

2019 MARYLAND MEDICAL CARE DATA BASE (MCDB) STANDARD ANALYTIC FILES (SAF)

User's Manual

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

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Introduction

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

The Standard Analytic Files (formerly known as Standard Data Extract) only include the private payer component. This manual describes the data in each of four files provided for your organization's use – the Medical Eligibility File, the Professional Services File, the Institutional Services File, and the Pharmacy File. The data provided cover claims and eligibility data for services provided during 2019 by Maryland residents and non-Maryland residents with an insurance contract in Maryland.

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Primary Key Variable Used for Files Linkage

All the Standard Analytic Files described in this manual can be linked with one unique patient identifier: PATIDP.

File Description

The table below contains brief descriptions of the data included in this manual – number of records, number of data elements (variables) and approximate physical size. All MCDB database files are in SAS format. The record layout and the codebook for each file type are also provided in this user manual.

MCDB Component	SAS File Name	Description	Number of Records	Number of Data Elements	Approximate Physical File Size (Gigabytes)
Medical Eligibility	mcd_b_sde_elig_2019_sde0003_v1	2019 Annal MCDB SAF - Eligibility File	5,563,189	50	.89
Professional Services	mcd_b_sde_prf_2019_sde0003_v1	2019 Annal MCDB SAF - Professional Services File	61,770,321	130	18.4
Institutional Services	mcd_b_sde_inst_2019_sde0003_v1	2019 Annal MCDB SAF - Institutional Services File	10,479,863	190	3.78
Pharmacy	mcd_b_sde_rx_2019_sde0003_v1	2019 Annal MCDB SAF - Pharmacy File	23,888,533	76	5.81

Special Notes about the Institutional Standard Analytic File

FACTYPE is already populated and provided on the MCDB. The value for RECTYPE is used to determine FACTYPE when the PNUM is P320, otherwise, the IBILLTYPE is used. When we removed RECTYPE from the standard extract, we lose some granularity, but we think FACTYPE should be sufficient for most analyses. For P320, there was not much variability in RECTYPE.

Release Notes

Starting 2018, the code to categorize fully insured plans changed. To compare to years before 2018, please apply the following code to SAFs.

```
*****;
* CODE TO CORRECTLY CATEGORIZE THE FULLY INSURED PLANS AND TO CHANGE COVERAGE TYPE FOR TPA AND P480
*****;

/* CHANGES COVERAGE TYPE FROM Z TO 3 FOR KAISER (P480) */
IF PNUM= "P480" AND COVTYPE_E = "Z" THEN COVTYPE_E = "3";

/* CHANGE COVERAGE TYPE FROM Z TO 5 FOR THIRD PARTY ADMINISTRATORS (TPA) */
IF UPCASE(SUBSTR(PNUM,1,1)) = "T" AND COVTYPE_E = "Z" THEN COVTYPE_E = "5";

/* FOR CAREFIRST BLUE CHOICE */
IF PNUM = "P130" THEN DO;
  IF PLANLIAB_E = "1" THEN PLANLIAB_E = "1";
  ELSE IF PLANLIAB_E = "2" THEN PLANLIAB_E = "2";
  ELSE IF PLANLIAB_E = "3" THEN PLANLIAB_E = "1";
  ELSE IF PLANLIAB_E = "4" THEN PLANLIAB_E = "2";
  ELSE PLANLIAB_E = "N";
END;
ELSE DO;
  /* FOR INDIVIDUAL AND SMALL GROUP MARKETS */
  IF COVTYPE_E IN ("3", "B", "8", "C") THEN DO;
    IF PLANLIAB_E = "1" THEN PLANLIAB_E = "1";
    ELSE IF PLANLIAB_E = "2" THEN PLANLIAB_E = "2";
    ELSE IF PLANLIAB_E = "3" THEN PLANLIAB_E = "1";
    ELSE IF PLANLIAB_E = "4" THEN PLANLIAB_E = "2";
    ELSE PLANLIAB_E = "N";
  END;
  /* FOR FEDERAL EMPLOYEE HEALTH BENEFIT PLAN */
  IF COVTYPE_E IN ("6") THEN DO;
    IF PLANLIAB_E = "1" THEN PLANLIAB_E = "1";
    ELSE IF PLANLIAB_E = "2" THEN PLANLIAB_E = "2";
    ELSE IF PLANLIAB_E = "3" THEN PLANLIAB_E = "1";
    ELSE IF PLANLIAB_E = "4" THEN PLANLIAB_E = "2";
    ELSE PLANLIAB_E = "N";
  END;
END;

/* DELETE RECORDS WITH COVERAGE TYPE = Z */
IF COVTYPE_E = "Z" THEN OUTPUT DELETE;
```

Effect of the Gobeille v. Liberty Mutual Ruling on 2016 MCDB Data

On March 1, 2016, the U.S. Supreme Court, in *Gobeille v. Liberty Mutual Insurance Company*, 577 U.S. ____ (2016), ruled that in regards to reporting of data for health care plans governed by the ERISA act, the ERISA act pre-empts statutes of individual states to require such reporting. Following this ruling, most reporting entities elected not to submit enrollment and/or claims data related to self-insured ERISA to the Maryland Medical Care Data Base. For some reporting entities, the data related to enrollees covered by such plans accounted for a significant portion of the data submitted to the MCDB in prior years. Therefore, analysts should be cautious in comparing trends across years that include 2015 data and also assess the impact of this reduced data on other analyses that may be affected by the exclusion of data related to such plans.

The self-insured ERISA plans records are identified in each of the four files by a combination of the plan liability (PLANLIAB_E) and coverage type (COVTYPE_E) fields. The criteria for identifying such plans is as follows: The coverage type value is "5" and the plan liability value is "3" or "4".

Capitated Services

The professional services file includes capitated services with limited financial information. Reporting entities were requested to submit values for all financial fields they collect for capitated services. For example, the reimbursement amount field has missing values for most capitated services since the provider is not reimbursed for each service. However, the co-pay amount is reported for services requiring patients to make copayments for selected capitated services.

Capitated services are identified in the professional services file by the record status (RECSTAT_P) field. A value of '8' in this field means the service is capitated.

Institutional Services Layout Change in 2016

Unlike in previous years where institutional services claims were rolled-up at the claim level, the 2016 claims are reported on a per-line basis (by revenue code for inpatient and by procedure code for outpatient claims). For example, a claim line is defined as follows: For inpatient facility (hospital and non-hospital), each line is defined by revenue code. Each line has one revenue code. However, each revenue code can have more than one procedure or diagnosis code. For outpatient facility (hospital and non-hospital), each line is defined by revenue code or CPT code. Each line has at least one revenue or one CPT code. Diagnosis codes are repeated on all lines of a claim.

