Element Name	Element ID	Description
Accident State	2057	A two digit state postal code to identify the state where the accident occurred.
Adjustment/Void Reason	2033	A code specifying the reason for adjusting or voiding an individual claim.
Aid Category Provider Program Begin Date	2178	It's the begin date for the relationship between enrollee benefit program and provider benefit program.
Aid Category Provider Program End Date	2182	It's the end date for the relationship between enrollee benefit program and provider benefit program.
Anesthesia Minutes	2084	Number of anesthesia minutes for Practitioner claims
Associated Date of Service	2026	This date is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.
Associated RX Number	2025	Related Prescription Reference Number to which the service is associated is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.
Attachment Sequence Number	2029	A sequence number which identifies the occurrence of the attachment transaction code and the attachment report type.
Claim Accident Indicator	2027	A flag that indicates whether or not the service was the result of an accident .
Claim Edit Override	2078	Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice.
Claim Medical Record Number	2845	The facility medical record number.
Claim Admission Date	2105	For invoice types 01, 02 and 10 the date upon which a recipient was admitted to a medical facility. Otherwise, it is the date on which service began.
Claim Admission Source	2106	A code indicating the source of this admission.
Claim Allowed Amount	2073	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial.
Claim Attachments Indicator	2030	Indicates whether or not the claim has an attachment.
Claim Attending Provider Identification Number	2060	The Provider Identification Number assigned to the claim attending provider.
Claim Auto Accident	2431	A flag which indicates whether or not the enrollee's condition is related to an auto accident,
Claim Billed Charge	2016	The charge submitted on a claim.
Claim Billing Provider Identification Number	2004	A unique identification number assigned by DMAS for a billing provider. The unique number assigned to the provider who submitted the claim document for adjudication.
Claim Blood Not Replaced	2118	The number of pints of Blood Not Replaced on a Title 18 claim.
Claim Blood Replaced	2117	The number of pints of Blood replaced on a Title 18 claim
Claim Calculated Co-Insurance	2545	The coinsurance that was used to price the claim regardless of whether it was submitted on the claim or internally calculated.
Claim Category of Service	2038	Defines the service rendered by the provider for use in claim adjudication and reporting.
Claim CHIRP Distribution Location	2149	This field determines the physical location to which the busted printer output will be delivered. It must contain a value other than spaces.
Claim CHIRP Request Identification	2781	The unique ID assigned to the request record that is built. The first 7 characters are the date the request was made (CCYYDDD) and the next 6 are a sequence number.
Claim CHIRP Request Payment Date	2868	The payment date that will be used for selecting claims for a CHIRP or mass adjustment request.
Claim CHIRP Request Recipient Age	2846	The enrollee age (on the claim from date of service) that will be used for selecting claims for a CHIRP or mass adjustment request.
Claim Chirp Request Report Format	2785	Identifies the report requested from the Chirp selection screen.

Element Name	Element ID	Description
Claim CHIRP Request Status	2828	The status of the CHIRP or Mass Adjustment/Void request on the Claim Request File.
Claim CHIRP/Adjustment Request Type of Action	2855	This is the field in the Claim Request File (CP-F-015), which is used in CHIRP and Mass Adjustment processing, that identifies the type of request. For CHIRP, it determines whether a report (C) or a data file (F) or a report and CSV excel file (B) is to be produced. For Mass Adjustments it controls whether adjustments (A) or voids (V) are to be created, or whether the generated adjustments/voids are to be deleted (D) or approved (M).
Claim CHIRP/Adjustment Request Name	2780	For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered).
Claim COB Indicator	2544	Coordination of benefits; primary carrier information other than Medicare - Title XVIII form.
Claim Condition Code	2115	A code(s) used to identify conditions relating to this bill that may affect payer processing.
Claim Condition Code Begin Date	2387	The effective date on which the value of condition code may be used in the system.
Claim Condition Code Description	2456	The description of the value of condition code. See data element 2115 for condition codes and their descriptions.
Claim Condition Code End Date	2388	The effective end date for the value of condition code. This is the last date on which the value of condition code is valid in the system.
Claim Conflict ICN	2440	The ICN date of the historical claim that caused the conflict.
Claim Consent ICN	2089	The ICN date on the consent form sent by a provider.
Claim Consent Indicator	2246	Indicates whether or not there is a consent record on file.
Claim Consent Provider	2198	Indicates whether there is a consent record on file.
Claim Consent Signature Date	2192	Date enrollee consented to procedure.
Claim Consent Status	2193	The status of the consent entry.
Claim Consent Status Date	2194	Date the status of the enrollee was recorded.
Claim Consent Type	2195	Indicates the type of procedure (A, H. S).
Claim Conversion Indicator	2020	Indicates whether the claim has undergone the conversion process for the new MMIS system.
Claim Co-pay Indicator	2599	Indicates what copay taken.
Claim Covered Days	2108	The number of days/visits covered by the primary payer, as qualified by the payer organization.
Claim Cutback Amount	2066	The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system non covers a revenue amount, it also is moved here.
Claim Cutback Days/Units	2065	The number of units or days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc.
Claim Date of Illness/Injury/Pregnancy	2209	Date of first illness or injury from HCFA.
Claim Dental Medical Coverage Flag	2684	Indicates the patient has dental insurance.
Claim Dental Quadrant	2892	The mouth quadrant code.
Claim Dental Surface Codes	2201	A code indicating the dental surface for treatment.
Claim Dental Tooth Code	2200	A code identifying the type and site of tooth for treatment.

Element Name	Element ID	Description
Claim Diagnosis Sequence Number	2449	The sequence number of the diagnosis code on the claim.
Claim Discharge Status	2869	For facility claims, a code indicating the status of the patient.
Claim Dispensed as Written Indicator	2418	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.
Claim Disproportionate Share Amount	2080	An extra payment amount for certain provider types billing hospital claims.
Claim DRG Grouper Return Code	2589	The return code from the Grouper Routine which assigns the DRG code for the claim.
Claim DRG MDC Code	2590	Major diagnostic category assigned by the DRG Grouper.
Claim DRG Per Diem Amount	2594	DRG per diem rate (DE 2592) x number of days. Applies to inpatient rehab, psych, and transfer cases.
Claim DRG Per Diem Rate	2592	Per Diem used in pricing inpatient rehab, psych, and transfer cases.
Claim DRG Total Payment	2593	Sum of DRG Payment Amount (DE 2547), DRG Outlier Amount (DE 6827), DRG Cap Amount (DE 2470), and DRG Per Diem Amount (DE 2594) less TPL amount (DE 2018) and Copay (DE 2022). For DRG claims, this is the amount to be paid.
Claim DRG Type Code	2591	Type of Inpatient Claim as used in DRG processing.
Claim EDI Attachment Control Number	2013	The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.
Claim EDI Attachment Report Type	2014	The attachment report type specifies the type of attachment to be sent. It occurs two times.
Claim EDI Attachment Trans Code	2015	The attachment trans code tells how the attachment will be sent in, for example, by fax, by mail. It occurs two times.
Claim EDI DRG Code	2007	The DRG code is submitted on the EDI 837 transaction for institutional claims where applicable.
Claim EDI Encounter Contract Code	2019	The encounter contract type is submitted on the EDI 837 transaction and tells what kind of contract is held with the HMO.
Claim EDI Line Item Control Number	2012	The line item control number is submitted on an EDI 837 Professional transaction.
Claim Edit ICN Sequence Number	2441	The sequence number of the occurrence of ICN related to the edit set on the claim.
Claim Edit Invalid Data	2349	Invalid Data - Describes what table info caused edit 0799 to set.
Claim Edit Priority	2183	Defines the order that multiple edits are returned on the POS response. It can also be used for other claim types.
Claim Edit Sequence Number	2156	Indicates the number of the edit per claim status.
Claim Emergency Identifier	2802	A flag that indicates whether or not the service was an emergency.
Claim Employer Name	2517	From field 65 of the UB, fields 09c of the HCFA
Claim Employer/School Address	2537	The address of the school or employer of the insured party.
Claim Employment Indicator	2074	A flag which indicates whether or not the enrollee's condition is the result of employment.
Claim Entered Date	2177	This is the date the claim entered the system.
Claim Extract Record Type Code	2051	Identifies the record type in the claims extract file.
Claim Facility Bill Type	2102	A code indicating the bill type of a facility claim. This DE is composed of four values, the first position is not yet used, the second position being the facility type, the third being the billing classification of the provider billing the claim, and the fourth being the billing frequency or type of bill.
Claim Facility Condition Code Sequence Number	2439	The sequence number of the occurrence of the claim's condition code.

Element Name	Element ID	Description
Claim Family Planning/EPSDT Indicator	2075	A flag which indicates whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning. If the HCFA family planning/EPSDT field equals 2, set F_FAMILY_PLAN to Y. A flag which indicates whether any service is for EPSDT. If the HCFA family planning/EPSDT field equals 1, set F_EPSDT to Y.
Claim Form Type	2088	Indicator defining the type of claim form on which the claim was filed.
Claim Formatted Message	2457	A text message that can returned via the POS provider response. This is utilized for ProDUR non-denial messages.
Claim Group Name (Insurance)	2515	From field 61 of the UB
Claim Group Number or FECA Number (Insurance)	2516	from field 62 of the UB, field 11 from the HCFA, field 13 of the ADA (1994), field 21 of the ADA (1999 Version 2000) and field 9 of the ADA (2002)
Claim Hospital End Date	2411	The last day of Hospital leave.
Claim Hospital Start Date	2410	The beginning date of Hospital leave.
Claim Hour of Admission	2136	The hour during which the patient was admitted for inpatient or outpatient care.
Claim Hour of Discharge	2412	Indicates the hour of discharge from a facility.
Claim Insured's Identification	2512	For other insurance coverage, the cardholder's identification number.
Claim Insured's Plan Name or Program Name	2527	from field 11c of the HCFA
Claim Life Threatening Indicator	2996	Indicator that identifies that the situation was life threatening based on documentation with the consent form.
Claim Line Number	2121	This line number pertains to the revenue line on the UB92 Form which has an error. There may be 1 - 115 claim revenue lines per claim. The claim types which use this data element are Inpatient & Outpatient Hospital, Long Term Care, and Home Health. It also refers to the occurrence of a field that has an error. These fields include procedure codes and diagnoses. Table Residence : CP_CLM_EDIT
Claim Manual Price Amount	2158	Amount of a claim priced 'by hand' due to the special nature of the service.
Claim Medicaid Co-Payment	2022	The co-payment amount that the recipient has paid or is to pay on the claim, if any.
Claim Medicare Coverage Indicator	2402	This field is being used to show that the recipient has Medicare Part B coverage only. (As in BUYIN status.)
Claim Message Sequence Number	2436	A sequence number assigned to the messages so that multiple messages may be maintained.
Claim Mouth Quad Description	2459	The description of the value of the quadrant code.
Claim Name and Address of Other Carrier(s)	2534	from field 15a of ADA form (1994 Version) from field 33 of ADA form (1999 Version 2000) from field 11 on ADA form(2002 Version)
Claim Nature of Admission	2107	A code indicating the priority of this admission.
Claim Non-Covered Amount	2139	The amount of the revenue billed charges that is not covered. This amount is entered by the provider.
Claim Non-Covered Days	2109	Days of care not covered by the payer.
Claim number of days eligible	2056	The number of days the enrollee was eligible within the claim service period.
Claim Number of Passengers	2085	Number of passengers riding with a transportation provider.
Claim Number of Units/Visits/Studies	2009	This is the number of units of the procedure performed by the provider.
Claim Occurrence Code	2110	The code defining a significant event relating to this bill that may affect payer processing. Contains both occurrence codes and occurrence span codes. Occurrence codes can be identified as having values of 01 - 69, A1 - L9. Occurrence span codes will have values of 70 - 99 and M0 - Z9.

Element Name	Element ID	Description
Claim Occurrence From Date	2113	The from date related to an occurrence span code or an occurrence code that identifies an event that relates to the payment of the claim.
Claim Occurrence Thru Date	2114	The thru date related to an occurrence span code that identifies an event that relates to the payment of the claim. This can also be related to an occurrence code, in which case, the thru date was created from the from date.
Claim Original Allowed Amount	2992	The calculated allowed amount prior to reduction.
Claim Other Accident Indicator	2028	A flag which indicates whether or not the enrollee's condition is related to an accident other than auto or employment. The other accident indicator is from the input claim form.
Claim Other Dental Plan Coverage Indicator	2532	From field 14a of the ADA (Form 1994) From field 31 on the ADA (Form 1999 Version 2000) From field 4 on the ADA (Form 2002)
Claim Other Insured's Date of Birth	2524	from field 09b of the HCFA
Claim Other Insured's Name	2522	from field 09 of the HCFA
Claim PA Reason Code Sequence	2466	Prior Authorization reason code sequence number
Claim Partial Recipient Name	2006	The first four characters of the last name and first character of the first name of a recipient as coded on a claim form. Used to verify the recipient name after the recipient file has been accessed.
Claim Patient Account Number	2031	The tracking number of the recipient's claim for the providers use within the providers' billing mechanism.
Claim Patient Medical Plan Coverage Indicator	2533	from field 14b of the ADA
Claim Patient Pay Amount	2083	Amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility.
Claim Payment Adjustment Amount	2041	Claim Payment Adjustment Amount
Claim Payment Adjustment Line Number	2043	Claim Payment Adjustment Line Number
Claim Payment Adjustment Sequence Number	2040	Claim Payment Adjustment Sequence Number
Claim Payment Adjustment SLH Indicator	2044	Claim Payment Adjustment SLH Indicator
Claim Payment Adjustment Units	2042	Claim Payment Adjustment Units
Claim Payment Amount	2023	Claim payment amount for any claim.
Claim Payment days	2315	For UB92 claims, payment days is system calculated and is the sum of the accommodation revenue units less the cutback days.
Claim Payment Request Line Number	2343	The claim line number assigned to the claim line within the claim.
Claim Pend To Location	2841	The location a pended claim was transferred to.
Claim Pend From Location	2840	The location a pended claim was transferred from.
Claim Pharmacy Add-on Fee	2218	For pharmacy claims, this contains either the unit dose add-on fee for unit dose drugs or a monitoring fee for Clozril prescriptions.
Claim Pharmacy Compound Indicator	2220	Code indicating whether or not the prescription is a compound.
Claim Pharmacy Compound Number of Ingredients	2221	NCPDP Data Element used to hold a compound number of ingredients. DMAS allows up to 13 ingredients in a compound drug.
Claim Pharmacy Date Prescription Written	2214	Date prescription was written. CCYYMMDD.
Claim Pharmacy Days Supply	2216	Estimated number of days the prescription will last.
Claim Pharmacy Days Supply Intended To Be Dispensed	2232	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available.
Claim Pharmacy Deny Eligibility Clarification Code	2230	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.

Element Name	Element ID	Description
Claim Pharmacy Dispensing Fee	2217	An amount paid to a pharmacy as a fee for dispensing drugs/supplies.
Claim Pharmacy Dispensing Status	2235	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
Claim Pharmacy Level of Service	2229	Coding indicating the type of service the provider rendered.
Claim Pharmacy NCPDP Version	2225	Code uniquely identifying the transmission syntax and corresponding NCPDP Data Dictionary.
Claim Pharmacy Other Coverage Indicator	2227	Code indicating whether or not the patient has other insurance coverage
Claim Pharmacy PA/MC Code	2238	Value indicating prior authorization or medical certification occurred.
Claim Pharmacy Patient Location Code	2228	Code identifying the location of the patient when receiving pharmacy services
Claim Pharmacy Prescription Number	2211	Reference number assigned by the provider for the dispensed drug/product and/or service provided.
Claim Pharmacy Provider Drug Cost Basis	2231	Code indicating the method by which Ingredient Cost was calculated.
Claim Pharmacy Quantity Dispensed	2233	Quantity dispensed expressed in metric decimal units.
Claim Pharmacy Quantity Intended to be Dispensed	2234	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available.
Claim Pharmacy Refill Code	2212	A code indicating whether a prescription is an original or a refill.
Claim Pharmacy Transaction Type	2224	Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions.
Claim Pharmacy Transmission Received Line	2226	Code to indicate the 'switch' or line that is transmitting the claim.
Claim Pharmacy Unit Dose Indicator	2236	Code indicating the type of unit dose dispensing.
Claim Pharmacy Unit of Measure	2237	NCPDP standard product billing codes.
Claim Pharmacy Usual Charge	2213	Amount charged cash customers for the prescription exclusive of sales tax of other amounts claimed.
Claim Pints of Blood Furnished	2116	The number of pints of blood furnished which is entered on the Title 18 claim.
Claim Place Of Service Begin Date	2390	The effective begin date for the value of place of service.
Claim Place Of Service End Date	2391	The effective end date for the value of place of service.
Claim Prescribing Physician Identification Number	2826	Drug Claim Prescribing provider ID. It is left-justified, space filled.
Claim Prescribing Provider Code	2468	This code identifies the type of provider for pharmacy I_PRESCRIB_PROV.
Claim Prescription Number Qualifier	2467	This number modifies the service/prescription number I_RX_NO.
Claim Pricing Source	2069	Indicates the rate source used during pricing. Below is used to clarify how claim was priced when C_PRICE_SRC = PROC PROVIDER TYPE 072 WITH A MODIFIER OF R OR S PAYS A PERCENTAGE OF THE RATE PROVIDER TYPES 021, 025, 034 AND 076 PAYS A PERCENTAGE OF THE RATE
Claim Pricing Source Code	2071	Indicates the region or provider sequence number (which corresponds to the providers program) used in pricing
Claim Pricing Source Type	2070	Indicates the rate type used during pricing.
Claim Private Room Differential	2077	The additional amount paid to a provider for having a recipient in a private room.
Claim Procedure Code Date	2021	The date that coincides with the Principal Procedure Code.
Claim Procedure Sequence Number	2444	The sequence number of the procedure on the claim.

Element Name	Element ID	Description
Claim Product Service Qualifier	2469	This data element is used to qualify the type of code is in the pharmacy C_NDC_DRUG.
Claim Professional Lab Indicator	2174	A flag which indicates whether or not an outside lab was used. This is field on HCFA 1500 form
Claim Professional Place of Service	2173	A code indicating the type of place where service was rendered.
Claim Reduced Payment Days	2358	The number of days that represent the reduction in payment days.
Claim Related Document Number	2034	The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters.
Claim Request ICN	2001	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media and sequence number) and Claim Reference lines (last two bytes representing line number).
Claim Resp Sequence Number	2437	A sequence number assigned to the response so that the response can be linked to the specific claim mod status.
Claim Revenue Allowed Amt	2991	Claim revenue line allowed amount.
Claim Revenue Amount	2124	Total charges, pertaining to the related revenue codes, for the current billing period as entered in the statement covers period.
Claim Revenue Code	2122	A code which defines a specific accommodation and/or ancillary service or billing calculation.
Claim Revenue Units	2123	A quantities measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc.
Claim Service From Date	2010	Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
Claim Service Thru Date	2011	Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal).
Claim Signed Date	2415	The date the provider signed the paper claim. This date will be used as the PA Request Date for Dental (ADA) only.
Claim Special Batch Indicator	2068	This code, if set to Y, indicates the claim is part of a special batch of claims sent in by DMAS. If the special batch flag is set to Y and an edit sets, it will pend the claim to location 217, the location for special batch pends.
Claim Status	2039	Code indicating the status of a claim after an adjudication cycle.
Claim Status Begin Date	2383	The date on which this status was assigned to the claim. It is essentially the claims activity date, which can be assigned by adjudication or financial cycles.
Claim Status End Date	2384	The date on which this status ended, which means that another status was assigned to the claim.
Claim Status Sequence Number	2435	The sequence number of the occurrence of the claim's status.
Claim TAD Resubmittal Number (not claim)	2543	This is the unique number assigned to Payment Requests that have been returned to provider for additional information.
Claim TAD Sent Date	2310	Date the TAD was sent to the provider.
Claim TAD Sequence Number	2356	Sequence number column for the CP_CLM_TAD table. The highest sequence number indicates the number of TADs generated for this claim, which also indicates the number of times the claim has received a status of reject.
Claim Third Party Payment	2018	The amount of payment made by third party sources toward a medical claim.
Claim Title XVIII Amount Billed to Medicare	2257	The charges to Medicare entered on the Title 18 claim.
Claim Title XVIII Blood Deductible Amount	2255	The unmet deductible for blood which is to be paid by Medicaid.
Claim Title XVIII Charge Allowed	2253	The allowed by Medicare amount entered on the Title 18 claim.

Element Name	Element ID	Description
Claim Title XVIII Coinsurance Amount	2252	The coinsurance amount entered on a Title 18 claim.
Claim Title XVIII Deductible Amount	2251	The deductible amount entered on the Title 18 claim.
Claim Title XVIII Medicare Paid Amount	2254	The amount paid by Medicare entered on the Title 18 claim.
Claim Title18 Mcare Enrollee	2448	The Medicare enrollee entered on a Title 18 claim.
Claim Total Document Charge	2017	The sum of all billed charges (DE 2016) associated with a claim document.
Claim TPL Flag	2674	Indicates that the enrollee had TPL coverage on the claim's date of service.
Claim Type	2002	A code defining the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field.
Claim Type Modifier	2003	A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field except for 0 which is used to identify PAs. Zero is not a valid claim type modifier.
Claim Type of Service	2072	A code indicating the type of service billed.
Claim Units Used	2346	The claim units paid for a particular claim for the prior authorization. This field is only used when the authorization is units based (as opposed to dollar based).
Claim User-ID Code	2035	A code uniquely identifies the user and is used to track user input into the VA DMAS System.
Claim Value Amount	2131	A dollar amount related to the value code that identifies data of a monetary nature that is necessary for processing this claim.
Claim Value Code	2128	A code that identifies data of a monetary nature that is necessary for processing this claim.
Claim Week Ending Date	2347	The date of the last day of the week in which the claim service from date occurs for the claim using the prior authorization. This is only used for authorizations based on a "per week" limit.
ClaimCheck savings report frequency	2803	Frequency of the record in CP-F-065
Claims Chirp Adjudicated Claims Request Flag	2490	Flag that identifies that the Claims request selection was made for adjudicated claims from the Chirp request screen.
Claims Chirp Encounter Request Flag	2493	Flag that identifies that the encounter request selection was made from the Chirp request screen.
Claims Chirp Output Format	2486	Identifies the Chirp Output format from the Chirp selection screen.
Claims Chirp Request Sort-1	2551	
Claims Chirp Request Sort-2	2552	Second of eight Chirp Sort criteria.
Claims Chirp Request Sort-3	2553	The third of eight Chirp Sort criteria.
Claims Chirp Request Sort-4	2554	The fourth of eight Chirp Sort criteria.
Claims Chirp Request Sort-5	2555	The fifth of eight Chirp Sort criteria.
Claims Chirp Request Sort-6	2556	The sixth of eight Chirp Sort criteria.
Claims Chirp Request Sort-7	2557	The seventh of eight Chirp Sort criteria.
Claims Chirp Request Sort-8	2558	The eighth of eight Chirp Sort criteria.
Claims CLIA Number	2993	CLIA number captured from the HCFA input data.
Claims Control File Media Type	2560	This field identifies the media type for the input data.
Claims Determined EPSDT Flag	2566	Flag that gets set when Claims processing edits determines the service is EPSDT.
Claims Diag Type Code	2585	A value that defines the diagnosis.

Element Name	Element ID	Description
Claims DRG CAP Amount	2470	Capital add-on for DRG payment calculation.
Claims Facility Revenue Line Number	2445	The line number of each revenue code on the claim.
Claims MCN Number	2581	Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables.
Claims Modifier Begin Date	2576	Beginning effective date for the modifier code.
Claims Modifier End Date	2577	Ending date for the modifier code.
Claims Original PA Number	2481	On a prior authorization that has been created by transferring a PA to a different provider, this is the PA number of the original authorization. On claims, this is a PA number that was assigned to a prior authorization prior to the VaMMIS conversion.
Claims PA Authorized By	2485	This contains the initials of the analyst that worked the prior authorization request.
Claims PA External Text Sequence Number	2483	PA external text sequence number.
Claims PA Letter Description	2628	This is the description that corresponds to the PA Letter number DE2335. This describes the type of PA letter.
Claims PA Number of Days Since	2499	Number of days since 1/1/1980. Used to identify the day the number was issued. This is the first five digits of the Prior Authorization Number.
Claims PA Number Sequence	2498	The sequence portion of the Prior Authorization number.
Claims PA Send To Code	2484	Code identifies who a PA letter is sent to.
Claims PA Type Code	2508	Identifies the type of Prior Authorization it is.
Claims PA Util Sequence Number	2344	Sequence number on the claims Pa utilization table.
Claims Payment Request Date Identifier	2477	DATE PORTION OF THE PAYMENT REQUEST NUMBER.(CCYYDDD)
Claims Payment Request Media Code	2478	The portion of the payment request number that indicates the source of the data.
Claims Payment Request Sequence	2480	Sequence number portion of the payment request number.
Claims Pend Location Sequence Number	2584	Claims Pend Location sequence number.
Claims Pend Resolution Update Flag	2496	Flag set to indicate Pend Resolution update.
Claims Pend/Loc User Date Added	2583	Date the user ID was added to the pend/location table
Claims Pharmacy Metric/Dec/Qty	2248	This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist.
Claims Procedure Code Modifier	2171	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
Claims Procedure Modifier Description	2575	Description of the procedure modifier. See data element 2171.
Claims Recycle Flag	2160	This flag indicates that the claim is a recycled pend.
Claims Remarks Sequence Number	2578	Claim remarks table sequence number.
Claims Remarks Text	2579	Remarks entered into the remarks table during Pend Resolution or remarks entered on the claim.
Claims Remarks User Entered ID	2580	User ID of the person that entered the remarks.
Claims Submission Identifier	2569	This field is used to capture the user ID of the person submitting or data entering the Claim.

Element Name	Element ID	Description
Claims TPL Pay Chase Flag	2433	This flag, which indicates Pay/Chase for TPL, is set to Y in claims adjudication if the enrollee has TPL coverage = U (absent parent) or the claim procedure has a reference flag code = 90 or the primary diagnosis code = V202 and there is an EPSDT procedure modifier on the claim or the primary diagnosis code begins with 630-659 and the claim procedure has a reference flag code = 91.
Claims/PA Control File Type	2559	This field identifies whether the control totals are for Input Claims data or Input PA data.
Comment Begin Date	2385	Comment Begin Date
Comment End Date	2386	Comment End Date
Conflicting Claim ICN Line Number	2681	The claim line number of the conflicting history claim.
Conflicting Claim ICN Media	2678	The ICN media code of the conflicting history claim. See data element 2478.
Conflicting Claim ICN Sequence Number	2679	The ICN sequence number of the conflicting history claim.
Consent ICN Media	2187	The media of the ICN on the consent form submitted by a provider. See data element 2478.
Consent ICN Sequence Number	2188	The sequence number of the ICN on the consent form submitted by a provider.
Consent Service Date	2152	The date on which the procedure consented to was performed.
Contact Person	2243	The name of the person to contact for the provider submitting an authorization request.
Date Resolved Pend Submitted to Adjudication	2130	Date that worked pend is submitted for adjudication. This date is used in the pend resolution process; if the date is the current date, the claim is not pulled again.
DRG Payment Amount	2547	Hospital operating rate per case X DRG relative weight.
DRG Payment Type	2348	Indicates the type of pricing calculation for this claim.
Duplicate PA Line Number	2048	This data element is defined upon the Daily PA Activity Response File (CP-F-043). When Duplicate Edits, within subroutine CPD122VA, recognize that a Duplicate Prior Authorization already exists upon the PA Tables, the Duplicate PA Line Number is communicated back to the DMAS PA Contractor (KePRO) in this field. This data element is communicated in unison with Data Element 2047 (Duplicate PA Number).
DX Version Qualifier	2050	
E-ELIGIBLE-DAYS	2494	Encounter Eligible Days for Case Extract Encounter File, CP-F-131, only. This field is not a database field.
Encounter Payment Amount	2994	This field will contain the claim payment amount for dental encounters from Doral. These can be identified with having media = 9, claim type = 11, and service vendor = 1076.
Encounter Payment Date	2995	
Facility Occurrence Sequence Number	2451	The sequence number of the occurrence of the claim's occurrence code.
HIPAA AAA Error Designation	2654	
HIPAA-278 PA Service Type Code	2632	This data element is associated with HIPAA X.12 for 278 PA Processing.
Insurance Carrier Name	2535	
Insured Plan Number	2446	The insurance plan number of the insured party.
Insured Sex	2350	Sex of the other insured.
Interrelationship Type	2351	The interrelation type indicates the relationship between an ICN and the related document on the CP_CLM_INTRREL table.
Message Type	2140	An indicator used to determine if the message field is a formatted message or a standard message from the Error Text Table.

Element Name	Element ID	Description
NATCEP-Payment-Amount	2881	The payment days multiplied by the provider's NATCEP (Nurse Aide Training and Competency Evaluation Program) rate.
NDC Drug Sequence Number	2450	A sequence number assigned to the NDC so that multiple NDCs may be maintained.
NDC Qualifier	2142	Contains N4
Not Stored in MMIS	0000	
NPI Only Ind	2884	
NPI XREF Provider Number Type	2250	A value that describes the submitted provider number type: 1. 'M' - Legacy 2. 'A' - API 3. 'N' - NPI
Occurrence Type	2005	An indicator on CP_FAC_OCCURANCE that tells whether the code is an occurrence code or an occurrence span code.
Origin of PA Entry	2049	This data element is defined upon the Daily PA Activity Response File (CP-F-043). This field is NOT used by the DMAS PA Contractor, KePRO. For the purpose of statistics reporting, this field identifies the source of the original PA Line entry.
Other Provider 1	2452	The Provider Identification Number of the first other physician on a facility claim.
Other Provider 2	2453	The Provider Identification Number of the second other physician on a facility claim.
PA Action Reason Range Code	2595	Prior Authorization Action Reason Range Code (A=Approve, D= Deny, P= Pend, R= Reject), This will indicate what range a specific PA Reason Code is in.
PA Actual Cost Per Unit	2646	The unit cost of the procedure that is authorized.
PA Amount Used	2345	The money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based).
PA Application Senders Code	2571	This is the Service Center Code for a Prior Authorization created as the result of a 278 PA Request.
PA Attachment Control Number	2622	
PA Attachment Report Transmission Code	2656	
PA Attachment Report Type Code	2655	
PA Authorization Type Code	2621	The type of medical prior authorization that has been submitted.
PA Authorized Amount	2616	Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure.
PA Authorized From Date	2610	The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
PA Authorized Through Date	2611	The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
PA Authorized Units	2613	Number of units that DMAS has actually approved for a prior authorization procedure.
PA Cancel Date	2606	This is the date that the PA was canceled or rejected, if canceled or rejected.
PA Certification Type Code	2631	
PA Code List Qualifier Code	2633	

Element Name	Element ID	Description
PA Comment Code	2334	This is a code that indicates why a prior authorization was approved or denied. Client may enter a 3 digit code to represent any value he would like. This is related to Pharmacy claims only. Ex: VAC - Vacation supply SCH- School supply
PA Comments Text	2619	These are comments that a DMAS employee may note about a specific prior authorization.
PA Dental Models Enclosed Indicator	2700	Indicates whether dental models were enclosed with the PA application.
PA Detail Action Reason Code	2637	Prior Authorization Action reason code.
PA Detail Action Reason Description	2638	Prior Authorization Action reason code description.
PA Detail Action Status Code	2641	The code indicating the status of a PA at any given point in its history.
PA Detail Action Status Date	2624	The PA Detail Action Status Date represents the last date that any associated PA Line Data Element was changed.
PA Detail Action Status Sequence Number	2623	The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
PA DMAS Internal Referral Date	2603	This is the date on which one DMAS employee refers this Prior Authorization to another DMAS employee to review.
PA DMAS Worker Initials	2604	These are the initials of the DMAS employee who has reviewed and is referring the PA to another DMAS employee.
PA Enrollee Identification Number	2650	ENROLLEE IDENTIFICATION NUMBER
PA Entity Identifier Code	2617	
PA Entry Date	2601	Date that the Prior Authorization Request is entered into the FIRST HEALTH computer system.
PA EPSDT Indicator	2648	Prior Authorization Early Periodic Screening Indicator.
PA External Text	2244	This field is used to capture the text entered from CP-S-004-23.
PA Health Care Services Action Code	2660	
PA Health Care Services Reject Reason Code	2661	
PA Incoming Request Code	2886	The type of request that comes in on the PA form.
PA Letter Sent Date	2630	This is the date on which a letter was sent to the provider or enrollee or both regarding a specific PA procedure.
PA Letter Sent to User ID	2321	The user ID of the person to whom the authorization was sent for medical review.
PA Letter Sequence Number	2627	This is the field used on the PA Letter table to make each row unique.
PA Letter Type	2161	This code defines the different types of PA letters that can go to an enrollee or provider.
PA Line Number	2607	A PA may contain requests regarding up to 15 procedures (NDCs are listed on a Drug PA). Each request occupies a "line" on the PA request input form. This is the line number of a specific PA procedure request. A Drug PA is based on the ESC code, generally 1 per line.
PA Media Type Code	2639	These are the valid codes that indicate in which form the PA originated: paper, telephone, etc.
PA Non-paper Enclosure Indicator	2643	Indicates whether a non-paper enclosure accompanied a request for a prior authorization.
PA Patient Event Tracking Number	2618	
PA Patient Tracking Number	2036	

Element Name	Element ID	Description
PA Per Frequency Code	2634	Description that corresponds to a PA Per Frequency Code; used to indicate time frames, such as month or year, that would apply to a PA.
PA Photographs Enclosed Indicator	2645	Indicates whether photographs accompanied a request for a prior authorization.
PA Procedure Code	2640	
PA Production or Test File Indicator	2045	This indicator is defined as the first data element upon the Daily PA Transaction Request File (CP-F-002) and the Daily PA Activity Response File (CP-F-043). This indicator contains the data value 'T' to indicate a Test File. Conversely, it contains a 'P' to indicate a Production File.
PA Reason Code Begin Date	2597	PA REASON CODE BEGIN DATE.
PA Reason Code End Date	2598	PA REASON CODE DATE END.
PA Received Date	2600	Date that the Prior Authorization Request form was received in the FIRST HEALTH mailroom.
PA Reference Number (Mailroom Control Number)	2605	This is the internal control number stamped upon the PA in the mailroom screening process.
PA Referring Provider Identification Number	2652	The provider number of the referring provider.
PA Request Category Code	2629	
PA Request From Date	2608	This is the from date of service for which the provider has requested prior authorization.
PA Request Through Date	2609	This is the through date of service for which the provider has requested prior authorization.
PA Requested Amount	2615	This is the dollar amount for which a provider has requested DMAS to pay for a specific procedure in a prior authorization situation.
PA Requested Units	2612	This is the number of units for which the provider requested DMAS to grant prior authorization.
PA Requester Follow-up Action Code	2653	
PA Service Center Number	2602	
PA Service Trace Number - Clearing House	2649	
PA Service Trace Number - Provider	2625	
PA Service Type Category	2297	Service Type Category is a higher level description for a range of service types, i.e.., DME (0100 - 0102), REHAB(0102 - 0205).
PA Service Type Code	2635	Valid code(s) for DMAS-defined service categories that appear on the reverse side of the PA Request form.
PA Service Type Description	2636	These are the descriptions that correspond to the valid codes for DMAS defined service categories that appear on the reverse side of the PA Request form.
PA Servicing Provider Phone Number	2895	Provider contact phone number.
PA Submitter Transaction Identifier	2614	
PA Time Period Qualifier	2642	
PA Time Period Qualifier	2662	
PA Trace Assigning Entity Identifier	2620	
PA Trace Assigning Entity Identifier - Clearing House	2651	
PA Trace Assigning Entity Identifier - Provider	2626	

Element Name	Element ID	Description
PA Transaction File PA Line Action Indicator	2046	Upon the Daily Transaction PA Request File (CP-F-002), this data element is defined as the first field in the PA Line occurrences. This field indicates the action to be taken against the VaMMIS PA Tables. It contains one of three data values. 'A' - the Transaction PA Line is to be added to the PA Tables, 'C' - a pre-existing PA Line is to be changed using the Transaction PA Line data, 'X' - the pre-existing PA Line is to be cancelled.
PA X-rays Enclosed Indicator	2644	Indicates whether X-rays accompanied a request for a prior authorization.
Pend Resolution Flag	2081	Indicates whether the claim is available to be worked by pend resolution clerk.
Pend Transfer Date	2404	This field indicates the date a pend reso clerk transferred a claim from one pend location to another.
Pharmacy Ingredient Cost	2223	Ingredient cost for the metric decimal quantity of the product included in the compound.
Pharmacy Paid Flag	2239	Code created for performance purposes.
Place Of Service Description	2462	The description for place of service. See data element 2173.
Policy Owner	2354	This code indicates whether the policy is for the insured or other insured.
Pregnancy	2432	A flag on the claim to indicate whether an enrollee is pregnant.
Present On Admission (POA) Indicator	2052	
Prior Authorization Cancel/Reject Reason	2587	Code that represents the reason why a PA was cancelled or rejected at entirety.
Prior Authorization Control Number	2024	The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the pa sequence number, DE 2498, and the pa type, DE 2508.
Prior Authorization Header Reject/Cancel code	2586	Code that determines if Prior Auth is rejected or cancelled for all lines.
Prior Authorization Letter Begin Date	2339	The effective begin date for the specific PA letter. Along with DE 2340, Prior Authorization Letter End Date, they define the date range in which the letter is in use within the MMIS.
Prior Authorization Letter End Date	2340	The effective end date of the specific PA letter. Along with DE 2339, Prior Authorization Letter Begin Date, they define the period in which the letter is in use within the MMIS.
Prior Authorization Letter Number	2335	Prior Authorization letter id used to identify the letter to be sent to the provider or enrollee.
Prior Authorization Pharmacy Authorized Amount	2247	Amount authorized per claim
Prior Authorization Pharmacy Authorized Quantity	2249	Authorized quantity per claim.
Prior Authorization Returned Date	2322	The date on which a PA sent for medical review was returned.
Prior Authorization Service Type Begin Date	2298	The effective begin date for the service type. Along with DE 2299, Prior Authorization Service Type End Date, they define the date range in which the service type may be used within the MMIS.
Prior Authorization Service Type End Date	2299	The effective end date of the service type. Along with DE 2298, Prior Authorization Service Type Begin Date, they define the date range in which the service type may be used within the MMIS.
ProDUR Clinical Significance (Severity) Code	5739	Code identifying the significance or severity level of a clinical event as contained in the originating data base.
ProDUR Code Counter	5729	Counter number for each ProDUR set/logical grouping for pharmacy claims with ProDUR data. (The set includes conflict, intervention and outcome codes)
ProDUR Formatted Message	5734	Text that provides additional detail regarding a DUR conflict.
ProDUR Other Pharmacy Indicator	5744	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.
ProDUR Other Prescriber Indicator	5732	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.

Element Name	Element ID	Description
ProDUR Previous Fill Date	5745	Date prescription was previously filled.
ProDUR Previous Filled Quantity	5746	Amount expressed in metric decimal units of the conflicting agent that was previously filled.
Quadrant Begin Date	2392	The effective begin date for the value of quadrant code.
Quadrant End Date	2393	The effective end date for the value of quadrant code.
Relationship to Patient	2352	The relationship of the insured to the patient.
Revenue Line Number in Error	5565	Identifies the Revenue Line Number in Error
Service Provider Number Type	2059	The field will contain value 'N' when the submitted service provider is NPI/API and 'M' when the service provider is a Medicaid number.
Special Process Indicator	2053	
Split Claim Flag	2673	Flag that indicates that another claim was system generated to split this bill due to overlapping coverage's.
Tooth Begin Date	2397	The effective begin date for the value of tooth code.
Tooth Description	2463	The description of the value of tooth code. See data element 2200.
Tooth End Date	2398	The effective end date of the value of tooth code.
Tooth Surface Begin Date	2395	The effective begin date for the value of tooth surface code.
Tooth Surface Description	2464	The description of the value of tooth surface code. See data element 2201.
Tooth Surface End Date	2396	The effective end date of the value of tooth surface code.
Transmission Code	2476	The transmission code comes in on paper claims and identifies the form type. The first two positions become the Claim Type (DE 2002). This indicates the type of processing to be done. The third character becomes the Claim Type Modifier (DE2003). The only exception would be if the third position is 0, meaning the item is a Prior Authorization--not a claim type. For example, a transmission code of 092 would be a Title 18 claim that is an adjustment. See DE 2002 and 2003 for specific valid values for claim types and modifiers.
Transportation Destination Address 1	2715	
Transportation Destination Address 2	2716	
Transportation Destination City	2717	
Transportation Destination State	2720	
Transportation Destination Zip Code	2721	
Transportation Dropoff Hour	2713	
Transportation Dropoff Minute	2714	
Transportation Enrollee Region	2704	
Transportation Number of Passengers	2706	
Transportation Number of Rides	2705	
Transportation Pickup Address 1	2722	
Transportation Pickup Address 2	2723	
Transportation Pickup City	2724	
Transportation Pickup Hour	2711	
Transportation Pickup Minute	2712	
Transportation Pickup State	2725	
Transportation Pickup Zip Code	2726	

Element Name	Element ID	Description
Transportation Trip Reason	2710	
Transportation Trip Type	2707	
Type Service Begin Date	2429	The effective begin date of the value of type of service code.
Type Service Description	2465	The description of the value of type of service code. See data element 2072.
Type Service End Date	2430	
UB04 NDC Existence flag	2141	Indicates existence of at least one NDC info on CP_FAC_LINE
Unit of Measure - Quantity	2144	Actual Metric Administered Amount, including decimals Examples of NDC quantities for various dosage forms as follows: a. Tablets/Capsules bill per UN b. Oral Liquids bill per ML c. Reconstituted (or liquids) injections bill per ML d. Non-reconstituted injections (i.e. vial of Rocephin powder) bill as UN (1 vial=1 unit) e. Creams, ointments topical powders bill per GM f. Inhalers bill per GM
Unit of Measure Qualifier	2143	Unit of Measurement Qualifier codes
Value Code Sequence Number	2357	Sequence number column for the CP_FAC_VALUE_CODE table. The highest sequence number indicates the number of value codes on the claim.

Element ID	Element Name	Description
0000	Not Stored in MMIS	
2001	Claim Request ICN	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media and sequence number) and Claim Reference lines (last two bytes representing line number).
2002	Claim Type	A code defining the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field.
2003	Claim Type Modifier	A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field except for 0 which is used to identify PAs. Zero is not a valid claim type modifier.
2004	Claim Billing Provider Identification Number	A unique identification number assigned by DMAS for a billing provider. The unique number assigned to the provider who submitted the claim document for adjudication.
2005	Occurrence Type	An indicator on CP_FAC_OCCURANCE that tells whether the code is an occurrence code or an occurrence span code.
2006	Claim Partial Recipient Name	The first four characters of the last name and first character of the first name of a recipient as coded on a claim form. Used to verify the recipient name after the recipient file has been accessed.
2007	Claim EDI DRG Code	The DRG code is submitted on the EDI 837 transaction for institutional claims where applicable.
2009	Claim Number of Units/Visits/Studies	This is the number of units of the procedure performed by the provider.
2010	Claim Service From Date	Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
2011	Claim Service Thru Date	Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal).
2012	Claim EDI Line Item Control Number	The line item control number is submitted on an EDI 837 Professional transaction.
2013	Claim EDI Attachment Control Number	The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.
2014	Claim EDI Attachment Report Type	The attachment report type specifies the type of attachment to be sent. It occurs two times.
2015	Claim EDI Attachment Trans Code	The attachment trans code tells how the attachment will be sent in, for example, by fax, by mail. It occurs two times.
2016	Claim Billed Charge	The charge submitted on a claim.
2017	Claim Total Document Charge	The sum of all billed charges (DE 2016) associated with a claim document.
2018	Claim Third Party Payment	The amount of payment made by third party sources toward a medical claim.
2019	Claim EDI Encounter Contract Code	The encounter contract type is submitted on the EDI 837 transaction and tells what kind of contract is held with the HMO.
2020	Claim Conversion Indicator	Indicates whether the claim has undergone the conversion process for the new MMIS system.
2021	Claim Procedure Code Date	The date that coincides with the Principal Procedure Code.
2022	Claim Medicaid Co-Payment	The co-payment amount that the recipient has paid or is to pay on the claim, if any.
2023	Claim Payment Amount	Claim payment amount for any claim.
2024	Prior Authorization Control Number	The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the pa sequence number, DE 2498, and the pa type, DE 2508.

Element ID	Element Name	Description
2025	Associated RX Number	Related Prescription Reference Number to which the service is associated is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.
2026	Associated Date of Service	This date is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.
2027	Claim Accident Indicator	A flag that indicates whether or not the service was the result of an accident .
2028	Claim Other Accident Indicator	A flag which indicates whether or not the enrollee's condition is related to an accident other than auto or employment. The other accident indicator is from the input claim form.
2029	Attachment Sequence Number	A sequence number which identifies the occurrence of the attachment transaction code and the attachment report type.
2030	Claim Attachments Indicator	Indicates whether or not the claim has an attachment.
2031	Claim Patient Account Number	The tracking number of the recipient's claim for the providers use within the providers' billing mechanism.
2033	Adjustment/Void Reason	A code specifying the reason for adjusting or voiding an individual claim.
2034	Claim Related Document Number	The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters.
2035	Claim User-ID Code	A code uniquely identifies the user and is used to track user input into the VA DMAS System.
2036	PA Patient Tracking Number	
2038	Claim Category of Service	Defines the service rendered by the provider for use in claim adjudication and reporting.
2039	Claim Status	Code indicating the status of a claim after an adjudication cycle.
2040	Claim Payment Adjustment Sequence Number	Claim Payment Adjustment Sequence Number
2041	Claim Payment Adjustment Amount	Claim Payment Adjustment Amount
2042	Claim Payment Adjustment Units	Claim Payment Adjustment Units
2043	Claim Payment Adjustment Line Number	Claim Payment Adjustment Line Number
2044	Claim Payment Adjustment SLH Indicator	Claim Payment Adjustment SLH Indicator
2045	PA Production or Test File Indicator	This indicator is defined as the first data element upon the Daily PA Transaction Request File (CP-F-002) and the Daily PA Activity Response File (CP-F-043). This indicator contains the data value 'T' to indicate a Test File. Conversely, it contains a 'P' to indicate a Production File.
2046	PA Transaction File PA Line Action Indicator	Upon the Daily Transaction PA Request File (CP-F-002), this data element is defined as the first field in the PA Line occurrences. This field indicates the action to be taken against the VaMMIS PA Tables. It contains one of three data values. 'A' - the Transaction PA Line is to be added to the PA Tables, 'C' - a pre-existing PA Line is to be changed using the Transaction PA Line data, 'X' - the pre-existing PA Line is to be cancelled.
2048	Duplicate PA Line Number	This data element is defined upon the Daily PA Activity Response File (CP-F-043). When Duplicate Edits, within subroutine CPD122VA, recognize that a Duplicate Prior Authorization already exists upon the PA Tables, the Duplicate PA Line Number is communicated back to the DMAS PA Contractor (KePRO) in this field. This data element is communicated in unison with Data Element 2047 (Duplicate PA Number).
2049	Origin of PA Entry	This data element is defined upon the Daily PA Activity Response File (CP-F-043). This field is NOT used by the DMAS PA Contractor, KePRO. For the purpose of statistics reporting, this field identifies the source of the original PA Line entry.
2050	DX Version Qualifier	
2051	Claim Extract Record Type Code	Identifies the record type in the claims extract file.

Element ID	Element Name	Description
2052	Present On Admission (POA) Indicator	
2053	Special Process Indicator	
2056	Claim number of days eligible	The number of days the enrollee was eligible within the claim service period.
2057	Accident State	A two digit state postal code to identify the state where the accident occurred.
2059	Service Provider Number Type	The field will contain value 'N' when the submitted service provider is NPI/API and 'M' when the service provider is a Medicaid number.
2060	Claim Attending Provider Identification Number	The Provider Identification Number assigned to the claim attending provider.
2065	Claim Cutback Days/Units	The number of units or days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc.
2066	Claim Cutback Amount	The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system non covers a revenue amount, it also is moved here.
2068	Claim Special Batch Indicator	This code, if set to Y, indicates the claim is part of a special batch of claims sent in by DMAS. If the special batch flag is set to Y and an edit sets, it will pend the claim to location 217, the location for special batch pends.
2069	Claim Pricing Source	Indicates the rate source used during pricing. Below is used to clarify how claim was priced when C_PRICE_SRC = PROC PROVIDER TYPE 072 WITH A MODIFIER OF R OR S PAYS A PERCENTAGE OF THE RATE PROVIDER TYPES 021, 025, 034 AND 076 PAYS A PERCENTAGE OF THE RATE
2070	Claim Pricing Source Type	Indicates the rate type used during pricing.
2071	Claim Pricing Source Code	Indicates the region or provider sequence number (which corresponds to the providers program) used in pricing
2072	Claim Type of Service	A code indicating the type of service billed.
2073	Claim Allowed Amount	The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial.
2074	Claim Employment Indicator	A flag which indicates whether or not the enrollee's condition is the result of employment.
2075	Claim Family Planning/EPSDT Indicator	A flag which indicates whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning. If the HCFA family planning/EPSDT field equals 2, set F_FAMILY_PLAN to Y. A flag which indicates whether any service is for EPSDT. If the HCFA family planning/EPSDT field equals 1, set F_EPSDT to Y.
2077	Claim Private Room Differential	The additional amount paid to a provider for having a recipient in a private room.
2078	Claim Edit Override	Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice.
2080	Claim Disproportionate Share Amount	An extra payment amount for certain provider types billing hospital claims.
2081	Pend Resolution Flag	Indicates whether the claim is available to be worked by pend resolution clerk.
2083	Claim Patient Pay Amount	Amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility.
2084	Anesthesia Minutes	Number of anesthesia minutes for Practitioner claims
2085	Claim Number of Passengers	Number of passengers riding with a transportation provider.
2088	Claim Form Type	Indicator defining the type of claim form on which the claim was filed.
2089	Claim Consent ICN	The ICN date on the consent form sent by a provider.

Element ID	Element Name	Description
2102	Claim Facility Bill Type	A code indicating the bill type of a facility claim. This DE is composed of four values, the first position is not yet used, the second position being the facility type, the third being the billing classification of the provider billing the claim, and the fourth being the billing frequency or type of bill.
2105	Claim Admission Date	For invoice types 01, 02 and 10 the date upon which a recipient was admitted to a medical facility. Otherwise, it is the date on which service began.
2106	Claim Admission Source	A code indicating the source of this admission.
2107	Claim Nature of Admission	A code indicating the priority of this admission.
2108	Claim Covered Days	The number of days/visits covered by the primary payer, as qualified by the payer organization.
2109	Claim Non-Covered Days	Days of care not covered by the payer.
2110	Claim Occurrence Code	The code defining a significant event relating to this bill that may affect payer processing. Contains both occurrence codes and occurrence span codes. Occurrence codes can be identified as having values of 01 - 69, A1 - L9. Occurrence span codes will have values of 70 - 99 and M0 - Z9.
2113	Claim Occurrence From Date	The from date related to an occurrence span code or an occurrence code that identifies an event that relates to the payment of the claim.
2114	Claim Occurrence Thru Date	The thru date related to an occurrence span code that identifies an event that relates to the payment of the claim. This can also be related to an occurrence code, in which case, the thru date was created from the from date.
2115	Claim Condition Code	A code(s) used to identify conditions relating to this bill that may affect payer processing.
2116	Claim Pints of Blood Furnished	The number of pints of blood furnished which is entered on the Title 18 claim.
2117	Claim Blood Replaced	The number of pints of Blood replaced on a Title 18 claim
2118	Claim Blood Not Replaced	The number of pints of Blood Not Replaced on a Title 18 claim.
2121	Claim Line Number	This line number pertains to the revenue line on the UB92 Form which has an error. There may be 1 - 115 claim revenue lines per claim. The claim types which use this data element are Inpatient & Outpatient Hospital, Long Term Care, and Home Health. It also refers to the occurrence of a field that has an error. These fields include procedure codes and diagnoses. Table Residence : CP_CLM_EDIT
2122	Claim Revenue Code	A code which defines a specific accommodation and/or ancillary service or billing calculation.
2123	Claim Revenue Units	A quantities measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc.
2124	Claim Revenue Amount	Total charges, pertaining to the related revenue codes, for the current billing period as entered in the statement covers period.
2128	Claim Value Code	A code that identifies data of a monetary nature that is necessary for processing this claim.
2130	Date Resolved Pend Submitted to Adjudication	Date that worked pend is submitted for adjudication. This date is used in the pend resolution process; if the date is the current date, the claim is not pulled again.
2131	Claim Value Amount	A dollar amount related to the value code that identifies data of a monetary nature that is necessary for processing this claim.
2136	Claim Hour of Admission	The hour during which the patient was admitted for inpatient or outpatient care.
2139	Claim Non-Covered Amount	The amount of the revenue billed charges that is not covered. This amount is entered by the provider.
2140	Message Type	An indicator used to determine if the message field is a formatted message or a standard message from the Error Text Table.

Element ID	Element Name	Description
2141	UB04 NDC Existence flag	Indicates existence of at least one NDC info on CP_FAC_LINE
2142	NDC Qualifier	Contains N4
2143	Unit of Measure Qualifier	Unit of Measurement Qualifier codes
2144	Unit of Measure - Quantity	Actual Metric Administered Amount, including decimals Examples of NDC quantities for various dosage forms as follows: a. Tablets/Capsules bill per UN b. Oral Liquids bill per ML c. Reconstituted (or liquids) injections bill per ML d. Non-reconstituted injections (i.e. vial of Rocephin powder) bill as UN (1 vial=1 unit) e. Creams, ointments topical powders bill per GM f. Inhalers bill per GM
2149	Claim CHIRP Distribution Location	This field determines the physical location to which the busted printer output will be delivered. It must contain a value other than spaces.
2152	Consent Service Date	The date on which the procedure consented to was performed.
2156	Claim Edit Sequence Number	Indicates the number of the edit per claim status.
2158	Claim Manual Price Amount	Amount of a claim priced 'by hand' due to the special nature of the service.
2160	Claims Recycle Flag	This flag indicates that the claim is a recycled pend.
2161	PA Letter Type	This code defines the different types of PA letters that can go to an enrollee or provider.
2171	Claims Procedure Code Modifier	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. See Value Set "VALID-MODIFIERS".
2173	Claim Professional Place of Service	A code indicating the type of place where service was rendered.
2174	Claim Professional Lab Indicator	A flag which indicates whether or not an outside lab was used. This is field on HCFA 1500 form
2177	Claim Entered Date	This is the date the claim entered the system.
2178	Aid Category Provider Program Begin Date	It's the begin date for the relationship between enrollee benefit program and provider benefit program.
2182	Aid Category Provider Program End Date	It's the end date for the relationship between enrollee benefit program and provider benefit program.
2183	Claim Edit Priority	Defines the order that multiple edits are returned on the POS response. It can also be used for other claim types.
2187	Consent ICN Media	The media of the ICN on the consent form submitted by a provider. See data element 2478.
2188	Consent ICN Sequence Number	The sequence number of the ICN on the consent form submitted by a provider.
2192	Claim Consent Signature Date	Date enrollee consented to procedure.
2193	Claim Consent Status	The status of the consent entry.
2194	Claim Consent Status Date	Date the status of the enrollee was recorded.
2195	Claim Consent Type	Indicates the type of procedure (A, H. S).
2198	Claim Consent Provider	Indicates whether there is a consent record on file.
2200	Claim Dental Tooth Code	A code identifying the type and site of tooth for treatment.
2201	Claim Dental Surface Codes	A code indicating the dental surface for treatment.
2209	Claim Date of Illness/Injury/Pregnancy	Date of first illness or injury from HCFA.

Element ID	Element Name	Description
2211	Claim Pharmacy Prescription Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.
2212	Claim Pharmacy Refill Code	A code indicating whether a prescription is an original or a refill.
2213	Claim Pharmacy Usual Charge	Amount charged cash customers for the prescription exclusive of sales tax of other amounts claimed.
2214	Claim Pharmacy Date Prescription Written	Date prescription was written. CCYYMMDD.
2216	Claim Pharmacy Days Supply	Estimated number of days the prescription will last.
2217	Claim Pharmacy Dispensing Fee	An amount paid to a pharmacy as a fee for dispensing drugs/supplies.
2218	Claim Pharmacy Add-on Fee	For pharmacy claims, this contains either the unit dose add-on fee for unit dose drugs or a monitoring fee for Clozril prescriptions.
2220	Claim Pharmacy Compound Indicator	Code indicating whether or not the prescription is a compound.
2221	Claim Pharmacy Compound Number of Ingredients	NCPDP Data Element used to hold a compound number of ingredients. DMAS allows up to 13 ingredients in a compound drug.
2223	Pharmacy Ingredient Cost	Ingredient cost for the metric decimal quantity of the product included in the compound.
2224	Claim Pharmacy Transaction Type	Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions.
2225	Claim Pharmacy NCPDP Version	Code uniquely identifying the transmission syntax and corresponding NCPDP Data Dictionary.
2226	Claim Pharmacy Transmission Received Line	Code to indicate the 'switch' or line that is transmitting the claim.
2227	Claim Pharmacy Other Coverage Indicator	Code indicating whether or not the patient has other insurance coverage
2228	Claim Pharmacy Patient Location Code	Code identifying the location of the patient when receiving pharmacy services
2229	Claim Pharmacy Level of Service	Coding indicating the type of service the provider rendered.
2230	Claim Pharmacy Deny Eligibility Clarification Code	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.
2231	Claim Pharmacy Provider Drug Cost Basis	Code indicating the method by which Ingredient Cost was calculated.
2232	Claim Pharmacy Days Supply Intended To Be Dispensed	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available.
2233	Claim Pharmacy Quantity Dispensed	Quantity dispensed expressed in metric decimal units.
2234	Claim Pharmacy Quantity Intended to be Dispensed	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available.
2235	Claim Pharmacy Dispensing Status	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
2236	Claim Pharmacy Unit Dose Indicator	Code indicating the type of unit dose dispensing.
2237	Claim Pharmacy Unit of Measure	NCPDP standard product billing codes.
2238	Claim Pharmacy PA/MC Code	Value indicating prior authorization or medical certification occurred.
2239	Pharmacy Paid Flag	Code created for performance purposes.
2243	Contact Person	The name of the person to contact for the provider submitting an authorization request.
2244	PA External Text	This field is used to capture the text entered from CP-S-004-23.
2246	Claim Consent Indicator	Indicates whether or not there is a consent record on file.
2247	Prior Authorization Pharmacy Authorized Amount	Amount authorized per claim

Element ID	Element Name	Description
2248	Claims Pharmacy Metric/Dec/Qty	This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist.
2249	Prior Authorization Pharmacy Authorized Quantity	Authorized quantity per claim.
2250	NPI XREF Provider Number Type	A value that describes the submitted provider number type: 1. 'M' - Legacy 2. 'A' - API 3. 'N' - NPI
2251	Claim Title XVIII Deductible Amount	The deductible amount entered on the Title 18 claim.
2252	Claim Title XVIII Coinsurance Amount	The coinsurance amount entered on a Title 18 claim.
2253	Claim Title XVIII Charge Allowed	The allowed by Medicare amount entered on the Title 18 claim.
2254	Claim Title XVIII Medicare Paid Amount	The amount paid by Medicare entered on the Title 18 claim.
2255	Claim Title XVIII Blood Deductible Amount	The unmet deductible for blood which is to be paid by Medicaid.
2257	Claim Title XVIII Amount Billed to Medicare	The charges to Medicare entered on the Title 18 claim.
2297	PA Service Type Category	Service Type Category is a higher level description for a range of service types, i.e.., DME (0100 - 0102), REHAB(0102 - 0205).
2298	Prior Authorization Service Type Begin Date	The effective begin date for the service type. Along with DE 2299, Prior Authorization Service Type End Date, they define the date range in which the service type may be used within the MMIS.
2299	Prior Authorization Service Type End Date	The effective end date of the service type. Along with DE 2298, Prior Authorization Service Type Begin Date, they define the date range in which the service type may be used within the MMIS.
2310	Claim TAD Sent Date	Date the TAD was sent to the provider.
2315	Claim Payment days	For UB92 claims, payment days is system calculated and is the sum of the accommodation revenue units less the cutback days.
2321	PA Letter Sent to User ID	The user ID of the person to whom the authorization was sent for medical review.
2322	Prior Authorization Returned Date	The date on which a PA sent for medical review was returned.
2334	PA Comment Code	This is a code that indicates why a prior authorization was approved or denied. Client may enter a 3 digit code to represent any value he would like. This is related to Pharmacy claims only. Ex: VAC - Vacation supply SCH- School supply
2335	Prior Authorization Letter Number	Prior Authorization letter id used to identify the letter to be sent to the provider or enrollee.
2339	Prior Authorization Letter Begin Date	The effective begin date for the specific PA letter. Along with DE 2340, Prior Authorization Letter End Date, they define the date range in which the letter is in use within the MMIS.
2340	Prior Authorization Letter End Date	The effective end date of the specific PA letter. Along with DE 2339, Prior Authorization Letter Begin Date, they define the period in which the letter is in use within the MMIS.
2343	Claim Payment Request Line Number	The claim line number assigned to the claim line within the claim.
2344	Claims PA Util Sequence Number	Sequence number on the claims Pa utilization table.
2345	PA Amount Used	The money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based).
2346	Claim Units Used	The claim units paid for a particular claim for the prior authorization. This field is only used when the authorization is units based (as opposed to dollar based).

Element ID	Element Name	Description
2347	Claim Week Ending Date	The date of the last day of the week in which the claim service from date occurs for the claim using the prior authorization. This is only used for authorizations based on a "per week" limit.
2348	DRG Payment Type	Indicates the type of pricing calculation for this claim.
2349	Claim Edit Invalid Data	Invalid Data - Describes what table info caused edit 0799 to set.
2350	Insured Sex	Sex of the other insured.
2351	Interrelationship Type	The interrelation type indicates the relationship between an ICN and the related document on the CP_CLM_INTRREL table.
2352	Relationship to Patient	The relationship of the insured to the patient.
2354	Policy Owner	This code indicates whether the policy is for the insured or other insured.
2356	Claim TAD Sequence Number	Sequence number column for the CP_CLM_TAD table. The highest sequence number indicates the number of TADs generated for this claim, which also indicates the number of times the claim has received a status of reject.
2357	Value Code Sequence Number	Sequence number column for the CP_FAC_VALUE_CODE table. The highest sequence number indicates the number of value codes on the claim.
2358	Claim Reduced Payment Days	The number of days that represent the reduction in payment days.
2383	Claim Status Begin Date	The date on which this status was assigned to the claim. It is essentially the claims activity date, which can be assigned by adjudication or financial cycles.
2384	Claim Status End Date	The date on which this status ended, which means that another status was assigned to the claim.
2385	Comment Begin Date	Comment Begin Date
2386	Comment End Date	Comment End Date
2387	Claim Condition Code Begin Date	The effective date on which the value of condition code may be used in the system.
2388	Claim Condition Code End Date	The effective end date for the value of condition code. This is the last date on which the value of condition code is valid in the system.
2390	Claim Place Of Service Begin Date	The effective begin date for the value of place of service.
2391	Claim Place Of Service End Date	The effective end date for the value of place of service.
2392	Quadrant Begin Date	The effective begin date for the value of quadrant code.
2393	Quadrant End Date	The effective end date for the value of quadrant code.
2395	Tooth Surface Begin Date	The effective begin date for the value of tooth surface code.
2396	Tooth Surface End Date	The effective end date of the value of tooth surface code.
2397	Tooth Begin Date	The effective begin date for the value of tooth code.
2398	Tooth End Date	The effective end date of the value of tooth code.
2402	Claim Medicare Coverage Indicator	This field is being used to show that the recipient has Medicare Part B coverage only. (As in BUYIN status.)
2404	Pend Transfer Date	This field indicates the date a pend reso clerk transferred a claim from one pend location to another.
2410	Claim Hospital Start Date	The beginning date of Hospital leave.
2411	Claim Hospital End Date	The last day of Hospital leave.
2412	Claim Hour of Discharge	Indicates the hour of discharge from a facility.
2415	Claim Signed Date	The date the provider signed the paper claim. This date will be used as the PA Request Date for Dental (ADA) only.

