | N | 45 | 52 | | The start date of enrollment for the patient in this delivery system (in this data submission time period).<br>(see Source Company on page 26) | CCYYMMDD<br>Date is the first day of the reporting period if patient is enrolled at that time. Enter other date if patient **not enrolled** at start of reporting period, but enrolled during reporting period.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value. | |
| I008 | Date of Disenrollment | 8 | N | 53 | 60 | | The end date of enrollment for the patient in this delivery system (in this data submission time period).<br>(see Source Company on page 26) | CCYYMMDD<br>If patient is still enrolled on the last day of the reporting period, enter 20991231. If patient disenrolled before end of reporting period enter date disenrolled.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value or left blank. | |
| I009 | Hospital/Facility Federal Tax ID | 9 | A | 61 | 69 | 100% | Federal Employer Tax ID of the facility receiving payment for care. | | Must be 9 characters long.<br>Value must be a valid federal tax ID. | |
| I010 | Hospital/Facility National Provider Identifier (NPI) Number | 10 | A | 70 | 79 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an organization for billing purposes. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I011 | Hospital/Facility Medicare Provider Number | 6 | A | 80 | 85 | | Federal identifier assigned by the federal government for use in all Medicare transactions to an organization for billing purposes. | Six (6) digits | Value must be populated.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| I012 | Hospital/Facility Participating Provider Flag | 1 | A | 86 | 86 | 95% | Indicates if the service was provided at a hospital/facility that participates in the payor's network. | 1 Participating<br>2 Non-Participating<br>3 Unknown/Not Coded<br>9 No Network for this Plan | Value must be valid (see list of valid values in the Field Contents column). | |
| I013 | Claim Control Number | 23 | A | 87 | 109 | 100% | Internal payor claim number used for tracking. | This is the key to summarizing service detail to claim level & must be included on each record. | Must be at least 2 characters long.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| I014 | Claim Paid Date | 8 | N | 110 | 117 | 100% | The date that the claim was paid. This date should agree with the paid date the Finance and Actuarial department is using in your organization.<br><br>If there is a lag between the time a claim is authorized and paid, please contact MHCC for advice on which date field to use. | CCYYMMDD | Must be a valid date value. | |
| I015 | Record Type | 2 | A | 118 | 119 | | Identifies the type of facility or department in a facility where the service was provided. This date correspond to the | 10 Hospital Inpatient – Undefined<br>11 Hospital Inpatient – Acute care<br>12 Hospital Inpatient – Children's Hospital<br>13 Hospital Inpatient – Mental health or Substance abuse<br>14 Hospital Inpatient – Rehabilitation, Long term care, SNF stay<br>20 Hospital Outpatient – Undefined<br>21 Hospital Outpatient – Ambulatory Surgery<br>22 Hospital Outpatient – Emergency Room<br>23 Hospital Outpatient – Other<br>30 Non-Hospital Facility | Value must be valid (see list of valid values in the Field Contents column). | |
| I016 | Type of Admission | 1 | A | 120 | 120 | 95% | Applies **only** to hospital inpatient records. All other record types code "0". | 1 Emergency<br>2 Urgent<br>3 Elective<br>4 Newborn<br>5 Trauma Center<br>6 Reserved for National Assignment<br>7 Reserved for National Assignment<br>8 Reserved for National Assignment<br>9 Information Not Available | Value must be valid (see list of valid values in the Field Contents column). | |

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|---|---|---|---|---|---|---|---|---|---|---|
| I017 | Point of Origin for Admission or Visit | 1 | A | 121 | 121 | 95% | Applies **only** to hospital inpatient records. All other record types code "0".<br><br>(Note: Assign the code where the patient originated from before presenting to the health care facility.) | 0 Not a hospital inpatient record<br><br>For Newborns (Type of Admission = 4)<br>1 Normal delivery<br>2 Premature delivery<br>3 Sick baby<br>4 Not used<br>5 Born inside this hospital<br>6 Born outside of this hospital<br>9 Information not available<br><br>Admissions other than Newborn<br>1 Non-Health Facility Point of Origin<br>2 Clinic or Physician's Office<br>3 Reserved for national assignment<br>4 Transfer from a Hospital (Different Facility)<br>5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)<br>6 Transfer from Another Health Care Facility<br>8 Court/Law Enforcement | Value must be valid (see list of valid values in the Field Contents column). | |

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I018 | Patient Discharge Status | 2 | A | 122 | 123 | 95% | Indicates the disposition of the patient at discharge.<br><br>Applies **only** to hospital inpatient records. All other record types code "00". | 01 Routine (home or self care)<br>02 Another Short-term Hospital<br>03 Skilled Nursing Facility (SNF)<br>04 Intermediate care facility (ICF)<br>05 Another type of facility (includes rehab facility, hospice, etc.)'06<br>06 Home Health Care (HHC)<br>07 Against medical advice<br>09 Admitted as an inpatient to this hospital<br>20 Expired ( Religious)<br>30 Still patient<br>40 Expired at home (Hospice claims)<br>41 Expired in a medical facility(Hospice claims only)<br>42 Expired - place unknown (Hospice claims only)<br>43 Federal hospital<br>50 Hospice - home<br>51 Hospice - medical facility<br>61 Hospital-based Medicare approved swing bed<br>62 IP Rehab facility (not hospital)<br>63 Discharged/transferred to long term care hospital<br>65 Psychiatric hospital<br>66 Transferred to a CAH<br>69 Designated disaster alternative care site<br>70 Another type of health care institution<br>81 Home or self-care(planned readmission)<br>82 Short term general hospital for IP care<br>83 Skilled nursing facility (SNF)<br>84 Facility providing custodial or supportive care<br>85 Designated cancer center or children's hospital<br>86 Home Health Care (HHC)<br>87 Court/Law Enforcement<br>88 Federal health care facility<br>89 Hospital-based Medicare approved swing bed<br>90 Inpatient rehabilitation facility (IRF)<br>91 Certified long term care hospital(LTCH)<br>92 Nursing facility certified under Medicaid<br>93 Psychiatric hospital/distinct part unit of a hospital | Value must be valid (see list of valid values in the Field Contents column). | |
| I019 | Date of Admission or Start of Service | 8 | N | 124 | 131 | 99% | First date of service for a procedure in this line item. | CCYYMMDD | Must be a valid date value. | |
| I020 | Date of Discharge or End of Service | 8 | A | 132 | 139 | 99%* | Last date of service for a procedure in this line item. | CCYYMMDD<br><br>If the Date of Discharge or End of Service (I020) is not reported, then assume that the Date of Admission or Start of Service (I019) and the Date of Discharge or End of Service are the same | Must be a valid date value. | |
| I021 | Diagnosis Code Indicator | 1 | A | 140 | 140 | | Indicates the volume of the International Classification of Diseases, Clinical Modification system used in assigning codes to diagnoses. | 1 ICD-9-CM<br>2 ICD-10-CM<br>3 Missing/Unknown | Value must be valid (see list of valid values in the Field Contents column). | |

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I022 | Primary Diagnosis | 7 | A | 141 | 147 | 99% | The primary ICD-9-CM or ICD-10-CM Diagnosis Code followed by a secondary diagnosis (up to 29 codes), if applicable at the time of service. | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I023 | Primary Diagnosis Present on Admission | 1 | A | 148 | 148 | | Primary Diagnosis present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I024 | Other Diagnosis Code 1 | 7 | A | 149 | 155 | | ICD-9-CM/ICD-10-CM Diagnosis Code 1 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I025 | Other Diagnosis Code 1 present on Admission 1 | 1 | A | 156 | 156 | | Diagnosis Code 1 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I026 | Other Diagnosis Code 2 | 7 | A | 157 | 163 | | ICD-9-CM/ICD-10-CM Diagnosis Code 2 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I027 | Other Diagnosis Code 2 present on Admission 2 | 1 | A | 164 | 164 | | Diagnosis Code 2 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I028 | Other Diagnosis Code 3 | 7 | A | 165 | 171 | | ICD-9-CM/ICD-10-CM Diagnosis Code 3 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| I029 | Other Diagnosis Code 3 present on Admission 3 | 1 | A | 172 | 172 | | Diagnosis Code 3 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I030 | Other Diagnosis Code 4 | 7 | A | 173 | 179 | | ICD-9-CM/ICD-10-CM Diagnosis Code 4 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I031 | Other Diagnosis Code 4 present on Admission 4 | 1 | A | 180 | 180 | | Diagnosis Code 4 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I032 | Other Diagnosis Code 5 | 7 | A | 181 | 187 | | ICD-9-CM/ICD-10-CM Diagnosis Code 5 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I033 | Other Diagnosis Code 5 present on Admission 5 | 1 | A | 188 | 188 | | Diagnosis Code 5 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I034 | Other Diagnosis Code 6 | 7 | A | 189 | 195 | | ICD-9-CM/ICD-10-CM Diagnosis Code 6 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| I035 | Other Diagnosis Code 6 present on Admission 6 | 1 | A | 196 | 196 | | Diagnosis Code 6 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I036 | Other Diagnosis Code 7 | 7 | A | 197 | 203 | | ICD-9-CM/ICD-10-CM Diagnosis Code 7 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I037 | Other Diagnosis Code 7 present on Admission 7 | 1 | A | 204 | 204 | | Diagnosis Code 7 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I038 | Other Diagnosis Code 8 | 7 | A | 205 | 211 | | ICD-9-CM/ICD-10-CM Diagnosis Code 8 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I039 | Other Diagnosis Code 8 present on Admission 8 | 1 | A | 212 | 212 | | Diagnosis Code 8 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I040 | Other Diagnosis Code 9 | 7 | A | 213 | 219 | | ICD-9-CM/ICD-10-CM Diagnosis Code 9 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| I041 | Other Diagnosis Code 9 present on Admission 9 | 1 | A | 220 | 220 | | Diagnosis Code 9 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I042 | Other Diagnosis Code 10 | 7 | A | 221 | 227 | | ICD-9-CM/ICD-10-CM Diagnosis Code 10 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I043 | Other Diagnosis Code 10 present on Admission 10 | 1 | A | 228 | 228 | | Diagnosis Code 10 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I044 | Other Diagnosis Code 11 | 7 | A | 229 | 235 | | ICD-9-CM/ICD-10-CM Diagnosis Code 11 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I045 | Other Diagnosis Code 11 present on Admission 11 | 1 | A | 236 | 236 | | Diagnosis Code 11 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I046 | Other Diagnosis Code 12 | 7 | A | 237 | 243 | | ICD-9-CM/ICD-10-CM Diagnosis Code 12 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| I047 | Other Diagnosis Code 12 present on Admission 12 | 1 | A | 244 | 244 | | Diagnosis Code 12 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I048 | Other Diagnosis Code 13 | 7 | A | 245 | 251 | | ICD-9-CM/ICD-10-CM Diagnosis Code 13 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I049 | Other Diagnosis Code 13 present on Admission 13 | 1 | A | 252 | 252 | | Diagnosis Code 13 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I050 | Other Diagnosis Code 14 | 7 | A | 253 | 259 | | ICD-9-CM/ICD-10-CM Diagnosis Code 14 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I051 | Other Diagnosis Code 14 present on Admission 14 | 1 | A | 260 | 260 | | Diagnosis Code 14 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I052 | Other Diagnosis Code 15 | 7 | A | 261 | 267 | | ICD-9-CM/ICD-10-CM Diagnosis Code 15 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| I053 | Other Diagnosis Code 15 present on Admission 15 | 1 | A | 268 | 268 | | Diagnosis Code 15 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I054 | Other Diagnosis Code 16 | 7 | A | 269 | 275 | | ICD-9-CM/ICD-10-CM Diagnosis Code 16 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I055 | Other Diagnosis Code 16 present on Admission 16 | 1 | A | 276 | 276 | | Diagnosis Code 16 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I056 | Other Diagnosis Code 17 | 7 | A | 277 | 283 | | ICD-9-CM/ICD-10-CM Diagnosis Code 17 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I057 | Other Diagnosis Code 17 present on Admission 17 | 1 | A | 284 | 284 | | Diagnosis Code 17 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I058 | Other Diagnosis Code 18 | 7 | A | 285 | 291 | | ICD-9-CM/ICD-10-CM Diagnosis Code 18 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I059 | Other Diagnosis Code 18 present on Admission 18 | 1 | A | 292 | 292 | | Diagnosis Code 18 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I060 | Other Diagnosis Code 19 | 7 | A | 293 | 299 | | ICD-9-CM/ICD-10-CM Diagnosis Code 19 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I061 | Other Diagnosis Code 19 present on Admission 19 | 1 | A | 300 | 300 | | Diagnosis Code 19 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I062 | Other Diagnosis Code 20 | 7 | A | 301 | 307 | | ICD-9-CM/ICD-10-CM Diagnosis Code 20 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I063 | Other Diagnosis Code 20 present on Admission 20 | 1 | A | 308 | 308 | | Diagnosis Code 20 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I064 | Other Diagnosis Code 21 | 7 | A | 309 | 315 | | ICD-9-CM/ICD-10-CM Diagnosis Code 21 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I065 | Other Diagnosis Code 21 present on Admission 21 | 1 | A | 316 | 316 | | Diagnosis Code 21 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I066 | Other Diagnosis Code 22 | 7 | A | 317 | 323 | | ICD-9-CM/ICD-10-CM Diagnosis Code 22 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I067 | Other Diagnosis Code 22 present on Admission 22 | 1 | A | 324 | 324 | | Diagnosis Code 22 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I068 | Other Diagnosis Code 23 | 7 | A | 325 | 331 | | ICD-9-CM/ICD-10-CM Diagnosis Code 23 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I069 | Other Diagnosis Code 23 present on Admission 23 | 1 | A | 332 | 332 | | Diagnosis Code 23 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I070 | Other Diagnosis Code 24 | 7 | A | 333 | 339 | | ICD-9-CM/ICD-10-CM Diagnosis Code 24 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I071 | Other Diagnosis Code 24 present on Admission 24 | 1 | A | 340 | 340 | | Diagnosis Code 24 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I072 | Other Diagnosis Code 25 | 7 | A | 341 | 347 | | ICD-9-CM/ICD-10-CM Diagnosis Code 25 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I073 | Other Diagnosis Code 25 present on Admission 25 | 1 | A | 348 | 348 | | Diagnosis Code 25 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I074 | Other Diagnosis Code 26 | 7 | A | 349 | 355 | | ICD-9-CM/ICD-10-CM Diagnosis Code 26 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I075 | Other Diagnosis Code 26 present on Admission 26 | 1 | A | 356 | 356 | | Diagnosis Code 26 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I076 | Other Diagnosis Code 27 | 7 | A | 357 | 363 | | ICD-9-CM/ICD-10-CM Diagnosis Code 27 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I077 | Other Diagnosis Code 27 present on Admission 27 | 1 | A | 364 | 364 | | Diagnosis Code 27 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I078 | Other Diagnosis Code 28 | 7 | A | 365 | 371 | | ICD-9-CM/ICD-10-CM Diagnosis Code 28 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I079 | Other Diagnosis Code 28 present on Admission 28 | 1 | A | 372 | 372 | | Diagnosis Code 28 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I080 | Other Diagnosis Code 29 | 7 | A | 373 | 379 | | ICD-9-CM/ICD-10-CM Diagnosis Code 29 | Remove embedded decimal points. | Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points. | |
| I081 | Other Diagnosis Code 29 present on Admission 29 | 1 | A | 380 | 380 | | Diagnosis Code 29 present on Admission. (Applies **only** to hospital inpatient records. All other record types code "0".) | Y – Yes = Present at the time of inpatient admission<br>N – No = Not present at the time of inpatient admission<br>U – Unknown = Documentation is insufficient to determine if condition is present on admission<br>W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not<br>E – Unreported/Not used = Exempt from POA reporting<br>0 - Not a hospital inpatient record. | Value must be valid (see list of valid values in the Field Contents column). | |
| I082 | Attending Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | 381 | 390 | 95% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. | The physician responsible for the patient's medical care and treatment. If outpatient or emergency room, this data element refers to the Practitioner treating patient at time of service. | Value must be a valid NPI number. | |
| I083 | Operating Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | 391 | 400 | | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. | This element identifies the operating physician who performed the surgical procedure. | Value must be a valid NPI number. | |