Technical Support

Questions and clarifications regarding these data can be addressed to:

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Record Layouts

Eligibility File:

Alphabetic List of Variables and Attributes					
#	Variable	Type	Len	Format	Label
4	AGE1219_E	Num	8		Patient Age as of 12/31/2019, Rounded
5	BEHAVIND	Char	1		Behavioral Health Services Indicator. See below for more details.
6	CDHPIND_E	Char	1		Consumer Directed Health Plan (CDHP) with HAS or HRA Indicator. See below for more details.
7	COVTYPE_E	Char	1		Coverage Type. See below for more details.
8	CS_REDUCTION_IND	Char	1		Cost Sharing Reduction Indicator
3	DT_COV_BEGIN	Num	8	MMDDYY10.	Start date for Benefits Coverage
9	DT_COV_END	Num	8	MMDDYY10.	Coverage End Date
10	EFEDTAXID	Char	13		Employer Federal Tax ID Number
11	ETHN_DIRECT_SRC	Char	1		Source of Direct Reporting of Enrollee Ethnicity. See below for more details.
12	ETHN_HISP	Char	1		Enrollee OMB Hispanic Ethnicity. See below for more details.
13	ETHN_IMP_HI_PROB	Char	1		Imputed Ethnicity with Highest Probability
14	ETHN_IMP_PROB	Num	8		Probability of Imputed Ethnicity Assignment
2	F_GAPCOV	Char	1		Flag, Coverage Dates and End Dates Has Gaps
15	F_GEO_PATMD_E	Char	1		Flag, Service Provided to Maryland Residents (0/1)
16	F_GEO_PATZIP5_E	Char	1		Flag: GEO_PATZIP5_E: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
17	F_LANGUAGE	Char	1		Flag, LANGUAGE: 1=Valid, 2=Missing, 3=Invalid
18	F_RELATIONSHIP	Char	1		Flag, RELATIONSHIP: 1=Valid, 2=Missing, 3=Invalid
50	F_TPA	Char	1		Flag, Third Party Administrator Indicator (0/1)
19	F_YR65_E	Char	1		Flag, Age 65+ (0:<65, 1:>=65, 2: Missing)
20	GEO_PATCOUNTY_E	Char	5		Enrollee Residence County Code (State FIPS/County Codes Combined)
21	GEO_PATSTATE_E	Char	2		Enrollee Residence State
22	GEO_PATZIP5_E	Char	5		Enrollee Zip Code of Residence
23	GF_PLAN_IND	Char	1		Grandfathered Plan Indicator
24	LANGUAGE	Char	2		Enrollee Preferred Spoken Language. See below for more details.
25	MEDIND	Char	1		Medical Services Indicator. See below for more details.
26	ML_PLAN_IND	Char	1		Metal Level Plan Indicator
1	PATIDP	Char	25		Unique Enrollee ID-P, Re-Encrypted
27	PATIDU	Char	12		Enrollee Identifier-U (UUID encrypted),Re-Encrypted
28	PLANLIAB_E	Char	1		Plan Liability
29	POLICYTYP	Char	1		Policy Type. See below for more details.
30	PPLAN_E	Char	1		Plan Type, (1=Non-HMO, 2=HMO)
31	PRODTYP_E	Char	1		Product Type
32	RACE_DIRECT_ASIAN	Char	1		Race Category Asian. See below for more details.
33	RACE_DIRECT_BLACK	Char	1		Race Category Black. See below for more details.
34	RACE_DIRECT_DECLINE	Char	1		Race Category Declined to Answer. See below for more details.
35	RACE_DIRECT_HAWAII	Char	1		Race Category Native Hawaiian or Pacific Islander. See below for more details.
36	RACE_DIRECT_INDIAN	Char	1		Race Category American Indian or Alaska Native. See below for more details.
37	RACE_DIRECT_OTHER	Char	1		Race Category Other. See below for more details.
38	RACE_DIRECT_SRC	Char	1		Source of Direct Reporting of Enrollee Race. See below for more details.
39	RACE_DIRECT_UNKNOWN	Char	1		Race Category Unknown. See below for more details.
40	RACE_DIRECT_WHITE	Char	1		Race Category White - Direct. See below for more details.
41	RACE_IMP_HI_PROB	Char	1		Imputed Race with Highest Probability
42	RACE_IMP_PROB	Num	8		Probability of Imputed Race Assignment
43	RECID	Char	1		Record Identifier
44	RELATIONSHIP	Char	1		Relationship to Policyholder. See below for more details.
45	RXIND	Char	1		Pharmacy Services Indicator. See below for more details.
46	SDE_USERID	Char	7		Standard Data Extract User ID, Assigned by SSS
47	SEX	Char	1		Enrollee Sex
48	SRC_COMP_E	Char	1		Source Company

49	SUBSCRIBER_ID	Char	20	Subscriber ID Number, Re-Encrypted
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Eligibility File Codebook

BEHAVIND

Behavioral Health Services Indicator

Type: Character Length: 1

Value	Description
0	No
1	Yes

Indicates enrollee with behavioral health services coverage.

CDHPIND_E

Consumer Directed Health Plan (CDHP) with HAS or HRA Indicator

Type: Character Length: 1

Value	Description
0	No
1	Yes

This variable indicates if an enrollee is covered under Consumer Directed Health Plan(CDHP) with Health Savings Account (HSA) or Health Resources Account (HRA).

COVTYPE_E

Coverage Type

Type: Character Length: 1

Value	Description
1	Medicare Supplemental(Individual,Group,WRAP)
2	Medicare Advantage Plan
3	Individual Market (not sold on MHBE)
5	Private Employer Sponsored or Other Group
6	Public Employee - Federal (FEHBP)
7	Public Employee - Other
8	Small Business Options Program (SHOP) not sold on MHBE
A	Student Health Plan
B	Individual Market (sold on MHBE)
C	Small Business Options Program(SHOP) sold on MHBE
Z	Unknown
Blank	Code Missing

Indicates type of insurance coverage in which an enrollee is being enrolled. The value in this variable as reported by payer.

ETHN_DIRECT_SRC

Source of Direct Reporting of Enrollee Ethnicity

Type: Character Length: 1

Value	Description
1	Enrollee reported to payer
2	Enrollee reported to another source
9	Missing/Unknown/Not specified
Other	Code Invalid

Indicates the source of direct reporting of enrollee ethnicity.

ETHN_HISP
Enrollee OMB Hispanic Ethnicity

Type: Character Length: 1

Value	Description
1	1: Hispanic or Latino or Spanish origin
2	2: Not Hispanic or Latino or Not of Spanish origin
9	9: Missing/Unknown/Not specified
Other	Code Invalid

Indicates if enrollee is of Hispanic or Latino or Spanish origin.

LANGUAGE
Enrollee Preferred Spoken Language

Type: Character Length: 2

Value	Description
10	French (European)
11	Greek
12	Gujarati
13	Hindi
14	Italian
15	Korean
16	Mandarin
17	Portuguese(Brazilian)
18	Russian
19	Serbian
20	Somali
21	Spanish(Latin America)
22	Tagalog(Pilipino)
23	Urdu
24	Vietnamese
98	Other and unspecified languages
99	Unknown
Other	Code Invalid

Enrollee preferred spoken language (LANGUAGE) for a healthcare encounter.