Element ID	Element Name	Description
2418	Claim Dispensed as Written Indicator	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.
2429	Type Service Begin Date	The effective begin date of the value of type of service code.
2430	Type Service End Date	
2431	Claim Auto Accident	A flag which indicates whether or not the enrollee's condition is related to an auto accident,
2432	Pregnancy	A flag on the claim to indicate whether an enrollee is pregnant.
2433	Claims TPL Pay Chase Flag	This flag, which indicates Pay/Chase for TPL, is set to Y in claims adjudication if the enrollee has TPL coverage = U (absent parent) or the claim procedure has a reference flag code = 90 or the primary diagnosis code = V202 and there is an EPSDT procedure modifier on the claim or the primary diagnosis code begins with 630-659 and the claim procedure has a reference flag code = 91.
2435	Claim Status Sequence Number	The sequence number of the occurrence of the claim's status.
2436	Claim Message Sequence Number	A sequence number assigned to the messages so that multiple messages may be maintained.
2437	Claim Resp Sequence Number	A sequence number assigned to the response so that the response can be linked to the specific claim mod status.
2439	Claim Facility Condition Code Sequence Number	The sequence number of the occurrence of the claim's condition code.
2440	Claim Conflict ICN	The ICN date of the historical claim that caused the conflict.
2441	Claim Edit ICN Sequence Number	The sequence number of the occurrence of ICN related to the edit set on the claim.
2444	Claim Procedure Sequence Number	The sequence number of the procedure on the claim.
2445	Claims Facility Revenue Line Number	The line number of each revenue code on the claim.
2446	Insured Plan Number	The insurance plan number of the insured party.
2448	Claim Title18 Mcare Enrollee	The Medicare enrollee entered on a Title 18 claim.
2449	Claim Diagnosis Sequence Number	The sequence number of the diagnosis code on the claim.
2450	NDC Drug Sequence Number	A sequence number assigned to the NDC so that multiple NDCs may be maintained.
2451	Facility Occurrence Sequence Number	The sequence number of the occurrence of the claim's occurrence code.
2452	Other Provider 1	The Provider Identification Number of the first other physician on a facility claim.
2453	Other Provider 2	The Provider Identification Number of the second other physician on a facility claim.
2456	Claim Condition Code Description	The description of the value of condition code. See data element 2115 for condition codes and their descriptions.
2457	Claim Formatted Message	A text message that can returned via the POS provider response. This is utilized for ProDUR non-denial messages.
2459	Claim Mouth Quad Description	The description of the value of the quadrant code.
2462	Place Of Service Description	The description for place of service. See data element 2173.
2463	Tooth Description	The description of the value of tooth code. See data element 2200.
2464	Tooth Surface Description	The description of the value of tooth surface code. See data element 2201.
2465	Type Service Description	The description of the value of type of service code. See data element 2072.
2466	Claim PA Reason Code Sequence	Prior Authorization reason code sequence number
2467	Claim Prescription Number Qualifier	This number modifies the service/prescription number I_RX_NO.

Element ID	Element Name	Description
2468	Claim Prescribing Provider Code	This code identifies the type of provider for pharmacy I_PRESCRIB_PROV.
2469	Claim Product Service Qualifier	This data element is used to qualify the type of code is in the pharmacy C_NDC_DRUG.
2470	Claims DRG CAP Amount	Capital add-on for DRG payment calculation.
2476	Transmission Code	The transmission code comes in on paper claims and identifies the form type. The first two positions become the Claim Type (DE 2002). This indicates the type of processing to be done. The third character becomes the Claim Type Modifier (DE2003). The only exception would be if the third position is 0, meaning the item is a Prior Authorization--not a claim type. For example, a transmission code of 092 would be a Title 18 claim that is an adjustment. See DE 2002 and 2003 for specific valid values for claim types and modifiers.
2477	Claims Payment Request Date Identifier	DATE PORTION OF THE PAYMENT REQUEST NUMBER.(CCYYDDD)
2478	Claims Payment Request Media Code	The portion of the payment request number that indicates the source of the data.
2480	Claims Payment Request Sequence	Sequence number portion of the payment request number.
2481	Claims Original PA Number	On a prior authorization that has been created by transferring a PA to a different provider, this is the PA number of the original authorization. On claims, this is a PA number that was assigned to a prior authorization prior to the VaMMIS conversion.
2483	Claims PA External Text Sequence Number	PA external text sequence number.
2484	Claims PA Send To Code	Code identifies who a PA letter is sent to.
2485	Claims PA Authorized By	This contains the initials of the analyst that worked the prior authorization request.
2486	Claims Chirp Output Format	Identifies the Chirp Output format from the Chirp selection screen.
2490	Claims Chirp Adjudicated Claims Request Flag	Flag that identifies that the Claims request selection was made for adjudicated claims from the Chirp request screen.
2493	Claims Chirp Encounter Request Flag	Flag that identifies that the encounter request selection was made from the Chirp request screen.
2494	E-ELIGIBLE-DAYS	Encounter Eligible Days for Case Extract Encounter File, CP-F-131, only. This field is not a database field.
2496	Claims Pend Resolution Update Flag	Flag set to indicate Pend Resolution update.
2498	Claims PA Number Sequence	The sequence portion of the Prior Authorization number.
2499	Claims PA Number of Days Since	Number of days since 1/1/1980. Used to identify the day the number was issued. This is the first five digits of the Prior Authorization Number.
2508	Claims PA Type Code	Identifies the type of Prior Authorization it is.
2512	Claim Insured's Identification	For other insurance coverage, the cardholder's identification number.
2515	Claim Group Name (Insurance)	From field 61 of the UB
2516	Claim Group Number or FECA Number (Insurance)	from field 62 of the UB, field 11 from the HCFA, field 13 of the ADA (1994), field 21 of the ADA (1999 Version 2000) and field 9 of the ADA (2002)
2517	Claim Employer Name	From field 65 of the UB, fields 09c of the HCFA
2522	Claim Other Insured's Name	from field 09 of the HCFA
2524	Claim Other Insured's Date of Birth	from field 09b of the HCFA
2527	Claim Insured's Plan Name or Program Name	from field 11c of the HCFA
2532	Claim Other Dental Plan Coverage Indicator	From field 14a of the ADA (Form 1994) From field 31 on the ADA (Form 1999 Version 2000) From field 4 on the ADA (Form 2002)
2533	Claim Patient Medical Plan Coverage Indicator	from field 14b of the ADA

Element ID	Element Name	Description
2534	Claim Name and Address of Other Carrier(s)	from field 15a of ADA form (1994 Version) from field 33 of ADA form (1999 Version 2000) from field 11 on ADA form(2002 Version)
2535	Insurance Carrier Name	
2537	Claim Employer/School Address	The address of the school or employer of the insured party.
2543	Claim TAD Resubmittal Number (not claim)	This is the unique number assigned to Payment Requests that have been returned to provider for additional information.
2544	Claim COB Indicator	Coordination of benefits; primary carrier information other than Medicare - Title XVIII form.
2545	Claim Calculated Co-Insurance	The coinsurance that was used to price the claim regardless of whether it was submitted on the claim or internally calculated.
2547	DRG Payment Amount	Hospital operating rate per case X DRG relative weight.
2551	Claims Chirp Request Sort-1	
2552	Claims Chirp Request Sort-2	Second of eight Chirp Sort criteria.
2553	Claims Chirp Request Sort-3	The third of eight Chirp Sort criteria.
2554	Claims Chirp Request Sort-4	The fourth of eight Chirp Sort criteria.
2555	Claims Chirp Request Sort-5	The fifth of eight Chirp Sort criteria.
2556	Claims Chirp Request Sort-6	The sixth of eight Chirp Sort criteria.
2557	Claims Chirp Request Sort-7	The seventh of eight Chirp Sort criteria.
2558	Claims Chirp Request Sort-8	The eighth of eight Chirp Sort criteria.
2559	Claims/PA Control File Type	This field identifies whether the control totals are for Input Claims data or Input PA data.
2560	Claims Control File Media Type	This field identifies the media type for the input data.
2566	Claims Determined EPSDT Flag	Flag that gets set when Claims processing edits determines the service is EPSDT.
2569	Claims Submission Identifier	This field is used to capture the user ID of the person submitting or data entering the Claim.
2571	PA Application Senders Code	This is the Service Center Code for a Prior Authorization created as the result of a 278 PA Request.
2575	Claims Procedure Modifier Description	Description of the procedure modifier. See data element 2171.
2576	Claims Modifier Begin Date	Beginning effective date for the modifier code.
2577	Claims Modifier End Date	Ending date for the modifier code.
2578	Claims Remarks Sequence Number	Claim remarks table sequence number.
2579	Claims Remarks Text	Remarks entered into the remarks table during Pend Resolution or remarks entered on the claim.
2580	Claims Remarks User Entered ID	User ID of the person that entered the remarks.
2581	Claims MCN Number	Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables.
2583	Claims Pend/Loc User Date Added	Date the user ID was added to the pend/location table
2584	Claims Pend Location Sequence Number	Claims Pend Location sequence number.
2585	Claims Diag Type Code	A value that defines the diagnosis.
2586	Prior Authorization Header Reject/Cancel code	Code that determines if Prior Auth is rejected or cancelled for all lines.

Element ID	Element Name	Description
2587	Prior Authorization Cancel/Reject Reason	Code that represents the reason why a PA was cancelled or rejected at entirety.
2589	Claim DRG Grouper Return Code	The return code from the Grouper Routine which assigns the DRG code for the claim.
2590	Claim DRG MDC Code	Major diagnostic category assigned by the DRG Grouper.
2591	Claim DRG Type Code	Type of Inpatient Claim as used in DRG processing.
2592	Claim DRG Per Diem Rate	Per Diem used in pricing inpatient rehab, psych, and transfer cases.
2593	Claim DRG Total Payment	Sum of DRG Payment Amount (DE 2547), DRG Outlier Amount (DE 6827), DRG Cap Amount (DE 2470), and DRG Per Diem Amount (DE 2594) less TPL amount (DE 2018) and Copay (DE 2022). For DRG claims, this is the amount to be paid.
2594	Claim DRG Per Diem Amount	DRG per diem rate (DE 2592) x number of days. Applies to inpatient rehab, psych, and transfer cases.
2595	PA Action Reason Range Code	Prior Authorization Action Reason Range Code (A=Approve, D= Deny, P= Pend, R= Reject), This will indicate what range a specific PA Reason Code is in.
2597	PA Reason Code Begin Date	PA REASON CODE BEGIN DATE.
2598	PA Reason Code End Date	PA REASON CODE DATE END.
2599	Claim Co-pay Indicator	Indicates what copay taken.
2600	PA Received Date	Date that the Prior Authorization Request form was received in the FIRST HEALTH mailroom.
2601	PA Entry Date	Date that the Prior Authorization Request is entered into the FIRST HEALTH computer system.
2602	PA Service Center Number	
2603	PA DMAS Internal Referral Date	This is the date on which one DMAS employee refers this Prior Authorization to another DMAS employee to review.
2604	PA DMAS Worker Initials	These are the initials of the DMAS employee who has reviewed and is referring the PA to another DMAS employee.
2605	PA Reference Number (Mailroom Control Number)	This is the internal control number stamped upon the PA in the mailroom screening process.
2606	PA Cancel Date	This is the date that the PA was canceled or rejected, if canceled or rejected.
2607	PA Line Number	A PA may contain requests regarding up to 15 procedures (NDCs are listed on a Drug PA). Each request occupies a "line" on the PA request input form. This is the line number of a specific PA procedure request. A Drug PA is based on the ESC code, generally 1 per line.
2608	PA Request From Date	This is the from date of service for which the provider has requested prior authorization.
2609	PA Request Through Date	This is the through date of service for which the provider has requested prior authorization.
2610	PA Authorized From Date	The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
2611	PA Authorized Through Date	The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
2612	PA Requested Units	This is the number of units for which the provider requested DMAS to grant prior authorization.
2613	PA Authorized Units	Number of units that DMAS has actually approved for a prior authorization procedure.
2614	PA Submitter Transaction Identifier	

Element ID	Element Name	Description
2615	PA Requested Amount	This is the dollar amount for which a provider has requested DMAS to pay for a specific procedure in a prior authorization situation.
2616	PA Authorized Amount	Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure.
2617	PA Entity Identifier Code	
2618	PA Patient Event Tracking Number	
2619	PA Comments Text	These are comments that a DMAS employee may note about a specific prior authorization.
2620	PA Trace Assigning Entity Identifier	
2621	PA Authorization Type Code	The type of medical prior authorization that has been submitted.
2622	PA Attachment Control Number	
2623	PA Detail Action Status Sequence Number	The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
2624	PA Detail Action Status Date	The PA Detail Action Status Date represents the last date that any associated PA Line Data Element was changed.
2625	PA Service Trace Number - Provider	
2626	PA Trace Assigning Entity Identifier - Provider	
2627	PA Letter Sequence Number	This is the field used on the PA Letter table to make each row unique.
2628	Claims PA Letter Description	This is the description that corresponds to the PA Letter number DE2335. This describes the type of PA letter.
2629	PA Request Category Code	
2630	PA Letter Sent Date	This is the date on which a letter was sent to the provider or enrollee or both regarding a specific PA procedure.
2631	PA Certification Type Code	
2632	HIPAA-278 PA Service Type Code	This data element is associated with HIPAA X.12 for 278 PA Processing.
2633	PA Code List Qualifier Code	
2634	PA Per Frequency Code	Description that corresponds to a PA Per Frequency Code; used to indicate time frames, such as month or year, that would apply to a PA.
2635	PA Service Type Code	Valid code(s) for DMAS-defined service categories that appear on the reverse side of the PA Request form.
2636	PA Service Type Description	These are the descriptions that correspond to the valid codes for DMAS defined service categories that appear on the reverse side of the PA Request form.
2637	PA Detail Action Reason Code	Prior Authorization Action reason code.
2638	PA Detail Action Reason Description	Prior Authorization Action reason code description.
2639	PA Media Type Code	These are the valid codes that indicate in which form the PA originated: paper, telephone, etc.
2640	PA Procedure Code	
2641	PA Detail Action Status Code	The code indicating the status of a PA at any given point in its history.
2642	PA Time Period Qualifier	
2643	PA Non-paper Enclosure Indicator	Indicates whether a non-paper enclosure accompanied a request for a prior authorization.
2644	PA X-rays Enclosed Indicator	Indicates whether X-rays accompanied a request for a prior authorization.
2645	PA Photographs Enclosed Indicator	Indicates whether photographs accompanied a request for a prior authorization.

Element ID	Element Name	Description
2646	PA Actual Cost Per Unit	The unit cost of the procedure that is authorized.
2648	PA EPSDT Indicator	Prior Authorization Early Periodic Screening Indicator.
2649	PA Service Trace Number - Clearing House	
2650	PA Enrollee Identification Number	ENROLLEE IDENTIFICATION NUMBER
2651	PA Trace Assigning Entity Identifier - Clearing House	
2652	PA Referring Provider Identification Number	The provider number of the referring provider.
2653	PA Requester Follow-up Action Code	
2654	HIPAA AAA Error Designation	
2655	PA Attachment Report Type Code	
2656	PA Attachment Report Transmission Code	
2660	PA Health Care Services Action Code	
2661	PA Health Care Services Reject Reason Code	
2662	PA Time Period Qualifier	
2673	Split Claim Flag	Flag that indicates that another claim was system generated to split this bill due to overlapping coverage's.
2674	Claim TPL Flag	Indicates that the enrollee had TPL coverage on the claim's date of service.
2678	Conflicting Claim ICN Media	The ICN media code of the conflicting history claim. See data element 2478.
2679	Conflicting Claim ICN Sequence Number	The ICN sequence number of the conflicting history claim.
2681	Conflicting Claim ICN Line Number	The claim line number of the conflicting history claim.
2684	Claim Dental Medical Coverage Flag	Indicates the patient has dental insurance.
2700	PA Dental Models Enclosed Indicator	Indicates whether dental models were enclosed with the PA application.
2704	Transportation Enrollee Region	
2705	Transportation Number of Rides	
2706	Transportation Number of Passengers	
2707	Transportation Trip Type	
2710	Transportation Trip Reason	
2711	Transportation Pickup Hour	
2712	Transportation Pickup Minute	
2713	Transportation Dropoff Hour	
2714	Transportation Dropoff Minute	
2715	Transportation Destination Address 1	
2716	Transportation Destination Address 2	
2717	Transportation Destination City	
2720	Transportation Destination State	
2721	Transportation Destination Zip Code	
2722	Transportation Pickup Address 1	
2723	Transportation Pickup Address 2	

Element ID	Element Name	Description
2724	Transportation Pickup City	
2725	Transportation Pickup State	
2726	Transportation Pickup Zip Code	
2780	Claim CHIRP/Adjustment Request Name	For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered).
2781	Claim CHIRP Request Identification	The unique ID assigned to the request record that is built. The first 7 characters are the date the request was made (CCYYDDD) and the next 6 are a sequence number.
2785	Claim Chirp Request Report Format	Identifies the report requested from the Chirp selection screen.
2802	Claim Emergency Identifier	A flag that indicates whether or not the service was an emergency.
2803	ClaimCheck savings report frequency	Frequency of the record in CP-F-065
2826	Claim Prescribing Physician Identification Number	Drug Claim Prescribing provider ID. It is left-justified, space filled.
2828	Claim CHIRP Request Status	The status of the CHIRP or Mass Adjustment/Void request on the Claim Request File.
2840	Claim Pend From Location	The location a pended claim was transferred from.
2841	Claim Pend To Location	The location a pended claim was transferred to.
2845	Claim Medical Record Number	The facility medical record number.
2846	Claim CHIRP Request Recipient Age	The enrollee age (on the claim from date of service) that will be used for selecting claims for a CHIRP or mass adjustment request.
2855	Claim CHIRP/Adjustment Request Type of Action	This is the field in the Claim Request File (CP-F-015), which is used in CHIRP and Mass Adjustment processing, that identifies the type of request. For CHIRP, it determines whether a report (C) or a data file (F) or a report and CSV excel file (B) is to be produced. For Mass Adjustments it controls whether adjustments (A) or voids (V) are to be created, or whether the generated adjustments/voids are to be deleted (D) or approved (M).
2868	Claim CHIRP Request Payment Date	The payment date that will be used for selecting claims for a CHIRP or mass adjustment request.
2869	Claim Discharge Status	For facility claims, a code indicating the status of the patient.
2881	NATCEP-Payment-Amount	The payment days multiplied by the provider's NATCEP (Nurse Aide Training and Competency Evaluation Program) rate.
2884	NPI Only Ind	
2886	PA Incoming Request Code	The type of request that comes in on the PA form.
2892	Claim Dental Quadrant	The mouth quadrant code.
2895	PA Servicing Provider Phone Number	Provider contact phone number.
2991	Claim Revenue Allowed Amt	Claim revenue line allowed amount.
2992	Claim Original Allowed Amount	The calculated allowed amount prior to reduction.
2993	Claims CLIA Number	CLIA number captured from the HCFA input data.
2994	Encounter Payment Amount	This field will contain the claim payment amount for dental encounters from Doral. These can be identified with having media = 9, claim type = 11, and service vendor = 1076.
2995	Encounter Payment Date	

Element ID	Element Name	Description
2996	Claim Life Threatening Indicator	Indicator that identifies that the situation was life threatening based on documentation with the consent form.
5565	Revenue Line Number in Error	Identifies the Revenue Line Number in Error
5729	ProDUR Code Counter	Counter number for each ProDUR set/logical grouping for pharmacy claims with ProDUR data. (The set includes conflict, intervention and outcome codes)
5732	ProDUR Other Prescriber Indicator	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.
5734	ProDUR Formatted Message	Text that provides additional detail regarding a DUR conflict.
5739	ProDUR Clinical Significance (Severity) Code	Code identifying the significance or severity level of a clinical event as contained in the originating data base.
5744	ProDUR Other Pharmacy Indicator	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.
5745	ProDUR Previous Fill Date	Date prescription was previously filled.
5746	ProDUR Previous Filled Quantity	Amount expressed in metric decimal units of the conflicting agent that was previously filled.

DATA ELEMENT: **Not Stored in MMIS (DE0000)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_CITIZENSHIP_LVL

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: Claim Request ICN (DE2001)

A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media and sequence number) and Claim Reference lines (last two bytes representing line number).

BUSINESS NAME: N/A

REFERENCE NAME: I_ICN

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: CHAR(16)

RANGE: 0 - 9

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	0;Paper; 1;Online Entry (for

DATA ELEMENT: **Claim Type (DE2002)**

A code defining the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field.

BUSINESS NAME: Claim Type

REFERENCE NAME: C_CLM_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	UB92-Hospital Inpatient
02	UB92-Nursing Home (SNF)
03	UB92-Hospital Outpatient/Home Health
04	HCFA-Personal Care
05	HCFA-Practitioner
06	DRUG-Pharmacy
08	HCFA-Lab
09	XOV -Title-18
10	UB92-Intermediate Care (ICF)
11	ADA -Dental
13	HCFA-Transportation
15	Capitation Payments (HMO)
16	Management Fees (PCP)
17	Administrative Fees (CMM)
96	Assessments

DATA ELEMENT: Claim Type Modifier (DE2003)

A code which indicates the type of claim transaction and the processing to be done.
For paper claims, the third position of the transmission code is moved to this field except for 0 which is used to identify PAs. Zero is not a valid claim type modifier.

BUSINESS NAME: N/A

REFERENCE NAME: C_CLM_MOD_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Original Claim
2	Debit Adjustment
3	Credit Adjustment (internally generated)
4	Voided Claim
9	Voiding Claim

DATA ELEMENT: Claim Billing Provider Identification Number (DE2004)

A unique identification number assigned by DMAS for a billing provider. The unique number assigned to the provider who submitted the claim document for adjudication.

BUSINESS NAME: N/A

REFERENCE NAME: I_BILLING_PROV

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Occurrence Type (DE2005)**

An indicator on CP_FAC_OCCURANCE that tells whether the code is an occurrence code or an occurrence span code.

BUSINESS NAME: N/A

REFERENCE NAME: C_OCCUR_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
O	Occurrence Code
S	Occurrence Span Code

DATA ELEMENT: **Claim Partial Recipient Name (DE2006)**

The first four characters of the last name and first character of the first name of a recipient as coded on a claim form. Used to verify the recipient name after the recipient file has been accessed.

BUSINESS NAME: N/A

REFERENCE NAME: T_ENRL_SHORT_NAME

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim EDI DRG Code (DE2007)**

The DRG code is submitted on the EDI 837 transaction for institutional claims where applicable.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_SUBMITED_DRG

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Number of Units/Visits/Studies (DE2009)**

This is the number of units of the procedure performed by the provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_UNITS

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Service From Date (DE2010)**

Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.

BUSINESS NAME: N/A

REFERENCE NAME: D_SERV_FROM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Service Thru Date (DE2011)**

Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal).

BUSINESS NAME: N/A

REFERENCE NAME: D_SERV_THRU

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim EDI Line Item Control Number (DE2012)**

The line item control number is submitted on an EDI 837 Professional transaction.

BUSINESS NAME: N/A

REFERENCE NAME: I_LINE_ITEM_CNTL_NUM

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim EDI Attachment Control Number (DE2013)

The attachment control number is submitted on the EDI 837 transaction. It consists of the patient account number, the date of service, and a sequence number. It is used to access attachments that may be submitted later.

BUSINESS NAME: N/A

REFERENCE NAME: I_ATTACH_CNTL_NUM

DEFAULT: N/A

COBOL PICTURE: X(33)

DB2 TYPE: CHAR(33)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim EDI Attachment Report Type (DE2014)**

The attachment report type specifies the type of attachment to be sent. It occurs two times.

BUSINESS NAME: N/A

REFERENCE NAME: C_ATTACH_RPT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim EDI Attachment Trans Code (DE2015)**

The attachment trans code tells how the attachment will be sent in, for example, by fax, by mail. It occurs two times.

BUSINESS NAME: N/A

REFERENCE NAME: C_ATTACH_TRANS

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Billed Charge (DE2016)**

The charge submitted on a claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_BILLED_CHARGE

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Total Document Charge (DE2017)**

The sum of all billed charges (DE 2016) associated with a claim document.

BUSINESS NAME: N/A

REFERENCE NAME: N_TOT_DOC_CHG

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Third Party Payment (DE2018)**

The amount of payment made by third party sources toward a medical claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_TPL_AMT_PAID

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim EDI Encounter Contract Code (DE2019)

The encounter contract type is submitted on the EDI 837 transaction and tells what kind of contract is held with the HMO.

BUSINESS NAME: N/A

REFERENCE NAME: C_ENCNTR_CONTRACT_TYP

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Diagnosis Related Group (DRG)
02	Per Diem
03	Variable Per Diem
04	Flat
05	Captured
06	Percent
09	Other

DATA ELEMENT: **Claim Conversion Indicator (DE2020)**

Indicates whether the claim has undergone the conversion process for the new MMIS system.

BUSINESS NAME: N/A

REFERENCE NAME: F_CONVERSION

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claim Procedure Code Date (DE2021)**

The date that coincides with the Principal Procedure Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROCEDURE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Medicaid Co-Payment (DE2022)**

The co-payment amount that the recipient has paid or is to pay on the claim, if any.

BUSINESS NAME: N/A

REFERENCE NAME: N_MCAID_COPAY_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Payment Amount (DE2023)**

Claim payment amount for any claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_PMT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Prior Authorization Control Number (DE2024)**

The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the pa sequence number, DE 2498, and the pa type, DE 2508.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_CNTL_NO

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Associated RX Number (DE2025)

Related Prescription Reference Number to which the service is associated is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.

BUSINESS NAME: N/A

REFERENCE NAME: I_ASSOCIATED_RX_NO

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Associated Date of Service (DE2026)**

This date is entered on the NCPDP 5.1 transaction to support the processing of partial fill prescriptions.

BUSINESS NAME: N/A

REFERENCE NAME: D_ASSOCIATED_SERVICE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Accident Indicator (DE2027)**

A flag that indicates whether or not the service was the result of an accident .

BUSINESS NAME: N/A

REFERENCE NAME: F_ACCIDENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No Accident
Y	Accident

DATA ELEMENT: Claim Other Accident Indicator (DE2028)

A flag which indicates whether or not the enrollee's condition is related to an accident other than auto or employment. The other accident indicator is from the input claim form.

BUSINESS NAME: N/A

REFERENCE NAME: F_OTHER_ACCIDENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No Accident
Y	Accident

DATA ELEMENT: **Attachment Sequence Number (DE2029)**

A sequence number which identifies the occurrence of the attachment transaction code and the attachment report type.

BUSINESS NAME: N/A

REFERENCE NAME: I_ATTACH_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Attachments Indicator (DE2030)**

Indicates whether or not the claim has an attachment.

BUSINESS NAME: N/A

REFERENCE NAME: C_ATTACHMNT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claim Patient Account Number (DE2031)**

The tracking number of the recipient's claim for the providers use within the providers' billing mechanism.

BUSINESS NAME: N/A

REFERENCE NAME: I_PAT_ACCT_NO

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: CHAR(24)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Adjustment/Void Reason (DE2033)

A code specifying the reason for adjusting or voiding an individual claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADJUST_RSN_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1000	Case Adjusted Readmission
1001	Case Adjusted Interim Claim Case Building
1002	Case Adjusted Implied Transfer
1003	Case Adjusted TPL on Interim Bill is 113 or 114
1004	Case Adjusted DRG Code Diff from Claim Code
1005	Non-Groupable Claim Void
1006	DRG Payment Prorated to Span Benefit Program
1010	Credit Balance Process - Adjustment
1011	Overpayment Identified by TPL Contractor - Adjust
1012	Partial Payment by Primary Health Insurance
1013	DHP License Not Renewed
1020	Voided 21 in 60 Limit Exceeded
1021	Late Charges Received by Facility Business Office
1022	Credit Received by Facility Billing Department
1023	"Primary Carrier" has Made Additional Payment
1024	"Primary Carrier" has Denied Full Payment
1025	Accommodation Charge Correction
1026	Patient-Payment Amount Charged
1027	Correcting Service Period/Dates
1028	Correcting Procedure/Service Code
1029	Correcting Diagnosis Code
1030	Correcting Charges
1031	Correcting Units/Visits/Studies/Proc

DATA ELEMENT: Adjustment/Void Reason (DE2033)

VALID VALUES:

Valid Value	Description
1032	IC Reconsideration of Allowance Documented
1033	Correction to Admitting, Referring, Prescribing Provider Adjust ID
1034	Correcting Quantity Dispensed
1035	Correcting Drug Code
1036	Allowance for Prescription Less Than Provider Cost
1037	Services Not Covered by Medicare
1038	Correcting Tooth Code
1039	Correcting Site Code
1040	Correcting Wait Time/# of Passengers/Miles
1041	Incorrect Amount Paid for Original Claim
1042	Original Claim has Multiple Incorrect Items
1043	Correcting an Error Made by Data Entry
1044	Wrong Provider ID used by billing Clerk
1045	Wrong Recipient ID used by Billing Clerk
1046	Primary Carrier Paid VMAP Max Allowance
1047	Duplicate Payment
1048	Primary Carrier has Paid Full Charges
1049	Recipient Not Eligible
1050	Services Not Covered
1051	Recipient Not Patient of Provider
1052	Void Reason is in Miscellaneous Category
1053	Adjustment (Miscellaneous)
1054	Partial Payment by Liability Insurance
1055	Claim Payment Changed Due to Relationship of This Proc to Another Proc
1056	Services Covered Under Total O.B. Care
1057	Purpose of Submitting Not Clear
1058	Adjusted for Recovery of Overpayment
1059	Voids/Conflicts with Previous Paid Claim
1060	Other Insurance is Available
1061	Proc Code Rebundled into New Proc by ClmChk
1062	Proc Code Incidental to Primary Proc ClmCheck
1063	Proc Code Mutually Exclusive to Prim Proc
1064	Proc Code Does Not Req Asst Surgeon ClmCk
1065	Proc Code Conflicts With Age ClaimCheck

DATA ELEMENT: Adjustment/Void Reason (DE2033)

VALID VALUES:

Valid Value	Description
1066	Proc Cde Not Appr For Age Code Repl by ClmC
1067	Proc Code/Sex Code Conflict ClaimCheck
1068	Proc Code/Sex Code Confl Code Repl by ClmChk
1069	Proc Code Considered Cosmetic ClaimCheck
1070	Transplant Charges, Bill Hospital
1071	Included in ER Visit Payment
1072	Enrollee in HMO - Bill HMO
1073	Credit Balance Process-Void
1074	Overpayment-TPL Contractor-Void
1075	Void Resulted from UR Review by DMAS
1076	Unilateral/Bilateral Proc Code > 1 Unit Billed ClmCk
1077	Bilateral Proc Cde > 1 Unit Billed ClmChk
1078	Proc Code Considered experimental ClaimChk
1079	Proc Cde Not In Use on DOS ClaimChk
1091	Proc Cde Billed W/In PreOp Timeframe ClmCk
1092	Proc Cde Billed W/In PostOp Timeframe Clmck
1093	E&M Service Cannot Be Billed Separately ClmCK
1094	Max Units Per Lifetime Exceeded ClaimCk
1095	Max Units Exceeded Per Day ClaimCheck
1096	Review Possible Duplicate ClaimCheck
1098	Recipient not Patient of Provider
1099	Patient Died On or Before Service Date
1100	Third Party Payer Identified-File Claim with Primary Carrier
1101	Physician Inpatien Hospitalization
1192	Proc code CCI Incidental to primary proc claimcheck
1193	Proc code CCI Mutually Exclusive to primary proc
8000	Wrong Provider
8001	Wrong Recipient
8002	Billing Error
8003	Services Not Covered
8004	Recipient Not Patient of Provider
8005	Partial Payment Provider - Liability Insurance
8006	Partial Payment Provider - Primary Carrier
8007	Duplicate Payment

DATA ELEMENT: Adjustment/Void Reason (DE2033)

VALID VALUES:

Valid Value	Description
8008	Full Payment Provider - Liability Insurance
8009	Full Payment Provider - Primary Carrier
8010	Manual Refund
8011	MMIS Check Stop Pay/Void
8012	MMIS Check Returned No Reissue
8013	Applied to Claim (Miscellaneous)
8014	Provider Miscellaneous Receivable Receipts
8019	Casualty Insurance Recovery
8022	Estate Recovery
8025	Wrong Provider
8026	Wrong Recipient
8036	Credit Balance - Full Payment Received
8037	Credit Balance - Partial Payment Received
8038	TPL Contractor - Full Payment Received from Provider
8039	TPL Contractor - Partial Payment Received from Provider

DATA ELEMENT: Claim Related Document Number (DE2034)

The Reference Number of the claim which is to be altered by this adjustment or void (previously called former reference number) or the reference number submitted on the claim from the previous processor in the case of encounters.

BUSINESS NAME: N/A

REFERENCE NAME: I_RELATED_DOC_NUM

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim User-ID Code (DE2035)

A code uniquely identifies the user and is used to track user input into the VA DMAS System.

BUSINESS NAME: N/A

REFERENCE NAME: I_USER

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: X(08)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
EDI	All other electronically submitted claims
EDIM	Electronic anesthesia claims submitted with minutes instead of units
EDIX	Electronic crossover claims from providers
EDIXM	A combination of EDIX and EDIM

DATA ELEMENT: **PA Patient Tracking Number (DE2036)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: I_PATNT_TRACK_NUM

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Category of Service (DE2038)

Defines the service rendered by the provider for use in claim adjudication and reporting.

BUSINESS NAME: N/A

REFERENCE NAME: C_CATG_SRVC_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
010	Inpatient Hospital
021	Mental Health Facility -- Public
022	MH/MR Community Services
023	Mental Illness Services Facility -- Private
024	Outpatient Mental Health Facility
030	Nursing Facility
041	ICF/MR/Public Facilities
042	ICF/MR/Private Facilities
050	Physicians
060	Outpatient Hospital
071	Prescribed Drugs
072	Drug Rebates
080	Dental
090	Other Practitioners
091	Vision Services
100	Clinic
101	Therapy Clinic Services
110	Lab and Radiology
120	Home Health
150	EPSDT Screening
160	Rural Health Clinic
170	Medicare Health Insurance Payments
180	Other Health Insurance Payments

DATA ELEMENT: Claim Category of Service (DE2038)

VALID VALUES:

Valid Value	Description
190	Home/CBC Waivers
191	Community/MR Waivers
192	Treatment Foster Care
220	Programs of All-Inclusive Care for Elderly
240	Targeted Case Management
241	Treatment Foster Care Services
250	Hospice Benefits
280	FQHC
291	DME
292	Transportation
300	Administration
401	Payments- General District Court
402	Payments- Juvenile/Domestic Relations Courts
403	Payments- Combined District Courts
501	ACR Regular Assisted Living Payments
601	SLH Provider Payments
701	HIV Premium Assistance Payment

DATA ELEMENT: **Claim Status (DE2039)**

Code indicating the status of a claim after an adjudication cycle.

BUSINESS NAME: N/A

REFERENCE NAME: C_CLM_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 0-9

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Encounter status; error ignored
1	Adjudicated and Paid (Financial resets status of '8' to '1')
2	RTD or TAD (set by Adjudication)
2	Encounter status, less severe error set by system
3	Adjudicated and Denied (Financial resets status of '9' to '3')
4	Pend (Set by Adjudication)
4	Encounter status, less severe error set by system
5	Adjudicated - to be Paid (Set by Adjudication)
6	Adjudicated-to be Denied (Set by Adjudication)
6	Encounter status; Critical error set by system
7	Post Adjudication Pend (Set by Financial for Budget Pend or Payment Hold)
8	Interim to be Paid (Fin resets status of '5' or '7' to '8')
8	Encounter; Fatal error set by system
9	Interim to be Denied (Fin resets status of '6' to '9')
9	Encounter; Fatal error submitted by HMO
R	POS Reversal (original status was '5')

DATA ELEMENT: **Claim Payment Adjustment Sequence Number (DE2040)**

Claim Payment Adjustment Sequence Number

BUSINESS NAME: N/A

REFERENCE NAME: I_PYMT_ADJ_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Payment Adjustment Amount (DE2041)**

Claim Payment Adjustment Amount

BUSINESS NAME: N/A

REFERENCE NAME: N_ADJ_AMOUNT

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Payment Adjustment Units (DE2042)**

Claim Payment Adjustment Units

BUSINESS NAME: N/A

REFERENCE NAME: N_ADJ_UNITS

DEFAULT: N/A

COBOL PICTURE: PIC S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Payment Adjustment Line Number (DE2043)

Claim Payment Adjustment Line Number

BUSINESS NAME: N/A

REFERENCE NAME: I_ADJ_LINE_NUM

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Payment Adjustment SLH Indicator (DE2044)**

Claim Payment Adjustment SLH Indicator

BUSINESS NAME: N/A

REFERENCE NAME: F_ACTIVE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PA Production or Test File Indicator (DE2045)

This indicator is defined as the first data element upon the Daily PA Transaction Request File (CP-F-002) and the Daily PA Activity Response File (CP-F-043). This indicator contains the data value 'T' to indicate a Test File. Conversely, it contains a 'P' to indicate a Production File.

BUSINESS NAME: PA Production or Test File Indicator

REFERENCE NAME: C_REF_PROV_SUBMT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
' '	Referring Provider is zero.
M	Referring Provider is Medicaid Number.
N	Referring Provider is NPI/API Number.
P	Production File
T	Test File

DATA ELEMENT: PA Transaction File PA Line Action Indicator (DE2046)

Upon the Daily Transaction PA Request File (CP-F-002), this data element is defined as the first field in the PA Line occurrences. This field indicates the action to be taken against the VaMMIS PA Tables. It contains one of three data values. 'A' - the Transaction PA Line is to be added to the PA Tables, 'C' - a pre-existing PA Line is to be changed using the Transaction PA Line data, 'X' - the pre-existing PA Line is to be cancelled.

BUSINESS NAME: PA Transaction File PA Line Action Indicator

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	PA Line is to Added to the VaMMIS PA Tables
C	PA Line is to be Changed
X	PA Line is to be Cancelled

DATA ELEMENT: Duplicate PA Line Number (DE2048)

This data element is defined upon the Daily PA Activity Response File (CP-F-043). When Duplicate Edits, within subroutine CPD122VA, recognize that a Duplicate Prior Authorization already exists upon the PA Tables, the Duplicate PA Line Number is communicated back to the DMAS PA Contractor (KePRO) in this field. This data element is communicated in unison with Data Element 2047 (Duplicate PA Number).

BUSINESS NAME: Duplicate PA Line Number

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Origin of PA Entry (DE2049)

This data element is defined upon the Daily PA Activity Response File (CP-F-043). This field is NOT used by the DMAS PA Contractor, KePRO. For the purpose of statistics reporting, this field identifies the source of the original PA Line entry.

BUSINESS NAME: Origin of PA Entry

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	PA Line is entered by the DMAS.
K	PA Line is entered by the DMAS PA Contractor, KePRO.

DATA ELEMENT: **DX Version Qualifier (DE2050)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	ICD9 Diagnosis Code

DATA ELEMENT: **Claim Extract Record Type Code (DE2051)**

Identifies the record type in the claims extract file.

BUSINESS NAME: N/A

REFERENCE NAME: EWR-RECORD-TYPE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Date Record
1	Data Record

DATA ELEMENT: **Present On Admission (POA) Indicator (DE2052)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	No information in the record
W	Clinically undetermined
Y	Yes

DATA ELEMENT: **Special Process Indicator (DE2053)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_SPECIAL_PROCESS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	Indicates the claim should be processed as an Emergency TDO claim.
T	Indicates the claim should be processed as a TDO claim.

DATA ELEMENT: **Claim number of days eligible (DE2056)**

The number of days the enrollee was eligible within the claim service period.

BUSINESS NAME: N/A

REFERENCE NAME: N_ELIGIBLE_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Accident State (DE2057)**

A two digit state postal code to identify the state where the accident occurred.

BUSINESS NAME: N/A

REFERENCE NAME: C_ACCIDENT_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not Locked In
3	Pend All Claims
4	Recipient Coverage Restricted To Specific Physician
5	Recipient Coverage Restricted To Specific Pharmacy
6	Recipient Coverage Restricted To Specific Physician And Specific Pharmacy
P	Recipient Assigned To Medallion Primary Care Provider

DATA ELEMENT: Service Provider Number Type (DE2059)

The field will contain value 'N' when the submitted service provider is NPI/API and 'M' when the service provider is a Medicaid number.

BUSINESS NAME: Service Provider Number Type

REFERENCE NAME: C_SRVC_PROV_SUBMT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
M	Service provider is Medicaid Number.
N	Service provider is NPI/API Number.

DATA ELEMENT: **Claim Attending Provider Identification Number (DE2060)**

The Provider Identification Number assigned to the claim attending provider.

BUSINESS NAME: N/A

REFERENCE NAME: I_ATTEND_PROV

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Cutback Days/Units (DE2065)

The number of units or days reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, etc.

BUSINESS NAME: N/A

REFERENCE NAME: N_CUTBACK_UNITS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Cutback Amount (DE2066)

The charge amount reduced on the claim so that it could be paid without exceeding service limits, prior authorization limits, eligibility dates, etc. The revenue non-covered amount is initially moved here. If the system non covers a revenue amount, it also is moved here.

BUSINESS NAME: N/A

REFERENCE NAME: N_CUTBACK_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Special Batch Indicator (DE2068)

This code, if set to Y, indicates the claim is part of a special batch of claims sent in by DMAS. If the special batch flag is set to Y and an edit sets, it will pend the claim to location 217, the location for special batch pends.

BUSINESS NAME: N/A

REFERENCE NAME: F_SPECIAL_BATCH

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Claim Pricing Source (DE2069)

Indicates the rate source used during pricing.
Below is used to clarify how claim was priced when C_PRICE_SRC = PROC
PROVIDER TYPE 072 WITH A MODIFIER OF R OR S PAYS A PERCENTAGE OF THE RATE
PROVIDER TYPES 021, 025, 034 AND 076 PAYS A PERCENTAGE OF THE RATE

BUSINESS NAME: N/A

REFERENCE NAME: C_PRICE_SRC

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0004	LTC PHP/PACE-Sentara Lifecare
0006	MEDALLION
0007	MEDALLION II (1996)
0008	OPTIONS (1994-5)
0009	OPTIONS (1995-6)
0010	Hospital Facilities
0011	DSS Regional Offices
0012	DSS QC Regions
0013	DMAS Fraud & Investigations
0014	DSS/DMAS Report Distribution
0015	Planning Districts
0017	Pharmacy Pricing Regions
0018	Client Medical Management (CMM)
	)
0019	State Institutions
0020	Out of State
0021	Health Departments
0022	DMAS
AGE	Age-based Rates (<21 &>20) for Health Clinics, Practitioners, EPSDT, Lab
AIDS	Specialized Care AIDS
AW	Aids Waiver
BAMT	Billed Amount

DATA ELEMENT: Claim Pricing Source (DE2069)

VALID VALUES:

Valid Value	Description
CLVS	Clinic Visit Encounter Rate
COMP	Specialized Care Complex Health Care
CSB	Mental Health Clinics
DEN	Dental Geographic Area of Service (GAS) Codes (1970)
DME	Durable Medical Equipment
DRGF	DRG Factor
DSNI	Disproportionate Share - NICU
DSRH	Disproportionate Share - RH
FSPD	Free Standing Psy Per Diem
HCAS	Hospital Spec OP Case Rate
HH	Home Health
HHRB	Home Health/Rehab
HO	Hospice
ICAS	IME Rate Per Case
INCF	Incentive Fee
INHB	Incentive Hold Back
IPCS	IME Psych Case Rate
IPER	IME Psy Percentage
IPOP	IME Psy Hosp OPR Rate
IPPR	IME Psy Rate Per case
MNMX	Minimum rate subtracted from the Maximum rate
NF	Nursing Facility Per Diem
NICU	Neonatal Hospital Per Diem
NTCP	Nurse Aide Training and Competency Evaluation Program
OADJ	Outlier Adjust Comp
OCCR	OP Cost to Charge Ratio
OLAB	Outlier Labor Comp
ONLB	Outlier Non-Labor Comp
OOST	Out of State rate
OPVH	Outlier Private Hospital
OTH	Other
OTHS	Outlier Threshold
OUTP	Outpatient Percentage of Charges Allowed
PA	Prior Auth

DATA ELEMENT: Claim Pricing Source (DE2069)

VALID VALUES:

Valid Value	Description
PDPR	Private Room Rate added to Per Diem
PIRS	Nursing Facility PIRS Per Diem
PMOD	Procedure Modifier Rate
POPD	PSY Operating Per Diem
PRC	Provider Procedure Rate
PROC	Percentage of Procedure Rate
PRRM	Private Room Differential Per Diem
REG	Regular (All ages)
RH	Regular Hospital Per Diem
RHAB	Specialized Care Rehabilitation
RMHB	Risk Management Hold back
ROPD	Rehab Operating Per Diem
RUGS	Nursing Facility RUGS Per Diem
RVPD	Revised Per Diem
SPAR	System Parameter
TDO	Temporary Detention Order (Child/Adult)
TRN	Transportation
VENT	Specialized Care Ventilator Dependent Waiver
WAGI	Wage Index
WAV	Non-Aids Waiver

DATA ELEMENT: Claim Pricing Source Type (DE2070)

Indicates the rate type used during pricing.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRICE_TYP

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
BA	Base Add
BR	Base Reduce
DRG	DRG rate
DRGA	DRG Acute Hospital
DRGN	DRG NICU Hospital
DRGR	DRG Rehab Hospital
IP	Inpatient
IPPC	Inpatient Professional Component
IPTC	Inpatient Technical Component
OP	Outpatient
OPPC	Outpatient Professional Component
OPTC	Outpatient Technical Component
PD	Per Diem
PDA	Per Diem Add on
PDI	Per Diem Included
PROV	Price comes from PS_PROV_PROC Table
XA	Percentage Add on
XO	Percentage of
XR	Percentage Reduce

DATA ELEMENT: **Claim Pricing Source Code (DE2071)**

Indicates the region or provider sequence number (which corresponds to the providers program) used in pricing

BUSINESS NAME: N/A

REFERENCE NAME: C_PRICE_CODE

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0001	Region 1
0002	Region 2
0003	Region 3
0004	Region 4
0005	Region 5
0006	Region 6
0007	Region 7

DATA ELEMENT: **Claim Type of Service (DE2072)**

A code indicating the type of service billed.

BUSINESS NAME: N/A

REFERENCE NAME: C_TYPE_SERVICE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Blood or Packed Red Cells
1	Medical Care
2	Surgery
3	Consultation
4	Diagnostic X-ray
5	Diagnostic Laboratory
6	Radiation Therapy
7	Anesthesia
8	Assistance at Surgery
9	Other Medical Service
A	Used DME
B	High Risk Screening Mammography
C	Low Risk screening Mammography
D	Ambulance
E	Enteral/Pareneral Nutrients/Supplies
F	Ambulatory Surgical Center
G	Immunosuppressive Drugs
H	Hospice
J	Diabetic Shoes
K	Hearing Items and Services
L	Renal Supplies in the Home
M	Alternate Payment for Maintenance Dialysis
N	Kidney Donor

DATA ELEMENT: Claim Type of Service (DE2072)

VALID VALUES:

Valid Value	Description
P	Lump Sum Purchase of DME, Prosthetics, Orthotics
Q	Vision Items or Services
R	DME Rental
S	Surgical Dressings or Other Medical Supplies
T	Psychological Therapy
U	Occupational Therapy
V	Pneumococcal Vaccine
W	Physical Therapy
Y	Second Opinion on elective surgery
Z	Third Opinion on elective surgery

DATA ELEMENT: **Claim Allowed Amount (DE2073)**

The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial.

BUSINESS NAME: N/A

REFERENCE NAME: N_ALLOW_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Employment Indicator (DE2074)

A flag which indicates whether or not the enrollee's condition is the result of employment.

BUSINESS NAME: N/A

REFERENCE NAME: F_EMPLOYMENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	Condition not related to employment
Y	Condition related to employment

DATA ELEMENT: **Claim Family Planning/EPSDT Indicator (DE2075)**

A flag which indicates whether any diagnosis, treatment, drugs, supplies, devices, counseling services, or other billed services or materials are for the purpose of family planning. If the HCFA family planning/EPSDT field equals 2, set F_FAMILY_PLAN to Y. A flag which indicates whether any service is for EPSDT. If the HCFA family planning/EPSDT field equals 1, set F_EPSDT to Y.

BUSINESS NAME: N/A

REFERENCE NAME: F_FAMILY_PLAN; F_EPSDT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claim Private Room Differential (DE2077)**

The additional amount paid to a provider for having a recipient in a private room.

BUSINESS NAME: N/A

REFERENCE NAME: N_PVT_ROOM_DIFF

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(02) COMP-3

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Edit Override (DE2078)**

Indicates whether OVERRIDE/EOB CODE (DE 5501) represents an error to be overridden, or a message to be printed on the provider's remittance advice.

BUSINESS NAME: N/A

REFERENCE NAME: F_OVERRIDE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claim Disproportionate Share Amount (DE2080)**

An extra payment amount for certain provider types billing hospital claims.

BUSINESS NAME: N/A

REFERENCE NAME: N_DSA_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V9(2) COMP-3.

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Pend Resolution Flag (DE2081)**

Indicates whether the claim is available to be worked by pend resolution clerk.

BUSINESS NAME: N/A

REFERENCE NAME: F_PEND_RESO

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Claim is not available to be worked
Y	Claim is available to be worked

DATA ELEMENT: **Claim Patient Pay Amount (DE2083)**

Amount of money a recipient is scheduled to pay per month while confined to a nursing home or other long-term care facility.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAT_PAY_AMT

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Anesthesia Minutes (DE2084)**

Number of anesthesia minutes for Practitioner claims

BUSINESS NAME: Anesthesia Minutes

REFERENCE NAME: C_WAIT_TIME

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Number of Passengers (DE2085)**

Number of passengers riding with a transportation provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_PASSENGERS

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Form Type (DE2088)**

Indicator defining the type of claim form on which the claim was filed.

BUSINESS NAME: N/A

REFERENCE NAME: C_CLM_FORM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
ADA	Dental - American Dental Association
DRUG	Pharmacy
HCFA	Health Care Finance Administration (HCFA) 1500
UB92	Uniform Billing (hospital)
XOVA	Title 18, Part A
XOVB	Title 18, Part B

DATA ELEMENT: **Claim Consent ICN (DE2089)**

The ICN date on the consent form sent by a provider.

BUSINESS NAME: N/A

REFERENCE NAME: I_CONS_ICN_DATE

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Facility Bill Type (DE2102)

A code indicating the bill type of a facility claim. This DE is composed of four values, the first position is not yet used, the second position being the facility type, the third being the billing classification of the provider billing the claim, and the fourth being the billing frequency or type of bill.

BUSINESS NAME: N/A

REFERENCE NAME: C_BILL_TYPE

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Non-Payment/Zero Claim (Frequency) (Fourth Digit)
1	Hospital (Second Digit)
1	Inpatient (Including Medicare Part A) (Third Digit)
1	Admit through discharge claim (Fourth Digit)
1	Hospice (Non-Hospital Based) (Special Facilities Only) (Third Digit)
1	Rural Health (Clinics Only) (Third Digit)
2	Skilled Nursing Facility (Second Digit)
2	Inpatient (Medicare Part B only)(Third Digit)
2	Interim Billing - (First Claim) (Fourth Digit)
2	Hospice (Hospital Based) (Special Facilities Only) (Third Digit)
2	Hospital Based or Independent Renal Dialysis Center (Clinics Only) (Third Digit)
3	Home Health (Second Digit)
3	Outpatient (Third Digit)
3	Interim Billing - (Continuing Claim) (Fourth Digit)
3	Ambulatory Surgery Center (Special Facilities Only) (Third Digit)
3	Free Standing (Clinics Only) (Third Digit)
4	Outpatient -Other (For Medicare Use Only - Home Health) (Third Digit)
4	Interim Billing - (last Claim) (Fourth Digit)
4	Christian Science (Hospital) (Second Digit)
4	Free Standing Birthing Center (Special Facilities Only) (Third Digit)
4	Outpatient Rehabilitation Facility (ORF) (Clinics Only) (Third Digit)
5	Late Charge(s) only Claims (Fourth Digit)

DATA ELEMENT: Claim Facility Bill Type (DE2102)

VALID VALUES:

Valid Value	Description
5	Intermediate Care - (General Intermediate Care Facility - ICF) (Third Digit)
5	Christian Science (Extended Care) (Second Digit)
5	Comprehensive Outpatient Rehabilitation Facility (CORF) (Clinics Only) (Third Digit)
6	Intermediate Care - (MRDD) (Third Digit)
6	Intermediate Care (Second Digit)
6	Adjustment of Prior Claim (Frequency) (Fourth Digit)
7	Replacement of Prior Claim (Fourth Digit)
7	Clinic (Use with "2nd Digit - Clinics Only") (Second Digit)
7	Intermediate Care Level III (Third Digit)
8	Void/Cancel of Prior Claim (Fourth Digit)
8	Special Facility (Use with "2nd Digit - Special Facilities Only") (Second Digit)
8	Swing Beds (Third Digit)
9	Other (Clinics Only) (Third Digit)
9	Other (Special Facilities Only) (Third Digit)
F	Replacement of Prior Claim (Fourth Digit)
G	Replacement of Prior Claim (Fourth Digit)
H	Replacement of Prior Claim (Fourth Digit)
I	Replacement of Prior Claim (Fourth Digit)
J	Replacement of Prior Claim (Fourth Digit)
K	Replacement of Prior Claim (Fourth Digit)
L	Replacement of Prior Claim (Fourth Digit)
M	Replacement of Prior Claim (Fourth Digit)
N	Replacement of Prior Claim (Fourth Digit)
O	Replacement of Prior Claim (Fourth Digit)
P	Replacement of Prior Claim (Fourth Digit)

DATA ELEMENT: **Claim Admission Date (DE2105)**

For invoice types 01, 02 and 10 the date upon which a recipient was admitted to a medical facility. Otherwise, it is the date on which service began.

BUSINESS NAME: N/A

REFERENCE NAME: D_ADMIT_DATE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Admission Source (DE2106)

A code indicating the source of this admission.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADMIT_SRC_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 1-9
A-Z

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a Hospital
5	Transfer from a Skilled Nursing Facility
6	Transfer from Another Health Care Facility
7	Emergency Room
8	Court/Law Enforcement
9	Information Not Available
A	Transfer from a Rural Hospital
B	For National Assignment
C	For National Assignment
D	For National Assignment
E	For National Assignment
F	For National Assignment
G	For National Assignment
H	For National Assignment
I	For National Assignment
J	For National Assignment
K	For National Assignment
L	For National Assignment
M	For National Assignment
N	For National Assignment

DATA ELEMENT: Claim Admission Source (DE2106)

VALID VALUES:

Valid Value	Description
O	For National Assignment
P	For National Assignment
Q	For National Assignment
R	For National Assignment
S	For National Assignment
T	For National Assignment
U	For National Assignment
V	For National Assignment
W	For National Assignment
X	For National Assignment
Y	For National Assignment
Z	For National Assignment

DATA ELEMENT: **Claim Nature of Admission (DE2107)**

A code indicating the priority of this admission.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADMIT_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 1-9

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Reserved for National Assignment
6	Reserved for National Assignment
7	Reserved for National Assignment
8	Reserved for National Assignment
9	Information not available

DATA ELEMENT: **Claim Covered Days (DE2108)**

The number of days/visits covered by the primary payer, as qualified by the payer organization.

BUSINESS NAME: N/A

REFERENCE NAME: N_COV_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Non-Covered Days (DE2109)**

Days of care not covered by the payer.

BUSINESS NAME: N/A

REFERENCE NAME: N_NCOV_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Occurrence Code (DE2110)

The code defining a significant event relating to this bill that may affect payer processing. Contains both occurrence codes and occurrence span codes. Occurrence codes can be identified as having values of 01 - 69, A1 - L9. Occurrence span codes will have values of 70 - 99 and M0 - Z9.

BUSINESS NAME: N/A

REFERENCE NAME: C_OCCURRENCE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Auto Accident
02	Auto Accident/No Fault
03	Auto Accident/Tort Liability
04	Accident/Employment Related
05	Other Accident
06	Crime Victim
07-08	Reserved for National Assignment
09	Start of infertility Treatment Cycle
10	Last Menstrual Period
11	Onset of Symptoms/Illness
12	Date of onset for a Chronically Dependent Individual
13-16	Reserved for National Assignment
17	Date Outpatient Occupational Therapy Plan Established or Last Reviewed
18	Date of Retirement - Patient/Beneficiary
19	Date of Retirement - Spouse
20	Guarantee of Payment Began
21	UR Notice Received
22	Date Active Care Ended
23	Reserved for National Assignment
24	Date Insurance Denied
25	Date Benefits Terminated By Primary Payer
26	Date SNF Bed Available

DATA ELEMENT: Claim Occurrence Code (DE2110)

VALID VALUES:

Valid Value	Description
27	Date Home Health Plan (or Hospice Plan for Medicaid) Established
28	Date Comprehensive Outpatient Rehabilitation Plan Established/Last Reviewed
29	Date Outpatient Physical Therapy Plan Established or Last Reviewed
30	Date Outpatient Speech Pathology Plan Established or Last Reviewed
31	Date Beneficiary Notified of Intent to Bill (Accommodations)
32	Date Beneficiary Notified of Intent to Bill (Procedures or Treatments)
33	1st Day of Medicare Coord. Period for ESRD Beneficiaries Covered by EGHP
34	Date of Election of Extended Care Facilities - Christian Science Sanatorium
35	Date Treatment Started for Physical Therapy
36	Date of Inpatient Hospital Discharge for Covered Transplant Patient
37	Date of Inpatient Hospital Discharge for Non-covered Transplant Procedure
38	Date Treatment Started for Home IV Therapy
39	Date Discharged on a Continuous Course of IV Therapy
40	Scheduled Date of Admission
41	Date of First Test for Pre-Admission Testing
42	Date of Discharge
43	Scheduled Date of Canceled Surgery
44	Date Treatment Started for Occupational Therapy
45	Date Treatment Started for Speech Therapy
46	Date Treatment Started for Cardiac Rehabilitation
47-49	Reserved for National Assignment - Payer Codes
50	Date Other Insurance Paid
51	Date Claim Filed with Other Insurance
52-69	Reserved for State Assignment
70.	Qualifying Stay Dates for SNF Use Only
70.	Non-utilization Dates for Payer Use Only on Hospital Bills
70-99	Occurrence Span Codes (Invalid for Occurrence Codes)
71	Prior Stay Dates
72	First/Last Visit
73	Benefit Eligibility Period
74	Non-covered Level of Care/Leave of Absence
75	SNF Level of Care
76	Patient Liability
77	Provider Liability Period

DATA ELEMENT: **Claim Occurrence Code (DE2110)**

VALID VALUES:

Valid Value	Description
78	SNF Prior Stay Dates
79	Payer Code
80-99	Reserved for State Assignment
A0	Reserved for National Assignment
A1	Birthdate-Insured A. The birthdate individual whose name the Ins carried
A2	Effective Date-Insured A Policy. Code ind. first date insurance in force.
A3	BNFTS Exhausted. Code-last dte bnfts avail payer A (HIM 10,402.1,Item 24)
A4-A9	Reserved for National Assignment
B0	Reserved for National Assignment
B1	Birthdate-Insured B. Birthdate individual whose name the insurance carried.
B2	Effective Date-Insured B Policy. Code ind first date insurance is in force
B3	BNFTS Exhausted. Code-last dte bnfts avail payer B (HIM 10,402.1,Item 24)
B4-B9	Reserved for National Assignment
C0	Reserved for National Assignment
C1	Birthdate-Insured C. B-dte individual whose name the insurance is carried
C2	Effective Date-Insured C Policy. Code ind first date insurance is in force
C3	BNFTS Exhausted. Code-last dte bnfts avail payer C (HIM 10,402.1,Item 24)
C4-E0	Reserved for National Assignment
E1	Birthdate - Insured E
E2	Effective Date - Insured E policy
E3	Benefits Exhausted - Payer E
E4-F0	Reserved for National Assignment
F1	Birthdate - Insured F
F2	Effective Date - Insured F policy
F3	Benefits Exhausted - Payer F
F4-G0	Reserved for National Assignment
G1	Birthdate - Insured G
G2	Effective Date - Insured G policy
G3	Benefits Exhausted - Payer G
G4-I9	Reserved for National Assignment
J0-L9	Reserved for State Assignment
M0.	PRO/UR Approved Stay Dates
M0-Z9	See Instructions in Form Locator 36 - Occurrence Span Codes and Dates
M1	Provider Liability - No Utilization

DATA ELEMENT: **Claim Occurrence Code (DE2110)**

VALID VALUES:

Valid Value	Description
M2-W9	Reserved for National Assignment
X0-Z9	Reserved for State Assignment

DATA ELEMENT: **Claim Occurrence From Date (DE2113)**

The from date related to an occurrence span code or an occurrence code that identifies an event that relates to the payment of the claim.

BUSINESS NAME: N/A

REFERENCE NAME: D_OCCUR_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Occurrence Thru Date (DE2114)**

The thru date related to an occurrence span code that identifies an event that relates to the payment of the claim. This can also be related to an occurrence code, in which case, the thru date was created from the from date.

BUSINESS NAME: N/A

REFERENCE NAME: D_OCCUR_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Condition Code (DE2115)

A code(s) used to identify conditions relating to this bill that may affect payer processing.

BUSINESS NAME: N/A

REFERENCE NAME: C_CONDITION

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Military service related
02	Condition is employment related
03	Patient covered by insurance not reflected here
04	HMO enrollee
05	Lien has been filed
06	ESRD patient in 1st 18 Months of Entitlement covered by Employer Group Heal
07	Treatment of non-terminal condition for hospice patient
08	Beneficiary would not provide info concerning other insurance coverage
09	Neither patient nor spouse is employed
10	Patient and/or spouse is employed but no EGHP exists
11	Disabled beneficiary but no LGHP
12-16	Payer codes
17	Reserved for national assignment.
18	Maiden name retained
19	Child retains mother's name
20	Beneficiary requested billing
21	Billing for denial notice
22	Patient on multiple drug regimen
23	Home caregiver available
24	Home IV patient also receiving-HHA services
25	Reserved for national assignment.
26	VA elig patient chooses to receive services in a Medicare certified facility
27	Patient referred to a sole community hospital for a diagnostic lab test

DATA ELEMENT: Claim Condition Code (DE2115)

VALID VALUES:

Valid Value	Description
28	Patient and/or spouse's EGHP insurance is secondary to Medicare
29	Disabled Beneficiary and/or Family member's LGHP is secondary to Medicare
30	Reserved for national assignment.
31	Patient is student (full time - day)
32	Patient is student (cooperative/work study program)
33	Patient is student (full time - night)
34	Patient is student (part time)
35	Reserved for national assignment.
36	General care patient in a special unit
37	Ward accommodation at patient request
38	Semi-private room not available
39	Private room medically necessary
40	Same day transfer
41	Partial Hospitalization
42-45	Reserved for national assignment.
46	Non-availability statement on file
47	Reserved for CHAMPUS
48	Psych Residential Treatment Centers for Children and Adolescents (RTCs)
49-54	Reserved for national assignment.
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58-59	Reserved for national assignment.
60	Day outlier
61	Cost outlier
62	Payer code
63-65	Set aside for payer use only.
66	Provider does not wish cost outlier payment
67-69	Reserved for national assignment.
70	Self-administered EPO
71	Full care in unit
72	Self-care in unit
73	Self-care training
74	Home

DATA ELEMENT: Claim Condition Code (DE2115)

VALID VALUES:

Valid Value	Description
75	Home - 100% REIMBURSEMENT
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to accept pymt in full.
78	New coverage not implemented by HMO.
79	CORF services provided offsite
80-82	Reserved for state assignment.
83	Special consideration
84-89	Reserved for state assignment.
A0	CHAMPUS external partnership program
A1	EPSDT/CHAP
A2	Physically Handicapped Children's Program
A3	Special Federal Funding
A4	Family Planning
A5	Disability
A6	PV/Medicare
A7	Induced abortion danger to life
A8	Induced abortion victim rape/incest
A9	Second option surgery
B0-B9	Reserved for national assignment.
C0	Reserved for national assignment.
C1	Approved as billed
C2	Automatic approval as billed based on focused review
C3	Partial approval
C4	Admission/services denied
C5	Post payment review applicable
C6	Admission PA
C7	Extended Authorization
C8-C9	Reserved for national assignment.
D0	changes to service dates
D1	Changes to charges
D2	changes in revenue codes/HCPCS
D3	Second or subsequent interim PPS bill
D4	Change in grouper input
D5	Cancel to correct HICN or Prov ID

DATA ELEMENT: Claim Condition Code (DE2115)

VALID VALUES:

Valid Value	Description
D6	Cancel only to repay a dupe or OIG overpayment
D7	Change to make Medicare the secondary Payer
D8	Change to make Medicare the primary payer
D9	Any other change
E0	Change in patient status
E1-W9	Reserved for national assignment.
X0-Z9	Reserved for state assignment.

DATA ELEMENT: **Claim Pints of Blood Furnished (DE2116)**

The number of pints of blood furnished which is entered on the Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_BLOOD_PINTS_FURN

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Blood Replaced (DE2117)**

The number of pints of Blood replaced on a Title 18 claim

BUSINESS NAME: N/A

REFERENCE NAME: C_BLOOD_REPL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Blood Not Replaced (DE2118)**

The number of pints of Blood Not Replaced on a Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_BLOOD_NOT_REPL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Line Number (DE2121)

This line number pertains to the revenue line on the UB92 Form which has an error. There may be 1 - 115 claim revenue lines per claim. The claim types which use this data element are Inpatient & Outpatient Hospital, Long Term Care, and Home Health. It also refers to the occurrence of a field that has an error. These fields include procedure codes and diagnoses.
Table Residence : CP_CLM_EDIT

BUSINESS NAME: N/A

REFERENCE NAME: I_CLAIM_LINE_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) Comp

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Revenue Code (DE2122)

A code which defines a specific accommodation and/or ancillary service or billing calculation.