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I084 | Procedure Code Indicator | 1 | A | 401 | 401 | | Indicates the classification used in assigning codes to procedures. | 1 ICD-9-CM<br>2 ICD-10-PCS<br>3 CPT Code/HCPCS | Value must be valid (see list of valid values in the Field Contents column). | |
| I085 | Principal Procedure Code 1 | 7 | A | 402 | 408 | | The principal health care service provided, followed by a secondary procedure (up to 15 codes), if applicable at the time of service. | Remove embedded decimal points.<br>CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-CM Codes for inpatient claims. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code). | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I086 | Procedure Code 1 Modifier I | 2 | A | 409 | 410 | | Discriminate code used by practitioners to distinguish that a health care service has been altered [by a specific condition] but not changed in definition or code. A modifier is added as a suffix to a procedure code field. | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I087 | Procedure Code 1 Modifier II | 2 | A | 411 | 412 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I088 | Other Procedure Code 2 | 7 | A | 413 | 419 | | | Remove embedded decimal points.<br>Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code). | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I089 | Procedure Code 2 Modifier I | 2 | A | 420 | 421 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I090 | Procedure Code 2 Modifier II | 2 | A | 422 | 423 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I091 | Other Procedure Code 3 | 7 | A | 424 | 430 | | | Remove embedded decimal points.<br><br>CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-CM Codes for inpatient claims. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the<br>claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code). | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |

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| Field ID | Field Name | Length | Type A=alphanumeric N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I092 | Procedure Code 3 Modifier I | 2 | A | 431 | 432 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I093 | Procedure Code 3 Modifier II | 2 | A | 433 | 434 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I094 | Other Procedure Code 4 | 7 | A | 435 | 441 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I095 | Procedure Code 4 Modifier I | 2 | A | 442 | 443 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I096 | Procedure Code 4 Modifier II | 2 | A | 444 | 445 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I097 | Other Procedure Code 5 | 7 | A | 446 | 452 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I098 | Procedure Code 5 Modifier I | 2 | A | 453 | 454 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I099 | Procedure Code 5 Modifier II | 2 | A | 455 | 456 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I100 | Other Procedure Code 6 | 7 | A | 457 | 463 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I101 | Procedure Code 6 Modifier I | 2 | A | 464 | 465 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I102 | Procedure Code 6 Modifier II | 2 | A | 466 | 467 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I103 | Other Procedure Code 7 | 7 | A | 468 | 474 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |

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| Field ID | Field Name | Length | Type A=alphanumeric N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I104 | Procedure Code 7 Modifier I | 2 | A | 475 | 476 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I105 | Procedure Code 7 Modifier II | 2 | A | 477 | 478 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I106 | Other Procedure Code 8 | 7 | A | 479 | 485 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I107 | Procedure Code 8 Modifier I | 2 | A | 486 | 487 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I108 | Procedure Code 8 Modifier II | 2 | A | 488 | 489 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I109 | Other Procedure Code 9 | 7 | A | 490 | 496 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I110 | Procedure Code 9 Modifier I | 2 | A | 497 | 498 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I111 | Procedure Code 9 Modifier II | 2 | A | 499 | 500 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I112 | Other Procedure Code 10 | 7 | A | 501 | 507 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I113 | Procedure Code 10 Modifier I | 2 | A | 508 | 509 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I114 | Procedure Code 10 Modifier II | 2 | A | 510 | 511 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I115 | Other Procedure Code 11 | 7 | A | 512 | 518 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

This report details all institutional health care services (including hospital inpatient, outpatient, and emergency department services) provided to your enrollees quarterly reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; and Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017. Please provide information on all institutional services provided to applicable insureds whether by a health care facility located in-State or out-of-State.

Please note that the layout below is for formatting a flat file. The MCDB Portal will accept files delimited by a pipe (|) or a comma (,).

Level File format. For inpatient facility (hospital and non-hospital), each line would be defined by revenue code. Each line will have one revenue code. However, each revenue code can have more than one procedure or diagnosis code. For inpatient claims, all ICD procedure codes present on the same claim should be replicated for each line of the same claim.

For outpatient facility (hospital and non-hospital), each line would be defined by revenue code or CPT code, each in its own respective field. Each line will have one revenue code or at least one CPT code. If a revenue code is not available or applicable, the field should be left blank. However, such lines must be identified with at least a CPT code in the principal procedure code.

All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I116 | Procedure Code 11 Modifier I | 2 | A | 519 | 520 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I117 | Procedure Code 11 Modifier II | 2 | A | 521 | 522 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I118 | Other Procedure Code 12 | 7 | A | 523 | 529 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I119 | Procedure Code 12 Modifier I | 2 | A | 530 | 531 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I120 | Procedure Code 12 Modifier II | 2 | A | 532 | 533 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I121 | Other Procedure Code 13 | 7 | A | 534 | 540 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I122 | Procedure Code 13 Modifier I | 2 | A | 541 | 542 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I123 | Procedure Code 13 Modifier II | 2 | A | 543 | 544 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I124 | Other Procedure Code 14 | 7 | A | 545 | 551 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |
| I125 | Procedure Code 14 Modifier I | 2 | A | 552 | 553 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I126 | Procedure Code 14 Modifier II | 2 | A | 554 | 555 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I127 | Other Procedure Code 15 | 7 | A | 556 | 562 | | | Remove embedded decimal points. Note: For Inpatient Facility (hospital and non-hospital) ICD Procedure codes must be repeated for all lines of the claim if necessary. Revenue code defines a claim line for inpatient. For Outpatient Facility (hospital and non-hospital) Revenue code (where applicable) or CPT code defines a claim line (i.e. an independent line for each revenue code or procedure code) | Value must be a valid CPT or HCPCS code on non-inpatient claims.<br>Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims. | |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I128 | Procedure Code 15 Modifier I | 2 | A | 563 | 564 | | See comment under Procedure Code 1 Modifier I | Modifier applies only to CPT Codes. | Value must be a valid modifier applicable to the procedure code. | |
| I129 | Procedure Code 15 Modifier II | 2 | A | 565 | 566 | | Specific to Modifier I. | | Value must be a valid modifier applicable to the procedure code. | |
| I130 | Diagnosis Related Groups (DRGs) Number | 3 | A | 567 | 569 | | The inpatient classifications based on diagnosis, procedure, age, gender and discharge disposition. | | Must be populated. | |
| I131 | DRG Grouper Name | 1 | A | 570 | 570 | | The actual DRG Grouper used to produce the DRGs. | 1 All Patient DRGs (AP-DRGs)<br>2 All Patient Refined DRGs (APR-DRGs)<br>3 Centers for Medicare & Medicaid Services DRGs (CMS-DRGs)<br>4 Other Proprietary | Value must be valid (see list of valid values in the Field Contents column). | |
| I132 | DRG Grouper Version | 2 | A | 571 | 572 | | Version of DRG Grouper used. | | | |
| I133 | Billed Charge | 9 | N | 573 | 581 | 100% | A provider's billed charges rounded to whole dollars. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| I134 | Allowed Amount | 9 | N | 582 | 590 | 100% | Maximum amount contractually allowed. This is generally equal to the sum of patient liability and payor reimbursement.<br><br>For payors that participate in the sale of ACA compliant health insurance products on or off the Maryland Health Benefit Exchange (MHBE), membership and allowed claims data in the MCDB must be consistent with the membership and allowed claims data submitted by your company's Actuarial Pricing/Rating department to the Maryland Insurance Administration (MIA) via Actuarial Memorandums and rate filings. The Individual and Small Group markets (Non-Grandfathered Health Plans only) are affected by this MCDB v. MIA data reconciliation and will result in MCDB data resubmissions if discrepancies in the excess of 2.5% exist. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Modified description for clarity. |
| I135 | Reimbursement Amount | 9 | N | 591 | 599 | 100% | Amount paid by carrier to Tax ID # of provider as listed on claim. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| I136 | Total Patient Deductible | 9 | N | 600 | 608 | 100% | The fixed amount that the patient must pay for covered medical services/hospital stay before benefits are payable. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| I137 | Total Patient Coinsurance or Patient Co-payment | 9 | N | 609 | 617 | 100% | The specified amount or percentage the patient is required to contribute towards covered medical services/hospital stay after any applicable deductible. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I138 | Total Other Patient Obligations | 9 | N | 618 | 626 | 100% | Any patient liability other than the deductible or coinsurance/co-payment. This could include obligations for out-of-network care (balance billing net of patient deductible, patient coinsurance/co-payment and payor reimbursement), non-covered services, or penalties. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| I139 | Amount Paid by Other Insurance | 9 | N | 627 | 635 | 100% | If you are not the primary insurer, report the amount paid by the primary payor. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Modified field name from "Coordination of Benefits Savings or Other Payor Payments." |
| I140 | Type of Bill | 3 | A | 636 | 638 | 99% | UB 04 or UB 92 form 3-digit code = Type of Facility + Bill Classification + Frequency | **Type of Facility – 1st digit**<br>1 Hospital<br>2 Skilled Nursing<br>3 Home Health<br>4 Christian Science Hospital<br>5 Christian Science Extended Care<br>6 Intermediate Care<br>7 Clinic<br>8 Special Facility<br>**Bill Classification – 2nd Digit if 1st Digit = 1-6**<br>1 Inpatient (including Medicare Part A)<br>2 Inpatient (including Medicare Part B Only)<br>3 Outpatient<br>4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment)<br>5 Nursing Facility Level I<br>6 Nursing Facility Level II<br>7 Intermediate Care – Level III Nursing Facility<br>8 Swing Beds<br>**Bill Classification – 2nd Digit if 1st Digit = 7**<br>1 Rural Health<br>2 Hospital-based or Independent Renal Dialysis Center<br>3 Freestanding Outpatient Rehabilitation Facility (ORF)<br>4 Comprehensive Outpatient Rehabilitation Facilities (CORFs)<br>5 Community Mental Health Center<br>9 Other<br>**Bill Classification – 2nd Digit if 1st Digit = 8**<br>1 Hospice (Non-Hospital based)<br>2 Hospice (Hospital-based)<br>3 Ambulatory Surgery Center<br>4 Freestanding Birthing Center<br>9 Other<br>**Frequency – 3rd Digit**<br>1 Admit through Discharge<br>2 Interim – First Claim Used<br>3 Interim – Continuing Claims<br>4 Interim – Last Claim<br>5 Late Charge Only<br>6 Adjustment of Prior Claim | Value must be valid (see list of valid values in the Field Contents column). | |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I141 | Patient Covered by Other Insurance Indicator | 1 | A | 639 | 639 | 95% | Indicates whether patient has additional insurance coverage. | 0 No<br>1 Yes, other coverage is primary<br>2 Yes, other coverage is secondary<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | Added threshold. |
| I142 | Payor ID Number | 4 | A | 640 | 643 | 100% | Payor assigned submission identification number. | | Value must match payor's assigned identification number.<br>Value must be identical in all records. | |
| I143 | Source System | 1 | A | 644 | 644 | 100% | Identify the source system (platforms or business units) *from which the data was obtained* by using an alphabet letter (A, B, C, D, etc…)<br><br>Please ensure that the source system letter used is consistent from quarter to quarter, as well as with the source system letter indicated on the MCDB Portal. | A – Z. If only submitted for one source system, default is A. | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| I144 | Revenue Code | 4 | A | 645 | 648 | 100% | Provide the codes used to identify specific accommodation or ancillary charges.<br>Note: For inpatient facility (hospital and non hospital), each line would be defined by revenue code. Each line will have one revenue code. However, each revenue code can have more than one ICD procedure or diagnosis code. For outpatient facility (hospital and non-hospital), each line would be defined by revenue code or CPT code. Each line will have one revenue code or CPT code. If a revenue code is not available or applicable, a CPT code should be used. | | Leading zeros must be included when applicable.Value must be a valid revenue code. | |
| I167 | Reporting Quarter | 1 | A | 649 | 649 | 100% | Indicate the quarter number for which the data is being submitted. | 1 First Quarter = January 1 thru March 31<br>2 Second Quarter = April 1 thru June 30<br>3 Third Quarter = July 1 thru September 30<br>4 Fourth Quarter = October 1 thru December 31 | Value must match the current reporting quarter. | |
| I168 | Claim Adjudication Date | 8 | N | 650 | 657 | 100% | The date that the claim was adjudicated. | CCYYMMDD | Must be a valid date value. | |

## INSTITUTIONAL SERVICES DATA REPORT SUBMISSION

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All diagnosis codes should be repeated on all lines of a claim, regardless of the type of facility.

