ELIGIBILITY DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
E001	Record Identifier	10.25.06.11	1	A	1	1	100%	The value is 5	**5 Eligibility**	In the Eligibility file, this field must be 5.	Added COMAR reference code.
E002	Encrypted Enrollee's Identifier**P**	10.25.06.06 A.(1)	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) If the encryption algorithm for Enrollee ID changes, please contact MHCC before submitting.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be at least 3 characters long. Must be consistent with previous quarter i.e. the same enrollee is identified by the same ID across payors. Must be unique for each beneficiary.	Added COMAR reference code.
E003	Encrypted Enrollee's Identifier**U**	10.25.06.06 A.(1)	12	A	14	25		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. 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). Must be 12 characters long. Alphabetical characters must be lower-case as generated by the UUID application. Must be consistent with previous quarter i.e. the same enrollee is identified by the same ID across payors.	
E004	Enrollee Year and Month of Birth	10.25.06.11	8	N	26	33	100%	Date of enrollee's birth using 00 instead of day.	CCYYMM00	Year and month of birth must be valid.	Added COMAR reference code.
E005	Enrollee Sex	10.25.06.11	1	A	34	34	99%	Sex of the enrollee.	1 Male 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	10.25.06.11	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
E007	Enrollee County of Residence	10.25.06.11	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 003 Anne Arundel 005 Baltimore County 009 Calvert 011 Caroline 013 Carroll 015 Cecil 017 Charles 019 Dorchester 021 Frederick 023 Garrett 025 Harford 027 Howard 029 Kent 031 Montgomery 033 Prince George's 035 Queen Anne's 037 St. Mary's 039 Somerset 041 Talbot 043 Washington 045 Wicomico 047 Worcester 510 Baltimore City 999 Unknown	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E008	Source of Direct Reporting of Enrollee Race	10.25.06.11	1	A	48	48	95%	Indicate the source of direct reporting of enrollee race.	1 Enrollee reported to payor 2 Enrollee reported to another source 9 Missing/Unknown/Not specified	Value must be valid (see list of valid values in the Field Contents column).	
E009	Race Category White – Direct	10.25.06.11	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 1 Yes	Value must be 1 or 0.	
E010	Race Category Black or African American – Direct	10.25.06.11	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 1 Yes	Value must be 1 or 0.	
E011	Race Category American Indian or Alaska Native – Direct	10.25.06.11	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 1 Yes	Value must be 1 or 0.	

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E012	Race Category Asian – Direct	10.25.06.11	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 1 Yes	Value must be 1 or 0.	
E013	Race Category Native Hawaiian or Pacific Islander – Direct	10.25.06.11	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 1 Yes	Value must be 1 or 0.	
E014	Race Category Other – Direct	10.25.06.11	1	A	54	54		Enter whether the self-defined race of the enrollee is Other.	0 No 1 Yes	Value must be 1 or 0.	
E015	Race Category Declined to Answer – Direct	10.25.06.11	1	A	55	55		Enter whether the enrollee declined to disclose their race.	0 No 1 Yes	Value must be 1 or 0.	
E016	Race Category Unknown or Cannot be Determined – Direct	10.25.06.11	1	A	56	56		Enter whether the race of the enrollee is unknown or cannot be determined.	0 No 1 Yes	Value must be 1 or 0.	
E017	Imputed Race with Highest Probability	10.25.06.11	1	A	57	57	95%	Race of enrollee.	1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White/Caucasian 6 Some Other Race 9 Missing/Unknown/Not specified	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E018	Probability of Imputed Race Assignment	10.25.06.11	3	A	58	60	95%	Specify the probability of race assignment; probability used in race determination.	Percentage	Must be an integer.	
E019	Source of Direct Reporting of Enrollee Ethnicity	10.25.06.11	1	A	61	61	95%	Indicate source of reporting enrollee ethnicity.	1 Enrollee reported to payor 2 Enrollee reported to another source 9 Missing/Unknown/Not specified	Value must be valid (see list of valid values in the Field Contents column).	
E020	Enrollee OMB Hispanic Ethnicity	10.25.06.11	1	A	62	62		Ethnicity of enrollee.	1 Hispanic or Latino or Spanish origin 2 Not Hispanic or Latino or Not of Spanish origin 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	10.25.06.11	1	A	63	63	95%	Enter the Ethnicity of the enrollee.	1 Hispanic or Latino or Spanish origin 2 Not Hispanic or Latino or Not of Spanish origin 7 Declined to Answer 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	10.25.06.11	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	10.25.06.11	2	A	67	68		A locally relevant list of languages has been developed by the Commission.	01 English 02 Albanian 03 Amharic 04 Arabic 05 Burmese 06 Cantonese 07 Chinese (simplified & traditional) 08 Creole (Haitian) 09 Farsi 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 language	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.

MARYLAND Health Care Commission

ELIGIBILITY DATA REPORT SUBMISSION

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E024	Coverage Type	10.25.06.11	1	A	69	69	99%	Enrollee's type of insurance coverage. 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) 2 Medicare Advantage Plan 3 Individual Market (not sold on MHBE) 5 Private Employer Sponsored or Other Group (i.e. union or association plans) 6 Public Employee – Federal (FEHBP) 7 Public Employee – Other (state, county, local/municipal government and public school systems) 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) A Student Health Plan B Individual Market (sold on MHBE) 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) Z Unknown	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E025	Source Company	10.25.06.11	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 2 Life & Health Insurance Company or Not-for-Profit Health Benefit Plan 3 Third-Party Administrator (TPA) Unit	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E026	Product Type	10.25.06.11	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) 2 Health Maintenance Organization 3 Indemnity 4 Point of Service (POS) 5 Preferred Provider Organization (PPO) 6 Limited Benefit Plan (Mini-Meds) 7 Student Health Plan 8 Catastrophic	Value must be valid (see list of valid values in the Field Contents column).	
E027	Policy Type	10.25.06.11	1	A	72	72	95%	Type of policy.	1 Individual 2 Individual + Child 3 Individual + Children 4 Individual + Spouse 5 Individual + Family 6 Two Party Coverage 7 Dependent Only (Spouse/Partner/Other Adult)	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E028	Encrypted Contract or Group Number	10.25.06.06 A.(1)	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.	Added COMAR reference code.
E029	Employer Federal Tax ID Number	10.25.06.11	9	A	93	101	100%	Employer Federal Tax ID number	Threshold does not apply to individual market plans (request a waiver in the case of individual plans).	Must be 9 characters long. Value must be a valid federal tax ID.	Added COMAR reference code.
E030	Medical Coverage Indicator	10.25.06.11	1	A	102	102	95%	Medical Coverage	0 No 1 Yes	Value must be 1 or 0.	Added COMAR reference code.
E031	Pharmacy Coverage Indicator	10.25.06.11	1	A	103	103	95%	Prescription Drug Coverage	0 No 1 Yes	Value must be 1 or 0.	Added COMAR reference code.
E032	Behavioral Health Services Coverage Indicator	10.25.06.11	1	A	104	104	95%	Behavioral Health Services Coverage	0 No 1 Yes	Value must be 1 or 0.	Added COMAR reference code.
E033	Dental Coverage Indicator	10.25.06.11	1	A	105	105	95%	Dental Coverage	0 No 1 Yes	Value must be 1 or 0.	Added COMAR reference code.
E034	Plan Liability	10.25.06.11	1	A	106	106	100%	Indicates if insurer is at risk for the enrollee's service use or the insurer is simply paying claims as an ASO.	1 Risk (under Maryland contract) 2 Risk (under non-Maryland contract) 3 ASO (employer self-insured, under Maryland contract) 4 ASO (employer self-insured, under non-Maryland Contract	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E035	Consumer Directed Health Plan (CDHP) with HSA or HRA Indicator	10.25.06.11	1	A	107	107	100%	Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA) or Health Resources Account (HRA).	0 No 1 Yes	Value must be 1 or 0.	Added COMAR reference code.
E036	Start Date of Coverage	10.25.06.11	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 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, an enrollee that is covered for three months would have three entries. An enrollee 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. Date must be in the same month as End Date of Coverage.	

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E037	End Date of Coverage	10.25.06.11	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 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, an enrollee that is covered for three months would have three entries. An enrollee 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. Date must be in the same month as Start Date of Coverage.	
E038	Date of FIRST Enrollment	10.25.06.11	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 enrollee was initially enrolled in the plan.	CCYYMMDD Must be consistent for the same enrollee within the same plan across all records.	Must be a valid date value.	Added COMAR reference code.
E039	Date of Disenrollment	10.25.06.11	8	N	132	139		The end date of enrollment for the enrollee in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD If enrollee is still enrolled on the last day of the reporting period, enter 20991231. If enrollee disenrolled before end of reporting period enter date disenrolled. Must be consistent for the same enrollee within the same plan across all records.	Must be a valid date value or left blank.	Added COMAR reference code.
E040	Coverage Period End Date	10.25.06.11	8	N	140	147	100%	Contract renewal date, after which benefits, such as deductibles and out of pocket maximums reset.	CCYYMMDD Do not use the last renewal date, use the next renewal date instead.	Must be a valid date value.	
E041	Relationship to Policyholder	10.25.06.11	1	A	148	148	100%	Member's relationship to subscriber/insured.	1 Self/employee 2 Spouse 3 Child 4 Other Dependent 5 Other Adult 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
E042	Payor ID Number	10.25.06.11	8	A	149	156	100%	Payor assigned submission identification number.		Value must match payor's assigned identification number. Value must be identical in all records.	
E043	Source System	10.25.06.11	1	A	157	157	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…) 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). Must be consistent with previous quarter.	
E044	Grandfathered Plan Indicator	10.25.06.11	1	A	158	158	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 8, 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. 1 Grandfathered 2 Non-Grandfathered 3 Transitional 4 Not Applicable Note: Only applies to Individual and Small Group markets.	Value must be valid (see list of valid values in the Field Contents column).	
E045	Plan or Product ID Number	10.25.06.11	20	A	159	178	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	10.25.06.06 A.(1)	20	A	179	198	100%	Subscriber ID number associated with individual or family enrollment.	Encrypt the same as PatientIDP, consistently with PatientIDP: 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	10.25.06.11	20	A	199	218	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	10.25.06.11	40	A	219	258	100%	Indicates the unique patient identifier assigned by Maryland's Health Information Exchange, Chesapeake Regional Information System for our Patients (CRISP).	MPI 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	10.25.06.11	1	A	259	259	100%	Indicate the quarter number for which the data is being submitted.	1 First Quarter = January 1 thru March 31 2 Second Quarter = April 1 thru June 30 3 Third Quarter = July 1 thru September 30 4 Fourth Quarter = October 1 thru December 31	Value must match the current reporting quarter.	