BUSINESS NAME: N/A

REFERENCE NAME: C_REV

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0001	Total Charges
0100	All Incl R&B/ANC
0101	All Incl R&B
0110	Room-Board Private
0111	MED-SUR-GY private
0112	OB Private
0113	PEDS Private
0114	Stay Private
0117	Oncology Private
0119	Other Private
0120	Room-Board Semi Private
0121	Med-SUR-GY Semi Private
0122	OB Semi Private
0123	PEDS Semi Private
0124	Stay Semi Private
0127	Oncology Semi Private
0129	Other Semi Private
0130	Room-Board 3-4 Beds
0131	MED-SUR-GY 3-4 Beds
0132	OB 3-4 Beds
0133	PEDS 3-4 Beds
0134	Stay 3-4 Beds
0137	Oncology 3-4 Beds

DATA ELEMENT: Claim Revenue Code (DE2122)

VALID VALUES:

Valid Value	Description
0139	Other 3-4 Beds
0150	Room-Board Ward
0151	Med-SUR-GY Ward
0152	OB Ward
0153	PEDS Ward
0154	Stay Ward
0155	Hospice Ward
0156	Detox Ward
0157	Oncology Ward
0159	Other Ward
0160	Room & Board
0164	Room & Board Sterile
0167	Room & Board Self
0169	Room & Board Other
0170	Nursery
0171	Nursery Normal Newborn
0172	Nursery Premie
0175	Nursery ICU
0179	Nursery Other
0200	Intensive Care or ICU
0201	ICU Suegical
0202	ICU Medical
0203	ICU PEDS
0204	ICU Stay
0206	Post ICU
0207	ICU Burn Care
0208	ICU Trama
0209	ICU Other
0210	Coronary Care or ICU
0211	CCU MYO Infarc
0212	CCU Pulmonary
0214	Post CCU
0219	CCU Other
0224	Med NEC Late Discharge

DATA ELEMENT: Claim Revenue Code (DE2122)

VALID VALUES:

Valid Value	Description
0230	Increm Nursing Care General
0231	Increm Nursing Care Nursery
0232	Increm Nursing Care Obstetric
0233	Increm Nursing Care IC Unit
0234	Increm Nursing Care Coronary
0239	Increm Nursing Care Other
0240	All Incl Ancil
0250	Pharmacy
0251	Drugs Generic
0252	Drugs Nongeneric
0253	Drugs Take Home
0255	Blood Other
0257	Drugs Nonprescription
0258	IV Solutions
0259	Drugs Other
0260	IV Therapy
0261	IV Therapy Infusion Pump
0269	IV Therapy Other
0270	Medical Surgical Supplies
0272	Sterile Supplies
0273	Take Home Supplies
0274	Prosthetic Device
0275	Pacemaker
0277	Take Home
0278	Supply Implants
0279	Supply Other
0280	Oncology
0289	Oncology Other
0290	Medical Equipment Durable
0291	Medical Equipment Rent
0292	Medical Equipment Other
0300	Laboratory or LAB
0301	Laboratory Chemistry
0302	Laboratory Immumology

DATA ELEMENT: **Claim Revenue Code (DE2122)**

VALID VALUES:

Valid Value	Description
0303	Laboratory Renal Home
0304	Laboratory NR Dialysis
0305	Laboratory Hemotology
0306	Laboratory Bacterial Micro
0307	Laboratory Urology
0309	Laboratory Other
0310	Pathology Laboratory
0311	Pathology Cytology
0312	Pathology Hystol
0314	Pathology Biopsy
0319	Pathology Other
0320	DX X-Ray
0321	DX X-Ray Angio
0324	DX X-Ray Chest
0329	DX X-Ray Other
0330	RX X-Ray
0331	Chemotherapy Injection
0332	Chemotherapy Oral
0333	Radiation RX
0335	Chemotherapy IV
0339	RX X-Ray Other
0340	Nuclear Medicine
0341	Nuclear Medicine DX
0342	Nuclear Medicine RX
0349	Nuclear Medicine Other
0350	CT Scan
0351	CT Scan Head
0352	CT Scan Body
0359	CT Scan Other
0360	Operating Room Services
0361	Operating Room Minor
0367	Operating Room Kidney Transplant
0369	Operating Room Other
0370	Anesthesia

DATA ELEMENT: **Claim Revenue Code (DE2122)**

VALID VALUES:

Valid Value	Description
0379	Anesthesia Other
0380	Blood
0381	Blood PKD RED
0382	Blood Whole
0383	Blood Plasma
0384	Blood Platlets
0385	Blood Leucocytes
0386	Blood Components
0387	Blood Derivatives
0389	Blood Other
0390	Blood Storage Proc
0391	Blood Administration
0399	Blood Other Storage
0400	Image Service
0401	Mammography
0402	Ultrasound
0409	Other Imaging Services
0410	Respiratory Services
0412	Inhalation Services
0413	Hyperbaric 02
0419	Other Respiratory Services
0420	Physical Therapy
0421	Physical Therapy Visit
0422	Physical Therapy Hour
0423	Physical Therapy Group
0424	Physical Therapy Evaluation
0429	Physical Therapy Other
0430	Occupation Therapy
0431	Occupation Therapy Visit
0432	Occupation Therapy Hour
0433	Occupation Therapy Group
0434	Occupation Therapy Evaluation
0439	Other Occupation Therapy
0440	Speech Pathology

DATA ELEMENT: **Claim Revenue Code (DE2122)**

VALID VALUES:

Valid Value	Description
0441	Speech Pathology Visit
0442	Speech Pathology Hour
0443	Speech Pathology Group
0444	Speech Pathology Evaluation
0449	Other Speech Pathology
0450	Emergency Room
0459	Other Emergency Room
0460	Pulmonary Functions
0469	Other Pulmonary Functions
0470	Audiology
0471	Audiology DX
0479	Other Audiology
0480	Cardiology
0481	Cardiac Cath Laboratory
0482	Stress Test
0489	Other Cardiology
0490	Ambulatory Surgery
0499	Other Ambulatory Surgery
0500	Outpatient Services
0509	Outpatient Other
0510	Clinic
0511	Chronic Pain Clinic
0519	Other Clinic
0530	Osteopath Services
0531	Osteopath RX
0539	Other Osteopath
0542	Ambulance Medical Transportation
0545	Air Ambulance
0546	Ambulance Neonatal
0550	Skilled Nursing General
0560	Med Social Services
0610	Magnetic Reasoning Imaging General
0611	Magnetic Reasoning Imaging Brain
0612	Magnetic Reasoning Imaging Spinal Cord

DATA ELEMENT: **Claim Revenue Code (DE2122)**

VALID VALUES:

Valid Value	Description
0619	Magnetic Reasoning Imaging Other
0700	Cast Room
0709	Other Cast Room
0710	Recovery Room
0719	Other Recovery Room
0720	Delivery Room Labor
0721	Labor
0722	Delivery Room
0723	Circumcision
0724	Birthing Center
0729	Other Delivery Labor
0730	EKG ECG
0731	Holter Monitor
0739	Other EKG ECG
0740	EEG
0749	Other EEG
0750	Gastro Intestinal Services
0759	Other Gastro Intestinal Services
0790	Lithotripsy General
0799	Lithotripsy Other
0800	Renal Dialysis
0801	Dialysis Inpatient
0802	Dialysis Inpatient Peritoneal
0803	Dialysis Inpatient CAPD
0804	Dialysis Inpatient CCPD
0809	Dialysis Inpatient Other
0810	Kidney Acquisition
0811	Kidney Live
0812	Kidney Cadaver
0813	Kidney Unknown
0819	Kidney Other
0820	Hemo Outpatient or Home
0821	Hemo Composite
0822	Hemo Home Sup Services

DATA ELEMENT: **Claim Revenue Code (DE2122)**

VALID VALUES:

Valid Value	Description
0829	Hemo Home Other
0830	Peritoneal Outpatient or Home
0831	Peritoneal Composite
0832	Peritoneal Home Supplies
0833	Peritoneal Home Equipment
0834	Peritoneal Home 100%
0835	Peritoneal Home Supervised
0839	Peritoneal Home Other
0840	CAPD Outpatient or Home
0841	CAPD Composite
0842	CAPD Home Supplies
0843	CAPD Home Equipment
0844	CAPD Home 100%
0845	CAPD Home Supervised
0849	CAPD Home Other
0850	CCPD Outpatient or Home
0851	CCPD Composite
0852	CCPD Home Supplies
0853	CCPD Home Equipment
0854	CCPD Home 100%
0855	CCPD Home Supervised
0859	CCPD Home Other
0880	Dialysis Miscellaneous
0881	Dialysis Ultrafiltered
0889	Dialysis Miscellaneous Other
0890	Donor Bank
0891	Donor Bank Bone
0893	Donor Bank Skin
0899	Donor Bank Other
0900	Psychiatric Treatment
0901	Electric Shock
0902	Milieu Therapy
0903	Play Therapy
0909	Other Psychiatric Treatment

DATA ELEMENT: **Claim Revenue Code (DE2122)**

VALID VALUES:

Valid Value	Description
0910	Psychiatric Services
0914	Psychiatric Individual Services
0915	Psychiatric Group RX
0916	Psychiatric Family RX
0917	Psychiatric Biofeed
0918	Psychiatric Testing
0919	Psychiatric Other
0920	Other DX Services
0921	Peri Vascular Lab
0922	EMG
0923	Pap Smear
0924	Allergy Test
0925	Pregnancy Test
0929	Additional DX Services
0940	Other RX Services
0943	Cardiac Rehabiliation
0949	Additional RX Services
0960	Pro Fee
0961	Prof Fee Pat Stay
0962	Prof Fee Eye
0963	Pro Fee Anes Med
0964	Pro Fee Anes RN
0969	Pro Fee Other
0997	Admit Kits

DATA ELEMENT: Claim Revenue Units (DE2123)

A quantities measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, miles, pints of blood or renal dialysis treatments etc.

BUSINESS NAME: N/A

REFERENCE NAME: N_REV_UNITS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Revenue Amount (DE2124)**

Total charges, pertaining to the related revenue codes, for the current billing period as entered in the statement covers period.

BUSINESS NAME: N/A

REFERENCE NAME: N_REV_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Value Code (DE2128)

A code that identifies data of a monetary nature that is necessary for processing this claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_VALUE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
06	Blood Deductible Amount
08	Medicare Co-insurance Amount
09	Medicare Co-insurance Amount
10	Medicare Co-insurance Amount
11	Medicare Co-insurance Amount
45	Accident Hour
76	Blood Deductible Amount
80	Covered Days
81	Non-Covered Days
82	No Other Coverage
83	Billed and Paid
85	Billed/Not Paid
A1	Medicare Deductible Amount
A2	Medicare Co-insurance Amount
B1	Medicare Deductible Amount
B2	Medicare Co-insurance Amount
C1	Medicare Deductible Amount
C2	Medicare Co-insurance Amount

DATA ELEMENT: **Date Resolved Pend Submitted to Adjudication (DE2130)**

Date that worked pend is submitted for adjudication. This date is used in the pend resolution process; if the date is the current date, the claim is not pulled again.

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_SUB_DATE

DEFAULT: Current date

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Value Amount (DE2131)**

A dollar amount related to the value code that identifies data of a monetary nature that is necessary for processing this claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_VALUE_AMT

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Hour of Admission (DE2136)

The hour during which the patient was admitted for inpatient or outpatient care.

BUSINESS NAME: N/A

REFERENCE NAME: H_ADMISSION_HOUR

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 00-23
99

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	12:00 AM
01	01:00 AM
02	02:00 AM
03	03:00 AM
04	04:00 AM
05	05:00 AM
06	06:00 AM
07	07:00 AM
08	08:00 AM
09	09:00 AM
10	10:00 AM
11	11:00 AM
12	12:00 PM
13	01:00 PM
14	02:00 PM
15	03:00 PM
16	04:00 PM
17	05:00 PM
18	06:00 PM
19	07:00 PM
20	08:00 PM
21	09:00 PM
22	10:00 PM

DATA ELEMENT: Claim Hour of Admission (DE2136)

VALID VALUES:

Valid Value	Description
23	11:00 PM
99	Unknown Hour

DATA ELEMENT: **Claim Non-Covered Amount (DE2139)**

The amount of the revenue billed charges that is not covered. This amount is entered by the provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_NON_COV_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)v99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Y;Yes; N; No;
Valid Values in	Y;Yes; N; No;

DATA ELEMENT: **Message Type (DE2140)**

An indicator used to determine if the message field is a formatted message or a standard message from the Error Text Table.

BUSINESS NAME: N/A

REFERENCE NAME: C_MSG_TYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Formatted Message
S	Standard Message

DATA ELEMENT: **UB04 NDC Existence flag (DE2141)**

Indicates existence of at least one NDC info on CP_FAC_LINE

BUSINESS NAME: N/A

REFERENCE NAME: F_FAC_CLM_NDC

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: Char(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No NDC on UB04
Y	At least one occurrence of NDC info

DATA ELEMENT: **NDC Qualifier (DE2142)**

Contains N4

BUSINESS NAME: N/A

REFERENCE NAME: C_NDC_QUALIFIER

DEFAULT: Space

COBOL PICTURE: X(02)

DB2 TYPE: Char(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Unit of Measure Qualifier (DE2143)**

Unit of Measurement Qualifier codes

BUSINESS NAME: N/A

REFERENCE NAME: C_UOM_QUALIFIER

DEFAULT: Space

COBOL PICTURE: X(02)

DB2 TYPE: Char(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F2	International Units
GR	Gram
ML	Milliliter
UN	Unit

DATA ELEMENT: **Unit of Measure - Quantity (DE2144)**

Actual Metric Administered Amount, including decimals

Examples of NDC quantities for various dosage forms as follows:
a. Tablets/Capsules bill per UN
b. Oral Liquids bill per ML
c. Reconstituted (or liquids) injections bill per ML
d. Non-reconstituted injections (i.e. vial of Rocephin powder) bill as UN (1 vial=1 unit)
e. Creams, ointments topical powders bill per GM
f. Inhalers bill per GM

BUSINESS NAME: N/A

REFERENCE NAME: N_UOM_QTY

DEFAULT: Zero

COBOL PICTURE: 9(06)v9(03)

DB2 TYPE: Decimal(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim CHIRP Distribution Location (DE2149)

This field determines the physical location to which the busted printer output will be delivered. It must contain a value other than spaces.

BUSINESS NAME: N/A

REFERENCE NAME: I_CH_DISTR_LOC

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Any non-space value

DATA ELEMENT: **Consent Service Date (DE2152)**

The date on which the procedure consented to was performed.

BUSINESS NAME: N/A

REFERENCE NAME: D_SERVICE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Edit Sequence Number (DE2156)**

Indicates the number of the edit per claim status.

BUSINESS NAME: N/A

REFERENCE NAME: I_EDIT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Manual Price Amount (DE2158)

Amount of a claim priced 'by hand' due to the special nature of the service.

BUSINESS NAME: N/A

REFERENCE NAME: N_MANUAL_PYMT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)v99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Recycle Flag (DE2160)**

This flag indicates that the claim is a recycled pend.

BUSINESS NAME: N/A

REFERENCE NAME: F_RECYCLE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Claim is not a recycled pend
N/A	N/A
Y	Claim is a recycled pend

DATA ELEMENT: PA Letter Type (DE2161)

This code defines the different types of PA letters that can go to an enrollee or provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_LTR_TYPE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
CV	PA Conversion Letter Type - Bogus Entry For PA Conversion Only
E1	HMO Enrollee Reject Reason 4530
E2	HMO Enrollee Reject Reason 4540
EA	Enrollee Approval
ED	Enrollee Denial
EM	Enrollee Partial Approval
EO	Enrollee Pend (ORTHODONTIC ONLY)
N#	Miscellaneous DME Provider Approval / Reversal
N@	Radiological Scan Provider Approval / Reversal
NA	Non-Inpatient PA Approval Provider Report
ND	Non-Inpatient PA Denial Provider Report
NM	Non-Inpatient PA Partial Approval Provider Report
NR	Non-Inpatient PA Reject Provider Report
PA	Inpatient Provider Approval
PD	Inpatient Provider Denial
PP	Provider Pend
PR	Inpatient Provider Reject

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.

See Value Set "VALID-MODIFIERS".

BUSINESS NAME: N/A

REFERENCE NAME: C_PROCEDURE_MOD

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
21	Prolonged Evaluation And Management Service
22	Unusual Procedural Services
23	Unusual Anesthesia
24	Unrelated Evaluation And Management Service, Same Physician
25	Evaluation And Management Service, Same Physician, Same Day
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters On The Same Date
32	Mandated Services
47	Anesthesia By Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision For Surgery
58	Staged Or Related Procedure Or Service
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed On Infants
66	Surgical Team

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
73	Discontinued Outpatient Procedure
74	Discontinued Outpatient Procedure
76	Repeat Procedure By Same Physician
77	Repeat Procedure By Another Physician
78	Return To The Operating Room For A Related Procedure
79	Unrelated Procedure Or Service, Same Physician
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
99	Multiple Modifiers
A1	Dressing For One Wound
A2	Dressing For Two Wounds
A3	Dressing For Three Wounds
A4	Dressing For Four Wounds
A5	Dressing For Five Wounds
A6	Dressing For Six Wounds
A7	Dressing For Seven Wounds
A8	Dressing For Eight Wounds
A9	Dressing For Nine Wounds
AA	Anesthesia By Anesthesiologist
AD	Medical Supervision
AH	Clinical Psychologist
AJ	Clinical Social Worker
AM	Physician, Team Member Service
AP	Determination Of Refractive State Was Not Performed
AS	Assistant at Surgery
AT	Acute Treatment
AU	Item Furnished In Conjunction With A Urological, Ostomy Or Tracheotomy Sup
AV	Item Furnished In Conjunction With A Prosthetic Device, Prosthetic Or Ortho
AW	Item Furnished In Conjunction With Surgical Dressing
AX	Item Furnished In Conjunction With Dialysis Services
BA	Item Furnished In Conjunction With Pen Services

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
BO	Orally Administered Nutrition, Not By Feeding Tube
BP	Beneficiary Aware Of Options, Elected To Purchase
BR	Beneficiary Aware Of Options, Elected To Rent
BU	Beneficiary Aware Of Options, Has Not Informed Supplier Of Decision
CC	Procedure Code Change
E1	Upper Left, Eyelid
E2	Lower Left, Eyelid
EJ	Upper Right, Eyelid
EM	Lower Right, Eyelid
EP	EPSDT Service
ET	Emergency Services
EY	No Physician Or Other Licensed Health Care Provider For This Item Or Service
F1	Left Hand, Second Digit
F2	Left Hand, Third Digit
F3	Left Hand, Fourth Digit
F4	Left Hand, Fifth Digit
F5	Right Hand, Thumb
F6	Right Hand, Second Digit
F7	Right Hand, Third Digit
F8	Right Hand, Fourth Digit
F9	Right Hand, Fifth Digit
FA	Left Hand, Thumb
FP	Service Provided As Part Of Medicaid Family Planning Program
G1	Most Recent URR Reading Of Less Than 60
G2	Most Recent URR Reading Of Less Than 60 To 64.9
G3	Most Recent URR Reading Of Less Than 65 To 69.9
G4	Most Recent URR Reading Of Less Than 70 To 74.9
G5	Most Recent URR Reading Of Less Than 75 Or Greater
G6	ESRD Patient For Whom Less Than Six Dialysis Session For Month
G7	Pregnancy Resulted From Rape Or Incest, Or Certified Life Threatening
G8	Monitored Anesthesia Care For Invasive Surgical Procedure
G9	Monitored Anesthesia Care For Cardio Patient
GA	Waiver Of Liability Statement On File
GB	Claim Being resubmitted for payment

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
GC	Service Performed By Resident Under Teaching Physician
GE	Service Performed By Resident No Teaching Physician Primary Care Exception
GG	Screening And Diagnostic Mammogram Same Day
GH	Diagnostic Converted From Screening Mammogram On Same Day
GJ	Opt Out Physician Emergency Service
GK	Associated With Ga Or Gz Modifier
GL	Upgrade Provided, No Charge, No Advance Beneficiary Notice
GM	Multiple Patients On One Ambulance Trip
GN	Outpatient Speech Language Pathology Plan Of Care
GO	Outpatient Occupational Therapy Plan Of Care
GP	Outpatient Physical Therapy Plan Of Care
GQ	Via Asynchronous Telecommunication Systems
GT	Via Interactive Audio And Video Telecommunication Systems
GV	Attending Physician Not Employed By Patient's Hospice Provider
GW	Not Related To Hospice Patients Terminal Condition
GY	Statutorily Excluded, Not A Medicare Benefit
GZ	Expected To Be Denied As Not Reasonable And Necessary
H9	Court Ordered
HA	Child/Adolescent Program
HB	Adult Program, Non Geriatric
HC	Adult Program, Geriatric
HD	Pregnant/Parenting Women's Program
HE	Mental Health Program
HG	Substance Abuse Program
HH	Opioid Addiction Treatment Program
HI	Integrated Mental Health/Substance Abuse Program
HJ	Employee Assistance Program
HK	Specialized Mental Health Programs For High-Risk Populations
HL	Intern
HM	Less Than Bachelor Degree Level
HN	Bachelors Degree Level
HO	Masters Degree Level
HP	Doctoral Level
HQ	Group Setting

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
HR	Family/Couple With Client Present
HS	Family/Couple Without Client Present
HT	Multi-Disciplinary Team
HU	Funded By Child Welfare Agency
HV	Funded State Additions Agency
HW	Funded By State Mental Health Agency
HX	Funded By County/Local Agency
HY	Funded By Juvenile Justice Agency
HZ	Funded By Criminal Justice Agency
JW	Drug Amount Discarded
K0	Lower Extremity Prosthesis Functional Level 0
K1	Lower Extremity Prosthesis Functional Level 1
K2	Lower Extremity Prosthesis Functional Level 2
K3	Lower Extremity Prosthesis Functional Level 3
K4	Lower Extremity Prosthesis Functional Level 4
KA	Add On Option For Wheelchair
KB	Beneficiary Requested Upgrade, More Than 4 Modifiers On Claim
KH	DMEPOS Item, Initial Claim, Purchase Or First Month Rental
KI	DMEPOS Item, Second Or Third Month Rental
KJ	DMEPOS Item, Fourth To Fifteenth Month Rental
KM	Replacement Of Facial Prosthesis Including New Impression
KN	Replacement Of Facial Prosthesis Using Previous Impression
KO	Single Drug Unit Dose Formulation
KP	First Drug Of A Multiple Drug Unit Dose Formulation
KQ	Second Or Subsequent Drug Of A Multiple Dug Unit Dose Formulation
KR	Rental Item, Billing For Partial Month
KS	Glucose Monitor Supply For Diabetic Beneficiary Not Treated With Insulin
KX	Specific Required Documentation On File
LC	Left Circumflex Coronary Artery
LD	Left Anterior Descending Coronary Artery
LL	Lease/Rental (Rental Applied To Purchase Price)
LR	Laboratory Round Trip
LS	FDA-Monitored Intraocular Lens Implant
LT	Left Side Of Body

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
MS	Six Month Maintenance And Servicing Fee
N/A	N/A
NR	New When Rented
NU	New Equipment
P1	A Normal Healthy Patient
P2	A Patient With Mild Systemic Disease
P3	A Patient With Severe Systemic Disease
P4	A Patient With Severe Systemic Disease That Is A Constant Threat To Life
P5	A Moribund Patient Who Is Not Expected To Survive Without The Operation
P6	A Declared Brain-Dead Patient Whose Organs Being Removed For Donor Purposes
PL	Progressive Addition Lenses
Q2	Hcfa/Ord Demonstration Project
Q3	Live Kidney Donor Surgery And Related Services
Q4	Qualifies As Service Exemption
Q5	Reciprocal Billing Arrangement
Q6	Locum Tenens Physician
Q7	One Class A Finding
Q8	Two Class B Findings
Q9	One Class B And Two Class C Findings
QA	FDA Investigational Device Exemption
QB	Rural HPSA
QC	Single Channel Monitoring
QD	Recording And Storage In Solid State Memory By A Digital Recorder
QE	Prescribed Amount Of Oxygen Is Less Than 1 Lpm
QF	Prescribed Amount Of Oxygen Exceeds 4 Lpm And Portable Oxygen Prescribed
QG	Prescribed Amount Of Oxygen Is Exceeds 4 Lpm
QH	Oxygen Conserving Device
QJ	Services Provided To State Or Local Custody But Meets 42 Cfr 411.4(B)
QK	Medical Direction Of 2, 3 Or 4 Concurrent Anesthesia Procedures
QL	Patient Pronounced Dead After Ambulance Called
QM	Ambulance Service Provided Under Arrangement By Provider Of Services
QN	Ambulance Service Provided Directly By Provider Of Services
QP	Documentation Is On File Showing Lab Test(S) Was Ordered
QQ	Claim Submitted With A Written Statement Of Intent

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
QS	Monitored Anesthesia Care Service
QT	Recording And Storage On Tape By An Analog Tape Recorder
QU	Physician Providing Service In An Urban Hpsa
QV	Provided As Routine Care In Medicare Qualifying Clinical Trial
QW	CLIA Waived Test
QX	CRNA Service: With Medical Direction By Physician
QY	Medical Direction Of CRNA By Anesthesiologist
QZ	CRNA Service Without Medical Direction By Physician
RC	Right Coronary Artery
RP	Replacement And Repair (Dme, Orthotic And Prosthetic Devices)
RR	DME Rental
RT	Right Side Of Body
SA	Nurse Practitioner Rendering Service In Collaboration With A Physician
SB	Nurse Midwife
SC	Medically Necessary Service Or Supply
SD	Services Provided By Rn With Home Infusion Training
SE	State Or Federally Funded Programs
SF	Second Opinion Ordered By A Professional Review Organization
SG	Ambulatory Surgical Center
SH	Second Concurrently Administered Infusion Therapy
SJ	Third Or More Concurrently Administered Infusion Therapy
SK	Member Of High Risk Population - Immunization
SL	State Supplied Vaccine
ST	Related To Trauma Or Injury
SU	Procedure Performed In Physician's Offices
SV	Pharmaceuticals Delivered To Patient's Home But Not Utilized
T1	Left Foot, Second Digit
T2	Left Foot, Third Digit
T3	Left Foot, Fourth Digit
T4	Left Foot, Fifth Digit
T5	Right Foot, Great Toe
T6	Right Foot, Second Digit
T7	Right Foot, Third Digit
T8	Right Foot, Fourth Digit

DATA ELEMENT: Claims Procedure Code Modifier (DE2171)

VALID VALUES:

Valid Value	Description
T9	Right Foot, Fifth Digit
TA	Left Foot, Great Toe
TD	RN
TE	LPN/LVN
TF	Intermediate Level Of Care
TG	Complex/High Tech Level Of Care
TH	Obstetrical, Prenatal, Postpartum
TJ	Program Group, Child, Adolescent
TK	Extra Patient Or Passenger, Non-Ambulance
TL	Early Intervention
TM	Individualized Education Program
TN	Rural Providers Customary Service Area
TP	Medical Transport, Unloaded Vehicle
TQ	Basic Life Support Transport By Volunteer
TR	School-Based Individualized Education Program Outside District
TS	Follow-Up Service
TT	Individualized Service To More Than One Patient
TU	Special Payment Rate, Overtime
TV	Special Payment Rates, Holidays/Weekends
TW	Backup Equipment
U1	Medicaid Level Of Care 1
U2	Medicaid Level Of Care 2
U3	Medicaid Level Of Care 3
U4	Medicaid Level Of Care 4
U5	Medicaid Level Of Care 5
U6	Medicaid Level Of Care 6
U7	Medicaid Level Of Care 7
U8	Medicaid Level Of Care 8
U9	Medicaid Level Of Care 9
UA	Medicaid Level Of Care 10
UB	Medicaid Level Of Care 11
UC	Medicaid Level Of Care 12
UD	Medicaid Level Of Care 13
UE	Used Durable Medical Equipment

DATA ELEMENT: **Claims Procedure Code Modifier (DE2171)**

VALID VALUES:

Valid Value	Description
VP	Aphakic Patient

DATA ELEMENT: Claim Professional Place of Service (DE2173)

A code indicating the type of place where service was rendered.

BUSINESS NAME: N/A

REFERENCE NAME: C_PLACE_OF_SERV

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
11	Office
12	Home
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
50	Federally Qualified Health Center
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
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility

DATA ELEMENT: Claim Professional Place of Service (DE2173)

VALID VALUES:

Valid Value	Description
65	End-Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unspecified Facility

DATA ELEMENT: Claim Professional Lab Indicator (DE2174)

A flag which indicates whether or not an outside lab was used. This is field on HCFA 1500 form

BUSINESS NAME: N/A

REFERENCE NAME: F_PROF_LAB

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Outside lab not used
Y	Outside lab used

DATA ELEMENT: **Claim Entered Date (DE2177)**

This is the date the claim entered the system.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENTERED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Aid Category Provider Program Begin Date (DE2178)**

It's the begin date for the relationship between enrollee benefit program and provider benefit program.

BUSINESS NAME: N/A

REFERENCE NAME: D_AC_PRV_PGM_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Aid Category Provider Program End Date (DE2182)**

It's the end date for the relationship between enrollee benefit program and provider benefit program.

BUSINESS NAME: N/A

REFERENCE NAME: D_AC_PRV_PGM_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Edit Priority (DE2183)**

Defines the order that multiple edits are returned on the POS response. It can also be used for other claim types.

BUSINESS NAME: N/A

REFERENCE NAME: C_EDIT_PRIORITY

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Consent ICN Media (DE2187)**

The media of the ICN on the consent form submitted by a provider. See data element 2478.

BUSINESS NAME: N/A

REFERENCE NAME: I_CONS_ICN_MEDIA

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Consent ICN Sequence Number (DE2188)**

The sequence number of the ICN on the consent form submitted by a provider.

BUSINESS NAME: N/A

REFERENCE NAME: I_CONS_ICN_SEQ

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP.

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Consent Signature Date (DE2192)**

Date enrollee consented to procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_SIGNATURE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Consent Status (DE2193)**

The status of the consent entry.

BUSINESS NAME: N/A

REFERENCE NAME: C_CONSNT_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Active
C	Closed

DATA ELEMENT: **Claim Consent Status Date (DE2194)**

Date the status of the enrollee was recorded.

BUSINESS NAME: N/A

REFERENCE NAME: D_CONSENT_STATUS

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Consent Type (DE2195)

Indicates the type of procedure (A, H. S).

BUSINESS NAME: N/A

REFERENCE NAME: C_CONSENT_TYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Abortion
H	Hysterectomy
S	Steralization

DATA ELEMENT: **Claim Consent Provider (DE2198)**

Indicates whether there is a consent record on file.

BUSINESS NAME: N/A

REFERENCE NAME: I_CONSENT_PROV

DEFAULT: N/A

COBOL PICTURE: PIC 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Dental Tooth Code (DE2200)**

A code identifying the type and site of tooth for treatment.

BUSINESS NAME: N/A

REFERENCE NAME: C_TOOTH

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 00-33
0A-0T

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00-33	Permanent Tooth Codes, 33 end dated 10/15/2003
51-82	Supernumerary Permanent Tooth Codes
AS-TS	Supernumerary Baby Tooth Codes
A-T	Baby Tooth Codes

DATA ELEMENT: **Claim Dental Surface Codes (DE2201)**

A code indicating the dental surface for treatment.

BUSINESS NAME: N/A

REFERENCE NAME: C_TOOTH_SRFC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Buccal
D	Distal
F	Facial
I	Incisal
L	Lingual
M	Mesial
O	Occulusal

DATA ELEMENT: **Claim Date of Illness/Injury/Pregnancy (DE2209)**

Date of first illness or injury from HCFA.

BUSINESS NAME: N/A

REFERENCE NAME: D_ILLNESS

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Pharmacy Prescription Number (DE2211)**

Reference number assigned by the provider for the dispensed drug/product and/or service provided.

BUSINESS NAME: N/A

REFERENCE NAME: I_RX_NO

DEFAULT: 0

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Pharmacy Refill Code (DE2212)**

A code indicating whether a prescription is an original or a refill.

BUSINESS NAME: N/A

REFERENCE NAME: C_PHRM_REFILL_NUM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	New prescription
00	Original Dispensing
01-99	Number of refill
01-99	Refill Number

DATA ELEMENT: **Claim Pharmacy Usual Charge (DE2213)**

Amount charged cash customers for the prescription exclusive of sales tax of other amounts claimed.

BUSINESS NAME: N/A

REFERENCE NAME: N_UC_PRICE

DEFAULT: N/A

COBOL PICTURE: S9(11)V99 COMP-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Pharmacy Date Prescription Written (DE2214)

Date prescription was written. CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: D_WRITTEN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Pharmacy Days Supply (DE2216)

Estimated number of days the prescription will last.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAYS_SUPPLY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 001-999

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	0;Not Specified; 1;Explicit D

DATA ELEMENT: Claim Pharmacy Dispensing Fee (DE2217)

An amount paid to a pharmacy as a fee for dispensing drugs/supplies.

BUSINESS NAME: N/A

REFERENCE NAME: N_PHRM_DISP_FEE

DEFAULT: N/A

COBOL PICTURE: S9(03)V99 COMP-3.

DB2 TYPE: DECIMAL(5,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	;Not Specified; 00;Not Spec

DATA ELEMENT: **Claim Pharmacy Add-on Fee (DE2218)**

For pharmacy claims, this contains either the unit dose add-on fee for unit dose drugs or a monitoring fee for Clozril prescriptions.

BUSINESS NAME: N/A

REFERENCE NAME: N_UD_FEE

DEFAULT: N/A

COBOL PICTURE: S9(1)v999

DB2 TYPE: DECIMAL(4,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Pharmacy Compound Indicator (DE2220)**

Code indicating whether or not the prescription is a compound.

BUSINESS NAME: N/A

REFERENCE NAME: F_COMPOUND

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not Specified
1	Not a Compound
2	Compound

DATA ELEMENT: Claim Pharmacy Compound Number of Ingredients (DE2221)

NCPDP Data Element used to hold a compound number of ingredients. DMAS allows up to 13 ingredients in a compound drug.

BUSINESS NAME: N/A

REFERENCE NAME: N_PHARM_CMPD_INGR

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1-13	DMAS allows up to 13 ingredients

DATA ELEMENT: **Pharmacy Ingredient Cost (DE2223)**

Ingredient cost for the metric decimal quantity of the product included in the compound.

BUSINESS NAME: N/A

REFERENCE NAME: N_INGRED_COST

DEFAULT: N/A

COBOL PICTURE: S9(5)v99

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Valid Values in	00;Not specified; 01;AWP (Ave

DATA ELEMENT: Claim Pharmacy Transaction Type (DE2224)

Unique identifier for a specific transaction type. This may include eligibility only, original, reversals, downtime claims, rebills, ProDur information and refill transactions.

BUSINESS NAME: N/A

REFERENCE NAME: C_POS_TRN_TYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Eligibility
01 - 04	Original Claim
11	Reversal
21 - 24	Down Claims
31 - 34	Rebill Claim (does not apply to all clients)
81 - 84	DUR Billing
91 - 94	Refill Billing
99	Poll Trans
B1	Billing (NCPDP 5.0)
B2	Reversal (NCPDP 5.0)
B3	Rebill (NCPDP 5.0)
C1	Controlled Substance Reporting (NCPDP 5.0)
C2	Controlled Substance Reporting Reversal (NCPDP 5.0)
C3	Controlled Substance Reporting Rebill (NCPDP 5.0)
E1	Eligibility Verification (NCPDP 5.0)
N1	Information Reporting (NCPDP 5.0)
N2	Information Reporting Reversal (NCPDP 5.0)
N3	Information Reporting Rebill (NCPDP 5.0)
P1	PA Request and Billing (NCPDP 5.0)
P2	PA Reversal (NCPDP 5.0)
P3	PA Inquiry (NCPDP 5.0)
P4	PA Request Only (NCPDP 5.0)

DATA ELEMENT: **Claim Pharmacy Transaction Type (DE2224)**

VALID VALUES:

Valid Value	Description
Valid Values in	00 ;Eligibility; 01 - 04;

DATA ELEMENT: Claim Pharmacy NCPDP Version (DE2225)

Code uniquely identifying the transmission syntax and corresponding NCPDP Data Dictionary.

BUSINESS NAME: Version/Release Number

REFERENCE NAME: I_VERSION

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Version 1.0 (VA does not support)
03	Version 3.0 (VA does not support)
31	Version 3.1(VA does not support)
32	Version 3.2
33	Version 3.3 (VA does not support)
34	Version 3.4 (VA does not support)
35	Version 3.5 (VA does not support)
3A	Standard claim/reversal (VA does not support)
3B	Workers compensation (VA does not support)
3C	Medicaid Claim/Reversal
40	Version 4.0 (VA does not support)
41	Version 4.1 (VA does not support)
42	Version 4.2 (VA does not support)
50	Version 5.0

DATA ELEMENT: Claim Pharmacy Transmission Received Line (DE2226)

Code to indicate the 'switch' or line that is transmitting the claim.

BUSINESS NAME: Business Switch

REFERENCE NAME: I_TRANS_RCVD_LINE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	NABANCO
02	ENVOY
03	RITE AID
04	NDC
05	GCC (MedEAmerica)
06	QS1 Power line
07	Walgreen's
08	Payless
09	Revco
10	LA County
11	eRx
98	Batch
99	Data Entered Claim

DATA ELEMENT: Claim Pharmacy Other Coverage Indicator (DE2227)

Code indicating whether or not the patient has other insurance coverage

BUSINESS NAME: N/A

REFERENCE NAME: C_TPL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not Specified
1	No Other Coverage Identified
2	Other Coverage Identified - Payment Collected
3	Other Coverage Identified - claim not covered
4	Other Coverage Identified - payment not collected
5	Managed Care Plan Denial
6	Other Coverage denied-not a Participating Provider
7	Other Coverage Exists-Not in effect at Time of Service
8	Claim is a billing for Copay

DATA ELEMENT: Claim Pharmacy Patient Location Code (DE2228)

Code identifying the location of the patient when receiving pharmacy services

BUSINESS NAME: N/A

REFERENCE NAME: C_PATNT_LOC

DEFAULT: N/A

COBOL PICTURE: 9(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Not specified
01	Home
02	Inter-Care
03	Nursing Home
04	Long Term/Extended Care
05	Rest Home
06	Boarding Home
07	Skilled Care Facility
08	Sub-Acute Care Facility
09	Acute care Facility
10	Outpatient
11	Hospice

DATA ELEMENT: **Claim Pharmacy Level of Service (DE2229)**

Coding indicating the type of service the provider rendered.

BUSINESS NAME: N/A

REFERENCE NAME: C_LVL_SRVC

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Not specified
01	Patient consultation
02	Home delivery
03	Emergency
04	24 hour service
05	Patient consultation regarding generic product selection
06	In-home service

DATA ELEMENT: Claim Pharmacy Deny Eligibility Clarification Code (DE2230)

Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.

BUSINESS NAME: Eligibility Clarification Code

REFERENCE NAME: C_ELG_CLARIFY_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

Rule Name	Not Yet Defined
Description	Rules for this field have not been established.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not specified
1	No Override
2	Override
3	Ful Time Student
4	Disabled Dependent
5	Dependent Parent
6	Significiant Other

DATA ELEMENT: Claim Pharmacy Provider Drug Cost Basis (DE2231)

Code indicating the method by which Ingredient Cost was calculated.

BUSINESS NAME: Basis of Cost Determination

REFERENCE NAME: C_COST_BASIS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
#	V60 or V75 Cost
A	Drug Cost or REF
B	Billed
C	Unit Dose (Tape and Diskette only)
D	Brand Medically Necessary
E	EAC (Estimated Acquisition Cost)
F	FMAC (Maximum Allowable Cost)
M	Manual
V	Vendor Mac Cost (VMC)

DATA ELEMENT: Claim Pharmacy Days Supply Intended To Be Dispensed (DE2232)

Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available.

BUSINESS NAME: Days Supply Intended to be Dispensed

REFERENCE NAME: N_DAYS_SUP_INTEND

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Pharmacy Quantity Dispensed (DE2233)**

Quantity dispensed expressed in metric decimal units.

BUSINESS NAME: Quantity Dispensed

REFERENCE NAME: N_QTY_DISPENSED

DEFAULT: N/A

COBOL PICTURE: 9(06)v9(03)

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Pharmacy Quantity Intended to be Dispensed (DE2234)**

Metric decimal quantity of medication that would be dispensed on original filling if inventory were available.

BUSINESS NAME: Quantity Intended to be Dispensed

REFERENCE NAME: N_QTY_INTNDED_DISP

DEFAULT: N/A

COBOL PICTURE: S9(06)v999

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Pharmacy Dispensing Status (DE2235)

Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.

BUSINESS NAME: Dispensing Status

REFERENCE NAME: C_DISP_STAT_CVAL_

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Not Specified
C	Completion of Partial Fill
P	Partial Fill

DATA ELEMENT: **Claim Pharmacy Unit Dose Indicator (DE2236)**

Code indicating the type of unit dose dispensing.

BUSINESS NAME: Unit Dose Indicator

REFERENCE NAME: F_UNIT_DOSE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Specified
1	Not Unit Dose
2	Manufacturer Unit Dose
3	Pharmacy Unit Dose
4	Custom Packaging

DATA ELEMENT: **Claim Pharmacy Unit of Measure (DE2237)**

NCPDP standard product billing codes.

BUSINESS NAME: Unit of Measure

REFERENCE NAME: C_UNIT_MEAS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
EA	Each
GM	Grams
ML	Milliliters

DATA ELEMENT: **Claim Pharmacy PA/MC Code (DE2238)**

Value indicating prior authorization or medical certification occurred.

BUSINESS NAME: Prior Authorization/Medical Certification Code

REFERENCE NAME: C_PHRM_PAMC

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not specified
1	Prior authorization
2	Medical certification
3	EPSDT
4	Exemption from co-pay
5	Exemption from prescription limits
6	Family planning indicator
7	AFDC
8	Payer defined exemption

DATA ELEMENT: Pharmacy Paid Flag (DE2239)

Code created for performance purposes.

BUSINESS NAME: Submission Clarification Code

REFERENCE NAME: F_PAID_FLAG

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
null	Default
P	Paid (Status 5 or 1)
V	Void or Reversal

DATA ELEMENT: **Contact Person (DE2243)**

The name of the person to contact for the provider submitting an authorization request.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA External Text (DE2244)**

This field is used to capture the text entered from CP-S-004-23.

BUSINESS NAME: N/A

REFERENCE NAME: T_EXTENDED_REMARKS

DEFAULT: N/A

COBOL PICTURE: X(80)

DB2 TYPE: CHAR(80)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Consent Indicator (DE2246)**

Indicates whether or not there is a consent record on file.

BUSINESS NAME: N/A

REFERENCE NAME: F_CONSENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Prior Authorization Pharmacy Authorized Amount (DE2247)**

Amount authorized per claim

BUSINESS NAME: N/A

REFERENCE NAME: N_PER_CLM_AUTH_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Pharmacy Metric/Dec/Qty (DE2248)**

This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist.

BUSINESS NAME: N/A

REFERENCE NAME: N_MET_DEC_QTY

DEFAULT: N/A

COBOL PICTURE: S9(06)V999

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Prior Authorization Pharmacy Authorized Quantity (DE2249)**

Authorized quantity per claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_PER_CLM_AUTH_QTY

DEFAULT: N/A

COBOL PICTURE: 9(03)V999

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: NPI XREF Provider Number Type (DE2250)

A value that describes the submitted provider number type:
1. 'M' - Legacy
2. 'A' - API
3. 'N' - NPI

BUSINESS NAME: Provider Number Type

REFERENCE NAME: C_PROV_NUM_TYPE

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	API
M	Legacy provider number
N	NPI

DATA ELEMENT: **Claim Title XVIII Deductible Amount (DE2251)**

The deductible amount entered on the Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_DEDUCTIBLE_AMT

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Title XVIII Coinsurance Amount (DE2252)**

The coinsurance amount entered on a Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_COINS_AMT

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Title XVIII Charge Allowed (DE2253)**

The allowed by Medicare amount entered on the Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_ALLOWED_CHG

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Title XVIII Medicare Paid Amount (DE2254)**

The amount paid by Medicare entered on the Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_MCARE_PD_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Title XVIII Blood Deductible Amount (DE2255)**

The unmet deductible for blood which is to be paid by Medicaid.

BUSINESS NAME: N/A

REFERENCE NAME: N_BLOOD_DED_AMT

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Title XVIII Amount Billed to Medicare (DE2257)**

The charges to Medicare entered on the Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: N_MCARE_BILLED_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PA Service Type Category (DE2297)

Service Type Category is a higher level description for a range of service types, i.e.., DME (0100 - 0102), REHAB(0102 - 0205).

BUSINESS NAME: N/A

REFERENCE NAME: C_SRVC_TYPE_CATG

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0050	Outpatient Psych
0051	SPO Substance Abuse
0090 - 099	EPSDT Non-State Plan Services
0100 - 0102	Durable Medical Equipment
0200 - 0206	Rehab
0300 - 0313	Medical Support
0400	Hospital
0401	Inpatient Psychiatric
0450 - 0452	Radiology Scans
0500	Home Health
0550	Hospice
0600	Community MHMR Services
0625	Elderly Case Management
0700	Case Management
0701	Foster Care Case Management
0750 - 0751	Residential Treatment
0800 - 0850	Dental
0900 - 0970	Community Based Care (CBC)
0980	Facility Based Waiver

DATA ELEMENT: **Prior Authorization Service Type Begin Date (DE2298)**

The effective begin date for the service type. Along with DE 2299, Prior Authorization Service Type End Date, they define the date range in which the service type may be used within the MMIS.

BUSINESS NAME: N/A

REFERENCE NAME: D_SRVC_TYPE_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Prior Authorization Service Type End Date (DE2299)**

The effective end date of the service type. Along with DE 2298, Prior Authorization Service Type Begin Date, they define the date range in which the service type may be used within the MMIS.

BUSINESS NAME: N/A

REFERENCE NAME: D_SRVC_TYPE_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim TAD Sent Date (DE2310)**

Date the TAD was sent to the provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_TAD_SENT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Payment days (DE2315)**

For UB92 claims, payment days is system calculated and is the sum of the accommodation revenue units less the cutback days.

BUSINESS NAME: N/A

REFERENCE NAME: N_PMT_DAYS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Letter Sent to User ID (DE2321)**

The user ID of the person to whom the authorization was sent for medical review.

BUSINESS NAME: N/A

REFERENCE NAME: I_SENT_TO_USERID

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Prior Authorization Returned Date (DE2322)**

The date on which a PA sent for medical review was returned.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_RETURNED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PA Comment Code (DE2334)

This is a code that indicates why a prior authorization was approved or denied.
Client may enter a 3 digit code to represent any value he would like. This is related to Pharmacy claims only.
Ex: VAC - Vacation supply
SCH- School supply

BUSINESS NAME: N/A

REFERENCE NAME: C_COMMENT

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
100	CYSTIC FIBROSIS (TERM = 1 YR / QNTY = 25
101	PROSTATE CANCER (TERM = 6 MOS / QNTY = 0
102	PROSTATE CANCER (TERM = 1 YR / QNTY = 0.
103	PROSTATE CANCER (TERM = 1 YR / QNTY = 1)
104	CENTRAL PRECOCIOUS PUBERTY (TERM = 1 YR
105	ENDOMETRIOSIS (TERM = 6 MOS / QNTY = 0.3
106	ENDOMETRIOSIS (TERM = 6 MOS / QNTY = 1)
107	UTERINE LEIMYOMATA - FIBROIDS (TERM = 3
108	CANCER PT ON CIIS FOR PAIN MAINT (TERM =
109	KAPOSI'S SARCOMA FOR A NON-PREGNANT PATI
110	PATIENT 0-2 YRS & BORN PREMATURELY (PA E
111	COUNSELOR: PATIENT IN TREATMENT PROGRAM
112	REQUEST MADE BY COURT ORDER (TERM = 1 MO
113	PATIENT IS PREGNANT (TERM = 1 YR)
114	END-STAGE RENAL DISEASE (TERM = 1 YR)
115	KIDNEY TRANSPLANT (TERM = 1 YR)
116	LIVER TRANSPLANT (TERM = 1 YR)
117	RICKETS (TERM = 1 YR / QNTY = 25)
120	OTHER INSURANCE CARRIER NUMBER ON CLAIM
121	NDC SUBMITTED IS NOT A COVERED DRUG (PA
122	OTHER PAYER AMOUNT FROM OTHER INSURANCE

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
123	OTHER PAYER AMOUNT FROM OTHER INSURANCE
205	NOT MEDICALLY APPROPRIATE
207	BELOW THE LINE CONDITION
209	EXPERIMENTAL/INVESTIGATIONAL SERVICE
211	COSMETIC DENIAL
213	LEAST COSTLY
215	ORAL NUTRITIONAL PRODUCTS DENIAL
217	PRODUCT AND QUANTITY DO NOT MEET GUIDELI
219	INCOMPLETE PA REQUEST
400	EMERGENCY-LOCK-IN MD OUT
401	NON-EMERGENCY-LOCK-IN MD OUT
402	NON-EMERGENCY-SEE LOCK-IN MD
403	UNBREAKABLE PACKAGE SIZE
404	DRUG RELATED PHOTOSENSITIVITY
405	DISEASE STATE RELATED PHOTOSENSITIVITY
406	PRESERVATIVE FREE PREPARATION NEEDED
407	ALLERGIC TO ALTERNATIVE EYE DROPS
408	DEXTERITY PROBLEMS CAUSING DOSING ERRORS
409	POOR EYESIGHT
410	EMERGENCY-LOCK-IN PHARMACY CLOSED
411	NON-EMERGENCY SITUATION - LOCK-IN PHARMA
412	NON-EMERGENCY-USE LOCK-IN PHARMACY
413	SUPPRESSION DOSING
416	ADMINISTERED BY FAMILY MEMBER OR PATIENT
417	ADMINISTERED BY VISITING NURSE
418	ADMINISTERED IN NURSING HOME
419	ADMINISTERED IN MD OFFICE -- BILL AS PAR
420	MD VERIFIED DOSE > RECOMMENDED
421	ADMINISTRATION WASTE
422	PATIENT GOING OUT-OF-TOWN
423	REPLACE LOST INHALER
430	SEVERE PSORIASIS
431	DARIER'S DISEASE
432	PALMOPLANTAR PUSTOLOSIS

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
433	ICHTHYOSIFORM ERYTHRODERMA
434	SJOGREN-LARSSON SYNDROME
435	ULCERATIVE COLITIS
436	CROHN'S DISEASE
437	PROPHYLACTIC USE STATUS POST ERCP
438	OSTEOMYELITIS
439	REGIONAL ENTERITIS
440	PANIC DISORDER
441	POST-TRAUMATIC STRESS DISORDER (PTSD)
442	SOCIAL PHOBIA
443	GENERALIZED ANXIETY DISORDER (GAD)
444	PREMENSTRUAL DYSPHORIC DISORDER (PMDD)
445	OBSESSIVE COMPULSIVE DISORDER (OCD)
450	MONOTHERAPY FAILURE
451	TRY MONOTHERAPY
452	GRADE 2-3 DIABETIC FOOT ULCER
453	ACNE VULGARIS GRADE II OR III
454	CYSTIC ACNE
455	OTHER APPROVED DERMATOLOGIC CONDITION
456	PUSTULAR ACNE
457	SCARRING ACNE
460	DIABETIC NEUROPATHY WITH SORES
465	PHARMACIST TRAINED PATIENT/CAREGIVER IN
470	HISTAMINE INDUCED BRONCHOCONSTRICTION WI
471	ALLERGIC URTICARIA
472	IDIOPATHIC URTICARIA
473	CHOLINERGIC URTICARIA
474	OTHER SPECIFIC URTICARIA
475	ADVERSE REACTION TO FOOD
476	CHRONIC SINUSITIS
477	NASAL POLYPS
478	OTHER DISORDERS OF THE NASAL CAVITY AND
479	RHINITIS WITH SECONDARY COMPLICATIONS
480	RHINITIS WITH NASAL POLYPOSIS

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
481	RHINITIS WITH SLEEP INTERFERENCE
482	CONTRAINDICATION TO 1ST GEN ANTIHISTAMIN
483	RHINITIS EXACERBATING DOCUMENTED PRE-EXI
484	TRY FIRST GENERATION ANTIHISTAMINES
485	CONTRAINDICATION TO 1ST GEN ANTIHISTAMIN
486	CONTRAINDICATION TO 1ST GEN ANTIHISTAMIN
487	VALID DIAGNOSIS AND PATIENT 65 OR OLDER
488	VALID DIAGNOSIS AND DOCUMENTED CONTRAIND
489	VALID DIAGNOSIS AND SEDATION
490	12-WEEK LIFETIME BENEFIT ALREADY RECEIVE
500	IMMUNOCOMPROMISED PATIENT WITH STOMAS
501	DIABETIC PATIENT WITH STOMAS
502	ABOVE THE LINE DIAGNOSIS
505	LYME DISEASE
506	MAC PRIMARY PROPHYLAXIS
507	MAC DISSEMINATED TREATMENT
508	TOXOPLASMOSIS TREATMENT
509	TOXOPLASMOSIS SUPPRESSION
510	IMMUNODEFICIENCY SYNDROME
511	IDIOPATHIC THROMBOCYTOPENIA PURPURA
512	B-CELL CHRONIC LYMPHOCYTIC LEUKEMIA
513	KAWASAKI SYNDROME
514	BONE MARROW TRANSPLANT PATIENT
515	PEDIATRIC HIV INFECTION
516	CHRONIC FATIGUE SYNDROME
517	PRESCRIBING PHYSICIAN IS AN IMMUNOLOGIST
518	PRESCRIBING PHYSICIAN IS A RHEUMATOLOGIS
519	PRESCRIBING PHYSICIAN IS A HEMATOLOGIST
530	ALLERGY
531	CONTRAINDICATION
532	UNACCEPTABLE SIDE EFFECTS
533	CLINICALLY UNSTABLE CONDITION
534	THERAPEUTIC FAILURE
535	PHYSICAL IMPAIRMENT

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
536	UNABLE TO MONITOR CHANGE
537	SPECIFIC MEDICAL NEED
538	STARTED IN HOSPITAL
539	INFECTION CAUSED BY RESISTANT ORGANISM
540	IMMUNE COMPROMISED PATIENT
541	UNABLE TO USE/NON-COMPLIANT
542	MD WILL SWITCH TO NON-PRIOR APPROVED PRO
543	CLINICALLY STABLE -- CHANGE MIGHT CAUSE
544	SAME IV DILUENT / DIFFERENT ADD MIXTURE
545	DRY EYES WITH FAILURE ON ALTERNATIVE TRE
546	TERMINAL DIAGNOSIS
547	LONG CARISOPRODOL TAPER -- 18 DOSES
548	SHORT CARISOPRODOL TAPER -- 10 DOSES
549	HISTORY OF LESS THAN 1400MG CARISOPRODOL
550	BODY INFESTATION
551	SUPERFICIAL INJURY WITH INFECTION
554	ATOPIC DERMATITIS
555	CONTACT DERMATITIS
556	ECZEMA
557	PSORIASIS
558	SEBORRHEIC DERMATITIS
559	ROSACEA
560	GENITAL VIRAL WARTS
561	TOPICAL RELIEF OF ARTHRITIC PAIN
562	TOPICAL RELIEF OF NEUROPATHIC PAIN
563	ARGININE DEFICIENCY
564	ACUTE OR CHRONIC PROSTATITIS
565	BONE OR JOINT INFECTION
566	INHALATION ANTHRAX
567	COMPLICATED URINARY TRACT INFECTION
568	ACUTE PELVIC INFLAMMATORY DISEASE
569	COMMUNITY-ACQUIRED PNEUMONIA
570	PATIENT IS ENTERALLY FED
571	UNPLANNED WEIGHT LOSS WITH SEVERE TRAUMA

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
572	UNPLANNED WEIGHT LOSS WITH MALABSORPTION
573	UNPLANNED WEIGHT LOSS WITH CHRONIC DISEA
574	UNPLANNED WEIGHT LOSS WITH LOW SERUM PRO
575	UNPLANNED WEIGHT LOSS WITH DIETICIAN ASS
576	ARSENIC POISONING
577	GOLD POISONING
578	LEAD POISONING
579	MERCURY POISONING
580	THIRD OTC JUSTIFIED BY DIFFERENT INDICAT
581	REQUESTED PHARMACY BILL MONTH'S SUPPLY
582	UNIQUE NUTRIENT COMPOSITION
583	INGREDIENTS NOT READILY AVAILABLE FROM F
584	EXTRAORDINARY NUTRIENT NEED
585	SEVERE MALNUTRITION
586	PATIENT HAS SWALLOWING DIFFICULTY
590	LIVER DISEASE
591	HYPERAMMONEMIA
592	FAILED SORBITOL AND THREE OTHER LAXATIVE
593	OFFERED OTHER LAXATIVES
594	CONSTIPATION
595	OTHER BOWEL REGULATION DISORDER
597	SPORANOX: APPROVED INDICATION OTHER THAN
598	THERAPEUTIC FAILURE ON LAMISIL AND SPORA
599	CONTRAINDICATION FOR USE OF LAMISIL AND
600	THERAPEUTIC FAILURE ON FORMULARY DRUG(S)
601	ADVERSE REACTION TO ALTERNATE DRUG(S)
602	THERAPEUTIC FAILURE OF GENERIC FOR REQUE
603	NO FORMULARY ALTERNATIVE
604	GENERIC UNAVAILABLE FROM MANUFACTURER
605	C+S INDICATING RESISTANCE TO APPROVED AN
606	DOCUMENTED DRUGS NOT APPEARING ON MAC LI
607	NOT APPROVED AS FIRST LINE THERAPY
608	PHARMACY UNABLE TO OBTAIN FORMULARY PROD
609	MD WILL SWITCH TO FORMULARY PRODUCT

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
610	NO MEDICAL JUSTIFICATION OF USE OF NON-F
611	FAILED REQUIRED GENERIC ALTERNATIVE(S)
612	TRY ALL REQUIRED GENERIC ALTERNATIVE(S)
613	MEDICATION OF LAST RESORT
614	HEMATOPOIETIC AGENT NOT BEING USED FOR D
621	FAILURE WITH APPROVED PRODUCT
622	BILLED CHARGES JUSTIFIED BY PRICE CHECK
623	BILLED CHARGES NOT JUSTIFIED BY PRICE CH
624	"OTITIS MEDIA
625	LIVER FLUKES
626	CLONORCHIASOS
627	OPISTHORCHIASIS
628	NEUROCYSTICERCOSIS
629	TISSUE FLUKES
630	TREATMENT FAILURE WITH FORMULARY ANTIFUN
640	1ST LINE ANTIDEPRESSANT FAILED
641	PRESCRIBED BY A PSYCHIATRIST
642	THERAPUETIC FAILURE ON FORMULARY SSRI
643	PATIENT ENROLLED IN CRT PROGRAM
644	CURRENT AND /OR PAST ANTIPSYCHOTIC USE
645	CURRENT AND /OR PAST ANTIDEPRESSANT USE
646	CURRENT AND /OR PAST CNS STIMULANT USE
647	PATIENT DIAGNOSED WITH SCHIZOPHRENIA OR
648	PATIENT DIAGNOSED WITH ICD-9 OF 290.00-3
649	DRUG TO DRUG INTERACTION
650	OUTSIDE DOSING GUIDELINES
651	DOSAGE WARRANTED BY DIAGNOSIS
652	QUANTITY WARRANTED BY DIAGNOSIS
653	NO HISTORY OF DEPENDENCY OR SUBSTANCE AB
654	HISTORY OF DEPENDENCY OR SUBSTANCE ABUSE
655	SINGLE SOURCE PHYSICIAN/PHARMACY
656	TREATMENT PLAN RECEIVED
657	NO CLINICAL CONTRAINDICATORS
658	CORRECT DAYS SUPPLY WILL BE DISPENSED

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
659	PROPHYLACTIC MEDICATION IN USE AND IN PA
660	MD UNDERSTANDS IMPLICATIONS OF DAILY USE
661	PATIENT CURRENTLY SUFFERING MIGRAINE
662	PATIENT CURRENTLY TAKING AN MAOI
663	PATIENT HAS HISTORY OF ISCHEMIC HEART DI
664	PATIENT CURRENTLY TAKING PROPRANOLOL
665	IMITREX TREATMENT PLAN IN FILE
666	WAITING FOR IMITREX TREATMENT PLAN
667	DIAGNOSIS DOES NOT WARRANT DOSAGE
668	NOT A COVERED SERVICE
669	FAILURE ON 3 OTHER NARCOTICS
670	FAILURE ON ORAL NARCOTICS
671	INTOLERANCE TO ORAL NARCOTICS
672	PATIENT IS NPO
673	CONTRAINDICATION TO ALTERNATIVE ANALGESI
674	THERAPEUTIC FAILURE ON ALTERNATIVE ANALG
675	TOLERANT TO OTHER OPIOIDS
676	USING ALTERNATIVE PAIN MANAGEMENT THERAP
677	WITHIN STADOL NS GUIDELINES
678	STADOL/BUTORPHANOL NS CLAIMS AVERAGE >2
679	ABUSE OF OTHER DRUGS
680	CONCURRENT ANTI-DEPRESSANTS/ANTI-PSYCHOT
681	HISTORY OF SEIZURES
682	ON ANTI-CONVULSANT MEDICATIONS
683	PATIENT IS PREGNANT
684	ALLERGIC TO CODEINE/ASPIRIN
685	CONTRAINDICATION/FAILURE ON MILD OPIATES
686	POTENTIAL MISUSE OF ORAL NARCOTICS
687	REFACTORY NAUSEA
688	VALID DIAGNOSIS AND FAILED 2 GENERIC NSA
689	COX II: COVERED DIAGNOSIS AND COMPLICAT
690	INHALER/MONTH LIMITED EXCEEDED
691	COX II: COVERED DIAGNOSIS AND COMPLICAT
692	NON-COVERED DIAGNOSIS

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
693	FAILED 2 GENERIC NSAIDS
694	TRY 2 GENERIC NSAIDS
695	OSTEOARTHRITIS
696	RHEUMATOID ARTHRITIS
697	ACUTE PAIN
698	PRIMARY DYSMENORRHEA
699	FAMILIAL ADENOMATOUS POLYPOSIS (FAP)
700	DUODENAL ULCER
701	GASTRIC ULCER
702	GERD
703	ZOLLINGER-ELLISON SYNDROME
704	SYSTEMIC MASTOCYTOSIS
705	MULTIPLE ENDOCRINE ADENOMAS
706	FAILED ON FORMULARY H2(S)
707	PATIENT > 65 YEARS OLD
708	"CONCURRENT THERAPY COUMADIN
709	SEVERE RENAL FAILURE
710	DOCUMENTED ADR TO FORMULARY H2
711	DURATION OF ACUTE THERAPY EXCEEDED
712	H. PYLORI TREATMENT REGIMEN
713	RECENT GASTROSCOPIC EXAM
714	RECENT BARIUM SWALLOW
715	RECENT UPPER GI SERIES
716	STRESS ULCER
717	COPD
718	ULCER 3CM OR LARGER
719	ULCER SECONDARY TO ANOTHER DISEASE/THERA
720	FAILURE ON MAINTENANCE DOSE
721	BARRETT'S DISEASE
722	24 HOUR PH MONITORING PERFORMED
723	FASTING SERUM GASTRIN
724	SECRETIN STIMULATION TEST
725	EROSIVE ESOPHAGITIS GRADE 2 OR GREATER
726	MEDWATCH FORM DOCUMENTATION

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
727	NON-ULCERATIVE DYSPEPSIA
728	REDUCE TO MAINTENANCE DOSE
729	MD WILLING TO TEST
730	DECREASED ONE DOSAGE LEVEL
731	FAILED ON H2(S)
732	STEP DOWN FROM PPI
733	CHANGED TO H2 MAINTENANCE DOSE
734	CHANGED TO H2 ACUTE DOSE
735	FAILED NEXT STEP LOWER DOSE
736	GASTRITIS (NOT FOR PPI)
737	HYPERACIDITY IN CYSTIC FIBROSIS
738	PATIENT HAS DIAGNOSIS OF HEPATITIS C
739	PRESCRIBED BY OR CONSULTED WITH GI SPECI
740	DUPLICATE THERAPIES EXIST
741	MED DISCONTINUED
742	CHRONIC THERAPY
743	ACUTE THERAPY
744	GASTRITIS: FAILED H2(S)
745	ENDOMETRIOSIS
746	PROSTATE CANCER
747	PRECOCIOUS PUBERTY
748	MEDWATCH FORM APPROVED
749	MEDWATCH FORM DENIED
750	MD REFUSES TO CHANGE
751	PATIENT ALLERGIC TO GENERIC
752	NO A/B RATED GENERIC AVAILABLE
753	CONTINUATION OF PREVIOUS THERAPY
754	TRY A/B RATED PRODUCT
755	MEDWATCH FORM NOT RETURNED
756	MD WILL CHANGE TO GENERIC
757	PRIMARY HYPOGONADISM
758	HYPOGONADOTROPIC HYPOGONADISM
759	AIDS-RELATED CACHEXIA
760	DRUG BEING USED FOR NON-TRANSPLANT REASO