MEDIND
Medical Services Indicator

Type: Character Length: 1

Value	Description
0	No
1	Yes

Indicates enrollee with medical services coverage.

POLICYTYP
Policy Type

Type: Character Length: 1

Value	Description
1	Individual

2	Any combination of two or more persons
Other	Code Invalid
Type of Policy indicates if the coverage is for individual or for two or more persons.	

RACE_DIRECT_ASIAN
Race Category Asian-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

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.

RACE_DIRECT_BLACK
Race Category Black or African American-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

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.

RACE_DIRECT_DECLINE
Race Category Declined to Answer-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

This variable indicates if the enrollees decline to disclose their race.

RACE_DIRECT_HAWAII
Race Category Native Hawaiian or Pacific Islander-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

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.

RACE_DIRECT_INDIAN
Race Category American Indian or Alaska Native-Direct

Type: Character Length: 1

Value	Description
0	No

1	Yes
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.	

RACE_DIRECT_OTHER
Race Category Other-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

Self-defined race of the enrollee is other.

RACE_DIRECT_SRC
Source of Direct Reporting of Enrollee Race

Type: Character Length: 1

Value	Description
1	Enrollee reported to payer
2	Enrollee reported to another source
9	Missing/Unknown/Not specified
Other	Code Invalid

Source of Direct Reporting of Enrollee Ethnicity.

RACE_DIRECT_UNKNOWN
Race Category Unknown or Cannot be Determined-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

Race Category of enrollee is unknown or cannot be determined.

RACE_DIRECT_WHITE
Race Category White-Direct

Type: Character Length: 1

Value	Description
0	No
1	Yes

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.

RELATIONSHIP
Relationship to Policyholder

Type: Character Length: 1

Value	Description
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1	Self/employee
2	Spouse
3	Child
4	Other Dependent
5	Other Adult
9	Unknown
Other	Code Invalid
Member's relationship to the subscriber/insured.	

RXIND	
Pharmacy Services Indicator	
Type: Character	Length: 1
Value	Description
0	No
1	Yes
Indicates enrollee with pharmacy services coverage.	

Professional Services:

Alphabetic List of Variables and Attributes					
#	Variable	Type	Len	Format	Label
1	AGE1219_P	Num	8		Patient Age as of 12/31/2019
2	ANESTH_CF	Num	8		Anesthesia Conversion Factor
3	BEHAVIND	Char	1		Behavioral Health Services Indicator from Eligibility File
4	BETOSAGG	Char	1		BETOS Category, Aggregated
5	BETOSDET	Char	3		BETOS Category, Detailed
6	CDHPIND_E	Char	1		CDHP Indicator from Eligibility File
7	CDHPIND_P	Char	1		Consumer Directed Health Plan (CDHP) Indicator
11	CLAIMCN_OLD_P	Char	23		Former Claim Number
12	CLAIMCN_P	Char	23		Claim Control Number
8	CLAIM_LINE_NUM_P	Num	8		Claim Line Number
9	CLAIM_LINE_TYPE_P	Char	8		Claim Line Type. See below for more details.
10	CLAIM_LINE_VERSION_P	Num	8		Claim Line Version
13	CLMRELCO_P	Char	1		Claim Related Condition
14	COBENSAV_P	Num	8		COBENSAV_P w/original, corrected, or imputed values
15	COVOTHR_P	Char	1		Patient Covered by Other Insurance
16	COVTYPE_E	Char	1		Coverage Type from Eligibility File
17	COVTYPE_P	Char	1		Coverage Type
18	CPT	Char	7		CPT-4/HCPCS Procedure Code
19	CPT_CAT2_01	Char	5		CPT Category II Code 1
20	CPT_CAT2_02	Char	5		Other CPT Category II Code 2
21	CPT_CAT2_03	Char	5		Other CPT Category II Code 3
22	CPT_CAT2_04	Char	5		Other CPT Category II Code 4
23	CPT_CAT2_05	Char	5		Other CPT Category II Code 5
24	DRUGQTY	Num	8		Drug Quantity
25	DT_BEGIN_P	Num	8	MMDDYY10.	Service From Date
26	DT_CLM_ADJUD_P	Num	8	MMDDYY10.	DT_CLM_ADJUD_P w/original, corrected or imputed values
27	DT_CLM_PAID_P	Num	8	MMDDYY10.	Claim Paid Date
28	DT_CLM_YEAR_P	Num	8		Claim Paid Year
29	DT_COV_BEGIN	Num	8	MMDDYY10.	Coverage Start Date from Eligibility File
30	DT_COV_END	Num	8	MMDDYY10.	Coverage End Date from Eligibility File
31	DT_END_P	Num	8	MMDDYY10.	Service Thru Date
32	DT_SVCYEAR_BEGIN_P	Num	8		Service Year (Based on Service From Date)