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| I169 | Claim Line Number | 4 | A | 658 | 661 | 100% | Line number for the service within a claim. Note: For inpatient facility (hospital and non hospital), each line would be defined by revenue code. Each line will have one revenue code. However, each revenue code can have more than one ICD procedure or diagnosis code. For outpatient facility (hospital and non-hospital), each line would be defined by revenue code or CPT code. Each line will have one revenue code or CPT code. If a revenue code is not available or applicable, a CPT code should be used. | The first line is 1 and subsequent lines are incremented by 1 for each additional service line of a claim. All claims must contain a line 1. | Must be an integer. | |
| I170 | Version Number | 4 | A | 662 | 665 | 100% | Version number of this claim service line. The version number begins with 1 and is incremented by 1 for each subsequent version of that service line | | Must be an integer. | |
| I171 | Claim Line Type | 1 | A | 666 | 666 | 100% | Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment | O Original<br>V Void<br>R Replacement<br>B Back Out<br>A Amendment | Value must be valid (see list of valid values in the Field Contents column). | |
| I172 | Former Claim Number | 23 | A | 667 | 689 | 30% | Former claims control number or claims control number used in the original claim that corresponds to this claim line. | Must be different to the claims control number reported under field # 13 | Must be at least 2 characters long.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| I173 | Flag for Former Claim Number Use | 1 | A | 690 | 690 | 100% | Code Indicating the use of former claims control number | 1 Former claims number not used-claim does not change<br>2 Former claims number not used-new claim is generated<br>3 Former claims number used | | |

## DENTAL SERVICES DATA REPORT SUBMISSION

This report details all dental health care services provided to your enrollees for the reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017.

Please provide information on all dental services provided to Maryland residents whether those services were provided by a practitioner or office facility located in-State or out-of-State.

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| T001 | Record Identifier | 1 | A | 1 | 1 | 100% | The value is 6 | **6 Dental Services** | In the Dental Services file, this field must be 6. | |
| T002 | Encrypted Enrollee's Identifier**P** | 12 | A | 2 | 13 | 100% | Enrollee's unique identification number assigned by payor and encrypted. | The unique ID for each person on this file should correspond to the same unique Patient ID used for all other files (Eligibility, Pharmacy Claims, Institutional Services, and Dental Services Files)<br><br>If the encryption algorithm for Patient ID changes, please contact MHCC before submitting. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be at least 3 characters long.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers.<br>Must be unique for each beneficiary. | |
| T003 | Encrypted Enrollee's Identifier**U** | 12 | A | 14 | 25 | 100% | Enrollee's universally unique identification (UUID) number generated using an encryption algorithm provided by MHCC. | Refer to the UUID summary description sheet in the data submission manual. A full description is available in the UUID Users' Manual.<br><br>Leave UUID blank if it is not generated by the UUID software. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be 12 characters long.<br>Alphabetical characters must be lower-case as generated by the UUID application.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers. | |
| T004 | Enrollee Year and Month of Birth | 8 | N | 26 | 33 | 100% | Date of enrollee's birth using 00 instead of day. | CCYYMM00 | Year and month of birth must be valid. | |
| T005 | Enrollee Sex | 1 | A | 34 | 34 | 99% | Sex of the enrollee. | 1 Male<br>2 Female | Value must be valid (see list of valid values in the Field Contents column). | |
| T006 | Enrollee Zip Code of Residence +4 digit add-on code | 10 | A | 35 | 44 | 99% | Zip code of enrollee's residence. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| T007 | Patient Covered by Other Insurance Indicator | 1 | A | 45 | 45 | 95% | Indicates whether patient has additional insurance coverage. | 0 No<br>1 Yes, other coverage is primary<br>2 Yes, other coverage is secondary<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| T008 | Coverage Type | 1 | A | 46 | 46 | | Patient's type of insurance coverage. | 1 Medicare Supplemental (i.e., Individual, Group, WRAP)<br>2 Medicare Advantage Plan<br>3 Individual Market (not sold on MHBE)<br>5 Private Employer Sponsored or Other Group (i.e. union or association plans)<br>6 Public Employee – Federal (FEHBP)<br>7 Public Employee – Other (state, county, local/municipal government and public school systems)<br>8 Small Business Options Program (SHOP) not sold on MHBE (definition of SHOP must follow what the Maryland Insurance Administration is using. See attachement at http://www.mdinsurance.state.md.us/sa/docs/documents/insurer/bulletins/15-27-definition-of-small-employer.pdf)<br>A Student Health Plan<br>B Individual Market (sold on MHBE)<br>C Small Business Options Program (SHOP) sold on MHBE (definition of SHOP must follow what the Maryland Insurance Administration is using. See attachement at http://www.mdinsurance.state.md.us/sa/docs/documents/insurer/bulletins/15-27-definition-of-small-employer.pdf)<br>Z Unknown | Value must be valid (see list of valid values in the Field Contents column). | |

## DENTAL SERVICES DATA REPORT SUBMISSION

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Please provide information on all dental services provided to Maryland residents whether those services were provided by a practitioner or office facility located in-State or out-of-State.

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|---|---|---|---|---|---|---|---|---|---|---|
| T009 | Source Company | 1 | A | 47 | 47 | | Defines the payor company that holds the beneficiary's contract; for use in characterizing contract requirements under Maryland law. | 2 Life & Health Insurance Company or Not-for-Profit Health Benefit Plan<br>3 Third-Party Administrator (TPA) Unit<br><br>This field is optional, but must be populated in the Eligibility file. | Value must be valid (see list of valid values in the Field Contents column). | |
| T010 | Claim Related Condition | 1 | A | 48 | 48 | | Describes connection, if any, between patient's condition and employment, automobile accident, or other accident. | 0 Non-accident (default)<br>1 Work<br>2 Auto Accident<br>3 Other Accident<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| T011 | Practitioner Federal Tax ID | 9 | A | 49 | 57 | 100% | Employer Tax ID of the practitioner, practice or office facility receiving payment for services. | TIN | Must be 9 characters long.<br>Value must be a valid federal tax ID. | |
| T012 | Participating Provider Status | 1 | A | 58 | 58 | 95% | Indicates if the service was provided by a provider that participates in the payor's network. | 1 Participating<br>2 Non-Participating<br>3 Unknown/Not Coded<br>9 No Network for this Plan | Value must be valid (see list of valid values in the Field Contents column). | |
| T013 | Record Status | 1 | A | 59 | 59 | 95% | Describes payment and adjustment status of a claim. Adjustments include paying a claim more than once, paying additional services that may have been denied, or crediting a provider due to overpayment or paying the wrong provider. | 1 Final Bill<br>8 Capitated or Global Contract Services | Value must be valid (see list of valid values in the Field Contents column). | |
| T014 | Claim Control Number | 23 | A | 60 | 82 | 100% | Internal payor claim number used for tracking. | Include on each record as this is the key to summarizing service detail to claim leve | Must be at least 2 characters long.<br>Cannot be entirely unknown values (0s and 9s). | |
| T015 | Claim Paid Date | 8 | N | 83 | 90 | 100% | The date that the claim was paid. This date should agree with the paid date the Finance and Actuarial department is using in your organization.<br><br>If there is a lag between the time a claim is authorized and paid, please contact MHCC for advice on which date field to use. | CCYYMMDD | Must be a valid date value. | |
| T016 | Filler | 2 | | 91 | 92 | | Filler | Used to be Number of Line Items | | |
| T017 | Service From Date | 8 | N | 93 | 100 | 100% | First date of service for a procedure in this line item. | CCYYMMDD | Must be a valid date value. | |
| T018 | Service Thru Date | 8 | N | 101 | 108 | 100%* | Last date of service for this line item. | CCYYMMDD<br><br>If the Service Thru Date is not reported, then assume that the Service From Date (T017) and the Service Thru Date are the same | Must be a valid date value. | |

## DENTAL SERVICES DATA REPORT SUBMISSION

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Please provide information on all dental services provided to Maryland residents whether those services were provided by a practitioner or office facility located in-State or out-of-State.

Please note that the layout below is for formatting a flat file. The MCDB Portal will accept files delimited by a pipe (|) or a comma (,).

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| T019 | Place of Service | 2 | A | 109 | 110 | 99% | Two-digit numeric code that describes where a service was rendered. | **CMS definitions:**<br>11 Provider's Office<br>12 Patient's Home<br>13 Assisted Living Facility<br>17 Walk-in Retail Health Clinic<br>18 Place of Employment - Worksite<br>20 Urgent Care Facility<br>21 Inpatient Hospital<br>22 Outpatient Hospital<br>23 Emergency Room – Hospital<br>24 Ambulatory Surgical Center<br>25 Birthing Center<br>26 Military Treatment Facility<br>31 Skilled Nursing Facility<br>32 Nursing Facility<br>33 Custodial Care Facility<br>34 Hospice<br>41 Ambulance – Land<br>42 Ambulance – Air or Water<br>51 Inpatient Psychiatric Facility<br>52 Psychiatric Facility – Partial Hospitalization<br>53 Community Mental Health Center<br>54 Intermediate Care Facility/Mentally Retarded<br>55 Residential Substance Abuse Treatment Facility<br>56 Psychiatric Residential Treatment Center<br>57 Non-residential Substance Abuse Treatment Facility<br>60 Mass Immunization Center<br>61 Comprehensive Inpatient Rehabilitation Facility<br>62 Comprehensive Outpatient Rehabilitation Facility<br>65 End-Stage Renal Disease Treatment Facility<br>71 State or Local Public Health Clinic<br>72 Rural Health Clinic | Value must be valid (see list of valid values in the Field Contents column). | |
| T020 | Service Location Zip Code +4digit add-on code | 10 | A | 111 | 120 | 95% | Zip code for location where service described was provided. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| T021 | Procedure Code | 5 | A | 121 | 125 | 95% | Describes the health care service provided (CDT). | | Value must be a valid CDT code. | |
| T022 | Servicing Practitioner ID | 11 | A | 126 | 136 | 100% | Payor-specific identifier for the practitioner rendering health care service(s). | | Must be populated with values that are not unknown (entirely 0s and 9s). | |
| T023 | Billed Charge | 9 | N | 137 | 145 | 100% | A practitioner's billed charges rounded to whole dollars. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| T024 | Allowed Amount | 9 | N | 146 | 154 | 100% | Maximum amount contractually allowed. This is generally equal to the sum of patient liability and payor reimbursement. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Modified description for clarity. |
| T025 | Reimbursement Amount | 9 | N | 155 | 163 | 100% | Amount paid to Employer Tax ID # of rendering physician as listed on claim. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |

## DENTAL SERVICES DATA REPORT SUBMISSION

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Please provide information on all dental services provided to Maryland residents whether those services were provided by a practitioner or office facility located in-State or out-of-State.

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| T026 | Date of Enrollment | 8 | N | 164 | 171 | | The start date of enrollment for the patient in this delivery system (in this data submission time period). (see Source Company on page 81) | CCYYMMDD<br>Date is the first day of the reporting period if patient is enrolled at that time. Enter other date if patient **not enrolled** at start of reporting period, but enrolled during reporting period.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value. | |
| T027 | Date of Disenrollment | 8 | N | 172 | 179 | | The end date of enrollment for the patient in this delivery system (in this data submission time period). (see Source Company on page 81) | CCYYMMDD<br>If patient is still enrolled on the last day of the reporting period, enter 20991231. If patient disenrolled before end of reporting period enter date disenrolled.<br><br>This field is optional, but must be populated in the Eligibility file. | Must be a valid date value or left blank. | |
| T028 | Patient Deductible | 9 | N | 180 | 188 | 100% | The fixed amount that the patient must pay for covered medical services before benefits are payable. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| T029 | Patient Coinsurance or Patient Co-payment | 9 | N | 189 | 197 | 100% | The specified amount or percentage the patient is required to contribute towards covered medical services after any applicable deductible. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| T030 | Other Patient Obligations | 9 | N | 198 | 206 | 100% | Any patient obligations other than the deductible or coinsurance/co-payment. This could include obligations for out-of-network care (balance billing net of patient deductible, patient coinsurance/co-payment and payor reimbursement), non-covered services, or penalties. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | |
| T031 | Servicing Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | 207 | 216 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| T032 | Practitioner National Provider Identifier (NPI) Number used for Billing | 10 | A | 217 | 226 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner or an organization for billing purposes. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| T033 | Product Type | 1 | A | 227 | 227 | | Classifies the benefit plan by key product characteristics (scope of coverage, size of network, coverage for out-of-network benefits).<br><br>Code based on how the product is primarily marketed. Code must be consistent from year to year. | 1 Exclusive Provider Organization (in any form)<br>2 Health Maintenance Organization<br>3 Indemnity<br>4 Point of Service (POS)<br>5 Preferred Provider Organization (PPO)<br>6 Limited Benefit Plan (Mini-Meds)<br>7 Student Health Plan<br>8 Catastrophic<br><br>This field is optional, but must be populated in the Eligibility file. | Value must be valid (see list of valid values in the Field Contents column). | |
| T034 | Payor ID Number | 4 | A | 228 | 231 | 100% | Payor assigned submission identification number. | | Value must match payor's assigned identification number. Value must be identical in all records. | |

## DENTAL SERVICES DATA REPORT SUBMISSION

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Please provide information on all dental services provided to Maryland residents whether those services were provided by a practitioner or office facility located in-State or out-of-State.