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
761	DRUG BEING USED FOR NON-MEDICARE OR NON-
762	ORAL CANCER DRUG NOT BEING USED FOR CANC
763	ANTIEMETIC DRUG NOT BEING USED AS PART O
764	INHALATION DRUG NOT BEING USED FOR MEDIC
765	DOES NOT MEET CRITERIA
766	PREVIOUS PA EXCEPTION
767	CLIENT REQUESTS OVERRIDE
768	PA ON HOLD PENDING RESPONSE FROM MD
769	NO RETURN CALL FROM MD
770	MEDICARE COVERAGE INFORMATION INCORRECT
771	NOT MEDICARE AT TIME OF TRANSPLANT
772	ORAL CANCER MEDICATION USED FOR OTHER AP
773	MEDICARE DENIED PAYMENT FOR MEDICATION
774	NON-TRANSPLANT USAGE
775	TRANSPLANT USAGE: ORGAN AND RECIPIENT CR
776	TRANSPLANT USAGE: ORGAN CRITERIA DO NOT
777	TRANSPLANT USAGE: RECIPIENT CRITERIA DO
778	TRANSPLANT USAGE: ORGAN AND RECIPIENT CR
779	BILL MEDICARE FIRST
780	TRY FIRST GENERATION ANTIHISTAMINE
781	FAILED FIRST GENERATION ANTIHISTAMINE
782	LAST OFFICE VISIT GREATER >12 MONTHS
783	SEASONAL ALLERGIC RHINITIS
784	PERENNIAL ALLERGIC RHINITIS
785	DATE OF SERVICE (DOS) >3 YEARS FROM THE
786	SMOKING CESSATION
787	NICOTINE ADDICTION
788	NICOTINE ABUSE
789	DENY FOR CSHCS
790	ONYCHOMYCOSIS OF FINGERNAILS
791	ONYCHOMYCOSIS OF TOENAILS
792	AIDS-RELATED KAPOSI'S SARCOMA WITH CUTAN
793	PATIENT HAS <10 KAPOSI'S SARCOMA CUTANEO
794	SYSTEMIC KAPOSI'S SARCOMA TREATMENT INDI

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
795	BREAST CANCER DIAGNOSIS
796	PATIENT UNDER 4 YEARS
797	PATIENT OVER 16 YEARS
798	FAILED OTHER TREATMENTS FOR CUTANEOUS T-
799	COSMETIC USE
800	PAIN ASSOCIATED WITH CANCER
801	PAIN ASSOCIATED WITH SICKLE CELL DISEASE
802	PATIENT ENROLLED IN HOSPICE PROGRAM
803	PAIN ASSOCIATED WITH END-STAGE HIV/AIDS
804	INTRACTABLE PAIN
805	PATIENT IN LONG-TERM CARE FACILITY
806	CHRONIC MALABSORPTION
807	SEVERE DIARRHEA
808	ALTERED GASTROINTESTINAL TRANSIT TIME
809	CHRONIC USE OF ORAL CORTICOSTEROIDS
810	ADD/ADHD
815	NARCOLEPSY
816	DEPRESSION WITH MARKED FATIGUE
817	USE AS AN ANOREXIC AGENT
820	INITIAL WEIGHT LOSS CRITERIA MET
821	PATIENT LOST WEIGHT WHILE ON ORLISTAT
822	PATIENT DID NOT LOSE WEIGHT WHILE ON ORL
823	PATIENT LOST AMOUNT OF WEIGHT NECESSARY
824	PATIENT DID NOT LOSE AMOUNT OF WEIGHT NE
826	WEIGHT LOSS CRITERIA MET
827	ALTERNATIVE(S) OFFERED: MD WILLING TO CH
828	ALTERNATIVE(S) OFFERED: MD UNWILLING TO
829	PATIENT TAKING ANTIRETROVIRAL MEDICATION
830	UNABLE TO CONTACT MD IN REASONABLE AMOUN
831	THERAPEUTIC FAILURE ON REQUIRED ALTERNAT
832	ANOREXIA ASSOCIATED WITH AIDS/HIV
833	GI BLEED
835	PATIENT TAKING ASPIRIN CONCURRENTLY
836	BRONCHIAL PULMONARY DYSPLASIA

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
837	CYSTIC FIBROSIS
838	MITOCHONDRIAL ELECTRON TRANSPORT CHAIN D
839	SEVERE ACNE
840	ACNE VULGARIS
841	CYSTIC ACNE
842	SKIN CANCER
843	ICHTHYOSIS
844	MOLLUSCA CONTAGIOSA
845	VERRUCAE PLANTARIS; JUVENILIS
846	BULLOUS CONGENITAL ICHTHYOSIFORM AND PIT
847	DARIER-WHITE DISEASE (KERATOSIS FOLLICUL
848	"NEUROBLASTOMA: ADRENAL
849	EPIDERMOLYSIS BULLOSA
850	PITYRIASIS RUBRA PILARIS
851	KERATOSIS PALMARIS ET PLANTARIS
852	MYCOSIS FUNGOIDES
853	LEUKOPLAKIA
854	ANEMIA CAUSED BY DEFICIENT RED CELL PROD
855	APLASTIC ANEMIA
856	MYELOFIBROSIS
857	HYPOPLASTIC ANEMIA
858	HEREDITARY ANGIODEMA
859	METASTATIC BREAST CANCER
860	MD CONTACTED / AWARE OF PROBLEM / CONTIN
861	MD CONTACTED / AWARE OF PROBLEM / CHANGE
862	MD CONTACTED / UNAWARE OF PROBLEM / CONT
863	MD CONTACTED / UNAWARE OF PROBLEM / CHAN
864	SHORT-TERM TREATMENT OF HEMORRHAGE IN HE
865	BLEEDING AFTER SURGERY
866	PREVENT RE-BLEEDING OF SUNARACHNOID HEMO
867	MENORRHAGIA
868	EPISTAXIS
869	PANHYPOPITUITARISM
870	CHILD - GROWTH FAILURE WITH APPROPRIATE

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
871	ADULT - PITUITARY INSUFFICIENCY WITH APP
872	ADULT - PANHYPOPITUITARISM WITH ERADICAT
873	ADULT - ORGANIC PANHYPOPITUITARISM
874	FEMALE - TURNER'S SYNDROME
875	AIDS WASTING
876	SEROSTIM CRITERIA MET
877	PATIENT EXPERIENCED NO WEIGHT LOSS DURIN
878	PITUITARY DWARFISM
879	PRADER-WILLI SYNDROME
880	NON-SIGNIFICANT TEMPORAL RELATIONSHIP
881	MD AWARE - WANTS BOTH MEDICATIONS
882	MD AWARE - WILL STOP ONE MEDICATION
883	END-STAGE RENAL DISEASE (ESRD)
884	CHRONIC RENAL FAILURE (CRF)
885	CHEMOTHERAPY
886	RADIATION THERAPY
887	ANEMIA IN AIDS PATIENTS
888	UNDERGOING SURGERY TO REDUCE NEED FOR TR
889	SICKLE CELL ANEMIA
890	USE OF DUPLICATE MEDICATION NOT JUSTIFIE
891	WEIGHT LOSS FOLLOWING EXTENSIVE SURGERY
892	BONE PAIN ACCOMPANYING OSTEOPOROSIS
893	SHORT STATURE ASSOCIATED WITH TURNER'S S
894	IATROGENIC PITUITARY DISORDER
895	SYNDROMES OF DIENCEPHALOHYPOPHYSEAL ORIG
896	OTHER DISORDERS OF THE PITUITARY GLAND A
897	UNSPECIFIED DISORDER RESULTING FROM IMPA
898	GONADAL DYSGENESIS/TURNER'S SYNDROME
899	ANEMIA
900	SEXUAL DYSFUNCTION CAUSE: DIABETES MELL
901	SEXUAL DYSFUNCTION CAUSE: PERIPHERAL VA
902	SEXUAL DYSFUNCTION CAUSE: S/P RADICAL P
903	SEXUAL DYSFUNCTION CAUSE: S/P TRANSURET
904	SEXUAL DYSFUNCTION CAUSE: CORONARY ARTE

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
905	SEXUAL DYSFUNCTION CAUSE: HTN OR OTHER
906	SEXUAL DYSFUNCTION CAUSE: CORONARY BYPA
907	SEXUAL DYSFUNCTION CAUSE: CHEMOTHERAPY
908	SEXUAL DYSFUNCTION CAUSE: MULTIPLE SCLE
909	SEXUAL DYSFUNCTION CAUSE: SPINAL CORD I
910	SEXUAL DYSFUNCTION CAUSE: SPINAL CORD I
911	SEXUAL DYSFUNCTION CAUSE: ENDOCRINE CAU
912	SEXUAL DYSFUNCTION CAUSE: PENILE DISEAS
913	SEXUAL DYSFUNCTION CAUSE: NEUROLOGIC DI
914	SEXUAL DYSFUNCTION CAUSE: VASCULAR DISE
915	SEXUAL DYSFUNCTION CAUSE: MEDICATION
916	SEXUAL DYSFUNCTION CAUSE: S/P OTHER PEL
917	SEXUAL DYSFUNCTION CAUSE: S/P PELVIC TR
918	SEXUAL DYSFUNCTION CAUSE: S/P PELVIC RA
930	CONCOMMITANT USE OF NITRATES
931	PSYCHOGENIC SEXUAL DYSFUNCTION
932	PATIENT IS FEMALE
933	DIAGNOSIS OF UNDERLYING CONDITION LESS T
934	PATIENT HAS DIAGNOSIS OF PULMONARY HYPER
935	USE OF ALTERNATIVE MEDICATION(S) WOULD C
936	PATIENT'S DAILY DOSE CANNOT BE OBTAINED
937	PATIENT HAS DIAGNOSIS OF SUBARACHNOID HE
938	NIFEDIPINE SCHEDULED DOSES ARE LESS THAN
939	PATIENT HAS DIAGNOSIS OF HEART FAILURE
940	PATIENT DOES NOT MEET AGE REQUIREMENTS
941	HYPERSENSITIVITY TO EGGS OR EGG PRODUCTS
942	HISTORY OF GUILLAIN-BARRE SYNDROME
943	"HISTORY OF RAD
944	PREDISPOSED TO SEVERE DISEASE FOLLOWING
947	BI-POLAR AFFECTIVE DISORDER
948	MIGRAINES
949	PATIENT HISTORY OF PEANUT ALLERGY
950	SCHIZOPHRENIA WITH FAILURE ON TWO STANDA
951	SCHIZOPHRENIA WITHOUT FAILURE ON TWO STA

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
952	SCHIZOAFFECTIVE DISORDER WITH TRIAL ON L
953	SCHIZOAFFECTIVE DISORDER WITH TRIAL ON C
954	SCHIZOAFFECTIVE DISORDER WITH TRIAL ON A
955	SCHIZOAFFECTIVE DISORDER WITHOUT TRIAL O
956	PATIENT WAS NON-COMPLIANT WITH MEDICATIO
957	ALLERGIC TO PREVIOUS MEDICATION TRIED
958	EXPERIENCED EPS WITH PREVIOUS MEDICATION
959	EXPERIENCED NEUROLEPTIC MALIGNANT SYNDRO
960	EXPERIENCED TARDIVE DYSKINESIA WITH PREV
961	PATIENT SHOWED NO IMPROVEMENT ON SUBSEQU
962	BRAND NAME MEDICATION IS MEDICALLY NECES
963	ABOVE-THE-LINE NEUROPATHIES OR NEURALGIA
964	POSTHERPETIC NEURALGIA
965	DIABETIC NEUROPATHY
966	EPILEPSY
967	CHILD - GROWTH FAILURE
968	END-STAGE RENAL DISEASE AND TRANSPLANT >
969	PATIENT HAS DISEASE CONTRAINDICATIONS FO
970	MD WILL OBTAIN MEDICATION AND SUBMIT BIL
971	MD UNWILLING TO OBTAIN MEDICATION AND SU
972	GROWTH HORMONE DEFICIENCY
973	CHRONIC RENAL INSUFFICIENCY
974	TURNER'S SYNDROME
975	RUSSELL-SILVER OR INTERUTERINE GROWTH RE
976	GROWTH VELOCITY LESS THAN 2 CM/YEAR
977	GROWTH EPIPHYSES ARE FUSING
978	HEIGHT IS WITHIN THIRD PERCENTILE OF NOR
979	SUBMITTED LAB REPORTS ARE OVER SEVEN MON
980	ONE-DAY PA APPROVED - REFERRED TO CLIENT
981	PA NOT APPROVED - REFERRED TO CLIENT
982	PATIENT DISCHARGED FROM FACILITY
983	PATIENT TRANSFERRED TO ANOTHER FACILITY
984	DISCONTINUATION OF OR CHANGE IN THERAPY
985	GROWTH CHART NOT SUBMITTED

DATA ELEMENT: PA Comment Code (DE2334)

VALID VALUES:

Valid Value	Description
986	PATIENT IS ON PROPHYLACTIC MIGRAINE TREA
987	PATIENT HAS CONTRAINDICATIONS TO EXTENDE
988	ORAL NARCOTIC DOSES ARE NO LONGER EFFECT
989	PATIENT IS ELIGIBILITY CODE 21 (CAMA)
990	MD DOCUMENTED DIAGNOSIS OF HYPERCHOLESTE
991	NOT BEING REQUESTED FOR HYPERCHOLESTEROL
992	ADVERSE DRUG REACTION TO ALL CLASSES OF
993	HYPERCHOLESTEROLEMIA CRITERIA MET
994	34-DAY SUPPLY WILL BE DISPENSED
995	PATIENT LESS THAN 18 YEARS OF AGE
996	PRESCRIBED BY ER MD NO LONGER ON DUTY
997	PRESCRIBED IN ER - RECORDS NO LONGER AVA
998	MD CONFIRMS CONTINUED NEED FOR IV HYDRAT
999	CLINICAL APPROVAL UNLISTED REASON -- SEE
ADJ	PAYMENT ADJUSTMENT
AMD	ADD PHYSICIAN TO FILE
AMR	ANY MEDICAL REASON
B2G	CHANGE FROM BRAND TO GENERIC
BLF	BLOOD FACTORS / SPLIT CLAIM
CDV	PATIENT PRESENTED VALID MEDICAID CARD AT
CGD	CANNOT GET THE DRUG AT PRIMARY PHARMACY
CLI	CLIENT REQUESTS
CON	CONVENIENCE
CRX	CHANGING PHARMACY
DED	PATIENT DEATH
DES	DESTROYED
DIS	DISCONTINUED ONE DRUG FOR ANOTHER
DSI	DESI DRUG NOT COVERED
DUP	DOCTOR REQUIRES DUPLICATE THERAPY
DXC	DIAGNOSIS OTHER THAN CANCER
EMO	EMERGENCY SUPPLY APPROVED
ERA	EARLY REFILL APPROVED AFTER CONSULTING M
ERC	OVERRIDE PER CLIENT
ERD	EARLY REFILL DENIED AFTER CONSULTING MD

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
ESA	EMERGENCY SUPPLY APPROVED
G2B	CHANGE FROM GENERIC TO BRAND
GCN	COMPOUNDS/MEDICAL REASONS
H31	H31 APPROVAL
HOS	HOSPITAL KEPT MEDICATIONS
HRD	HARDSHIP
HSC	HOSPITAL CARE
INC	INCREASE DOSE/VARIABLE DOSING
LAH	LIVING ARRANGEMENT - HOME HEALTH
LAI	LIVING ARRANGEMENT - INSTITUTIONAL
LED	OVERRIDE PER LEAD
LOA	LEAVE OF ABSENCE
LOC	MAIL ORDER/ OVERRIDE PER LOCAL PHARMACY
LST	LOST
MAI	MAILED FROM CITY TO RURAL AREA
MED	OVERRIDE PER MEDICAL REVIEW
MON	CHANGED MONITOR / DIFFERENT STRIPS
NAM	NOT AVAILABLE IN MARKETPLACE
ND1	NATURAL DISASTER / HURRICANE
ND2	NATURAL DISASTER / FLOOD
ND3	NATURAL DISASTER / FIRE
ND4	NATURAL DISASTER / TORNADO
ND5	NATURAL DISASTER / EARTHQUAKE
ND6	NATURAL DISASTER / UNSPECIFIED
NEG	NEGATIVE PA
NEW	TWIN NEWBORNS USING MOTHER'S ID
NRB	NON-REBATEABLE MANUFACTURER
NSH	NURSING HOME IN/OUT
OUT	OUT OF TOWN
PAA	PA APPROVED/MET CRITERIA
PAT	PATIENT DID NOT FOLLOW INSTRUCTIONS
PNE	PHARMACY NOT ENROLLED IN MEDICARE
POL	POLICE KEPT MEDICATIONS
QVD	QUANTITY VERIFIED

DATA ELEMENT: **PA Comment Code (DE2334)**

VALID VALUES:

Valid Value	Description
RET	RETRO ELIGIBILITY
SCL	SICK LEAVE
SP1	SYSTEM PROBLEM: UNSPECIFIED
ST2	TWO STRENGTHS OF SAME MEDICATION REQUIRE
STO	STOLEN
STR	STARTER DOSE
SUP	OVERRIDE PER SUPERVISOR
T01	TRANSPLANT DRUG -- CLIENT REQUESTS OVERR
T03	TRANSPLANT DRUG -- PATIENT MEDICARE ELIG
TPL	TPL BILLING DELAY
TWO	TWO OF THE SAME MEDICATIONS NEEDED
VAC	VACATION
WDS	WRONG DAY SUPPLY BY PHARMACIST
WRG	INCORRECT/WRONG DAYS SUPPLY
XSB	DRUG NOT SUBSTITUTABLE
ZFT	ZOLOFT 25MG DOSE REQUIRED

DATA ELEMENT: **Prior Authorization Letter Number (DE2335)**

Prior Authorization letter id used to identify the letter to be sent to the provider or enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_LTR_NO

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
CONVERSION	PA Conversion Letter Type - Bogus Entry For PA Conversion Only
CP-O-447-01	(EA) Enrollee Notice of Approval of Pre-authorized service
CP-O-447-02	(ED) Enrollee Notice of Denial or Pre-authorized service
CP-O-447-03	(EM) Enrollee Notice of Partial approval if Pre-authorized service
CP-O-447-04	(PP) Provider Notice of Pend of Pre-authorized service
CP-O-447-05	(E1) Enrollee HMO Rejection letter
CP-O-447-06	(E2) Enrollee HMO Rejection letter (prev status 'A')
CP-O-448-01	Non-Inpatient Pre-authorized Notification report by Provider (app/den/rej)
CP-O-448-04	PA Inpatient Provider Letter (approval/denial/rej)
CP-O-449	(EO) Enrollee Notice of Pending Status of Orthodontic Pre-authorization

DATA ELEMENT: **Prior Authorization Letter Begin Date (DE2339)**

The effective begin date for the specific PA letter. Along with DE 2340, Prior Authorization Letter End Date, they define the date range in which the letter is in use within the MMIS.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_LTR_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Prior Authorization Letter End Date (DE2340)**

The effective end date of the specific PA letter. Along with DE 2339, Prior Authorization Letter Begin Date, they define the period in which the letter is in use within the MMIS.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_LTR_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Payment Request Line Number (DE2343)**

The claim line number assigned to the claim line within the claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_PYMT_REQ_LINE_NO

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims PA Util Sequence Number (DE2344)**

Sequence number on the claims Pa utilization table.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_UTIL_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Amount Used (DE2345)**

The money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based).

BUSINESS NAME: N/A

REFERENCE NAME: N_AMT_USED

DEFAULT: N/A

COBOL PICTURE: 9(9)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Units Used (DE2346)

The claim units paid for a particular claim for the prior authorization. This field is only used when the authorization is units based (as opposed to dollar based).

BUSINESS NAME: N/A

REFERENCE NAME: N_UNITS_USED

DEFAULT: N/A

COBOL PICTURE: S9(02)V999

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Week Ending Date (DE2347)

The date of the last day of the week in which the claim service from date occurs for the claim using the prior authorization. This is only used for authorizations based on a "per week" limit.

BUSINESS NAME: N/A

REFERENCE NAME: D_WEEK_ENDING

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Payment Type (DE2348)**

Indicates the type of pricing calculation for this claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRG_PYMT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	DRG
P	Per diem
T	Transfer

DATA ELEMENT: **Claim Edit Invalid Data (DE2349)**

Invalid Data - Describes what table info caused edit 0799 to set.

BUSINESS NAME: N/A

REFERENCE NAME: INVALID_DATA

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Insured Sex (DE2350)**

Sex of the other insured.

BUSINESS NAME: N/A

REFERENCE NAME: C_INSRD_SEX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Female
M	Male

DATA ELEMENT: **Interrelationship Type (DE2351)**

The interrelation type indicates the relationship between an ICN and the related document on the CP_CLM_INTRREL table.

BUSINESS NAME: N/A

REFERENCE NAME: C_INTRREL_TYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
ADJT	Original ICN links to adjusting ICN
CONV	Converted ICN
FRMA	Adjusting ICN links to original ICN
FRMV	Voiding ICN links to original ICN
HMO	HMO's claim number
RBIL	Voiding ICN links to new ICN in rebill
VOID	Original ICN links to voiding ICN

DATA ELEMENT: **Relationship to Patient (DE2352)**

The relationship of the insured to the patient.

BUSINESS NAME: N/A

REFERENCE NAME: C_PATNT_REL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Self
02	Spouse
03	Child
09	Other

DATA ELEMENT: **Policy Owner (DE2354)**

This code indicates whether the policy is for the insured or other insured.

BUSINESS NAME: C-POLICY-OWNR-CVAL

REFERENCE NAME: C_POLICY_OWNR_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
I	Insured
O	Other insured

DATA ELEMENT: Claim TAD Sequence Number (DE2356)

Sequence number column for the CP_CLM_TAD table. The highest sequence number indicates the number of TADs generated for this claim, which also indicates the number of times the claim has received a status of reject.

BUSINESS NAME: N/A

REFERENCE NAME: I_TAD_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Value Code Sequence Number (DE2357)**

Sequence number column for the CP_FAC_VALUE_CODE table. The highest sequence number indicates the number of value codes on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_VALUE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Reduced Payment Days (DE2358)**

The number of days that represent the reduction in payment days.

BUSINESS NAME: N/A

REFERENCE NAME: N_REDUCD_PYMT_DAYS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Status Begin Date (DE2383)**

The date on which this status was assigned to the claim. It is essentially the claims activity date, which can be assigned by adjudication or financial cycles.

BUSINESS NAME: N/A

REFERENCE NAME: D_MOD_STAT_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Status End Date (DE2384)**

The date on which this status ended, which means that another status was assigned to the claim.

BUSINESS NAME: N/A

REFERENCE NAME: D_MOD_STAT_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Comment Begin Date (DE2385)**

Comment Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_COMMENT_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Comment End Date (DE2386)**

Comment End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_COMMENT_END

DEFAULT: N/A

COBOL PICTURE: X(10))

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Condition Code Begin Date (DE2387)**

The effective date on which the value of condition code may be used in the system.

BUSINESS NAME: N/A

REFERENCE NAME: D_COND_CODE_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Condition Code End Date (DE2388)**

The effective end date for the value of condition code. This is the last date on which the value of condition code is valid in the system.

BUSINESS NAME: N/A

REFERENCE NAME: D_COND_CODE_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Place Of Service Begin Date (DE2390)**

The effective begin date for the value of place of service.

BUSINESS NAME: N/A

REFERENCE NAME: D_POS_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Place Of Service End Date (DE2391)**

The effective end date for the value of place of service.

BUSINESS NAME: N/A

REFERENCE NAME: D_POS_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Quadrant Begin Date (DE2392)**

The effective begin date for the value of quadrant code.

BUSINESS NAME: N/A

REFERENCE NAME: D_QUADRANT_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Quadrant End Date (DE2393)**

The effective end date for the value of quadrant code.

BUSINESS NAME: N/A

REFERENCE NAME: D_QUADRANT_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth Surface Begin Date (DE2395)**

The effective begin date for the value of tooth surface code.

BUSINESS NAME: N/A

REFERENCE NAME: D_SURFACE_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth Surface End Date (DE2396)**

The effective end date of the value of tooth surface code.

BUSINESS NAME: N/A

REFERENCE NAME: D_SURFACE_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth Begin Date (DE2397)**

The effective begin date for the value of tooth code.

BUSINESS NAME: N/A

REFERENCE NAME: D_TOOTH_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth End Date (DE2398)**

The effective end date of the value of tooth code.

BUSINESS NAME: N/A

REFERENCE NAME: D_TOOTH_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Medicare Coverage Indicator (DE2402)**

This field is being used to show that the recipient has Medicare Part B coverage only. (As in BUYIN status.)

BUSINESS NAME: N/A

REFERENCE NAME: F_MCARE_CVRD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Pend Transfer Date (DE2404)**

This field indicates the date a pend reso clerk transferred a claim from one pend location to another.

BUSINESS NAME: N/A

REFERENCE NAME: D_TRANSFER

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Hospital Start Date (DE2410)**

The beginning date of Hospital leave.

BUSINESS NAME: N/A

REFERENCE NAME: D_HOSP_FROM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Hospital End Date (DE2411)**

The last day of Hospital leave.

BUSINESS NAME: N/A

REFERENCE NAME: D_HOSP_THRU

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Hour of Discharge (DE2412)**

Indicates the hour of discharge from a facility.

BUSINESS NAME: N/A

REFERENCE NAME: H_DISCHARGE_HOUR

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	12:00 AM
01	01:00 AM
02	02:00 AM
03	03:00 AM
04	04:00 AM
05	05:00 AM
06	06:00 AM
07	07:00 AM
08	08:00 AM
09	09:00 AM
10	10:00 AM
11	11:00 AM
12	12:00 PM
13	01:00 PM
14	02:00 PM
15	03:00 PM
16	04:00 PM
17	05:00 PM
18	06:00 PM
19	07:00 PM
20	08:00 PM
21	09:00 PM
22	10:00 PM

DATA ELEMENT: Claim Hour of Discharge (DE2412)

VALID VALUES:

Valid Value	Description
23	11:00 PM
99	Unknown Hour

DATA ELEMENT: **Claim Signed Date (DE2415)**

The date the provider signed the paper claim. This date will be used as the PA Request Date for Dental (ADA) only.

BUSINESS NAME: N/A

REFERENCE NAME: Claim Signed Date

DEFAULT: 0

COBOL PICTURE: X(06)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Dispensed as Written Indicator (DE2418)

Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.

BUSINESS NAME: N/A

REFERENCE NAME: F_DAW

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No product Selection Indicated(Default)
1	Substitution Not Allowed by Prescribing Physician
2	Subtitution Allowed-Patient Requested Product Dispensed
3	Substitution Allowed-Pharmacist Selected Product Dispensed
4	Substitution Allowed-Generic Drug not in Stock
5	Substitution Allowed-Brand Drug Dispensed as Generic
6	Override
7	Substitution Not Allowed-Brand Drug Mandated by Law
8	Substitution Allowed-Generic Drug not Available in Marketplace.
9	Other

DATA ELEMENT: **Type Service Begin Date (DE2429)**

The effective begin date of the value of type of service code.

BUSINESS NAME: N/A

REFERENCE NAME: D_TYPE_SRVC_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Type Service End Date (DE2430)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_TYPE_SRVC_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Auto Accident (DE2431)**

A flag which indicates whether or not the enrollee's condition is related to an auto accident,

BUSINESS NAME: N/A

REFERENCE NAME: F_AUTO_ACCIDENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not related to an auto accident
Y	Related to an auto accident

DATA ELEMENT: **Pregnancy (DE2432)**

A flag on the claim to indicate whether an enrollee is pregnant.

BUSINESS NAME: N/A

REFERENCE NAME: F_PREGNANCY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Enrollee is not pregnant
2	Enrollee is pregnant

DATA ELEMENT: Claims TPL Pay Chase Flag (DE2433)

This flag, which indicates Pay/Chase for TPL, is set to Y in claims adjudication if the enrollee has TPL coverage = U (absent parent) or the claim procedure has a reference flag code = 90 or the primary diagnosis code = V202 and there is an EPSDT procedure modifier on the claim or the primary diagnosis code begins with 630-659 and the claim procedure has a reference flag code = 91.

BUSINESS NAME: N/A

REFERENCE NAME: F_TPL_PAY_CHASE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claim Status Sequence Number (DE2435)**

The sequence number of the occurrence of the claim's status.

BUSINESS NAME: N/A

REFERENCE NAME: I_MOD_STAT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Message Sequence Number (DE2436)**

A sequence number assigned to the messages so that multiple messages may be maintained.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLM_MSG_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Resp Sequence Number (DE2437)**

A sequence number assigned to the response so that the response can be linked to the specific claim mod status.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLM_RESP_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Facility Condition Code Sequence Number (DE2439)**

The sequence number of the occurrence of the claim's condition code.

BUSINESS NAME: N/A

REFERENCE NAME: I_COND_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Conflict ICN (DE2440)**

The ICN date of the historical claim that caused the conflict.

BUSINESS NAME: N/A

REFERENCE NAME: I_CNFLCT_ICN_DATE

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Edit ICN Sequence Number (DE2441)**

The sequence number of the occurrence of ICN related to the edit set on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_EDIT_ICN_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Procedure Sequence Number (DE2444)**

The sequence number of the procedure on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLM_PROC_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Facility Revenue Line Number (DE2445)**

The line number of each revenue code on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_FAC_REV_LINE_NO

DEFAULT: N/A

COBOL PICTURE: S9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Insured Plan Number (DE2446)**

The insurance plan number of the insured party.

BUSINESS NAME: N/A

REFERENCE NAME: I_INSRD_PLAN_NO

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Title18 Mcare Enrollee (DE2448)**

The Medicare enrollee entered on a Title 18 claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_MCARE_ENROLLEE

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Diagnosis Sequence Number (DE2449)**

The sequence number of the diagnosis code on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLM_DIAG_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **NDC Drug Sequence Number (DE2450)**

A sequence number assigned to the NDC so that multiple NDCs may be maintained.

BUSINESS NAME: N/A

REFERENCE NAME: I_NDC_DRUG_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Facility Occurrence Sequence Number (DE2451)**

The sequence number of the occurrence of the claim's occurrence code.

BUSINESS NAME: N/A

REFERENCE NAME: I_OCCUR_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Other Provider 1 (DE2452)**

The Provider Identification Number of the first other physician on a facility claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_OTHER_PROV1

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Other Provider 2 (DE2453)**

The Provider Identification Number of the second other physician on a facility claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_OTHER_PROV2

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Condition Code Description (DE2456)**

The description of the value of condition code. See data element 2115 for condition codes and their descriptions.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONDITION_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Formatted Message (DE2457)**

A text message that can returned via the POS provider response. This is utilized for ProDUR non-denial messages.

BUSINESS NAME: N/A

REFERENCE NAME: T_FORMATTED_MSG

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Mouth Quad Description (DE2459)**

The description of the value of the quadrant code.

BUSINESS NAME: N/A

REFERENCE NAME: T_MOUTH_QUAD_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Place Of Service Description (DE2462)**

The description for place of service. See data element 2173.

BUSINESS NAME: N/A

REFERENCE NAME: T_POS_DESC

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth Description (DE2463)**

The description of the value of tooth code. See data element 2200.

BUSINESS NAME: N/A

REFERENCE NAME: T_TOOTH_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth Surface Description (DE2464)**

The description of the value of tooth surface code. See data element 2201.

BUSINESS NAME: N/A

REFERENCE NAME: T_TOOTH_SRFC_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Type Service Description (DE2465)**

The description of the value of type of service code. See data element 2072.

BUSINESS NAME: N/A

REFERENCE NAME: T_TYPE_SERV_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim PA Reason Code Sequence (DE2466)**

Prior Authorization reason code sequence number

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_RSN_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Prescription Number Qualifier (DE2467)

This number modifies the service/prescription number I_RX_NO.

BUSINESS NAME: N/A

REFERENCE NAME: C_RX_NO_QUALIFER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Prescription Billing
2	Service Billing

DATA ELEMENT: **Claim Prescribing Provider Code (DE2468)**

This code identifies the type of provider for pharmacy I_PRESCRIB_PROV.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRESC_PROV_QUAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	National Provider Identifier (NPI)
02	Blue Cross
03	Blue Shield
04	Medicare
05	Medicaid
06	UPIN
07	NCPDP Provider ID
08	State License
09	Champus
10	Health Industry Number (HIN)
11	Federal Tax ID
12	Drug Enforcement Administration (DEA)
13	State Issued
14	Plan Specific
99	Other

DATA ELEMENT: Claim Product Service Qualifier (DE2469)

This data element is used to qualify the type of code is in the pharmacy C_NDC_DRUG.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRDCT_SRVC_QUAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	First DataBank GCN
2	Medispan GPI
3	First DataBank GC3
4	Medispan DDID
A	American Hospital Formulary Service
C	Contracting organization assigned code
M	Manufacturer assigned code
N	Eleven-digit NDC
O	UPC
P	Product group (brand or generic name)
U	Universal System of Classification
Z	Mutually agreed upon code

DATA ELEMENT: **Claims DRG CAP Amount (DE2470)**

Capital add-on for DRG payment calculation.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_CAP_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99 COMP-3.

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Transmission Code (DE2476)

The transmission code comes in on paper claims and identifies the form type. The first two positions become the Claim Type (DE 2002). This indicates the type of processing to be done. The third character becomes the Claim Type Modifier (DE2003). The only exception would be if the third position is 0, meaning the item is a Prior Authorization--not a claim type. For example, a transmission code of 092 would be a Title 18 claim that is an adjustment. See DE 2002 and 2003 for specific valid values for claim types and modifiers.

BUSINESS NAME: N/A

REFERENCE NAME: DE-CLAIM-TRANS-CODE

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Payment Request Date Identifier (DE2477)**

DATE PORTION OF THE PAYMENT REQUEST NUMBER.(CCYYDDD)

BUSINESS NAME: N/A

REFERENCE NAME: I_PYMT_REQ_DATE

DEFAULT: N/A

COBOL PICTURE: 9(7)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claims Payment Request Media Code (DE2478)

The portion of the payment request number that indicates the source of the data.

BUSINESS NAME: N/A

REFERENCE NAME: C_PYMT_REQ_MEDIA

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Paper
1	Paper
2	Paper
3	Paper
4	Paper
5	Paper
6	POS
7	EMC (via EDI)
8	EMC (via NSF)
9	Encounter (via EDI Gateway)
A	Assessments
F	Fees (Capitation, Mgtment, Admin)
I	Individual Adjustments
P	Prior Authorization (PA's being processed as a claim)
S	Mass ADJ/VOIDS (System generated)

DATA ELEMENT: **Claims Payment Request Sequence (DE2480)**

Sequence number portion of the payment request number.

BUSINESS NAME: N/A

REFERENCE NAME: I_PYMT_REQ_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claims Original PA Number (DE2481)

On a prior authorization that has been created by transferring a PA to a different provider, this is the PA number of the original authorization. On claims, this is a PA number that was assigned to a prior authorization prior to the VaMMIS conversion.

BUSINESS NAME: N/A

REFERENCE NAME: I_ORIG_PA_NUM

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims PA External Text Sequence Number (DE2483)**

PA external text sequence number.

BUSINESS NAME: N/A

REFERENCE NAME: I_EXT_TEXT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims PA Send To Code (DE2484)**

Code identifies who a PA letter is sent to.

BUSINESS NAME: N/A

REFERENCE NAME: C_SEND_TO

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	DMAS only
E	Enrollee only
ED	Enrollee and DMAS
N/A	N/A
P	Provider only
PD	Provider and DMAS

DATA ELEMENT: **Claims PA Authorized By (DE2485)**

This contains the initials of the analyst that worked the prior authorization request.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_AUTHORIZED_BY

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Output Format (DE2486)**

Identifies the Chirp Output format from the Chirp selection screen.

BUSINESS NAME: N/A

REFERENCE NAME: C_CHR_OUTPUT_FORMAT

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: NUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Hard Copy report
2	Data File

DATA ELEMENT: **Claims Chirp Adjudicated Claims Request Flag (DE2490)**

Flag that identifies that the Claims request selection was made for adjudicated claims from the Chirp request screen.

BUSINESS NAME: N/A

REFERENCE NAME: C-RQST-ADJUDICATE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Adjudicated only
B	Both
I	In-Process

DATA ELEMENT: **Claims Chirp Encounter Request Flag (DE2493)**

Flag that identifies that the encounter request selection was made from the Chirp request screen.

BUSINESS NAME: N/A

REFERENCE NAME: C-RQST-ENCOUNTER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Both
E	Encounter only
N	Non-Encounter

DATA ELEMENT: E-ELIGIBLE-DAYS (DE2494)

Encounter Eligible Days for Case Extract Encounter File, CP-F-131, only. This field is not a database field.

BUSINESS NAME: Encounter eligible days

REFERENCE NAME: Encounter Eligible Days

DEFAULT: Zero

COBOL PICTURE: S9(04)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Pend Resolution Update Flag (DE2496)**

Flag set to indicate Pend Resolution update.

BUSINESS NAME: N/A

REFERENCE NAME: F-PEND-LOCATION-UPD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims PA Number Sequence (DE2498)**

The sequence portion of the Prior Authorization number.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims PA Number of Days Since (DE2499)**

Number of days since 1/1/1980. Used to identify the day the number was issued. This is the first five digits of the Prior Authorization Number.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAYS_SINCE

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: DECIMAL(5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claims PA Type Code (DE2508)

Identifies the type of Prior Authorization it is.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	Drug
I	Pharmacy Submitted
M	Medical
P	Pharmacy Pend - system generated

DATA ELEMENT: **Claim Insured's Identification (DE2512)**

For other insurance coverage, the cardholder's identification number.

BUSINESS NAME: N/A

REFERENCE NAME: I_INSRD_ID

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Group Name (Insurance) (DE2515)**

From field 61 of the UB

BUSINESS NAME: N/A

REFERENCE NAME: T_GROUP_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Group Number or FECA Number (Insurance) (DE2516)**

from field 62 of the UB, field 11 from the HCFA, field 13 of the ADA (1994), field 21 of the ADA (1999 Version 2000) and field 9 of the ADA (2002)

BUSINESS NAME: N/A

REFERENCE NAME: I_GROUP_NO

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: CHAR(16)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Employer Name (DE2517)**

From field 65 of the UB, fields 09c of the HCFA

BUSINESS NAME: N/A

REFERENCE NAME: T_SCHOOL_EMP_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Other Insured's Name (DE2522)**

from field 09 of the HCFA

BUSINESS NAME: N/A

REFERENCE NAME: T_INSRD_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Other Insured's Date of Birth (DE2524)**

from field 09b of the HCFA

BUSINESS NAME: N/A

REFERENCE NAME: D_INSRD_BIRTH

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Insured's Plan Name or Program Name (DE2527)**

from field 11c of the HCFA

BUSINESS NAME: N/A

REFERENCE NAME: CLAIM-INSURED-PLAN-NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Other Dental Plan Coverage Indicator (DE2532)

From field 14a of the ADA (Form 1994)
From field 31 on the ADA (Form 1999 Version 2000)
From field 4 on the ADA (Form 2002)

BUSINESS NAME: N/A

REFERENCE NAME: F_OTHER_CVRG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claim Patient Medical Plan Coverage Indicator (DE2533)**

from field 14b of the ADA

BUSINESS NAME: N/A

REFERENCE NAME: F_PAT_MED_COV

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Claim Name and Address of Other Carrier(s) (DE2534)

from field 15a of ADA form (1994 Version)
from field 33 of ADA form (1999 Version 2000)
from field 11 on ADA form(2002 Version)

BUSINESS NAME: N/A

REFERENCE NAME: T-CARRIER-ADDRESS

DEFAULT: N/A

COBOL PICTURE: X(80)

DB2 TYPE: CHAR(80)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Insurance Carrier Name (DE2535)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: T_CARRIER_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Employer/School Address (DE2537)**

The address of the school or employer of the insured party.

BUSINESS NAME: N/A

REFERENCE NAME: T_EMP_ADDRESS

DEFAULT: N/A

COBOL PICTURE: X(80)

DB2 TYPE: CHAR(80)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim TAD Resubmittal Number (not claim) (DE2543)**

This is the unique number assigned to Payment Requests that have been returned to provider for additional information.

BUSINESS NAME: N/A

REFERENCE NAME: I_RESUBMIT_TAD_ICN

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: CHAR(16)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim COB Indicator (DE2544)

Coordination of benefits; primary carrier information other than Medicare - Title XVIII form.

BUSINESS NAME: N/A

REFERENCE NAME: C_COB

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	(NCPDP) Not Specified
1	(NCPDP) No other coverage identified
2	(82) no other coverage
2	(NCPDP) Other coverage exists-payment collected
3	(83) billed and paid
3	(NCPDP) Other coverage exists-this claim not covered
4	(NCPDP) Other coverage exists-payment not collected
5	(85) billed, no coverage
5	(NCPDP) Managed care plan denial
6	(NCPDP) Other coverage denied-not a participating provider
7	(NCPDP) Other coverage exists-not in effect at time of service
8	(NCPDP) Claim is a billing for a copay

DATA ELEMENT: **Claim Calculated Co-Insurance (DE2545)**

The coinsurance that was used to price the claim regardless of whether it was submitted on the claim or internally calculated.

BUSINESS NAME: N/A

REFERENCE NAME: N_CALC_COINS

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(02)

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Payment Amount (DE2547)**

Hospital operating rate per case X DRG relative weight.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_PYMT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)v99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-1 (DE2551)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-1

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-2 (DE2552)**

Second of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-2

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-3 (DE2553)**

The third of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-3

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-4 (DE2554)**

The fourth of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-4

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-5 (DE2555)**

The fifth of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-5

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-6 (DE2556)**

The sixth of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-6

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-7 (DE2557)**

The seventh of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-7

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Chirp Request Sort-8 (DE2558)**

The eighth of eight Chirp Sort criteria.

BUSINESS NAME: N/A

REFERENCE NAME: CP-RQST-SORT-8

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims/PA Control File Type (DE2559)**

This field identifies whether the control totals are for Input Claims data or Input PA data.

BUSINESS NAME: N/A

REFERENCE NAME: CLM-PA-INPUT-CNTL-TYPE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: Char (2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
CL	Claims Input
PA	Prior Authorization Input

DATA ELEMENT: **Claims Control File Media Type (DE2560)**

This field identifies the media type for the input data.

BUSINESS NAME: N/A

REFERENCE NAME: CLM-PA-MEDIA-TYPE

DEFAULT: Spaces

COBOL PICTURE: X(01)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	DISKETTE
E	EDI
P	PAPER
T	MAG TAPE

DATA ELEMENT: **Claims Determined EPSDT Flag (DE2566)**

Flag that gets set when Claims processing edits determines the service is EPSDT.

BUSINESS NAME: N/A

REFERENCE NAME: F_DETERMINED_EPSDT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Claims Submission Identifier (DE2569)**

This field is used to capture the user ID of the person submitting or data entering the Claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_MAINT_USER

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Application Senders Code (DE2571)**

This is the Service Center Code for a Prior Authorization created as the result of a 278 PA Request.

BUSINESS NAME: Application Sender's Code,

REFERENCE NAME: PA Application Senders Code

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Procedure Modifier Description (DE2575)**

Description of the procedure modifier. See data element 2171.

BUSINESS NAME: N/A

REFERENCE NAME: T_PROC_MOD_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Modifier Begin Date (DE2576)**

Beginning effective date for the modifier code.

BUSINESS NAME: N/A

REFERENCE NAME: D_MODIFIER_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Modifier End Date (DE2577)**

Ending date for the modifier code.

BUSINESS NAME: N/A

REFERENCE NAME: D_MODIFIER_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Remarks Sequence Number (DE2578)**

Claim remarks table sequence number.

BUSINESS NAME: N/A

REFERENCE NAME: I_REMARKS_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Remarks Text (DE2579)**

Remarks entered into the remarks table during Pend Resolution or remarks entered on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: T_REMARKS

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Remarks User Entered ID (DE2580)**

User ID of the person that entered the remarks.

BUSINESS NAME: N/A

REFERENCE NAME: I_USER_ENTERED

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims MCN Number (DE2581)**

Number assigned at transmission time that identifies the file transmitted. This appears on both the PA and Claims tables.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLM_MCN

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Pend/Loc User Date Added (DE2583)**

Date the user ID was added to the pend/location table

BUSINESS NAME: N/A

REFERENCE NAME: D_USER_ADDED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Pend Location Sequence Number (DE2584)**

Claims Pend Location sequence number.

BUSINESS NAME: N/A

REFERENCE NAME: I_PEND_LOC_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP.

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claims Diag Type Code (DE2585)

A value that defines the diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: C_DIAG_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: Char(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Primary Diagnosis
02	Second Diagnosis
03	Third Diagnosis
04	Fourth Diagnosis
05	Fifth Diagnosis
06	Sixth Diagnosis
07	Seventh Diagnosis
08	Eighth Diagnosis
09	Ninth Diagnosis
10	Tenth Diagnosis
11	Eleventh Diagnosis
12	Twelfth Diagnosis
13	Thirteenth Diagnosis
14	Fourteenth Diagnosis
15	Fifteenth Diagnosis
16	Sixteenth Diagnosis
17	Seventeenth Diagnosis
18	Eighteenth Diagnosis
A	Admitting Diagnosis
E	External Cause of Injury Diagnosis
P	Patient Reason for Admission

DATA ELEMENT: Prior Authorization Header Reject/Cancel code (DE2586)

Code that determines if Prior Auth is rejected or cancelled for all lines.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_CANREJ_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Cancelled
J	Rejected

DATA ELEMENT: **Prior Authorization Cancel/Reject Reason (DE2587)**

Code that represents the reason why a PA was cancelled or rejected at entirety.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_CANREJ_RVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
4040	Service type missing
4050	Invalid service type
4075	Recipients age over 21 years
4076	Recipients age under 21 years
4170	No service provider on file
4190	No enrollee id on file
4700	Cancel PA Header

DATA ELEMENT: **Claim DRG Grouper Return Code (DE2589)**

The return code from the Grouper Routine which assigns the DRG code for the claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRG_GRPRET

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Record grouped
1	Code cannot be used as principal diagnosis
2	No criteria match for any DRG in MDC indicated by principal diagnosis
3	Invalid age
4	Invalid sex
5	Invalid discharge status
6	Invalid birth weight
7	Invalid discharge age
8	Invalid principal diagnosis

DATA ELEMENT: **Claim DRG MDC Code (DE2590)**

Major diagnostic category assigned by the DRG Grouper.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRG_MDC

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim DRG Type Code (DE2591)**

Type of Inpatient Claim as used in DRG processing.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRG_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Medical/Surgical
2	Psychiatric
3	Rehab

DATA ELEMENT: **Claim DRG Per Diem Rate (DE2592)**

Per Diem used in pricing inpatient rehab, psych, and transfer cases.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_PD_RATE

DEFAULT: N/A

COBOL PICTURE: S9(5)V99 COMP-3.

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim DRG Total Payment (DE2593)

Sum of DRG Payment Amount (DE 2547), DRG Outlier Amount (DE 6827), DRG Cap Amount (DE 2470), and DRG Per Diem Amount (DE 2594) less TPL amount (DE 2018) and Copay (DE 2022). For DRG claims, this is the amount to be paid.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_TOT_PYMT

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 COMP-3.

DB2 TYPE: DECIMAL(8,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim DRG Per Diem Amount (DE2594)**

DRG per diem rate (DE 2592) x number of days. Applies to inpatient rehab, psych, and transfer cases.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_PERDIEM

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 COMP-3.

DB2 TYPE: DECIMAL(8,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PA Action Reason Range Code (DE2595)

Prior Authorization Action Reason Range Code (A=Approve, D= Deny, P= Pend, R= Reject), This will indicate what range a specific PA Reason Code is in.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_ACTION_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	APPROVED
D	DENIED
I	PARTIAL APPROVAL
P	PENDED
R	REJECTED

DATA ELEMENT: **PA Reason Code Begin Date (DE2597)**

PA REASON CODE BEGIN DATE.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_ACTION_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Reason Code End Date (DE2598)**

PA REASON CODE DATE END.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_ACTION_END

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Co-pay Indicator (DE2599)**

Indicates what copay taken.

BUSINESS NAME: N/A

REFERENCE NAME: C_COPAY_IND

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	$1 per copay unit
B	$3 per copay unit
C	$100 copay
D	Under 21 Exempt from Pharmacy Copay
E	Copay reduced to zero - gross overlap with another copay claim
F	Family Planning exempt from Pharmacy Copay
G	$2 FAMIS Aid Catg 6 or 7
H	$5 FAMIS Aid Catg 8 or 9
L	Over 57 Exempt from Pharmacy Copay (LTC)
M	Emergency - Exempt from Pharmacy Copay
N	No Copay Taken
U	Copay reduced by $1
V	Copay reduced by $3
Y	Copay applied to Pharmacy Claim
Z	Copay reduced to zero-exact overlap with another copay

DATA ELEMENT: **PA Received Date (DE2600)**

Date that the Prior Authorization Request form was received in the FIRST HEALTH mailroom.

BUSINESS NAME: N/A

REFERENCE NAME: D_RECVD

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Entry Date (DE2601)**

Date that the Prior Authorization Request is entered into the FIRST HEALTH computer system.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_ENTERED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Service Center Number (DE2602)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Service Center Number

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA DMAS Internal Referral Date (DE2603)**

This is the date on which one DMAS employee refers this Prior Authorization to another DMAS employee to review.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_REFFERAL

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA DMAS Worker Initials (DE2604)**

These are the initials of the DMAS employee who has reviewed and is referring the PA to another DMAS employee.

BUSINESS NAME: N/A

REFERENCE NAME: T_SENT_TO_INITIALS

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Reference Number (Mailroom Control Number) (DE2605)**

This is the internal control number stamped upon the PA in the mailroom screening process.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_IMAGE_NO

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: CHAR(16)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Cancel Date (DE2606)**

This is the date that the PA was canceled or rejected, if canceled or rejected.

BUSINESS NAME: N/A

REFERENCE NAME: D_CANREJ

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Line Number (DE2607)**

A PA may contain requests regarding up to 15 procedures (NDCs are listed on a Drug PA). Each request occupies a "line" on the PA request input form. This is the line number of a specific PA procedure request. A Drug PA is based on the ESC code, generally 1 per line.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_LINE_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: 1 - 15

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Request From Date (DE2608)**

This is the from date of service for which the provider has requested prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: D_REQ_FROM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Request Through Date (DE2609)**

This is the through date of service for which the provider has requested prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: D_REQ_THRU

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Authorized From Date (DE2610)**

The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: D_AUTH_FROM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Authorized Through Date (DE2611)**

The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: D_AUTH_THRU

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Requested Units (DE2612)**

This is the number of units for which the provider requested DMAS to grant prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: N_REQ_UNITS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: decimal(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Authorized Units (DE2613)**

Number of units that DMAS has actually approved for a prior authorization procedure.

BUSINESS NAME: N/A

REFERENCE NAME: N_AUTH_UNITS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Submitter Transaction Identifier (DE2614)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Submitter Transaction Identifier

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Requested Amount (DE2615)**

This is the dollar amount for which a provider has requested DMAS to pay for a specific procedure in a prior authorization situation.

BUSINESS NAME: N/A

REFERENCE NAME: N_REQ_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3.

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Authorized Amount (DE2616)**

Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure.

BUSINESS NAME: N/A

REFERENCE NAME: N_AUTH_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Entity Identifier Code (DE2617)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Entity Identifier Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Patient Event Tracking Number (DE2618)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Patient Event Tracking Number

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Comments Text (DE2619)**

These are comments that a DMAS employee may note about a specific prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: T_COMMENTS_

DEFAULT: N/A

COBOL PICTURE: X(80)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Trace Assigning Entity Identifier (DE2620)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Trace Assigning Entity Identifier

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Authorization Type Code (DE2621)**

The type of medical prior authorization that has been submitted.

BUSINESS NAME: N/A

REFERENCE NAME: C_AUTH_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Change request for existing PA
D	Cancel request for existing PA
O	Original PA request
R	Reconsideration request for denied PA
S	Support request for pended PA
T	Transfer
U	Update or Change request for existing PA

DATA ELEMENT: **PA Attachment Control Number (DE2622)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Attachment Control Number

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Detail Action Status Sequence Number (DE2623)**

The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_STAT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Detail Action Status Date (DE2624)**

The PA Detail Action Status Date represents the last date that any associated PA Line Data Element was changed.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_LINE_STAT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Service Trace Number - Provider (DE2625)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Service Trace Number - Provider

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Trace Assigning Entity Identifier - Provider (DE2626)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Trace Assigning Entity Identifier - Provider

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Letter Sequence Number (DE2627)**

This is the field used on the PA Letter table to make each row unique.

BUSINESS NAME: N/A

REFERENCE NAME: I_PA_LTR_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims PA Letter Description (DE2628)**

This is the description that corresponds to the PA Letter number DE2335. This describes the type of PA letter.

BUSINESS NAME: N/A

REFERENCE NAME: T_LETTER_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Request Category Code (DE2629)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Request Category Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
S	Sent
Y	Yes

DATA ELEMENT: **PA Letter Sent Date (DE2630)**

This is the date on which a letter was sent to the provider or enrollee or both regarding a specific PA procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_PA_LTR_SENT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: **PA Certification Type Code (DE2631)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Certification Type Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Approved
D	Denied
J	Rejected
P	Pending
R	Received

DATA ELEMENT: HIPAA-278 PA Service Type Code (DE2632)

This data element is associated with HIPAA X.12 for 278 PA Processing.

BUSINESS NAME: N/A

REFERENCE NAME: HIPAA-278 PA Service Type Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Approved
D	Denied
P	Pending
R	Received

DATA ELEMENT: **PA Code List Qualifier Code (DE2633)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Code List Qualifier Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Daily
M	Monthly
Q	Quarterly
W	Weekly
Y	Yearly

DATA ELEMENT: PA Per Frequency Code (DE2634)

Description that corresponds to a PA Per Frequency Code; used to indicate time frames, such as month or year, that would apply to a PA.

BUSINESS NAME: N/A

REFERENCE NAME: C_PER_FREQ_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
BW	Bi-Weekly
DY	Daily
HR	Hourly
MO	Monthly
QR	Quarterly
WK	Weekly
YR	Yearly

DATA ELEMENT: PA Service Type Code (DE2635)

Valid code(s) for DMAS-defined service categories that appear on the reverse side of the PA Request form.

BUSINESS NAME: N/A

REFERENCE NAME: C_SRVC_TYPE

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0050	Outpatient Psych
0051	SPO Substance Abuse
0090	Private Duty Nursing
0091	Personal Care
0092	EPSDT DME
0093	EPSDT In-Patient Psych.
0094	EPSDT Outpatient Psychiatric Services
0095	EPSDT Outpatient Rehabilitation Services
0096	EPSDT Substance Abuse Services
0097	EPSDT Home Health
0098	EPSDT Inpatient Treatment
0099	EPSDT Pharmacy
0100	DME
0101	Nursing Home
0102	Tech Waiver DME
0200	Intensive Rehab
0201	CORF
0202	Special Vent Contract
0203	Special Contract (Out of State)
0204	Outpatient Rehab
0205	Department of Education
0206	Special DOE Rehab
0300	Organ Transplants

DATA ELEMENT: PA Service Type Code (DE2635)

VALID VALUES:

Valid Value	Description
0301	Out of State Services
0302	Surgical/Invasive
0303	Prosthetics
0304	Muscular Skeletal Devices
0305	Vision
0306	Other
0307	Rhinoplasty/Septoplasty
0308	Muscular Skeletal Devices/Procs
0309	Vision
0310	Other Surgical Procedures
0311	Anesthesia (Telephonic Only)
0312	Urinary and Genital Devices/Procs
0313	Hearing Aides
0400	Inpatient Admission
0401	Inpatient Psych
0450	Magnetic Resonance Imaging (MRI) Scan
0451	Computerized Axial Tomography (CAT) Scan
0452	Positron Emission Tomography (PET) Scan
0500	Home Health
0550	Hospice
0600	Community MHMR Services
0625	ECM (Elderly Case Management)
0700	Treatment Foster Care
0701	Regular Foster Care
0750	CSA Residential Treatment
0751	NON-CSA Residential Treatment
0800	Children under 21
0801	ORTHO under 21
0850	Adult over 21
0900	Elderly & Disabled with Consumer Directed Waiver
0902	IFDDS (Individual & Family Development Disability Services)
0920	AIDS Waiver
0940	Mental Retardation Waiver
0945	Day Support Waiver

DATA ELEMENT: **PA Service Type Code (DE2635)**

VALID VALUES:

Valid Value	Description
0950	CDPAS
0960	Tech Waiver
0970	Children's Mental Health Waiver
0980	Alzheimer's Disease Waiver

DATA ELEMENT: PA Service Type Description (DE2636)

These are the descriptions that correspond to the valid codes for DMAS defined service categories that appear on the reverse side of the PA Request form.

BUSINESS NAME: N/A

REFERENCE NAME: T_SRVC_TYPE_DESC

DEFAULT: N/A

COBOL PICTURE: X(100)

DB2 TYPE: CHAR(100)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0050	Outpatient Psych
0051	SPO Substance Abuse
0090	Private Duty Nursing
0091	Personal Care
0092	EPSDT DME
0093	EPSDT In-Patient Psych.
0094	EPSDT Outpatient Psychiatric Services
0095	EPSDT Outpatient Rehabilitation Services
0096	EPSDT Substance Abuse Services
0097	EPSDT Home Health
0098	EPSDT Inpatient Treatment
0099	EPSDT Pharmacy
0100	DME
0101	Nursing Home
0102	Tech Waiver DME
0200	Intensive Rehab
0201	CORF
0202	Special Vent Contract
0203	Special Contract (Out of State)
0204	Outpatient Rehab
0205	Department of Education
0206	Special DOE Rehab
0300	Organ Transplants

DATA ELEMENT: PA Service Type Description (DE2636)

VALID VALUES:

Valid Value	Description
0301	Out of State Services
0302	Surgical/Invasive
0303	Prosthetics
0304	Muscular Skeletal Devices
0305	Vision
0306	Other
0307	Rhinoplasty/Septoplasty
0308	Muscular Skeletal Devices/Procs
0309	Vision
0310	Other Surgical Procedures
0311	Anesthesia (Telephonic Only)
0312	Urinary and Genital Devices/Procs
0313	Hearing Aides
0400	Inpatient Admission
0401	Inpatient Psych
0450	Magnetic Resonance Imaging (MRI) Scan
0451	Computerized Axial Tomography (CAT) Scan
0452	Positron Emission Tomography (PET) Scan
0500	Home Health
0550	Hospice
0600	Community MHMR Services
0625	ECM (Elderly Case Management)
0700	Treatment Foster Care
0701	Regular Foster Care
0750	CSA Residential Treatment
0751	NON-CSA Residential Treatment
0800	Children under 21
0801	ORTHO under 21
0850	Adult over 21
0900	Elderly & Disabled with Consumer Directed Waiver
0902	IFDDS (Individual & Family Development Disability Services)
0920	AIDS Waiver
0940	Mental Retardation Waiver
0945	Day Support Waiver

DATA ELEMENT: PA Service Type Description (DE2636)

VALID VALUES:

Valid Value	Description
0950	CDPAS
0960	Tech Waiver
0970	Children's Mental Health Waiver
0980	Alzheimer's Disease Waiver

DATA ELEMENT: **PA Detail Action Reason Code (DE2637)**

Prior Authorization Action reason code.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_ACTION_RSN

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0999-1999	Approved Reason code range
2000-2999	Pend Reason code range
3000-3999	Deny Reason code range
4000-4999	Reject Reason code range

DATA ELEMENT: **PA Detail Action Reason Description (DE2638)**

Prior Authorization Action reason code description.

BUSINESS NAME: N/A

REFERENCE NAME: T_PA_ACTION_DESC

DEFAULT: N/A

COBOL PICTURE: X(255)

DB2 TYPE: CHAR(255)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PA Media Type Code (DE2639)

These are the valid codes that indicate in which form the PA originated: paper, telephone, etc.

BUSINESS NAME: N/A

REFERENCE NAME: C_MEDIA_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Paper
1	Online entry
7	EDI
8	Telephone
N/A	N/A
N/A	N/A

DATA ELEMENT: **PA Procedure Code (DE2640)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Procedure Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Detail Action Status Code (DE2641)**

The code indicating the status of a PA at any given point in its history.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Approved
AC	Approved Combined (used for Miscellaneous DME and Scan Total Lines)
AJ	Approved and rejected
AM	Approved and modified
AR	Approved/Received (New Data Received)
AT	Approved Transferred
C	Cancelled
CT	Cancelled Transferred
D	Denied
DR	Denied/Received (Supporting Document Received)
J	Rejected
K	KePRO error
MC	Approved Combined (used for Miscellaneous DME and Scan Detail Lines)
MJ	Approved Rejected (used for Miscellaneous DME and Scan Detail Lines)
MM	Approved Modified (used for Miscellaneous DME and Scan Detail Lines)
MN	Approval Reversed; Claims No Longer Accepted (used for Miscellaneous DME and Scan Total Lines)
MR	Miscellaneous Received (used for Miscellaneous DME procedures)
MT	Miscellaneous Transferred (used for Miscellaneous DME procedures)
N	Negative (Pharmacy Only)
P	Pend
PR	Pend/Received (Supporting Document Received)
R	Received
RJ	Received/Rejected

DATA ELEMENT: **PA Time Period Qualifier (DE2642)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Time Period Qualifier

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Non-paper Enclosure Indicator (DE2643)**

Indicates whether a non-paper enclosure accompanied a request for a prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: F_NONPAPER_ENCL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **PA X-rays Enclosed Indicator (DE2644)**

Indicates whether X-rays accompanied a request for a prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: F_XRAY_ENCL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **PA Photographs Enclosed Indicator (DE2645)**

Indicates whether photographs accompanied a request for a prior authorization.

BUSINESS NAME: N/A

REFERENCE NAME: F_PHOTO_ENCL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **PA Actual Cost Per Unit (DE2646)**

The unit cost of the procedure that is authorized.

BUSINESS NAME: N/A

REFERENCE NAME: N_PA_COST_PER_UNIT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA EPSDT Indicator (DE2648)**

Prior Authorization Early Periodic Screening Indicator.

BUSINESS NAME: N/A

REFERENCE NAME: F_EPSDT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **PA Service Trace Number - Clearing House (DE2649)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Service Trace Number - Clearing House

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Enrollee Identification Number (DE2650)**

ENROLLEE IDENTIFICATION NUMBER

BUSINESS NAME: N/A

REFERENCE NAME: I_ENROLLEE

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Trace Assigning Entity Identifier - Clearing House (DE2651)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Trace Assigning Entity Identifier - Clearing House

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Referring Provider Identification Number (DE2652)**

The provider number of the referring provider.

BUSINESS NAME: N/A

REFERENCE NAME: I_REFR_PRESCB_PROV

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Requester Follow-up Action Code (DE2653)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Requester Follow-up Action Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA AAA Error Designation (DE2654)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: HIPAA AAA Error Designation

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Attachment Report Type Code (DE2655)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Attachment Report Type Code

DEFAULT: N/A

COBOL PICTURE: PIC X(02).

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Attachment Report Transmission Code (DE2656)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Attachment Report Transmission Code

DEFAULT: N/A

COBOL PICTURE: PIC X(02).

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Health Care Services Action Code (DE2660)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Health Care Services Action Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Health Care Services Reject Reason Code (DE2661)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Health Care Services Reject Reason Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Time Period Qualifier (DE2662)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: PA Time Period Qualifier

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Split Claim Flag (DE2673)**

Flag that indicates that another claim was system generated to split this bill due to overlapping coverage's.

BUSINESS NAME: N/A

REFERENCE NAME: F_SPLIT_CLAIM

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	This is not a split claim.
Y	This is a split claim.

DATA ELEMENT: **Claim TPL Flag (DE2674)**

Indicates that the enrollee had TPL coverage on the claim's date of service.

BUSINESS NAME: N/A

REFERENCE NAME: F_TPL

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No TPL on the date of service.
Y	One or more TPL policies on the date of service.

DATA ELEMENT: **Conflicting Claim ICN Media (DE2678)**

The ICN media code of the conflicting history claim. See data element 2478.

BUSINESS NAME: N/A

REFERENCE NAME: I_CNFLCT_ICN_MEDIA

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Conflicting Claim ICN Sequence Number (DE2679)**

The ICN sequence number of the conflicting history claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_CNFLCT_ICN_SEQ

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Conflicting Claim ICN Line Number (DE2681)**

The claim line number of the conflicting history claim.

BUSINESS NAME: N/A

REFERENCE NAME: I_CNFLCT_ICN_LINE

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Dental Medical Coverage Flag (DE2684)**

Indicates the patient has dental insurance.

BUSINESS NAME: N/A

REFERENCE NAME: F_ADA_MED_COVERAGE

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **PA Dental Models Enclosed Indicator (DE2700)**

Indicates whether dental models were enclosed with the PA application.

BUSINESS NAME: N/A

REFERENCE NAME: F_DNTL_MOLD_ENCL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Transportation Enrollee Region (DE2704)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-ENROLL-RGN

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Number of Rides (DE2705)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-NO-RIDE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Number of Passengers (DE2706)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-NO-PASSNGR

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Trip Type (DE2707)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-TRIP-TYP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Trip Reason (DE2710)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-TRIP-RSN

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup Hour (DE2711)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PICKUP-HH

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup Minute (DE2712)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PICKUP-MM

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Dropoff Hour (DE2713)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DROPOFF-HH

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Dropoff Minute (DE2714)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DROPOFF-MM

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Destination Address 1 (DE2715)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DEST-ADDR1

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE: CHAR(18)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Destination Address 2 (DE2716)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DEST-ADDR2

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE: CHAR(18)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Destination City (DE2717)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DEST-CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Destination State (DE2720)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DEST-ST

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Destination Zip Code (DE2721)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-DEST-ZIP

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup Address 1 (DE2722)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PKUP-ADDR1

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE: CHAR(18)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup Address 2 (DE2723)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PKUP-ADDR2

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE: CHAR(18)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup City (DE2724)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PKUP-CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup State (DE2725)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PKUP-ST

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Pickup Zip Code (DE2726)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: ENC-TRANS-PKUP-ZIP

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim CHIRP/Adjustment Request Name (DE2780)**

For CHIRP requests, this is the name of the user entering the request. For Mass Adjustment requests, this is the user chosen name given to the request (Any text can be entered).