MARYLAND Health Care Commission

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E050	Metal Level Plan Indicator	10.25.06.11	1	A	260	260	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. 1 Bronze 2 Silver 3 Gold 4 Platinum 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)	
E051	Cost-Sharing Reduction Indicator	10.25.06.11	1	A	261	261	100%	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. 1 Enrollees in 94% Actuarial Value (AV) Silver Plan Variation 2 Enrollees in 87% AV Silver Plan Variation 3 Enrollees in 73% AV Silver Plan Variation 4 Enrollees in Zero Cost Sharing Plan Variation of Platinum Level QHP 5 Enrollee in Zero Cost Sharing Plan Variation of Gold Level QHP 6 Enrollee in Zero Cost Sharing Plan Variation of Silver Level QHP 7 Enrollee in Zero Cost Sharing Plan Variation of Bronze Level QHP 8 Enrollee in Limited Cost Sharing Plan Variation 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).	
E052	ERISA Indicator	10.25.06.11	2	N	262	263		Indicate whether or not ERISA reporting applies.	00 - Not Applicable 01 - Non ERISA 02 - ERISA, Opt In APCD 03 - ERISA Opt Out	Value must be valid	

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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, 2023 through March 31, 2023; Second Quarter: Claims paid from April 1, 2023 through June 30, 2023; Third Quarter: Claims paid from July 1, 2023 through September 30, 2023; and Fourth Quarter: Claims paid from October 1, 2023 through December 31, 2023. 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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P001	Record Identifier	10.25.06.07	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**	10.25.06.06 A.(1)	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) If the encryption algorithm for Patient ID changes, please contact MHCC before submitting.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be at least 3 characters long. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors. Must be unique for each beneficiary.	
P003	Encrypted Enrollee's Identifier**U**	10.25.06.06 A.(1)	12	A	14	25		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. Leave UUID blank if it is not generated by the UUID software.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be 12 characters long. Alphabetical characters must be lower-case as generated by the UUID application. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors.	
P004	Enrollee Year and Month of Birth	10.25.06.07	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	10.25.06.07	1	A	34	34	99%	Sex of the enrollee.	1 Male 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	10.25.06.07	1	A	35	35		Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA) or Health Resources Account (HRA)	0 No 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	10.25.06.07	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
P008	Claim Paid by Other Insurance Indicator	10.25.06.07	1	A	46	46	95%	Indicates if other insurance reimbursed part of payment for a service.	0 No 1 Yes, other cover is primary 2 Yes, other coverage is secondary 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	
P009	Coverage Type	10.25.06.07	1	A	47	47		Patient's type of insurance coverage.	1 Medicare Supplemental (i.e., Individual, Group, WRAP) 2 Medicare Advantage Plan 3 Individual Market (not sold on MHBE) 5 Private Employer Sponsored or Other Group (i.e. union or association plans) 6 Public Employee – Federal (FEHBP) 7 Public Employee – Other (state, county, local/municipal government and public school systems) 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) A Student Health Plan B Individual Market (sold on MHBE) 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) Z Unknown	Value must be valid (see list of valid values in the Field Contents column).	

PROFESSIONAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
P010	Source Company	10.25.06.07	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 2 Life & Health Insurance Company or Not-for-Profit Health Benefit Plan 3 Third-Party Administrator (TPA) Unit 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	10.25.06.07	1	A	49	49		Describes connection, if any, between patient's condition and employment, automobile accident, or other accident.	0 Non-accident (default) 1 Work 2 Auto Accident 3 Other Accident 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	
P012	Practitioner Federal Tax ID	10.25.06.07	9	A	50	58	100%	Employer Tax ID of the practitioner, practice or office facility receiving payment for services.	Field must match Practitioner/Supplier Federal Tax ID in the Provider Director (D003).	Must be 9 characters long. Value must be a valid federal tax ID.	
P013	Participating Provider Status	10.25.06.07	1	A	59	59	95%	Indicates if the service was provided by a provider that participates in the payor's network.	1 Participating 2 Non-Participating 3 Unknown/Not Coded 9 No Network for this Plan	Value must be valid (see list of valid values in the Field Contents column).	
P014	Record Status	10.25.06.07	1	A	60	60	95%	Describes whether service was covered under a fee-for-service agreement or under a capitated agreement.	1 Fee-for-service 8 Capitated or Global Contract Services	Value must be valid (see list of valid values in the Field Contents column).	
P015	Claim Control Number	10.25.06.07	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. Cannot be entirely unknown values (0s and 9s).	
P016	Claim Paid Date	10.25.06.07	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. 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	10.25.06.07	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. Must not include embedded decimal points.	
P020	Diagnosis Code 2	10.25.06.07	7	A	103	109		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P021	Diagnosis Code 3	10.25.06.07	7	A	110	116		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P022	Diagnosis Code 4	10.25.06.07	7	A	117	123		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P023	Diagnosis Code 5	10.25.06.07	7	A	124	130		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P024	Diagnosis Code 6	10.25.06.07	7	A	131	137		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P025	Diagnosis Code 7	10.25.06.07	7	A	138	144		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P026	Diagnosis Code 8	10.25.06.07	7	A	145	151		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P027	Diagnosis Code 9	10.25.06.07	7	A	152	158		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P028	Diagnosis Code 10	10.25.06.07	7	A	159	165		See comment under Diagnosis Code 1 (P019)		Value must be a valid ICD-9-CM/ICD-10-CM diagnosis code. Must not include embedded decimal points.	
P029	Service From Date	10.25.06.07	8	N	166	173	100%	First date of service for a procedure in this line item.	CCYYMMDD	Must be a valid date value.	

PROFESSIONAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
P030	Service Thru Date	10.25.06.07	8	N	174	181	100%*	Last date of service for this line item.	CCYYMMDD 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	10.25.06.07	2	A	182	183	99%	Two-digit numeric code that describes where a service was rendered.	See link for available codes: 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	10.25.06.07	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
P033	Service Unit Indicator	10.25.06.07	1	A	194	194	95%	Category of service as it corresponds to Units data element.	0 Values reported as zero (no allowed services) 1 Transportation (ambulance air or ground) Miles 2 Anesthesia Time Units 3 Services 4 Oxygen Units 5 Units of Blood 6 Allergy Tests 7 Lab Tests 8 Minutes of Anesthesia	Value must be valid (see list of valid values in the Field Contents column).	
P034	Units of Service	10.25.06.07	5	N	195	199	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	10.25.06.07	6	A	200	205	95%	Describes the health care service provided (CPT-4 or HCPCS)		Value must be a valid CPT or HCPCS code.	
P036	Modifier I	10.25.06.07	2	A	206	207		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. Nurse Anesthetist services are to be reported using the following Level II (HCPCS) modifiers: · **QX** – Nurse Anesthetist service; under supervision of a doctor · **QZ** – Nurse Anesthetist service; w/o the supervision of a	Value must be a valid modifier applicable to the procedure code.	
P037	Modifier II	10.25.06.07	2	A	208	209		Specific to Modifier I (P036).		Value must be a valid modifier applicable to the procedure code.	
P038	Servicing Practitioner ID	10.25.06.07	11	A	210	220	100%	Payor-specific identifier for the practitioner rendering health care service(s).	Must link to the Practitioner ID on the Provider Directory (D002)	Must be populated with values that are not unknown (entirely 0s and 9s).	
P039	Billed Charge	10.25.06.07	9	N	221	229	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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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
P040	Allowed Amount	10.25.06.07	9	N	230	238	100%	Maximum amount contractually allowed. This is generally equal to the sum of patient liability and payor reimbursement. 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.	
P041	Reimbursement Amount	10.25.06.07	9	N	239	247	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	10.25.06.07	8	N	248	255		The first day of the reporting period the patient is in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value.	
P043	Date of Disenrollment	10.25.06.07	8	N	256	263		The end date of enrollment for the patient in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value or left blank.	
P044	Patient Deductible	10.25.06.07	9	N	264	272	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	10.25.06.07	9	N	273	281	100%	The specified amount or percentage the patient's Coinsurance and co-payment 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.	Changed to Patient Coinsurance
P046	Other Patient Obligations	10.25.06.07	9	N	282	290	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.	Added COMAR reference code.
P047	Plan Liability	10.25.06.07	1	A	291	291		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) 2 Risk (under non-Maryland contract) 3 ASO (employer self-insured, under Maryland contract) 4 ASO (employer self-insured, under non-Maryland contract 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).	

PROFESSIONAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
P048	Servicing Practitioner Individual National Provider Identifier (NPI) Number	10.25.06.07	10	A	292	301	100%	Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner.	Ten (10) digits www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf Field must match Practitioner Individual National Provider Identifier (NPI) Number in Provider Directory (D014).	Value must be a valid NPI number.	Added COMAR reference code.
P049	Practitioner National Provider Identifier (NPI) Number used for Billing	10.25.06.07	10	A	302	311	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 www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf	Value must be a valid NPI number.	Added COMAR reference code.
P050	Product Type	10.25.06.07	1	A	312	312		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	10.25.06.07	8	A	313	320	100%	Payor assigned submission identification number.		Value must match payor's assigned identification number. Value must be identical in all records.	
P052	Source System	10.25.06.07	1	A	321	321	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…) 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). Must be consistent with previous quarter.	
P053	Assignment of Benefits	10.25.06.07	1	A	322	322	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 1 Yes, Assignment of Benefits Accepted and Practitioner Not in Network 2 N/A, Practitioner is In Network 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	
P054	Diagnosis Code Indicator	10.25.06.07	1	A	323	323		Indicates the volume of the International Classification of Diseases, Clinical Modification system used in assigning codes to diagnoses.	1 ICD-9-CM 2 ICD-10-CM 3 Missing/Unknown	Value must be valid (see list of valid values in the Field Contents column).	
P055	CPT Category II Code 1	10.25.06.07	5	A	324	328		Provide any applicable CPT Category II codes		Value must be a valid CPT Category II code.	
P056	CPT Category II Code 2	10.25.06.07	5	A	329	333		See comment under CPT Category II Code 1 (P055)		Value must be a valid CPT Category II code.	
P057	CPT Category II Code 3	10.25.06.07	5	A	334	338		See comment under CPT Category II Code 1 (P055)		Value must be a valid CPT Category II code.	
P058	CPT Category II Code 4	10.25.06.07	5	A	339	343		See comment under CPT Category II Code 1 (P055)		Value must be a valid CPT Category II code.	
P059	CPT Category II Code 5	10.25.06.07	5	A	344	348		See comment under CPT Category II Code 1 (P055)		Value must be a valid CPT Category II code.	
P060	Reporting Quarter	10.25.06.07	1	A	349	349	100%	Indicate the quarter number for which the data is being submitted.	1 First Quarter = January 1 thru March 31 2 Second Quarter = April 1 thru June 30 3 Third Quarter = July 1 thru September 30 4 Fourth Quarter = October 1 thru December 31	Value must match the current reporting quarter.	
P061	Claim Adjudication Date	10.25.06.07	8	N	350	357	100%	The date that the claim was adjudicated.	CCYYMMDD	Must be a valid date value.	
P062	Claim Line Number	10.25.06.07	4	A	358	361	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	10.25.06.07	4	A	362	365	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	10.25.06.07	1	A	366	366	100%	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	O Original V Void R Replacement B Back Out A Amendment	Value must be valid (see list of valid values in the Field Contents column).	

MARYLAND Health Care Commission

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, 2023 through March 31, 2023; Second Quarter: Claims paid from April 1, 2023 through June 30, 2023; Third Quarter: Claims paid from July 1, 2023 through September 30, 2023; and Fourth Quarter: Claims paid from October 1, 2023 through December 31, 2023. 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	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
P065	Former Claim Number	10.25.06.07	23	A	367	389	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. Must be populated with values that are not unknown (entirely 0s and 9s)	
P066	Flag for Former Claim Number Use	10.25.06.07	1	A	390	390	100%	Code Indicating the use of former claims control number	1 Former claims number not used-claim does not change 2 Former claims number not used-new claim is generated 3 Former claims number used		
P067	NDC Number	10.25.06.07	11	A	391	401		National Drug Code 11 digit number.	This field is filled when provider-administered drugs are available on a professional claim. Please ensure leading zeroes are not dropped for NDCs beginning with 0s. Expected to be populated when provider-administered drugs are involved in a claim.	Value must be a valid NDC number.	
P068	Drug Quantity	10.25.06.07	6	N	402	407		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	10.25.06.07	9	N	408	416		Amount paid by the primary payor if the payor is not the primary insurer.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer. If there is no other insurer or if the value	Added information about leaving field blank when data is not available.
P070	Claim Received Date	10.25.06.07	8	N	417	424	100%	The date that the claim was received by the payer.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
P071	Network Administrative and Access Fees	10.25.06.07	9	N	425	433		Liable amount paid by an insurer for the administration of its members claims and access to out of area provider networks	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	Added COMAR reference code.
P072	Patient Co-payment	10.25.06.07	9	N	434	442	100%	Fixed amount that the patient must pay for covered services during every visit/service after deductible amount is paid.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	Added

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, 2023 through March 31, 2023; Second Quarter: Claims paid from April 1, 2023 through June 30, 2023; Third Quarter: Claims paid from July 1, 2023 through September 30, 2023; and Fourth Quarter: Claims paid from October 1, 2023 through December 31, 2023. Please provide information on all institutional services provided to applicable insureds whether by a health care facility located in-State or out-of-State.

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Line-level File format. For inpatient facility (hospital and non-hospital), each line is defined by revenue code. Outpatient lines and observation stays will have also have one procedure code associated with the revenue code. Inpatient lines will have a procedure code taken from the trailer and transposed, providing the principal procedure code (if any) on claim line number 1, with all remaining procedure codes in subsequent lines, and blanks for any lines for which a procedure code cannot be attached. If no principal procedure code is available, then all procedure codes must be transposed from the claim form and attached one-by-one to each line, with blanks for any lines to which a procedure code cannot be attached. Appendix E in the data submission manual provides a detailed example.

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

Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I001	Record Identifier	10.25.06.10	1	A	1	1	100%	The value is 4	**4 Institutional Services**	In the Institutional Services file, this field must be 4.	Added COMAR reference code.
I002	Encrypted Enrollee's Identifier**P**	10.25.06.06 A.(1)	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) If the encryption algorithm for Patient ID changes, please contact MHCC before submitting.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be at least 3 characters long. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors. Must be unique for each beneficiary.	Added COMAR reference code.
I003	Encrypted Enrollee's Identifier**U**	10.25.06.06 A.(1)	12	A	14	25		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. Leave UUID blank if it is not generated by the UUID software.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be 12 characters long. Alphabetical characters must be lower-case as generated by the UUID application. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors.	Added COMAR reference code.
I004	Enrollee Year and Month of Birth	10.25.06.10	8	N	26	33	100%	Date of enrollee's birth using 00 instead of day.	CCYYMM00	Year and month of birth must be valid.	Added COMAR reference code.
I005	Enrollee Sex	10.25.06.10	1	A	34	34	99%	Sex of the enrollee.	1 Male 2 Female	Value must match value found in field contents.	
I006	Enrollee Zip Code of Residence +4 digit add-on code	10.25.06.10	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
I007	Date of Enrollment	10.25.06.10	8	N	45	52		The start date of enrollment for the patient in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value.	Added COMAR reference code.
I008	Date of Disenrollment	10.25.06.10	8	N	53	60		The end date of enrollment for the patient in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value or left blank.	Added COMAR reference code.
I009	Hospital/Facility Federal Tax ID	10.25.06.10	9	A	61	69	100%	Federal Employer Tax ID of the facility receiving payment for care.	Field must match Practitioner/Supplier Federal Tax ID in the Provider Director (D003).	Must be 9 characters long. Value must be a valid federal tax ID.	Added COMAR reference code.
I010	Hospital/Facility National Provider Identifier (NPI) Number	10.25.06.10	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 www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf	Value must be a valid NPI number.	Added COMAR reference code.
I011	Hospital/Facility Medicare Provider Number	10.25.06.10	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. Must be populated with values that are not unknown (entirely 0s and 9s).	Added COMAR reference code.
I012	Hospital/Facility Participating Provider Flag	10.25.06.10	1	A	86	86	95%	Indicates if the service was provided at a hospital/facility that participates in the payor's network.	1 Participating 2 Non-Participating 3 Unknown/Not Coded 9 No Network for this Plan	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.

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I013	Claim Control Number	10.25.06.10	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. Must be populated with values that are not unknown (entirely 0s and 9s).	Added COMAR reference code.
I014	Claim Paid Date	10.25.06.10	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.\n\nIf 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	10.25.06.10	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\n11 Hospital Inpatient – Acute care\n12 Hospital Inpatient – Children's Hospital\n13 Hospital Inpatient – Mental health or Substance abuse\n14 Hospital Inpatient – Rehabilitation, Long term care, SNF stay\n20 Hospital Outpatient – Undefined\n21 Hospital Outpatient – Ambulatory Surgery\n22 Hospital Outpatient – Emergency Room\n23 Hospital Outpatient – Other\n30 Non-Hospital Facility	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I016	Type of Admission	10.25.06.10	1	A	120	120	95%	Applies **only** to hospital inpatient records. All other record types code "0".	1 Emergency\n2 Urgent\n3 Elective\n4 Newborn\n5 Trauma Center\n6 Reserved for National Assignment\n7 Reserved for National Assignment\n8 Reserved for National Assignment\n9 Information Not Available	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I017	Point of Origin for Admission or Visit	10.25.06.10	1	A	121	121	95%	Applies **only** to hospital inpatient records. All other record types code "0".\n\n(Note: Assign the code where the patient originated from before presenting to the health care facility.)	0 Not a hospital inpatient record\n\nFor Newborns (Type of Admission = 4)\n1 Normal delivery\n2 Premature delivery\n3 Sick baby\n4 Not used\n5 Born inside this hospital\n6 Born outside of this hospital\n9 Information not available\n\nAdmissions other than Newborn\n1 Non-Health Facility Point of Origin\n2 Clinic or Physician's Office\n3 Reserved for national assignment\n4 Transfer from a Hospital (Different Facility)\n5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)\n6 Transfer from Another Health Care Facility\n8 Court/Law Enforcement	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.