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| T035 | Source System | 1 | A | 232 | 232 | 100% | Identify the source system (platforms or business units) *from which the data was obtained* by using an alphabet letter (A, B, C, D, etc…)<br><br>Please ensure that the source system letter used is consistent from quarter to quarter, as well as with the source system letter indicated on the MCDB Portal. | A – Z. If only submitted for one source system, default is A. | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| T036 | Encrypted Contract or Group Number | 20 | A | 233 | 252 | | Payor assigned contract or group number for the plan sponsor using an encryption algorithm generated by the payor. | This number should be the same for all family members on the same plan. | Must be at least 2 characters long. | |
| T037 | Relationship to Policyholder | 1 | A | 253 | 253 | | Member's relationship to subscriber/insured. | 1 Self/Employee<br>2 Spouse<br>3 Child<br>4 Other Dependent<br>5 Other Adult<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| T038 | Tooth Number/Letter – 1 | 2 | A | 254 | 255 | | Report the tooth identifier(s) when Current Dental Terminology Code is within given range. | Up to four (4) Tooth Number/Letter fields can be entered. | Value must be populated. | |
| T039 | Tooth – 1 Surface – 1 | 5 | A | 256 | 260 | | Report the tooth surface(s) that this service relates to. Provides further detail on procedure(s). Required when Tooth Number/Letter is populated. | Up to six (6) Tooth Surface fields can be entered for each Tooth Number/Letter entry. | Value must be populated. | |
| T040 | Tooth – 1 Surface – 2 | 5 | A | 261 | 265 | | See comment under Tooth - 1 Surface - 1. | | Value must be populated. | |
| T041 | Tooth – 1 Surface – 3 | 5 | A | 266 | 270 | | See comment under Tooth - 1 Surface - 1. | | Value must be populated. | |
| T042 | Tooth – 1 Surface – 4 | 5 | A | 271 | 275 | | See comment under Tooth - 1 Surface - 1. | | Value must be populated. | |
| T043 | Tooth – 1 Surface – 5 | 5 | A | 276 | 280 | | See comment under Tooth - 1 Surface - 1. | | Value must be populated. | |
| T044 | Tooth – 1 Surface – 6 | 5 | A | 281 | 285 | | See comment under Tooth - 1 Surface - 1. | | Value must be populated. | |
| T045 | Tooth Number/Letter – 2 | 2 | A | 286 | 287 | | Report the tooth identifier(s) when Current Dental Terminology Code is within given range. | Up to four (4) Tooth Number/Letter fields can be entered. | Value must be populated. | |
| T046 | Tooth – 2 Surface – 1 | 5 | A | 288 | 292 | | Report the tooth surface(s) that this service relates to. Provides further detail on procedure(s). Required when Tooth Number/Letter is populated. | Up to six (6) Tooth Surface fields can be entered for each Tooth Number/Letter entry. | Value must be populated. | |
| T047 | Tooth – 2 Surface – 2 | 5 | A | 293 | 297 | | See comment under Tooth - 2 Surface - 1. | | Value must be populated. | |
| T048 | Tooth – 2 Surface – 3 | 5 | A | 298 | 302 | | See comment under Tooth - 2 Surface - 1. | | Value must be populated. | |
| T049 | Tooth – 2 Surface – 4 | 5 | A | 303 | 307 | | See comment under Tooth - 2 Surface - 1. | | Value must be populated. | |
| T050 | Tooth – 2 Surface – 5 | 5 | A | 308 | 312 | | See comment under Tooth - 2 Surface - 1. | | Value must be populated. | |
| T051 | Tooth – 2 Surface – 6 | 5 | A | 313 | 317 | | See comment under Tooth - 2 Surface - 1. | | Value must be populated. | |
| T052 | Tooth Number/Letter – 3 | 2 | A | 318 | 319 | | Report the tooth identifier(s) when Current Dental Terminology Code is within given range. | Up to four (4) Tooth Number/Letter fields can be entered. | Value must be populated. | |

## DENTAL SERVICES DATA REPORT SUBMISSION

This report details all dental health care services provided to your enrollees for the reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017.

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| Field ID | Field Name | Length | Type A=alphanumeric N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| T053 | Tooth – 3 Surface – 1 | 5 | A | 320 | 324 | | Report the tooth surface(s) that this service relates to. Provides further detail on procedure(s). Required when Tooth Number/Letter is populated. | Up to six (6) Tooth Surface fields can be entered for each Tooth Number/Letter entry. | Value must be populated. | |
| T054 | Tooth – 3 Surface – 2 | 5 | A | 325 | 329 | | See comment under Tooth - 3 Surface - 1. | | Value must be populated. | |
| T055 | Tooth – 3 Surface – 3 | 5 | A | 330 | 334 | | See comment under Tooth - 3 Surface - 1. | | Value must be populated. | |
| T056 | Tooth – 3 Surface – 4 | 5 | A | 335 | 339 | | See comment under Tooth - 3 Surface - 1. | | Value must be populated. | |
| T057 | Tooth – 3 Surface – 5 | 5 | A | 340 | 344 | | See comment under Tooth - 3 Surface - 1. | | Value must be populated. | |
| T058 | Tooth – 3 Surface – 6 | 5 | A | 345 | 349 | | See comment under Tooth - 3 Surface - 1. | | Value must be populated. | |
| T059 | Tooth Number/Letter – 4 | 2 | A | 350 | 351 | | Report the tooth identifier(s) when Current Dental Terminology Code is within given range. | Up to four (4) Tooth Number/Letter fields can be entered. | Value must be populated. | |
| T060 | Tooth – 4 Surface – 1 | 5 | A | 352 | 356 | | Report the tooth surface(s) that this service relates to. Provides further detail on procedure(s). Required when Tooth Number/Letter is populated. | Up to six (6) Tooth Surface fields can be entered for each Tooth Number/Letter entry. | Value must be populated. | |
| T061 | Tooth – 4 Surface – 2 | 5 | A | 357 | 361 | | See comment under Tooth - 4 Surface - 1. | | Value must be populated. | |
| T062 | Tooth – 4 Surface – 3 | 5 | A | 362 | 366 | | See comment under Tooth - 4 Surface - 1. | | Value must be populated. | |
| T063 | Tooth – 4 Surface – 4 | 5 | A | 367 | 371 | | See comment under Tooth - 4 Surface - 1. | | Value must be populated. | |
| T064 | Tooth – 4 Surface – 5 | 5 | A | 372 | 376 | | See comment under Tooth - 4 Surface - 1. | | Value must be populated. | |
| T065 | Tooth – 4 Surface – 6 | 5 | A | 377 | 381 | | See comment under Tooth - 4 Surface - 1. | | Value must be populated. | |
| T066 | Dental Quadrant – 1 | 2 | A | 382 | 383 | | Report the standard quadrant identifier when CDT indicates procedures of 3 or more consecutive teeth. Provides further detail on procedure(s). | Up to four (4) Dental Quadrant fields can be entered. | Value must be populated. | |
| T067 | Dental Quadrant – 2 | 2 | A | 384 | 385 | | See comment under Dental Quadrant - 1. | | Value must be populated. | |
| T068 | Dental Quadrant – 3 | 2 | A | 386 | 387 | | See comment under Dental Quadrant - 1. | | Value must be populated. | |
| T069 | Dental Quadrant – 4 | 2 | A | 388 | 389 | | See comment under Dental Quadrant - 1. | | Value must be populated. | |
| T070 | Orthodontics Treatment | 1 | A | 390 | 390 | | Indicate if the treatment is for Orthodontics. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| T071 | Date Appliance Placed | 8 | N | 391 | 398 | | If treatment is for Orthodontics, then provide the date the appliance was placed. | CCYYMMDD | Must be a valid date value. | |
| T072 | Months of Treatment Remaining | 2 | N | 399 | 400 | | If treatment is for Orthodontics, then provide the number of months of treatment remaining. | Number of months remaining for treatment. | Must contain a numeric value. | |
| T073 | Prosthesis Replacement | 1 | A | 401 | 401 | | Indicate if the treatment is for the replacement of Prosthesis. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| T074 | Date of Prior Placement | 8 | N | 402 | 409 | | If treatment is for replacement of Prosthesis, then provide the prior date of Prosthesis placement. | CCYYMMDD | Must be a valid date value. | |

## DENTAL SERVICES DATA REPORT SUBMISSION

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|---|---|---|---|---|---|---|---|---|---|---|
| T075 | Reporting Quarter | 1 | A | 410 | 410 | 100% | Indicate the quarter number for which the data is being submitted. | 1 First Quarter = January 1 thru March 31<br>2 Second Quarter = April 1 thru June 30<br>3 Third Quarter = July 1 thru September 30<br>4 Fourth Quarter = October 1 thru December 31 | Value must match the current reporting quarter. | |
| T076 | Claim Adjudication Date | 8 | N | 411 | 418 | 100% | The date that the claim was adjudicated. | CCYYMMDD | Must be a valid date value. | |
| T077 | Claim Line Number | 4 | A | 419 | 422 | 100% | Line number for the service within a claim. | The first line is 1 and subsequent lines are incremented by 1 | Must be an integer. | |
| T078 | Version Number | 4 | A | 423 | 426 | 100% | Version number of this claim service line. The version number begins with 1 and is incremented by 1 for each subsequent version of that service line | | Must be an integer. | |
| T079 | Claim Line Type | 1 | A | 427 | 427 | 100% | Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment | O Original<br>V Void<br>R Replacement<br>B Back Out<br>A Amendment | Value must be valid (see list of valid values in the Field Contents column). | |
| T080 | Former Claim Number | 23 | A | 428 | 450 | 30% | Former claims control number or claims control number used in the original claim that corresponds to this claim line. | Must be different to the claims control number reported under field # 14 | Must be at least 2 characters long.<br>Must be populated with values that are not unknown (entirely 0s and 9s). | |
| T081 | Flag for Former Claim Number Use | 1 | A | 451 | 451 | 100% | Code Indicating the use of former claims control number | 1 Former claims number not used-claim does not change<br>2 Former claims number not used-new claim is generated<br>3 Former claims number used | | |
| T082 | Amount Paid by Other Insurance | 9 | N | 452 | 460 | | Amount paid by the primary payor if the patient is not the primary insurer. | Round decimal places to nearest whole number. For example, "193.75" would round to "194." | Must be an integer. | Added field. |

## ELIGIBILITY DATA REPORT SUBMISSION

This report details information on the characteristics of all enrollees covered for medical services under the plan for the quarterly reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; and Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017. Please provide an entry for each month that the enrollee was covered by a general health benefit plan regardless of whether or not the enrollee received any covered services during the reporting year.

(For example, an enrollee with 3 months of coverage will have 3 eligibility records; an enrollee with 2 months of coverage will only have 2 records.)

Please note that the layout below is for formatting a flat file. The MCDB Portal will accept files delimited by a pipe (|) or a comma (,).

| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| E001 | Record Identifier | 1 | A | 1 | 1 | 100% | The value is 5 | **5 Eligibility** | In the Eligibility file, this field must be 5. | |
| E002 | Encrypted Enrollee's Identifier**P** | 12 | A | 2 | 13 | 100% | Enrollee's unique identification number assigned by payor and encrypted. | The unique ID for each person on this file should correspond to the same unique Enrollee ID used for all other files (Eligibility, Pharmacy Claims, Institutional Services, and Dental Services Files)<br><br>If the encryption algorithm for Enrollee ID changes, please contact MHCC before submitting. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be at least 3 characters long.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers.<br>Must be unique for each beneficiary. | |
| E003 | Encrypted Enrollee's Identifier**U** | 12 | A | 14 | 25 | 100% | Enrollee's universally unique identification (UUID) number generated using an encryption algorithm provided by MHCC. | Refer to the UUID summary description sheet in the data submission manual. A full description is available in the UUID Users' Manual.<br><br>The Commission expects the algorithm to be applied to every eligibility record. Leave UUID blank if it is not generated by the UUID software. | Cannot be entirely unknown values (0s, 1s, and 9s).<br>Must be 12 characters long.<br>Alphabetical characters must be lower-case as generated by the UUID application.<br>Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payers. | |
| E004 | Enrollee Year and Month of Birth | 8 | N | 26 | 33 | 100% | Date of enrollee's birth using 00 instead of day. | CCYYMM00 | Year and month of birth must be valid. | |
| E005 | Enrollee Sex | 1 | A | 34 | 34 | 99% | Sex of the enrollee. | 1 Male<br>2 Female | Value must be valid (see list of valid values in the Field Contents column). | |
| E006 | Enrollee Zip Code of Residence +4 digit add-on code | 10 | A | 35 | 44 | 99% | Zip code of enrollee's residence. | 5-digit US Postal Service code plus 4-digit add-on code. If 4-digit add on code is available, please use the format "XXXXX-XXXX". If 4-digit add-on code is missing, please use the format of either "XXXXX-0000" or "XXXXX". | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated.<br>If the 4-digit add-on values are populated, the 6th digit must be a hyphen. | |
| E007 | Enrollee County of Residence | 3 | A | 45 | 47 | | County of enrollee's residence. If known, please provide. If not known, MHCC will arbitrarily assign using Zip code of residence. | 001 Allegany<br>003 Anne Arundel<br>005 Baltimore County<br>009 Calvert<br>011 Caroline<br>013 Carroll<br>015 Cecil<br>017 Charles<br>019 Dorchester<br>021 Frederick<br>023 Garrett<br>025 Harford<br>027 Howard<br>029 Kent<br>031 Montgomery<br>033 Prince George's<br>035 Queen Anne's<br>037 St. Mary's<br>039 Somerset<br>041 Talbot<br>043 Washington<br>045 Wicomico<br>047 Worcester<br>510 Baltimore City<br>999 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |
| E008 | Source of Direct Reporting of Enrollee Race | 1 | A | 48 | 48 | 95% | Indicate the source of direct reporting of enrollee race. | 1 Enrollee reported to payor<br>2 Enrollee reported to another source<br>9 Missing/Unknown/Not specified | Value must be valid (see list of valid values in the Field Contents column). | |

## ELIGIBILITY DATA REPORT SUBMISSION

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(For example, an enrollee with 3 months of coverage will have 3 eligibility records; an enrollee with 2 months of coverage will only have 2 records.)

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|---|---|---|---|---|---|---|---|---|---|---|
| E009 | Race Category White – Direct | 1 | A | 49 | 49 | | Enter whether the self-defined race of the enrollee is White or Caucasian. White is defined as a person having lineage in any of the original peoples of Europe, the Middle East, or North Africa. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E010 | Race Category Black or African American – Direct | 1 | A | 50 | 50 | | Enter whether the self-defined race of the enrollee is Black or African American. Black or African American is defined as a person having lineage in any of the Black racial groups of Africa. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E011 | Race Category American Indian or Alaska Native – Direct | 1 | A | 51 | 51 | | Enter whether the self-defined race of the enrollee is American Indian or Alaska Native. American Indian or Alaska Native is defined as a person having lineage in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E012 | Race Category Asian – Direct | 1 | A | 52 | 52 | | Enter whether the self-defined race of the enrollee is Asian. Asian is defined as a person having lineage in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E013 | Race Category Native Hawaiian or Pacific Islander – Direct | 1 | A | 53 | 53 | | Enter whether the self-defined race of the enrollee is Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander is defined as a person having lineage in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E014 | Race Category Other – Direct | 1 | A | 54 | 54 | | Enter whether the self-defined race of the enrollee is Other. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E015 | Race Category Declined to Answer – Direct | 1 | A | 55 | 55 | | Enter whether the enrollee declined to disclose their race. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E016 | Race Category Unknown or Cannot be Determined – Direct | 1 | A | 56 | 56 | | Enter whether the race of the enrollee is unknown or cannot be determined. | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E017 | Imputed Race with Highest Probability | 1 | A | 57 | 57 | 95% | Race of enrollee. | 1 American Indian or Alaska Native<br>2 Asian<br>3 Black or African American<br>4 Native Hawaiian or Other Pacific Islander<br>5 White/Caucasian<br>6 Some Other Race<br>9 Missing/Unknown/Not specified | Value must be valid (see list of valid values in the Field Contents column). | |
| E018 | Probability of Imputed Race Assignment | 3 | A | 58 | 60 | 95% | Specify the probability of race assignment; probability used in race determination. | Percentage | Must be an integer. | |