BUSINESS NAME: N/A

REFERENCE NAME: T_REQ_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim CHIRP Request Identification (DE2781)

The unique ID assigned to the request record that is built. The first 7 characters are the date the request was made (CCYYDDD) and the next 6 are a sequence number.

BUSINESS NAME: N/A

REFERENCE NAME: I_REQUEST_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(13)

DB2 TYPE: DECIMAL(13)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Chirp Request Report Format (DE2785)

Identifies the report requested from the Chirp selection screen.

BUSINESS NAME: N/A

REFERENCE NAME: C_CHR_RQST_RPT

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: NUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Enrollee Payment Request by Provider (CP-O-008-01 & CP-O-008-02)
10	Provider Payment Request Procedure Codes (CP-O-009)
11	Provider Payment Request Select Sorts (CP-O-009)
2	Enrollee Payment Request by Dates of Services (CP-O-008-01 & CP-O-008-02)
3	Enrollee Payment Request by Select Sorts (CP-O-008-01 & CP-O-008-02)
4	Enrollee Peer Review by Provider (CP-O-455)
5	Enrollee Peer Review by Dates of Services (CP-O-455)
6	Enrollee Peer Review Select Sorts (CP-O-455)
7	Enrollee Drug Utilization (CP-O-424)
8	Provider Payment Request by Enrollee (CP-O-009)
9	Provider Payment Request by Dates of Services (CP-O-009)

DATA ELEMENT: **Claim Emergency Identifier (DE2802)**

A flag that indicates whether or not the service was an emergency.

BUSINESS NAME: N/A

REFERENCE NAME: F_EMERGENCY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No emergency
Y	Emergency

DATA ELEMENT: ClaimCheck savings report frequency (DE2803)

Frequency of the record in CP-F-065

BUSINESS NAME: ClaimCheck savings report frequency

REFERENCE NAME: CP-CPF065-FREQ

DEFAULT: N/A

COBOL PICTURE: 8

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
CCDLY	Daily record
CCMON	Monthly record
CCYEAR	Year-to-date record

DATA ELEMENT: **Claim Prescribing Physician Identification Number (DE2826)**

Drug Claim Prescribing provider ID. It is left-justified, space filled.

BUSINESS NAME: N/A

REFERENCE NAME: I_PRESCRIB_PROV

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim CHIRP Request Status (DE2828)

The status of the CHIRP or Mass Adjustment/Void request on the Claim Request File.

BUSINESS NAME: N/A

REFERENCE NAME: C_RQST-STATUS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Active (unprocessed)
F	Failed - no records selected
P	Processed

DATA ELEMENT: Claim Pend From Location (DE2840)

The location a pended claim was transferred from.

BUSINESS NAME: N/A

REFERENCE NAME: C_PND_LOC_FRM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
001	Budget Pend Recycle
002	Financial Pend
100	First Health Claims Reso (Easy Pends)
200	First Health Claims Reso (Complex Pends)
217	Special Batch Pends
218	Payment Processing Manager
219	Contract Monitor
220	Management Review
221	Pricing - DMAS
225	Capitation Payments
230	Medallion Management Fees
250	First Health Claims Reso (Supervisor Review)
300	HUR General Claims Receipt
308	SLH Hospital
310	SLH
312	ER Hospital
313	CMM Claims
314	ER Physician
317	Nonresident Alien
319	TDO Physician
320	TDO
321	Consultant Review
333	Out of State Hospital

DATA ELEMENT: Claim Pend From Location (DE2840)

VALID VALUES:

Valid Value	Description
400	Medical Support - Professional Consultant
403	Medical Support - Professional Consultant
404	Medical Support - Professional Consultant
407	Pharmacy Consultant
500	Customer Services
600	DMAS Recycle by System
650	Pend for Letter
700	Pre Authorization - WVMI
750	EDI Claims waiting for attachment
800	Post Payment Review
900	DMAS TPL

DATA ELEMENT: Claim Pend To Location (DE2841)

The location a pended claim was transferred to.

BUSINESS NAME: N/A

REFERENCE NAME: C_PND_LOC_TO_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
001	Budget Pend Recycle
002	Financial Pend
100	First Health Claims Reso (Easy Pends)
200	First Health Claims Reso (Complex Pends)
217	Special Batch Pends
218	Payment Processing Manager
219	Contract Monitor
220	Management Review
221	Pricing - DMAS
225	Capitation Payments
230	Medallion Management Fees
250	First Health Claims Reso (Supervisor Review)
300	HUR General Claims Receipt
308	SLH Hospital
310	SLH Physician
312	ER Hospital
313	CMM Claims
314	ER Physician
317	Nonresident Alien
319	TDO Physician
320	TDO Hospital
321	Consultant Review
333	Out of State Hospital

DATA ELEMENT: Claim Pend To Location (DE2841)

VALID VALUES:

Valid Value	Description
400	Medical Support - Professional Consultant
403	Medical Support
404	Medical Support
407	Pharmacy Consultant
500	Customer Services
600	DMAS Recycle by System
650	Pend for Letter
700	Pre Auth - WVMI
750	EDI Claims waiting for attachment
800	Post Payment Review
900	DMAS TPL
Valid Values in	001;Budget Pend Recycle; 100;

DATA ELEMENT: **Claim Medical Record Number (DE2845)**

The facility medical record number.

BUSINESS NAME: N/A

REFERENCE NAME: I_MED_REC_NO

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: CHAR(24)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim CHIRP Request Recipient Age (DE2846)**

The enrollee age (on the claim from date of service) that will be used for selecting claims for a CHIRP or mass adjustment request.

BUSINESS NAME: N/A

REFERENCE NAME: C-RQST-ENROL-AGE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: NUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim CHIRP/Adjustment Request Type of Action (DE2855)

This is the field in the Claim Request File (CP-F-015), which is used in CHIRP and Mass Adjustment processing, that identifies the type of request.

For CHIRP, it determines whether a report (C) or a data file (F) or a report and CSV excel file (B) is to be produced.

For Mass Adjustments it controls whether adjustments (A) or voids (V) are to be created, or whether the generated adjustments/voids are to be deleted (D) or approved (M).

BUSINESS NAME: N/A

REFERENCE NAME: C-RQST-ACTION

DEFAULT: None

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Generate Mass Adjustments
B	Generate Chirp Report and CSV excel file
C	Generate Chirp Report
D	Delete Mass Adjustment or Mass Void Request
F	Chirp File
M	Approve Mass Adjustments or Mass Voids or Reprocess of Denied Claims
P	Generate Reprocess of Denied Claims
R	Recycle Pended Claims with selection criteria
V	Generate Mass Voids

DATA ELEMENT: **Claim CHIRP Request Payment Date (DE2868)**

The payment date that will be used for selecting claims for a CHIRP or mass adjustment request.

BUSINESS NAME: N/A

REFERENCE NAME: C-RQST-PYMT-DATE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Claim Discharge Status (DE2869)

For facility claims, a code indicating the status of the patient.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISCHG_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to another short term general hospital for inpatient
03	Discharged/transferred to skilled nursing facility (SNF)
04	Discharged/transferred to intermediate care facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or
06	Discharged/transferred to home under care of organized home health service
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of a Home IV provider
09	**Admitted as an inpatient to this hospital
10	Discharge to be defined at state level, if necessary
11	Discharge to be defined at state level, if necessary
12	Discharge to be defined at state level, if necessary
13	Discharge to be defined at state level, if necessary
14	Discharge to be defined at state level, if necessary
15	Discharge to be defined at state level, if necessary
16	Discharge to be defined at state level, if necessary
17	Discharge to be defined at state level, if necessary
18	Discharge to be defined at state level, if necessary
19	Discharge to be defined at state level, if necessary
20	Expired
21	Expired to be defined at state level, if necessary
22	Expired to be defined at state level, if necessary
23	Expired to be defined at state level, if necessary

DATA ELEMENT: Claim Discharge Status (DE2869)

VALID VALUES:

Valid Value	Description
24	Expired to be defined at state level, if necessary
25	Expired to be defined at state level, if necessary
26	Expired to be defined at state level, if necessary
27	Expired to be defined at state level, if necessary
28	Expired to be defined at state level, if necessary
29	Expired to be defined at state level, if necessary
30	Still patient or expected to return for outpatient services
31	Still patient to be defined at state level, if necessary
32	Still patient to be defined at state level, if necessary
33	Still patient to be defined at state level, if necessary
34	Still patient to be defined at state level, if necessary
35	Still patient to be defined at state level, if necessary
36	Still patient to be defined at state level, if necessary
37	Still patient to be defined at state level, if necessary
38	Still patient to be defined at state level, if necessary
39	Still patient to be defined at state level, if necessary
40	*Expired at home
41	*Expired in a medical facility, e.g. hospital, SNF, ICF or free standing ho
42	*Expired - place unknown
43	Discharged/transferred to a federal hospital
50	Hospice - home
51	Hospice - medical facility
61	Discharged/transferred within this institution to hospital-based swing bed
62	Discharged to Inpat Rehab Fac Incl Rehab Distinct Part Units of a Hosp
63	Discharged/Transferred to a medicare certified long term care Hospital
64	Dischrg/Tranfrd to a Nursing Fac certified under Medicaid not Medicare
65	Dischrg/Tranfrd to a Psych Hosp or Psych distinct part unit of Hosp
66	Dischrg/Tranfrd to a Critical Access Hospital (CAH)
Valid Values in	01;Discharged to home or self

DATA ELEMENT: NATCEP-Payment-Amount (DE2881)

The payment days multiplied by the provider's NATCEP (Nurse Aide Training and Competency Evaluation Program) rate.

BUSINESS NAME: N/A

REFERENCE NAME: N_NATCEP_PMT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **NPI Only Ind (DE2884)**

N/A

BUSINESS NAME: NPI-only selection indicator

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Incoming Request Code (DE2886)**

The type of request that comes in on the PA form.

BUSINESS NAME: N/A

REFERENCE NAME: C_PA_INC_REQ_CD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Change request
D	Cancel request
O	Original request

DATA ELEMENT: **Claim Dental Quadrant (DE2892)**

The mouth quadrant code.

BUSINESS NAME: N/A

REFERENCE NAME: C_MOUTH_QUADRANT

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
FM	Full Mouth
LL	Lower Left
LR	Lower Right
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
UL	Upper Left
UR	Upper Right

DATA ELEMENT: **PA Servicing Provider Phone Number (DE2895)**

Provider contact phone number.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT_PHONE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Revenue Allowed Amt (DE2991)**

Claim revenue line allowed amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_REV_ALLOWED_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Original Allowed Amount (DE2992)**

The calculated allowed amount prior to reduction.

BUSINESS NAME: N/A

REFERENCE NAME: N_ORIG_ALLOW_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims CLIA Number (DE2993)**

CLIA number captured from the HCFA input data.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLIA_

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Encounter Payment Amount (DE2994)

This field will contain the claim payment amount for dental encounters from Doral. These can be identified with having media = 9, claim type = 11, and service vendor = 1076.

BUSINESS NAME: N/A

REFERENCE NAME: N_ENC_PYMT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE: Decimal(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Encounter Payment Date (DE2995)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_ENC_PYMT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Life Threatening Indicator (DE2996)**

Indicator that identifies that the situation was life threatening based on documentation with the consent form.

BUSINESS NAME: N/A

REFERENCE NAME: F_LIFE_THREATENING

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Revenue Line Number in Error (DE5565)**

Identifies the Revenue Line Number in Error

BUSINESS NAME: N/A

REFERENCE NAME: I_FAC_REV_LINE_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A

DATA ELEMENT: **ProDUR Code Counter (DE5729)**

Counter number for each ProDUR set/logical grouping for pharmacy claims with ProDUR data. (The set includes conflict, intervention and outcome codes)

BUSINESS NAME: N/A

REFERENCE NAME: I_PRODUR_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Other Prescriber Indicator (DE5732)**

Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.

BUSINESS NAME: N/A

REFERENCE NAME: C_OTH_PRESCRIBER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Specified
1	Same Prescriber
2	Other Prescriber

DATA ELEMENT: **ProDUR Formatted Message (DE5734)**

Text that provides additional detail regarding a DUR conflict.

BUSINESS NAME: N/A

REFERENCE NAME: T_FORMATTED_MSG

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Clinical Significance (Severity) Code (DE5739)**

Code identifying the significance or severity level of a clinical event as contained in the originating data base.

BUSINESS NAME: N/A

REFERENCE NAME: C_SEVERITY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0 or space	N/A
1	MAJOR
2	MAJOR/MODERATE
3	MODERATE
4	MODERATE/MINOR
5	MINOR

DATA ELEMENT: **ProDUR Other Pharmacy Indicator (DE5744)**

Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.

BUSINESS NAME: N/A

REFERENCE NAME: C_OTHER_PHRM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Specified
1	Your Pharmacy
2	Other Pharmacy in Same Chain
3	Other Pharmacy

DATA ELEMENT: **ProDUR Previous Fill Date (DE5745)**

Date prescription was previously filled.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREV_FILL

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Previous Filled Quantity (DE5746)**

Amount expressed in metric decimal units of the conflicting agent that was previously filled.

BUSINESS NAME: N/A

REFERENCE NAME: N_PREV_FILL_QTY

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
Eligibility Verification Continuation Indicator	3269	An indicator on the log record of the eligibility verification request showing that the record is a continuation of one transaction.
Adapt Indicator	3997	Indicates if the possible duplicate request to DMAS is submitted thru ADAPT interface.
Administrative FIPS Code End Reason	3486	The reason an Administrative FIPS Code was changed for an enrollee.
Aid Category Adult/Child Indicator	3305	Field is used to designate whether an aid category is applicable to an adult, child, or both.
Aid Category Basis of Eligibility (Adult)	3308	Federal Aid Category Basis of Eligibility code for adults.
Aid Category Basis of Eligibility (Child)	3310	Federal Aid Category Basis of Eligibility code for children.
Aid Category Basis of Eligibility Description (Adult)	3309	Description for Federal Aid Category Basis of Eligibility code for adults.
Aid Category Basis of Eligibility Description (Child)	3311	Description for Federal Aid Category Basis of Eligibility code for children.
Aid Category Begin Date	3024	The beginning date of an Aid Category; the date from which it is effective.
Aid Category Code Description	3301	Description of the Aid Category. See Domain of Values for DE3300.
Aid Category Co-pay Indicator	3304	Field is used to designate if co-payment is applicable.
Aid Category End Date	3027	The date an Aid Category was closed.
Aid Category End Reason	3180	The reason an aid category was closed or ended.
Aid Category Money Payment Status Code	3306	Federal Aid Category Maintenance Assistance Status.
Aid Category Money Payment Status Description	3307	Description of the federal Maintenance Assistance Status Code.
Authorized Representative Effect Date	3188	Effective date of the Authorized Representative information
Batch Report Title	9992	Unique to every report
BENDEX Agency Code	3509	The state agency code as assigned by SSA.
BENDEX Beneficiary's Own Social Security Number (SSN)	3534	This field reflects the beneficiary's own validated SSN or will be blank.
BENDEX Birth Date	3507	The individual's birth date carried in MMDDCCYY format.
BENDEX Black Lung Entitlement Status	3532	A code indicating black lung benefit status. See BENDEX Handbook, field 30
BENDEX Category of Assistance Code	3511	This field will contain the most recent code submitted by the State in position 50 of the direct input record, which will overlay any existing code in the MBR. It represents the enrollee's Medicaid category of assistance.
BENDEX Communications Code	3519	Reason for not providing BENDEX information to the State agency.
BENDEX Disability Onset Date	3536	The most recent date of disability onset, reflected as MMCCYY. If onset was prior to 1975, no date may appear; or disability not involved.
BENDEX DSS Inquiry Status Flag	3448	A one position field used to indicate whether the recipient is or is not active for DSS BENDEX inquiries.
BENDEX Dual Entitlement Indicator	3535	Indicator set by BENDEX to indicate that a beneficiary is entitled on more than one Claim Account Number. See BENDEX Handbook, field 32 I
BENDEX First Name	3503	The individual's first name.
BENDEX HI Premium Payer	3539	A code assigned by HCFA indicating who is paying the HI premium.
BENDEX Hospital Insurance Entitlement Date	3527	The current date of entitlement to hospital insurance benefits; reflected as MMCCYY.

Element Name	Element ID	Description
BENDEX Hospital Insurance Option Code (HOC)	3526	The beneficiary's most recent Hospital Insurance Option Code (HOC) from BENDEX.
BENDEX Hospital Insurance Premium Amount Collectable	3528	The current hospital insurance premium amount collectable reflected as $$$cc.
BENDEX Hospital Insurance Termination Date	3529	The most recent termination date from Hospital Insurance benefits, reflected as MMCCYY.
BENDEX Initial Entitlement Date	3518	The initial date of entitlement to Title II benefits formatted as MMCCYY.
BENDEX Middle Initial	3504	The individual's middle initial.
BENDEX Monthly Benefit Payable	3517	The net amount due the beneficiary on the third of the next month after the BENDEX record is produced. Note: Money amounts are displayed where the beneficiary was previously entitled or is in a nonpayment status.
BENDEX Old BIC	3513	Old Beneficiary Identification Code that is retained on file when a Health Insurance Claim Number or HIC is changed or corrected. It is an alphanumeric suffix to the HIC that designates the type of benefits an individual is receiving, such as wage earner's. wife's. or child's benefits.
BENDEX Part A Third Party Premium Date	3538	Date the Part A Third Party Premium is paid by the state.
BENDEX Payment Status Code	3516	The status of the Beneficiary's Social Security benefits. Initialized to spaces on add. Generated by BENDEX update. Valid values defined in BENDEX Handbook.
BENDEX Proof of Birth Date Indicator	3508	An indication whether the date of birth was documented by SSA.
BENDEX Query Code	3447	A code indicating that a query should be made for this recipient to SSA thru BENDEX, or the response that was received from SSA.. A query is generated for new, reinstated and cancelled recipients as well as when the HIC Number (SSA Claim Number) changes.
BENDEX Record Source Code	3510	A code to inform the State of the source of the request which caused the production of the record. Cannot be updated via online transaction. See BENDEX handbook for coding scheme.
BENDEX RRB Status Code	3531	A code indicating Railroad Retirement Board Benefit Status. A BENDEX field. See BENDEX Handbook, field 29.
BENDEX Sex Code	3506	The individual's sex.
BENDEX SMI Entitlement Date	3522	The current date of entitlement to SMI benefits (DOES) from the MBR formatted as MMCCYY.
BENDEX SMI Non Covered Reason Code	3521	The currently recorded SMI Non Covered Reason Code.
BENDEX SMI Premium Amount Collectable	3523	The current SMI premium amount collectable (SPAC) which includes the regular Part B premium, the catastrophic add-on, and prescription drug add-on. Zero (00000) is displayed when the Date of Entitlement to SMI (DE 3522) is in the future.
BENDEX SMI Premium Payer	3524	A code assigned by HCFA indicating who is paying the SMI premium.
BENDEX SMI Termination Date	3525	The effective date for which a previous period of Part B coverage was terminated, that is, the first month of no coverage formatted MMCCYY.
BENDEX Social Security Number (SSN)	3514	The individual's Social Security Number.
BENDEX SSA Claim (HIC) Number	3501	The number at the Social Security Administration under which the beneficiary data is kept for the recipient.
BENDEX SSA Information Exchange Code	3031	A coding scheme established by BENDEX containing various alphanumeric codes used to interpret the data exchanged between BENDEX and the State agency. See BENDEX Handbook for explanation of transaction codes.
BENDEX SSI Entitlement Date	3537	The current date of entitlement to SSI benefits formatted as MMCCYY.
BENDEX SSI Status Code	3520	A code that reflects the beneficiary's status in the SSI program.

Element Name	Element ID	Description
BENDEX State Control Data	3512	This field is used as a state identifier number when the State communicates with SSA. In Virginia, this field will contain the Enrollee ID.
BENDEX Surname	3502	The individual's last name.
Benefit Aid Category Begin Date	3918	Begin date for the benefit aid category entry.
Benefit Aid Category End Date	3919	End date for the benefit aid category entry.
Benefit Definition Benefit Plan Code	3550	An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.
Benefit Definition Plan Begin (Effective) Date	3556	The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding.
Benefit Definition Plan Benefit Code	3553	The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan.
Benefit Definition Plan End (Termination) Date	3557	The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding.
Benefit Definition Plan Name	3554	A description of the Benefit Plan.
Benefit Definition Plan Owner	3649	DMAS Business Unit responsible for initiating maintenance to the characteristics of the Benefit Plan.
Benefit Definition Plan Program Code	3551	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding.
Benefit Definition Plan Short Name	3555	A short, concise description of a Benefit Plan used primarily in reporting.
Benefit Definition Plan Subprogram Code	3552	The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program.
Benefit Definition Plan Termination Reason	3559	The reason a Benefit Plan was closed or terminated.
Benefit Exception Code Flag	3040	Specifies the category of the benefit exception code.
Benefit Package Rule Sequence Number	3195	It is used to make entries unique on the Benefit Package Rule Table..
Benefit Package Rule Value Begin Date	3197	The begin date associated with a specific benefit package rule value.
Benefit Package Rule Value End Date	3198	The End Date associated with a specific benefit package rule value.
Benefit Plan Code Begin Date	3965	Begin date of the plan code table entry.
Benefit Plan Code End Date	3966	End date of the benefit plan code table entry.
Benefit Plan Exception Indicator	3072	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing facility or waiver service. It also identifies CMM restriction levels.
Benefit Program Begin Date	3959	The begin date of the program entry.
Benefit Program End Date	3960	End date of the program entry.
Benefit Program Unconditional Overlap Flag	3923	Indicates if a benefit program has no overlap restrictions with any other program.
Benefit Sub Program Begin Date	3961	Begin date of the sub program table entry.
Benefit Sub Program End Date	3962	End date for the sub program table entry.
BENSTAT Benefit Account Code	3984	The beneficiary's validated SSN as received from BENDEX.
BENSTAT SS Name	3982	Individual's name for comparison reporting with BENDEX name.
BENSTAT SS SSI	3983	SSI status and SSI entitlement prior to the BENDEX update.
BENSTAT ST Name	3980	Individual's name as received from BENDEX.
BENSTAT ST SSI	3981	SSI status and SSI entitlement date as received from BENDEX.

Element Name	Element ID	Description
Case ADAPT Number	3469	DSS assigned Case ID in the ADAPT system.
Case Additional Address Name	3560	Additional name information for the case address such as 'care of' or attention information.
Case Administrative FIPS Begin Date	3491	The date on which the case was assigned to the associated Administrative FIPS Code.
Case Administrative FIPS Code	3039	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued.
Case Administrative FIPS End Date	3492	The date on which the case was no longer assigned to the associated Administrative FIPS Code.
Case City Name	3562	Name of the city in which the case is located.
Case First Name	3488	The first name of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
Case Identification Number	3043	A number that uniquely identifies the family or group of individuals in the same Case entity.
Case Last Name	3487	The last name of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
Case Middle Initial	3489	The middle initial of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
Case Name	3046	The name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. (See DE 3487-3490)
Case Name Suffix	3490	The suffix of the name (if present) of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
Case Review Date	3432	Date selected for review of eligibility. Used in monthly processing for Welfare Utilization reports.
Case Sequence Number	3928	Sequence number to the case table entry.
Case Social Security Number	3450	The social security number of the Case head of household.
Case State Code	3563	State abbreviation of the state in which the case is located.
Case Street Address	3561	The street address of the case.
Case Worker Indicator	3435	The indicator has two valid values 'X' (DSS worker) and 'V' (FAMIS case worker).
Case Worker Number	3431	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office.
Case ZIP Code	3564	ZIP code of the area in which the case is located.
Case ZIP Code Begin Date	3493	The date when the case was initially located in the associated ZIP Code.
Case ZIP Code End Date	3494	The date when the case was no longer located in (moved from) the associated ZIP Code.
Category of Eligibility Age Break	3969	This field identifies the age to be used in determining whether the Adult COE is used for the enrollee or the Child COE. If the age of the enrollee is >= the age break field, the Adult COE is used, otherwise the Child COE is used.
Claim number/SSN match	3573	Flag to indicate whether a particular claim number type should always match the enrollee's SSN.
COBA Eligibility File Acknowledgement Count of Records Received	3605	
COBA Eligibility File Acknowledgement File Date Created by COBA	3603	Format: YYYYDDMM
COBA Eligibility File Acknowledgement Rejection Reason Text	3607	

Element Name	Element ID	Description
COBA Eligibility File Acknowledgement Status	3606	
COBA Eligibility File Record Count	3612	
COBA Eligibility Update File Effective Date	3611	Format: YYYYMMDD
COBA ERF Error Code	3609	
COBA File Coventry Coba ID	3602	Coventry identification used in communications and transmissions to and from the COBC. 1. Copylib RSF911 - RSF911-COBA-ID 2. Copylib RSF335C - RSF355C-COBA-ID
COBA File State Code	3604	
COBA RECORD ID	3601	Identifies the type/function of the COBA record in which it is contained. In its use, the RECORD-ID prefix depends the file to which it refers and the copylib used by that file. 1. Copylib RSF911 - RSF911-RECORD-ID 2. Copylib RSF335C - RSF355C-RECORD-ID Always 'EFA'.
COBA Transaction Update Indicator	3610	A one character code directing the COBA contractor how to process the eligibility record.
Comment Indicator	3075	The field contains values 'Y' (Comments present) or 'N' (Comments not present).
Correspondence Sequence Number	3904	Sequence number for the Correspondence entry.
Data Source	3930	Source supplying data.
Default Benefit Indicator	3148	This Indicator specifies the default benefit to be used for assignment/pre-assignment in a MED III area.
Default Benefit Package Flag	3931	a Flag that indicates if the Benefit Package is a default for a specific aid category.
Description	3907	Description field used by various tables.
Disease Management Program Eligibility Group	3592	Describes the enrollees program code.
Disease Management Program Recipient Status	3593	Text description of the age grouping for enrollees.
DMAS Review Flag	3994	Indicates the status of possible duplicate request for review submitted by DSS to DMAS. Review flag '1' - Pending status, '2' - Approved status, '3' - Denied status
DSS Request Date	3996	The date of possible duplicate review request submitted by DSS to DMAS
DSS Request Type	3995	Possible duplicate request submitted by DSS to DMAS during the 'ADD' or 'UPDATE' mode of the enrollee.
DSS Special Follow Up Code	3433	Indicates that the case is receiving TANF extended coverage, transitional coverage or diversionary assistance. It is used by the system for the generation of notification letters and cancellation. Please note that all associated Business Rules and Valid Values apply to Benefit Plan Program Code 01 only.
DSS Special Follow Up Effective Date	3434	The date the recipient in the case with TANF extended coverage, transitional coverage or diversionary assistance are to be sent (or were sent) TANF notification letters. Please note that all associated Business Rules apply to Benefit Plan Program Code 01 only.
Duplicate Person ID	3942	Duplicate Person ID number.

Element Name	Element ID	Description
EDB SEX CODE	3079	Code indicating the sex code of the Enrollee in the EDB file.
Eligibility Cancel Date	3452	The date of termination of an enrollee's eligibility under an aid category..
Eligibility Cancel Reason	3451	The reason code associated with the termination of an enrollee's eligibility under an aid category.
Eligibility Cancel Reason Description	3457	The description of the reason code associated with the termination of an enrollee's eligibility under an aid category.
Eligibility Cancel Reason End Date	3455	The end date a cancel reason for an aid category is valid.
Eligibility Date Added	3037	The date an eligibility segment for an enrollee was added to the system.
Eligibility Days Overlap	3050	The number of days an aid category may overlap with another in a different program.
Eligibility Default Package Begin Date	3963	Begin date for the eligibility default package table entry.
Eligibility Default Package End Date	3964	End date for the eligibility default package table entry.
Eligibility Edit Rule	3042	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility.
Eligibility Edit Rule Conditions	3047	The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility.
Eligibility Edit Rule Values	3056	The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to enrollee eligibility. These values will vary based on the edit rule.
Eligibility Fraud Birth Date	3206	The date of birth of a person convicted of eligibility fraud as stored on the Fraud Conviction file.
Eligibility Fraud Conviction Date	3207	The date an individual was convicted of eligibility fraud as stored on the Fraud Conviction file.
Eligibility Fraud End Date	3208	The termination date of the period during which an individual convicted of eligibility fraud is restricted from enrollment in Medicaid.
Eligibility Fraud First Name	3203	The first name of an individual convicted of eligibility fraud.
Eligibility Fraud Last Name	3202	The last name of an individual convicted of eligibility fraud.
Eligibility Fraud Locality Code	3201	The City/County (FIPS) code of the locality where an individual was convicted of eligibility fraud.
Eligibility Fraud Middle Initial	3204	The middle initial of an individual convicted of eligibility fraud.
Eligibility Fraud Social Security Number (SSN)	3200	The social security number of the individual convicted of eligibility fraud.
Eligibility Fraud Suffix	3205	The suffix of the name (when present) of an individual convicted of eligibility fraud.
Eligibility Rule Begin Date	3051	The beginning effective date of an Eligibility Rule.
Eligibility Rule Begin Date	3932	Begin date of the Eligibility Rule.
Eligibility Rule End Date	3052	The last effective date of an Eligibility Rule.
Eligibility Rule End Date	3933	Eligibility Rule End date.
Eligibility Rule Option	3066	Indicates a set of rules that apply to an aid category.
Eligibility Rule Sequence Number	3935	Sequence number of the eligibility rule table.
Eligibility Rule Value Begin Date	3160	The begin date associated with a specific value entered for an eligibility rule.
Eligibility Rule Value End Date	3161	The end date associated with a specific value entered for an eligibility rule.
Eligibility Rule Value Sequence Number	3159	An internally generated number used to allow multiple entries of a rule value.

Element Name	Element ID	Description
Eligibility Uncompensated Property Transfer Amount	3219	The value of property transferred by an individual to another person without compensation.
Eligibility Uncompensated Property Transfer Birth Date	3215	The date of birth of the individual transferring property to another person without compensation.
Eligibility Uncompensated Property Transfer Date	3216	The date an individual transferred property to another person without compensation.
Eligibility Uncompensated Property Transfer Decision Date	3217	Decision date of uncompensated transfer of property from one individual to another.
Eligibility Uncompensated Property Transfer End Date	3218	The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual.
Eligibility Uncompensated Property Transfer First Name	3212	The first name of the individual who has transferred property to another person without compensation.
Eligibility Uncompensated Property Transfer Last Name	3211	The last name of the individual who has transferred property to another person without compensation.
Eligibility Uncompensated Property Transfer Locality Code	3220	The City/County code (FIPS) of the locality where property was transferred from one person to another without compensation.
Eligibility Uncompensated Property Transfer Middle Initial	3213	The middle initial of the person who has transferred property to another individual without compensation.
Eligibility Uncompensated Property Transfer Social Security Number (SSN)	3210	The social security number of the individual who has transferred property to another person without compensation.
Eligibility Uncompensated Property Transfer Suffix	3214	The suffix of the name (when present) of the person who has transferred property to another individual without compensation.
Eligibility Verification Assistance Required Flag	3268	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required.
Eligibility Verification Enrollee ID Queried	3264	The enrollee ID entered by a provider submitting an eligibility verification request.
Eligibility Verification From Date	3266	The beginning date of service as entered by the provider when submitting an eligibility verification request.
Eligibility Verification Number	3098	The verification number assigned by the system and returned to the provider when a request for eligibility verification has been submitted and the enrollee was determined "eligible" on the dates of service specified by the request.
Eligibility Verification Provider Status	3270	This field is a code that indicates whether or not a requesting verification provider is 'active', 'inactive', or not found on the date of the request.
Eligibility Verification Query Date	3260	The date an eligibility verification request was submitted by a provider.
Eligibility Verification Query Method	3262	The communications device used by the provider when submitting a specific eligibility verification request.
Eligibility Verification Query Provider Identification Number	3263	The unique identification number under which a provider is enrolled in the new MMIS that is submitted with each request for eligibility verification, and is validated by the system.
Eligibility Verification Query Time	3261	The time, as determined by the system, a provider's eligibility verification request was submitted.
Eligibility Verification Request Disposition	3265	This field is a code that indicates whether or not an eligibility verification request received an "eligible" or "ineligible" response or whether another type of verification request found data for the dates of service submitted by the provider.
Eligibility Verification Request Type	3271	The type of information requested through the AEVS application.
Eligibility Verification To Date	3267	The ending date of service as entered by the provider when submitting an eligibility verification request.
Employer Additional Address Name	3171	Additional name information for the address information of the enrollee's employer such as 'care of' or attention information.

Element Name	Element ID	Description
Employer Address Line	3172	The street address or Post Office box of the enrollee's employer.
Employer City Name	3173	The city name associated with the enrollee's employer's address.
Employer Contact Name	3178	A contact person associated with the enrollee's employer information.
Employer Federal Identification Number	3176	The Tax ID of the enrollee's employer.
Employer Name	3170	The name of the enrollee's employer.
Employer Phone Number	3177	The phone number of the enrollee's employer.
Employer Sequence Number	3970	Sequence number to the person employer entry.
Employer State Code	3174	The state code associated with the enrollee's employer's address.
Employer ZIP Code	3175	The ZIP code associated with the enrollee's employer's address.
Enrollee ADAPT/VACIS Client Identification Number	3096	The unique identifier used by the State for each welfare Enrollee.
Enrollee Additional Address Name	3114	Additional name information for the enrollee address information such as 'care of' or 'attention' information.
Enrollee Address	3004	The address of the enrollee. See DE 3114-3118.
Enrollee Address Begin Date	3105	The effective date of the enrollee's address.
Enrollee Address End Date	3106	The end date associated with a specific address for an enrollee.
Enrollee Address Type	3107	This field indicates whether the enrollee's address is the Case address, Individual address or Authorized Representative address.
Enrollee Application Date	3041	The date an Enrollee applied for DMAS-administered program benefits.
Enrollee Authorized Change Date	3184	Date Authorized Representative information changed.
Enrollee Authorized Change source	3185	User ID of last user to make changes to Authorized Representative information.
Enrollee Authorized Representative Name	3183	Name of the authorized representative.
Enrollee Benefit Assignment Code	3019	The method by which the enrollee is assigned to the current Benefit Plan.
Enrollee Benefit Assignment Code Update Date	3154	The date of the most recent update to the Benefit Assignment Code. Used for research back through the audit trails.
Enrollee Benefit Change Source	3074	Source that provided the information resulting in a change of benefit data (examples: nursing facility or waiver enrollment); or a specific type of benefit.
Enrollee Benefit Closure Reason	3073	A code indicating the reason that the enrollee's benefit period was ended.
Enrollee Benefit Date Added	3063	The date a benefit package segment for an enrollee was added to the system.
Enrollee Benefit Disposition Code	3141	New to baseline. A code that Indicates the disposition of the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved, preassigned or void.
Enrollee Benefit Disposition Date	3140	The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user.
Enrollee Benefit Enrollment Begin Date	3064	The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assignment between a provider and an enrollee.
Enrollee Benefit Enrollment End Date	3065	The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an assignment between a provider and an enrollee.
Enrollee Benefit Initial Preassignment Code	3067	The code that indicates the method by which the enrollee was initially preassigned to the current managed care benefit.
Enrollee Benefit Managed Care Type	3142	Identifies the type of enrollee in regards to the managed care benefit plan (newly eligible, re-eligible, new county eligible, exempt).

Element Name	Element ID	Description
Enrollee Benefit Package Sequence Number	3924	Sequence number for the benefit package entry.
Enrollee Benefit Patient Account	3071	The patient account number associated with the Benefit Plan Provider's patient records, required for certain Benefit Plans such as TDO.
Enrollee Benefit Plan Exception Code Description	3076	The premium associated with the Premium plan benefit code.
Enrollee Benefit Plan HMO/PCP Provider Begin Date	3145	The begin date of the assignment between an enrollee and a primary care provider within an HMO or MCO. This information is obtained from either the HMO or enrollment broker.
Enrollee Benefit Plan HMO/PCP Provider End Date	3147	The end date of the assignment between an enrollee and a primary care provider within an HMO or MCO. This information is obtained from either the HMO or enrollment broker.
Enrollee Benefit Plan HMO/PCP Provider Identification Number	3144	The Medicaid established ID number of a primary care provider within an HMO or MCO.
Enrollee Benefit Plan HMO/PCP Provider Update Date	3150	The date the HMO/PCP information was last updated for the specified enrollee.
Enrollee Benefit Preassignment Code	3021	A code which describes the enrollee's current status in managed care.
Enrollee Benefit Preassignment Condition Code	3143	The condition of the managed care eligible enrollee in regards to preassignment. This data comes From the ERP File.
Enrollee Benefit Provider Identification Number	3062	The Provider Identification Number of the provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in.
Enrollee Benefit Reassignment/Disassociation Code Update Date	3155	The date of the most recent update to the Benefit Reassignment/Disassociation Code. Used for research back through the audit trails.
Enrollee Birth Date	3005	The enrollee's date of birth.
Enrollee Buy-in Sex Code	3082	A code indicating the sex of the enrollee in the CMS Buy-in file.
Enrollee Buy-In SMI Eligibility Code	3102	An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. An additional position has been allocated for expansion.
Enrollee Case Association Begin Date	3410	The beginning date of the period that an enrollee is associated with the specified Case.
Enrollee Case Association End Date	3411	The ending date of the period that an enrollee is associated with the specified Case.
Enrollee CID Indicator	3909	Client Information Document request indicator.
Enrollee Citizenship Level	3081	The value determines Enrollee Citizenship Level
Enrollee Citizenship Level	3165	Citizenship verification level.
Enrollee Citizenship Status	3251	Indicates if the eligible/ineligible individual is in special alien status.
Enrollee City Name	3116	Name of the city in which the enrollee lives.
Enrollee CMM Restriction Begin Date	3125	The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is setup by the recipient monitoring unit.
Enrollee CMM Restriction End Date	3130	The end date of the CMM restriction period established for a specific enrollee. This range is setup by the recipient monitoring unit.
Enrollee CMM Restriction End Reason	3132	A reason code that identifies why the enrollee's restriction period was ended.
Enrollee CMM Restriction Level	3136	A code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all.
Enrollee CMM Restriction Review Date	3133	A date used by the system to identify when enrollee data is to appear on specific CMM reports for DMAS review.

Element Name	Element ID	Description
Enrollee CMM Restriction Source	3138	A code indicating the source of the last transaction that updated the Enrollee CMM restriction data. The code may indicate a DSS case worker, DMAS staff member, CICS operator ID, or other individual.
Enrollee CMM Restriction Status Code	3134	A code that identifies the restriction period as active, pending (for when an enrollee appeals the decision by DMAS to restrict them), and void.
Enrollee CMM Restriction Status Date	3135	The date the CMM Restriction Status Code entry was made.
Enrollee CMM Restriction Status End Date	3929	End date to the enrollee CMM restriction period.
Enrollee CMM Restriction Transaction Date	3137	The date of the last change made to this CMM restriction period.
Enrollee CMM Restriction Type	3131	A code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months.
Enrollee Coinsurance Maximum	3467	The maximum amount of coinsurance or patient pay that may be required of an individual enrollee during the enrollment period.
Enrollee Comment Field	3463	A free-form text field for the use of DMAS to enter enrollee specific notations.
Enrollee Co-payment Liability	3466	This field stores the co-payment liability amount required of a specific enrollee during the benefit plan enrollment period. This does not include global co-payments related to all enrollees of a particular plan.
Enrollee Country of Origin	3253	Codes corresponding to those listed in Federal Information Processing Standards (FIPS) publication 10-2.
Enrollee Data Update/Audit Date	3940	The date of the most recent create or update of enrollee data. Used for informational research and audit trail capabilities.
Enrollee Date Added	3032	The date an Enrollee was added to the system.
Enrollee Date of Death	3036	The date of an enrollee's death.
Enrollee Diagnosis Code Source	3094	The source that assigned the diagnosis to the enrollee.
Enrollee Disability Code	3403	An indication of the type of disability associated with an enrollee.
Enrollee Disability End Date	3405	The end date of the enrollee's disability.
Enrollee Disability Onset Date	3404	The date of onset of the enrollee's disability.
Enrollee Eligibility Aid Category	3009	Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans.
Enrollee Eligibility Begin Date	3010	The date from which an enrollee may begin to receive DMAS-administered program benefits for a particular continuous period.
Enrollee Eligibility End Date	3011	The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period.
Enrollee Eligibility Extension Reason Code	3473	A code indicating the reason an enrollee's eligibility has been extended beyond the previous cancellation date.
Enrollee Eligibility Status Code	3499	A code used to indicate whether the associated eligibility period is active or voided.
Enrollee Eligibility Status Date	3012	The date an enrollee's criteria for eligibility should be reviewed. Used in monthly processing for Welfare Utilization Report.
Enrollee Entry to US Date	3252	The year and month of residence in the U.S.
Enrollee Expected Delivery/Delivery Date	3402	The date that the pregnant enrollee is expected to deliver her infant(s) or has already delivered when in the family planning waiver.
Enrollee FIPS Code	3008	A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1).
Enrollee FIPS History Begin Date	3157	Begin date of the FIPS history row.

Element Name	Element ID	Description
Enrollee FIPS History End Date	3158	End date of the Enrollee FIPS history row.
Enrollee First Name	3111	The first name of the individual eligible for a DMAS-administered medical care program.
Enrollee FPL original status	3456	Enrollee original FPL status.
Enrollee FPL Status	3449	Indicates if the enrollee's income is less than or equal to 100% Fedel Poverty Level
Enrollee FPL status begin date	3462	Enrollee FPL status begin date
Enrollee FPL status end date	3468	Enrollee FPL status end date
Enrollee Full Name	3003	The name of the individual eligible for DMAS-administered programs. See DE 3110-3113.
Enrollee Gross Income	3035	The monthly gross income; maintained uniquely with originating eligibility sources.
Enrollee Handicap Needs Code	3477	A procedure code that indicates the handicap needs of the enrollee.
Enrollee Health Condition Begin Date	3400	The date the enrollee's health condition began,
Enrollee Health Condition Code	3472	The diagnosis code that indicates the nature of the enrollee's health condition.
Enrollee Health Condition End Date	3401	The date that the enrollee's health condition ended.
Enrollee Health Condition End Reason	3558	The reason an end date was entered for an enrollee's significant health condition.
Enrollee Health Insurance Claim (HIC) Number	3002	The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number.
Enrollee HMO Opt-Out Indicator	3146	This indicator stores the enrollees current opt-out status.
Enrollee ID Card Issue/Reissue Date	3022	The date on which the most recent identification card was initially issued to a Enrollee.
Enrollee ID Card Reissue Indicator	3049	An indicator that allows additional ID cards to be reissued for an individual enrollee.
Enrollee ID Card Reissue Reason	3481	The reason code explaining why a plastic card was re-issued to an enrollee.
Enrollee ID Card Sequence Number	3482	A sequential number that is incremented by one with each re-issue of an enrollee's plastic ID card.
Enrollee ID Card Suppress Production Indicator	3059	An indicator that allows the suppression of Id card production for an individual enrollee.
Enrollee Idenity Verification	3080	Enrollee Identification Verification status.
Enrollee Identification Number	3001	The DMAS-administered identification number that is used to tie all claims for a single enrollee together.
Enrollee Identification Number Begin Date	3408	The effective begin date of the associated Enrollee ID.
Enrollee Identification Number End Date	3409	The ending date for a time period associated with an Enrollee ID.
Enrollee Identity Verification	3166	Indicates the Identity verification document.
Enrollee Immunization Status	3485	A code indicating whether the enrollee has completed the standard set of immunizations or not.
Enrollee Incident Begin Date	3083	The date an incident occurred that resulted in the enrollee receiving medical treatment.
Enrollee Incident End Date	3084	The date an incident ended that resulted in the enrollee receiving medical treatment.
Enrollee Last Name	3110	The last name of the individual eligible for a DMAS-administered medical care program.

Element Name	Element ID	Description
Enrollee Marital Status	3016	The marital status of the enrollee.
Enrollee Medicare Begin Date	3023	The begin date of State buy-in eligibility for the individual's Medicare Premium .
Enrollee Medicare End Date	3078	This is the date when SSA terminates Medicare coverage.
Enrollee Medicare Premium Payment Agency Code	3045	The State agency code as assigned by SSA or Group Payer. This code indicates the entity which has jurisdiction over the account. For Virginia, code S49 is used for Part A and 490 is used for Part B.
Enrollee Medicare Premium Payment Amount	3030	The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate.
Enrollee Medicare Premium Payment Reduced Part A Indicator	3092	An indicator from HCFA that the Group Payer Part A Premium Rate has been reduced.
Enrollee Medicare Premium Payment Start Date	3029	The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.
Enrollee Medicare Premium Payment Stop Date	3033	The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.
Enrollee Medicare Premium Payment Transaction Code	3015	This field is also known as SSA Communications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by HCFA e.g., accretion, deletion, or adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by HCFA if the action is an adjustment and the fifth position contains the value of Sub-code.. See State Buy-in Manual for explanation of transaction codes and Sub-codes.
Enrollee Medicare Premium Payment Transaction Date	3097	This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of HCFA's billing record.
Enrollee Medicare Premium Payment Transaction Remarks	3091	Text field for enrollee-related comments.
Enrollee Medicare Premium Payment Type Codes	3018	This element indicates the type of segment as Medicare coverage Part A or Medicare Part B. This coding scheme will be used for both Medicare history and Medicare premium payment history data.
Enrollee Medicare Status Date	3090	The last date an SSA Information Exchange Code was received from or sent to the SSA.
Enrollee MICC Begin Date	3167	The beginning date of an enrollee's participation in the Maternal and Infant Child Care program.
Enrollee MICC End Date	3168	The ending date of an enrollee's participation in the Maternal and Infant Child Care program.
Enrollee Middle Initial	3112	The middle initial of the individual eligible for a DMAS-administered medical care program.
Enrollee Monthly Number of Hours Worked	3475	The average number of hours an enrollee works each month as provided by the enrolling agency.
Enrollee Mother Identification Number	3936	The permanent Enrollee ID (DE 3093) of the mother of an infant enrollee.
Enrollee Name Begin Date	3108	The effective date of the enrollee's name.
Enrollee Name End Date	3109	The end date associated with a specific name for an enrollee.
Enrollee Name Suffix	3113	The name suffix of the individual eligible for a DMAS-administered medical care program.
Enrollee Nursing Home Review Date	3446	The date that the patient is to be reviewed for nursing home, community based care or mental retardation services. The date is system generated or manually entered if enrollee has nursing home (NH) or mental retardation (MR) services.
Enrollee Nursing Home Status Report Flag	3444	An indicator set to initiate inclusion in SURS reporting.

Element Name	Element ID	Description
Enrollee Patient Pay Account Balance	3460	The balance of patient pay or coinsurance to be paid by the enrollee remaining for the month.
Enrollee Patient Pay Begin Date	3483	The beginning effective date of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.
Enrollee Patient Pay End Date	3484	The ending date of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.
Enrollee Patient Pay Liability	3461	The monthly amount of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.
Enrollee Patient Pay Type	3459	A code indicating whether the patient payment liability is the original liability or an adjusted liability.
Enrollee Pend Location Code	3121	Code identifying the unit that will review the enrollee pends. This code will be defined as a location in the Claims Subsystem.
Enrollee Pend Payment Begin Date	3119	Begin Date used to suspend all claims for an enrollee for manual reviews prior to adjudication.
Enrollee Pend Payment End Date	3120	End Date used to suspend all claims for an enrollee for manual reviews prior to adjudication.
Enrollee Pend Payment Source	3122	The Case Worker ID, initials, CICS ID or other identifying code of the individual from DMAS, DSS or FH who input or requested the update transaction.
Enrollee Pend Payment Transaction Date	3152	The date of the most recent update to the Stop Payment data. Used for research back through the audit trails.
Enrollee Permanent Identification Number	3093	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File.
Enrollee Premium Surcharge Indicator	3800	This one-position code will indicate whether the Part A premium surcharge for a group payer state, is in effect. Received from HCFA on the Part A State Agency Billing Record.
Enrollee Primary Language Code	3476	A code that indicates the primary language used by the enrollee.
Enrollee Race Code	3006	A code indicating the enrollee’s racial origin.
Enrollee Reinstatement Reason	3453	The code explaining why an enrollee's cancelled eligibility has been reinstated.
Enrollee Relationship to Case Head Code	3480	A code reflecting the enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are suggested.
Enrollee Service Limits Category Code	3950	A grouping of like procedures defined by DMAS used for eligibility verification reporting.
Enrollee Service Limits Period Begin Date	3953	The beginning date of the period of time defined by DMAS used to calculate service limits for an individual enrollee for a category of services. May be a calendar year, fiscal year, or another DMAS-defined period of time.
Enrollee Service Limits Period End Date	3954	The ending date of the period of time defined by DMAS used to calculate service limits for an individual enrollee for a category of services. May be a calendar year, fiscal year, or another DMAS-defined period of time.
Enrollee Service Limits Type	3951	A grouping of services defined by DMAS within a Service Limits Category, used for eligibility verification reporting. The "Type" data element is necessary in relation to Physician/Practioner and DME Service Limits Categories, since both report more than one type of services.
Enrollee Service Limits Units Remaining	3952	This field is calculated and reported through the eligibility verification system. The calculation subtracts the units used by the enrollee during the service limits period from the number of units allowed by DMAS.
Enrollee Sex Code	3007	A code indicating the sex of the enrollee.

Element Name	Element ID	Description
Enrollee Social Security Number (SSN)	3034	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program.
Enrollee Special Eligibility Code	3340	Code used to indicate special eligibility conditions such as a student over 18, hospitalized child, foster care child, or adoption assistance child. This data element with the associated Business Rules and Valid Values is related to Benefit Plan Program Code 01 only.
Enrollee Spend Down Account Balance	3464	This data is stored for access by the DSS worker who establishes an enrollee's spend down liability or deductible. Each expenditure by the enrollee, entered by the worker is subtracted from the original liability amount to derive the Enrollee Spend Down Account Balance.
Enrollee Spend Down Budget Unit	3540	The budget unit case number as specified by DSS to track related expenditures for a spend down case.
Enrollee Spend Down ID	3541	A number used to uniquely identify an individual in Spend Down.
Enrollee Spend Down Liability Begin Date	3496	The beginning date of a spend down deductible period established by a DSS worker.
Enrollee Spend Down Liability End Date	3497	The ending date of the spend down deductible period established by a DSS worker.
Enrollee Spend Down Met Date	3458	The date an enrollee meets, with expenditures approved by his DSS worker, his spend down deductible amount (liability), and becomes eligible for Medicaid when enrollment is initiated by the worker.
Enrollee Spend Down Original Liability	3465	The spend down liability amount (deductible) established for an enrollee by a DSS worker.
Enrollee State Code	3117	State abbreviation of the state in which the enrollee lives.
Enrollee Street Address	3115	The street address of the enrollee.
Enrollee Telephone Number	3095	The telephone number of the enrollee as given to the enrolling agency.
Enrollee Update Transaction Date	3026	The date of the most recent file maintenance update to an enrollee's master file record data.
Enrollee ZIP Code	3118	ZIP code of the area in which the enrollee lives.
Enrollment Edit Rule	3044	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment.
Enrollment Edit Rule Conditions	3048	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment.
Enrollment Edit Rule Values	3077	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment.
Enrollment Monthly Effective Date	3162	The enrollment effective date for a specific enrollee in a specific month. It changes monthly.
Enrollment Report Name	3164	A report name/description which identifies the data as either 1) the preliminary enrollment report, or 2) the enrollment report that matches the remittance in regards to payment (final enrollment report).
Enrollment Rule Begin Date	3053	The beginning effective date of an Enrollment Rule.
Enrollment Rule End Date	3054	The ending effective date of an Enrollment Rule.
Exception Indicator Group Type 1	10017	Exception Indicator Group Type 1. This is the first occurrence of the data element.
Exception Indicator Group Type 2	10018	Exception Indicator Group Type 2. This is the second occurrence of the data element.
Exception Indicator Group Type 3	10019	Exception Indicator Group Type 3. This is the third occurrence of the data element. Note: Reserved for future use.

Element Name	Element ID	Description
Exception Indicator Group Type 4	10020	Exception Indicator Group Type 4. This is the fourth occurrence of the data element. Note: Reserved for future use.
Exception Level of Care Begin Date	3920	Begin date for the benefit level of care exception entry.
Exception Level of Care End Date	3921	End date for the benefit level of care exception entry.
Exempt Managed Care Flag	3916	Flag indicates the Benefit Package is exempt from Managed Care.
HIPPA Certification Required	3313	An Indicator that states (Y/N) whether or not an aid category requires HIPPA Certification.
HMO Transaction Code	3956	The HMO Transaction code
ID cards issued in a year	3060	Count of ID cards reissued for the trigger reason = 'L', 'S', 'D' in a year
Identifier Sequence Number	3971	Sequence number for the person identifier entry.
Input Request Data	3101	This data element represents assorted option information entered into the enrollee input request screen needed for various processes.
Literal Used to Represent Null Date	9901	
Medicare edit Begin date	3575	Begin date of the Medicare number edit
Medicare Edit End Date	3576	End date associated with a particular Medicare number edit
Medicare ID Sequence number	3571	Sequence number for the Match value entry
Medicare ID Type Code	3570	Type of the Medicare number
Medicare IndicatorRE	3057	This element is set based upon the value of the coverage code. When the coverage code is 'A' with no other coverage code except 'RD' it is set to 'A'. When the coverage code is 'B' with no other coverage code except 'RD' it is set to 'B'. When the coverage code contains both a coverage code of 'A' and 'B' with no other coverage code except 'RD' it is set to 'C'. Otherwise it is set to 'E'.
Medicare Letter Sent Indicator	10023	Medicare Letter Sent Indicator
Medicare Premium Indicator	3655	Indicates whether enrollee is eligible for Medicare part B or SSA and whether premiums are to be paid by the enrollee or the state. Claims table will have blank / spaces in this field for HMO Copay claims and 'Q' if enrollee on claim is QMB dually eligible.
Medicare Premium Payment Code	3087	Designates if a plan or aid category is limited to payment for Medicare premium or Medicare coinsurance/deductibles.
Message Type	3977	Message type used in Medicare premium processing.
Name of Pharmacist	5870	Pharmacist's name identifying who the Help Desk operator spoke to in determining patient diagnosis or health history.
New County Enrollment Cancel Code	3243	A code that identifies why a new county preassignment was cancelled.
New County Enrollment Cancel Date	3244	The date that the new county enrollment cancellation took place.
New County Enrollment Completion Date	3246	The date on which the initial preassignment process was completed.
New County Enrollment Implementation Date	3241	The month, century and year in which the first pre-assignment will begin for the new program.
New County Enrollment Initial Pre-assignment Period	3242	The number of days before the default assignment takes effect.
New County Enrollment Locality Code	3238	The code that identifies the city/county targeted for a new or different enrollment program.
New County Enrollment New Benefit Code	3240	The new benefit code that is to start in the specified locality.
New County Enrollment Old Benefit Code	3239	The code of the current benefit plan (if one exists) that is to be replaced by the new benefit.

Element Name	Element ID	Description
Non emergency transportation rate - TANF < 21	4115	
Non-emergency transportation rate - begin date	4100	Date on which this non-emergency rate takes effect for a particular region.
Non-emergency transportation rate - end date	4101	Date on which the non-emergency transportation rate for a region is no longer in effect.
Non-emergency transportation rate - FAMIS	4113	
Non-emergency transportation rate - mr/dd waiver	4102	Dollar amount capitation rate paid for non-emergency transportation of an MR/DD Waiver enrollee in a particular region.
Non-emergency transportation rate - nursing home	4103	Dollar amount capitation rate paid for non-emergency transportation if one Nursing Home enrollee in a particular region.
Non-emergency transportation rate - other ABAD < 21	4110	Dollar amount capitation rate paid for non-emergency transportation for one ABAD enrollee under 21 years old in a particular region.
Non-emergency transportation rate - other ABAD 21+	4111	Dollar amount capitation rate for non-emergency transportation of one ABAD enrollee over 21 years old in a particular region.
Non-emergency transportation rate - TANF 21+	4116	
Number of digits	3572	Total number of non-space characters that should be present for a particular type of Claim number
Nursing Home Benefit Authorization Flag	3442	Flag indicating whether a Blue Letter needs to be printed or not. This is a letter giving the Provider authorization to bill for services.
Open Enrollment Benefit Code	3232	A code that identifies the benefit plan (I.e., Medallion, Medallion II, Options, CMSIP, etc.) affected by open enrollment.
Open enrollment Effective Month	3934	Effective month for Managed Care Open Enrollment benefit changes.
Open Enrollment Locality Code	3233	The city/county code affected by open enrollment.
Open Enrollment Months After Enrollment	3236	The number of months an enrollee has after an assignment starts in which to change providers.
Open Enrollment Number of Months	3235	The number of contiguous open enrollment months.
Open Enrollment Start Month	3234	The month in which the open enrollment starts.
Option Status Code	3100	This data element will retain historical Option Status Code information as received from SSA. It is required for MEQC reporting for both Part A and Part B.
Overlap End Date	3914	End date to the aid category overlap entry.
Overlap Aid Category	3911	Identifies overlap aid category. See DE 3009 for the list of valid values.
Overlap Aid Category Sequence Number	3912	Sequence number identifying the overlap aid category entry.
PA Notes Call Source	5948	Name of the person that the Help Desk spoke to.
PA Notes Call Source Title	5949	Title of the person that the Help Desk spoke to, i.e. R.Ph., Dr., Rn.
Patient Pay Status Code	3665	Code to indicate the status of a period of patient pay.
PD Code	3199	A Code that is derived from the Enrollee Aid Category. It is used to identify to providers those aid category factors that governed capitation payment. Associated with PD Code Modifier (DE 3314).
PD Code Modifier	3314	Subsidiary processing instructions for PD Code (DE 3199)
Person Address Sequence Number	3943	Sequence number of the person address entry.
Person Employer Begin Date	3944	Begin date of the person employer entry.
Person Employer End Date	3945	End date of the Person Employer entry.
Person ID	3901	Unique identifier for individual's entered in the Recipient sub-system as a person.

Element Name	Element ID	Description
Person ID Type Begin Date	3967	The begin date for the person identifier entry.
Person Identifier Type Code	3949	Type of person id.
Person Identifier Type End Date	3968	The end date for the person identifier entry.
Person Identifier Value	3955	Value of the person identifier depending on the C_ID_TYPE_CVAL. The value may represent SSN, Enrollee Id, HIC, etc.
Person Name Sequence Number	3946	Sequence number for the person name entry.
Person Name Type	3947	Type of person name.
Person Phone Sequence Number	3972	Sequence number to the person phone entry.
Person Phone Type	3948	Type of phone number.
Preassign Sequence Number	3926	Sequence number for the preassign table entry.
Preassignment Aid Category	3227	The Aid Category for which the benefit is in effect. This is an optional field.
Preassignment Algorithm Begin Date	3230	The date that the preassignment algorithm becomes effective.
Preassignment Algorithm Code	3229	A code that identifies the algorithm (I.e., History, Random, Prior PCP).
Preassignment Algorithm End Date	3231	The last date on which the preassignment algorithm is in effect.
Preassignment Algorithm End Reason	3182	A code identifying the reason a Preassignment Algorithm was assigned an end date.
Preassignment Provider Specialty	3228	The Provider Specialty associated with the preassignment code. This is an optional field.
Premium Payment Transaction Code Response	3103	This two-position transaction code identifies what type of action will be communicated from DMAS to SSA. Each state is responsible for accreting those individuals whom the state has determined are eligible for premium payment. States also have deletion responsibility for all code 41 records which appear on the State's Part A and Part B files. A state-initiated change record allows the state to change the buy-in eligibility code and state welfare identification number.
Priority	3979	Priority scheme used in Medicare premium processing. The priority is assigned based upon the deemed importance of the Buy-in transaction code received from HCFA.
Produce ID Cards	3915	Indicator to produce Id Cards for the Benefit Package.
ProDUR Enrollee Allergy Code	8792	Code indicating the type of drug allergies an enrollee may have.
ProDUR Enrollee Chronic Code	8791	Code indicating they types of chronic conditions an enrollee may have.
Provider Preference New Provider Identification Number	3248	The identification number of the provider in the new program in which the Medallion or Options provider would like to see their panel of recipients assigned.
Provider Preference Old Provider Identification Number	3247	The identification number of a Medallion or Options provider that is having their panel of enrollees shifted to a new program.
Provider Preference Reassignment Date	3249	The date the old provider's assigned enrollees were preassigned or assigned to the new provider.
Provider Preference Sequence Number	3194	The sequence number is used to make entries unique in the Benefit Package Provider Preference Table.
Record Length of DSS data warehouse extract	8793	This is the Record Length for this particular record in DSS data Warehouse Extract
Region Type	3226	The city/county code in which the preassignment is in effect..
Report Flag	3974	Report type indicator for Medicare Part B reporting.
Report Indicator	3976	Report Indicator for Medicare premium processing.

Element Name	Element ID	Description
Response Seq Code	3058	Is set to 'P' when a coverage code of 'A', 'B', 'D', 'H', 'K', 'L', 'M', 'P', 'R', 'U', OR 'RD' is encountered. Otherwise it is set to 'S'.
Retro Enrollment Flag	3917	Flag that indicates if the Benefit Package allows retro enrollment.
Row Update Date	3577	Timestamp upon which any column in the row was most recently inserted.
Same as Case Address Indicator	3186	Indicator set depending on whether Enrollee address and Case address are the same.
Same as Case FIPS Indicator	3187	Indicator set depending on whether Enrollee FIPS and Case FIPS are the same.
School Division Name	4901	Tied to DE 4900 (School Division Number) for School Services Reporting process
School Division Number	4900	Used similar to locality fot School Services Reporting processX(04)
Security Group	10022	Security Group
Service Usage Unit Allowed	3957	Number of service units allowed.
Social Security Number (SSN) Status Code	3443	Indicates whether or not a recipient's SSN has been verified by the Social Security Administration. SSA verifies an SSN by comparing the recipient's name, birth date and sex to the SSA Master File. Code indicates which fields mismatched.
Special Indicator Code	3565	Co-Payment code - the DE 3072 I_BNFT_LOC_EXCP is used to determine the valid uses in the EDI 277.
Spend Down Expenditure Amount	3939	Spend Down expenditure amount.
Spend Down Expenditure Sequence Number	3938	Sequence number of the spend down expenditure entry.
Spend Down Service Begin Date	3124	The beginning date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
Spend Down Service Description	3086	A brief description of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
Spend Down Service End Date	3126	The ending date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
Spend Down Service Provider Name	3127	The name of the provider of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
Status Reason Code	10021	Status Reason Code
TDO Court Name	3479	The name of the court issuing the TDD warrant for the enrollee.
TDO Provider IRS Number	3099	The IRS number of the provider who provided medical services to the enrollee in the TDO Benefit Plan.
TDO Warrant Number	3470	The TDO warrant or Green Warrant number issued by the court for mandatory medical services for the enrollee.
Transaction Type	3978	Transaction type used in Medicare premium processing.
Trigger Code	3650	A code that identifies the type of Trigger Record.
Trigger Flag	3654	A flag that identifies the type of processing to be triggered in relation to the trigger code.
Trigger From Date	3651	The Trigger Record From Date. The date entered in this field could come from various sources depending on the Trigger Record Type.
Trigger Reason	3653	The reason why the Trigger record was created.
Trigger Thru Date	3652	The Trigger Thru Date. The date entered in this field could come from various sources depending on the Trigger Record Type.

Element Name	Element ID	Description
Valid prefix/suffix of Medicare number	3574	Valid BICs of Social security claim number and valid prefixes of RRB claim number
Verification SSN Data	3017	Data returned from SSA
WAIVER PROV NUMBER	3566	
WAIVER PROV QUAL	3567	P = NPI NUMBER A = API OR LEGACY

Element ID	Element Name	Description
10017	Exception Indicator Group Type 1	Exception Indicator Group Type 1. This is the first occurrence of the data element.
10018	Exception Indicator Group Type 2	Exception Indicator Group Type 2. This is the second occurrence of the data element.
10019	Exception Indicator Group Type 3	Exception Indicator Group Type 3. This is the third occurrence of the data element. Note: Reserved for future use.
10020	Exception Indicator Group Type 4	Exception Indicator Group Type 4. This is the fourth occurrence of the data element. Note: Reserved for future use.
10021	Status Reason Code	Status Reason Code
10022	Security Group	Security Group
10023	Medicare Letter Sent Indicator	Medicare Letter Sent Indicator
3001	Enrollee Identification Number	The DMAS-administered identification number that is used to tie all claims for a single enrollee together.
3002	Enrollee Health Insurance Claim (HIC) Number	The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number.
3003	Enrollee Full Name	The name of the individual eligible for DMAS-administered programs. See DE 3110-3113.
3004	Enrollee Address	The address of the enrollee. See DE 3114-3118.
3005	Enrollee Birth Date	The enrollee’s date of birth.
3006	Enrollee Race Code	A code indicating the enrollee’s racial origin.
3007	Enrollee Sex Code	A code indicating the sex of the enrollee.
3008	Enrollee FIPS Code	A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1).
3009	Enrollee Eligibility Aid Category	Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans.
3010	Enrollee Eligibility Begin Date	The date from which an enrollee may begin to receive DMAS-administered program benefits for a particular continuous period.
3011	Enrollee Eligibility End Date	The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period.
3012	Enrollee Eligibility Status Date	The date an enrollee's criteria for eligibility should be reviewed. Used in monthly processing for Welfare Utilization Report.
3015	Enrollee Medicare Premium Payment Transaction Code	This field is also known as SSA Communications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by HCFA e.g., accretion, deletion, or adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by HCFA if the action is an adjustment and the fifth position contains the value of Sub-code.. See State Buy-in Manual for explanation of transaction codes and Sub-codes.
3016	Enrollee Marital Status	The marital status of the enrollee.
3017	Verification SSN Data	Data returned from SSA
3018	Enrollee Medicare Premium Payment Type Codes	This element indicates the type of segment as Medicare coverage Part A or Medicare Part B. This coding scheme will be used for both Medicare history and Medicare premium payment history data.