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I018	Patient Discharge Status	10.25.06.10	2	A	122	123	95%	Indicates the disposition of the patient at discharge. Applies **only** to hospital inpatient records. All other record types code "00".	01 Routine (home or self care) 02 Another Short-term Hospital 03 Skilled Nursing Facility (SNF) 04 Intermediate care facility (ICF) 05 Another type of facility (includes rehab facility, hospice, etc.)'06 06 Home Health Care (HHC) 07 Against medical advice 09 Admitted as an inpatient to this hospital 20 Expired (Religious) 30 Still patient 40 Expired at home (Hospice claims) 41 Expired in a medical facility(Hospice claims only) 42 Expired - place unknown (Hospice claims only) 43 Federal hospital 50 Hospice - home 51 Hospice - medical facility 61 Hospital-based Medicare approved swing bed 62 IP Rehab facility (not hospital) 63 Discharged/transferred to long term care hospital 65 Psychiatric hospital 66 Transferred to a CAH 69 Designated disaster alternative care site 70 Another type of health care institution 81 Home or self-care(planned readmission) 82 Short term general hospital for IP care 83 Skilled nursing facility (SNF) 84 Facility providing custodial or supportive care 85 Designated cancer center or children's hospital 86 Home Health Care (HHC) 87 Court/Law Enforcement 88 Federal health care facility 89 Hospital-based Medicare approved swing bed 90 Inpatient rehabilitation facility (IRF) 91 Certified long term care hospital(LTCH) 92 Nursing facility certified under Medicaid 93 Psychiatric hospital/distinct part unit of a hospital	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I019	Date of Admission or Start of Service	10.25.06.09C.(17)10.25.06.10	8	N	124	131	99%	First date of service for a procedure in this line item.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
I020	Date of Discharge or End of Service	10.25.06.10	8	A	132	139	99%*	Last date of service for a procedure in this line item.	CCYYMMDD 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. If the patient has no discharge date at the time of reporting, field should be left blank.	Must be a valid date value.	Added COMAR reference code.
I021	Diagnosis Code Indicator	10.25.06.10	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 2 ICD-10-CM 3 Missing/Unknown	Value must be valid (see list of valid values in the Field Contents column).	
I022	Primary Diagnosis	10.25.06.10	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.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I023	Primary Diagnosis Present on Admission	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I024	Other Diagnosis Code 1	10.25.06.10	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.	Added COMAR reference code.
I025	Other Diagnosis Code 1 present on Admission 1	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I026	Other Diagnosis Code 2	10.25.06.10	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.	Added COMAR reference code.
I027	Other Diagnosis Code 2 present on Admission 2	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I028	Other Diagnosis Code 3	10.25.06.10	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.	Added COMAR reference code.
I029	Other Diagnosis Code 3 present on Admission 3	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I030	Other Diagnosis Code 4	10.25.06.10	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.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I031	Other Diagnosis Code 4 present on Admission 4	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I032	Other Diagnosis Code 5	10.25.06.10	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.	Added COMAR reference code.
I033	Other Diagnosis Code 5 present on Admission 5	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I034	Other Diagnosis Code 6	10.25.06.10	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.	Added COMAR reference code.
I035	Other Diagnosis Code 6 present on Admission 6	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I036	Other Diagnosis Code 7	10.25.06.10	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.	Added COMAR reference code.
I037	Other Diagnosis Code 7 present on Admission 7	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I038	Other Diagnosis Code 8	10.25.06.10	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.	Added COMAR reference code.

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I039	Other Diagnosis Code 8 present on Admission 8	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I040	Other Diagnosis Code 9	10.25.06.10	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.	Added COMAR reference code.
I041	Other Diagnosis Code 9 present on Admission 9	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I042	Other Diagnosis Code 10	10.25.06.10	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.	Added COMAR reference code.
I043	Other Diagnosis Code 10 present on Admission 10	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I044	Other Diagnosis Code 11	10.25.06.10	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.	Added COMAR reference code.
I045	Other Diagnosis Code 11 present on Admission 11	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I046	Other Diagnosis Code 12	10.25.06.10	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.	Added COMAR reference code.

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I047	Other Diagnosis Code 12 present on Admission 12	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I048	Other Diagnosis Code 13	10.25.06.10	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.	Added COMAR reference code.
I049	Other Diagnosis Code 13 present on Admission 13	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I050	Other Diagnosis Code 14	10.25.06.10	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.	Added COMAR reference code.
I051	Other Diagnosis Code 14 present on Admission 14	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I052	Other Diagnosis Code 15	10.25.06.10	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.	Added COMAR reference code.
I053	Other Diagnosis Code 15 present on Admission 15	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I054	Other Diagnosis Code 16	10.25.06.10	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.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I055	Other Diagnosis Code 16 present on Admission 16	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I056	Other Diagnosis Code 17	10.25.06.10	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.	Added COMAR reference code.
I057	Other Diagnosis Code 17 present on Admission 17	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I058	Other Diagnosis Code 18	10.25.06.10	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.	Added COMAR reference code.
I059	Other Diagnosis Code 18 present on Admission 18	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I060	Other Diagnosis Code 19	10.25.06.10	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.	Added COMAR reference code.
I061	Other Diagnosis Code 19 present on Admission 19	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I062	Other Diagnosis Code 20	10.25.06.10	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.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I063	Other Diagnosis Code 20 present on Admission 20	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I064	Other Diagnosis Code 21	10.25.06.10	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.	Added COMAR reference code.
I065	Other Diagnosis Code 21 present on Admission 21	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I066	Other Diagnosis Code 22	10.25.06.10	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.	Added COMAR reference code.
I067	Other Diagnosis Code 22 present on Admission 22	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I068	Other Diagnosis Code 23	10.25.06.10	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.	Added COMAR reference code.
I069	Other Diagnosis Code 23 present on Admission 23	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I070	Other Diagnosis Code 24	10.25.06.10	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.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I071	Other Diagnosis Code 24 present on Admission 24	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I072	Other Diagnosis Code 25	10.25.06.10	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.	Added COMAR reference code.
I073	Other Diagnosis Code 25 present on Admission 25	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I074	Other Diagnosis Code 26	10.25.06.10	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.	Added COMAR reference code.
I075	Other Diagnosis Code 26 present on Admission 26	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I076	Other Diagnosis Code 27	10.25.06.10	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.	Added COMAR reference code.
I077	Other Diagnosis Code 27 present on Admission 27	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I078	Other Diagnosis Code 28	10.25.06.10	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.	Added COMAR reference code.

MARYLAND Health Care Commission

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I079	Other Diagnosis Code 28 present on Admission 28	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I080	Other Diagnosis Code 29	10.25.06.10	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.	Added COMAR reference code.
I081	Other Diagnosis Code 29 present on Admission 29	10.25.06.10	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 N – No = Not present at the time of inpatient admission U – Unknown = Documentation is insufficient to determine if condition is present on admission W – Clinically undetermined = Provider is unable to clinically determine whether condition was present on admission or not E – Unreported/Not used = Exempt from POA reporting 0 - Not a hospital inpatient record.	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I082	Attending Practitioner Individual National Provider Identifier (NPI) Number	10.25.06.10	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.	Added COMAR reference code.
I083	Operating Practitioner Individual National Provider Identifier (NPI) Number	10.25.06.10	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.	Added COMAR reference code.
I084	Procedure Code Indicator	10.25.06.10	1	A	401	401		Indicates the classification used in assigning codes to procedures.	1 ICD-9-CM 2 ICD-10-PCS 3 CPT Code/HCPCS	Value must be valid (see list of valid values in the Field Contents column).	
I085	Procedure Code	10.25.06.10	7	A	402	408	85%	Procedure code. The principal procedure code (if any) must be populated on the first line of the claim where Claim Line Number (I169) equals 1.	Remove embedded decimal points. CPT and HCPCS Codes are required on all non-inpatient lines (ER, clinic, outpatient) and observation stays; ICD-9 and ICD-10 codes are required on inpatient lines.	Value must be a valid CPT or HCPCS code on non-inpatient lines and observation stays. Value must be a valid ICD-9-CM or ICD-10-PCS code on inpatient lines.	Changed field name from Principal Procedure Code 1 to Procedure Code. Modified Field Contents and Description to match. Modified Field Contents and Validation Rule to explain that observation stays must have HCPCS and CPT codes and inpatient must have ICD-9 or ICD-10 codes.
I086	Procedure Code Modifier I	10.25.06.10	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.	Added COMAR reference code. Modified field name from Procedure Code 1 Modifier I to Procedure Code Modifier I.
I087	Procedure Code Modifier II	10.25.06.10	2	A	411	412		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	Added COMAR reference code. Modified field name from Procedure Code 1 Modifier II to Procedure Code Modifier II.
I088	Other Procedure Code 2	10.25.06.10	7	A	413	419			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents

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I089	Procedure Code 2 Modifier I	10.25.06.10	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	10.25.06.10	2	A	422	423		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I091	Other Procedure Code 3	10.25.06.10	7	A	424	430			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I092	Procedure Code 3 Modifier I	10.25.06.10	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	10.25.06.10	2	A	433	434		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I094	Other Procedure Code 4	10.25.06.10	7	A	435	441			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I095	Procedure Code 4 Modifier I	10.25.06.10	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	10.25.06.10	2	A	444	445		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I097	Other Procedure Code 5	10.25.06.10	7	A	446	452			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I098	Procedure Code 5 Modifier I	10.25.06.10	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	10.25.06.10	2	A	455	456		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I100	Other Procedure Code 6	10.25.06.10	7	A	457	463			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I101	Procedure Code 6 Modifier I	10.25.06.10	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	10.25.06.10	2	A	466	467		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I103	Other Procedure Code 7	10.25.06.10	7	A	468	474			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I104	Procedure Code 7 Modifier I	10.25.06.10	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	10.25.06.10	2	A	477	478		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I106	Other Procedure Code 8	10.25.06.10	7	A	479	485			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I107	Procedure Code 8 Modifier I	10.25.06.10	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	10.25.06.10	2	A	488	489		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I109	Other Procedure Code 9	10.25.06.10	7	A	490	496			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I110	Procedure Code 9 Modifier I	10.25.06.10	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	10.25.06.10	2	A	499	500		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I112	Other Procedure Code 10	10.25.06.10	7	A	501	507			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I113	Procedure Code 10 Modifier I	10.25.06.10	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	10.25.06.10	2	A	510	511		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I115	Other Procedure Code 11	10.25.06.10	7	A	512	518			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I116	Procedure Code 11 Modifier I	10.25.06.10	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	10.25.06.10	2	A	521	522		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I118	Other Procedure Code 12	10.25.06.10	7	A	523	529			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I119	Procedure Code 12 Modifier I	10.25.06.10	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	10.25.06.10	2	A	532	533		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I121	Other Procedure Code 13	10.25.06.10	7	A	534	540			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I122	Procedure Code 13 Modifier I	10.25.06.10	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	10.25.06.10	2	A	543	544		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I124	Other Procedure Code 14	10.25.06.10	7	A	545	551			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I125	Procedure Code 14 Modifier I	10.25.06.10	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	10.25.06.10	2	A	554	555		Specific to Modifier I.		Value must be a valid modifier applicable to the procedure code.	
I127	Other Procedure Code 15	10.25.06.10	7	A	556	562			Remove embedded decimal points. CPT Codes are required on all non-inpatient claims (ER, clinic, outpatient), but will allow ICD-9-CM or ICD-10-PCS Codes for inpatient claims.	Value must be a valid CPT or HCPCS code on non-inpatient claims. Value must be a valid CPT, HCPCS, ICD-9-CM, or ICD-10-PCS code on inpatient claims.	Clarified field contents
I128	Procedure Code 15 Modifier I	10.25.06.10	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.	