## ELIGIBILITY DATA REPORT SUBMISSION

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| E019 | Source of Direct Reporting of Enrollee Ethnicity | 1 | A | 61 | 61 | 95% | Indicate source of reporting enrollee ethnicity. | 1 Enrollee reported to payor<br>2 Enrollee reported to another source<br>9 Missing/Unknown/Not specified | Value must be valid (see list of valid values in the Field Contents column). | |
| E020 | Enrollee OMB Hispanic Ethnicity | 1 | A | 62 | 62 | | Ethnicity of enrollee. | 1 Hispanic or Latino or Spanish origin<br>2 Not Hispanic or Latino or Not of Spanish origin<br>9 Missing/Unknown/Not specified | Value must be valid (see list of valid values in the Field Contents column). | |
| E021 | Imputed Ethnicity with Highest Probability | 1 | A | 63 | 63 | 95% | Enter the Ethnicity of the enrollee. | 1 Hispanic or Latino or Spanish origin<br>2 Not Hispanic or Latino or Not of Spanish origin<br>7 Declined to Answer<br>9 Missing/Unknown/Not specified | Value must be valid (see list of valid values in the Field Contents column). | |
| E022 | Probability of Imputed Ethnicity Assignment | 3 | A | 64 | 66 | 95% | Specify the probability of ethnicity assignment; probability used in ethnicity determination. | Percentage | Must be an integer. | |
| E023 | Enrollee Preferred Spoken Language for a Healthcare Encounter | 2 | A | 67 | 68 | | A locally relevant list of languages has been developed by the Commission. | 01 English<br>02 Albanian<br>03 Amharic<br>04 Arabic<br>05 Burmese<br>06 Cantonese<br>07 Chinese (simplified & traditional)<br>08 Creole (Haitian)<br>09 Farsi<br>10 French (European)<br>11 Greek<br>12 Gujarati<br>13 Hindi<br>14 Italian<br>15 Korean<br>16 Mandarin<br>17 Portuguese (Brazilian)<br>18 Russian<br>19 Serbian<br>20 Somali<br>21 Spanish (Latin America)<br>22 Tagalog (Pilipino)<br>23 Urdu<br>24 Vietnamese | Value must be valid (see list of valid values in the Field Contents column). | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E024 | Coverage Type | 1 | A | 69 | 69 | 99% | Enrollee's type of insurance coverage.<br><br>For payors that participate in the sale of ACA compliant health insurance products on or off the Maryland Health Benefit Exchange (MHBE), membership and allowed claims data in the MCDB must be consistent with the membership and allowed claims data submitted by your company's Actuarial Pricing/Rating department to the Maryland Insurance Administration (MIA) via Actuarial Memorandums and rate filings. The Individual and Small Group markets (Non-Grandfathered Health Plans only) are affected by this MCDB v. MIA data reconciliation and will result in MCDB data resubmissions if discrepancies in the excess 2.5% exists. | 1 Medicare Supplemental (i.e., Individual, Group, WRAP)<br>2 Medicare Advantage Plan<br>3 Individual Market (not sold on MHBE)<br>5 Private Employer Sponsored or Other Group (i.e. union or association plans)<br>6 Public Employee – Federal (FEHBP)<br>7 Public Employee – Other (state, county, local/municipal government and public school systems)<br>8 Small Business Options Program (SHOP) not sold on MHBE (definition of SHOP must follow what the Maryland Insurance Administration is using. See attachement at http://www.mdinsurance.state.md.us/sa/docs/documents/insurer/bulletins/15-27-definition-of-small-employer.pdf)<br>A Student Health Plan<br>B Individual Market (sold on MHBE)<br>C Small Business Options Program (SHOP) sold on MHBE (definition of SHOP must follow what the Maryland Insurance Administration is using. See attachement at http://www.mdinsurance.state.md.us/sa/docs/documents/insurer/bulletins/15-27-definition-of-small-employer.pdf) | Value must be valid (see list of valid values in the Field Contents column). | Modified description for clarity. |
| E025 | Source Company | 1 | A | 70 | 70 | 99% | Defines the payor company that holds the beneficiary's contract; for use in characterizing contract requirements under Maryland law. | 1 Health Maintenance Organization<br>2 Life & Health Insurance Company or Not-for-Profit Health Benefit Plan<br>3 Third-Party Administrator (TPA) Unit | Value must be valid (see list of valid values in the Field Contents column). | |
| E026 | Product Type | 1 | A | 71 | 71 | 95% | Classifies the benefit plan by key product characteristics (scope of coverage, size of network, coverage for out-of-network benefits). | 1 Exclusive Provider Organization (in any form)<br>2 Health Maintenance Organization<br>3 Indemnity<br>4 Point of Service (POS)<br>5 Preferred Provider Organization (PPO)<br>6 Limited Benefit Plan (Mini-Meds)<br>7 Student Health Plan<br>8 Catastrophic | Value must be valid (see list of valid values in the Field Contents column). | |
| E027 | Policy Type | 1 | A | 72 | 72 | 95% | Type of policy. | 1 Individual<br>2 Any combination of two or more persons | Value must be valid (see list of valid values in the Field Contents column). | |
| E028 | Encrypted Contract or Group Number | 20 | A | 73 | 92 | 95% | Payor assigned contract or group number for the plan sponsor using an encryption algorithm generated by the payor. | This number should be the same for all family members on the same plan (request a waiver in the case of individual plans). | Value must be populated. | |
| E029 | Employer Federal Tax ID Number | 9 | A | 93 | 101 | 100% | Employer Federal Tax ID number will be encrypted by the database contractor in such a way that an employer will have the same encrypted ID across all payor records and the same employer has the same encrypted number from year to year. | Threshold does not apply to individual market plans (request a waiver in the case of individual plans). | Must be 9 characters long.<br>Value must be a valid federal tax ID. | |
| E030 | Medical Coverage Indicator | 1 | A | 102 | 102 | 95% | Medical Coverage | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E031 | Pharmacy Coverage Indicator | 1 | A | 103 | 103 | 95% | Prescription Drug Coverage | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E032 | Behavioral Health Services Coverage Indicator | 1 | A | 104 | 104 | 95% | Behavioral Health Services Coverage | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E033 | Dental Coverage Indicator | 1 | A | 105 | 105 | 95% | Dental Coverage | 0 No<br>1 Yes | Value must be 1 or 0. | |

## ELIGIBILITY DATA REPORT SUBMISSION

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| E034 | Plan Liability | 1 | A | 106 | 106 | 100% | Indicates if insurer is at risk for the patient's service use or the insurer is simply paying claims as an ASO. | 1 Risk (under Maryland contract)<br>2 Risk (under non-Maryland contract)<br>3 ASO (employer self-insured, under Maryland contract)<br>4 ASO (employer self-insured, under non-Maryland Contract | Value must be valid (see list of valid values in the Field Contents column). | |
| E035 | Consumer Directed Health Plan (CDHP) with HSA or HRA Indicator | 1 | A | 107 | 107 | 100% | Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA) or Health Resources Account (HRA). | 0 No<br>1 Yes | Value must be 1 or 0. | |
| E036 | Start Date of Coverage | 8 | N | 108 | 115 | 100% | The start date for benefits in the month (for example, if the enrollee was insured at the start of the month of January in 2016, the start date is 20160101) | CCYYMMDD<br><br>Provide an entry for each month that the enrollee was covered regardless of whether or not the enrollee received any covered services during the reporting year. For example, a patient that is covered for three months would have three entries.<br><br>A patient with no previous coverage should be listed as the date coverage began, otherwise use the 1st of the month as the begin date for each month of continued coverage. | Must be a valid date value.<br>Date must be in the same month as End Date of Coverage. | |
| E037 | End Date of Coverage | 8 | N | 116 | 123 | 100% | The end date for benefits in the month (for example, if the enrollee was insured for the entire month of January in 2016, the end date is 20160131) | CCYYMMDD<br><br>Provide an entry for each month that the enrollee was covered regardless of whether or not the enrollee received any covered services during the reporting year. For example, a patient that is covered for three months would have three entries.<br><br>A patient with terminated coverage should use the date that coverage ended, otherwise use the last day of the month as the end date for each month of continued coverage. | Must be a valid date value.<br>Date must be in the same month as Start Date of Coverage. | |
| E038 | Date of FIRST Enrollment | 8 | N | 124 | 131 | | Unlike the Date of Enrollment listed on the other files, which refers to the start date of enrollment in this data submission period, this Date of FIRST Enrollment should reflect the date that the patient was initially enrolled in the plan. | CCYYMMDD<br><br>Must be consistent for the same enrollee within the same plan across all records. | Must be a valid date value. | Removed threshold. |
| E039 | Date of Disenrollment | 8 | N | 132 | 139 | | The end date of enrollment for the patient in this delivery system (in this data submission time period).<br>(see Source Company on page 72) | CCYYMMDD<br>If patient is still enrolled on the last day of the reporting period, enter 20991231. If patient disenrolled before end of reporting period enter date disenrolled.<br><br>Must be consistent for the same enrollee within the same plan across all records. | Must be a valid date value or left blank. | Removed threshold. |
| E040 | Coverage Period End Date | 8 | N | 140 | 147 | 100% | Contract renewal date, after which benefits, such as deductibles and out of pocket maximums reset. | CCYYMMDD<br><br>Do not use the last renewal date, use the next renewal date instead. | Must be a valid date value. | |
| E041 | Relationship to Policyholder | 1 | A | 148 | 148 | 100% | Member's relationship to subscriber/insured. | 1 Self/employee<br>2 Spouse<br>3 Child<br>4 Other Dependent<br>5 Other Adult<br>9 Unknown | Value must be valid (see list of valid values in the Field Contents column). | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E042 | Payor ID Number | 4 | A | 149 | 152 | 100% | Payor assigned submission identification number. | | Value must match payor's assigned identification number.<br>Value must be identical in all records. | |
| E043 | Source System | 1 | A | 153 | 153 | 100% | Identify the source system (platforms or business units) *from which the data was obtained* by using an alphabet letter (A, B, C, D, etc…)<br><br>Please ensure that the source system letter used is consistent from quarter to quarter, as well as with the source system letter indicated on the MCDB Portal. | A – Z. If only submitted for one source system, default is A. | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| E044 | Grandfathered Plan Indicator | 1 | A | 154 | 154 | 100% | Indicate if the plan qualifies as a "Grandfathered or Transitional Plan" under the Affordable Care Act (ACA). Please see "Grandfathered plans" definition in HHS rules 45-CFR-147.140 at: https://www.federalregister.gov/select-citation/2013/06/03/45-CFR-147.140 | When the coverage type is 3 or 6, ACA compliant health plans must have the value '2', while ACA noncompliant health plans must have the value '1'. No other coverage types should have the the value '1' for this field.<br><br>1 Grandfathered<br>2 Non-Grandfathered<br>3 Transitional<br>4 Not Applicable<br><br>Note: Only applies to Individual and Small Group markets | Value must be valid (see list of valid values in the Field Contents column). | Modified field contents. |
| E045 | Plan or Product ID Number | 20 | A | 155 | 174 | 100% | Payor ID number associated with an enrollee's coverage and benefits in the claim adjudication system. | | Value must be populated. | |
| E046 | Subscriber ID Number | 20 | A | 175 | 194 | 100% | Subscriber ID number associated with individual or family enrollment. | Encrypt the same as PatientIDP, consistently with PatientIDP:<br><br>The unique ID for each person on this file would correspond to the same unique Subscriber ID used for all other files (Professional Services, Pharmacy Claims, and Institutional Services Files). | Value must be populated. | |
| E047 | Health Insurance Oversight System (HIOS) Number | 20 | A | 195 | 214 | 100% | HIOS ID number supplied by the federal government. | Only required for Non-Grandfathered Individual and Small Group Health Plans or Qualified Health Plans (QHPs) | Value must be populated. | |
| E048 | Master Patient Index | 40 | A | 215 | 254 | 100% | Indicates the unique patient identifier assigned by Maryland's Health Information Exchange, Chesapeake Regional Information System for our Patients (CRISP). | MPI<br><br>Leave this field blank. However, MHCC expects payors to provide patient characteristics needed by CRISP to generate the MPI (no waiver required) | Value must be left blank. | |
| E049 | Reporting Quarter | 1 | A | 255 | 255 | 100% | Indicate the quarter number for which the data is being submitted. | 1 First Quarter = January 1 thru March 31<br>2 Second Quarter = April 1 thru June 30<br>3 Third Quarter = July 1 thru September 30<br>4 Fourth Quarter = October 1 thru December 31 | Value must match the current reporting quarter. | |

## ELIGIBILITY DATA REPORT SUBMISSION

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|---|---|---|---|---|---|---|---|---|---|---|
| E050 | Metal Level Plan Indicator | 1 | A | 256 | 256 | 100% | Indicate plan type under the Affordable Care Act (ACA) | Note: Only applies to Non-GrandFathered Health Plans or Qualified Health Plans (QHPs) under ACA (coverage types 3, 8, B and C). If coverage type is not one of these values, this field must be left blank.<br><br>1 Bronze<br>2 Silver<br>3 Gold<br>4 Platinum<br>0 Catastrophic (not considered a metal level) | Metal levels are based on the actuarial value (AV) or metal AV (relative generosity of health plans with different cost-sharing attributes or how much each plan pays on average) of the plan. For example Bronze plan has a metal AV of 60%, Silver 70%, Gold 80% and Platinum 90%. Catastrophic AV is always lower than Bronze. Enrollment for these metal levels should be consistent with what the Actuarial department in your organization is reporting to the Maryland Insurance Administration (MIA) | Modified field contents. |
| E051 | Cost-Sharing Reduction Indicator | 1 | A | 257 | 257 | 100% | (CSR_Indicator)<br><br>Indicate cost-sharing reduction under the Affordable Care Act (ACA) | Note: Only applies to Non-GrandFathered Health Plans or Qualified Health Plans (QHPs) under ACA (coverage types 3, 8, B and C). If coverage type is not one of these values, this field must be left blank.<br><br>1 Enrollees in 94% Actuarial Value (AV) Silver Plan Variation<br>2 Enrollees in 87% AV Silver Plan Variation 3 Enrollees in 73% AV Silver Plan Variation<br>4 Enrollees in Zero Cost Sharing Plan Variation of Platinum Level QHP<br>5 Enrollee in Zero Cost Sharing Plan Variation of Gold Level QHP<br>6 Enrollee in Zero Cost Sharing Plan Variation of Silver Level QHP<br>7 Enrollee in Zero Cost Sharing Plan Variation of Bronze Level QHP<br>8 Enrollee in Limited Cost Sharing Plan Variation<br>0 Non-CSR recipient, and enrollees with unknown CSR | The cost-sharing indicator is a Person-level indicator. Enrollees who qualify for cost-sharing reductions are assigned cost-sharing indicator values = 1-8. Non-Cost-Sharing recipients are assigned a cost-sharing indicator value = 0. Information for this field is required by the Maryland Insurance Administration (MIA) and should be consistent with what the Actuarial department in your organization is reporting to the MIA. For more information on the Cost-Sharing Indicator (CSR_INDICATOR) see attachment at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/DIY-instructions-5-20-14.pdf (pages 8-9). | Modified field contents. |

## PROVIDER DIRECTORY REPORT SUBMISSION

This report details all health care Practitioners (including other health care professionals, dental/vision services covered under a general health benefit plan, and office facilities) and Suppliers that provided services to your enrollees for the reporting period designated – First Quarter: Claims paid from January 1, 2017 through March 31, 2017; Second Quarter: Claims paid from April 1, 2017 through June 30, 2017; Third Quarter: Claims paid from July 1, 2017 through September 30, 2017; Fourth Quarter: Claims paid from October 1, 2017 through December 31, 2017. Please provide information for all in-State Maryland practitioners/suppliers and all out-of-State practitioners/suppliers serving applicable insureds.