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
33	DT_SVCYEAR_END_P	Num	8		Service Year (Based on Service Thru Date)
34	DX01_P	Char	7		ICD-9-CM Diagnosis Code 01
35	DX02_P	Char	7		ICD-9-CM Diagnosis Code 02
36	DX03_P	Char	7		ICD-9-CM Diagnosis Code 03
37	DX04_P	Char	7		ICD-9-CM Diagnosis Code 04
38	DX05_P	Char	7		ICD-9-CM Diagnosis Code 05
39	DX06_P	Char	7		ICD-9-CM Diagnosis Code 06
40	DX07_P	Char	7		ICD-9-CM Diagnosis Code 07
41	DX08_P	Char	7		ICD-9-CM Diagnosis Code 08
42	DX09_P	Char	7		ICD-9-CM Diagnosis Code 09
43	DX10_P	Char	7		ICD-9-CM Diagnosis Code 10
44	DXIND_P	Char	1		Diagnosis Code Indicator
79	FEDTAXID	Char	13		Practitioner Federal Tax ID
80	FIN_ALLOW_P	Num	8		Allowed Amount
81	FIN_BILL_P	Num	8		Billed Charge
82	FIN_OOP	Num	8		Total Out-of-Pocket Payment
83	FIN_PATCOPAY_P	Num	8		Patient Coinsurance or Co-payment
84	FIN_PATDED_P	Num	8		Patient Deductible
85	FIN_PATLIAB_P	Num	8		Patient Liability
86	FIN_PATOTHER_P	Num	8		Other Patient Obligation
87	FIN_PAYMENT_P	Num	8		Total Payment
88	FIN_REIMB_P	Num	8		Reimbursement Amount
89	FIN_SPENDING	Num	8		Financial, Total Spending
45	F_ANESTH	Char	1		Flag, Anesthesia Service (0,1)
46	F_ASSIST	Char	1		Flag, Assistant at Surgery (0,1)
47	F_BILAT	Char	1		Flag, Bilateral Surgery (0,1)
48	F_CLAIMCN_P	Char	1		Flag, CLAIMCN_P: 1=Not Missing, 2=Missing, 3=Filler
49	F_CPT	Char	1		Procedure Code Category (1-7)
50	F_DATE_INRANGE	Char	1		Flag, DT_END_P is within Eligibility Coverage Dates (0,1)
51	F_DIAG01	Char	1		Flag, DX01_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
52	F_DIAG02	Char	1		Flag, DX02_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
53	F_DIAG03	Char	1		Flag, DX03_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
54	F_DIAG04	Char	1		Flag, DX04_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
55	F_DIAG05	Char	1		Flag, DX05_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
56	F_DIAG06	Char	1		Flag, DX06_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
57	F_DIAG07	Char	1		Flag, DX07_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
58	F_DIAG08	Char	1		Flag, DX08_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
59	F_DIAG09	Char	1		Flag, DX09_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
60	F_DIAG10	Char	1		Flag, DX010_P: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
61	F_FAC	Char	1		Flag, Facility Service Location-IP,OP,ASC,SNF (0,1)
62	F_FAC_BILL	Char	1		Flag, Identified Facility Bill Based on CPT Modifier (0,1)
63	F_FEDTAXID	Char	1		Flag, FEDTAXID: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
64	F_FMR_CLM_USE	Char	1		Flag, Former Claim Number Use (payer submitted)
65	F_GEO_PATMD_P	Char	1		Flag, Service Provided to Maryland Residents (0,1)
66	F_GEO_PATZIP5_P	Char	1		Flag, GEO_PATZIP5_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
67	F_GEO_SVCZIP5_P	Char	1		Flag, GEO_SVCZIP5_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
68	F_INCLBUNIT	Char	1		Flag, Base Anesthesia Units Included (0,1)
69	F_LAB	Char	1		Flag, Procedure Code for Lab/Radiology (0,1)
70	F_LOS_P	Char	1		Flag, Length of Stay (LOS) Validation (0,1)
73	F_NPISPEC	Char	1		Flag, Type of NPI Specialty Grouping in NPES File (1,2,3,4,5)
71	F_NP_BP_NPI_P	Char	1		Flag, NP_BP_NPI_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
72	F_NP_SP_NPI_P	Char	1		Flag, NP_SP_NPI_P: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
74	F_PE_LINK	Char	1		Flag, Professional to Eligibility Linkage by PIDBDGP(0,1)
75	F_PROVID	Char	1		Flag, PROVID: 0=Not missing, 1=Missing, 2=Filler
76	F_SECONDARY_PAYER	Char	1		Flag, Possible Secondary Payer (0,1)
77	F_SPLIT	Char	1		Flag, Minor/Split Surgery Assoc. with Major Surgery (0,1)
126	F_TPA	Char	1		Flag, Third Party Administrator (TPA) Indicator(0,1)

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
78	F_YR65_P	Char	1		Flag, Age 65+ (0:<65, 1:>=65, 2:Missing)
90	GEO_PATCOUNTY_P	Char	5		Patient Residence County Code(State FIPS/County Codes Combined)
91	GEO_PATSTATE_P	Char	2		Patient Residence State (2-digit FIPS code)
92	GEO_PATZIP5_E	Char	5		Enrollee Residence ZIP Code from Eligibility File
93	GEO_PATZIP5_P	Char	5		Patient Residence Zip Code, 5-digit Zip Code
94	GEO_SVCZIP5_P	Char	5		Service Location Zip Code, 5-digit Zip Code
95	LOS_P	Num	8		Length of Service
96	MEDIND	Char	1		Medical Services Indicator from Eligibility File
97	MOD1	Char	2		AMA Modifier I
98	MOD2	Char	2		AMA Modifier II
99	NDC_NUMBER	Char	11		National Drug Code Number
100	NP_BP_NPI_P	Char	10		National Provider Identifier(NPI) used for Billing
101	NP_SP_ENTITY_TYPE_P	Char	1		Service Pract., Entity Type Code from NPI File
102	NP_SP_NPI_P	Char	10		Servicing Pract. Individual National Provider ID (NPI)
103	NP_SP_SOLE_PROPRIETOR_P	Char	1		Practitioner Sole Proprietor Indicator from NPPES File
105	NP_SP_TAXOCODE1_P	Char	10		Practitioner Taxonomy Code #1
106	NP_SP_TAXOCODE2_P	Char	10		Practitioner Taxonomy Code #2
107	NP_SP_TAXOCODE3_P	Char	10		Practitioner Taxonomy Code #3
104	NP_SP_TAXOCODE_P_SRC	Char	1		Source of Taxonomy Codes Assigned (1,2,3)
108	NUNITS	Num	8		Normalized Service Units (UNITS)
109	PARTPROV_P	Char	1		Participating Provider Flag
127	PATIDP	Char	25		Patient Identifier-P (Encrypted)
128	PATIDU	Char	12		Patient Identifier-U (UUID encrypted)
110	PLANLIAB_E	Char	1		Plan Liability from Eligibility File
111	PLANLIAB_P	Char	1		Plan Liability
112	POLICYTYP	Char	1		Product Type from Eligibility File
113	PRODTYP_E	Char	1		Policy Type from Eligibility File
114	PRODTYP_P	Char	1		Product Type
115	PROVID	Char	20		Servicing Practitioner Identifier
116	RECID	Char	1		Record Identifier
117	RECSTAT_P	Char	1		Records Status
118	RELATIONSHIP	Char	1		Relationship to Policyholder from Eligibility File
119	RXIND	Char	1		Pharmacy Services Indicator from Eligibility File
130	SDE_USERID	Char	7		Standard Data Extract User ID
120	SEX	Char	1		Patient Sex
121	SRC_COMP_E	Char	1		Source Company from Eligibility File
122	SRC_COMP_P	Char	1		Source Company
129	SUBSCRIBER_ID	Char	20		Subscriber ID Number, Re-Encrypted
123	SVCPLACE_P	Char	2		Place of Service. See below for more details.
124	UNITIND_P	Char	1		Service Unit Indicator
125	UNITS_P	Num	8		Number of Units for a Service

Professional Services File Codebook

CLAIM_LINE_TYPE_P Claim line type.

Type: Character Length: 8

Value	Description
O	Original
V	Void
R	Replacement
B	Back Out
A	Amendment

This field indicates, for F_MASTER = 1 records, whether the line represents an original claim; an adjustment to a claim; a replacement to a claim; or a void/backout of a claim.

SVCPLACE_P Place of Service

Type: Character Length: 2

Value	Description
11	Provider's Office
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
17	Walk-in Retail Health Clinic
18	Place of Employment - Worksite
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance-Land
42	Ambulance-Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospital
53	Community Mental Health Center
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpat Rehabilitatn Fclty
Other	Other Code
62	Comprehensive Outpat Rehabilitatn Fcty
65	End Stage Renal Disease Treatment Fcty
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory

99	Not Coded or Other Unlisted Facility
Blank	Missing Code
Place of Service is a two-digit numeric code that describes where a service was rendered.	