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I129	Procedure Code 15 Modifier II	10.25.06.10	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	10.25.06.10	3	A	567	569		The inpatient classifications based on diagnosis, procedure, age, gender and discharge disposition.		Must be populated.	Added COMAR reference code.
I131	DRG Grouper Name	10.25.06.10	1	A	570	570		The actual DRG Grouper used to produce the DRGs.	1 All Patient DRGs (AP-DRGs) 2 All Patient Refined DRGs (APR-DRGs) 3 Centers for Medicare & Medicaid Services DRGs (CMS-DRGs) 4 Other Proprietary	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I132	DRG Grouper Version	10.25.06.10	2	A	571	572		Version of DRG Grouper used.			Added COMAR reference code.
I133	Billed Charge	10.25.06.10	9	N	573	581	1	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.	Added COMAR reference code.
I134	Allowed Amount	10.25.06.10	9	N	582	590	1	Maximum amount contractually allowed. This is generally equal to the sum of patient liability and payor reimbursement. 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 COMAR reference code.
I135	Reimbursement Amount	10.25.06.10	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.	Added COMAR reference code.
I136	Total Patient Deductible	10.25.06.10	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.	Added COMAR reference code.
I137	Total Patient Coinsurance	10.25.06.10	9	N	609	617	100%	The specified amount or percentage the patient's coinsurance and co-payment 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.	Added COMAR reference code.
I138	Total Other Patient Obligations	10.25.06.10	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.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
I139	Amount Paid by Other Insurance	10.25.06.10	9	N	627	635	100%	Amount paid by the primary payor if the payor is not the primary insurer.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer. If there is no other insurer or if the value is not available, this field should be left blank.	Added information about leaving field blank when data is not available.
I140	Type of Bill	10.25.06.10	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** 1 Hospital 2 Skilled Nursing 3 Home Health 4 Christian Science Hospital 5 Christian Science Extended Care 6 Intermediate Care 7 Clinic 8 Special Facility **Bill Classification – 2nd Digit if 1st Digit = 1-6** 1 Inpatient (including Medicare Part A) 2 Inpatient (including Medicare Part B Only) 3 Outpatient 4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5 Nursing Facility Level I 6 Nursing Facility Level II 7 Intermediate Care – Level III Nursing Facility 8 Swing Beds **Bill Classification – 2nd Digit if 1st Digit = 7** 1 Rural Health 2 Hospital-based or Independent Renal Dialysis Center 3 Freestanding Outpatient Rehabilitation Facility (ORF) 4 Comprehensive Outpatient Rehabilitation Facilities (CORFs) 5 Community Mental Health Center 9 Other **Bill Classification – 2nd Digit if 1st Digit = 8** 1 Hospice (Non-Hospital based) 2 Hospice (Hospital-based) 3 Ambulatory Surgery Center 4 Freestanding Birthing Center 9 Other **Frequency – 3rd Digit** 1 Admit through Discharge 2 Interim – First Claim Used 3 Interim – Continuing Claims 4 Interim – Last Claim 5 Late Charge Only 6 Adjustment of Prior Claim 7 Replacement of Prior Claim	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I141	Claim Paid by Other Insurance Indicator	10.25.06.10	1	A	639	639	95%	Indicates if other insurance reimbursed part of payment for a service.	0 No 1 Yes, other coverage is primary 2 Yes, other coverage is secondary 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
I142	Payor ID Number	10.25.06.10	8	A	640	647	100%	Payor assigned submission identification number.		Value must match payor's assigned identification number. Value must be identical in all records.	
I143	Source System	10.25.06.10	1	A	648	648	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…) 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). Must be consistent with previous quarter.	

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I144	Revenue Code	10.25.06.10	4	A	649	652	100%	Provide the codes used to identify specific accommodation or ancillary charges. For inpatient facility (hospital and non-hospital), each line is defined by revenue code. Outpatient lines and observation stays will have also have one procedure code associated with the revenue code.		Leading zeros must be included when applicable. Value must be a valid revenue code.	Modified description.
I167	Reporting Quarter	10.25.06.10	1	A	653	653	100%	Indicate the quarter number for which the data is being submitted.	1 First Quarter = January 1 thru March 31 2 Second Quarter = April 1 thru June 30 3 Third Quarter = July 1 thru September 30 4 Fourth Quarter = October 1 thru December 31	Value must match the current reporting quarter.	
I168	Claim Adjudication Date	10.25.06.10	8	N	654	661	100%	The date that the claim was adjudicated.	CCYYMMDD	Must be a valid date value.	
I169	Claim Line Number	10.25.06.10	4	A	662	665	100%	Line number for the service within a claim. The line that contains the principal procedure code shall have the value 1 in this field; other lines shall have the claim line number value from the claim. If there is no principal procedure code, the claim line number from the claim shall populate this field.	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.	Modified description.
I170	Version Number	10.25.06.10	4	A	666	669	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	10.25.06.10	1	A	670	670	100%	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	O Original V Void R Replacement B Back Out A Amendment	Value must be valid (see list of valid values in the Field Contents column).	
I172	Former Claim Number	10.25.06.10	23	A	671	693	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. Must be populated with values that are not unknown (entirely 0s and 9s).	
I173	Flag for Former Claim Number Use	10.25.06.10	1	A	694	694	100%	Code Indicating the use of former claims control number	1 Former claims number not used-claim does not change 2 Former claims number not used-new claim is generated 3 Former claims number used		
I174	Units of Service	10.25.06.10	5	N	695	699	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.	Changed type from 'A'.
I175	Service Unit Indicator	10.25.06.10	1	A	700	700	95%	Category of service as it corresponds to Units data element.	0 Values reported as zero (no allowed services) 1 Transportation (ambulance air or ground) Miles 2 Anesthesia Time Units 3 Services 4 Oxygen Units 5 Units of Blood 6 Allergy Tests 7 Lab Tests 8 Minutes of Anesthesia	Value must be valid (see list of valid values in the Field Contents column).	

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I176	Place of Service	10.25.06.10	2	A	701	702	99%	Two-digit numeric code that describes where a service was rendered.	See link for available codes: 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 valid codes provided in the Field Contents column).	
I177	Billing Provider Zip Code +4 Digit Add-on Code	10.25.06.10	10	A	703	712	95%	Zip code for Billing Provider where service described was provided.	5-digit US Postal Service code plus 4 digit add-on code. If 4-digit add no 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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen. In UB04 claim form, this data is captured in Form Locator 1 Billing Provider name and address.	
I178	Claim Received Date	10.25.06.10	8	N	713	720	100%	The date that the claim was received by the payer.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
I179	Network Administrative and Access Fees	10.25.06.10	9	N	721	729		Liable amount paid by an insurer for the administration of its members claims and access to out of area provider networks	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	Added COMAR reference code.
I180	Patient Co-payment	10.25.06.10	9	N	730	738	100%	Fixed amount that the patient must pay for covered services during every visit/service after deductible amount is paid.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	New

PHARMACY DATA REPORT SUBMISSION

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

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
R001	Record Identifier	10.25.06.08	1	A	1	1	100%	The value is 2	**2 Pharmacy Services**	In the Pharmacy Services file, this field must be 2.	Added COMAR reference code.
R002	Encrypted Enrollee's Identifier**P**	10.25.06.06 A(1)	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) If the encryption algorithm for Patient ID changes, please contact MHCC before submitting.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be at least 3 characters long. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors. Must be unique for each beneficiary.	Added COMAR reference code.
R003	Encrypted Enrollee's Identifier**U**	10.25.06.06 A(1)	12	A	14	25		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. Leave UUID blank if it is not generated by the UUID software.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be 12 characters long. Alphabetical characters must be lower-case as generated by the UUID application. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors.	Added COMAR reference code.
R004	Enrollee Sex	10.25.06.08	1	A	26	26	99%	Sex of the enrollee.	1 Male 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	10.25.06.08	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
R006	Enrollee Year and Month of Birth	10.25.06.08	8	N	37	44	100%	Date of enrollee's birth using 00 instead of day.	CCYYMM00	Year and month of birth must be valid.	Added COMAR reference code.
R007	Pharmacy NCPDP Number	10.25.06.08	7	A	45	51	100%	Unique 7 digit number assigned by the National Council for Prescription Drug Program (NCPDP).	Use Pharmacy NPI Number (R031) 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.	Added COMAR reference code.
R008	Pharmacy Zip Code +4digit add-on code	10.25.06.08	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
R009	Practitioner DEA Number	10.25.06.08	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. Value must be valid according to the check equation.	Added COMAR reference code.
R010	Fill Number	10.25.06.08	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 01 – 99 Refill number	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
R011	NDC Number	10.25.06.08	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.	Added COMAR reference code.
R012	Drug Compound	10.25.06.08	1	A	86	86		Indicates a mix of drugs to form a compound medication.	1 Non-compound 2 Compound	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
R013	Drug Quantity	10.25.06.08	6	N	87	92	99%	Number of units of medication dispensed.		Value must be a nonzero integer.	Added COMAR reference code.
R014	Drug Supply	10.25.06.08	3	N	93	95	99%	Estimated number of days of dispensed supply.		Value must be a nonzero integer.	Added COMAR reference code.
R015	Date Filled	10.25.06.08	8	N	96	103	100%	Date prescription was filled.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
R016	Date Prescription Written	10.25.06.08	8	N	104	111		Date prescription was written.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
R017	Billed Charge	10.25.06.08	9	N	112	120	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	10.25.06.08	9	N	121	129	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.	
R019	Prescription Claim Control Number	10.25.06.08	15	A	130	144	100%	Internal payor claim number used for tracking.		Must be at least 2 characters long. Must be populated with values that are not unknown (entirely 0s and 9s).	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
R020	Prescription Claim Paid Date	10.25.06.08	8	N	145	152	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. 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	10.25.06.08	10	A	153	162	100%	Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner.	Ten (10) digits www.cms.hhs.gov/NationalProvIdentStand/downloads/NPI finalrule.pdf Field must match Practitioner Individual National Provider Identifier (NPI) Number in Provider Directory (D014).	Value must be a valid NPI number.	Added COMAR reference code.
R022	Patient Deductible	10.25.06.08	9	N	163	171	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	10.25.06.08	9	N	172	180	100%	The specified amount or percentage the patient's coinsurance ~~and co-payment~~ 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	10.25.06.08	9	N	181	189	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	10.25.06.08	8	N	190	197		The first day of the reporting period the patient is in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value.	Added COMAR reference code.
R026	Date of Disenrollment	10.25.06.08	8	N	198	205		The end date of enrollment for the patient in this delivery system (in this data submission time period). See Source Company (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value or left blank.	Added COMAR reference code.