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| Field ID | Field Name | Length | Type<br>A=alphanumeric<br>N=numeric | Start | End | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| D001 | Record Identifier | 1 | A | 1 | 1 | 100% | The value is 3 | **3 Provider Services** | In the Provider file, this field must be 3. | |
| D002 | Practitioner/Supplier ID | 11 | A | 2 | 12 | 100% | Payor-specific identifier for a practitioner, practice, or office facility rendering health care service(s). | Payor encrypted.<br><br>Field must match Servicing Practitioner ID # in the Professional Services and Dental Services file, and Prescriber Practioner ID in the Pharmacy file. | Must be populated with values that are not unknown (entirely 0s and 9s). | |
| D003 | Practitioner/Supplier Federal Tax ID | 9 | A | 13 | 21 | 100% | Employer Tax ID # of the practitioner, practice or office facility receiving payment for services. | Remove embedded dashes.<br><br>Same as Federal Tax ID # in Professional Services and Dental Services File. | Must be 9 characters long.<br>Value must be a valid federal tax ID. | |
| D004 | Practitioner/Supplier Last Name or Multi-practitioner Health Care Organization | 31 | A | 22 | 52 | 100% | Last name of practitioner or complete name of multi-practitioner health care organization. | Please truncate if name of practitioner or medical organization exceeds 31 characters.<br><br>Use specific (separate) fields for Practitioner First Name and Last Name. | Must be at least 5 characters long.<br>Cannot contain more than 3 special characters. | |
| D005 | Practitioner/Supplier First Name | 19 | A | 53 | 71 | 100% | Practitioner's first name. | Individual provider's first name.<br><br>Leave blank if organization (threshold does not apply). | Must be at least 5 characters long.<br>Cannot contain more than 3 special characters. | |
| D006 | Practitioner Middle Initial | 1 | A | 72 | 72 | | | First letter of individual provider's middle name. | Must be 3 or less characters long. | |
| D007 | Practitioner Name Suffix | 4 | A | 73 | 76 | | | Individual provider's name suffix, such as Jr., Sr., II, III, IV, or V. | Must be populated. | |
| D008 | Practitioner Credential | 5 | A | 77 | 81 | | | Abbreviations for professional degrees or credentials used or held by an individual provider, such as MD, DDS, CSW, CNA, AA, NP, PSY. | Must be populated. | |
| D009 | Practitioner/Supplier Specialty – 1* | 10 | A | 82 | 91 | 100%* | The health care field in which a practitioner is licensed, certified, or otherwise authorized under Health Occupations Article, Annotated Code of Maryland, to provide health care services in the ordinary course of business or practice of a profession or in an approved education or training program. Up to 3 codes may be listed. | Please reference the National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy, Version 13.0, January 2013 Code Book available on the MHCC website at: http://mhcc.dhmh.maryland.gov/payercompliance/Documents/Taxonomy_13_0.pdf<br><br>If the Practitioner Individual NPI (D014) or the Practitioner Organizational NPI numbers (D015) are not provided, then the Practitioner Specialty code must be filled using the NUCC Health Care Provider Taxonomy codes.<br><br>If a payor requests to provide internal practitioner specialty coding, then a crosswalk of the internal practitioner specialty codes to the appropriate taxonomy specialty codes must be provided. | Value must be a valid practitioner/supplier specialty code. | |
| D010 | Practitioner/Supplier Specialty – 2* | 10 | A | 92 | 101 | | | | Value must be a valid practitioner/supplier specialty code. | |
| D011 | Practitioner/Supplier Specialty – 3* | 10 | A | 102 | 111 | | | | Value must be a valid practitioner/supplier specialty code. | |

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|---|---|---|---|---|---|---|---|---|---|---|
| D012 | Practitioner DEA # | 11 | A | 112 | 122 | 100% | Drug Enforcement Agency number assigned to an individual registered under the Controlled Substance Act. | Must match DEA# in Pharmacy File. | The first two characters must be letters.<br>Value must be valid according to the check equation. | |
| D013 | Indicator for Multi-Practitioner Health Care Organization | 1 | A | 123 | 123 | 99% | | 0 Solo Practitioner<br>1 Multiple Practitioners | Value must be valid (see list of valid values in the Field Contents column). | |
| D014 | Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | 124 | 133 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| D015 | Practitioner Organizational National Provider Identifier (NPI) Number | 10 | A | 134 | 143 | 100% | Federal identifier assigned by the federal government for use in all HIPAA transactions to an organization for billing purposes.<br><br>Must be populated if practitioner is a Multi-Practitioner Health Care Organization. | Ten (10) digits<br>www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf | Value must be a valid NPI number. | |
| D016 | Payor ID Number | 4 | A | 144 | 147 | 100% | Payor assigned submission identification number. | | Value must be valid (see list of valid values in the Field Contents column). | |
| D017 | Source System | 1 | A | 148 | 148 | 100% | Identify the source system (platforms or business units) *from which the data was obtained* by using an alphabet letter (A, B, C, D, etc…)<br><br>Please ensure that the source system letter used is consistent from quarter to quarter, as well as with the source system letter indicated on the MCDB Portal. | A – Z. If only submitted for one source system, default is A. | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| D018 | Reporting Quarter | 1 | A | 149 | 149 | 100% | Indicate the quarter number for which the data is being submitted. | 1 First Quarter = January 1 thru March 31<br>2 Second Quarter = April 1 thru June 30<br>3 Third Quarter = July 1 thru September 30<br>4 Fourth Quarter = October 1 thru December 31 | Value must match the current reporting quarter. | |

## CRISP DEMOGRAPHICS REPORT SUBMISSION

Each PNUM-Source System combination must have a distinct demographics file, corresponding to the MCDB Eligibility Data Report for the same time period. Demographics files must be pipe-delimited text files. Each submission will be a full replacement file and include all members who were enrolled in the date range specified by MHCC (e.g. 1/1/2017 – 3/31/2017 for 2017Q1). All submissions for 2017 files must be made on the MCDB Portal.

Please note that the formats of dates and of gender in this file are different than for the claims and eligibility files.

| Field ID | Field Name | Max Length | Type A=alphanumeric N=numeric | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|
| C001 | PNUM | 4 | A | 100% | Payor number assigned by MHCC. | Payor's assigned submission identification number. | Value must match payor's assigned identification number.<br>Value must be identical in all records. | |
| C002 | Member ID | 60 | A | 100% | This is the patient identifier from the carrier's internal patient EHR system. This is not the UUID generated using MHCC's number generator software. **Notify MHCC/CRISP if Member ID / EHR system changes for the current submission, compared to the previous submission(s). | | Must be populated. | |
| C003 | Encrypted Enrollee's IdentifierP (payor-encrypted) | 12 | A | 100% | This field must be identical to the "Encrypted Enrollee's IdentifierP" field submitted in the MCDB Eligibility Data Report to MHCC. | This field could be the same as Member ID if Member ID does not contain identifiable information e.g. SSN; otherwise, it should be a number generated by the carrier to de-identify their member ID. This is also not the UUID. | Must be populated. | |
| C004 | Last Name | 75 | A | 100% | Last name of the enrollee | | Must be populated. | |
| C005 | First Name | 75 | A | 100% | First name of the enrollee | | Must be populated. | |
| C006 | Middle Name | 50 | A | | Middle name of the enrollee | | | |
| C007 | Suffix | 10 | A | | Individual provider's name suffix, such as Jr., Sr., II, III, IV, or V. | | | |
| C008 | Group ID | 128 | A | 100% | | | Must be populated. | |
| C009 | Plan ID | 128 | A | 100% | Plan name or unique plan identifier | | Must be populated. | |
| C010 | Date Coverage Initiated | 10 | N | 100% | Member's initial date of enrollment. | *Format: YYYY-MM-DD* | Must be a valid date value. The date that the member initially enrolled for coverage. It indicates the first day of continuous coverage. | |
| C011 | Date Coverage Ended | 10 | N | | Indicates the date the member's coverage was discontinued. | *Format: YYYY-MM-DD* | Must be a valid date value. Should only be populated if a member has discontinued coverage. If coverage is continuing (i.e., through the end of the date range), this field should be left blank. | |
| C012 | Gender | 1 | A | 100% | Gender of the enrollee | *Format: Only values of M, F, or U are acceptable.* | Value must be valid (see list of valid values in the Field Contents column). | |
| C013 | Date of Birth | 10 | N | 100% | This must be the DOB of the person him/herself and NOT the DOB of the primary insured person of the family. | *Format: YYYY-MM-DD* | Value must be a valid birth date.<br>Must be populated when possible. | |
| C014 | SSN | 11 | A | 90% | This must be the SSN of the person him/herself and NOT the SSN of the primary insured person of the family. | Format: ###-##-#### or ######### | Value must be a valid social security number.<br>Must be populated when possible. | |
| C015 | Home Address Line 1 | 75 | A | 90% | | | Must be populated. | |
| C016 | Home Address Line 2 | 75 | A | | | | | |
| C017 | Home Address City | 50 | A | 90% | | | Must be populated and be a valid city, with a valid state or territory. | |
| C018 | Home Address State | 15 | A | 90% | | | Must be populated and be a valid state or territory name or abbreviation. | |
| C019 | Home Address County | 50 | A | | | | | |
| C020 | Home Address ZIP Code | 10 | A | 90% | Zip code of enrollee's home address. | Format: ##### or #####-#### or ######### | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated. | |
| C021 | Home Address Country (if foreign) | 50 | A | | Required if foreign | | Must be populated if foreign. | |
| C022 | Work Address Line 1 | 75 | A | | | | | |
| C023 | Work Address Line 2 | 75 | A | | | | | |
| C024 | Work Address City | 50 | A | | | | | |
| C025 | Work Address State | 15 | A | | | | | |

## CRISP DEMOGRAPHICS REPORT SUBMISSION

Each PNUM-Source System combination must have a distinct demographics file, corresponding to the MCDB Eligibility Data Report for the same time period. Demographics files must be pipe-delimited text files. Each submission will be a full replacement file and include all members who were enrolled in the date range specified by MHCC (e.g. 1/1/2017 – 3/31/2017 for 2017Q1). All submissions for 2017 files must be made on the MCDB Portal.

Please note that the formats of dates and of gender in this file are different than for the claims and eligibility files.

| Field ID | Field Name | Max Length | Type A=alphanumeric N=numeric | Threshold | Description | Field Contents | Validation Rule | Changes |
|---|---|---|---|---|---|---|---|---|
| C026 | Work Address County | 50 | A | | | | | |
| C027 | Work Address ZIP Code | 10 | A | | Zip code of enrollee's work address. | Format: ##### or #####-#### or ######### | Value must be a valid US postal code.<br>If any of the 4-digit add-on values are populated, they must all be populated. | |
| C028 | Work Address Country (if foreign) | 50 | A | | Required if foreign | | Must be populated if foreign. | |
| C029 | Primary Telephone # | 20 | A | 90% | For US numbers, this should be a 10-digit phone number. For foreign numbers, this should include the country code. | Format: ###-###-#### | Value must be a valid telephone number.<br>Must be populated when possible. | |
| C030 | Secondary Telephone # | 20 | A | | For US numbers, this should be a 10-digit phone number. For foreign numbers, this should include the country code. | Format: ###-###-#### | Value must be a valid telephone number. | |
| C031 | Source System | 1 | A | 100% | Source System code must correspond to MCDB eligibility file Source System code covering the same time period. If only reporting for one source system, use the default value of "A" | Format: single uppercase alphabetic character A – Z | Value must be valid (see list of valid values in the Field Contents column).<br>Must be consistent with previous quarter. | |
| C032 | Reporting Calendar Year and Quarter | 6 | A | 100% | Example: for January 1, 2017 thru March 31, 2017, use 2017Q1 | Format: YYYYQ# | Value must match the current reporting quarter and year | |
| C033 | Record Identifier | 1 | A | 100% | This value identifies the submitted file type. For Demographics File, report the value 7 for every record. | **7 CRISP Demographics** | In the CRISP Demographics file, this field must be 7. | |

# MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| **Enrollee Characteristics** | | | | | | | | | |
| Date of Birth | 10 | N | - | - | - | - | - | - | C013 |
| Encrypted Enrollee's IdentifierP | 12 | A | P002 | R002 | I002 | T002 | E002 | - | C003 |
| Encrypted Enrollee's IdentifierU | 12 | A | P003 | R003 | I003 | T003 | E003 | - | - |
| Enrollee County of Residence | 3 | A | - | - | - | - | E007 | - | - |
| Enrollee OMB Hispanic Ethnicity | 1 | A | - | - | - | - | E020 | - | - |
| Enrollee Preferred Spoken Language for a Healthcare Encounter | 2 | A | - | - | - | - | E023 | - | - |
| Enrollee Sex (Gender) | 1 | A | P005 | R004 | I005 | T005 | E005 | - | C012 |
| Enrollee Year and Month of Birth | 8 | N | P004 | R006 | I004 | T004 | E004 | - | - |
| Enrollee Zip Code of Residence +4digit add-on code | 10 | A | P007 | R005 | I006 | T006 | E006 | - | - |
| First Name | 75 | A | - | - | - | - | - | - | C005 |
| Home Address City | 50 | A | - | - | - | - | - | - | C017 |
| Home Address County | 50 | A | - | - | - | - | - | - | C019 |
| Home Address Country (if foreign) | 50 | A | - | - | - | - | - | - | C021 |
| Home Address Line 1 | 75 | A | - | - | - | - | - | - | C015 |
| Home Address Line 2 | 75 | A | - | - | - | - | - | - | C016 |
| Home Address State | 15 | A | - | - | - | - | - | - | C018 |
| Home Address ZIP Code | 10 | A | - | - | - | - | - | - | C020 |
| Imputed Ethnicity with Highest Probability | 1 | A | - | - | - | - | E021 | - | - |
| Imputed Race with Highest Probability | 1 | A | - | - | - | - | E017 | - | - |
| Last Name | 75 | A | - | - | - | - | - | - | C004 |
| Master Patient Index | 40 | A | - | - | - | - | E048 | - | - |
| Member ID | 60 | A | - | - | - | - | - | - | C002 |
| Middle Name | 50 | A | - | - | - | - | - | - | C006 |
| Patient Covered by Other Insurance Indicator | 1 | A | P008 | R040 | I141 | T007 | - | - | - |
| Primary Telephone # | 20 | A | - | - | - | - | - | - | C029 |
| Probability of Imputed Ethnicity Assignment | 3 | A | - | - | - | - | E022 | - | - |
| Probability of Imputed Race Assignment | 3 | A | - | - | - | - | E018 | - | - |
| Race Category American Indian or Alaska Native – Direct | 1 | A | - | - | - | - | E011 | - | - |
| Race Category Asian – Direct | 1 | A | - | - | - | - | E012 | - | - |
| Race Category Black or African American – Direct | 1 | A | - | - | - | - | E010 | - | - |
| Race Category Declined to Answer – Direct | 1 | A | - | - | - | - | E015 | - | - |
| Race Category Native Hawaiian or Pacific Islander – Direct | 1 | A | - | - | - | - | E013 | - | - |
| Race Category Other – Direct | 1 | A | - | - | - | - | E014 | - | - |
| Race Category Unknown or Cannot be Determined – Direct | 1 | A | - | - | - | - | E016 | - | - |
| Race Category White – Direct | 1 | A | - | - | - | - | E009 | - | - |
| Relationship to Policyholder | 1 | A | - | - | - | T037 | E041 | - | - |
| Secondary Telephone # | 20 | A | - | - | - | - | - | - | C030 |
| Source of Direct Reporting of Enrollee Ethnicity | 1 | A | - | - | - | - | E019 | - | - |
| Source of Direct Reporting of Enrollee Race | 1 | A | - | - | - | - | E008 | - | - |
| SSN | 11 | A | - | - | - | - | - | - | C014 |
| Suffix | 10 | A | - | - | - | - | - | - | C007 |
| Work Address City | 50 | A | - | - | - | - | - | - | C024 |
| Work Address County | 50 | A | - | - | - | - | - | - | C026 |
| Work Address Country (if foreign) | 50 | A | - | - | - | - | - | - | C028 |
| Work Address Line 1 | 75 | A | - | - | - | - | - | - | C022 |
| Work Address Line 2 | 75 | A | - | - | - | - | - | - | C023 |
| Work Address State | 15 | A | - | - | - | - | - | - | C025 |

# MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| Work Address ZIP Code | 10 | A | - | - | - | - | - | - | C027 |
| Subscriber ID Number | 20 | A | - | - | - | - | E046 | - | - |
| **Payor Characteristics** | | | | | | | | | |
| Payor ID Number (PNUM) | 4 | A | P051 | R028 | I142 | T034 | E042 | D016 | C001 |
| Record Identifier | 1 | A | P001 | R001 | I001 | T001 | E001 | D001 | C033 |
| Reporting Calendar Year and Quarter | 6 | A | - | - | - | - | - | - | C032 |
| Reporting Quarter | 1 | A | P060 | R030 | I167 | T075 | E049 | D018 | - |
| Source Company | 1 | A | P010 | - | - | T009 | E025 | - | - |
| Source of Processing | 1 | A | - | R027 | - | - | - | - | - |
| Source System | 1 | A | P052 | R029 | I143 | T035 | E043 | D017 | C031 |
| **Plan Characteristics** | | | | | | | | | |
| Behavioral Health Services Coverage Indicator | 1 | A | - | - | - | - | E032 | - | - |
| Consumer Directed Health Plan (CDHP) with HSA or HRA Indicator | 1 | A | P006 | - | - | - | E035 | - | - |
| Cost-Sharing Reduction Indicator | 1 | A | - | - | - | - | E051 | - | - |
| Coverage Period End Date | 8 | N | - | - | - | - | E040 | - | - |
| Coverage Type | 1 | A | P009 | - | - | T008 | E024 | - | - |
| Date Coverage Ended | 10 | N | - | - | - | - | - | - | C011 |
| Date Coverage Initiated | 10 | N | - | - | - | - | - | - | C010 |
| Date of Disenrollment | 8 | N | P043 | R026 | I008 | T027 | E039 | - | - |
| Date of Enrollment | 8 | N | P042 | R025 | I007 | T026 | - | - | - |
| Date of FIRST Enrollment | 8 | N | - | - | - | - | E038 | - | - |
| Dental Coverage Indicator | 1 | A | - | - | - | - | E033 | - | - |
| Employer Federal Tax ID Number | 9 | A | - | - | - | - | E029 | - | - |
| Encrypted Contract or Group Number | 20 | A | - | - | - | T036 | E028 | - | - |
| End Date of Coverage | 8 | N | - | - | - | - | E037 | - | - |
| Grandfathered Plan Indicator | 1 | A | - | - | - | - | E044 | - | - |
| Group ID | 128 | A | - | - | - | - | - | - | C008 |
| Health Insurance Oversight System (HIOS) Number | 20 | A | - | - | - | - | E047 | - | - |
| Medical Coverage Indicator | 1 | A | - | - | - | - | E030 | - | - |
| Metal Level Plan Indicator | 1 | A | - | - | - | - | E050 | - | - |
| Pharmacy Coverage Indicator | 1 | A | - | - | - | - | E031 | - | - |
| Plan Liability | 1 | A | P047 | - | - | - | E034 | - | - |
| Plan ID | 128 | A | - | - | - | - | - | - | C009 |
| Plan or Product ID Number | 20 | A | - | - | - | - | E045 | - | - |
| Policy Type | 1 | A | - | - | - | - | E027 | - | - |
| Product Type | 1 | A | P050 | - | - | T033 | E026 | - | - |
| Start Date of Coverage | 8 | N | - | - | - | - | E036 | - | - |
| **Provider Characteristics** | | | | | | | | | |
| Attending Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | - | - | I082 | - | - | - | - |
| Hospital/Facility Federal Tax ID | 9 | A | - | - | I009 | - | - | - | - |
| Hospital/Facility Medicare Provider Number | 6 | A | - | - | I011 | - | - | - | - |
| Hospital/Facility National Provider Identifier (NPI) Number | 10 | A | - | - | I010 | - | - | - | - |
| Hospital/Facility Participating Provider Flag | 1 | A | - | - | I012 | - | - | - | - |
| Indicator for Multi-Practitioner Health Care Organization | 1 | A | - | - | - | - | - | D013 | - |
| Operating Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | - | - | I083 | - | - | - | - |
| Pharmacy NCPDP Number | 7 | A | - | R007 | - | - | - | - | - |
| Pharmacy NPI Number | 10 | A | - | R031 | - | - | - | - | - |

# MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| Pharmacy Zip Code +4digit add-on code | 10 | A | - | R008 | - | - | - | - | - |
| Practitioner Credential | 5 | A | - | - | - | - | - | D008 | - |
| Practitioner DEA # | 11 | A | - | - | - | - | - | D012 | - |
| Practitioner DEA Number | 11 | A | - | R009 | - | - | - | - | - |
| Practitioner Federal Tax ID | 9 | A | P012 | - | - | T011 | - | - | - |
| Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | - | - | - | - | - | D014 | - |
| Practitioner Middle Initial | 1 | A | - | - | - | - | - | D006 | - |
| Practitioner Name Suffix | 4 | A | - | - | - | - | - | D007 | - |
| Practitioner National Provider Identifier (NPI) Number used for Billing | 10 | A | P049 | - | - | T032 | - | - | - |
| Practitioner Organizational National Provider Identifier (NPI) Number | 10 | A | - | - | - | - | - | D015 | - |
| Practitioner/Supplier Federal Tax ID | 9 | A | - | - | - | - | - | D003 | - |
| Practitioner/Supplier First Name | 19 | A | - | - | - | - | - | D005 | - |
| Practitioner/Supplier ID | 11 | A | - | - | - | - | - | D002 | - |
| Practitioner/Supplier Last Name or Multi-practitioner Health Care Organization | 31 | A | - | - | - | - | - | D004 | - |
| Practitioner/Supplier Specialty – 1* | 10 | A | - | - | - | - | - | D009 | - |
| Practitioner/Supplier Specialty – 2* | 10 | A | - | - | - | - | - | D010 | - |
| Practitioner/Supplier Specialty – 3* | 10 | A | - | - | - | - | - | D011 | - |
| Prescribing Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | - | R021 | - | - | - | - | - |
| Prescribing Provider ID | 11 | A | - | R032 | - | - | - | - | - |
| Service Location Zip Code +4digit add-on code | 10 | A | P032 | - | - | T020 | - | - | - |
| Servicing Practitioner ID | 11 | A | P038 | - | - | T022 | - | - | - |
| Servicing Practitioner Individual National Provider Identifier (NPI) Number | 10 | A | P048 | - | - | T031 | - | - | - |
| **Diagnosis Information** | | | | | | | | | |
| Claim Related Condition | 1 | A | P011 | - | - | T010 | - | - | - |
| Diagnosis Code 1 | 7 | A | P019 | - | - | - | - | - | - |
| Diagnosis Code 2 | 7 | A | P020 | - | - | - | - | - | - |
| Diagnosis Code 3 | 7 | A | P021 | - | - | - | - | - | - |
| Diagnosis Code 4 | 7 | A | P022 | - | - | - | - | - | - |
| Diagnosis Code 5 | 7 | A | P023 | - | - | - | - | - | - |
| Diagnosis Code 6 | 7 | A | P024 | - | - | - | - | - | - |
| Diagnosis Code 7 | 7 | A | P025 | - | - | - | - | - | - |
| Diagnosis Code 8 | 7 | A | P026 | - | - | - | - | - | - |
| Diagnosis Code 9 | 7 | A | P027 | - | - | - | - | - | - |
| Diagnosis Code 10 | 7 | A | P028 | - | - | - | - | - | - |
| Diagnosis Code Indicator | 1 | A | P054 | - | I021 | - | - | - | - |
| Diagnosis Related Groups (DRGs) Number | 3 | A | - | - | I130 | - | - | - | - |
| DRG Grouper Name | 1 | A | - | - | I131 | - | - | - | - |
| DRG Grouper Version | 2 | A | - | - | I132 | - | - | - | - |
| Other Diagnosis Code 1 | 7 | A | - | - | I024 | - | - | - | - |
| Other Diagnosis Code 1 present on Admission 1 | 1 | A | - | - | I025 | - | - | - | - |
| Other Diagnosis Code 2 | 7 | A | - | - | I026 | - | - | - | - |
| Other Diagnosis Code 2 present on Admission 2 | 1 | A | - | - | I027 | - | - | - | - |
| Other Diagnosis Code 3 | 7 | A | - | - | I028 | - | - | - | - |
| Other Diagnosis Code 3 present on Admission 3 | 1 | A | - | - | I029 | - | - | - | - |
| Other Diagnosis Code 4 | 7 | A | - | - | I030 | - | - | - | - |

## MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| Other Diagnosis Code 4 present on Admission 4 | 1 | A | - | - | I031 | - | - | - | - |
| Other Diagnosis Code 5 | 7 | A | - | - | I032 | - | - | - | - |
| Other Diagnosis Code 5 present on Admission 5 | 1 | A | - | - | I033 | - | - | - | - |
| Other Diagnosis Code 6 | 7 | A | - | - | I034 | - | - | - | - |
| Other Diagnosis Code 6 present on Admission 6 | 1 | A | - | - | I035 | - | - | - | - |
| Other Diagnosis Code 7 | 7 | A | - | - | I036 | - | - | - | - |
| Other Diagnosis Code 7 present on Admission 7 | 1 | A | - | - | I037 | - | - | - | - |
| Other Diagnosis Code 8 | 7 | A | - | - | I038 | - | - | - | - |
| Other Diagnosis Code 8 present on Admission 8 | 1 | A | - | - | I039 | - | - | - | - |
| Other Diagnosis Code 9 | 7 | A | - | - | I040 | - | - | - | - |
| Other Diagnosis Code 9 present on Admission 9 | 1 | A | - | - | I041 | - | - | - | - |
| Other Diagnosis Code 10 | 7 | A | - | - | I042 | - | - | - | - |
| Other Diagnosis Code 10 present on Admission 10 | 1 | A | - | - | I043 | - | - | - | - |
| Other Diagnosis Code 11 | 7 | A | - | - | I044 | - | - | - | - |
| Other Diagnosis Code 11 present on Admission 11 | 1 | A | - | - | I045 | - | - | - | - |
| Other Diagnosis Code 12 | 7 | A | - | - | I046 | - | - | - | - |
| Other Diagnosis Code 12 present on Admission 12 | 1 | A | - | - | I047 | - | - | - | - |
| Other Diagnosis Code 13 | 7 | A | - | - | I048 | - | - | - | - |
| Other Diagnosis Code 13 present on Admission 13 | 1 | A | - | - | I049 | - | - | - | - |
| Other Diagnosis Code 14 | 7 | A | - | - | I050 | - | - | - | - |
| Other Diagnosis Code 14 present on Admission 14 | 1 | A | - | - | I051 | - | - | - | - |
| Other Diagnosis Code 15 | 7 | A | - | - | I052 | - | - | - | - |
| Other Diagnosis Code 15 present on Admission 15 | 1 | A | - | - | I053 | - | - | - | - |
| Other Diagnosis Code 16 | 7 | A | - | - | I054 | - | - | - | - |
| Other Diagnosis Code 16 present on Admission 16 | 1 | A | - | - | I055 | - | - | - | - |
| Other Diagnosis Code 17 | 7 | A | - | - | I056 | - | - | - | - |
| Other Diagnosis Code 17 present on Admission 17 | 1 | A | - | - | I057 | - | - | - | - |
| Other Diagnosis Code 18 | 7 | A | - | - | I058 | - | - | - | - |
| Other Diagnosis Code 18 present on Admission 18 | 1 | A | - | - | I059 | - | - | - | - |
| Other Diagnosis Code 19 | 7 | A | - | - | I060 | - | - | - | - |
| Other Diagnosis Code 19 present on Admission 19 | 1 | A | - | - | I061 | - | - | - | - |
| Other Diagnosis Code 20 | 7 | A | - | - | I062 | - | - | - | - |
| Other Diagnosis Code 20 present on Admission 20 | 1 | A | - | - | I063 | - | - | - | - |
| Other Diagnosis Code 21 | 7 | A | - | - | I064 | - | - | - | - |
| Other Diagnosis Code 21 present on Admission 21 | 1 | A | - | - | I065 | - | - | - | - |
| Other Diagnosis Code 22 | 7 | A | - | - | I066 | - | - | - | - |
| Other Diagnosis Code 22 present on Admission 22 | 1 | A | - | - | I067 | - | - | - | - |
| Other Diagnosis Code 23 | 7 | A | - | - | I068 | - | - | - | - |
| Other Diagnosis Code 23 present on Admission 23 | 1 | A | - | - | I069 | - | - | - | - |
| Other Diagnosis Code 24 | 7 | A | - | - | I070 | - | - | - | - |
| Other Diagnosis Code 24 present on Admission 24 | 1 | A | - | - | I071 | - | - | - | - |
| Other Diagnosis Code 25 | 7 | A | - | - | I072 | - | - | - | - |
| Other Diagnosis Code 25 present on Admission 25 | 1 | A | - | - | I073 | - | - | - | - |
| Other Diagnosis Code 26 | 7 | A | - | - | I074 | - | - | - | - |
| Other Diagnosis Code 26 present on Admission 26 | 1 | A | - | - | I075 | - | - | - | - |
| Other Diagnosis Code 27 | 7 | A | - | - | I076 | - | - | - | - |
| Other Diagnosis Code 27 present on Admission 27 | 1 | A | - | - | I077 | - | - | - | - |
| Other Diagnosis Code 28 | 7 | A | - | - | I078 | - | - | - | - |
| Other Diagnosis Code 28 present on Admission 28 | 1 | A | - | - | I079 | - | - | - | - |

# MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| Other Diagnosis Code 29 | 7 | A | - | - | I080 | - | - | - | - |
| Other Diagnosis Code 29 present on Admission 29 | 1 | A | - | - | I081 | - | - | - | - |
| Primary Diagnosis | 7 | A | - | - | I022 | - | - | - | - |
| Primary Diagnosis Present on Admission | 1 | A | - | - | I023 | - | - | - | - |
| **Procedure Information** | | | | | | | | | |
| CPT Category II Code 1 | 5 | A | P055 | - | - | - | - | - | - |
| CPT Category II Code 2 | 5 | A | P056 | - | - | - | - | - | - |
| CPT Category II Code 3 | 5 | A | P057 | - | - | - | - | - | - |
| CPT Category II Code 4 | 5 | A | P058 | - | - | - | - | - | - |
| CPT Category II Code 5 | 5 | A | P059 | - | - | - | - | - | - |
| Dental Quadrant – 1 | 2 | A | - | - | - | T066 | - | - | - |
| Dental Quadrant – 2 | 2 | A | - | - | - | T067 | - | - | - |
| Dental Quadrant – 3 | 2 | A | - | - | - | T068 | - | - | - |
| Dental Quadrant – 4 | 2 | A | - | - | - | T069 | - | - | - |
| Modifier I | 2 | A | P036 | - | - | - | - | - | - |
| Modifier II | 2 | A | P037 | - | - | - | - | - | - |
| Other Procedure Code 2 | 7 | A | - | - | I088 | - | - | - | - |
| Other Procedure Code 3 | 7 | A | - | - | I091 | - | - | - | - |
| Other Procedure Code 4 | 7 | A | - | - | I094 | - | - | - | - |
| Other Procedure Code 5 | 7 | A | - | - | I097 | - | - | - | - |
| Other Procedure Code 6 | 7 | A | - | - | I100 | - | - | - | - |
| Other Procedure Code 7 | 7 | A | - | - | I103 | - | - | - | - |
| Other Procedure Code 8 | 7 | A | - | - | I106 | - | - | - | - |
| Other Procedure Code 9 | 7 | A | - | - | I109 | - | - | - | - |
| Other Procedure Code 10 | 7 | A | - | - | I112 | - | - | - | - |
| Other Procedure Code 11 | 7 | A | - | - | I115 | - | - | - | - |
| Other Procedure Code 12 | 7 | A | - | - | I118 | - | - | - | - |
| Other Procedure Code 13 | 7 | A | - | - | I121 | - | - | - | - |
| Other Procedure Code 14 | 7 | A | - | - | I124 | - | - | - | - |
| Other Procedure Code 15 | 7 | A | - | - | I127 | - | - | - | - |
| Principal Procedure Code 1 | 7 | A | - | - | I085 | - | - | - | - |
| Procedure Code | 6* | A | P035 | - | - | T021 | - | - | - |
| Procedure Code 1 Modifier I | 2 | A | - | - | I086 | - | - | - | - |
| Procedure Code 1 Modifier II | 2 | A | - | - | I087 | - | - | - | - |
| Procedure Code 2 Modifier I | 2 | A | - | - | I089 | - | - | - | - |
| Procedure Code 2 Modifier II | 2 | A | - | - | I090 | - | - | - | - |
| Procedure Code 3 Modifier I | 2 | A | - | - | I092 | - | - | - | - |
| Procedure Code 3 Modifier II | 2 | A | - | - | I093 | - | - | - | - |
| Procedure Code 4 Modifier I | 2 | A | - | - | I095 | - | - | - | - |
| Procedure Code 4 Modifier II | 2 | A | - | - | I096 | - | - | - | - |
| Procedure Code 5 Modifier I | 2 | A | - | - | I098 | - | - | - | - |
| Procedure Code 5 Modifier II | 2 | A | - | - | I099 | - | - | - | - |
| Procedure Code 6 Modifier I | 2 | A | - | - | I101 | - | - | - | - |
| Procedure Code 6 Modifier II | 2 | A | - | - | I102 | - | - | - | - |
| Procedure Code 7 Modifier I | 2 | A | - | - | I104 | - | - | - | - |
| Procedure Code 7 Modifier II | 2 | A | - | - | I105 | - | - | - | - |
| Procedure Code 8 Modifier I | 2 | A | - | - | I107 | - | - | - | - |
| Procedure Code 8 Modifier II | 2 | A | - | - | I108 | - | - | - | - |
| Procedure Code 9 Modifier I | 2 | A | - | - | I110 | - | - | - | - |

# MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| Procedure Code 9 Modifier II | 2 | A | - | - | I111 | - | - | - | - |
| Procedure Code 10 Modifier I | 2 | A | - | - | I113 | - | - | - | - |
| Procedure Code 10 Modifier II | 2 | A | - | - | I114 | - | - | - | - |
| Procedure Code 11 Modifier I | 2 | A | - | - | I116 | - | - | - | - |
| Procedure Code 11 Modifier II | 2 | A | - | - | I117 | - | - | - | - |
| Procedure Code 12 Modifier I | 2 | A | - | - | I119 | - | - | - | - |
| Procedure Code 12 Modifier II | 2 | A | - | - | I120 | - | - | - | - |
| Procedure Code 13 Modifier I | 2 | A | - | - | I122 | - | - | - | - |
| Procedure Code 13 Modifier II | 2 | A | - | - | I123 | - | - | - | - |
| Procedure Code 14 Modifier I | 2 | A | - | - | I125 | - | - | - | - |
| Procedure Code 14 Modifier II | 2 | A | - | - | I126 | - | - | - | - |
| Procedure Code 15 Modifier I | 2 | A | - | - | I128 | - | - | - | - |
| Procedure Code 15 Modifier II | 2 | A | - | - | I129 | - | - | - | - |
| Procedure Code Indicator | 1 | A | - | - | I084 | - | - | - | - |
| Tooth – 1 Surface – 1 | 5 | A | - | - | - | T039 | - | - | - |
| Tooth – 1 Surface – 2 | 5 | A | - | - | - | T040 | - | - | - |
| Tooth – 1 Surface – 3 | 5 | A | - | - | - | T041 | - | - | - |
| Tooth – 1 Surface – 4 | 5 | A | - | - | - | T042 | - | - | - |
| Tooth – 1 Surface – 5 | 5 | A | - | - | - | T043 | - | - | - |
| Tooth – 1 Surface – 6 | 5 | A | - | - | - | T044 | - | - | - |
| Tooth – 2 Surface – 1 | 5 | A | - | - | - | T046 | - | - | - |
| Tooth – 2 Surface – 2 | 5 | A | - | - | - | T047 | - | - | - |
| Tooth – 2 Surface – 3 | 5 | A | - | - | - | T048 | - | - | - |
| Tooth – 2 Surface – 4 | 5 | A | - | - | - | T049 | - | - | - |
| Tooth – 2 Surface – 5 | 5 | A | - | - | - | T050 | - | - | - |
| Tooth – 2 Surface – 6 | 5 | A | - | - | - | T051 | - | - | - |
| Tooth – 3 Surface – 1 | 5 | A | - | - | - | T053 | - | - | - |
| Tooth – 3 Surface – 2 | 5 | A | - | - | - | T054 | - | - | - |
| Tooth – 3 Surface – 3 | 5 | A | - | - | - | T055 | - | - | - |
| Tooth – 3 Surface – 4 | 5 | A | - | - | - | T056 | - | - | - |
| Tooth – 3 Surface – 5 | 5 | A | - | - | - | T057 | - | - | - |
| Tooth – 3 Surface – 6 | 5 | A | - | - | - | T058 | - | - | - |
| Tooth – 4 Surface – 1 | 5 | A | - | - | - | T060 | - | - | - |
| Tooth – 4 Surface – 2 | 5 | A | - | - | - | T061 | - | - | - |
| Tooth – 4 Surface – 3 | 5 | A | - | - | - | T062 | - | - | - |
| Tooth – 4 Surface – 4 | 5 | A | - | - | - | T063 | - | - | - |
| Tooth – 4 Surface – 5 | 5 | A | - | - | - | T064 | - | - | - |
| Tooth – 4 Surface – 6 | 5 | A | - | - | - | T065 | - | - | - |
| Tooth Number/Letter – 1 | 2 | A | - | - | - | T038 | - | - | - |
| Tooth Number/Letter – 2 | 2 | A | - | - | - | T045 | - | - | - |
| Tooth Number/Letter – 3 | 2 | A | - | - | - | T052 | - | - | - |
| Tooth Number/Letter – 4 | 2 | A | - | - | - | T059 | - | - | - |
| **Claim/Service Information** | | | | | | | | | |
| Assignment of Benefits | 1 | A | P053 | - | - | - | - | - | - |
| Claim Adjudication Date | 8 | N | P061 | R033 | I168 | T076 | - | - | - |
| Claim Control Number | 23 | A | P015 | - | I013 | T014 | - | - | - |
| Claim Line Number | 4 | A | P062 | R034 | I169 | T077 | - | - | - |
| Claim Line Type | 1 | A | P064 | R036 | I171 | T079 | - | - | - |
| Claim Paid Date | 8 | N | P016 | - | I014 | T015 | - | - | - |

# MCDB Field Index (In Alphabetical Order)

| Field Name | Length | Type | Field ID | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional | Pharmacy | Institutional | Dental | Eligibility | Provider | CRISP |
| Date Appliance Placed | 8 | N | - | - | - | T071 | - | - | - |
| Date Filled | 8 | N | - | R015 | - | - | - | - | - |
| Date of Admission or Start of Service | 8 | N | - | - | I019 | - | - | - | - |
| Date of Discharge or End of Service | 8 | A | - | - | I020 | - | - | - | - |
| Date of Prior Placement | 8 | N | - | - | - | T074 | - | - | - |
| Date Prescription Written | 8 | N | - | R016 | - | - | - | - | - |
| Drug Compound | 1 | A | - | R012 | - | - | - | - | - |
| Drug Quantity | 5 | N | P068 | R013 | - | - | - | - | - |
| Drug Supply | 3 | N | - | R014 | - | - | - | - | - |
| Fill Number | 2 | A | - | R010 | - | - | - | - | - |
| Flag for Former Claim Number Use | 1 | A | P066 | R038 | I173 | T081 | - | - | - |
| Former Claim Number | 23 | A | P065 | - | I172 | T080 | - | - | - |
| Former Prescription Claim Number | 23 | A | - | R037 | - | - | - | - | - |
| Months of Treatment Remaining | 2 | N | - | - | - | T072 | - | - | - |
| NDC Number | 11 | A | P067 | R011 | - | - | - | - | - |
| Orthodontics Treatment | 1 | A | - | - | - | T070 | - | - | - |
| Participating Provider Status | 1 | A | P013 | - | - | T012 | - | - | - |
| Patient Discharge Status | 2 | A | - | - | I018 | - | - | - | - |
| Place of Service | 2 | A | P031 | - | - | T019 | - | - | - |
| Point of Origin for Admission or Visit | 1 | A | - | - | I017 | - | - | - | - |
| Prescription Claim Control Number | 15 | A | - | R019 | - | - | - | - | - |
| Prescription Claim Paid Date | 8 | N | - | R020 | - | - | - | - | - |
| Prosthesis Replacement | 1 | A | - | - | - | T073 | - | - | - |
| Revenue Code | 4 | A | - | - | I144 | - | - | - | - |
| Record Type | 2 | A | - | - | I015 | - | - | - | - |
| Record Status | 1 | A | P014 | - | - | T013 | - | - | - |
| Service From Date | 8 | N | P029 | - | - | T017 | - | - | - |
| Service Thru Date | 8 | N | P030 | - | - | T018 | - | - | - |
| Service Unit Indicator | 1 | A | P033 | - | - | - | - | - | - |
| Type of Admission | 1 | A | - | - | I016 | - | - | - | - |
| Type of Bill | 3 | A | - | - | I140 | - | - | - | - |
| Units of Service | 3 | A | P034 | - | - | - | - | - | - |
| Version Number | 4 | A | P063 | R035 | I170 | T078 | - | - | - |
| **Financial Information** | | | | | | | | | |
| Allowed Amount | 9 | N | P040 | R039 | I134 | T024 | - | - | - |
| Amount Paid by Other Insurance | 9 | N | P069 | R041 | I139 | T082 | - | - | - |
| Billed Charge | 9 | N | P039 | R017 | I133 | T023 | - | - | - |
| Other Patient Obligations | 9 | N | P046 | R024 | - | T030 | - | - | - |
| Patient Coinsurance or Patient Co-payment | 9 | N | P045 | R023 | - | T029 | - | - | - |
| Patient Deductible | 9 | N | P044 | R022 | - | T028 | - | - | - |
| Reimbursement Amount | 9 | N | P041 | R018 | I135 | T025 | - | - | - |
| Total Other Patient Obligations | 9 | N | - | - | I138 | - | - | - | - |
| Total Patient Coinsurance or Patient Co-payment | 9 | N | - | - | I137 | - | - | - | - |
| Total Patient Deductible | 9 | N | - | - | I136 | - | - | - | - |

*Procedure Code is 5 characters in length in the Dental Services file.