Institutional Services File:

Alphabetic List of Variables and Attributes					
#	Variable	Type	Len	Format	Label
1	ADMITN	Char	2		Admission, Combined Admission Type & Source. See below for more details.
2	ADMITNORI	Char	2		Point of Origin for Admission or Visit. See below for more details.
3	ADMITNTYP	Char	2		Type of Admission. See below for more details.
185	AGE1219_I	Num	8		Age of Patient as of 12/31/2019
4	BEHAVIND	Char	1		Behavioral Health Services Indicator from Eligibility
5	CDHPIND_E	Char	1		Consumer Directed Health Plan (CDHP) with HAS or HRA Indicator
6	CLAIMCN_I	Char	23		Claim Control Number
7	CLAIMCN_OLD_I	Char	23		Former Claim Number
8	CLAIM_LINE_NUM_I	Num	8		Claim Line Number
9	CLAIM_LINE_TYPE_I	Char	8		Claim Line Type. See below for more details.
10	CLAIM_LINE_VERSION_I	Num	8		Claim Line Version
11	COBENSAV_I	Num	8		Coordination of Benefit Savings/Other Payer Payments
12	COVTYPE_E	Char	1		Coverage Type from Eligibility File
13	CPT01	Char	7		Principal Procedure Code 1
14	CPTIND	Char	7		Procedure Code Indicator
15	DISCHSTAT	Char	2		Patient Discharge Status. See below for more details.
16	DT_BEGIN_I	Num	8	MMDDYY10.	Service From Date
17	DT_CLM_ADJUD_I	Num	8	MMDDYY10.	The Date that a Claim was Adjudicated
18	DT_CLM_PAID_I	Num	8	MMDDYY10.	Claim Paid Date
19	DT_CLM_YEAR_I	Num	8		Year of Claim Paid Date
20	DT_COV_BEGIN	Num	8	MMDDYY10.	Coverage Start Date from Eligibility File
21	DT_COV_END	Num	8	MMDDYY10.	Coverage End Date from Eligibility File
22	DT_END_I	Num	8	MMDDYY10.	Service Thru Date
23	DT_SVCYEAR_BEGIN_I	Num	8		Service Provided Year (Based on Service Begin Date)
24	DT_SVCYEAR_END_I	Num	8		Service Provided Year (Based on Service End Date)
25	DX00_ADMITN	Char	1		Primary Diagnosis Code Present on Admission
26	DX00_I	Char	7		Primary Diagnosis Code
27	DX01_ADMITN	Char	1		Other Diagnosis Code 1 present at Admission
28	DX01_I	Char	7		Other Diagnosis Code 1
29	DX02_ADMITN	Char	1		Other Diagnosis Code 2 present at Admission
30	DX02_I	Char	7		Other Diagnosis Code 2
31	DX03_ADMITN	Char	1		Other Diagnosis Code 3 present at Admission
32	DX03_I	Char	7		Other Diagnosis Code 3
33	DX04_ADMITN	Char	1		Other Diagnosis Code 4 present at Admission
34	DX04_I	Char	7		Other Diagnosis Code 4
35	DX05_ADMITN	Char	1		Other Diagnosis Code 5 present at Admission
36	DX05_I	Char	7		Other Diagnosis Code 5
37	DX06_ADMITN	Char	1		Other Diagnosis Code 6 present at Admission
38	DX06_I	Char	7		Other Diagnosis Code 6
39	DX07_ADMITN	Char	1		Other Diagnosis Code 7 present at Admission
40	DX07_I	Char	7		Other Diagnosis Code 7
41	DX08_ADMITN	Char	1		Other Diagnosis Code 8 present at Admission
42	DX08_I	Char	7		Other Diagnosis Code 8
43	DX09_ADMITN	Char	1		Other Diagnosis Code 9 present at Admission
44	DX09_I	Char	7		Other Diagnosis Code 9
45	DX10_ADMITN	Char	1		Other Diagnosis Code 10 present at Admission
46	DX10_I	Char	7		Other Diagnosis Code 10