Element ID	Element Name	Description
3019	Enrollee Benefit Assignment Code	The method by which the enrollee is assigned to the current Benefit Plan.
3021	Enrollee Benefit Preassignment Code	A code which describes the enrollee's current status in managed care.
3022	Enrollee ID Card Issue/Reissue Date	The date on which the most recent identification card was initially issued to a Enrollee.
3023	Enrollee Medicare Begin Date	The begin date of State buy-in eligibility for the individual's Medicare Premium .
3024	Aid Category Begin Date	The beginning date of an Aid Category; the date from which it is effective.
3026	Enrollee Update Transaction Date	The date of the most recent file maintenance update to an enrollee's master file record data.
3027	Aid Category End Date	The date an Aid Category was closed.
3029	Enrollee Medicare Premium Payment Start Date	The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.
3030	Enrollee Medicare Premium Payment Amount	The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate.
3031	BENDEX SSA Information Exchange Code	A coding scheme established by BENDEX containing various alphanumeric codes used to interpret the data exchanged between BENDEX and the State agency. See BENDEX Handbook for explanation of transaction codes.
3032	Enrollee Date Added	The date an Enrollee was added to the system.
3033	Enrollee Medicare Premium Payment Stop Date	The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.
3034	Enrollee Social Security Number (SSN)	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program.
3035	Enrollee Gross Income	The monthly gross income; maintained uniquely with originating eligibility sources.
3036	Enrollee Date of Death	The date of an enrollee's death.
3037	Eligibility Date Added	The date an eligibility segment for an enrollee was added to the system.
3039	Case Administrative FIPS Code	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued.
3040	Benefit Exception Code Flag	Specifies the category of the benefit exception code.
3041	Enrollee Application Date	The date an Enrollee applied for DMAS-administered program benefits.
3042	Eligibility Edit Rule	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility.
3043	Case Identification Number	A number that uniquely identifies the family or group of individuals in the same Case entity.
3044	Enrollment Edit Rule	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment.
3045	Enrollee Medicare Premium Payment Agency Code	The State agency code as assigned by SSA or Group Payer. This code indicates the entity which has jurisdiction over the account. For Virginia, code S49 is used for Part A and 490 is used for Part B.
3046	Case Name	The name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. (See DE 3487-3490)
3047	Eligibility Edit Rule Conditions	The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility.
3048	Enrollment Edit Rule Conditions	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment.

Element ID	Element Name	Description
3049	Enrollee ID Card Reissue Indicator	An indicator that allows additional ID cards to be reissued for an individual enrollee.
3050	Eligibility Days Overlap	The number of days an aid category may overlap with another in a different program.
3051	Eligibility Rule Begin Date	The beginning effective date of an Eligibility Rule.
3052	Eligibility Rule End Date	The last effective date of an Eligibility Rule.
3053	Enrollment Rule Begin Date	The beginning effective date of an Enrollment Rule.
3054	Enrollment Rule End Date	The ending effective date of an Enrollment Rule.
3056	Eligibility Edit Rule Values	The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to enrollee eligibility. These values will vary based on the edit rule.
3057	Medicare IndicatorRE	This element is set based upon the value of the coverage code. When the coverage code is 'A' with no other coverage code except 'RD' it is set to 'A'. When the coverage code is 'B' with no other coverage code except 'RD' it is set to 'B'. When the coverage code contains both a coverage code of 'A' and 'B' with no other coverage code except 'RD' it is set to 'C'. Otherwise it is set to 'E'.
3058	Response Seq Code	Is set to 'P' when a coverage code of 'A', 'B', 'D', 'H', 'K', 'L', 'M', 'P', 'R', 'U', OR 'RD' is encountered. Otherwise it is set to 'S'.
3059	Enrollee ID Card Suppress Production Indicator	An indicator that allows the suppression of Id card production for an individual enrollee.
3060	ID cards issued in a year	Count of ID cards reissued for the trigger reason = 'L', 'S', 'D' in a year
3062	Enrollee Benefit Provider Identification Number	The Provider Identification Number of the provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in.
3063	Enrollee Benefit Date Added	The date a benefit package segment for an enrollee was added to the system.
3064	Enrollee Benefit Enrollment Begin Date	The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assignment between a provider and an enrollee.
3065	Enrollee Benefit Enrollment End Date	The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an assignment between a provider and an enrollee.
3066	Eligibility Rule Option	Indicates a set of rules that apply to an aid category.
3067	Enrollee Benefit Initial Preassignment Code	The code that indicates the method by which the enrollee was initially preassigned to the current managed care benefit.
3071	Enrollee Benefit Patient Account	The patient account number associated with the Benefit Plan Provider's patient records, required for certain Benefit Plans such as TDO.
3072	Benefit Plan Exception Indicator	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing facility or waiver service. It also identifies CMM restriction levels.
3073	Enrollee Benefit Closure Reason	A code indicating the reason that the enrollee's benefit period was ended.
3074	Enrollee Benefit Change Source	Source that provided the information resulting in a change of benefit data (examples: nursing facility or waiver enrollment); or a specific type of benefit.
3075	Comment Indicator	The field contains values 'Y' (Comments present) or 'N' (Comments not present).
3076	Enrollee Benefit Plan Exception Code Description	The premium associated with the Premium plan benefit code.
3077	Enrollment Edit Rule Values	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment.
3078	Enrollee Medicare End Date	This is the date when SSA terminates Medicare coverage.

Element ID	Element Name	Description
3079	EDB SEX CODE	Code indicating the sex code of the Enrollee in the EDB file.
3080	Enrollee Idenity Verification	Enrollee Identification Verification status.
3081	Enrollee Citizenship Level	The value determines Enrollee Citizenship Level
3082	Enrollee Buy-in Sex Code	A code indicating the sex of the enrollee in the CMS Buy-in file.
3083	Enrollee Incident Begin Date	The date an incident occurred that resulted in the enrollee receiving medical treatment.
3084	Enrollee Incident End Date	The date an incident ended that resulted in the enrollee receiving medical treatment.
3086	Spend Down Service Description	A brief description of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
3087	Medicare Premium Payment Code	Designates if a plan or aid category is limited to payment for Medicare premium or Medicare coinsurance/deductibles.
3090	Enrollee Medicare Status Date	The last date an SSA Information Exchange Code was received from or sent to the SSA.
3091	Enrollee Medicare Premium Payment Transaction Remarks	Text field for enrollee-related comments.
3092	Enrollee Medicare Premium Payment Reduced Part A Indicator	An indicator from HCFA that the Group Payer Part A Premium Rate has been reduced.
3093	Enrollee Permanent Identification Number	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File.
3094	Enrollee Diagnosis Code Source	The source that assigned the diagnosis to the enrollee.
3095	Enrollee Telephone Number	The telephone number of the enrollee as given to the enrolling agency.
3096	Enrollee ADAPT/VACIS Client Identification Number	The unique identifier used by the State for each welfare Enrollee.
3097	Enrollee Medicare Premium Payment Transaction Date	This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of HCFA's billing record.
3098	Eligibility Verification Number	The verification number assigned by the system and returned to the provider when a request for eligibility verification has been submitted and the enrollee was determined "eligible" on the dates of service specified by the request.
3099	TDO Provider IRS Number	The IRS number of the provider who provided medical services to the enrollee in the TDO Benefit Plan.
3100	Option Status Code	This data element will retain historical Option Status Code information as received from SSA. It is required for MEQC reporting for both Part A and Part B.
3101	Input Request Data	This data element represents assorted option information entered into the enrollee input request screen needed for various processes.
3102	Enrollee Buy-In SMI Eligibility Code	An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. An additional position has been allocated for expansion.
3103	Premium Payment Transaction Code Response	This two-position transaction code identifies what type of action will be communicated from DMAS to SSA. Each state is responsible for accreting those individuals whom the state has determined are eligible for premium payment. States also have deletion responsibility for all code 41 records which appear on the State's Part A and Part B files. A state-initiated change record allows the state to change the buy-in eligibility code and state welfare identification number.
3105	Enrollee Address Begin Date	The effective date of the enrollee's address.
3106	Enrollee Address End Date	The end date associated with a specific address for an enrollee.

Element ID	Element Name	Description
3107	Enrollee Address Type	This field indicates whether the enrollee's address is the Case address, Individual address or Authorized Representative address.
3108	Enrollee Name Begin Date	The effective date of the enrollee's name.
3109	Enrollee Name End Date	The end date associated with a specific name for an enrollee.
3110	Enrollee Last Name	The last name of the individual eligible for a DMAS-administered medical care program.
3111	Enrollee First Name	The first name of the individual eligible for a DMAS-administered medical care program.
3112	Enrollee Middle Initial	The middle initial of the individual eligible for a DMAS-administered medical care program.
3113	Enrollee Name Suffix	The name suffix of the individual eligible for a DMAS-administered medical care program.
3114	Enrollee Additional Address Name	Additional name information for the enrollee address information such as 'care of' or 'attention' information.
3115	Enrollee Street Address	The street address of the enrollee.
3116	Enrollee City Name	Name of the city in which the enrollee lives.
3117	Enrollee State Code	State abbreviation of the state in which the enrollee lives.
3118	Enrollee ZIP Code	ZIP code of the area in which the enrollee lives.
3119	Enrollee Pend Payment Begin Date	Begin Date used to suspend all claims for an enrollee for manual reviews prior to adjudication.
3120	Enrollee Pend Payment End Date	End Date used to suspend all claims for an enrollee for manual reviews prior to adjudication.
3121	Enrollee Pend Location Code	Code identifying the unit that will review the enrollee pends. This code will be defined as a location in the Claims Subsystem.
3122	Enrollee Pend Payment Source	The Case Worker ID, initials, CICS ID or other identifying code of the individual from DMAS, DSS or FH who input or requested the update transaction.
3124	Spend Down Service Begin Date	The beginning date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
3125	Enrollee CMM Restriction Begin Date	The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is setup by the recipient monitoring unit.
3126	Spend Down Service End Date	The ending date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
3127	Spend Down Service Provider Name	The name of the provider of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.
3130	Enrollee CMM Restriction End Date	The end date of the CMM restriction period established for a specific enrollee. This range is setup by the recipient monitoring unit.
3131	Enrollee CMM Restriction Type	A code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months.
3132	Enrollee CMM Restriction End Reason	A reason code that identifies why the enrollee's restriction period was ended.
3133	Enrollee CMM Restriction Review Date	A date used by the system to identify when enrollee data is to appear on specific CMM reports for DMAS review.
3134	Enrollee CMM Restriction Status Code	A code that identifies the restriction period as active, pending (for when an enrollee appeals the decision by DMAS to restrict them), and void.
3135	Enrollee CMM Restriction Status Date	The date the CMM Restriction Status Code entry was made.

Element ID	Element Name	Description
3136	Enrollee CMM Restriction Level	A code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all.
3137	Enrollee CMM Restriction Transaction Date	The date of the last change made to this CMM restriction period.
3138	Enrollee CMM Restriction Source	A code indicating the source of the last transaction that updated the Enrollee CMM restriction data. The code may indicate a DSS case worker, DMAS staff member, CICS operator ID, or other individual.
3140	Enrollee Benefit Disposition Date	The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user.
3141	Enrollee Benefit Disposition Code	New to baseline. A code that Indicates the disposition of the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved, preassigned or void.
3142	Enrollee Benefit Managed Care Type	Identifies the type of enrollee in regards to the managed care benefit plan (newly eligible, re-eligible, new county eligible, exempt).
3143	Enrollee Benefit Preassignment Condition Code	The condition of the managed care eligible enrollee in regards to preassignment. This data comes From the ERP File.
3144	Enrollee Benefit Plan HMO/PCP Provider Identification Number	The Medicaid established ID number of a primary care provider within an HMO or MCO.
3145	Enrollee Benefit Plan HMO/PCP Provider Begin Date	The begin date of the assignment between an enrollee and a primary care provider within an HMO or MCO. This information is obtained from either the HMO or enrollment broker.
3146	Enrollee HMO Opt-Out Indicator	This indicator stores the enrollees current opt-out status.
3147	Enrollee Benefit Plan HMO/PCP Provider End Date	The end date of the assignment between an enrollee and a primary care provider within an HMO or MCO. This information is obtained from either the HMO or enrollment broker.
3148	Default Benefit Indicator	This Indicator specifies the default benefit to be used for assignment/pre-assignment in a MED III area.
3150	Enrollee Benefit Plan HMO/PCP Provider Update Date	The date the HMO/PCP information was last updated for the specified enrollee.
3152	Enrollee Pend Payment Transaction Date	The date of the most recent update to the Stop Payment data. Used for research back through the audit trails.
3154	Enrollee Benefit Assignment Code Update Date	The date of the most recent update to the Benefit Assignment Code. Used for research back through the audit trails.
3155	Enrollee Benefit Reassignment/Disassociation Code Update Date	The date of the most recent update to the Benefit Reassignment/Disassociation Code. Used for research back through the audit trails.
3157	Enrollee FIPS History Begin Date	Begin date of the FIPS history row.
3158	Enrollee FIPS History End Date	End date of the Enrollee FIPS history row.
3159	Eligibility Rule Value Sequence Number	An internally generated number used to allow multiple entries of a rule value.
3160	Eligibility Rule Value Begin Date	The begin date associated with a specific value entered for an eligibility rule.
3161	Eligibility Rule Value End Date	The end date associated with a specific value entered for an eligibility rule.
3162	Enrollment Monthly Effective Date	The enrollment effective date for a specific enrollee in a specific month. It changes monthly.
3164	Enrollment Report Name	A report name/description which identifies the data as either 1) the preliminary enrollment report, or 2) the enrollment report that matches the remittance in regards to payment (final enrollment report).
3165	Enrollee Citizenship Level	Citizenship verification level.
3166	Enrollee Identity Verification	Indicates the Identity verification document.

Element ID	Element Name	Description
3167	Enrollee MICC Begin Date	The beginning date of an enrollee's participation in the Maternal and Infant Child Care program.
3168	Enrollee MICC End Date	The ending date of an enrollee's participation in the Maternal and Infant Child Care program.
3170	Employer Name	The name of the enrollee's employer.
3171	Employer Additional Address Name	Additional name information for the address information of the enrollee's employer such as 'care of' or attention information.
3172	Employer Address Line	The street address or Post Office box of the enrollee's employer.
3173	Employer City Name	The city name associated with the enrollee's employer's address.
3174	Employer State Code	The state code associated with the enrollee's employer's address.
3175	Employer ZIP Code	The ZIP code associated with the enrollee's employer's address.
3176	Employer Federal Identification Number	The Tax ID of the enrollee's employer.
3177	Employer Phone Number	The phone number of the enrollee's employer.
3178	Employer Contact Name	A contact person associated with the enrollee's employer information.
3180	Aid Category End Reason	The reason an aid category was closed or ended.
3182	Preassignment Algorithm End Reason	A code identifying the reason a Preassignment Algorithm was assigned an end date.
3183	Enrollee Authorized Representative Name	Name of the authorized representative.
3184	Enrollee Authorized Change Date	Date Authorized Representative information changed.
3185	Enrollee Authorized Change source	User ID of last user to make changes to Authorized Representative information.
3186	Same as Case Address Indicator	Indicator set depending on whether Enrollee address and Case address are the same.
3187	Same as Case FIPS Indicator	Indicator set depending on whether Enrollee FIPS and Case FIPS are the same.
3188	Authorized Representative Effect Date	Effective date of the Authorized Representative information
3194	Provider Preference Sequence Number	The sequence number is used to make entries unique in the Benefit Package Provider Preference Table.
3195	Benefit Package Rule Sequence Number	It is used to make entries unique on the Benefit Package Rule Table..
3197	Benefit Package Rule Value Begin Date	The begin date associated with a specific benefit package rule value.
3198	Benefit Package Rule Value End Date	The End Date associated with a specific benefit package rule value.
3199	PD Code	A Code that is derived from the Enrollee Aid Category. It is used to identify to providers those aid category factors that governed capitation payment. Associated with PD Code Modifier (DE 3314).
3200	Eligibility Fraud Social Security Number (SSN)	The social security number of the individual convicted of eligibility fraud.
3201	Eligibility Fraud Locality Code	The City/County (FIPS) code of the locality where an individual was convicted of eligibility fraud.
3202	Eligibility Fraud Last Name	The last name of an individual convicted of eligibility fraud.
3203	Eligibility Fraud First Name	The first name of an individual convicted of eligibility fraud.
3204	Eligibility Fraud Middle Initial	The middle initial of an individual convicted of eligibility fraud.
3205	Eligibility Fraud Suffix	The suffix of the name (when present) of an individual convicted of eligibility fraud.
3206	Eligibility Fraud Birth Date	The date of birth of a person convicted of eligibility fraud as stored on the Fraud Conviction file.

Element ID	Element Name	Description
3207	Eligibility Fraud Conviction Date	The date an individual was convicted of eligibility fraud as stored on the Fraud Conviction file.
3208	Eligibility Fraud End Date	The termination date of the period during which an individual convicted of eligibility fraud is restricted from enrollment in Medicaid.
3210	Eligibility Uncompensated Property Transfer Social Security Number (SSN)	The social security number of the individual who has transferred property to another person without compensation.
3211	Eligibility Uncompensated Property Transfer Last Name	The last name of the individual who has transferred property to another person without compensation.
3212	Eligibility Uncompensated Property Transfer First Name	The first name of the individual who has transferred property to another person without compensation.
3213	Eligibility Uncompensated Property Transfer Middle Initial	The middle initial of the person who has transferred property to another individual without compensation.
3214	Eligibility Uncompensated Property Transfer Suffix	The suffix of the name (when present) of the person who has transferred property to another individual without compensation.
3215	Eligibility Uncompensated Property Transfer Birth Date	The date of birth of the individual transferring property to another person without compensation.
3216	Eligibility Uncompensated Property Transfer Date	The date an individual transferred property to another person without compensation.
3217	Eligibility Uncompensated Property Transfer Decision Date	Decision date of uncompensated transfer of property from one individual to another.
3218	Eligibility Uncompensated Property Transfer End Date	The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual.
3219	Eligibility Uncompensated Property Transfer Amount	The value of property transferred by an individual to another person without compensation.
3220	Eligibility Uncompensated Property Transfer Locality Code	The City/County code (FIPS) of the locality where property was transferred from one person to another without compensation.
3226	Region Type	The city/county code in which the preassignment is in effect..
3227	Preassignment Aid Category	The Aid Category for which the benefit is in effect. This is an optional field.
3228	Preassignment Provider Specialty	The Provider Specialty associated with the preassignment code. This is an optional field.
3229	Preassignment Algorithm Code	A code that identifies the algorithm (I.e., History, Random, Prior PCP).
3230	Preassignment Algorithm Begin Date	The date that the preassignment algorithm becomes effective.
3231	Preassignment Algorithm End Date	The last date on which the preassignment algorithm is in effect.
3232	Open Enrollment Benefit Code	A code that identifies the benefit plan (I.e., Medallion, Medallion II, Options, CMSIP, etc.) affected by open enrollment.
3233	Open Enrollment Locality Code	The city/county code affected by open enrollment.
3234	Open Enrollment Start Month	The month in which the open enrollment starts.
3235	Open Enrollment Number of Months	The number of contiguous open enrollment months.
3236	Open Enrollment Months After Enrollment	The number of months an enrollee has after an assignment starts in which to change providers.
3238	New County Enrollment Locality Code	The code that identifies the city/county targeted for a new or different enrollment program.
3239	New County Enrollment Old Benefit Code	The code of the current benefit plan (if one exists) that is to be replaced by the new benefit.
3240	New County Enrollment New Benefit Code	The new benefit code that is to start in the specified locality.
3241	New County Enrollment Implementation Date	The month, century and year in which the first pre-assignment will begin for the new program.

Element ID	Element Name	Description
3242	New County Enrollment Initial Pre-assignment Period	The number of days before the default assignment takes effect.
3243	New County Enrollment Cancel Code	A code that identifies why a new county preassignment was cancelled.
3244	New County Enrollment Cancel Date	The date that the new county enrollment cancellation took place.
3246	New County Enrollment Completion Date	The date on which the initial preassignment process was completed.
3247	Provider Preference Old Provider Identification Number	The identification number of a Medallion or Options provider that is having their panel of enrollees shifted to a new program.
3248	Provider Preference New Provider Identification Number	The identification number of the provider in the new program in which the Medallion or Options provider would like to see their panel of recipients assigned.
3249	Provider Preference Reassignment Date	The date the old provider's assigned enrollees were preassigned or assigned to the new provider.
3251	Enrollee Citizenship Status	Indicates if the eligible/ineligible individual is in special alien status.
3252	Enrollee Entry to US Date	The year and month of residence in the U.S.
3253	Enrollee Country of Origin	Codes corresponding to those listed in Federal Information Processing Standards (FIPS) publication 10-2.
3260	Eligibility Verification Query Date	The date an eligibility verification request was submitted by a provider.
3261	Eligibility Verification Query Time	The time, as determined by the system, a provider's eligibility verification request was submitted.
3262	Eligibility Verification Query Method	The communications device used by the provider when submitting a specific eligibility verification request.
3263	Eligibility Verification Query Provider Identification Number	The unique identification number under which a provider is enrolled in the new MMIS that is submitted with each request for eligibility verification, and is validated by the system.
3264	Eligibility Verification Enrollee ID Queried	The enrollee ID entered by a provider submitting an eligibility verification request.
3265	Eligibility Verification Request Disposition	This field is a code that indicates whether or not an eligibility verification request received an "eligible" or "ineligible" response or whether another type of verification request found data for the dates of service submitted by the provider.
3266	Eligibility Verification From Date	The beginning date of service as entered by the provider when submitting an eligibility verification request.
3267	Eligibility Verification To Date	The ending date of service as entered by the provider when submitting an eligibility verification request.
3268	Eligibility Verification Assistance Required Flag	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required.
3269	Eligibility Verification Continuation Indicator	An indicator on the log record of the eligibility verification request showing that the record is a continuation of one transaction.
3270	Eligibility Verification Provider Status	This field is a code that indicates whether or not a requesting verification provider is 'active', 'inactive', or not found on the date of the request.
3271	Eligibility Verification Request Type	The type of information requested through the AEVS application.
3301	Aid Category Code Description	Description of the Aid Category. See Domain of Values for DE3300.
3304	Aid Category Co-pay Indicator	Field is used to designate if co-payment is applicable.
3305	Aid Category Adult/Child Indicator	Field is used to designate whether an aid category is applicable to an adult, child, or both.
3306	Aid Category Money Payment Status Code	Federal Aid Category Maintenance Assistance Status.
3307	Aid Category Money Payment Status Description	Description of the federal Maintenance Assistance Status Code.

Element ID	Element Name	Description
3308	Aid Category Basis of Eligibility (Adult)	Federal Aid Category Basis of Eligibility code for adults.
3309	Aid Category Basis of Eligibility Description (Adult)	Description for Federal Aid Category Basis of Eligibility code for adults.
3310	Aid Category Basis of Eligibility (Child)	Federal Aid Category Basis of Eligibility code for children.
3311	Aid Category Basis of Eligibility Description (Child)	Description for Federal Aid Category Basis of Eligibility code for children.
3313	HIPPA Certification Required	An Indicator that states (Y/N) whether or not an aid category requires HIPPA Certification.
3314	PD Code Modifier	Subsidiary processing instructions for PD Code (DE 3199)
3340	Enrollee Special Eligibility Code	Code used to indicate special eligibility conditions such as a student over 18, hospitalized child, foster care child, or adoption assistance child. This data element with the associated Business Rules and Valid Values is related to Benefit Plan Program Code 01 only.
3400	Enrollee Health Condition Begin Date	The date the enrollee's health condition began,
3401	Enrollee Health Condition End Date	The date that the enrollee's health condition ended.
3402	Enrollee Expected Delivery/Delivery Date	The date that the pregnant enrollee is expected to deliver her infant(s) or has already delivered when in the family planning waiver.
3403	Enrollee Disability Code	An indication of the type of disability associated with an enrollee.
3404	Enrollee Disability Onset Date	The date of onset of the enrollee's disability.
3405	Enrollee Disability End Date	The end date of the enrollee's disability.
3408	Enrollee Identification Number Begin Date	The effective begin date of the associated Enrollee ID.
3409	Enrollee Identification Number End Date	The ending date for a time period associated with an Enrollee ID.
3410	Enrollee Case Association Begin Date	The beginning date of the period that an enrollee is associated with the specified Case.
3411	Enrollee Case Association End Date	The ending date of the period that an enrollee is associated with the specified Case.
3431	Case Worker Number	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office.
3432	Case Review Date	Date selected for review of eligibility. Used in monthly processing for Welfare Utilization reports.
3433	DSS Special Follow Up Code	Indicates that the case is receiving TANF extended coverage, transitional coverage or diversionary assistance. It is used by the system for the generation of notification letters and cancellation. Please note that all associated Business Rules and Valid Values apply to Benefit Plan Program Code 01 only.
3434	DSS Special Follow Up Effective Date	The date the recipient in the case with TANF extended coverage, transitional coverage or diversionary assistance are to be sent (or were sent) TANF notification letters. Please note that all associated Business Rules apply to Benefit Plan Program Code 01 only.
3435	Case Worker Indicator	The indicator has two valid values 'X' (DSS worker) and 'V' (FAMIS case worker).
3442	Nursing Home Benefit Authorization Flag	Flag indicating whether a Blue Letter needs to be printed or not. This is a letter giving the Provider authorization to bill for services.
3443	Social Security Number (SSN) Status Code	Indicates whether or not a recipient's SSN has been verified by the Social Security Administration. SSA verifies an SSN by comparing the recipient's name, birth date and sex to the SSA Master File. Code indicates which fields mismatched.
3444	Enrollee Nursing Home Status Report Flag	An indicator set to initiate inclusion in SURS reporting.

Element ID	Element Name	Description
3446	Enrollee Nursing Home Review Date	The date that the patient is to be reviewed for nursing home, community based care or mental retardation services. The date is system generated or manually entered if enrollee has nursing home (NH) or mental retardation (MR) services.
3447	BENDEX Query Code	A code indicating that a query should be made for this recipient to SSA thru BENDEX, or the response that was received from SSA.. A query is generated for new, reinstated and cancelled recipients as well as when the HIC Number (SSA Claim Number) changes.
3448	BENDEX DSS Inquiry Status Flag	A one position field used to indicate whether the recipient is or is not active for DSS BENDEX inquiries.
3449	Enrollee FPL Status	Indicates if the enrollee's income is less than or equal to 100% Fedel Poverty Level
3450	Case Social Security Number	The social security number of the Case head of household.
3451	Eligibility Cancel Reason	The reason code associated with the termination of an enrollee's eligibility under an aid category.
3452	Eligibility Cancel Date	The date of termination of an enrollee's eligibility under an aid category..
3453	Enrollee Reinstatement Reason	The code explaining why an enrollee's cancelled eligibility has been reinstated.
3455	Eligibility Cancel Reason End Date	The end date a cancel reason for an aid category is valid.
3456	Enrollee FPL original status	Enrollee original FPL status.
3457	Eligibility Cancel Reason Description	The description of the reason code associated with the termination of an enrollee's eligibility under an aid category.
3458	Enrollee Spend Down Met Date	The date an enrollee meets, with expenditures approved by his DSS worker, his spend down deductible amount (liability), and becomes eligible for Medicaid when enrollment is initiated by the worker.
3459	Enrollee Patient Pay Type	A code indicating whether the patient payment liability is the original liability or an adjusted liability.
3460	Enrollee Patient Pay Account Balance	The balance of patient pay or coinsurance to be paid by the enrollee remaining for the month.
3461	Enrollee Patient Pay Liability	The monthly amount of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.
3462	Enrollee FPL status begin date	Enrollee FPL status begin date
3463	Enrollee Comment Field	A free-form text field for the use of DMAS to enter enrollee specific notations.
3464	Enrollee Spend Down Account Balance	This data is stored for access by the DSS worker who establishes an enrollee's spend down liability or deductible. Each expenditure by the enrollee, entered by the worker is subtracted from the original liability amount to derive the Enrollee Spend Down Account Balance.
3465	Enrollee Spend Down Original Liability	The spend down liability amount (deductible) established for an enrollee by a DSS worker.
3466	Enrollee Co-payment Liability	This field stores the co-payment liability amount required of a specific enrollee during the benefit plan enrollment period. This does not include global co-payments related to all enrollees of a particular plan.
3467	Enrollee Coinsurance Maximum	The maximum amount of coinsurance or patient pay that may be required of an individual enrollee during the enrollment period.
3468	Enrollee FPL status end date	Enrollee FPL status end date
3469	Case ADAPT Number	DSS assigned Case ID in the ADAPT system.
3470	TDO Warrant Number	The TDO warrant or Green Warrant number issued by the court for mandatory medical services for the enrollee.
3472	Enrollee Health Condition Code	The diagnosis code that indicates the nature of the enrollee's health condition.

Element ID	Element Name	Description
3473	Enrollee Eligibility Extension Reason Code	A code indicating the reason an enrollee's eligibility has been extended beyond the previous cancellation date.
3475	Enrollee Monthly Number of Hours Worked	The average number of hours an enrollee works each month as provided by the enrolling agency.
3476	Enrollee Primary Language Code	A code that indicates the primary language used by the enrollee.
3477	Enrollee Handicap Needs Code	A procedure code that indicates the handicap needs of the enrollee.
3479	TDO Court Name	The name of the court issuing the TDD warrant for the enrollee.
3480	Enrollee Relationship to Case Head Code	A code reflecting the enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are suggested.
3481	Enrollee ID Card Reissue Reason	The reason code explaining why a plastic card was re-issued to an enrollee.
3482	Enrollee ID Card Sequence Number	A sequential number that is incremented by one with each re-issue of an enrollee's plastic ID card.
3483	Enrollee Patient Pay Begin Date	The beginning effective date of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.
3484	Enrollee Patient Pay End Date	The ending date of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.
3485	Enrollee Immunization Status	A code indicating whether the enrollee has completed the standard set of immunizations or not.
3486	Administrative FIPS Code End Reason	The reason an Administrative FIPS Code was changed for an enrollee.
3487	Case Last Name	The last name of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
3488	Case First Name	The first name of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
3489	Case Middle Initial	The middle initial of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
3490	Case Name Suffix	The suffix of the name (if present) of the individual who is considered head of the household, family, or group of individuals in the same Case entity.
3491	Case Administrative FIPS Begin Date	The date on which the case was assigned to the associated Administrative FIPS Code.
3492	Case Administrative FIPS End Date	The date on which the case was no longer assigned to the associated Administrative FIPS Code.
3493	Case ZIP Code Begin Date	The date when the case was initially located in the associated ZIP Code.
3494	Case ZIP Code End Date	The date when the case was no longer located in (moved from) the associated ZIP Code.
3496	Enrollee Spend Down Liability Begin Date	The beginning date of a spend down deductible period established by a DSS worker.
3497	Enrollee Spend Down Liability End Date	The ending date of the spend down deductible period established by a DSS worker.
3499	Enrollee Eligibility Status Code	A code used to indicate whether the associated eligibility period is active or voided.
3501	BENDEX SSA Claim (HIC) Number	The number at the Social Security Administration under which the beneficiary data is kept for the recipient.
3502	BENDEX Surname	The individual's last name.
3503	BENDEX First Name	The individual's first name.
3504	BENDEX Middle Initial	The individual's middle initial.
3506	BENDEX Sex Code	The individual's sex.

Element ID	Element Name	Description
3507	BENDEX Birth Date	The individual's birth date carried in MMDDCCYY format.
3508	BENDEX Proof of Birth Date Indicator	An indication whether the date of birth was documented by SSA.
3509	BENDEX Agency Code	The state agency code as assigned by SSA.
3510	BENDEX Record Source Code	A code to inform the State of the source of the request which caused the production of the record. Cannot be updated via online transaction. See BENDEX handbook for coding scheme.
3511	BENDEX Category of Assistance Code	This field will contain the most recent code submitted by the State in position 50 of the direct input record, which will overlay any existing code in the MBR. It represents the enrollee's Medicaid category of assistance.
3512	BENDEX State Control Data	This field is used as a state identifier number when the State communicates with SSA. In Virginia, this field will contain the Enrollee ID.
3513	BENDEX Old BIC	Old Beneficiary Identification Code that is retained on file when a Health Insurance Claim Number or HIC is changed or corrected. It is an alphanumeric suffix to the HIC that designates the type of benefits an individual is receiving, such as wage earner's. wife's. or child's benefits.
3514	BENDEX Social Security Number (SSN)	The individual's Social Security Number.
3516	BENDEX Payment Status Code	The status of the Beneficiary's Social Security benefits. Initialized to spaces on add. Generated by BENDEX update. Valid values defined in BENDEX Handbook.
3517	BENDEX Monthly Benefit Payable	The net amount due the beneficiary on the third of the next month after the BENDEX record is produced. Note: Money amounts are displayed where the beneficiary was previously entitled or is in a nonpayment status.
3518	BENDEX Initial Entitlement Date	The initial date of entitlement to Title II benefits formatted as MMCCYY.
3519	BENDEX Communications Code	Reason for not providing BENDEX information to the State agency.
3520	BENDEX SSI Status Code	A code that reflects the beneficiary's status in the SSI program.
3521	BENDEX SMI Non Covered Reason Code	The currently recorded SMI Non Covered Reason Code.
3522	BENDEX SMI Entitlement Date	The current date of entitlement to SMI benefits (DOES) from the MBR formatted as MMCCYY.
3523	BENDEX SMI Premium Amount Collectable	The current SMI premium amount collectable (SPAC) which includes the regular Part B premium, the catastrophic add-on, and prescription drug add-on. Zero (00000) is displayed when the Date of Entitlement to SMI (DE 3522) is in the future.
3524	BENDEX SMI Premium Payer	A code assigned by HCFA indicating who is paying the SMI premium.
3525	BENDEX SMI Termination Date	The effective date for which a previous period of Part B coverage was terminated, that is, the first month of no coverage formatted MMCCYY.
3526	BENDEX Hospital Insurance Option Code (HOC)	The beneficiary's most recent Hospital Insurance Option Code (HOC) from BENDEX.
3527	BENDEX Hospital Insurance Entitlement Date	The current date of entitlement to hospital insurance benefits; reflected as MMCCYY.
3528	BENDEX Hospital Insurance Premium Amount Collectable	The current hospital insurance premium amount collectable reflected as $$$cc.
3529	BENDEX Hospital Insurance Termination Date	The most recent termination date from Hospital Insurance benefits, reflected as MMCCYY.
3531	BENDEX RRB Status Code	A code indicating Railroad Retirement Board Benefit Status. A BENDEX field. See BENDEX Handbook, field 29.
3532	BENDEX Black Lung Entitlement Status	A code indicating black lung benefit status. See BENDEX Handbook, field 30
3534	BENDEX Beneficiary's Own Social Security Number (SSN)	This field reflects the beneficiary's own validated SSN or will be blank.

Element ID	Element Name	Description
3535	BENDEX Dual Entitlement Indicator	Indicator set by BENDEX to indicate that a beneficiary is entitled on more than one Claim Account Number. See BENDEX Handbook, field 32 I
3536	BENDEX Disability Onset Date	The most recent date of disability onset, reflected as MMCCYY. If onset was prior to 1975, no date may appear; or disability not involved.
3537	BENDEX SSI Entitlement Date	The current date of entitlement to SSI benefits formatted as MMCCYY.
3538	BENDEX Part A Third Party Premium Date	Date the Part A Third Party Premium is paid by the state.
3539	BENDEX HI Premium Payer	A code assigned by HCFA indicating who is paying the HI premium.
3540	Enrollee Spend Down Budget Unit	The budget unit case number as specified by DSS to track related expenditures for a spend down case.
3541	Enrollee Spend Down ID	A number used to uniquely identify an individual in Spend Down.
3550	Benefit Definition Benefit Plan Code	An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.
3551	Benefit Definition Plan Program Code	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding.
3552	Benefit Definition Plan Subprogram Code	The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program.
3553	Benefit Definition Plan Benefit Code	The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan.
3554	Benefit Definition Plan Name	A description of the Benefit Plan.
3555	Benefit Definition Plan Short Name	A short, concise description of a Benefit Plan used primarily in reporting.
3556	Benefit Definition Plan Begin (Effective) Date	The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding.
3557	Benefit Definition Plan End (Termination) Date	The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding.
3558	Enrollee Health Condition End Reason	The reason an end date was entered for an enrollee's significant health condition.
3559	Benefit Definition Plan Termination Reason	The reason a Benefit Plan was closed or terminated.
3560	Case Additional Address Name	Additional name information for the case address such as 'care of' or attention information.
3561	Case Street Address	The street address of the case.
3562	Case City Name	Name of the city in which the case is located.
3563	Case State Code	State abbreviation of the state in which the case is located.
3564	Case ZIP Code	ZIP code of the area in which the case is located.
3565	Special Indicator Code	Co-Payment code - the DE 3072 I_BNFT_LOC_EXCP is used to determine the valid uses in the EDI 277.
3566	WAIVER PROV NUMBER	
3567	WAIVER PROV QUAL	P = NPI NUMBER A = API OR LEGACY
3570	Medicare ID Type Code	Type of the Medicare number
3571	Medicare ID Sequence number	Sequence number for the Match value entry

Element ID	Element Name	Description
3572	Number of digits	Total number of non-space characters that should be present for a particular type of Claim number
3573	Claim number/SSN match	Flag to indicate whether a particular claim number type should always match the enrollee's SSN.
3574	Valid prefix/suffix of Medicare number	Valid BICs of Social security claim number and valid prefixes of RRB claim number
3575	Medicare edit Begin date	Begin date of the Medicare number edit
3576	Medicare Edit End Date	End date associated with a particular Medicare number edit
3577	Row Update Date	Timestamp upon which any column in the row was most recently inserted.
3592	Disease Management Program Eligibility Group	Describes the enrollees program code.
3593	Disease Management Program Recipient Status	Text description of the age grouping for enrollees.
3601	COBA RECORD ID	Identifies the type/function of the COBA record in which it is contained. In its use, the RECORD-ID prefix depends the file to which it refers and the copylib used by that file. 1. Copylib RSF911 - RSF911-RECORD-ID 2. Copylib RSF335C - RSF355C-RECORD-ID Always 'EFA'.
3602	COBA File Coventry Coba ID	Coventry identification used in communications and transmissions to and from the COBC. 1. Copylib RSF911 - RSF911-COBA-ID 2. Copylib RSF335C - RSF355C-COBA-ID
3603	COBA Eligibility File Acknowledgement File Date Created by COBA	Format: YYYYDDMM
3604	COBA File State Code	
3605	COBA Eligibility File Acknowledgement Count of Records Received	
3606	COBA Eligibility File Acknowledgement Status	
3607	COBA Eligibility File Acknowledgement Rejection Reason Text	
3609	COBA ERF Error Code	
3610	COBA Transaction Update Indicator	A one character code directing the COBA contractor how to process the eligibility record.
3611	COBA Eligibility Update File Effective Date	Format: YYYYMMDD
3612	COBA Eligibility File Record Count	
3649	Benefit Definition Plan Owner	DMAS Business Unit responsible for initiating maintenance to the characteristics of the Benefit Plan.
3650	Trigger Code	A code that identifies the type of Trigger Record.
3651	Trigger From Date	The Trigger Record From Date. The date entered in this field could come from various sources depending on the Trigger Record Type.
3652	Trigger Thru Date	The Trigger Thru Date. The date entered in this field could come from various sources depending on the Trigger Record Type.
3653	Trigger Reason	The reason why the Trigger record was created.

Element ID	Element Name	Description
3654	Trigger Flag	A flag that identifies the type of processing to be triggered in relation to the trigger code.
3655	Medicare Premium Indicator	Indicates whether enrollee is eligible for Medicare part B or SSA and whether premiums are to be paid by the enrollee or the state. Claims table will have blank / spaces in this field for HMO Copay claims and 'Q' if enrollee on claim is QMB dually eligible.
3665	Patient Pay Status Code	Code to indicate the status of a period of patient pay.
3800	Enrollee Premium Surcharge Indicator	This one-position code will indicate whether the Part A premium surcharge for a group payer state, is in effect. Received from HCFA on the Part A State Agency Billing Record.
3901	Person ID	Unique identifier for individual's entered in the Recipient sub-system as a person.
3904	Correspondence Sequence Number	Sequence number for the Correspondence entry.
3907	Description	Description field used by various tables.
3909	Enrollee CID Indicator	Client Information Document request indicator.
3911	Overlap Aid Category	Identifies overlap aid category. See DE 3009 for the list of valid values.
3912	Overlap Aid Category Sequence Number	Sequence number identifying the overlap aid category entry.
3914	Overlap End Date	End date to the aid category overlap entry.
3915	Produce ID Cards	Indicator to produce Id Cards for the Benefit Package.
3916	Exempt Managed Care Flag	Flag indicates the Benefit Package is exempt from Managed Care.
3917	Retro Enrollment Flag	Flag that indicates if the Benefit Package allows retro enrollment.
3918	Benefit Aid Category Begin Date	Begin date for the benefit aid category entry.
3919	Benefit Aid Category End Date	End date for the benefit aid category entry.
3920	Exception Level of Care Begin Date	Begin date for the benefit level of care exception entry.
3921	Exception Level of Care End Date	End date for the benefit level of care exception entry.
3923	Benefit Program Unconditional Overlap Flag	Indicates if a benefit program has no overlap restrictions with any other program.
3924	Enrollee Benefit Package Sequence Number	Sequence number for the benefit package entry.
3926	Preassign Sequence Number	Sequence number for the preassign table entry.
3928	Case Sequence Number	Sequence number to the case table entry.
3929	Enrollee CMM Restriction Status End Date	End date to the enrollee CMM restriction period.
3930	Data Source	Source supplying data.
3931	Default Benefit Package Flag	a Flag that indicates if the Benefit Package is a default for a specific aid category.
3932	Eligibility Rule Begin Date	Begin date of the Eligibility Rule.
3933	Eligibility Rule End Date	Eligibility Rule End date.
3934	Open enrollment Effective Month	Effective month for Managed Care Open Enrollment benefit changes.
3935	Eligibility Rule Sequence Number	Sequence number of the eligibility rule table.
3936	Enrollee Mother Identification Number	The permanent Enrollee ID (DE 3093) of the mother of an infant enrollee.
3938	Spend Down Expenditure Sequence Number	Sequence number of the spend down expenditure entry.
3939	Spend Down Expenditure Amount	Spend Down expenditure amount.

Element ID	Element Name	Description
3940	Enrollee Data Update/Audit Date	The date of the most recent create or update of enrollee data. Used for informational research and audit trail capabilities.
3942	Duplicate Person ID	Duplicate Person ID number.
3943	Person Address Sequence Number	Sequence number of the person address entry.
3944	Person Employer Begin Date	Begin date of the person employer entry.
3945	Person Employer End Date	End date of the Person Employer entry.
3946	Person Name Sequence Number	Sequence number for the person name entry.
3947	Person Name Type	Type of person name.
3948	Person Phone Type	Type of phone number.
3949	Person Identifier Type Code	Type of person id.
3950	Enrollee Service Limits Category Code	A grouping of like procedures defined by DMAS used for eligibility verification reporting.
3951	Enrollee Service Limits Type	A grouping of services defined by DMAS within a Service Limits Category, used for eligibility verification reporting. The "Type" data element is necessary in relation to Physician/Practioner and DME Service Limits Categories, since both report more than one type of services.
3952	Enrollee Service Limits Units Remaining	This field is calculated and reported through the eligibility verification system. The calculation subtracts the units used by the enrollee during the service limits period from the number of units allowed by DMAS.
3953	Enrollee Service Limits Period Begin Date	The beginning date of the period of time defined by DMAS used to calculate service limits for an individual enrollee for a category of services. May be a calendar year, fiscal year, or another DMAS-defined period of time.
3954	Enrollee Service Limits Period End Date	The ending date of the period of time defined by DMAS used to calculate service limits for an individual enrollee for a category of services. May be a calendar year, fiscal year, or another DMAS-defined period of time.
3955	Person Identifier Value	Value of the person identifier depending on the C_ID_TYPE_CVAL. The value may represent SSN, Enrollee Id, HIC, etc.
3956	HMO Transaction Code	The HMO Transaction code
3957	Service Usage Unit Allowed	Number of service units allowed.
3959	Benefit Program Begin Date	The begin date of the program entry.
3960	Benefit Program End Date	End date of the program entry.
3961	Benefit Sub Program Begin Date	Begin date of the sub program table entry.
3962	Benefit Sub Program End Date	End date for the sub program table entry.
3963	Eligibility Default Package Begin Date	Begin date for the eligibility default package table entry.
3964	Eligibility Default Package End Date	End date for the eligibility default package table entry.
3965	Benefit Plan Code Begin Date	Begin date of the plan code table entry.
3966	Benefit Plan Code End Date	End date of the benefit plan code table entry.
3967	Person ID Type Begin Date	The begin date for the person identifier entry.
3968	Person Identifier Type End Date	The end date for the person identifier entry.
3969	Category of Eligibility Age Break	This field identifies the age to be used in determining whether the Adult COE is used for the enrollee or the Child COE. If the age of the enrollee is >= the age break field, the Adult COE is used, otherwise the Child COE is used.
3970	Employer Sequence Number	Sequence number to the person employer entry.
3971	Identifier Sequence Number	Sequence number for the person identifier entry.

Element ID	Element Name	Description
3972	Person Phone Sequence Number	Sequence number to the person phone entry.
3974	Report Flag	Report type indicator for Medicare Part B reporting.
3976	Report Indicator	Report Indicator for Medicare premium processing.
3977	Message Type	Message type used in Medicare premium processing.
3978	Transaction Type	Transaction type used in Medicare premium processing.
3979	Priority	Priority scheme used in Medicare premium processing. The priority is assigned based upon the deemed importance of the Buy-in transaction code received from HCFA.
3980	BENSTAT ST Name	Individual's name as received from BENDEX.
3981	BENSTAT ST SSI	SSI status and SSI entitlement date as received from BENDEX.
3982	BENSTAT SS Name	Individual's name for comparison reporting with BENDEX name.
3983	BENSTAT SS SSI	SSI status and SSI entitlement prior to the BENDEX update.
3984	BENSTAT Benefit Account Code	The beneficiary's validated SSN as received from BENDEX.
3994	DMAS Review Flag	Indicates the status of possible duplicate request for review submitted by DSS to DMAS. Review flag '1' - Pending status, '2' - Approved status, '3' - Denied status
3995	DSS Request Type	Possible duplicate request submitted by DSS to DMAS during the 'ADD' or 'UPDATE' mode of the enrollee.
3996	DSS Request Date	The date of possible duplicate review request submitted by DSS to DMAS
3997	Adapt Indicator	Indicates if the possible duplicate request to DMAS is submitted thru ADAPT interface.
4100	Non-emergency transportation rate - begin date	Date on which this non-emergency rate takes effect for a particular region.
4101	Non-emergency transportation rate - end date	Date on which the non-emergency transportation rate for a region is no longer in effect.
4102	Non-emergency transportation rate - mr/dd waiver	Dollar amount capitation rate paid for non-emergency transportation of an MR/DD Waiver enrollee in a particular region.
4103	Non-emergency transportation rate - nursing home	Dollar amount capitation rate paid for non-emergency transportation if one Nursing Home enrollee in a particular region.
4110	Non-emergency transportation rate - other ABAD < 21	Dollar amount capitation rate paid for non-emergency transportation for one ABAD enrollee under 21 years old in a particular region.
4111	Non-emergency transportation rate - other ABAD 21+	Dollar amount capitation rate for non-emergency transportation of one ABAD enrollee over 21 years old in a particular region.
4113	Non-emergency transportation rate - FAMIS	
4115	Non emergency transportation rate - TANF < 21	
4116	Non-emergency transportation rate - TANF 21+	
4900	School Division Number	Used similar to locality fot School Services Reporting processX(04)
4901	School Division Name	Tied to DE 4900 (School Division Number) for School Services Reporting process
5870	Name of Pharmacist	Pharmacist's name identifying who the Help Desk operator spoke to in determining patient diagnosis or health history.
5948	PA Notes Call Source	Name of the person that the Help Desk spoke to.
5949	PA Notes Call Source Title	Title of the person that the Help Desk spoke to, i.e. R.Ph., Dr., Rn.
8791	ProDUR Enrollee Chronic Code	Code indicating they types of chronic conditions an enrollee may have.

Element ID	Element Name	Description
8792	ProDUR Enrollee Allergy Code	Code indicating the type of drug allergies an enrollee may have.
8793	Record Length of DSS data warehouse extract	This is the Record Length for this particular record in DSS data Warehouse Extract
9901	Literal Used to Represent Null Date	
9992	Batch Report Title	Unique to every report

DATA ELEMENT: Exception Indicator Group Type 1 (DE10017)

Exception Indicator Group Type 1. This is the first occurrence of the data element.

BUSINESS NAME: N/A

REFERENCE NAME: RS_BNFT_LOC_EXCP_R

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name 164-Numeric

Description

Local Def Value 'H' is allowed for Benefit Plan Exception Indicator DE 3072 value D.

Value 'NF' is allowed for Benefit Plan Exception Indicator DE 3072 values 1, 2, 7, L.

Value 'WS' is allowed for Benefit Plan Exception Indicator DE 3072 values 9, A, E, Q, R, Y.

VALID VALUES:

Valid Value	Description
H	Hospice
NF	Nursing Facility
WS	Waiver Services

DATA ELEMENT: Exception Indicator Group Type 2 (DE10018)

Exception Indicator Group Type 2. This is the second occurrence of the data element.

BUSINESS NAME: N/A

REFERENCE NAME: RS_BNFT_LOC_EXCP_R

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	189-Alphanumeric
Description	
Local Def	Value 'LTC' is allowed for Benefit Plan Exception Indicator DE 3072 values 1, 2, 9, A, D, E, L, Q, R, Y.

VALID VALUES:

Valid Value	Description
LTC	Long Term Care

DATA ELEMENT: Exception Indicator Group Type 3 (DE10019)

Exception Indicator Group Type 3. This is the third occurrence of the data element. Note: Reserved for future use.

BUSINESS NAME: N/A

REFERENCE NAME: RS_BNFT_LOC_EXCP_R

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Exception Indicator Group Type 4 (DE10020)

Exception Indicator Group Type 4. This is the fourth occurrence of the data element. Note: Reserved for future use.

BUSINESS NAME: N/A

REFERENCE NAME: RS_BNFT_LOC_EXCP_R

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Status Reason Code (DE10021)**

Status Reason Code

BUSINESS NAME: N/A

REFERENCE NAME: RS_UNCOMP_PROPERTY

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	Active
001	Voided / Entered in Error
002	Full reimbursed value of transferred property
003	Appeal
004	Extended penalty period due to additional transfer value
005	Partial reimbursed value of transferred property
006	End Dated

DATA ELEMENT: **Security Group (DE10022)**

Security Group

BUSINESS NAME: N/A

REFERENCE NAME: RS_UNCOMP_PROPERTY

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	DMAS
M	End Dated
O	Other
S	DSS

DATA ELEMENT: **Medicare Letter Sent Indicator (DE10023)**

Medicare Letter Sent Indicator

BUSINESS NAME: N/A

REFERENCE NAME: F_MCARE_LTR_SENT

DEFAULT: N

COBOL PICTURE: N/A

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Letter not sent
Y	Letter sent

DATA ELEMENT: Enrollee Identification Number (DE3001)

The DMAS-administered identification number that is used to tie all claims for a single enrollee together.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Identification Number

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Health Insurance Claim (HIC) Number (DE3002)

The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Health Insurance Claim (HIC) Number

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Must Be A Valid Rule value
Description	If entered, it must be a valid rule value in the the Benefit package Rule value Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Full Name (DE3003)**

The name of the individual eligible for DMAS-administered programs. See DE 3110-3113.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Full Name

DEFAULT: N/A

COBOL PICTURE: Group Name

DB2 TYPE: Group Name

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Address (DE3004)**

The address of the enrollee. See DE 3114-3118.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Address

DEFAULT: N/A

COBOL PICTURE: Group Name

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Birth Date (DE3005)**

The enrollee's date of birth.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENROLLEE_BIRTH

DEFAULT: For TDO Benefit Plan Program Code = 02, default is 07/01/Approximate Year of Birth

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	The source field must be a valid date prior to the date of conversion.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Race Code (DE3006)

A code indicating the enrollee's racial origin.

BUSINESS NAME: N/A

REFERENCE NAME: C_RACE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 1-9,A,B (Current Virginia Codes)

Enhance with Federal OMB List Codes

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	White
2	Black/African American
3	American Indian/Alaskan Native
4	Oriental/Asian
5	Spanish American/Hispanic
6	Native Hawaiian or Other Pacific Islander
7	Asian & White
8	Black/African American & White
9	Unknown
A	Asian & Black/African American
B	Other

DATA ELEMENT: Enrollee Sex Code (DE3007)

A code indicating the sex of the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_ENROLLEE_SEX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	When this field is not present in the enrollee's source data (for example TDO or ACR District Home), the conversion process will default the target field to 'U' (Unknown); no exception will be reported. Otherwise, a valid code ('M'/'F') must be present.

VALID VALUES:

Valid Value	Description
F	Female
M	Male
N/A	N/A
U	Unknown

DATA ELEMENT: Enrollee FIPS Code (DE3008)

A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1).

BUSINESS NAME: N/A

REFERENCE NAME: C_ENROLLEE_FIPS

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: CHAR(03)

RANGE: 000-899, 971-999

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	For TDO and ACR District Home, Enrollee FIPS (Administrative and Geographical) will default to 975 (DMAS) during the conversion process; validation versus ZIP code will be bypassed. Otherwise, a valid FIPS must be present.

Rule Name	Valid City/County Code
Description	Must be valid city/county (FIPS) code.
Local Def	N/A

Rule Name	ED DE3008 (C/C)/Canc. Trans
Description	For online Case cancellation transactions, the City/County Code must be entered and must be equal to the current City/County Code stored in the database.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A

DATA ELEMENT: Enrollee Eligibility Aid Category (DE3009)

Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans.

BUSINESS NAME: N/A

REFERENCE NAME: C_AID_CATG

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: 000 - 999

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	Additionally, this is a required field for a reinstatement transaction for Benefit Plan Program Code =03.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	If the Aid Category = 056 or 057, the enrollee is cancelled for Cancel Reason = 090.

VALID VALUES:

Valid Value	Description
001	SLH Foster Care
002	SLH General Relief
003	SLH Only
004	SLH Migrant
005	FAMIS Moms Pregnant Woman, Income > 133% FPL & <= 166% FPL
006	FAMIS Child under age 6, income >150% poverty and <=200% poverty.
007	FAMIS Child 6-19 years old, income >150% poverty and <=200% poverty.
008	FAMIS Child under age 6, income>133% poverty and <=150% poverty.
009	FAMIS Child 6-19 years old, income>133% poverty and <=150% poverty
011	Aged SSI Recipient - Includes Dually Eligible QMB
012	Aged AG Recipient - Includes Dually Eligible QMB
018	MN Aged; December 1973 Individual ; Not Also QMB
020	Aged - Individual in Medical Institution or receiving Wavered Services with income <=300% SSI; Hospice Recipient; Not also QMB.
021	Aged - Protected Covered individual; Former Money Payment Recipient - August 1972; Former SSI/AG Recipient; Protected Widow(er); Qualified Severely Disabled Individual; Protected Adult Disabled Child.
022	Aged - Individuals in Medical Institution or receiving Wavered Services with Income <=300% SSI; Hospice Recipient. Includes Dually Eligible QMB.

DATA ELEMENT: Enrollee Eligibility Aid Category (DE3009)

VALID VALUES:

Valid Value	Description
023	Aged - QMB Only
028	MN Aged Individual - December 1973 Individual; Dually Eligible QMB
029	Aged, 80% FPL Group. Includes Dually Eligible QMB.
031	Blind SSI Recipient - Includes Dually Eligible QMB.
032	Blind AG Recipient - Includes Dually Eligible QMB.
038	MN Blind Individual; December 1873 Individual; Not also QMB.
039	Blind, 80% FPL Group. Includes Dually Eligible QMB.
040	Blind - Individual in Medical Institution or WS with income <=300% SSI; Hospice Recipient; Not also QMB
041	Blind - Protected Covered Individual; Former Money Pymt Recipient - August 1972; Former SSI/AG recipient; Protected Widow(er); Qualified Severely Disabled Individual; Protected Adult Disabled Child.
042	Blind - Individual in Medical Institution or receiving Wavered Services with Income <=300% SSI; Hospice Recipient in Medical Facility. Includes Dually Eligible QMB.
043	Blind - QMB only.
048	MN Blind - Blind Individual; December 1973 Individual; Dually Eligible QMB.
049	Disabled, 80% FPL Group. Includes Dually Eligible QMB.
051	Disabled SSI Recipient. Includes Dually Eligible QMB.
052	Disabled AG Recipient. Includes Dually Eligible QMB.
053	Special Low Income Medicare Beneficiary (SLMB).
054	Hospice Individual.
055	Qualified Disabled Working Individual (QDWI).
056	Qualified Individual (QI1).
057	Qualified Individual (QI2) Note: this group ended 12-31-02.
058	MN Disabled Individual; December 1973 Individual; Not also QMB.
059	AC 059 - MEDICAID WORKS, Disabled, 80% FPL Group. Includes Dually Eligible QMB.
060	Disabled - Individual in Medical Institution or receiving Waiver Services with income <= 300% SSI; Hospice recipient in Medical Facility. Not also QMB.
061	Disabled - protected Covered Individual; Former Money Payment Recipient--August 1972; Protected Widow(er); Qualified Severely Disabled Individual; Protected Adult Disabled Child. Includes Dually Elig
062	Disabled - Individual in Medical Institution or receiving Waiver Services with Income <=300% SSI; Hospice Recipient. Includes Dually Eligible QMB.
063	Disabled - QMB Only
066	Breast or Cervical Cancer Group
068	MN Disabled Individual; December 1973 Individual; Dually Eligible QMB.
071	TANF or Deemed - TANF Recipient; 4-month-extended Medicaid Recipient. Includes Dually Eligible QMB. Note: Enrollment in this group was discontinued effective 7-1-2000.
072	Non-IVE Adoption-assistance Child; special Medical Needs Adoption-assistance Individual. Includes Dually-eligible QMB.
073	TANF-UP or Deemed-TANF-UP Recipient. Note: Enrollment in this group was discontinued effective 7-1-2000.

DATA ELEMENT: Enrollee Eligibility Aid Category (DE3009)

VALID VALUES:

Valid Value	Description
074	IVE Foster-care or IVE Adoption-assistance Recipient. Includes Dually eligible QMB.
075	Juvenile Justice Department Child. Includes Dually Eligible QMB.
076	Non-IVE Foster Care Child. Includes Dually Eligible QMB.
078	Refugee Other or Refugee Medicaid Other.
079	Refugee Medicaid Unaccompanied Minor
080	Family Planning Waiver Individual
081	Protected Covered Individual: Former Money payment Recipient--August 1972; Low-income Family with Child(ren) (LIFC) Individual; 4-month or 12 month-extended Medicaid Recipient. Includes Dually Eligibl
082	Individual Under Age 21 in ICF or ICF-MR. Includes Dually-eligible QMB.
083	Former Money Payment Recipient--August 1972; Low-Income Family with Child(ren)-Unemployed Parent (LIFC-UP) Individual; 4-month or 12-month extended Medicaid Recipient
085	MN Individual Under age 21; Juvenile Justice Department Child. Includes Dually-Eligible QMB.
086	MN Individual under age 21; Non-IVE Foster-care Child or Non-IVE Adoption-assistance Child; Special Needs Adoption Assistance Child. Includes Dually-Eligible QMB.
088	MN Child Under Age 18. Includes Dually-Eligible QMB
090	Child Under Age 6 with income between 100% and 133% of poverty. Includes Dually-Eligible QMB.
091	Pregnant Woman; Child under age 6 with income <=100% of poverty. Includes Dually-Eligible QMB.
092	Child Age 6 to 19 with income <= 100% poverty (insured or uninsured); Child age 6 to 19 with income > 100% and <=133% poverty (insured). Includes Dually-Eligible QMB.
093	Newborn Child Under Age 1. Includes Dually Eligible QMB.
094	Child Age 6 to 19. Income > 100% poverty and <= 133% poverty (uninsured).
097	MN Pregnant Woman. Includes Dually Eligible QMB.
098	MN Individual Under Age 21 in a Nursing Facility. Includes Dually-Eligible QMB.
099	MN Newborn Child UNDER Age 1. Includes Dually-Eligible QMB.
214	TDO - General District Court
215	TDO - Juvenile and Domestic Court
216	TDO - Combined District Court
401	Premium Payment - COBRA
402	Premium Payment - Conversion
404	Premium Payment - Individual
501	ACR
601	HIDP
801	ASSM Level 1
802	ASSM Level 2
803	ASSM ACR
919	(E-Medicaid) Emergency Medicaid

DATA ELEMENT: Enrollee Eligibility Begin Date (DE3010)

The date from which an enrollee may begin to receive DMAS-administered program benefits for a particular continuous period.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Eligibility End Date
Description	The date field must be less than or equal to the Eligibility End Date associated with the period.
Local Def	N/A

Rule Name	GE 7/1/69
Description	The data must be greater than or equal to July 1, 1969 (Virginia Medicaid start-up date).
Local Def	Rule as stated is valid for Benefit Plan Program Code = 01. If Benefit Plan Program Code = 03 this rule becomes GE 7/1/1989. If Benefit Plan Program Code = 02 this rule becomes GE 1/1/1992.

Rule Name	LE Current Date
Description	The date field must be less than or equal to the current date upon entry.
Local Def	If Aid Category = 023, 043, or 063, the Eligibility Begin Date may be the first day of a future month.

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	This field must be a valid date and is required for a reinstatement transaction for Benefit Plan Program Code 03.

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	If Benefit Plan Program Code = 03 The eligibility begin date must not be more than 60 days prior or subsequent to the Application Date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Eligibility End Date (DE3011)

The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_END

DEFAULT: 0

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	LE Current Date
Description	The date field must be less than or equal to the current date upon entry.
Local Def	N/A

Rule Name	GE Eligibility Begin Date
Description	The date field must be greater than or equal to the Eligibility Begin Date for the associated period.
Local Def	N/A

Rule Name	LE Eligibility End Date
Description	The date field must be less than or equal to the Eligibility End Date associated with the period.
Local Def	N/A

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	If the Benefit Plan Program Code = 01 If the Cancel Reason is not = 001, 008, 014, 015, 024, or 099, the Cancel Date must be equal to the Eligibility End Date. If the Benefit Plan Program Code = 02 the Cancel Date must EQ the Eligibility End Date.

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	The date must be less than or equal to the current date except when the Benefit Plan Program Code = 01 and the Cancel Reason = 024. For Cancel Reason 024, a future cancellation date is valid. For Benefit Plan Program Code = 01 If Cancel Reason = 024 and the Cancel Date is LT the current date, the Cancel Date must EQ the Eligibility Begin Date. If the Cancel Reason to be entered = 099 and the Eligibility End Date is LT the current date, the Cancel Date should EQ the Eligibility End date; otherwise the Cancel Date should EQ the current date.

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	If Cancel Reason or Cancel Date > 0, an ID Card Replacement Request is not allowed. If a Cancel transaction is initiated for Benefit Plan Program Code = 03, a City/County Code must be entered.

VALID VALUES:

DATA ELEMENT: **Enrollee Eligibility End Date (DE3011)**

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Eligibility Status Date (DE3012)

The date an enrollee's criteria for eligibility should be reviewed. Used in monthly processing for Welfare Utilization Report.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Eligibility Status Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	Must be valid month and year. For Benefit Plan Program Code = 01 Cannot be more than 2 years in the future

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Transaction Code (DE3015)

This field is also known as SSA Communications Code.
A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by HCFA e.g., accretion, deletion, or adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by HCFA if the action is an adjustment and the fifth position contains the value of Sub-code.. See State Buy-in Manual for explanation of transaction codes and Sub-codes.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREM_PAY_TRANS

DEFAULT: Spaces

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. On a change transaction- If name or claim number changed and SSA-COMM-CODE = 2161 or 2162 or 2163, then move spaces to Enrollee Medicare Premium Payment Transaction Code.