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R027	Source of Processing	10.25.06.08	1	A	206	206	100%	The source processing the pharmacy claim.	1 Processed Internally by Payor 2 Argus Health Systems, Inc. 3 Caremark, LLC 4 Catalyst Rx, Inc. 5 Envision Pharmaceutical Services, Inc. 6 Express Scripts, Inc. 7 Medco Health, LLC 8 National Employee Benefit Companies, Inc. 9 NextRx Services, Inc. A Atlantic Prescription Services, LLC B Benecard Services, Inc. C BioScrip PBM Services, LLC D Futurescripts, LLC E Health E Systems F HealthTran, LLC G Innoviant, Inc. H MaxorPlus I Medical Security Card Company J MedImpact Healthcare Systems, Inc. K MemberHealth, LLC L PharmaCare Management Services, LLC M Prime Therapeutics, LLC N Progressive Medical, Inc. O RxAmerica, LLC P RxSolutions, Inc. Q Scrip World, LLC R Tmesys, Inc. S WellDynerx, Inc.	Value must be valid (see list of valid values in the Field Contents column).	
R028	Payor ID Number	10.25.06.08	8	A	207	214	100%	Payor assigned submission identification number.		Value must match payor's assigned identification number. Value must be identical in all records.	
R029	Source System	10.25.06.08	1	A	215	215	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…) 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). Must be consistent with previous quarter.	
R030	Reporting Quarter	10.25.06.08	1	A	216	216	100%	Indicate the quarter number for which the data is being submitted	1 First Quarter = January 1 thru March 31 2 Second Quarter = April 1 thru June 30 3 Third Quarter = July 1 thru September 30 4 Fourth Quarter = October 1 thru December 31	Value must match the current reporting quarter.	
R031	Pharmacy NPI Number	10.25.06.08	10	A	217	226	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 www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf	Value must be a valid NPI number.	
R032	Prescribing Provider ID	10.25.06.08	11	A	227	237	100%	Payor-specific identifier (internal ID) for the prescribing practitioner.	Must link to the Practitioner ID on the Provider Directory (D002)	Must be populated with values that are not unknown (entirely 0s and 9s).	
R033	Claim Adjudication Date	10.25.06.08	8	N	238	245	100%	The date that the claim was adjudicated.	CCYYMMDD	Must be a valid date value.	
R034	Claim Line Number	10.25.06.08	4	A	246	249	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.	
R035	Version Number	10.25.06.08	4	A	250	253	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	10.25.06.08	1	A	254	254	100%	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	O Original V Void R Replacement B Back Out A Amendment	Value must be valid (see list of valid values in the Field Contents column).	

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R037	Former Prescription Claim Number	10.25.06.08	23	A	255	277	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 (R019)	Must be at least 2 characters long. Must be populated with values that are not unknown (entirely 0s and 9s).	
R038	Flag for Former Claim Number Use	10.25.06.08	1	A	278	278	100%	Code Indicating the use of former claims control number	1 Former claims number not used-claim does not change 2 Former claims number not used-new claim is generated 3 Former claims number used		
R039	Allowed Amount	10.25.06.08	9	N	279	287		Reported maximum contractually allowed (discounted amount). This amount approximately equals to the sum of payor reimbursement amount (excludes patient liable amount) and patient liability. The allowed amount should be a reported field, not calculated. Please leave blank if not reported.

For payors that participate in the sale of ACA compliant health insurance plans 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. | |
R040	Claim Paid by Other Insurance Indicator	10.25.06.08	1	A	288	288	95%	Indicates if other insurance reimbursed part of payment for a service.	0 No 1 Yes, other cover is primary 2 Yes, other coverage is secondary 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	
R041	Amount Paid by Other Insurance	10.25.06.08	9	N	289	297		Amount paid by the primary payor if the payor is not the primary insurer.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer. If there is no other insurer or if the value is not available, this field should be left blank.	Added information about leaving field blank when data is not available.
R042	Mail-order Pharmacy Indicator	10.25.06.08	1	A	298	298		Indicates if prescription was ordered through mail order.	0 Not mail order 1 Mail order 2 Unknown		
R043	Plan Prescription Drug Rebate Amount	10.25.06.08	9	N	299	307		Amount passed along to the client.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	
R044	Member Prescription Drug Rebate Amount	10.25.06.08	9	N	308	316		Amount passed along directly to the member.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	
R045	Claim Received Date	10.25.06.08	8	N	317	324	100%	The date that the claim was received by the payer.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
R046	Network Administrative and Access Fees	10.25.06.08	9	N	325	333		Liable amount paid by an insurer for the administration of its members claims and access to out of area provider networks	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	Added COMAR reference code.
R047	Patient Co-payment	10.25.06.08	9	N	334	342	100%	Fixed amount that the patient must pay for covered services during every visit/service after deductible amount is paid.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	

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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	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
T001	Record Identifier	10.25.06.13	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**	10.25.06.06 A(1)	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) If the encryption algorithm for Patient ID changes, please contact MHCC before submitting.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be at least 3 characters long. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors. Must be unique for each beneficiary.	
T003	Encrypted Enrollee's Identifier**U**	10.25.06.06 A(1)	12	A	14	25		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. Leave UUID blank if it is not generated by the UUID software.	Cannot be entirely unknown values (0s, 1s, and 9s). Must be 12 characters long. Alphabetical characters must be lower-case as generated by the UUID application. Must be consistent with previous quarter i.e. the same patient is identified by the same ID across payors.	
T004	Enrollee Year and Month of Birth	10.25.06.13	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	10.25.06.13	1	A	34	34	99%	Sex of the enrollee.	1 Male 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	10.25.06.13	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
T007	Claim Paid by Other Insurance Indicator	10.25.06.13	1	A	45	45	95%	Indicates if other insurance reimbursed part of payment for a service.	0 No 1 Yes, other coverage is primary 2 Yes, other coverage is secondary 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	
T008	Coverage Type	10.25.06.13	1	A	46	46		Patient's type of insurance coverage.	1 Medicare Supplemental (i.e., Individual, Group, WRAP) 2 Medicare Advantage Plan 3 Individual Market (not sold on MHBE) 5 Private Employer Sponsored or Other Group (i.e. union or association plans) 6 Public Employee – Federal (FEHBP) 7 Public Employee – Other (state, county, local/municipal government and public school systems) 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) A Student Health Plan B Individual Market (sold on MHBE) 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) Z Unknown	Value must be valid (see list of valid values in the Field Contents column).	
T009	Source Company	10.25.06.16	1	A	47	47		Defines the payor company that holds the beneficiary's contract; for use in characterizing contract requirements under Maryland law.	1 Health Maintenance Organization 2 Life & Health Insurance Company or Not-for-Profit Health Benefit Plan 3 Third-Party Administrator (TPA) Unit 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	10.25.06.13	1	A	48	48		Describes connection, if any, between patient's condition and employment, automobile accident, or other accident.	0 Non-accident (default) 1 Work 2 Auto Accident 3 Other Accident 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	

DENTAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
T011	Practitioner Federal Tax ID	10.25.06.13	9	A	49	57	100%	Employer Tax ID of the practitioner, practice or office facility receiving payment for services.	Field must match Practitioner/Supplier Federal Tax ID in the Provider Director (D003).	Must be 9 characters long. Value must be a valid federal tax ID.	
T012	Participating Provider Status	10.25.06.13	1	A	58	58	95%	Indicates if the service was provided by a provider that participates in the payor's network.	1 Participating 2 Non-Participating 3 Unknown/Not Coded 9 No Network for this Plan	Value must be valid (see list of valid values in the Field Contents column).	
T013	Record Status	10.25.06.13	1	A	59	59	95%	Describes whether service was covered under a fee-for-service agreement or under a capitated agreement.	1 Final Bill 8 Capitated or Global Contract Services	Value must be valid (see list of valid values in the Field Contents column).	Changed description.
T014	Claim Control Number	10.25.06.13	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. Cannot be entirely unknown values (0s and 9s).	
T015	Claim Paid Date	10.25.06.13	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. 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	10.25.06.13	2		91	92		Filler	Used to be Number of Line Items		
T017	Service From Date	10.25.06.13	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	10.25.06.13	8	N	101	108	100%*	Last date of service for this line item.	CCYYMMDD 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.	
T019	Place of Service	10.25.06.13	2	A	109	110	99%	Two-digit numeric code that describes where a service was rendered.	**CMS definitions:** 11 Provider's Office 12 Patient's Home 13 Assisted Living Facility 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 51 Inpatient Psychiatric Facility 52 Psychiatric Facility – Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 57 Non-residential Substance Abuse Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End-Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic	Value must be valid (see list of valid values in the Field Contents column).	

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
T020	Service Location Zip Code +4digit add-on code	10.25.06.13	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. If any of the 4-digit add-on values are populated, they must all be populated. If the 4-digit add-on values are populated, the 6th digit must be a hyphen.	
T021	Procedure Code	10.25.06.13	5	A	121	125	95%	Describes the health care service provided (CDT).		Value must be a valid CDT code.	
T022	Servicing Practitioner ID	10.25.06.13	11	A	126	136	100%	Payor-specific identifier for the practitioner rendering health care service(s).	Must link to the Practitioner ID on the Provider Directory (D002)	Must be populated with values that are not unknown (entirely 0s and 9s).	
T023	Billed Charge	10.25.06.13	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	10.25.06.13	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.	
T025	Reimbursement Amount	10.25.06.13	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.	
T026	Date of Enrollment	10.25.06.13	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 (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value.	
T027	Date of Disenrollment	10.25.06.13	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 (E025).	CCYYMMDD 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. This field is optional, but must be populated in the Eligibility file.	Must be a valid date value or left blank.	
T028	Patient Deductible	10.25.06.13	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	10.25.06.13	9	N	189	197	100%	The specified amount or percentage the patient's coinsurance ~~and co-payment~~ 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	10.25.06.13	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	10.25.06.13	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 www.cms.hhs.gov/NationalProvIdentStand/downloads/NPI finalrule.pdf Field must match Practitioner Individual National Provider Identifier (NPI) Number in Provider Directory (D014).	Value must be a valid NPI number.	
T032	Practitioner National Provider Identifier (NPI) Number used for Billing	10.25.06.13	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 www.cms.hhs.gov/NationalProvIdentStand/downloads/NPI finalrule.pdf	Value must be a valid NPI number.	

DENTAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
T033	Product Type	10.25.06.13	1	A	227	227		Classifies the benefit plan by key product characteristics (scope of coverage, size of network, coverage for out-of-network benefits). Code based on how the product is primarily marketed. Code must be consistent from year to year.	1 Exclusive Provider Organization (in any form) 2 Health Maintenance Organization 3 Indemnity 4 Point of Service (POS) 5 Preferred Provider Organization (PPO) 6 Limited Benefit Plan (Mini-Meds) 7 Student Health Plan 8 Catastrophic 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	10.25.06.13	8	A	228	235	100%	Payor assigned submission identification number.		Value must match payor's assigned identification number. Value must be identical in all records.	
T035	Source System	10.25.06.13	1	A	236	236	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…) 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). Must be consistent with previous quarter.	
T036	Encrypted Contract or Group Number	10.25.06.13	20	A	237	256		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	10.25.06.13	1	A	257	257		Member's relationship to subscriber/insured.	1 Self/employee 2 Spouse 3 Child 4 Other Dependent 5 Other Adult 9 Unknown	Value must be valid (see list of valid values in the Field Contents column).	
T038	Tooth Number/Letter – 1	10.25.06.13	2	A	258	259		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	10.25.06.13	5	A	260	264		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	10.25.06.13	5	A	265	269		See comment under Tooth - 1 Surface - 1.		Value must be populated.	
T041	Tooth – 1 Surface – 3	10.25.06.13	5	A	270	274		See comment under Tooth - 1 Surface - 1.		Value must be populated.	
T042	Tooth – 1 Surface – 4	10.25.06.13	5	A	275	279		See comment under Tooth - 1 Surface - 1.		Value must be populated.	
T043	Tooth – 1 Surface – 5	10.25.06.13	5	A	280	284		See comment under Tooth - 1 Surface - 1.		Value must be populated.	
T044	Tooth – 1 Surface – 6	10.25.06.13	5	A	285	289		See comment under Tooth - 1 Surface - 1.		Value must be populated.	
T045	Tooth Number/Letter – 2	10.25.06.13	2	A	290	291		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	10.25.06.13	5	A	292	296		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	10.25.06.13	5	A	297	301		See comment under Tooth - 2 Surface - 1.		Value must be populated.	
T048	Tooth – 2 Surface – 3	10.25.06.13	5	A	302	306		See comment under Tooth - 2 Surface - 1.		Value must be populated.	
T049	Tooth – 2 Surface – 4	10.25.06.13	5	A	307	311		See comment under Tooth - 2 Surface - 1.		Value must be populated.	
T050	Tooth – 2 Surface – 5	10.25.06.13	5	A	312	316		See comment under Tooth - 2 Surface - 1.		Value must be populated.	

DENTAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
T051	Tooth – 2 Surface – 6	10.25.06.13	5	A	317	321		See comment under Tooth - 2 Surface - 1.		Value must be populated.	
T052	Tooth Number/Letter – 3	10.25.06.13	2	A	322	323		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.	
T053	Tooth – 3 Surface – 1	10.25.06.13	5	A	324	328		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	10.25.06.13	5	A	329	333		See comment under Tooth - 3 Surface - 1.		Value must be populated.	
T055	Tooth – 3 Surface – 3	10.25.06.13	5	A	334	338		See comment under Tooth - 3 Surface - 1.		Value must be populated.	
T056	Tooth – 3 Surface – 4	10.25.06.13	5	A	339	343		See comment under Tooth - 3 Surface - 1.		Value must be populated.	
T057	Tooth – 3 Surface – 5	10.25.06.13	5	A	344	348		See comment under Tooth - 3 Surface - 1.		Value must be populated.	
T058	Tooth – 3 Surface – 6	10.25.06.13	5	A	349	353		See comment under Tooth - 3 Surface - 1.		Value must be populated.	
T059	Tooth Number/Letter – 4	10.25.06.13	2	A	354	355		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	10.25.06.13	5	A	356	360		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	10.25.06.13	5	A	361	365		See comment under Tooth - 4 Surface - 1.		Value must be populated.	
T062	Tooth – 4 Surface – 3	10.25.06.13	5	A	366	370		See comment under Tooth - 4 Surface - 1.		Value must be populated.	
T063	Tooth – 4 Surface – 4	10.25.06.13	5	A	371	375		See comment under Tooth - 4 Surface - 1.		Value must be populated.	
T064	Tooth – 4 Surface – 5	10.25.06.13	5	A	376	380		See comment under Tooth - 4 Surface - 1.		Value must be populated.	
T065	Tooth – 4 Surface – 6	10.25.06.13	5	A	381	385		See comment under Tooth - 4 Surface - 1.		Value must be populated.	
T066	Dental Quadrant – 1	10.25.06.13	2	A	386	387		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	10.25.06.13	2	A	388	389		See comment under Dental Quadrant - 1.		Value must be populated.	
T068	Dental Quadrant – 3	10.25.06.13	2	A	390	391		See comment under Dental Quadrant - 1.		Value must be populated.	
T069	Dental Quadrant – 4	10.25.06.13	2	A	392	393		See comment under Dental Quadrant - 1.		Value must be populated.	
T070	Orthodontics Treatment	10.25.06.13	1	A	394	394		Indicate if the treatment is for Orthodontics.	0 No 1 Yes	Value must be 1 or 0.	
T071	Date Appliance Placed	10.25.06.13	8	N	395	402		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	10.25.06.13	2	N	403	404		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	10.25.06.13	1	A	405	405		Indicate if the treatment is for the replacement of Prosthesis.	0 No 1 Yes	Value must be 1 or 0.	
T074	Date of Prior Placement	10.25.06.13	8	N	406	413		If treatment is for replacement of Prosthesis, then provide the prior date of Prosthesis placement.	CCYYMMDD	Must be a valid date value.	
T075	Reporting Quarter	10.25.06.13	1	A	414	414	100%	Indicate the quarter number for which the data is being submitted.	1 First Quarter = January 1 thru March 31 2 Second Quarter = April 1 thru June 30 3 Third Quarter = July 1 thru September 30 4 Fourth Quarter = October 1 thru December 31	Value must match the current reporting quarter.	
T076	Claim Adjudication Date	10.25.06.13	8	N	415	422	100%	The date that the claim was adjudicated.	CCYYMMDD	Must be a valid date value.	

MARYLAND
Health Care
Commission

DENTAL SERVICES DATA REPORT SUBMISSION

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
T077	Claim Line Number	10.25.06.13	4	A	423	426	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	10.25.06.13	4	A	427	430	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	10.25.06.13	1	A	431	431	100%	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	O Original V Void R Replacement B Back Out A Amendment	Value must be valid (see list of valid values in the Field Contents column).	
T080	Former Claim Number	10.25.0613	23	A	432	454	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. Must be populated with values that are not unknown (entirely 0s and 9s).	
T081	Flag for Former Claim Number Use	10.25.06.13	1	A	455	455	100%	Code Indicating the use of former claims control number	1 Former claims number not used-claim does not change 2 Former claims number not used-new claim is generated 3 Former claims number used		
T082	Amount Paid by Other Insurance	10.25.06.13	9	N	456	464		Amount paid by the primary payor if the payor is not the primary insurer.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer. If there is no other insurer or if the value is not available, this field should be left blank.	
T083	Claim Received Date	10.25.06.13	8	N	465	472	100%	The date that the claim was received by the payer.	CCYYMMDD	Must be a valid date value.	Added COMAR reference code.
T084	Network Administrative and Access Fees	10.25.06.13	9	N	473	481		Liable amount paid by an insurer for the administration of its members claims and access to out of area provider networks	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	Added COMAR reference code.
T085	Patient Co-payment	10.25.06.13	9	N	482	490	100%	Fixed amount that the patient must pay for covered services during every visit/service after deductible amount is paid.	Round decimal places to nearest whole number. For example, "193.75" would round to "194."	Must be an integer.	