Alphabetic List of Variables and Attributes					
#	Variable	Type	Len	Format	Label
47	DX11_ADMITN	Char	1		Other Diagnosis Code 11 present at Admission
48	DX11_I	Char	7		Other Diagnosis Code 11
49	DX12_ADMITN	Char	1		Other Diagnosis Code 12 present at Admission
50	DX12_I	Char	7		Other Diagnosis Code 12
51	DX13_ADMITN	Char	1		Other Diagnosis Code 13 present at Admission
52	DX13_I	Char	7		Other Diagnosis Code 13
53	DX14_ADMITN	Char	1		Other Diagnosis Code 14 present at Admission
54	DX14_I	Char	7		Other Diagnosis Code 14
55	DX15_ADMITN	Char	1		Other Diagnosis Code 15 present at Admission
56	DX15_I	Char	7		Other Diagnosis Code 15
57	DX16_ADMITN	Char	1		Other Diagnosis Code 16 present at Admission
58	DX16_I	Char	7		Other Diagnosis Code 16
59	DX17_ADMITN	Char	1		Other Diagnosis Code 17 present at Admission
60	DX17_I	Char	7		Other Diagnosis Code 17
61	DX18_ADMITN	Char	1		Other Diagnosis Code 18 present at Admission
62	DX18_I	Char	7		Other Diagnosis Code 18
63	DX19_ADMITN	Char	1		Other Diagnosis Code 19 present at Admission
64	DX19_I	Char	7		Other Diagnosis Code 19
65	DX20_ADMITN	Char	1		Other Diagnosis Code 20 present at Admission
66	DX20_I	Char	7		Other Diagnosis Code 20
67	DX21_ADMITN	Char	1		Other Diagnosis Code 21 present at Admission
68	DX21_I	Char	7		Other Diagnosis Code 21
69	DX22_ADMITN	Char	1		Other Diagnosis Code 22 present at Admission
70	DX22_I	Char	7		Other Diagnosis Code 22
71	DX23_ADMITN	Char	1		Other Diagnosis Code 23 present at Admission
72	DX23_I	Char	7		Other Diagnosis Code 23
73	DX24_ADMITN	Char	1		Other Diagnosis Code 24 present at Admission
74	DX24_I	Char	7		Other Diagnosis Code 24
75	DX25_ADMITN	Char	1		Other Diagnosis Code 25 present at Admission
76	DX25_I	Char	7		Other Diagnosis Code 25
77	DX26_ADMITN	Char	1		Other Diagnosis Code 26 present at Admission
78	DX26_I	Char	7		Other Diagnosis Code 26
79	DX27_ADMITN	Char	1		Other Diagnosis Code 27 present at Admission
80	DX27_I	Char	7		Other Diagnosis Code 27
81	DX28_ADMITN	Char	1		Other Diagnosis Code 28 present at Admission
82	DX28_I	Char	7		Other Diagnosis Code 28
83	DX29_ADMITN	Char	1		Other Diagnosis Code 29 present at Admission
84	DX29_I	Char	7		Other Diagnosis Code 29
85	DXIND_I	Char	1		Diagnosis Code Indicator
86	FACTYPE	Char	1		Facility Type from IBILLCLASS. See below for more details.
87	FAC_MCR_PROVID	Char	6		Hospital/Facility Medicare Provider Number
88	FEDTAXID	Char	13		Hospital/Facility Federal Tax ID
89	FIN_ALLOW_I	Num	8		Allowed Amount
90	FIN_BILL_I	Num	8		Billed Charge
91	FIN_PATCOPAY_I	Num	8		Patient Coinsurance/Co-payment
92	FIN_PATDED_I	Num	8		Patient Deductible
93	FIN_PATLIAB_I	Num	8		Patient Liability
94	FIN_PATOTHER_I	Num	8		Patient Other Patient Obligation
95	FIN_PAYMENT_I	Num	8		Total Payment
96	FIN_REIMB_I	Num	8		Reimbursement Amount
97	F_CLAIMCN_I	Char	1		Flag, CLAIMCN_I: 1=Not Missing, 2=Missing, 3=Filler
98	F_CPT01	Char	1		Flag, Primary Procedure Code Category
99	F_DATE_INRANGE	Char	1		Flag, DT_END_I is within Eligibility Coverage Dates(0,1)
100	F_DIAG00	Char	1		Flag, DX_00_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
101	F_DIAG01	Char	1		Flag, DX_01_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
102	F_DIAG02	Char	1		Flag, DX_02_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
103	F_DIAG03	Char	1		Flag, DX_03_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
104	F_DIAG04	Char	1		Flag, DX_04_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
105	F_DIAG05	Char	1		Flag, DX_05_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
106	F_DIAG06	Char	1		Flag, DX_06_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
107	F_DIAG07	Char	1		Flag, DX_07_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
108	F_DIAG08	Char	1		Flag, DX_08_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
109	F_DIAG09	Char	1		Flag, DX_09_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
110	F_DIAG10	Char	1		Flag, DX_10_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
111	F_DIAG11	Char	1		Flag, DX_11_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
112	F_DIAG12	Char	1		Flag, DX_12_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
113	F_DIAG13	Char	1		Flag, DX_13_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
114	F_DIAG14	Char	1		Flag, DX_14_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
115	F_DIAG15	Char	1		Flag, DX_15_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
116	F_DIAG16	Char	1		Flag, DX_16_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
117	F_DIAG17	Char	1		Flag, DX_17_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
118	F_DIAG18	Char	1		Flag, DX_18_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
119	F_DIAG19	Char	1		Flag, DX_19_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
120	F_DIAG20	Char	1		Flag, DX_20_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
121	F_DIAG21	Char	1		Flag, DX_21_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
122	F_DIAG22	Char	1		Flag, DX_22_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
123	F_DIAG23	Char	1		Flag, DX_23_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
124	F_DIAG24	Char	1		Flag, DX_24_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
125	F_DIAG25	Char	1		Flag, DX_25_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
126	F_DIAG26	Char	1		Flag, DX_26_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
127	F_DIAG27	Char	1		Flag, DX_27_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
128	F_DIAG28	Char	1		Flag, DX_28_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
129	F_DIAG29	Char	1		Flag, DX_29_I: 1=ICD-9, 2=ICD-10, 3=Missing, 4=Invalid
130	F_FEDTAXID	Char	1		Flag, FEDTAXID: 0=Valid, 1=Missing, 2=Filler,3=Invalid
141	F_FMR_CLM_USE	Num	8		Flag for Former Claim Number User
131	F_GEO_PATMD_I	Char	1		Flag, Service Provided to Maryland Residents (0/1)
132	F_GEO_PATZIP5_I	Char	1		Flag, GEO_PATZIP5_I_EDT: 0=Valid, 1=Missing, 2=Filler
133	F_IBILLTYPE	Char	1		Flag, F_IBILLTYPE: 1=Valid, 2=Invalid, 3=Filler, 4=Missing
134	F_IE_LINK	Char	1		Flag, Institutional Service to Eligibility Linkage by PATIDP (0/1)
135	F_LOS_I	Char	1		Flag, Length of Stay (LOS) Validation (0/1)
136	F_NP_AP_NPI	Char	1		Flag, NP_AP_NPI_EDT: 0=Valid, 1=Missing, 2=Filler,3=Invalid
137	F_NP_FAC_NPI	Char	1		Flag, NP_FAC_NPI_EDT: 0=Valid, 1=Missing, 2=Filler,3=Invalid
138	F_NP_OP_NPI	Char	1		Flag, NP_OP_NPI_EDT: 0=Valid, 1=Missing, 2=Filler,3=Filler
139	F_REVCODE01	Char	1		Flag, REVCODE01: 1=Valid, 2=Invalid, 3=Missing
186	F_TPA	Char	1		Flag, Third Party Administrator (TPA) Indicator(0,1)
140	F_YR65_I	Char	1		Flag, Age 65+ (0:<65, 1:>=65, 2:Missing)
142	GEO_PATCOUNTY_I	Char	5		Patient Residence County Code(State FIPS/County Codes Combined)
143	GEO_PATSTATE_I	Char	2		Patient Residence State (2-digit FIPS code)
144	GEO_PATZIP5_E	Char	5		Enrollee Residence ZIP Code from Eligibility File
145	GEO_PATZIP5_I	Char	5		Patient Residence ZIP Code
146	HCUP_CCS_CAT	Char	2		Single Level CCS Categories
147	HCUP_L1DCCS1	Num	8		Single Level ICD9 Diagnoses CCS Category
148	HCUP_L1PCCS1	Num	8		Single Level ICD9 Procedure CCS Category
149	IBILLCLASS	Char	2		Bill Classification, 1st-2nd Digit of IBILLTYPE
150	IBILLTYPE	Char	3		Type of Bill. See below for more details.
151	LOS_I	Num	8		Length of Service
152	MEDIND	Char	1		Medical Services Indicator
153	MOD1_CPT01	Char	2		Procedure Code1 Modifier I
154	MOD2_CPT01	Char	2		Procedure Code1 Modifier II
155	NP_AP_NPI	Char	10		Reported Attending Practitioner Individual NPI Number
156	NP_AP_SOLE_PROPRIETOR	Char	1		Attending Pract. Provider Sole Proprietor Indicator from NPI File
157	NP_AP_TAXOCODE1	Char	10		Attending Pract. Prim Taxonomy Code from NPI File
158	NP_AP_TAXOCODE2	Char	10		Attending Pract. Taxonomy Code#2 from NPI File
159	NP_AP_TAXOCODE3	Char	10		Attending Pract. Taxonomy Code#3from NPI File