VALID VALUES:

Valid Value	Description
11xx	Informs State that the individual was accreted to the State's account
14	HCFA has deleted the Part A or Part B record due to internal system adjustment
15	HCFA has deleted, individual doesn't meet all requirements of Medicare
16	HCFA has deleted, individual is deceased
17xx	Deleted from State's account, due to two-digit (xx) reason code
20xx	Deletion action from State was rejected because no record of ongoing buy-in
21xx	Accretion action from State was rejected because no match to the EDB
23xx	Informs State of a claim number change
24xx	Informs State that accretion/deletion was rejected due to invalid eff date
25xx	Informs State that accretion/deletion was rejected, duplicates a prev trans
27xx	Informs State that accretion/deletion was rejected, due to invalid tran cd
29xx	Accretion action from State was rejected due to death deletion on EDB
30xx	Informs State that effective date on accretion required adj to later date
41	Informs State that the individual is on the State's account as ongoing item
42	Informs State of a Credit Adjustment due to duplicate billing on the TPM
42xx	Informs State of a Credit Adjustment to the State's premium liability
43xx	Informs State of a Debit Adjustment due to several possible reasons
4999	Informs State that request to correct welfare ID number was rejected
50	Used by State to annul a code 1165 accretion from HCFA

DATA ELEMENT: Enrollee Medicare Premium Payment Transaction Code (DE3015)

VALID VALUES:

Valid Value	Description
51	Used by State to delete an individual, no longer a member of State account
53	Used by State to delete an individual, the individual is deceased
61	Used by State to accrete an individual to the State's account
63	Used by State to accrete an individual for subsequent State analysis
75	Used by State to request a simultaneous accretion/deletion action
84	Used by Alert State to accrete an individual in response to a tran 86 alert
86	Informs Alert State that individual is entitled to SSI benefits
87	Informs State that SSI entitlement has terminated for the individual
99	Used by State to correct the eligibility code or welfare ID number

DATA ELEMENT: **Enrollee Marital Status (DE3016)**

The marital status of the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_MARITAL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Divorced
I	Single
M	Married
S	Separated
U	Unreported
W	Widowed

DATA ELEMENT: **Verification SSN Data (DE3017)**

Data returned from SSA

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(45)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Does not have TPL data on file
Y	Has TPL data on file

DATA ELEMENT: Enrollee Medicare Premium Payment Type Codes (DE3018)

This element indicates the type of segment as Medicare coverage Part A or Medicare Part B. This coding scheme will be used for both Medicare history and Medicare premium payment history data.

BUSINESS NAME: N/A

REFERENCE NAME: C_MCARE_PREM_TYP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Medicare Part A coverage
B	Medicare Part B coverage

DATA ELEMENT: **Enrollee Benefit Assignment Code (DE3019)**

The method by which the enrollee is assigned to the current Benefit Plan.

BUSINESS NAME: N/A

REFERENCE NAME: C_BNFT_ASSIGN_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: Alpha numeric, including spaces

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Enrollee selected PCP
02	PCP automatically selected/assigned
03	PCP submitted enrollee selection
04	Automatic mass Re-Assignment
05	DMAS selected/assigned
07	Unknown

DATA ELEMENT: Enrollee Benefit Preassignment Code (DE3021)

A code which describes the enrollee's current status in managed care.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRE_ASSIGN_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 00-99,A-F

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
' '	Currently Not pre-assigned/assigned
'01'	Currently assigned to a CMM Provider
'04'	Exempt from managed care by DMAS
'05'	Enrollee currently pre-assigned
'06'	60 day re-enrollment
'07'	Enrollee not in Medicaid
'08'	Department exempt special
'09'	Enrollee not in a managed care region/locality
'10'	Enrollee currently assigned to Managed Care
'11'	Nursing home or Waiver
'12'	Invalid managed care Aid Category
'13'	Exempt due to hospital related prior authorization(s)
'14'	Enrollee has TPL
'15'	Default Benefit Package not valid for Managed Care
'16'	No HMO in enrollee's locality
'17'	Specialty Indicator 'AA'/'FC' not valid for Managed Care
'44'	Temporary flag for exempting from managed care by DMAS
'CM'	Enrollee is exempt from managed care because of CMM enrollment
'X '	Bypass locality edits when validating pre-assignment or assignment

DATA ELEMENT: Enrollee ID Card Issue/Reissue Date (DE3022)

The date on which the most recent identification card was initially issued to a Enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: D_REISSUE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Medicare Begin Date (DE3023)**

The begin date of State buy-in eligibility for the individual's Medicare Premium .

BUSINESS NAME: N/A

REFERENCE NAME: D_PREM_PAY_ORIG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	Must be valid date if Medicare Premium Payment Benefit Plan enrollment is entered.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Aid Category Begin Date (DE3024)**

The beginning date of an Aid Category; the date from which it is effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_AID_CATG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Update Transaction Date (DE3026)**

The date of the most recent file maintenance update to an enrollee's master file record data.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Update Transaction Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Aid Category End Date (DE3027)**

The date an Aid Category was closed.

BUSINESS NAME: N/A

REFERENCE NAME: D_AID_CATG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Start Date (DE3029)

The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREM_PAY_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

Rule Name	Hold Note
Description	Hold Note:
Local Def	Enrollee Buy-in Premium Start Date (DE 3028) is renamed to Medicare Premium Payment Premium Payment Start Date (DE 3029). Field will be carried for both Medicare Parts A and B.

Rule Name	Cancel Reason/Aid Category
Description	Cancel Reason 24 may be manually entered via CICS only for QMB and SLMB Program Designations (23, 43, 53, 63).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Amount (DE3030)

The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate.

BUSINESS NAME: N/A

REFERENCE NAME: N_PREM_PAY_AMT

DEFAULT: N/A

COBOL PICTURE: 9(7)V99 Multiple Occurrences

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX SSA Information Exchange Code (DE3031)

A coding scheme established by BENDEX containing various alphanumeric codes used to interpret the data exchanged between BENDEX and the State agency.
See BENDEX Handbook for explanation of transaction codes.

BUSINESS NAME: N/A

REFERENCE NAME: C_SSA_INFO_EXCHG

DEFAULT: Spaces

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
BDA	Recip has an initial query or outstanding query or Unsatisfactory response
B-I TERM	Beneficiary was deleted from state's buy-in account
BOAN UNM	This SSN was submitted by direct wire input and a match could not be made
CF XXX	Last BENDEX record you will receive; exchange transferred to agency XXX
CHILD SP	This is the initial child support enforcement for this beneficiary.
DELETED	A direct input record was processed with communication code DPA or DTH.
DIEDMMYY	The number holder on this account is deceased.
DOB UNM	Two or more beneficiaries with same surname and DOB match can't be made
DPA	Recip has an initial query and cancelled for reason other than death.
DTH	Recip has an initial query and cancelled due to death.
ENFORXXX	For your information, agency XXX has made a child support enforcement inqry
FIN MMYY	The benefits for this beneficiary terminated for the month indicated
GIV UNM	Surname match found, however, the first name and DOB do not match
IMP CAN	The SSN/CAN on the BENDATA record is invalid or not been issued by SSA
IMP CODE	Positions 60-62 on the BENDATA record is invalid or blank.
JURISXXX	You have made a child support enforcement inquiry for this beneficiary
MATCHED	Current data was extracted from the MBR
NO AUTH	Position 51 (Direct Wire Input) on the BENDATA record was invalid.
NO DEX	Two requests for same beneficiary, one with BDA and the other with DPA/ DTH
NO FILE	CAN/SSN is not on MBR.
NODELXXX	You requested deletion of beneficiary in which another state has jurisdiction
NOTITLE2	Recip not entitled to SSA benefits; however, SSI, RR or BL may be involved

DATA ELEMENT: BENDEX SSA Information Exchange Code (DE3031)

VALID VALUES:

Valid Value	Description
REP PAYE	Fully processed record with current data extracted from the MBR
SUR UNM	First name and DOB match, but surname unmatched
UTL XREF	Pertinent data was extracted on this claim number, no MBR has been located
WAS XXX	Exchange transferred to our agency; agency XXX will no longer receive exchg
XREF NUM	Beneficiary is terminated on this record; there is no cross-reference MBR

DATA ELEMENT: **Enrollee Date Added (DE3032)**

The date an Enrollee was added to the system.

BUSINESS NAME: N/A

REFERENCE NAME: D_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Stop Date (DE3033)

The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREM_PAY_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Social Security Number (SSN) (DE3034)

The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Social Security Number (SSN)

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: number

RANGE: N/A

BUSINESS RULES:

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Gross Income (DE3035)

The monthly gross income; maintained uniquely with originating eligibility sources.

BUSINESS NAME: N/A

REFERENCE NAME: N_GROSS_INCOME

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Date of Death (DE3036)

The date of an enrollee's death.

BUSINESS NAME: N/A

REFERENCE NAME: D_DEATH

DEFAULT: N/A

COBOL PICTURE: PIC 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	For Benefit Plan Program Code = 01 If the Cancellation Reason Code = '001', this field must be greater than zero, and equal to the Cancellation Date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Date Added (DE3037)**

The date an eligibility segment for an enrollee was added to the system.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELIG_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Administrative FIPS Code (DE3039)

The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADMIN_DSS_FIPS

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	City/County Code Edit
Description	Must be 001-999 if City/County Record Type is 'C', 'E' or 'H'. Must be 990-999 if City/County Record Type is 'R'.
Local Def	For Benefit Plan Program Code = 03: The City/County Code must not = 780.

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	For Benefit Plan Program Codes = 01 and 03 If the Administrative City/County Code is changed (DE 3039), the Caseworker number must also change or be initialized to zeroes.

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	For TDO Benefit Plan Program Code = 02: The Court Number will be the Administrative FIPS Code and must exist on the valid Court Numbers Table.

Rule Name	Valid City/County Code
Description	Must be valid city/county (FIPS) code.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Code Flag (DE3040)**

Specifies the category of the benefit exception code.

BUSINESS NAME: N/A

REFERENCE NAME: C_SYS_GENERATED

DEFAULT: N/A

COBOL PICTURE: 1

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	CMM level
L	Assessment level of care
S	System generated blank

DATA ELEMENT: Enrollee Application Date (DE3041)

The date an Enrollee applied for DMAS-administered program benefits.

BUSINESS NAME: N/A

REFERENCE NAME: D_APPL

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	If Benefit Plan Program Code = 01, the application date must not be LT 07/02/1969 and must be LE the current date. If Benefit Plan Program Code = 03, the application date must not be LT 07/01/1989 and must be LE the current date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Edit Rule (DE3042)

A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: C_ELG_RULE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04).

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
EL01	Citizenship
EL02	Country of Origin
EL03	Country Entry Date
EL04	Age
EL05	Gender
EL06	Date of Birth
EL07	Special Indicator
EL08	TPL
EL09	Locality
EL10	DSS Relationship
EL11	Aid Cat Begin Date
EL12	Cancel Reason
EL13	Certification

DATA ELEMENT: Case Identification Number (DE3043)

A number that uniquely identifies the family or group of individuals in the same Case entity.

BUSINESS NAME: N/A

REFERENCE NAME: I_CASE

DEFAULT: N/A

COBOL PICTURE: 9(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	A valid Case ID must be present or generated for each enrollee. Generated case numbers will be reported.

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollment Edit Rule (DE3044)

A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: C_ENRL_RULE_CVAL

DEFAULT: N/A

COBOL PICTURE: PIC X(04).

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
EN01	Restrict by Previous Enrollment
EN02	Restrict by Region Type & Code
EN03	Require or Restrict TPL
EN04	Restrict to Provider Type
EN05	Restrict by Cancel Reason
EN06	Overlap Enrollments Allowed
EN07	Autoclose Enrollment
EN08	Restrict by Provider Specialty
EN09	Restrict by Aid Category
EN10	Restrict by Change Source
EN11	PA Overlaps

DATA ELEMENT: **Enrollee Medicare Premium Payment Agency Code (DE3045)**

The State agency code as assigned by SSA or Group Payer. This code indicates the entity which has jurisdiction over the account. For Virginia, code S49 is used for Part A and 490 is used for Part B.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREM_PAY_AGCY

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Name (DE3046)**

The name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. (See DE 3487-3490)

BUSINESS NAME: N/A

REFERENCE NAME: T_CASE_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Edit Rule Conditions (DE3047)

The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: C_RULE_OPERAND

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
BT	Between
EQ	Equal to
GT	Greater than
LT	Less than
NE	Not equal to
NN	None
YY	Any

DATA ELEMENT: Enrollment Edit Rule Conditions (DE3048)

The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: C_RULE_OPERAND

DEFAULT: N/A

COBOL PICTURE: x(4)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
EQ	Equal to
GT	Greater than
LT	Less than
NE	Not equal to
NN	None
YY	Any

DATA ELEMENT: Enrollee ID Card Reissue Indicator (DE3049)

An indicator that allows additional ID cards to be reissued for an individual enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee ID Card Reissue Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Do not re-issue
Y	Allow re-issue

DATA ELEMENT: Eligibility Days Overlap (DE3050)

The number of days an aid category may overlap with another in a different program.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Days Overlap

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Rule Begin Date (DE3051)

The beginning effective date of an Eligibility Rule.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Rule Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Rule End Date (DE3052)

The last effective date of an Eligibility Rule.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Rule End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollment Rule Begin Date (DE3053)

The beginning effective date of an Enrollment Rule.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENRL_RULE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollment Rule End Date (DE3054)

The ending effective date of an Enrollment Rule.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENRL_RULE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Edit Rule Values (DE3056)

The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to enrollee eligibility. These values will vary based on the edit rule.

BUSINESS NAME: N/A

REFERENCE NAME: T_RULE_VALUE

DEFAULT: N/A

COBOL PICTURE: X(8)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Medicare IndicatorRE (DE3057)

This element is set based upon the value of the coverage code.
When the coverage code is 'A' with no other coverage code except 'RD' it is set to 'A'.
When the coverage code is 'B' with no other coverage code except 'RD' it is set to 'B'.
When the coverage code contains both a coverage code of 'A' and 'B' with no other coverage code except 'RD' it is set to 'C'.
Otherwise it is set to 'E'.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	TPL Coverage Code (DE 5422) is 'A' with no other code except 'RD'
B	TPL Coverage Code (DE 5422) is 'A' with no other code except 'RD'
C	TPL Coverage Code (DE 5422) is 'A' & 'B' with no other code except 'RD'
E	No TPL Coverage Code (DE 5422) are 'A' & 'B' or else TPL Coverage Codes (DE 5422) are 'A' &/or 'B' but there is at least one additional code other than 'RD'

DATA ELEMENT: **Response Seq Code (DE3058)**

Is set to 'P' when a coverage code of 'A', 'B', 'D', 'H', 'K', 'L', 'M', 'P', 'R', 'U', OR 'RD' is encountered. Otherwise it is set to 'S'.

BUSINESS NAME: N/A

REFERENCE NAME: Response Seq Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
P	Primary
S	Secondary

DATA ELEMENT: **Enrollee ID Card Suppress Production Indicator (DE3059)**

An indicator that allows the suppression of Id card production for an individual enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: F_ID_CARD_SUPPRESS

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: ID cards issued in a year (DE3060)

Count of ID cards reissued for the trigger reason = 'L', 'S', 'D' in a year

BUSINESS NAME: N/A

REFERENCE NAME: N_CARDS_ISSUED_YTD

DEFAULT: 0

COBOL PICTURE: 9(01)

DB2 TYPE: Decimal(1,0)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

Rule Name Multiple Occurrences

Description Must accommodate multiple occurrences of data element.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No Cards Issued During The Year
1	One Card Issued During The Year
2	Two Cards Issued During The Year
3	Three Cards Issued During The Year
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: Enrollee Benefit Provider Identification Number (DE3062)

The Provider Identification Number of the provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Benefit Provider Identification Number

DEFAULT: 0

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Lockin Level/Lockin Provider
Description	If Lock-in Provider has Class Type indicating physician services (01,20,51,52,53), Lock-in Level must be 4. If Lock-in Provider has Class Type indicating pharmacy (60), Lock-in Level must be 5. If Lock-in Provider has Class Type indicating transportation (80,81), Lock-in Level must be 6.
Local Def	If Lock-in Level equals 0, 3 or 5, this field must equal zero on entry line. If Lock-in Level equals 4 or 6, this field must be greater than zeroes on entry line.

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	Nursing Home Provider No. (DE 168) will be mapped to Enrollee Benefit Provider ID (target DE 3062) for Exception Indicators 1, 2, 7, F, G, J and L. There should not be any segments with Exception Indicator 7; however, if there are, they will require Prov#

Rule Name	Valid Provider ID
Description	Must be a valid provider identification number as carried on the provider master file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Benefit Date Added (DE3063)**

The date a benefit package segment for an enrollee was added to the system.

BUSINESS NAME: N/A

REFERENCE NAME: D_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Benefit Enrollment Begin Date (DE3064)

The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assignment between a provider and an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENROLL_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	For Benefit Plan Program Code = 01, Nursing Home Admission Date (current VMAP DE 165) will map to the Enrollee Benefit Enrollment Begin Date (target DE 3064). Conversion will be a direct move with year 2000 conversion.

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	This field must be a valid date.

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Benefit Enrollment End Date (DE3065)

The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an assignment between a provider and an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENROLL_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	This field must be a valid date that is greater than the associated begin date. It will be populated with the latest end date of eligibility for inactive recipients, or an open-ended date if eligibility is currently active.

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	For Benefit Plan Program Code = 01, Nursing Home Discharge Date (current VMAP DE 167) will map to Enrollee Benefit Enrollment End Date (target DE 3065). Conversion will be a direct move with year 2000 conversion.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Rule Option (DE3066)

Indicates a set of rules that apply to an aid category.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Rule Option

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Data Element Specific Rule
Description	Value 'H' is allowed for Benefit Plan Exception Indicator DE 3072 value D. Value 'NF' is allowed for Benefit Plan Exception Indicator DE 3072 values 1, 2, 7, L. Value 'WS' is allowed for Benefit Plan Exception Indicator DE 3072 values 9, A, E, Q, R, Y.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Benefit Initial Preassignment Code (DE3067)

The code that indicates the method by which the enrollee was initially preassigned to the current managed care benefit.

BUSINESS NAME: N/A

REFERENCE NAME: C_INIT_ASSIGN_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: Alpha Numeric, including blank

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'C'	Pre-assigned randomly
'D'	No Initial Preassignment
'F'	Pre-assigned through family history
'H'	Pre-assigned through claims history
'N'	New County Provider Preference
'O'	Online
'P'	Pre-assigned to previous PCP
'R'	Retroactively assigned through Newborn Enrollment Process
'U'	Unknown

DATA ELEMENT: **Enrollee Benefit Patient Account (DE3071)**

The patient account number associated with the Benefit Plan Provider's patient records, required for certain Benefit Plans such as TDO.

BUSINESS NAME: N/A

REFERENCE NAME: I_PAT_ACCT_NUM

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Plan Exception Indicator (DE3072)

A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing facility or waiver service. It also identifies CMM restriction levels.

BUSINESS NAME: N/A

REFERENCE NAME: C_ENRL_EXCP

DEFAULT: Spaces

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 1, 2, 4, 5, 6, 7, 9, A,D,E, F,J, L,M,Q,R,S,T,Y and Spaces.

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	ICF
2	SNF
4	CMM Physician
5	CMM Pharmacy
6	CMM Transportation
7	Out of State Provider
9	Elderly or Disabled Waiver with Consumer Direction
A	Technology Assisted Waiver
blank or spaces	N/A
D	Hospice
E	AIDS Waiver
F	Regular Assisted Living
J	Intensive Assisted Living
L	Long Stay Hospital
M	Children's Mental Health Waiver
MP	Money Follows Person
Q	CDPAS Waiver (no longer used)
R	IFDDS Waiver
S	Day Support Waiver
T	Alzheimer's Assisted Living Waiver
Y	MR Waiver

DATA ELEMENT: Enrollee Benefit Closure Reason (DE3073)

A code indicating the reason that the enrollee's benefit period was ended.

BUSINESS NAME: N/A

REFERENCE NAME: C_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
000	Benefit Open (Default Value)
001	Enrollee Deceased
002	Loss of Virginia Residence
003	Changed Level of Care; Enrollee No Longer Eligible for Managed Care
004	Provider No Longer Eligible for Managed Care
008	Managed Care Benefit Added in Error
009	Recipient Foster Care/Adoption Assistance (Managed Care)
011	Recipient Discharged to Adult Home
012	Recipient Discharged to Community Based Care
013	Recipient Discharged Home
014	Recipient No longer Eligible for Medicaid; Hospice Revocation
015	Recipient Transferred to another Nursing Facility
016	Recipient Discharged to Hospital, stayed more than 30 days
017	Recipient Discharged, Destination Unknown
018	Data Entered Incorrectly
022	NPI Not Supplied by Compliance
029	Will Generate Hospice Letter to Nursing Facility
031	NPI Now Supplied
055	Corrected Information
090	Other
097	System Entered due to Loss of Eligibility
098	System Entered Due to End Date in Past
099	System Generated cancel for change of aid category

DATA ELEMENT: Enrollee Benefit Closure Reason (DE3073)

VALID VALUES:

Valid Value	Description
100	No Longer Medicaid Eligible
101	Uncompensated property transfer--enrollee will be in penalty period
200	Pre-Existing relationship with non-PCP
201	Too Far to Service Area
202	Moved to a non-managed care county
203	Recipient resides in a LTC facility
204	Managed care program closed
205	Not a valid aid category for this type of managed care
206	No PCP currently available
207	Foster child
208	Enrolled in another managed care program
209	MC provider requests approved disenrollment
210	Other - do not re-enroll in same MC program
211	Quality of service is not what was expected
212	Needed service not available
213	Waiting time too long for appointment
214	Not happy with HMO policies and procedures
215	Prefer benefit offered by another HMO
216	Prefer managed care PCP
217	No reason given for recipient
218	Enrolled in Medallion
219	Enrolled in an HMO or competitive plan
220	Engaged in disruptive, uncooperative behavior
221	Missed 3 consecutive appts within 6 months
222	Unreasonably refused treatment/excessive ER use
223	Enrollee has TPL
224	Provider withdrew
225	Hospital prior auth on file
226	Enrollee in NH or some other waiver/benefit pgm
227	Moved out of provider's area
228	Benefit not valid in this Locality
229	Benefit package exempt from managed care
230	Void Future Assignment
231	Assignment ended due to enrollee age/gender

DATA ELEMENT: Enrollee Benefit Closure Reason (DE3073)

VALID VALUES:

Valid Value	Description
232	Ended due to program expansion
233	Exempt from Managed care by DMAS
300	Provider died
301	Provider moved/sold business
302	Provider requested change/do not reassign
303	Enrollee requested change/do not reassign
304	Provider locked out
305	Enrollee appealed
306	Provider failed to re-enroll
307	No abuse, used services properly
308	Add continued lock-in period
309	Enrollee entered long term care
310	Enrollee entered wavered program
311	DMAS initiates Admin. Change
312	HMO assigned
313	Changed client med. Mgmt level
314	Lock-in diverted; eligibility cancelled
315	No abuse; track enrollee
316	Converted data
317	New DMAS provider number
318	New DMAS enrollee number
319	Inactive Due to Part-D Medicare Eligibility
403	Changed Level of Care
410	Denied Active Treatment
411	Enrollee Discharged to Adult Home
412	Enrollee Discharged to Community Based Care
413	Enrollee Discharged Home
414	Enrollee No Longer Eligible for Medicaid
415	Enrollee Transferred to Another Nursing Home
416	Enrollee Discharged to Hospital, Stayed More Than 30 Days
417	Enrollee Discharged, Destination Unknown
429	Nursing Facility Cancellation to Receive Hospice
430	Enrollee to Nursing Home
431	Community Based Care Termination

DATA ELEMENT: Enrollee Benefit Closure Reason (DE3073)

VALID VALUES:

Valid Value	Description
432	Community Based Care Transfer
433	Nursing Home to Community Based Care
434	Change in Hours
435	New Admission
436	Utilization Review - Office
437	Utilization Review - Home
438	6 Month Pre-authorization
439	Service Modification
440	Reopened Case
488	Auto Closure Due to Overlap
489	Auto Closure Due To PA Intensive Rehab Initiation
501	No Longer Employed
502	No Longer Cost Effective
503	No Longer Medicaid Eligible
504	Non-Compliant
505	Enrollee transferred from Waiver Services to an Institutional Services
600	Not Eligible for PACE
900	Closure of Emergency Medicaid (System Generated)

DATA ELEMENT: Enrollee Benefit Change Source (DE3074)

Source that provided the information resulting in a change of benefit data (examples: nursing facility or waiver enrollment); or a specific type of benefit.

BUSINESS NAME: N/A

REFERENCE NAME: C_CHG_RVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	No Change Source
01	Provider
02	Recipient
03	Utilization Review Analyst
04	Other MSS Staff
05	Department of Social Services
06	DMHMRSAS
07	DMAS- Managed Care
08	DMAS - CMM
86	Vent
87	AIDS
88	System Generated (manual entry not allowed)
89	Complex
91	TBI
92	Rehab
99	Unknown
CD	Converted Data (used only during conversion)
DF	Default benefit which may not be modified manually

DATA ELEMENT: **Comment Indicator (DE3075)**

The field contains values 'Y' (Comments present) or 'N' (Comments not present).

BUSINESS NAME: Comment Indicator

REFERENCE NAME: Comment Indicator

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Benefit Plan Exception Code Description (DE3076)

The premium associated with the Premium plan benefit code.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	ICF/Nursing Facility
2	SNF/Medicare Cert
4	Client Medical Management Physician
5	Client Medical Management Pharmacy
6	Client Medical Management Transportation
7	Special Out-of-State Provider
9	Elderly or Disabled Waiver with Consumer Direction
A	Technology Assisted Waiver
Blanks/Spaces	No Exception Indicator
D	Hospice
E	AIDS Waiver
F	Regular Assisted Living
J	Intensive Assisted Living
L	Long Stay Hospital
Q	Consumer Directed Personal Attendant Services (no longer used)
R	IFDDS Waiver
Y	Mental Retardation Waiver

DATA ELEMENT: **Enrollment Edit Rule Values (DE3077)**

The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: T_RULE_VALUE

DEFAULT: N/A

COBOL PICTURE: x(8)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare End Date (DE3078)

This is the date when SSA terminates Medicare coverage.

BUSINESS NAME: N/A

REFERENCE NAME: D_MCARE_ELIG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	Some history from the Recipient Master TPL segments can be obtained to populate Enrollee Medicare End Date (target DE 3078).

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EDB SEX CODE (DE3079)**

Code indicating the sex code of the Enrollee in the EDB file.

BUSINESS NAME: N/A

REFERENCE NAME: EDB SEX CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: X

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Idenity Verification (DE3080)

Enrollee Identification Verification status.

BUSINESS NAME: Enrollee Identification Verification

REFERENCE NAME: C_ID_TYPE_VERIFY

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: Char(2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
GF	Client is making a good faith effort to provide verification to ID table
OT	Other Acceptable Document Proving Identity
PV	PENDING
UV	Unverified
V1	Certificate of Naturalization
V2	Certificate of Citizenship
V3	Driver's License with a Person's Photo or Description
V4	School or Work ID with Person's Photo or Descriptiion
V5	U.S. Military ID or Draft Card or Military Dependant ID
V6	U.S. American Indian/Alaska Native Tribal Doc with Photo or Description
V7	Native American Tribal Document
V8	U.S. Coast Guard/Mariner Card
V9	Written Affidavit of ID for Child Under Age 16
VP	US Passport

DATA ELEMENT: **Enrollee Citizenship Level (DE3081)**

The value determines Enrollee Citizenship Level

BUSINESS NAME: N/A

REFERENCE NAME: C_CITIZENSHIP_LVL

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: Char(2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1A	DSS Verified - Level 1 Document
1B	Other Entity Verified - Level 1 Document
2A	DSS Verified - Level 2 Document
2B	Other Entity Verified - Level 2 Document
3A	DSS Verified - Level 3 Document
3B	Other Entity Verified - Level 3 Document
4A	DSS Verified - Level 4 Document
4B	Other Entity Verified - Level 4 Document
5	SSI, Medicare, SSDI, all Foster Care, Adoption Assistance (IV-E)
GF	Client is making a good faith effort to provide citizenship verification

DATA ELEMENT: Enrollee Buy-in Sex Code (DE3082)

A code indicating the sex of the enrollee in the CMS Buy-in file.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Buy-in Sex Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	This field is required may not be null and must be populated with a valid value.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	Must contain a valid code.

VALID VALUES:

Valid Value	Description
1	Male
2	Female

DATA ELEMENT: **Enrollee Incident Begin Date (DE3083)**

The date an incident occurred that resulted in the enrollee receiving medical treatment.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Incident Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	The date must be greater than zero if an incident type is present,

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Incident End Date (DE3084)**

The date an incident ended that resulted in the enrollee receiving medical treatment.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Incident End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Spend Down Service Description (DE3086)**

A brief description of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.

BUSINESS NAME: N/A

REFERENCE NAME: T_SERVICE_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Medicare Premium Payment Code (DE3087)

Designates if a plan or aid category is limited to payment for Medicare premium or Medicare coinsurance/deductibles.

BUSINESS NAME: N/A

REFERENCE NAME: C_MCARE_PREM_PAY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Limited to payment for coinsurance and deductibles
N	Not limited to payment for premium or coinsurance/deductibles
Y	Limited to payment for premiums

DATA ELEMENT: **Enrollee Medicare Status Date (DE3090)**

The last date an SSA Information Exchange Code was received from or sent to the SSA.

BUSINESS NAME: N/A

REFERENCE NAME: D_MCARE_BUYIN_STAT

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Transaction Remarks (DE3091)

Text field for enrollee-related comments.

BUSINESS NAME: N/A

REFERENCE NAME: T_PREM_PAY_MEMO

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Reduced Part A Indicator (DE3092)

An indicator from HCFA that the Group Payer Part A Premium Rate has been reduced.

BUSINESS NAME: N/A

REFERENCE NAME: F_REDUCED_PARTA

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Reduced Part A premium rate applies
space	Reduced Part A premium rate does not apply

DATA ELEMENT: Enrollee Permanent Identification Number (DE3093)

The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File.

BUSINESS NAME: N/A

REFERENCE NAME: I_ENROLLEE_ID

DEFAULT: N/A

COBOL PICTURE: 9(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Diagnosis Code Source (DE3094)

The source that assigned the diagnosis to the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_INPUT_SRCE_VAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Claims
E	Enrollment

DATA ELEMENT: Enrollee Telephone Number (DE3095)

The telephone number of the enrollee as given to the enrolling agency.

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_NUM

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee ADAPT/VACIS Client Identification Number (DE3096)

The unique identifier used by the State for each welfare Enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee ADAPT/VACIS Client Identification Number

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	VACIS ID/Aid Category
Description	VACIS Client ID must be nonzero, if Aid Category (Program Designation) is 71 or 73.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Medicare Premium Payment Transaction Date (DE3097)

This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of HCFA's billing record.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREM_PAY_TRANS

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	There will be multiple occurrences of this information in Part A and Part B.

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification Number (DE3098)

The verification number assigned by the system and returned to the provider when a request for eligibility verification has been submitted and the enrollee was determined "eligible" on the dates of service specified by the request.

BUSINESS NAME: N/A

REFERENCE NAME: I_VERIFY_SEQ_NUM

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: DECIMAL(12)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TDO Provider IRS Number (DE3099)**

The IRS number of the provider who provided medical services to the enrollee in the TDO Benefit Plan.

BUSINESS NAME: N/A

REFERENCE NAME: TDO Provider IRS Number

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Option Status Code (DE3100)

This data element will retain historical Option Status Code information as received from SSA. It is required for MEQC reporting for both Part A and Part B.

BUSINESS NAME: N/A

REFERENCE NAME: C_OPTION_STATUS

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	No (cessation of disability)
D	Denied
E (Part A only)	Yes (automatic entitlement, no premium necessary)
F	Invalid enrollment, terminated
G	Enrolled under SSA 'Good Cause' provision
H (Part A only)	No (not eligible for free health insurance benefits)
N (Part B only)	No (dual/technically entitled beneficiary not entitled to SMI)
P	Railroad jurisdiction
R	No, refused
S	No longer under Renal disease provision
T	Terminated for non-payment of premiums
W	Voluntary withdrawal
X (Part A only)	No (Part A terminated because of Title II termination (section 226B))
Y	Yes

DATA ELEMENT: Input Request Data (DE3101)

This data element represents assorted option information entered into the enrollee input request screen needed for various processes.

BUSINESS NAME: N/A

REFERENCE NAME: Input Request Data

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Buy-In SMI Eligibility Code (DE3102)

An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. An additional position has been allocated for expansion.

BUSINESS NAME: N/A

REFERENCE NAME: C_SMI_ELIG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Federal SSI payments aged (HCFA code)
B	Federal SSI payments blind (HCFA code)
C	Entitled under Part A of Title IV (TANF)
D	Federal SSI payments disabled (HCFA code)
E	SSA supplemental payment aged (HCFA code)
F	SSA supplemental payment blind (HCFA code)
G	SSA supplemental payment disabled Enrollee
H	One time payment of aged, blind, or disabled recipient
L	Specified Low Income Medicare Beneficiary (SLMB)
M	Entitled to Medical assistance only
P	Qualified Medicare Beneficiary (QMB)
U	Qualified Individual (QI1)
V	Categorically Needy (Aged, Blind, Disabled, TANF)
Z	Deemed categorically needy

DATA ELEMENT: Premium Payment Transaction Code Response (DE3103)

This two-position transaction code identifies what type of action will be communicated from DMAS to SSA. Each state is responsible for accreting those individuals whom the state has determined are eligible for premium payment. States also have deletion responsibility for all code 41 records which appear on the State's Part A and Part B files. A state-initiated change record allows the state to change the buy-in eligibility code and state welfare identification number.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREM_PAY

DEFAULT: 0

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	For cancel transactions: If Recipient cancel reason = 01 and the Premium indicator = 2, this field is set to 53 by the CICS program. If Recipient cancel reason = 08 and the Premium indicator = 2, this field is set to 64 by the CICS program. If Recipient cancel reason is other than 01 or 08 and the Premium indicator = 2, then this field is set to 51 by the CICS program. For Reinstate transactions: If this field = 51, 53, or 64, it will be reset to 61 by the CICS program

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	If the code on file = 51, 53, or 64 and the transaction initiated is a reinstatement, the code should be changed to 61. For a cancellation transaction, if the premium indicator = 2 and the Cancel Reason = 001 (Enrollee Deceased), the code should be changed to 53. If the Cancel Reason = 008, the code should be changed to 54. For all other Cancel Reasons other than 001 and 008, the code should be changed to 51. If the Money Payment Status changes (i.e. the aid category reflects a money payment status change) and the SSA COMM-CODE on file is > 10999999 and < 12000000 or is > 40999999 and < 42000000 and the SMIB Code on file is = 61 or 62, Change the SMIB Code to 99. For a reinstatement transaction following a cancellation, If the current date LE the 20th of the month and the enrollee's record shows a Last-Activity-Date GT the 20th of the prior month, or the current date GT the 20th of the month and the Last-Activity-Date is LT the 21st of the following month, and; the Money Payment Status changed (i.e. the aid category reflects a money payment status change) and the SSA COMM-CODE on file is > 10999999 and < 12000000 or is > 40999999 and < 42000000 Change the SMIB Code to 99.

DATA ELEMENT: Premium Payment Transaction Code Response (DE3103)

VALID VALUES:

Valid Value	Description
50	Cancelled (delete or annul a code 1165 or 1167)
51	Cancelled ineligible
53	Cancelled Death
61	Accretion
63	Re-accretion
75	Simultaneous accretion/deletion
84	Accretion (in response to a code 86 accretion alert)
99	Change of State data

DATA ELEMENT: **Enrollee Address Begin Date (DE3105)**

The effective date of the enrollee's address.

BUSINESS NAME: N/A

REFERENCE NAME: D_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Address End Date (DE3106)**

The end date associated with a specific address for an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: D_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Address Type (DE3107)**

This field indicates whether the enrollee's address is the Case address, Individual address or Authorized Representative address.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADDR_TYPE_CVAL

DEFAULT: C

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: C or E

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Case
E	Enrollee
R	Authorized Representative

DATA ELEMENT: **Enrollee Name Begin Date (DE3108)**

The effective date of the enrollee's name.

BUSINESS NAME: N/A

REFERENCE NAME: D_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Name End Date (DE3109)**

The end date associated with a specific name for an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: D_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Last Name (DE3110)

The last name of the individual eligible for a DMAS-administered medical care program.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_LAST

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: CHAR(19)

RANGE: N/A

BUSINESS RULES:

Rule Name	First Character Alphabetic
Description	Field may not be space; first position must be alphabetic.
Local Def	N/A

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	The first character must be non-space and alphabetic; the entire field must be alphabetic or space.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee First Name (DE3111)

The first name of the individual eligible for a DMAS-administered medical care program.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_FIRST

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	First Character Alphabetic
Description	Field may not be space; first position must be alphabetic.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Middle Initial (DE3112)

The middle initial of the individual eligible for a DMAS-administered medical care program.

BUSINESS NAME: N/A

REFERENCE NAME: T_MIDDLE_INIT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Name Suffix (DE3113)**

The name suffix of the individual eligible for a DMAS-administered medical care program.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_SUFFIX

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: Valid values are Sr, Sr., Jr, Jr., 1st, 2nd, 3rd, 4th, 5th, 6th, I, II, III, IV, V, VI, or spaces

BUSINESS RULES:

Rule Name Alphabetic or Space

Description Field must be alphabetic or space.

Local Def N/A

VALID VALUES:

Valid Value	Description
I	
V	
I	
II	
IV	
JR	
SR	
V	
VI	
1ST	
2ND	
3RD	
4TH	
5TH	
6TH	
I	
II	
III	
IV	
JR	
JR.	
SR	
SR.	

DATA ELEMENT: **Enrollee Name Suffix (DE3113)**

VALID VALUES:

Valid Value	Description
V	
VI	

DATA ELEMENT: **Enrollee Additional Address Name (DE3114)**

Additional name information for the enrollee address information such as 'care of' or 'attention' information.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDL_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Street Address (DE3115)**

The street address of the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: T_STREET

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee City Name (DE3116)

Name of the city in which the enrollee lives.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: For TDO Benefit Plan Program Code 02, the default = Richmond

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	First Character must be alphabetic and not space; all other characters must be alphabetic or space. Note: For ACR, use the servicing address of the District Home provider that can be obtained by reading the Provider Master.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee State Code (DE3117)

State abbreviation of the state in which the enrollee lives.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: For TDO Benefit Plan Program Code 02, the default = VA

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	A valid state code must be present. Note: For ACR, use the servicing address of the District Home provider that can be obtained by reading the Provider Master.

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
AK	Alaska
AL	Alabama
AR	Arkansas
AS	American Samoa
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
FM	Federated States of Micronesia
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho

DATA ELEMENT: Enrollee State Code (DE3117)

VALID VALUES:

Valid Value	Description
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MD	Maryland
ME	Maine
MH	Marshall Islands
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Northern Mariana Islands
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
PW	Palau
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas

DATA ELEMENT: **Enrollee State Code (DE3117)**

VALID VALUES:

Valid Value	Description
UM	U.S. Minor Outlying Islands
UT	Utah
VA	Virginia
VI	Virgin Islands of the U.S.
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

DATA ELEMENT: Enrollee ZIP Code (DE3118)

ZIP code of the area in which the enrollee lives.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: For TDO Benefit Plan Program Code 02, the default = DMAS Zip Code

COBOL PICTURE: 9(5)V9(4)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	GT 00000 and LT 99999

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Pend Payment Begin Date (DE3119)

Begin Date used to suspend all claims for an enrollee for manual reviews prior to adjudication.

BUSINESS NAME: N/A

REFERENCE NAME: D_PEND_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Pend Payment End Date (DE3120)**

End Date used to suspend all claims for an enrollee for manual reviews prior to adjudication.

BUSINESS NAME: N/A

REFERENCE NAME: D_PEND_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Pend Location Code (DE3121)

Code identifying the unit that will review the enrollee pends. This code will be defined as a location in the Claims Subsystem.

BUSINESS NAME: N/A

REFERENCE NAME: C_PEND_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	The new MMIS will need a Stop (Pend) Payment Reason Code (DE 3121). This field will be initialized to the default value during conversion. Claims will be pended with a code to indicate to which unit and/or whom should be routed.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Pend Payment Source (DE3122)

The Case Worker ID, initials, CICS ID or other identifying code of the individual from DMAS, DSS or FH who input or requested the update transaction.

BUSINESS NAME: N/A

REFERENCE NAME: T_PEND_PYMT_SRCE

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	The new MMIS will need a Stop (Pend) Payment Source (DE 3122). This field will be initialized to their default value during conversion. Claims will be pended with a code to indicate to which unit and/or whom should be routed.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Spend Down Service Begin Date (DE3124)

The beginning date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.

BUSINESS NAME: N/A

REFERENCE NAME: D_SERVICE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee CMM Restriction Begin Date (DE3125)

The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is setup by the recipient monitoring unit.

BUSINESS NAME: N/A

REFERENCE NAME: D_CMM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Hold Note
Description	Hold Note:
Local Def	There is no way to compute an accurate restriction period using the data currently stored on file. (2) possibilities: Sharon could enter the data after conversion or a separate file could be created to allow Sharon's staff to update info before conversion

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Spend Down Service End Date (DE3126)

The ending date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.

BUSINESS NAME: N/A

REFERENCE NAME: D_SERVICE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Spend Down Service Provider Name (DE3127)

The name of the provider of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability.

BUSINESS NAME: N/A

REFERENCE NAME: T_PROVIDER_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee CMM Restriction End Date (DE3130)

The end date of the CMM restriction period established for a specific enrollee. This range is setup by the recipient monitoring unit.

BUSINESS NAME: N/A

REFERENCE NAME: D_CMM_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Hold Note
Description	Hold Note:
Local Def	There is no way to compute an accurate restriction period using the data currently stored on file. (2) possibilities: Sharon could enter the data after conversion or a separate file could be created to allow Sharon's staff to update info before conversion

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee CMM Restriction Type (DE3131)**

A code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months.

BUSINESS NAME: N/A

REFERENCE NAME: C_CMM_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C18	Continue 18 months
C36	Continue 36 months
I18	Initial 18 months
I36	Initial 36 months
R24	Reenroll 24 months
R36	Reenroll 36 months

DATA ELEMENT: Enrollee CMM Restriction End Reason (DE3132)

A reason code that identifies why the enrollee's restriction period was ended.

BUSINESS NAME: N/A

REFERENCE NAME: C_RSTRICT_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Inactive Due Appeal
02	Inactive Due Mandatory Managed Care
03	Released from CMM-No Abuse
04	Released from CMM-Not eligible
05	Data Entry Error
06	Inactive - Enter Long Term Care
07	Continued Lock-in
08	Change of CMM Level
09	Cancel for Part-D Eligibility
99	Conversion

DATA ELEMENT: **Enrollee CMM Restriction Review Date (DE3133)**

A date used by the system to identify when enrollee data is to appear on specific CMM reports for DMAS review.

BUSINESS NAME: N/A

REFERENCE NAME: D_CMM_REVIEW

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Hold Note
Description	Hold Note:
Local Def	Sharon noted the CMM review date might contain 12/31/99 to indicate an end of time date. A problem in the current MMIS is identifying whether a 12/31/99 date indicates the end of time or that the enrollee is due for a review on 12/31/99.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee CMM Restriction Status Code (DE3134)

A code that identifies the restriction period as active, pending (for when an enrollee appeals the decision by DMAS to restrict them), and void.

BUSINESS NAME: N/A

REFERENCE NAME: C_CMM_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: Alpha numeric

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Active
P	Pending
V	Void

DATA ELEMENT: Enrollee CMM Restriction Status Date (DE3135)

The date the CMM Restriction Status Code entry was made.

BUSINESS NAME: N/A

REFERENCE NAME: D_CMM_STATUS_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee CMM Restriction Level (DE3136)

A code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all.

BUSINESS NAME: N/A

REFERENCE NAME: C_CMM_LEVEL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
001	Physician and Pharmacy
002	Pharmacy and Transportation
003	Physician and Transportation
004	Physician Only
005	Pharmacy Only
006	Transportation Only
007	Physician, Pharmacy, and Transportation
008	Part-D Pharmacy Only
009	Part-D Transportation Only
010	Part-D Pharmacy and Transportation
011	Part-D Pharmacy and Physician
012	Part-D Pharmacy, Physician, and Transportation

DATA ELEMENT: **Enrollee CMM Restriction Transaction Date (DE3137)**

The date of the last change made to this CMM restriction period.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee CMM Restriction Transaction Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee CMM Restriction Source (DE3138)

A code indicating the source of the last transaction that updated the Enrollee CMM restriction data. The code may indicate a DSS case worker, DMAS staff member, CICS operator ID, or other individual.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee CMM Restriction Source

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Benefit Disposition Date (DE3140)

The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user.

BUSINESS NAME: N/A

REFERENCE NAME: D_DISPOSITION

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Benefit Disposition Code (DE3141)**

New to baseline. A code that Indicates the disposition of the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved, preassigned or void.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISPOSITION_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Assigned/Approved
P	Pended or Preassigned
V	Void

DATA ELEMENT: Enrollee Benefit Managed Care Type (DE3142)

Identifies the type of enrollee in regards to the managed care benefit plan (newly eligible, re-eligible, new county eligible, exempt).

BUSINESS NAME: N/A

REFERENCE NAME: C_ENROL_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: Alpha numeric

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	New locality eligible
E	Exempt from managed care
M	Managed care member
N	Newly eligible
R	Re-eligible

DATA ELEMENT: Enrollee Benefit Preassignment Condition Code (DE3143)

The condition of the managed care eligible enrollee in regards to preassignment. This data comes From the ERP File.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Benefit Preassignment Condition Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	New county eligible
E	Exempt
N	Newly eligible
R	Re-eligible

DATA ELEMENT: Enrollee Benefit Plan HMO/PCP Provider Identification Number (DE3144)

The Medicaid established ID number of a primary care provider within an HMO or MCO.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Benefit Plan HMO/PCP Provider Identification Number

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Benefit Plan HMO/PCP Provider Begin Date (DE3145)

The begin date of the assignment between an enrollee and a primary care provider within an HMO or MCO. This information is obtained from either the HMO or enrollment broker.

BUSINESS NAME: N/A

REFERENCE NAME: D_PCP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee HMO Opt-Out Indicator (DE3146)**

This indicator stores the enrollees current opt-out status.

BUSINESS NAME: N/A

REFERENCE NAME: C_HMO_OPT_OUT_IND

DEFAULT: N

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	Enrollee did not opt out of HMO (Default)
Y	Enrollee Opted out of HMO

DATA ELEMENT: Enrollee Benefit Plan HMO/PCP Provider End Date (DE3147)

The end date of the assignment between an enrollee and a primary care provider within an HMO or MCO. This information is obtained from either the HMO or enrollment broker.

BUSINESS NAME: N/A

REFERENCE NAME: D_PCP_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Default Benefit Indicator (DE3148)**

This Indicator specifies the default benefit to be used for assignment/pre-assignment in a MED III area.

BUSINESS NAME: N/A

REFERENCE NAME: C_DEFAULT_BNFT

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	Non-Default benefit in a MED III area
Y	Default Benefit in a MED III area

DATA ELEMENT: **Enrollee Benefit Plan HMO/PCP Provider Update Date (DE3150)**

The date the HMO/PCP information was last updated for the specified enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Benefit Plan HMO/PCP Provider Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Pend Payment Transaction Date (DE3152)**

The date of the most recent update to the Stop Payment data. Used for research back through the audit trails.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Pend Payment Transaction Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Benefit Assignment Code Update Date (DE3154)**

The date of the most recent update to the Benefit Assignment Code. Used for research back through the audit trails.

BUSINESS NAME: N/A

REFERENCE NAME: D_PLAN_ASSIGN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Benefit Reassignment/Disassociation Code Update Date (DE3155)**

The date of the most recent update to the Benefit Reassignment/Disassociation Code. Used for research back through the audit trails.

BUSINESS NAME: N/A

REFERENCE NAME: D_DISASSOCIATE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee FIPS History Begin Date (DE3157)

Begin date of the FIPS history row.

BUSINESS NAME: N/A

REFERENCE NAME: D_FIPS_HIST_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	The date must be populated if there is an extension reason code.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee FIPS History End Date (DE3158)

End date of the Enrollee FIPS history row.

BUSINESS NAME: N/A

REFERENCE NAME: D_FIPS_HIST_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Rule Value Sequence Number (DE3159)**

An internally generated number used to allow multiple entries of a rule value.

BUSINESS NAME: N/A

REFERENCE NAME: I_ELG_VALUE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: Small Integer

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Rule Value Begin Date (DE3160)**

The begin date associated with a specific value entered for an eligibility rule.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_VALUE_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Rule Value End Date (DE3161)

The end date associated with a specific value entered for an eligibility rule.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_VALUE_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollment Monthly Effective Date (DE3162)**

The enrollment effective date for a specific enrollee in a specific month. It changes monthly.

BUSINESS NAME: N/A

REFERENCE NAME: HE-EFF-DATE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollment Report Name (DE3164)

A report name/description which identifies the data as either 1) the preliminary enrollment report, or 2) the enrollment report that matches the remittance in regards to payment (final enrollment report).

BUSINESS NAME: N/A

REFERENCE NAME: HE-REPORT-NAME

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: Alpha

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Citizenship Level (DE3165)

Citizenship verification level.

BUSINESS NAME: N/A

REFERENCE NAME: C_CITIZENSHIP_LVL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name Yes/No

Description Must be either Yes or No

Local Def N/A

VALID VALUES:

Valid Value	Description
1A	DSS Verified - Level 1 Document
1B	Other entity Verified - Level 1 Document
2A	DSS Verified - Level 2 Document
2B	Other entity Verified - Level 1 Document
3A	DSS Verified - Level 1 Document
3B	Other entity Verified - Level 1 Document
4A	DSS Verified - Level 1 Document
4B	Other entity Verified - Level 1 Document
5	SSI, Medicare, SSDI, all Foster Care, adoption Assistance (IV-E)
GF	Client is making a good faith effort to provide citizenship verification to Citizenship table

DATA ELEMENT: Enrollee Identity Verification (DE3166)

Indicates the Identity verification document.

BUSINESS NAME: N/A

REFERENCE NAME: C_ID_TYPE_VERIFY

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
GF	Client is making a good faith effort to provide verification to ID table
UV	Unverified
V0	Other acceptable document proving identity
V1	Certificate of Naturalization
V2	Certificate of Citizenship
V3	Driver's License with a persons photo or description
V4	School or Work ID with a persons photo or description
V5	U.S. Military ID or Draft Card or Military Dependant ID
V6	U.S. American Indian/Alaska Native Tribal Document with Photo or Description
V7	Native American Tribal document
V8	U.S. Coast Guard/Mariner card
V9	Written Affidavit of ID for child under Age 18
VR	U.S. Passport

DATA ELEMENT: **Enrollee MICC Begin Date (DE3167)**

The beginning date of an enrollee's participation in the Maternal and Infant Child Care program.

BUSINESS NAME: N/A

REFERENCE NAME: D_MICC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee MICC End Date (DE3168)**

The ending date of an enrollee's participation in the Maternal and Infant Child Care program.

BUSINESS NAME: N/A

REFERENCE NAME: D_MICC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer Name (DE3170)**

The name of the enrollee's employer.

BUSINESS NAME: N/A

REFERENCE NAME: T_EMP_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: CHAR(35)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer Additional Address Name (DE3171)**

Additional name information for the address information of the enrollee's employer such as 'care of' or attention information.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer Address Line (DE3172)**

The street address or Post Office box of the enrollee's employer.

BUSINESS NAME: N/A

REFERENCE NAME: T_STREET

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer City Name (DE3173)**

The city name associated with the enrollee's employer's address.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer State Code (DE3174)**

The state code associated with the enrollee's employer's address.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer ZIP Code (DE3175)**

The ZIP code associated with the enrollee's employer's address.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(4) COMP-3

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer Federal Identification Number (DE3176)**

The Tax ID of the enrollee's employer.

BUSINESS NAME: N/A

REFERENCE NAME: I_IRS_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Employer Phone Number (DE3177)

The phone number of the enrollee's employer.

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_NUM

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer Contact Name (DE3178)**

A contact person associated with the enrollee's employer information.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: CHAR(35)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Aid Category End Reason (DE3180)

The reason an aid category was closed or ended.

BUSINESS NAME: N/A

REFERENCE NAME: C_AID_CTG_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Reason Code

Description Must be a valid Reason Code as defined in the Reason Code table.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Continuing
DIS	Discontinued
FPC	Federal Policy Change
NLF	No Longer Funded
SPC	State Policy Change

DATA ELEMENT: **Preassignment Algorithm End Reason (DE3182)**

A code identifying the reason a Preassignment Algorithm was assigned an end date.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREASGN_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
ANN	Algorithm No Longer Needed
CPE	Correct Prior Error
DMD	DMAS Decision

DATA ELEMENT: **Enrollee Authorized Representative Name (DE3183)**

Name of the authorized representative.

BUSINESS NAME: N/A

REFERENCE NAME: T_AUTH_REP_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: Text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Authorized Change Date (DE3184)**

Date Authorized Representative information changed.

BUSINESS NAME: N/A

REFERENCE NAME: D_AUTH_REP_CHG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Authorized Change source (DE3185)

User ID of last user to make changes to Authorized Representative information.

BUSINESS NAME: N/A

REFERENCE NAME: I_USER_AUTH_CHNG

DEFAULT: N/A

COBOL PICTURE: CHAR(08)

DB2 TYPE: Text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Same as Case Address Indicator (DE3186)**

Indicator set depending on whether Enrollee address and Case address are the same.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Enrollee address is not the same as the Case address
Y	Enrollee address is the same as the Case address

DATA ELEMENT: **Same as Case FIPS Indicator (DE3187)**

Indicator set depending on whether Enrollee FIPS and Case FIPS are the same.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Enrollee FIPS and Case FIPS are not the same
Y	Enrollee FIPS and Case FIPS are the same

DATA ELEMENT: **Authorized Representative Effect Date (DE3188)**

Effective date of the Authorized Representative information

BUSINESS NAME: N/A

REFERENCE NAME: D_AUTH_REP_BEG

DEFAULT: N/A

COBOL PICTURE: CHAR(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Preference Sequence Number (DE3194)**

The sequence number is used to make entries unique in the Benefit Package Provider Preference Table.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROV_PREF_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: Small Integer

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Package Rule Sequence Number (DE3195)**

It is used to make entries unique on the Benefit Package Rule Table..

BUSINESS NAME: N/A

REFERENCE NAME: I_BNFT_RULE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: Small integer

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Package Rule Value Begin Date (DE3197)**

The begin date associated with a specific benefit package rule value.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_VALUE_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Package Rule Value End Date (DE3198)**

The End Date associated with a specific benefit package rule value.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_VALUE_END

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PD Code (DE3199)

A Code that is derived from the Enrollee Aid Category. It is used to identify to providers those aid category factors that governed capitation payment. Associated with PD Code Modifier (DE 3314).

BUSINESS NAME: N/A

REFERENCE NAME: HE-PD-CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Alpha Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not continuous or New Assignment
1	ADC
2	AGED
4	BLIND/DISABLED
5	FAMIS Moms
6	FAMIS - BELOW POVERTY
7	FAMIS - ABOVE POVERTY

DATA ELEMENT: Eligibility Fraud Social Security Number (SSN) (DE3200)

The social security number of the individual convicted of eligibility fraud.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Fraud Social Security Number (SSN)

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Fraud Locality Code (DE3201)

The City/County (FIPS) code of the locality where an individual was convicted of eligibility fraud.

BUSINESS NAME: N/A

REFERENCE NAME: C_CONVICT_LOC

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	City/County Code Edit
Description	Must be 001-999 if City/County Record Type is 'C', 'E' or 'H'. Must be 990-999 if City/County Record Type is 'R'.
Local Def	N/A

Rule Name	Valid City/County Code
Description	Must be valid city/county (FIPS) code.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Fraud Last Name (DE3202)**

The last name of an individual convicted of eligibility fraud.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Fraud Last Name

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Fraud First Name (DE3203)

The first name of an individual convicted of eligibility fraud.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Fraud First Name

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Fraud Middle Initial (DE3204)

The middle initial of an individual convicted of eligibility fraud.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Fraud Middle Initial

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Fraud Suffix (DE3205)

The suffix of the name (when present) of an individual convicted of eligibility fraud.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Fraud Suffix

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Fraud Birth Date (DE3206)**

The date of birth of a person convicted of eligibility fraud as stored on the Fraud Conviction file.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Fraud Birth Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Fraud Conviction Date (DE3207)

The date an individual was convicted of eligibility fraud as stored on the Fraud Conviction file.

BUSINESS NAME: N/A

REFERENCE NAME: D_CONVICTION

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Fraud End Date (DE3208)

The termination date of the period during which an individual convicted of eligibility fraud is restricted from enrollment in Medicaid.

BUSINESS NAME: N/A

REFERENCE NAME: D_CONVICTION_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Social Security Number (SSN) (DE3210)

The social security number of the individual who has transferred property to another person without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Uncompensated Property Transfer Social Security Number (SSN)

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Last Name (DE3211)

The last name of the individual who has transferred property to another person without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Uncompensated Property Transfer Last Name

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer First Name (DE3212)

The first name of the individual who has transferred property to another person without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Uncompensated Property Transfer First Name

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Middle Initial (DE3213)

The middle initial of the person who has transferred property to another individual without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Uncompensated Property Transfer Middle Initial

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Uncompensated Property Transfer Suffix (DE3214)**

The suffix of the name (when present) of the person who has transferred property to another individual without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Uncompensated Property Transfer Suffix

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Birth Date (DE3215)

The date of birth of the individual transferring property to another person without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Uncompensated Property Transfer Birth Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Date (DE3216)

The date an individual transferred property to another person without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROPERTY_TRNSFR

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Decision Date (DE3217)

Decision date of uncompensated transfer of property from one individual to another.

BUSINESS NAME: N/A

REFERENCE NAME: D_TRANSFER_DECSION

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer End Date (DE3218)

The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual.

BUSINESS NAME: N/A

REFERENCE NAME: D_TRANSFER_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Amount (DE3219)

The value of property transferred by an individual to another person without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: N_TRANSFER_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Uncompensated Property Transfer Locality Code (DE3220)

The City/County code (FIPS) of the locality where property was transferred from one person to another without compensation.

BUSINESS NAME: N/A

REFERENCE NAME: C_UNCOMP_PROP_LOC

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	City/County Code Edit
Description	Must be 001-999 if City/County Record Type is 'C', 'E' or 'H'. Must be 990-999 if City/County Record Type is 'R'.
Local Def	N/A

Rule Name	Valid City/County Code
Description	Must be valid city/county (FIPS) code.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region Type (DE3226)**

The city/county code in which the preassignment is in effect..

BUSINESS NAME: N/A

REFERENCE NAME: I_LOCALITY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Specialty Code
Description	If entered, it must be a valid provider specialty code in the Provider Specialty Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Preassignment Aid Category (DE3227)

The Aid Category for which the benefit is in effect. This is an optional field.

BUSINESS NAME: N/A

REFERENCE NAME: Preassignment Aid Category

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Benefit Package Code
Description	Must be a valid Benefit Package Code in the Recipient Benefit Package Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	See DE 3009 for Valid Values

DATA ELEMENT: Preassignment Provider Specialty (DE3228)

The Provider Specialty associated with the preassignment code. This is an optional field.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_SPECIALTY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Current Date
Description	The date field must be greater than or equal to the current date upon entry.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Preassignment Algorithm Code (DE3229)

A code that identifies the algorithm (I.e., History, Random, Prior PCP).

BUSINESS NAME: N/A

REFERENCE NAME: C_PREASSIGN_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Assignment
H	History Pre-assignment
P	Prior PCP Pre-assignment
R	Random Pre-assignment

DATA ELEMENT: **Preassignment Algorithm Begin Date (DE3230)**

The date that the preassignment algorithm becomes effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREASSGN_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Preassignment Algorithm End Date (DE3231)**

The last date on which the preassignment algorithm is in effect.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREASSGN_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Open Enrollment Benefit Code (DE3232)

A code that identifies the benefit plan (I.e., Medallion, Medallion II, Options, CMSIP, etc.) affected by open enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: Open Enrollment Benefit Code

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Diagnosis Code
Description	Must be a valid diagnosis code as found on the Diagnosis Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Open Enrollment Locality Code (DE3233)

The city/county code affected by open enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: I_LOCALITY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Specialty Code
Description	If entered, it must be a valid provider specialty code in the Provider Specialty Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
nnn	nnn= All valid localities in RF_LOCALITY

DATA ELEMENT: **Open Enrollment Start Month (DE3234)**

The month in which the open enrollment starts.

BUSINESS NAME: N/A

REFERENCE NAME: D_START_MM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(2)

RANGE: 01 Through 12

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Open Enrollment Number of Months (DE3235)**

The number of contiguous open enrollment months.

BUSINESS NAME: N/A

REFERENCE NAME: N_ENRLMNT_MONTHS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Open Enrollment Months After Enrollment (DE3236)**

The number of months an enrollee has after an assignment starts in which to change providers.

BUSINESS NAME: N/A

REFERENCE NAME: N_MONTHS_AFTER

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **New County Enrollment Locality Code (DE3238)**

The code that identifies the city/county targeted for a new or different enrollment program.

BUSINESS NAME: N/A

REFERENCE NAME: I_LOCALITY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Specialty Code
Description	If entered, it must be a valid provider specialty code in the Provider Specialty Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **New County Enrollment Old Benefit Code (DE3239)**

The code of the current benefit plan (if one exists) that is to be replaced by the new benefit.

BUSINESS NAME: N/A

REFERENCE NAME: I_ORIG_BNFT_PKG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Diagnosis Code
Description	Must be a valid diagnosis code as found on the Diagnosis Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: New County Enrollment New Benefit Code (DE3240)

The new benefit code that is to start in the specified locality.

BUSINESS NAME: N/A

REFERENCE NAME: New County Enrollment New Benefit Code

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Diagnosis Code
Description	Must be a valid diagnosis code as found on the Diagnosis Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **New County Enrollment Implementation Date (DE3241)**

The month, century and year in which the first pre-assignment will begin for the new program.

BUSINESS NAME: N/A

REFERENCE NAME: D_IMPLEMENTATION

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Blank
Description	Yes, No, or Blank which is No.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: New County Enrollment Initial Pre-assignment Period (DE3242)

The number of days before the default assignment takes effect.

BUSINESS NAME: N/A

REFERENCE NAME: N_PREASSGN_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **New County Enrollment Cancel Code (DE3243)**

A code that identifies why a new county preassignment was cancelled.

BUSINESS NAME: N/A

REFERENCE NAME: C_CANCEL_RVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
LP	Lack of participation
LR	Legal ruling
PD	DMAS policy decision

DATA ELEMENT: **New County Enrollment Cancel Date (DE3244)**

The date that the new county enrollment cancellation took place.

BUSINESS NAME: N/A

REFERENCE NAME: D_CANCEL

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **New County Enrollment Completion Date (DE3246)**

The date on which the initial preassignment process was completed.

BUSINESS NAME: N/A

REFERENCE NAME: D_COMPLETION

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Preference Old Provider Identification Number (DE3247)**

The identification number of a Medallion or Options provider that is having their panel of enrollees shifted to a new program.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROVIDER_PCP

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Preference New Provider Identification Number (DE3248)**

The identification number of the provider in the new program in which the Medallion or Options provider would like to see their panel of recipients assigned.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROVIDER_HMO

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Preference Reassignment Date (DE3249)**

The date the old provider's assigned enrollees were preassigned or assigned to the new provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_ASSIGNED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Citizenship Status (DE3251)

Indicates if the eligible/ineligible individual is in special alien status.

BUSINESS NAME: N/A

REFERENCE NAME: C_CITIZENSHIP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Country Origin/Citizen Status
Description	If Country of Origin is 'US', Citizenship Status must be 'C'.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Undocumented/Illegal Alien or Legal Alien eligible only for emergency services
C	US Citizen
D	Undocumented/Illegal Alien or Legal Alien eligible only for dialysis srvcs
E	Entrant
I	Grandfathered Alien
N	Naturalized US Citizen
N/A	N/A
P	Full-benefit Qualified Alien
R	Refugee
S	SLH - not US Citizen
V	Visitor, Temporary Visa

DATA ELEMENT: Enrollee Entry to US Date (DE3252)

The year and month of residence in the U.S.

BUSINESS NAME: N/A

REFERENCE NAME: D_US_ENTRY

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year-Month or Zero
Description	This field must contain a valid year and month or must be zero.
Local Def	This rule applies to Benefit Plan Program Code = 01.

Rule Name	LT Current Date
Description	The date field must be less than the current date upon entry.
Local Def	This rule applies to Benefit Plan Program Code = 01.

Rule Name	LE Eligibility Begin Date
Description	Date field must be less than or equal to the Eligibility Begin Date.
Local Def	This rule applies to Benefit Plan Program Code = 01.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Country of Origin (DE3253)

Codes corresponding to those listed in Federal Information Processing Standards (FIPS) publication 10-2.

BUSINESS NAME: N/A

REFERENCE NAME: C_CNTRY_ORGN_CVAL

DEFAULT: US

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

Rule Name	Country Origin/Citizen Status
Description	If Country of Origin is 'US', Citizenship Status must be 'C'.
Local Def	For Benefit Plan Program Code = 01: If country of origin = US, citizen status must equal A, C, or N.