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, 2023 through March 31, 2023; Second Quarter: Claims paid from April 1, 2023 through June 30, 2023; Third Quarter: Claims paid from July 1, 2023 through September 30, 2023; Fourth Quarter: Claims paid from October 1, 2023 through December 31, 2023. 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	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
D001	Record Identifier	10.25.06.09	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	10.25.06.09	11	A	2	12	100%	Payor-specific identifier for a practitioner, practice, or office facility rendering health care service(s).	Payor encrypted. Field must match Servicing Practitioner ID (P038) in the Professional Services file, Prescriber Practioner ID (R033) in the Pharmacy file, and Servicing Practitioner ID (T022) in the Dental Services file.	Must be populated with values that are not unknown (entirely 0s and 9s).	Added COMAR reference code.
D003	Practitioner/Supplier Federal Tax ID	10.25.06.09	9	A	13	21	100%	Employer Tax ID # of the practitioner, practice or office facility receiving payment for services.	Remove embedded dashes. Field must match Practitioner Federal Tax ID (P012) in Professional Services file, Hospital/Facility Federal Tax ID (I009) in Institutional file, and Practitioner Federal Tax ID (T011) in Dental Services file.	Must be 9 characters long. Value must be a valid federal tax ID.	Added COMAR reference code.
D004	Practitioner/Supplier Last Name or Multi-practitioner Health Care Organization	10.25.06.09	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. Use specific (separate) fields for Practitioner First Name and Last Name.	Must be at least 5 characters long. Cannot contain more than 3 special characters.	Added COMAR reference code.
D005	Practitioner/Supplier First Name	10.25.06.09	19	A	53	71	100%	Practitioner's first name.	Individual provider's first name. Leave blank if organization (threshold does not apply).	Must be at least 5 characters long. Cannot contain more than 3 special characters.	Added COMAR reference code.
D006	Practitioner Middle Initial	10.25.06.09	3	A	72	74			First letter of individual provider's middle name.	Must be 3 or less characters long.	Added COMAR reference code.
D007	Practitioner Name Suffix	10.25.06.09	4	A	75	78			Individual provider's name suffix, such as Jr., Sr., II, III, IV, or V.	Must be populated.	Added COMAR reference code.
D008	Practitioner Credential	10.25.06.09	5	A	79	83			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.	Added COMAR reference code.
D009	Practitioner/Supplier Specialty – 1*	10.25.06.09	10	A	84	93	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 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. 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*	10.25.06.09	10	A	94	103				Value must be a valid practitioner/supplier specialty code.	
D011	Practitioner/Supplier Specialty – 3*	10.25.06.09	10	A	104	113				Value must be a valid practitioner/supplier specialty code.	
D012	Practitioner DEA #	10.25.06.09	11	A	114	124	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. Value must be valid according to the check equation.	Added COMAR reference code.
D013	Indicator for Multi-Practitioner Health Care Organization	10.25.06.09	1	A	125	125	99%		0 Solo Practitioner 1 Multiple Practitioners	Value must be valid (see list of valid values in the Field Contents column).	Added COMAR reference code.
D014	Practitioner Individual National Provider Identifier (NPI) Number	10.25.06.09	10	A	126	135	100%	Federal identifier assigned by the federal government for use in all HIPAA transactions to an individual practitioner.	Ten (10) digits www.cms.hhs.gov/NationalProvIdentStand/downloads/NPIfinalrule.pdf Field must match Servicing Practitioner NPI # (P048) in the Professional Services file, Prescribing Practitioner NPI # (R021) in the Pharmacy file, and Servicing Practitioner NPI # (T031) in Dental Services file.	Value must be a valid NPI number.	Added COMAR reference code.

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Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule	Changes
D015	Practitioner Organizational National Provider Identifier (NPI) Number	10.25.06.09	10	A	136	145	100%	Federal identifier assigned by the federal government for use in all HIPAA transactions to an organization for billing purposes. Must be populated if practitioner is a Multi-Practitioner Health Care Organization.	Ten (10) digits www.cms.hhs.gov/NationalProvIdentStand/downloads/NPI finalrule.pdf	Value must be a valid NPI number.	Added COMAR reference code.
D016	Payor ID Number	10.25.06.09	8	A	146	153	100%	Payor assigned submission identification number.		Value must be valid (see list of valid values in the Field Contents column).	
D017	Source System	10.25.06.09	1	A	154	154	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…) 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). Must be consistent with previous quarter.	
D018	Reporting Quarter	10.25.06.09	1	A	155	155	100%	Indicate the quarter number for which the data is being submitted.	1 First Quarter = January 1 thru March 31 2 Second Quarter = April 1 thru June 30 3 Third Quarter = July 1 thru September 30 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. 1/1/2023 – 3/31/2023 for 2023 Q1). All submissions for 2023 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	8	A	100%	Payor number assigned by MHCC.	Payor's assigned submission identification number.	Value must match payor's assigned identification number. 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. 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. 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					

MARYLAND Health Care Commission

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. 1/1/2023 – 3/31/2023 for 2023 Q1). All submissions for 2023 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.

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. 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					
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. 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. 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). Must be consistent with previous quarter.	
C032	Reporting Calendar Year and Quarter	6	A	100%	Example: for January 1, 2019 thru March 31, 2019, use 2019Q1	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

Field Name	Length	Type	Field ID						
			Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
Enrollee Characteristics									
Claim Paid by Other Insurance Indicator	1	A	P008	R040	I141	T007	-	-	-
Date of Birth	10	N	-	-	-	-	-	-	C013
Encrypted Enrollee's IdentifierP	12	A	P002	R002	I002	T002	E002	-	C003
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
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

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
Work Address Line 1	75	A	-	-	-	-	-	-	C022
Work Address Line 2	75	A	-	-	-	-	-	-	C023
Work Address State	15	A	-	-	-	-	-	-	C025
Work Address ZIP Code	10	A	-	-	-	-	-	-	C027
Subscriber ID Number	20	A	-	-	-	-	E046	-	-
Payor Characteristics									
Payor ID Number (PNUM)	8	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	-	-
ERISA Indicator	2	N	-	-	-	-	E052	-	-
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	-	-	-	-

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
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	-	-	-	-	-
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	3	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	-	-	-	-	-
Billing Provider Location Zip Code +4digit add-on code	10	A	P032	-	I177	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	-	-	-	-

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
					Field ID				
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	-	-	-	-
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	-	-	-	-

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
					Field ID				
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	-	-	-	-
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	-	-	-	-	-	-
Procedure Code	6*	A	P035	-	I085	T021	-	-	-
Procedure Code Modifier I	2	A	-	-	I086	-	-	-	-
Procedure Code Modifier II	2	A	-	-	I087	-	-	-	-
Other Procedure Code 2	6*	A	-	-	I088	-	-	-	-
Procedure Code 2 Modifier I	2	A	-	-	I089	-	-	-	-
Procedure Code 2 Modifier II	2	A	-	-	I090	-	-	-	-
Other Procedure Code 3	6*	A	-	-	I091	-	-	-	-
Procedure Code 3 Modifier I	2	A	-	-	I092	-	-	-	-
Procedure Code 3 Modifier II	2	A	-	-	I093	-	-	-	-
Other Procedure Code 4	6*	A	-	-	I094	-	-	-	-
Procedure Code 4 Modifier I	2	A	-	-	I095	-	-	-	-
Procedure Code 4 Modifier II	2	A	-	-	I096	-	-	-	-
Other Procedure Code 5	6*	A	-	-	I097	-	-	-	-
Procedure Code 5 Modifier I	2	A	-	-	I098	-	-	-	-
Procedure Code 5 Modifier II	2	A	-	-	I099	-	-	-	-

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
Other Procedure Code 6	6*	A	-	-	I100	-	-	-	-
Procedure Code 6 Modifier I	2	A	-	-	I101	-	-	-	-
Procedure Code 6 Modifier II	2	A	-	-	I102	-	-	-	-
Other Procedure Code 7	6*	A	-	-	I103	-	-	-	-
Procedure Code 7 Modifier I	2	A	-	-	I104	-	-	-	-
Procedure Code 7 Modifier II	2	A	-	-	I105	-	-	-	-
Other Procedure Code 8	6*	A	-	-	I106	-	-	-	-
Procedure Code 8 Modifier I	2	A	-	-	I107	-	-	-	-
Procedure Code 8 Modifier II	2	A	-	-	I108	-	-	-	-
Other Procedure Code 9	6*	A	-	-	I109	-	-	-	-
Procedure Code 9 Modifier I	2	A	-	-	I110	-	-	-	-
Procedure Code 9 Modifier II	2	A	-	-	I111	-	-	-	-
Other Procedure Code 10	6*	A	-	-	I112	-	-	-	-
Procedure Code 10 Modifier I	2	A	-	-	I113	-	-	-	-
Procedure Code 10 Modifier II	2	A	-	-	I114	-	-	-	-
Other Procedure Code 11	6*	A	-	-	I115	-	-	-	-
Procedure Code 11 Modifier I	2	A	-	-	I116	-	-	-	-
Procedure Code 11 Modifier II	2	A	-	-	I117	-	-	-	-
Other Procedure Code 12	6*	A	-	-	I118	-	-	-	-
Procedure Code 12 Modifier I	2	A	-	-	I119	-	-	-	-
Procedure Code 12 Modifier II	2	A	-	-	I120	-	-	-	-
Other Procedure Code 13	6*	A	-	-	I121	-	-	-	-
Procedure Code 13 Modifier I	2	A	-	-	I122	-	-	-	-
Procedure Code 13 Modifier II	2	A	-	-	I123	-	-	-	-
Other Procedure Code 14	6*	A	-	-	I124	-	-	-	-
Procedure Code 14 Modifier I	2	A	-	-	I125	-	-	-	-
Procedure Code 14 Modifier II	2	A	-	-	I126	-	-	-	-
Other Procedure Code 15	6*	A	-	-	I127	-	-	-	-
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	-	-	-

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
						Field ID			
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 Received Date	8	N	P070	R045	I178	T083	-	-	-
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	-	-	-
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	6	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	-	-	-	-	-
Mail-order Pharmacy Indicator	1	N	-	R042	-	-	-	-	-
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	-	I176	T019	-	-	-
Point of Origin for Admission or Visit	1	A	-	-	I017	-	-	-	-

MCDB Field Index

Field Name	Length	Type	Professional	Pharmacy	Institutional	Dental	Eligibility	Provider	CRISP
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	-	I175	-	-	-	-
Type of Admission	1	A	-	-	I016	-	-	-	-
Type of Bill	3	A	-	-	I140	-	-	-	-
Units of Service	5	N	P034	-	I174	-	-	-	-
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	-	-	-
Member Prescription Drug Rebate Amount	9	N	-	R044	-	-	-	-	-
Network Administrative and Access Fees	9	N	P071	R046	I179	T084	-	-	-
Other Patient Obligations	9	N	P046	R024	-	T030	-	-	-
Patient Coinsurance	9	N	P045	R023	-	T029	-	-	-
Patient Co-payment	9	N	P072	R047	-	T085	-	-	-
Patient Deductible	9	N	P044	R022	-	T028	-	-	-
Plan Prescription Drug Rebate Amount	9	N	-	R043	-	-	-	-	-
Reimbursement Amount	9	N	P041	R018	I135	T025	-	-	-
Total Other Patient Obligations	9	N	-	-	I138	-	-	-	-
Total Patient Coinsurance	9	N	-	-	I137	-	-	-	-
Total Patient Co-payment	9	N	-	-	I180	-	-	-	-
Total Patient Deductible	9	N	-	-	I136	-	-	-	-

*Procedure Code is 5 characters in length in the Dental Services file; 7 characters
in length in the Institutional Services file; and 6 characters in length in the
Professional Services file.

MARYLAND
Health Care
Commission