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
160	NP_FAC_ENTITY_TYPE	Char	1		Hospital/Facility Entity Type Code from NPI File
161	NP_FAC_NPI	Char	10		Hospital/Facility National Provider Identifier # (NPI)
162	NP_FAC_SOLE_PROPRIETOR	Char	1		Hospital/Facility Provider Sole Proprietor Indicator
163	NP_FAC_TAXOCODE1	Char	10		Hospital/Facility Prim Taxonomy Code from NPI File
164	NP_FAC_TAXOCODE2	Char	10		Hospital/Facility Taxonomy Code#2 from NPI File
165	NP_FAC_TAXOCODE3	Char	10		Hospital/Facility Taxonomy Code#3 from NPI File
166	NP_OP_ENTITY_TYPE	Char	1		Operating Pract. Entity Type Code
167	NP_OP_NPI	Char	10		Operating Pract. Individual NPI Number
168	NP_OP_SOLE_PROPRIETOR	Char	1		Operating Pract. Provider Sole Proprietor Indicator
169	NP_OP_TAXOCODE1	Char	10		Operating Pract. Prim Taxonomy Code from NPI File
170	NP_OP_TAXOCODE2	Char	10		Operating Pract. Taxonomy Code#2 from NPI File
171	NP_OP_TAXOCODE3	Char	10		Operating Pract. Taxonomy Code#3 from NPI File
172	PARTPROV_I	Char	1		Hospital/Facility Participating Provider Flag
187	PATIDP	Char	25		Patient Identifier-P (Payer encrypted)
188	PATIDU	Char	12		Patient Identifier-U (UUID encrypted)
173	PLANLIAB_E	Char	1		Plan Liability from Eligibility File
174	POLICYTYP	Char	1		Policy Type from Eligibility File
175	PRODTYP_E	Char	1		Product Type from Eligibility File
176	RECID	Char	1		Record Identifier
177	RECSTAT_I	Char	1		Institutional Record Status, 3rd Digit of IBILLTYPE
178	RELATIONSHIP	Char	1		Relationship to Policyholder from Eligibility File
179	REVCODE01	Char	4		Revenue Code 1
180	RXIND	Char	1		Pharmacy Services Indicator from Eligibility File
190	SDE_USERID	Char	7		Standard Data Extract User ID
181	SEX	Char	1		Patient Sex
189	SUBSCRIBER_ID	Char	20		Subscriber ID Number
182	SVCPLACE_I	Char	2		Place of Service. See below for more details.
183	UNITIND_I	Char	1		Service Unit Indicator
184	UNITS_I	Num	8		Number of Units for a Service

Institutional Services File Codebook

ADMITN	
Admission, Combined Admission Type & Source	
Type: Character	Length: 2
Value	Description
00	Not a hospital inpatient record
11	Emergency-Physician referral
12	Emergency-Clinic referral
13	Emergency-HMO referral
14	Emergency-Transfer from a hospital
15	Emergency-Transfer from a skilled nursing facility
16	Emergency-Transfer from another health care facility
18	Emergency-Court/Law enforcement
19	Emergency-Source of Admission not available
21	Urgent-Physician referral
22	Urgent-Clinic referral
23	Urgent-HMO referral
24	Urgent-Transfer from a hospital
25	Urgent-Transfer from a skilled nursing facility
26	Urgent-Transfer from another health care facility
28	Urgent-Court/Law enforcement
29	Urgent-Source of Admission not available
31	Elective-Physician referral
32	Elective-Clinic referral
33	Elective-HMO referral
34	Elective-Transfer from a hospital
35	Elective-Transfer from a skilled nursing facility
36	Elective-Transfer from another health care facility
38	Elective-Court/Law enforcement
39	Elective-Source of Admission not available
41	Newborns-Normal delivery
42	Newborns-Premature delivery
43	Newborns-Sick baby
44	Newborns-Extramural birth
45	Newborns-Born inside this hospital
46	Newborns-Born Outside of this hospital
51	Trauma Center-Physician referral
52	Trauma Center-Clinic referral
54	Trauma Center-Transfer from a hospital
56	Trauma Center-Transfer from another health care facility
99	Information not available
Blank	Code Missing
Admission, Combined Admission Type & Source.	

ADMITNORI	
Edited ADMITNORI with original, corrected, or imputed values	
Type: Character	Length: 2
Value	Description
1	1: Non-Health Facility Point of Origin
2	2: Clinic or Physician/Es Office
3	3: Reserved for national assignment
4	4: Transfer from a Hospital (Different Facility)

5	5: Transfer from a Skill Nursing or Intermediate Care Facility
6	6: Transfer from Another Health Care Facility
8	8: Court/Law Enforcement
9	9: Information Not Available
Blank	Code Missing
Edited Value for Point of Origin for Admission or Visit.	

ADMITNTYP

Edited ADMITNTYP with original, corrected, or imputed values

Type: Character Length: 2

Value	Description
0	Not a hospital Inpatient Record
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma Center
9	Information Not Available
Blank	Code Missing
Edited value for Type of admission.	

CLAIM_LINE_TYPE_I

Claim line type.

Type: Character Length: 8

Value	Description
O	Original
V	Void
R	Replacement
B	Back Out
A	Amendment
This field indicates, for F_MASTER = 1 records, whether the line represents an original claim; an adjustment to a claim; a replacement to a claim; or a void/backout of a claim.	

DISCHSTAT

Patient Discharge Status

Type: Character Length: 2

Value	Description
00	Not a hospital inpatient record
01	Routine (home or self care)
02	Another Short-term Hospital
03	Skilled Nursing Facility (SNF)
04	Intermediate Care Facility
05	Other facility Type (Inc. Rehab, Hospice)
06	Home Health Care (HHC)
07	Against medical advice (AMA)
09	Missing/Unknown
20	Died/Expired
21	Court/Law Enforcement
30	Expected to return for outpatient services
40	Expired at home

41	Expired in a medical facility
43	Federal hospital
50	Hospice - home
51	Hospice - medical facility
61	Hospital-based Medicare approved swing bed
62	Inpatient rehabilitation facility
63	Long term care hospitals
65	Psychiatric hospital
66	Critical Access Hospital
70	Another type of health care institution
81	Home or self-care with acute care
83	Skilled facility with Medicare certification
86	Home under care of home health service
88	Federal health care facility
90	IRF with a planned acute care
92	Nursing facility under Medicaid, planned readm
94	Critical access hospital with acute care
Blank	Code Not Reported

Indicates the disposition of the patient at discharge. Applies only to hospital inpatient records. All other record types are coded as 00.

FACTYPE Facility Type from IBILLCLASS	
Type: Character Length: 1	
Value	Description
1	1: Hospital Inpatient
2	2: Hospital Outpatient
3	3: Non-Hospital Facility
9	9: Missing/Unknown
Type of Facility categories are assigned based on the facility type. 1: Hospital Inpatient 2: Hospital Outpatient 3: Non-Hospital Facility 9: Missing/Unknown	

IBILLTYPE Type of Bill	
Type: Character Length: 3	
Value	Description
Reported	Code Reported
Blank	Code Not Reported
UB 04 or UB 92 form 3-digit code = Type of Facility + Bill Classification + Frequency	

SVCPLACE_I Place of Service	
Type: Character Length: 2	
Value	Description
11	Provider's Office
12	Patient's Home
13	Assisted Living Facility
17	Walk-in Retail Health Clinic

20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthng Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance-Land
42	Ambulance-Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospitaln
53	Community Mental Health Center
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
61	Comprehensive Inpat Rehabilitatn Fclty
Other	Other Code
62	Comprehensive Outpat Rehabilitatn Fcty
65	End Stage Renal Disease Treatment Fcty
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Not Coded or Other Unlisted Facility
Blank	Missing Code
Two-digit numeric code that describes where a service was rendered.	

Pharmacy File:

Alphabetic List of Variables and Attributes					
#	Variable	Type	Len	Format	Label
1	AGE1219_R	Num	8		Patient Age as of 12/31/2019
2	BEHAVIND	Char	1		Behavioral Health Services Indicator from Eligibility File
3	CDHPIND_E	Char	1		CDHP Indicator from Eligibility File
4	CLAIM_LINE_NUM_R	Num	8		Claim Line Number
5	CLAIM_LINE_TYPE_R	Char	8		Claim Line Type
6	CLAIM_LINE_VERSION_R	Num	8		Claim Line Version
7	COBENSAV_R	Num	8		COBENSAV w/original, corrected, or imputed values
8	COVOTHR_R	Char	1		COVOTHR_R w/original, corrected or imputed values
9	COVTYPE_E	Char	1		Coverage Type from Eligibility File
10	DEANUM	Char	11		Practitioner DEA#
11	DRUGCMP	Char	1		Drug Compound
12	DRUGQTY	Num	8		Drug Quantity
13	DRUGSPL	Num	8		Drug Supply
14	DT_CLM_ADJUD_R	Num	8	MMDDYY10.	The Date that a Claim was Adjudicated
15	DT_CLM_PAID_R	Num	8	MMDDYY10.	Claim Paid Date
16	DT_CLM_YEAR_R	Num	8		Year of Claim Paid Date
17	DT_COV_BEGIN	Num	8	MMDDYY10.	Coverage Start Date from Eligibility File
18	DT_COV_END	Num	8	MMDDYY10.	Coverage End Date from Eligibility File
19	DT_RXFILLED	Num	8	MMDDYY10.	Date Prescription Filled
20	DT_SVCYEAR_BEGIN_R	Num	8		Service Provided Year (Based on Prescription Filled Date)

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Format	Label
21	DT_SVCYEAR_END_R	Num	8		Service Provided Year (Based on Prescription Filled Date)
37	FILLNUM	Num	8		Fill Number
38	FIN_ALLOW_R	Num	8		FIN_ALLOW_P w/original, corrected or imputed values
39	FIN_BILL_R	Num	8		Billed Charge
40	FIN_PATCOPAY_R	Num	8		Patient Co-Payment
41	FIN_PATDED_R	Num	8		Patient Deductible
42	FIN_PATLIAB_R	Num	8		Financial, Patient Liability
43	FIN_PATOTHER_R	Num	8		Other Patient Obligations
44	FIN_PAYMENT_R	Num	8		Total Payment
45	FIN_REIMB_R	Num	8		Reimbursement Amount
22	F_DATE_INRANGE	Char	1		Flag, DT_RXFILLED is within Eligibility Coverage Dates (0,1)
23	F_DEANUM	Char	1		Flag, DEANUM: 0=Not missing, 1=Missing, 2=Filler
24	F_FILLNUM	Char	1		Flag, FILLNUM: 1 = New (0), 2 = Refill (1-99) , 3 = Missing, 4 = Negative
25	F_FINMS	Char	1		Flag, All Financial Variables are Zero or Missing
26	F_FMR_CLM_USE	Char	1		Flag for Former Claim Number User
27	F_GEO_PATMD_R	Char	1		Flag, Service Provided to Maryland Residents (0/1)
28	F_GEO_PATZIP5_R	Char	1		Flag, GEO_PATZIP5_R: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
29	F_GEO_SVCZIP5_R	Char	1		Flag, GEO_SVCZIP5_R: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
30	F_MORDER	Char	1		Mail Order Flag (0=No, 1=Yes)
31	F_NCPDP	Char	1		Flag, NCPDP : 0=Not missing, 1=Missing, 2=Filler
32	F_NDC	Char	1		NDC Flag (0=Match Multum, 1=No Match, 2=Blank, 9=Others)
33	F_NP_PP_NPI_R	Char	1		Flag, NP_PP_NPI_R: 0=Valid, 1=Missing, 2=Filler, 3=Invalid
72	F_PBM	Char	1		Flag, MCDB RX PBM: 0=Non-PBM, 1=State/Federal PBM, 2=ERISA PBM
34	F_RE_LINK	Char	1		Flag, Pharmacy Service to Eligibility Linkage by PIDBDGP (0/1)
35	F_RXNUMBER	Char	1		Flag, RXNUMBER: 0=Not missing, 1=Missing, 2=Filler
36	F_YR65_R	Char	1		Flag, Patients Ages 65+ (0,1,2)
46	GEO_PATCOUNTY_R	Char	5		Patient Residence County Code(State FIPS/County Codes Combined)
47	GEO_PATSTATE_R	Char	2		Patient Residence State (2-digit FIPS code)
48	GEO_PATZIP5_E	Char	5		Enrollee Residence ZIP Code from Eligibility File
49	GEO_PATZIP5_R	Char	5		Patient Residence ZIP Code
50	GEO_SVCCOUNTY_R	Char	5		Pharmacy Location County Code
51	GEO_SVCSTATE_R	Char	2		Pharmacy Location State
52	GEO_SVCZIP5_R	Char	5		Pharmacy Zip Code - First 5 Digits
53	MEDIND	Char	1		Medical Services Indicator
54	NCPDP	Char	7		NCPDP Number
55	NCPDP_ST	Char	2		State Code - 1st Two Pos of NCPDP
56	NDC	Char	11		NDC Number
57	NP_PP_NPI_R	Char	10		National Provider Identifier
58	NP_RX_NPI_R	Char	10		Pharmacy NPI Number
73	PATIDP	Char	25		Patient Identifier-P (Payer encrypted)
74	PATIDU	Char	12		Patient Identifier-U (UUID encrypted)
59	PLANLIAB_E	Char	1		Plan Liability from Eligibility File
60	POLICYTYP	Char	1		Policy Type from Eligibility File
61	PRODTYP_E	Char	1		Product Type from Eligibility File
62	PROVID_PP	Char	20		Prescribing Provider ID
63	RECID	Char	1		Records Identifier
64	RELATIONSHIP	Char	1		Relationship to Policyholder from Eligibility File
65	RXIND	Char	1		Pharmacy Services Indicator from Eligibility File
66	RXMORDER_IND	Char	2		Edited RXMORDER_IND w/original, corrected or imputed values
67	RXNUMBER	Char	23		Prescription Claim Number
68	RXNUMBER_OLD	Char	23		Former Prescription Claim Number
69	SCRIPT	Num	8		Number of Adjusted or 30-day Script
76	SDE_USERID	Char	7		Standard Data Extract User ID
70	SEX	Char	1		Patient Sex(1=Male,2=Female,3=Unknown)
71	SRC_COMP_E	Char	1		Source Company from Eligibility File
75	SUBSCRIBER_ID	Char	20		Subscriber ID Number, Re-Encrypted