VALID VALUES:

Valid Value	Description
AA	ARUBA
AC	ANTIGUA AND BARBUDA
AF	AFGHANISTAN
AG	ALGERIA
AJ	AZERBAIJAN
AL	ALBANIA
AM	ARMENIA
AN	ANDORRA
AO	ANGOLA
AQ	AMERICAN SAMOA
AR	ARGENTINA
AS	AUSTRALIA
AT	ASHMORE AND CARTIER ISLANDS
AU	AUSTRIA
AV	ANGUILLA
AY	ANTARCTICA
BA	BAHRAIN
BB	BARBADOS
BC	BOTSWANA
BD	BERMUDA

DATA ELEMENT: Enrollee Country of Origin (DE3253)

VALID VALUES:

Valid Value	Description
BE	BELGIUM
BF	BAHAMAS, THE
BG	BANGLADESH
BH	BELIZE
BK	BOSNIA AND HERZEGOVINA
BL	BOLIVIA
BM	BURMA
BN	BENIN
BO	BELARUS
BP	SOLOMON ISLANDS
BQ	NAVASSA ISLAND
BR	BRAZIL
BS	BASSAS DA INDIA
BT	BHUTAN
BU	BULGARIA
BV	BOUVET ISLAND
BX	BRUNEI
BY	BURUNDI
CA	CANADA
CB	CAMBODIA
CD	CHAD
CE	SRI LANKA
CF	CONGO
CG	ZAIRE
CH	CHINA
CI	CHILE
CJ	CAYMAN ISLANDS
CK	COCOS (KEELING) ISLANDS
CM	CAMEROON
CN	COMOROS
CO	COLOMBIA
CQ	NORTHERN MARIANA ISLANDS
CR	CORAL SEA ISLANDS
CS	COSTA RICA

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
CT	CENTRAL AFRICAN REPUBLIC
CU	CUBA
CV	CAPE VERDE
CW	COOK ISLANDS
CY	CYPRUS
DA	DENMARK
DJ	DJIBOUTI
DO	DOMINICA
DQ	JARVIS ISLAND
DR	DOMINICAN REPUBLIC
EC	ECUADOR
EG	EGYPT
EI	IRELAND
EK	EQUATORIAL GUINEA
EN	ESTONIA
ER	ERITREA
ES	EL SALVADOR
ET	ETHIOPIA
EU	EUROPA ISLAND
EZ	CZECH REPUBLIC
FG	FRENCH GUIANA
FI	FINLAND
FJ	FIJI
FK	FALKLAND ISLANDS (ISLAS MALVINAS)
FM	FEDERATED STATES OF MICRONESIA
FO	FAROE ISLANDS
FP	FRENCH POLYNESIA
FQ	BAKER ISLAND
FR	FRANCE
FS	FRENCH SOUTHERN AND ANTARCTIC LANDS
GA	GAMBIA, THE
GB	GABON
GG	GEORGIA
GH	GHANA

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
GI	GIBRALTAR
GJ	GRENADA
GK	GUERNSEY
GL	GREENLAND
GM	GERMANY
GO	GLORIOSO ISLANDS
GP	GUADELOUPE
GQ	GUAM
GR	GREECE
GT	GUATEMALA
GV	GUINEA
GY	GUYANA
GZ	GAZA STRIP
HA	HAITI
HK	HONG KONG
HM	HEARD ISLAND AND MCDONALD ISLANDS
HO	HONDURAS
HQ	HOWLAND ISLAND
HR	CROATIA
HU	HUNGARY
IC	ICELAND
ID	INDONESIA
IM	MAN, ISLE OF
IN	INDIA
IO	BRITISH INDIAN OCEAN TERRITORY
IP	CLIPPERTON ISLAND
IR	IRAN
IS	ISRAEL
IT	ITALY
IV	COTE D'IVOIRE
IZ	IRAQ
JA	JAPAN
JE	JERSEY
JM	JAMAICA

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
JN	JAN MAYEN
JO	JORDAN
JQ	JOHNSTON ATOLL
JU	JUAN DE NOVA ISLAND
KE	KENYA
KG	KYRGYZSTAN
KN	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KQ	KINGMAN REEF
KR	KIRIBATI
KS	KOREA, REPUBLIC OF
KT	CHRISTMAS ISLAND
KU	KUWAIT
KZ	KAZAKHSTAN
LA	LAOS
LE	LEBANON
LG	LATVIA
LH	LITHUANIA
LI	LIBERIA
LO	SLOVAKIA
LQ	PALMYRA ATOLL
LS	LIECHTENSTEIN
LT	LESOTHO
LU	LUXEMBOURG
LY	LIBYA
MA	MADAGASCAR
MB	MARTINIQUE
MC	MACAU
MD	MOLDOVA
MF	MAYOTTE
MG	MONGOLIA
MH	MONTSERRAT
MI	MALAWI
MK	MACEDONIA
ML	MALI

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
MN	MONACO
MO	MOROCCO
MP	MAURITIUS
MQ	MIDWAY ISLANDS
MR	MAURITANIA
MT	MALTA
MU	OMAN
MV	MALDIVES
MW	MONTENEGRO
MX	MEXICO
MY	MALAYSIA
MZ	MOZAMBIQUE
NC	NEW CALEDONIA
NE	NIUE
NF	NORFOLK ISLAND
NG	NIGER
NH	VANUATU
NI	NIGERIA
NL	NETHERLANDS
NO	NORWAY
NP	NEPAL
NR	NAURU
NS	SURINAME
NT	NETHERLANDS ANTILLES
NU	NICARAGUA
NZ	NEW ZEALAND
PA	PARAGUAY
PC	PITCAIRN ISLANDS
PE	PERU
PF	PARACEL ISLANDS
PG	SPRATLY ISLANDS
PK	PAKISTAN
PL	POLAND
PM	PANAMA

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
PO	PORTUGAL
PP	PAPUA NEW GUINEA
PS	TRUST TERRITORY OF THE PACIFIC ISLANDS (PALAU)
PU	GUINEA-BISSAU
QA	QATAR
RE	REUNION
RM	MARSHALL ISLANDS
RO	ROMANIA
RP	PHILIPPINES
RQ	PUERTO RICO
RS	RUSSIA
RW	RWANDA
SA	SAUDI ARABIA
SB	ST. PIERRE AND MIQUELON
SC	ST. KITTS AND NEVIS
SE	SEYCHELLES
SF	SOUTH AFRICA
SG	SENEGAL
SH	ST. HELENA
SI	SLOVENIA
SL	SIERRA LEONE
SM	SAN MARINO
SN	SINGAPORE
SO	SOMALIA
SP	SPAIN
SR	SERBIA
ST	ST. LUCIA
SU	SUDAN
SV	SVALBARD
SW	SWEDEN
SX	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
SY	SYRIA
SZ	SWITZERLAND
TC	UNITED ARAB EMIRATES

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
TD	TRINIDAD AND TOBAGO
TE	TROMELIN ISLAND
TH	THAILAND
TI	TAJIKISTAN
TK	TURKS AND CAICOS ISLANDS
TL	TOKELAU
TN	TONGA
TO	TOGO
TP	SAO TOME AND PRINCIPE
TS	TUNISIA
TU	TURKEY
TV	TUVALU
TW	TAIWAN
TX	TURKMENISTAN
TZ	TANZANIA
UG	UGANDA
UK	UNITED KINGDOM
UP	UKRAINE
US	UNITED STATES
UV	BURKINA
UY	URUGUAY
UZ	UZBEKISTAN
VC	ST. VINCENT AND THE GRENADINES
VE	VENEZUELA
VI	BRITISH VIRGIN ISLANDS
VM	VIETNAM
VQ	VIRGIN ISLANDS
VT	VATICAN CITY
WA	NAMIBIA
WE	WEST BANK
WF	WALLIS AND FUTUNA
WI	WESTERN SAHARA
WQ	WAKE ISLAND
WS	WESTERN SAMOA

DATA ELEMENT: **Enrollee Country of Origin (DE3253)**

VALID VALUES:

Valid Value	Description
WZ	SWAZILAND
YM	YEMEN
ZA	ZAMBIA
ZI	ZIMBABWE

DATA ELEMENT: Eligibility Verification Query Date (DE3260)

The date an eligibility verification request was submitted by a provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_VERIFY_QUERY

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification Query Time (DE3261)

The time, as determined by the system, a provider's eligibility verification request was submitted.

BUSINESS NAME: N/A

REFERENCE NAME: H_QUERY

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: TIME

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification Query Method (DE3262)

The communications device used by the provider when submitting a specific eligibility verification request.

BUSINESS NAME: N/A

REFERENCE NAME: C_QUERY_METH_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Batch 270
I	Internet
S	Swipe Card
T	Terminal
V	Voice Response

DATA ELEMENT: Eligibility Verification Query Provider Identification Number (DE3263)

The unique identification number under which a provider is enrolled in the new MMIS that is submitted with each request for eligibility verification, and is validated by the system.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Verification Query Provider Identification Number

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Provider ID
Description	Must be a valid provider identification number as carried on the provider master file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification Enrollee ID Queried (DE3264)

The enrollee ID entered by a provider submitting an eligibility verification request.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Verification Enrollee ID Queried

DEFAULT: N/A

COBOL PICTURE: 9(12)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Enrollee ID
Description	Must be a valid Enrollee ID as carried on the Eligibility Master data store.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification Request Disposition (DE3265)

This field is a code that indicates whether or not an eligibility verification request received an "eligible" or "ineligible" response or whether another type of verification request found data for the dates of service submitted by the provider.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Verification Request Disposition

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Enrollee found (enrollee search)
A	Enrollee found and eligible (eligibility verification)
D	Key mismatch (enrollee search)
I	Enrollee found but ineligible (eligibility verification)
M	Multiple eligible enrollees found (eligibility verification)
N	Enrollee not found (enrollee search)
N	Data not found meeting request (other request types)
T	Key match overflow (enrollee search)
X	Transaction error
Y	Data found meeting request (other request types)

DATA ELEMENT: Eligibility Verification From Date (DE3266)

The beginning date of service as entered by the provider when submitting an eligibility verification request.

BUSINESS NAME: N/A

REFERENCE NAME: D_SERV_FROM

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	The date cannot be greater than the eligibility verification end or through date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification To Date (DE3267)

The ending date of service as entered by the provider when submitting an eligibility verification request.

BUSINESS NAME: N/A

REFERENCE NAME: D_SERV_TO

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	The date cannot be less than the eligibility verification from or begin date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Verification Assistance Required Flag (DE3268)**

An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required.

BUSINESS NAME: N/A

REFERENCE NAME: F_ASSIST_REQ

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Space	Assistance not required
Y	Assistance required

DATA ELEMENT: **Eligibility Verification Continuation Indicator (DE3269)**

An indicator on the log record of the eligibility verification request showing that the record is a continuation of one transaction.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Verification Continuation Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Verification Provider Status (DE3270)

This field is a code that indicates whether or not a requesting verification provider is 'active', 'inactive', or not found on the date of the request.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Verification Provider Status

DEFAULT: N/A

COBOL PICTURE: X01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Active
I	Inactive
N	Not found
X	Transaction error

DATA ELEMENT: Eligibility Verification Request Type (DE3271)

The type of information requested through the AEVS application.

BUSINESS NAME: N/A

REFERENCE NAME: Eligibility Verification Request Type

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Eligibility
2	Prior Authorization
3	Claims Status
4	Check Status
5	Prescribing Provider ID
6	Service Limits
7	Line Totals
E	Enrollee
P	Initial Provider Verification (system generated)

DATA ELEMENT: **Aid Category Code Description (DE3301)**

Description of the Aid Category. See Domain of Values for DE3300.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Aid Category Co-pay Indicator (DE3304)**

Field is used to designate if co-payment is applicable.

BUSINESS NAME: N/A

REFERENCE NAME: C_COPAY_CVAL

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: M, C, or space

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Categorically Needy
M	Medically Needy
space	Not Applicable

DATA ELEMENT: Aid Category Adult/Child Indicator (DE3305)

Field is used to designate whether an aid category is applicable to an adult, child, or both.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADULT_CHILD_CVAL

DEFAULT: A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: A, C, B, or space

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Adult
B	Both
Blanks/Spaces	Not Applicable
C	Child

DATA ELEMENT: Aid Category Money Payment Status Code (DE3306)

Federal Aid Category Maintenance Assistance Status.

BUSINESS NAME: N/A

REFERENCE NAME: C_MNY_PYMT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 1-5 or space

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Individual was not Eligible for Medicaid this month
1	Receiving Cash or Eligible under section 1931 of the Act
2	Medically Needy
3	Poverty Related
4	Other
5	1115 -Demonstration expansion eligible
9	Unknown

DATA ELEMENT: Aid Category Money Payment Status Description (DE3307)

Description of the federal Maintenance Assistance Status Code.

BUSINESS NAME: N/A

REFERENCE NAME: Aid Category Money Payment Status Description

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: X(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Categorically Needy Pay 2

DATA ELEMENT: Aid Category Basis of Eligibility (Adult) (DE3308)

Federal Aid Category Basis of Eligibility code for adults.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADULT_COE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 1-7

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Individual is not eligible for Medicaid
1	Aged
2	Blind/Disabled
4	Child (not Child of Unemployed Adult, not Foster Care Child)
5	Adult (not based on unemployed status)
6	Child of Unemployed Adult
7	Unemployed Adult
8	Foster Care Child
9	Eligibility status Unknown
A	Breast and Cervical Cancer Prevention and Treatment Act of 2000

DATA ELEMENT: Aid Category Basis of Eligibility Description (Adult) (DE3309)

Description for Federal Aid Category Basis of Eligibility code for adults.

BUSINESS NAME: N/A

REFERENCE NAME: Aid Category Basis of Eligibility Description (Adult)

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: X(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description	
Valid Values in	1 - Aged	= OAA
	2 -	

DATA ELEMENT: Aid Category Basis of Eligibility (Child) (DE3310)

Federal Aid Category Basis of Eligibility code for children.

BUSINESS NAME: N/A

REFERENCE NAME: C_CHILD_COE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 1-7

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
2	Blind/Disabled
4	Child
6	Child of Unemployed Adult
7	Foster Care
Blanks/Spaces	NA

DATA ELEMENT: **Aid Category Basis of Eligibility Description (Child) (DE3311)**

Description for Federal Aid Category Basis of Eligibility code for children.

BUSINESS NAME: N/A

REFERENCE NAME: Aid Category Basis of Eligibility Description (Child)

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: x(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description	
Valid Values in	1 - Aged	= OAA
	2 -	

DATA ELEMENT: **HIPPA Certification Required (DE3313)**

An Indicator that states (Y/N) whether or not an aid category requires HIPPA Certification.

BUSINESS NAME: N/A

REFERENCE NAME: HIPPA Certification Required

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Aid category does not require HIPPA Certification.
Y	Aid category requires HIPPA Certification.

DATA ELEMENT: **PD Code Modifier (DE3314)**

Subsidiary processing instructions for PD Code (DE 3199)

BUSINESS NAME: N/A

REFERENCE NAME: C_PD_MODIFIER_CVAL

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: Alpha-numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Blind
D	Disabled

DATA ELEMENT: Enrollee Special Eligibility Code (DE3340)

Code used to indicate special eligibility conditions such as a student over 18, hospitalized child, foster care child, or adoption assistance child. This data element with the associated Business Rules and Valid Values is related to Benefit Plan Program Code 01 only.

BUSINESS NAME: N/A

REFERENCE NAME: C_SPEC_ELIG_CVAL

DEFAULT: Space

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	If the enrollee is a child and his age is > or = 18 and < or =19 and the aid category is 071, 072, 081, or 088, this must = ST If the enrollee is female and not a child and the aid category is 088, must = PG. If the enrollee is a Case Head and female and the aid category is 090, 091, 096, or 097, must = PG. If the enrollee is a child and his age is >5 and < 21 and the aid category is 091, this must = HC. If indicator code = UM, the aid category must be 079, and the enrollee's age must be less than 21. The special indicator will default to 'AA' for new enrollment in aid category (DE#3009) 072. The enrollee's age must be less than 21 to contain a value of 'AA'. The special indicator will default to 'FC' for new enrollment in aid category (DE#3009) 074, 075, 076, 085, AND 086. The enrollee's age must be less than 21 to contain a value of 'FC'.

VALID VALUES:

Valid Value	Description
AA	Adoption Assistance
FC	Foster Care
HC	Hospitalized Child
ST	Student
UM	Unaccompanied Minor

DATA ELEMENT: Enrollee Health Condition Begin Date (DE3400)

The date the enrollee's health condition began,

BUSINESS NAME: N/A

REFERENCE NAME: D_COND_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Health Condition End Date (DE3401)**

The date that the enrollee's health condition ended.

BUSINESS NAME: N/A

REFERENCE NAME: D_COND_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Expected Delivery/Delivery Date (DE3402)**

The date that the pregnant enrollee is expected to deliver her infant(s) or has already delivered when in the family planning waiver.

BUSINESS NAME: N/A

REFERENCE NAME: D_EXPECTED_DEL

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Disability Code (DE3403)

An indication of the type of disability associated with an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISABILITY_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Date Julian Format CCYYDDD
Description	The date represented in Julian format.
Local Def	N/A

VALID VALUES:

Valid Value	Description
100	Permanent
200	Temporary, Long Term
300	Temporary, Less than 6 months

DATA ELEMENT: Enrollee Disability Onset Date (DE3404)

The date of onset of the enrollee's disability.

BUSINESS NAME: N/A

REFERENCE NAME: D_DISABILITY_ONSET

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	Date must be greater than zero if a disability code is present.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Disability End Date (DE3405)**

The end date of the enrollee's disability.

BUSINESS NAME: N/A

REFERENCE NAME: D_DISABILITY_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Identification Number Begin Date (DE3408)**

The effective begin date of the associated Enrollee ID.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Identification Number Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Identification Number End Date (DE3409)**

The ending date for a time period associated with an Enrollee ID.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Identification Number End Date

DEFAULT: N/A

COBOL PICTURE: 9(08) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Case Association Begin Date (DE3410)

The beginning date of the period that an enrollee is associated with the specified Case.

BUSINESS NAME: N/A

REFERENCE NAME: D_CASE_REL_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Case Association End Date (DE3411)**

The ending date of the period that an enrollee is associated with the specified Case.

BUSINESS NAME: N/A

REFERENCE NAME: D_CASE_REL_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Worker Number (DE3431)**

The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office.

BUSINESS NAME: N/A

REFERENCE NAME: I_CASE_WORKER

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	Use of this field will no longer be restricted to DSS. Consequently, the definition will be generalized.

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	For Benefit Plan Program Codes = 01 and 03 If the Administrative City/County Code is changed (DE 3039), the Caseworker number must also change or be initialized to zeroes.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Review Date (DE3432)**

Date selected for review of eligibility. Used in monthly processing for Welfare Utilization reports.

BUSINESS NAME: N/A

REFERENCE NAME: D_REVIEW

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE 2 Years From Current Date
Description	The date field cannot be more than 2 years in the future.
Local Def	Applies to Benefit Plan Program Code = 01

Rule Name	Valid Year-Month
Description	Field must be a valid year and month.
Local Def	It is formatted CCYYMMDD.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DSS Special Follow Up Code (DE3433)

Indicates that the case is receiving TANF extended coverage, transitional coverage or diversionary assistance. It is used by the system for the generation of notification letters and cancellation. Please note that all associated Business Rules and Valid Values apply to Benefit Plan Program Code 01 only.

BUSINESS NAME: N/A

REFERENCE NAME: C_DSS_FOLLWUP_CVAL

DEFAULT: Spaces

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Data Element Specific Rule

Description Rules are defined in the Description field.

Local Def

DSS provides this information at the Case level only.
ADD Transaction - Valid Values: X0, X!, X9,W1
REINSTATEMENT Transaction - Valid values: X0, X3, X4,W3,W4

If X2 is entered, the prior code must not = X0, X3, X4, X9, XB, or XC
If W2 is entered, the prior code must not = W3, W4, WB, or WC

OTHER THAN ADD Transaction:
If X1 is entered, the prior code must not = X0, X3, X4, X9, XB, or XC
If X9 is entered, the prior code must not = X2, X3, X4, XA, XB, or XC
If W1 is entered, the prior code must not = W2, W3, W4, WA, WB, or WC

OTHER THAN REINSTATE Transaction:
If X3 is entered, the prior code must not = X0, X1, X4, X9, XA, or XC
If X4 is entered, the prior code must not = X0, X1, X2, X3, X9, XA, or XB
If W3 is entered, the prior code must not = W1, W4, WA, or WC.
If W4 is entered, the prior code must no = W1, W2, WA, or WB.

Rule Name Combination Editing

Description Validation of this field depends upon the contents of another:

Local Def

If the Effective Date entered NE the prior Effective Date, the code entered must = X0, X1, or X9.
If the code to be entered = X1, the Effective Date must be GT 03/1990 and cannot be GT 2 months prior or 2 months after the current date.
If the code to be entered = X9, the Effective Date must be GT 07/1989 and LT 05/1990.
If the code entered is a W code and is not a W1, no change can be made to the Effective Date.
If the code to be entered = W1, the Effective Date cannot be GT 2 months prior or 2 months after the current date.

Rule Name Special Follow-up

Description If first character is not 'X', 'D', or 'W', then value must be between AA - 99 or spaces.

Local Def N/A

VALID VALUES:

Valid Value	Description
AG	EXPECTED CHANGE IN AGE
AP	APPEAL STATUS
AS	EXPECTED CHANGE IN ELIGIBILITY DUE TO ALIEN STATUS
BN	EXPECTED CHANGE IN BENEFITS-SSI TO SS

DATA ELEMENT: **DSS Special Follow Up Code (DE3433)**

VALID VALUES:

Valid Value	Description
CI	CITIZENSHIP AND IDENTITY-REASONABLE OPPORTUNITY
CV	CITIZENSHIP VERIFICATION
EI	EXPECTED CHANGE IN EARNINGS
EX	4-MONTH EXTENSION DUE TO CHILD SUPPORT
HI	CHANGE IN HEALTH INSURANCE, HIPP, OR TPL
HO	END OF 6-MONTH HOME EXEMPTION FOR LTC
IC	EXPECTED CHANGE IN INCOME DISREGARDS
IV	IDENTITY VERIFICATION
LA	EXPECTED CHANGE IN HOUSEHOLD COMPOSITION, LIVING ARRANGEMENTS
OI	OTHER INCOME CHANGES
OT	OTHER
RE	EXPECTED CHANGE IN RESOURCES
SD	END OF 6-MONTH SPENDDOWN
X0	Remove TANF Extended Coverage Code and Coverage Date
X1	First TANF extension period in effect
X2	Second TANF extension period in effect
X3	Second TANF extension period in effect
X4	Fourth TANF extension period in effect
XA	First TANF extension period in effect and notification letter has been sent
XB	Second TANF extension period in effect and notification letter has been sent
XC	Third TANF extension period in effect and notification letter has been sent

DATA ELEMENT: DSS Special Follow Up Effective Date (DE3434)

The date the recipient in the case with TANF extended coverage, transitional coverage or diversionary assistance are to be sent (or were sent) TANF notification letters.
Please note that all associated Business Rules apply to Benefit Plan Program Code 01 only.

BUSINESS NAME: N/A

REFERENCE NAME: D_DSS_FOLLOWUP_EFF

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year-Month
Description	Field must be a valid year and month.
Local Def	It is formatted YYYYMM.

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	DSS provides this information at the Case level only.

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	If the Effective Date entered NE the prior Effective Date, the code entered must = X0, X1, or X9. If the code to be entered = X1, the Effective Date must be GT 03/1990 and cannot be GT 2 months prior or 2 months after the current date. If the code to be entered = X9, the Effective Date must be GT 07/1989 and LT 05/1990. If the code entered is a W code and is not a W1, no change can be made to the Effective Date. If the code to be entered = W1, the Effective Date cannot be GT 2 months prior or 2 months after the current date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Worker Indicator (DE3435)

The indicator has two valid values 'X' (DSS worker) and 'V' (FAMIS case worker).

BUSINESS NAME: CASE-WORKER-IND

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
V	FAMIS case worker
X	DSS case worker

DATA ELEMENT: **Nursing Home Benefit Authorization Flag (DE3442)**

Flag indicating whether a Blue Letter needs to be printed or not. This is a letter giving the Provider authorization to bill for services.

BUSINESS NAME: N/A

REFERENCE NAME: F_BENEFT_AUTH

DEFAULT: space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: Y or N

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Do not produce a Billing Authorization Blue Letter (default)
Y	Produce a Billing Authorization Blue Letter

DATA ELEMENT: Social Security Number (SSN) Status Code (DE3443)

Indicates whether or not a recipient's SSN has been verified by the Social Security Administration. SSA verifies an SSN by comparing the recipient's name, birth date and sex to the SSA Master File. Code indicates which fields mismatched.

BUSINESS NAME: N/A

REFERENCE NAME: C_SSN_STATUS_CVAL

DEFAULT: E

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	Set to E when an Enrollee is added and whenever the Enrollee Name, SSN, Date of Birth or Sex change. It is reset to space when the IEVS Extract selects the enrollee When the SSA has verified the SSN, the Status Code will be 1-5, or 7.

VALID VALUES:

Valid Value	Description
&	Multiple SSNs were previously issued to individual
*	The input SSN was not verified
.	SSN has not been verified and must be sent to SSA
0	SSN sent to SSA for verification
1	SSN is not on NUMIDENT file
3	Surname matched, DOB does not match NUMIDENT
4	Name matches, DOB and sex do not match
5	Name does not match, DOB was checked
E	SSN has not been verified and must be sent to SSA
F	SSN is verified (surname ignored because no match on surname +/- 1 letter difference
M	SSN verified via MBR or SSR rather than NUMIDENT (overlays Value "1")
P	SSN verified via MBR or SSR rather than NUMIDENT (overlays Value "3")
R	SSN verified via MBR or SSR rather than NUMIDENT (overlays Value "5")
space	SSN has not been verified and must be sent to SSA
V	SSN is verified
X	SSN is verified, Date of Death provided on NUMIDENT
Z	Verification code for records in which State submitted a CAN (claim account number) instead of an SSN. SSA found the CAN on MBR, but did not verify the SSN with the NUMIDENT

DATA ELEMENT: Enrollee Nursing Home Status Report Flag (DE3444)

An indicator set to initiate inclusion in SURS reporting.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Nursing Home Status Report Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Enrollee Nursing Home Review Date (DE3446)

The date that the patient is to be reviewed for nursing home, community based care or mental retardation services. The date is system generated or manually entered if enrollee has nursing home (NH) or mental retardation (MR) services.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Nursing Home Review Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	This data element is currently used only with Benefit Plan Program Code 01.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Query Code (DE3447)

A code indicating that a query should be made for this recipient to SSA thru BENDEX, or the response that was received from SSA.. A query is generated for new, reinstated and cancelled recipients as well as when the HIC Number (SSA Claim Number) changes.

BUSINESS NAME: N/A

REFERENCE NAME: C_QUERY

DEFAULT: 0

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: 0-6

BUSINESS RULES:

Rule Name	BENDEX Query Code/HIC Number
Description	BENDEX Query Code set to 0 when Claim Number associated with TPL Type 'A' or 'B' changed.
Local Def	N/A

Rule Name	BENDEX Query Code/Elig Status
Description	BENDEX Query Code set to 0 when recipient is reinstated. BENDEX Query Code is set to 1 when recipient is cancelled.
Local Def	N/A

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	If the transaction is a "REINSTATE", the value of the field = 0. If the transaction is a "CANCEL, the value of the field = 1.

VALID VALUES:

Valid Value	Description
0	Initial query
1	Cancel query
2	Outstanding query (no response)
3	Satisfactory response
4	Suspended response
5	Follow up annually
6	Unsatisfactory response

DATA ELEMENT: **BENDEX DSS Inquiry Status Flag (DE3448)**

A one position field used to indicate whether the recipient is or is not active for DSS BENDEX inquiries.

BUSINESS NAME: N/A

REFERENCE NAME: F_DSS_INQ

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No, not active for DSS BENDEX inquiries
Y	Yes, active for DSS BENDEX inquiries

DATA ELEMENT: **Enrollee FPL Status (DE3449)**

Indicates if the enrollee's income is less than or equal to 100% Fedel Poverty Level

BUSINESS NAME: Enrollee Federal Proverty Level Status

REFERENCE NAME: C_BELOW_POVERTY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Income more than FPL
U	Unknown
Y	Income less than or equal to FPL

DATA ELEMENT: Case Social Security Number (DE3450)

The social security number of the Case head of household.

BUSINESS NAME: N/A

REFERENCE NAME: I_CASE_SSN

DEFAULT: N/A

COBOL PICTURE: 9(09) COMP-3

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Eligibility Cancel Reason (DE3451)

The reason code associated with the termination of an enrollee's eligibility under an aid category.

BUSINESS NAME: N/A

REFERENCE NAME: C_CANCEL_RSN

DEFAULT: 0

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: For all Benefit Plan Programs:
001-002, 006, 012, 014-015. For Benefit Plan Program Code = 01, 000-019, or 999. For Benefit Plan Program Code = 02, 040-042. For Benefit Plan Program Code = 03, 081-085, 087-088. For Benefit Plan Program Code = 04, 050-056. For Benefit Plan Program Code = 07, 028-031.

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Cancel Reason/CancelDate
Description	If either Cancel Reason or Date is zero, both must be zero; if either are not zero, both must be valid and non-zero. If Cancel Reason is 01, 08, 14, 15, 097 or 101. Cancel Date must be less than or equal to the current date. If Cancel Reason is 99, Cancel Date will be generated as the lessor of Transaction Date and the End Date of the eligibility period. If Cancel Reason is 24, it may be greater than the current date, but must equal the Eligibility Begin Date for the period. For all other Cancel Reasons, the Cancel Date is system generated to be the End Date of the Last ID Card Issued. If Cancel Reason is changed to 01 (death), 097 (Shortening of Eligibility, DMAS Super user only) or 101 (VDH death match, DMAS Super user only) on cancel transaction, Cancel Date can be changed to a date less than or equal or the Cancel Date currently recorded.
Local Def	For Benefit Plan Program Code =01, If cancel reason = 001, 008, 014, 015 or 101 entered, date must be less than or equal current date.

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	For Benefit Plan Program Code = 01. If the Cancel Reason = 090, the QI1 or QI2 enrollment cannot be reinstated.

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	For Benefit Plan Program Code = 01: If the Aid Category = 056 or 057, the enrollee is cancelled for Cancel Reason = 090. If the Cancel Reason = 024, the Aid Category must be 023, 043, 063, 053, 056, or 057. If Cancel Reason = 024 and the Cancel Date is LT the current date, the Cancel Date must EQ the Eligibility Begin Date. If the Cancel Reason to be entered = 099 and the Eligibility End Date is LT the current date, the Cancel Date should EQ the Eligibility End date; otherwise the Cancel Date should EQ the current date. For Benefit Plan Program Code = 07: If the Cancel Reason = 028, 029, 030, or 031, the Aid Category must = 006, 007, 008, or 009.

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	If Cancel Reason or Cancel Date > 0, an ID Card Replacement Request is not allowed. If a Cancel transaction is initiated for Benefit Plan Program Code = 03, a City/County Code must be entered.

VALID VALUES:

Valid Value	Description
000	No Cancel Reason - Default
001	Enrollee Deceased
002	Loss of Virginia residence

DATA ELEMENT: Eligibility Cancel Reason (DE3451)

VALID VALUES:

Valid Value	Description
003	No Longer Meets Nonfinancial Requirements
004	Recipient Requested Cancellation
005	Failure to Complete Renewal
006	Agency unable to locate
007	No Longer Meets Income or Resource Requirements
008	Case or Enrollee Added In Error
009	Foster Care/Adoption Child Age 21 or refugee 'UM'; LIFC-related Child Age 19 (System Generated)
010	Automatic Cancellation for Spend Down Eligibility (System Generated)
011	Automatic Cancellation for Closed Period of Eligibility (System Generated)
012	Agency correspondence returned or Medicaid Card Returned
013	LIFC - 18 Years of Age, Not in School (System Generated)
014	Cancellation due to fraud conviction
015	Cancellation due to appeal decision
016	Child Reaching age 19 (AC 092, 094, 098, 007, 009) (System Generated)
017	Pregnant Women Maximum Coverage Received (AC 091, 097, 005) (System Generated)
018	Child Reached Age 1 (AC 093 or 099) System Generated
019	Automatic Cancellation For Closed Coverage (system generated) (Used prior to 7-1-03 VaMMIS conversion)
020	Automatic Cancellation for Alien Eligibility - Emergency Services (System Generated)
021	Refugee in AC 078 Reached 8 month Eligibility Limitation (system generated)
022	Child reaching age 6 (System Generated)
023	Automatic cancellation - Medicare not on file for QMB, SLMB, QDWI, QI (System Generated)
024	Cancellation of QMB, SLMB, or QI limited coverage to enroll in full Medicaid coverage or to add greater limited benefit coverage
025	LIFC - failure to provide earning report timely in 12-month extension (System Generated)
026	LIFC end of 12-month extension (System Generated)
027	QI end of year automatic cancellation (System Generated)
028	Ineligible due to institutional status (FAMIS)
029	Eligible for state employee health coverage (FAMIS)
030	Failure to assign rights or pursue 3rd party payments (FAMIS)
031	Enrolled with creditable coverage in another health plan (FAMIS)
032	Automatic cancellation - creditable coverage in another health plan (FAMIS)
033	Manual cancellation - BCCPTA/TPL overlap
034	Automatic cancellation - BCCPTA/TPL overlap (System Generated)
035	BCCPTA - Does not meet certification requirements

DATA ELEMENT: Eligibility Cancel Reason (DE3451)

VALID VALUES:

Valid Value	Description
036	FP Waiver - 24 month limit (System Generated) (Ended on 12/31/2007)
037	FP Waiver - Reached Age 57 (System Generated) (Ended on 12/31/2007)
038	End of post-pregnancy termination eligibility period
040	End of TDO period
041	Court Decision (TDO)
042	Child Eligible in another assistance program with no break in coverage - Medicaid to FAMIS or FAMIS to Medicaid
043	End of Insurance Eligibility (Premium Payment)
044	Other Insurance Available (Premium Payment)
045	Not Cost Effective (Premium Payment)
046	Non-financial Requirements not met (Premium Payment)
047	Financially Ineligible (Premium Payment)
049	Voluntary Ending by Insured (Premium Payment)
050	Other
051	Automatic Cancellation due to Sterilization procedure (System Generated)
052	Automatic Cancellation due to Major Medical TPL Coverage (System Generated)
053	Medicaid Works - Age 65 cancellation (System Generated)
060	Failure to provide citizenship documentation
061	Failure to provide identity documentation
062	Failure to provide both citizenship and identity documentation
080	One day eligibility for an assessment
086	SLH Foster child reached age 21, computed and entered by the system
087	End of SLH 180 day coverage period, computed and entered by the system
088	End of SLH, not system calculated
097	Shortening of Eligibility (DMAS use only)
099	System generated cancel for change of aid category
101	VDH Deceased File Match (DMAS Cancellation)
103	Automatic Cancellation due to cancellation for reason 101 (System Generated)
900	Closure of Emergency Medicaid (System generated)
P01	Cancelled QI2 paid during first yearly financial run - No Longer Used
P02	Cancelled QI2 paid during second yearly financial run - No Longer Used

DATA ELEMENT: Eligibility Cancel Date (DE3452)

The date of termination of an enrollee's eligibility under an aid category..

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_CANCEL

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	This field must be a valid date that is greater than the associated begin date, or it must indicate an open eligibility period.

Rule Name	GE Eligibility Begin Date
Description	The date field must be greater than or equal to the Eligibility Begin Date for the associated period.
Local Def	N/A

Rule Name	Cross Field(s) Edit
Description	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Local Def	If the Aid Category = 079, the Eligibility End Date must not be GT 7 months from the Entry to US Date.

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	N/A

Rule Name	Cancel Reason/CancelDate
Description	If either Cancel Reason or Date is zero, both must be zero; if either are not zero, both must be valid and non-zero. If Cancel Reason is 01, 08, 14, 15, 097 or 101. Cancel Date must be less than or equal to the current date. If Cancel Reason is 99, Cancel Date will be generated as the lessor of Transaction Date and the End Date of the eligibility period. If Cancel Reason is 24, it may be greater than the current date, but must equal the Eligibility Begin Date for the period. For all other Cancel Reasons, the Cancel Date is system generated to be the End Date of the Last ID Card Issued. If Cancel Reason is changed to 01 (death), 097 (Shortening of Eligibility, DMAS Super user only) or 101 (VDH death match, DMAS Super user only) on cancel transaction, Cancel Date can be changed to a date less than or equal or the Cancel Date currently recorded.
Local Def	N/A

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	N/A

Rule Name	LE Current Date
Description	The date field must be less than or equal to the current date upon entry.
Local Def	N/A

DATA ELEMENT: Eligibility Cancel Date (DE3452)

BUSINESS RULES:

Rule Name	LE End Date
Description	The begin date must be less than or equal to the corresponding end date. Note: This rule assumes that open end dates will be set to 12/31/9999 rather than zeros as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Reinstatement Reason (DE3453)

The code explaining why an enrollee's cancelled eligibility has been reinstated.

BUSINESS NAME: N/A

REFERENCE NAME: C_REINSTATE_RVAL

DEFAULT: 0

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Combination Editing
Description	Validation of this field depends upon the contents of another:
Local Def	If Cancel Reason = 090, enrollment for QI1 or QI2 cannot be reinstated.

VALID VALUES:

Valid Value	Description
001	Recipient coverage reopened due to timely appeal
002	Recipient coverage reopened due to appeal decision
003	Recipient coverage reopened, cancelled in error

DATA ELEMENT: **Eligibility Cancel Reason End Date (DE3455)**

The end date a cancel reason for an aid category is valid.

BUSINESS NAME: N/A

REFERENCE NAME: D_CANCEL_RSN_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee FPL original status (DE3456)**

Enrollee original FPL status.

BUSINESS NAME: C_ORIG_POVERTY_LVL

REFERENCE NAME: C_ORIG_POVERTY_LVL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Income more than FPL
N/A	N/A
N/A	N/A
U	Unknown
Y	Income less than or equal to FPL

DATA ELEMENT: **Eligibility Cancel Reason Description (DE3457)**

The description of the reason code associated with the termination of an enrollee's eligibility under an aid category.

BUSINESS NAME: N/A

REFERENCE NAME: T_CANCEL_RSN_DESC

DEFAULT: N

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Spend Down Met Date (DE3458)

The date an enrollee meets, with expenditures approved by his DSS worker, his spend down deductible amount (liability), and becomes eligible for Medicaid when enrollment is initiated by the worker.

BUSINESS NAME: N/A

REFERENCE NAME: D_LIABILITY_MET

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Patient Pay Type (DE3459)**

A code indicating whether the patient payment liability is the original liability or an adjusted liability.

BUSINESS NAME: N/A

REFERENCE NAME: C_PAY_TYP_CVAL

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Adjusted
N	Original

DATA ELEMENT: Enrollee Patient Pay Account Balance (DE3460)

The balance of patient pay or coinsurance to be paid by the enrollee remaining for the month.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAY_BALANCE

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Patient Pay Liability (DE3461)

The monthly amount of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAY_LIABILITY

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee FPL status begin date (DE3462)**

Enrollee FPL status begin date

BUSINESS NAME: D_FPL_STATUS_BEG

REFERENCE NAME: D_FPL_STATUS_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A

DATA ELEMENT: Enrollee Comment Field (DE3463)

A free-form text field for the use of DMAS to enter enrollee specific notations.

BUSINESS NAME: N/A

REFERENCE NAME: T_COMMENT

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: VARCHAR(233)

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

Rule Name	Hold Note
Description	Hold Note:
Local Def	Increase from 50 to 230 characters (3 lines on a CICS screen).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Spend Down Account Balance (DE3464)

This data is stored for access by the DSS worker who establishes an enrollee's spend down liability or deductible. Each expenditure by the enrollee, entered by the worker is subtracted from the original liability amount to derive the Enrollee Spend Down Account Balance.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Spend Down Account Balance

DEFAULT: 0

COBOL PICTURE: 9(07)V99

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Spend Down Original Liability (DE3465)

The spend down liability amount (deductible) established for an enrollee by a DSS worker.

BUSINESS NAME: N/A

REFERENCE NAME: N_ORIG_LIABLTY_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Co-payment Liability (DE3466)

This field stores the co-payment liability amount required of a specific enrollee during the benefit plan enrollment period. This does not include global co-payments related to all enrollees of a particular plan.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Co-payment Liability

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Coinsurance Maximum (DE3467)

The maximum amount of coinsurance or patient pay that may be required of an individual enrollee during the enrollment period.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Coinsurance Maximum

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee FPL status end date (DE3468)**

Enrollee FPL status end date

BUSINESS NAME: D_FPL_STATUS_END

REFERENCE NAME: D_FPL_STATUS_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case ADAPT Number (DE3469)**

DSS assigned Case ID in the ADAPT system.

BUSINESS NAME: N/A

REFERENCE NAME: I_ADAPT_NUM

DEFAULT: 0

COBOL PICTURE: 9(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TDO Warrant Number (DE3470)

The TDO warrant or Green Warrant number issued by the court for mandatory medical services for the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: I_WARRANT_NUM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	The field is required for enrollment in the TDO benefit plan.

VALID VALUES:

Valid Value	Description
C	Criminal TDO (First character of TDO no can be 'C' if it is criminal TDO)

DATA ELEMENT: Enrollee Health Condition Code (DE3472)

The diagnosis code that indicates the nature of the enrollee's health condition.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Health Condition Code

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The code must be a valid diagnosis code.

Rule Name	Hold Note
Description	Hold Note:
Local Def	The field will include allergy information.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Eligibility Extension Reason Code (DE3473)

A code indicating the reason an enrollee's eligibility has been extended beyond the previous cancellation date.

BUSINESS NAME: N/A

REFERENCE NAME: C_EXTENSION_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Combination Editing

Description Validation of this field depends upon the contents of another:

Local Def If the Effective Date entered NE the prior Effective Date, the code entered must = X0, X1, or X9.
If the code to be entered = X1, the Effective Date must be GT 03/1990 and cannot be GT 2 months prior or 2 months after the current date.
If the code to be entered = X9, the Effective Date must be GT 07/1989 and LT 05/1990.
If the code entered is a W code and is not a W1, no change can be made to the Effective Date.
If the code to be entered = W1, the Effective Date cannot be GT 2 months prior or 2 months after the current date.

Rule Name Data Element Specific Rule

Description Rules are defined in the Description field.

Local Def DSS provides this information at the Case level only.
ADD Transaction - Valid Values: X0, X!, X9,W1
REINSTATEMENT Transaction - Valid values: X0, X3, X4,W3,W4

If X2 is entered, the prior code must not = X0, X3, X4, X9, XB, or XC
If W2 is entered, the prior code must not = W3, W4, WB, or WC

OTHER THAN ADD Transaction:
If X1 is entered, the prior code must not = X0, X3, X4, X9, XB, or XC
If X9 is entered, the prior code must not = X2, X3, X4, XA, XB, or XC
If W1 is entered, the prior code must not = W2, W3, W4, WA, WB, or WC

OTHER THAN REINSTATE Transaction:
If X3 is entered, the prior code must not = X0, X1, X4, X9, XA, or XC
If X4 is entered, the prior code must not = X0, X1, X2, X3, X9, XA, or XB
If W3 is entered, the prior code must not = W1, W4, WA, or WC.
If W4 is entered, the prior code must no = W1, W2, WA, or WB.

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
004	Recipient coverage extended, welfare reform twelve (12) month transition
005	Recipient coverage extended, four (4) month extension due to child support
006	Recipient coverage extended, employment twelve (12) month extension
007	Recipient coverage due to diversionary assistance, lump sum receipt

DATA ELEMENT: Enrollee Monthly Number of Hours Worked (DE3475)

The average number of hours an enrollee works each month as provided by the enrolling agency.

BUSINESS NAME: N/A

REFERENCE NAME: N_MNTHLY_HRS_WRKD

DEFAULT: 0

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Primary Language Code (DE3476)**

A code that indicates the primary language used by the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_LANGUAGE_CVAL

DEFAULT: E

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	English
2	Spanish
3	Cambodian
4	Vietnamese
5	Farsi
6	Haitian-Creole
7	Laotian
8	Chinese
9	Korean
A	Somali
B	Kurdish
C	Arabic
F	French
G	German
J	Japanese
O	Other

DATA ELEMENT: Enrollee Handicap Needs Code (DE3477)

A procedure code that indicates the handicap needs of the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Handicap Needs Code

DEFAULT: spaces

COBOL PICTURE: X(07)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Procedure or Space
Description	The subject procedure code must be space (null) or valid.
Local Def	N/A

Rule Name	Hold Note
Description	Hold Note:
Local Def	There may be multiple occurrences of this field.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TDO Court Name (DE3479)**

The name of the court issuing the TDD warrant for the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: T_COURT_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Relationship to Case Head Code (DE3480)

A code reflecting the enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are suggested.

BUSINESS NAME: N/A

REFERENCE NAME: C_CASE_REL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Hold Note

Description Hold Note:

Local Def This field will be populated by DSS when ADAPT has been implemented for Medicaid.

VALID VALUES:

Valid Value	Description
00	Self
01	Spouse
02	Child
03	Grandchild
04	Stepchild
05	Parent
06	Grandparent
07	Stepparent
08	Brother/Sister (Sibling)
09	Step Sibling
10	Sibling In-law
11	Aunt/Uncle
12	Niece/Nephew
13	First Cousin
14	First Cousin, Once Removed
15	Other Relative
16	Foster Child
17	Alien Sponsor
18	Other - Not Related
99	Unknown

DATA ELEMENT: Enrollee ID Card Reissue Reason (DE3481)

The reason code explaining why a plastic card was re-issued to an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_REISSUE_RVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Hold Note
Description	Hold Note:
Local Def	Change field definition to alphanumeric. Conversion will set the field to space.

VALID VALUES:

Valid Value	Description
C	Change of Demographic Information (only system entered)
D	Destroyed
I	Initial Card
L	Lost
S	Stolen

DATA ELEMENT: **Enrollee ID Card Sequence Number (DE3482)**

A sequential number that is incremented by one with each re-issue of an enrollee's plastic ID card.

BUSINESS NAME: N/A

REFERENCE NAME: I_ID_CARD_NUM

DEFAULT: 00

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Patient Pay Begin Date (DE3483)

The beginning effective date of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.

BUSINESS NAME: N/A

REFERENCE NAME: D_PAY_HIST_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Patient Pay End Date (DE3484)

The ending date of an enrollee's patient pay or coinsurance liability. This data element is used in relation to benefit plans with a long-term care exception indicator.

BUSINESS NAME: N/A

REFERENCE NAME: D_PAY_HIST_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Immunization Status (DE3485)

A code indicating whether the enrollee has completed the standard set of immunizations or not.

BUSINESS NAME: N/A

REFERENCE NAME: C_IMMUNE_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Hold Note

Description Hold Note:

Local Def This data must be stored on the Enrollee Master because the information can be supplied by DSS at the time of enrollment. DSS could set the field to 'Y' for TABF enrollees. The field will probably also be maintained by EPSDT.

VALID VALUES:

Valid Value	Description
N	Immunizations are not complete
P	Immunizations are in progress
Y	All immunizations are complete

DATA ELEMENT: Administrative FIPS Code End Reason (DE3486)

The reason an Administrative FIPS Code was changed for an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADMIN_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Reason Code
Description	Must be a valid Reason Code as defined in the Reason Code table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
001	Moved (default)
002	Administrative re-assignment
003	Institutionalized

DATA ELEMENT: Case Last Name (DE3487)

The last name of the individual who is considered head of the household, family, or group of individuals in the same Case entity.

BUSINESS NAME: N/A

REFERENCE NAME: Case Last Name

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: CHAR(19)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case First Name (DE3488)

The first name of the individual who is considered head of the household, family, or group of individuals in the same Case entity.

BUSINESS NAME: N/A

REFERENCE NAME: Case First Name

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Middle Initial (DE3489)

The middle initial of the individual who is considered head of the household, family, or group of individuals in the same Case entity.

BUSINESS NAME: N/A

REFERENCE NAME: Case Middle Initial

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Name Suffix (DE3490)

The suffix of the name (if present) of the individual who is considered head of the household, family, or group of individuals in the same Case entity.

BUSINESS NAME: N/A

REFERENCE NAME: Case Name Suffix

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: Valid values are Sr, Sr., Jr, Jr., 1st, 2nd, 3rd, 4th, 5th, 6th, I, II, III, IV, V, VI, or spaces

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Administrative FIPS Begin Date (DE3491)

The date on which the case was assigned to the associated Administrative FIPS Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_ADMIN_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Cannot be greater than the Case Administrative End Date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Administrative FIPS End Date (DE3492)**

The date on which the case was no longer assigned to the associated Administrative FIPS Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_ADMIN_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Cannot be less than the Case Administrative Begin Date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case ZIP Code Begin Date (DE3493)

The date when the case was initially located in the associated ZIP Code.

BUSINESS NAME: N/A

REFERENCE NAME: Case ZIP Code Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case ZIP Code End Date (DE3494)**

The date when the case was no longer located in (moved from) the associated ZIP Code.

BUSINESS NAME: N/A

REFERENCE NAME: Case ZIP Code End Date

DEFAULT: N/A

COBOL PICTURE: 9(08) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Spend Down Liability Begin Date (DE3496)**

The beginning date of a spend down deductible period established by a DSS worker.

BUSINESS NAME: N/A

REFERENCE NAME: D_LIABILITY_BEGIN

DEFAULT: 0

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Spend Down Liability End Date (DE3497)**

The ending date of the spend down deductible period established by a DSS worker.

BUSINESS NAME: N/A

REFERENCE NAME: D_LIABILITY_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee Eligibility Status Code (DE3499)**

A code used to indicate whether the associated eligibility period is active or voided.

BUSINESS NAME: N/A

REFERENCE NAME: C_AID_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Active
C	Cancelled or Closed
V	Void

DATA ELEMENT: **BENDEX SSA Claim (HIC) Number (DE3501)**

The number at the Social Security Administration under which the beneficiary data is kept for the recipient.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX SSA Claim (HIC) Number

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Surname (DE3502)

The individual's last name.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Surname

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Input Data Store Element Only
Description	This field is contained on a data store that is input to the MMIS, but is not maintained on a Virginia MMIS data store
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX First Name (DE3503)**

The individual's first name.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX First Name

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Input Data Store Element Only
Description	This field is contained on a data store that is input to the MMIS, but is not maintained on a Virginia MMIS data store
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Middle Initial (DE3504)

The individual's middle initial.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Middle Initial

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Input Data Store Element Only
Description	This field is contained on a data store that is input to the MMIS, but is not maintained on a Virginia MMIS data store
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX Sex Code (DE3506)**

The individual's sex.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Sex Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Female
M	Male
U	Unknown

DATA ELEMENT: **BENDEX Birth Date (DE3507)**

The individual's birth date carried in MMDDCCYY format.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Birth Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX Proof of Birth Date Indicator (DE3508)**

An indication whether the date of birth was documented by SSA.

BUSINESS NAME: N/A

REFERENCE NAME: F_PROOF_BIRTHDT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
P	Proved by SSA
space	Not proved

DATA ELEMENT: **BENDEX Agency Code (DE3509)**

The state agency code as assigned by SSA.

BUSINESS NAME: N/A

REFERENCE NAME: C_AGENCY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
490	Agency Code for the State of Virginia
N/A	N/A

DATA ELEMENT: BENDEX Record Source Code (DE3510)

A code to inform the State of the source of the request which caused the production of the record. Cannot be updated via online transaction. See BENDEX handbook for coding scheme.

BUSINESS NAME: N/A

REFERENCE NAME: C_RECORD_SRCE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Originated via State's try to buy-in disabled person who is in 24mo waiting
B	Request originated as a result of State buy-in activity
C	Response generated by SSA to report a change
D	Request originated from direct submission by a State to BENDEX
R	Reimplementation response generated by SSA at the request of the State
space	No BENDEX activity for enrollee

DATA ELEMENT: BENDEX Category of Assistance Code (DE3511)

This field will contain the most recent code submitted by the State in position 50 of the direct input record, which will overlay any existing code in the MBR. It represents the enrollee's Medicaid category of assistance.

BUSINESS NAME: N/A

REFERENCE NAME: C_CATG_ASSIST

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Aid to the Aged
B	Aid to the Blind
C	Aid to TANF
D	Aid to the Disabled
F	Food Stamps (FS)
H	Health Maintenance, Buy-in or Attempted Buy-in
I	Income Maintenance
J	TANF or FS
K	Medicaid and FS
N	Title XIX, Medicaid determination
P	Child Support Enforcement
S	Written statement of consent
U	Unemployment Compensation

DATA ELEMENT: **BENDEX State Control Data (DE3512)**

This field is used as a state identifier number when the State communicates with SSA. In Virginia, this field will contain the Enrollee ID.

BUSINESS NAME: N/A

REFERENCE NAME: T_STATE_CNTL

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Old BIC (DE3513)

Old Beneficiary Identification Code that is retained on file when a Health Insurance Claim Number or HIC is changed or corrected. It is an alphanumeric suffix to the HIC that designates the type of benefits an individual is receiving, such as wage earner's. wife's. or child's benefits.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Old BIC

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	First position of the field must be alpha and the second position must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Social Security Number (SSN) (DE3514)

The individual's Social Security Number.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Social Security Number (SSN)

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Payment Status Code (DE3516)

The status of the Beneficiary's Social Security benefits. Initialized to spaces on add. Generated by BENDEX update. Valid values defined in BENDEX Handbook.

BUSINESS NAME: N/A

REFERENCE NAME: C_PAYMENT_STATUS

DEFAULT: Spaces

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A-	Adjustment - Withdrawn from CP status to be placed in nonpayment status
A&	Adjustment - Withdrawn from nonpayment status to place in CP status
A0 thru A8	Adjustment - Rate reduction is being figured
A9	Adjustment - Miscellaneous adjustment not separately defined
AA	Adjustment - Withdrawal to split payments
AC	Adjustment - Correction in benefit rate
AD	Adjustment - Adjusted for dual entitlement
AE	Adjustment - Withdrawn for recomputation
AJ	Adjustment - Worker's compensation offset
AM	Adjustment - Withdrawal from HI-only status
AR	Adjustment - Withdrawal from S or T status to place in CP status
AW	Adjustment - Worker's compensation offset
B	Abatement - Claimant died prior to entitlement
CA	Cur Payment Advance Filing - Claim has been adjudge, entitlement is future date
CP	Current Payment - Current payment status
D1	Deferred - Engaging in foreign work
D2	Deferred - Beneficiary overpaid because of work
D3	Deferred - Auxiliary's benefits withheld due D2 status of prime beneficiary
D4	Deferred - Failure to have child in care
D5	Deferred - Auxiliary's benefits withheld due D1 status of prime beneficiary
D6	Deferred - To recover overpayment for reason not connected to earnings
D9	Deferred - Miscellaneous
DP	Deferred - Receipt of public assistance

DATA ELEMENT: **BENDEX Payment Status Code (DE3516)**

VALID VALUES:

Valid Value	Description
DW	Deferred - Receipt of worker's compensation
K	Delayed - Advanced filing for deferred payment
L	Delayed - Advanced filing
N	Denied - Disallowed claim
ND	Denied - Disability claim denied
P	Delayed - Adjudication pending
PB	Delayed - Benefits due but not paid
PF, PH, PJ-PM	Delayed - beneficiary is to be placed in S payment status upon final adjudge
PP, PW, P0-P9	Delayed - beneficiary is to be placed in S payment status upon final adjudge
PT	Delayed - Claim terminated from delayed status
S0	Suspended - Determination of continuing disability is pending
S1	Suspended - Beneficiary is engaged in work outside the U.S.
S2	Suspended - Person working in US. expect to earn excess of annual allowable
S3	Suspended - Auxiliary's benefits withheld due to S2 status of primary benefit
S4	Suspended - Failure to have child in care
S5	Suspended - Auxiliary's benefits withheld due to S1 status of primary benefit
S6	Suspended - Check was returned - correct address being developed
S7	Suspended - Due refusal of vocational rehab; imprisoned; trial work period
S8	Suspended - Suspended while payee is being determined
S9	Suspended - Suspended for reason not separately defined
SB	Suspended - Benefits due but not paid (less than $1.00)
SD	Suspended - Technical entitlement only. Benefic entitled on another claim
SF	Suspended - Special age 72 beneficiary fails to meet residency requirement
SH	Suspended - Special age 72 beneficiary is receiving a government pension
SJ	Suspended - Alien suspension
SK	Suspended - Beneficiary has been deported
SL	Suspended - Beneficiary resides in a country to which checks cannot be sent
SM	Suspended - Beneficiary refused cash benefits (entitled to HI-SMI only)
SP	Suspended - Special age 72 benefit suspended due to receiving pub assistance
SS	Suspended - Post secondary student summer suspension
SW	Suspended - Suspended because of worker's compensation
T-	Terminated - Converted disability benefit to retirement benefit upon age 65
T&	Terminated - The claim was withdrawn
T0	Terminated - Benefits are payable by some other agency

DATA ELEMENT: BENDEX Payment Status Code (DE3516)

VALID VALUES:

Valid Value	Description
T1	Terminated - Due to death of the beneficiary
T2	Terminated - Auxiliary terminated due to death of the primary
T3	Terminated - Due to divorce, marriage or remarriage of beneficiary
T4	Terminated - Child attained age 18 or 22 and is not disabled
T5	Terminated - Beneficiary entitled to other benefits equal or larger
T6	Terminated - Child is no longer a student or disabled
T7	Terminated - Child beneficiary was adopted
T8	Terminated - Primary beneficiary or last disabled child no longer disabled
T9	Terminated - Terminated for reason not separately defined
TA	Terminated - Terminated prior to entitlement
TB	Terminated - Mom/Dad due to benefit entitled to disabled widow(er)s benefits
TC	Terminated - Disabled widow now age 62 & is not entitled as aged widow
TJ	Terminated - Advanced filed claim terminated after maturity
TL	Terminated - Termination of post secondary student
TP	Terminated - Because of change in type of benefit or post entitlement action
U	Uninsured - Beneficiary is entitled only to HI or SMI
W	Withdrawal - Withdrawal before entitlement
X0	Other Adjust/Term - Claim transferred to RRB
X1	Other Adjust/Term - Beneficiary died
X5	Other Adjust/Term - Entitled to other benefits
X7	Other Adjust/Term - HIB/SMIB terminated
X8	Other Adjust/Term - Payee is being developed
X9	Other Adjust/Term - Terminated for reason not separately defined
XD	Other Adjust/Term - Withdrawn for adjustment
XF	Other Adjust/Term - Entitlement transferred to another PSC
XK	Other Adjust/Term - Deportation
XR	Other Adjust/Term - Withdraw from SMIB

DATA ELEMENT: BENDEX Monthly Benefit Payable (DE3517)

The net amount due the beneficiary on the third of the next month after the BENDEX record is produced. Note: Money amounts are displayed where the beneficiary was previously entitled or is in a nonpayment status.

BUSINESS NAME: N/A

REFERENCE NAME: N_MNTH_BNFT_PAYMT

DEFAULT: N/A

COBOL PICTURE: 9(04)V99

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Zero - Beneficiary was denied

DATA ELEMENT: **BENDEX Initial Entitlement Date (DE3518)**

The initial date of entitlement to Title II benefits formatted as MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_INIT_ENTLMNT

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Communications Code (DE3519)

Reason for not providing BENDEX information to the State agency.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Communications Code

DEFAULT: N/A

COBOL PICTURE: x(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	BX-COMM1 X(4) value space (cod

DATA ELEMENT: BENDEX SSI Status Code (DE3520)

A code that reflects the beneficiary's status in the SSI program.

BUSINESS NAME: N/A

REFERENCE NAME: C_SSI_STATUS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Person eligible for SSI and not eligible for Medicaid or third party buy-in
B	Terminated due excess income resulting from Title II benefit rate increase
C	Terminated due excess income resulting from Title II benefit
D	Denied
E	Receives Federal Payment; entitled
G	SSI recip engaging in SGA; not elig for special SSI pymt, elig for XIX & XX
I	SSI recipient engaging in SGA; not eligible for special SSI payment
M	SSI recipient engaging in SGA; eligible for special SSI
P	Pending SSI determination
S	Receives State supplement
T	Terminated for reasons not specifically defined
U	Terminated due to death; source of report unknown
V	Terminated via T30 procedure; not reaccreted
W	State supplement terminated (no longer used)
X	Terminated due to death
Y	Terminated due to excess income
Z	Terminated due to excess resources

DATA ELEMENT: BENDEX SMI Non Covered Reason Code (DE3521)

The currently recorded SMI Non Covered Reason Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_SMI_OPTION

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	No (Disability ceased)
D	No (Denied)
E	No (Dual/technically entitled beneficiary not entitled to SMI) (derived value - when SMI Non Covered Reason Code (DE 3521) in input RSF325 file has spaces and Med-Status = 'I')
G	Yes (Good cause)
I	No (Terminated for invalid enrollment)
M	Current SMI/Railroad Retirement Board has jurisdiction and collects the premium (derived value - when SMI Non Covered Reason (DE 3521) in input file RSF325 has spaces and Med-Status not equal to 'I')
N	No (No longer under renal disease provision)
P	No (Terminated for nonpayment of premiums)
R	No (Refused)/Foreign Resident
Space	SMI not involved
V	Void Enrollment
W	No (Withdrawal)

DATA ELEMENT: **BENDEX SMI Entitlement Date (DE3522)**

The current date of entitlement to SMI benefits (DOES) from the MBR formatted as MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_SMI_ENTLMNT

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX SMI Premium Amount Collectable (DE3523)**

The current SMI premium amount collectable (SPAC) which includes the regular Part B premium, the catastrophic add-on, and prescription drug add-on. Zero (00000) is displayed when the Date of Entitlement to SMI (DE 3522) is in the future.

BUSINESS NAME: N/A

REFERENCE NAME: N_SMI_PREMIUM

DEFAULT: N/A

COBOL PICTURE: 9(03)V99

DB2 TYPE: DECIMAL(5,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX SMI Premium Payer (DE3524)**

A code assigned by HCFA indicating who is paying the SMI premium.

BUSINESS NAME: N/A

REFERENCE NAME: C_SMI_PREM_PAYER

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
010 thru 650	The agency code for the State billed for SMI premium payments
CIVIL	Civil Service is billed for SMI premium payments
PRITP	Private third party is billed for SMI premium payments
RRB	Railroad Board has jurisdiction
SELF	Beneficiary is responsible for SMI premium payments
space	Default

DATA ELEMENT: **BENDEX SMI Termination Date (DE3525)**

The effective date for which a previous period of Part B coverage was terminated, that is, the first month of no coverage formatted MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_SMI_TERM

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Hospital Insurance Option Code (HOC) (DE3526)

The beneficiary's most recent Hospital Insurance Option Code (HOC) from BENDEX.

BUSINESS NAME: N/A

REFERENCE NAME: C_HOSP_OPTION

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	No (Cessation of disability)
D	No (Denied)
E	Yes (Automatic entitlement, no premium necessary)
F	No (Terminated for invalid enrollment or enrollment voided)
G	Yes (Good cause)
H	No (Not eligible for free health insurance benefits (Part A))
P	Railroad jurisdiction
R	No (Refused free Part A)
S	No (No longer under renal disease provision)
space	HI not involved
T	No (Terminated for nonpayment of premiums)
W	No (Withdrawal from premium Part A)
X	No (Part A terminated due to title II termination, SMI benefits unchanged)
Y	Yes (Premium is payable)

DATA ELEMENT: BENDEX Hospital Insurance Entitlement Date (DE3527)

The current date of entitlement to hospital insurance benefits; reflected as MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_HOSP_ENTLMNT

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Rules are defined in the Description field.
Local Def	Debbie stated that when talking Medicare Part A, HI status is critical for QMB's, SLMB's. Debbie believes this is an important data element to capture. Louisa suggested to DMAS that they begin collecting this information in the current system.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX Hospital Insurance Premium Amount Collectable (DE3528)**

The current hospital insurance premium amount collectable reflected as $$$cc.

BUSINESS NAME: N/A

REFERENCE NAME: N_HOSP_PREMIUM

DEFAULT: N/A

COBOL PICTURE: 9(03)V99

DB2 TYPE: DECIMAL(5,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX Hospital Insurance Termination Date (DE3529)**

The most recent termination date from Hospital Insurance benefits, reflected as MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_HOSP_TERM

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX RRB Status Code (DE3531)

A code indicating Railroad Retirement Board Benefit Status. A BENDEX field.
See BENDEX Handbook, field 29.

BUSINESS NAME: N/A

REFERENCE NAME: C_RRB_STATUS

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Active claim
F	Flagged for cross referral
S	Payment Suspended
space	Default
T	Claim terminated

DATA ELEMENT: BENDEX Black Lung Entitlement Status (DE3532)

A code indicating black lung benefit status.
See BENDEX Handbook, field 30

BUSINESS NAME: N/A

REFERENCE NAME: C_BLK_LUNG_STATUS

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	Death
E	Entitled, First Month Paid
N	Nonpayment status
P	Nonpayment status
space	Default
T	Terminated, last month paid

DATA ELEMENT: BENDEX Beneficiary's Own Social Security Number (SSN) (DE3534)

This field reflects the beneficiary's own validated SSN or will be blank.

BUSINESS NAME: N/A

REFERENCE NAME: BENDEX Beneficiary's Own Social Security Number (SSN)

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENDEX Dual Entitlement Indicator (DE3535)

Indicator set by BENDEX to indicate that a beneficiary is entitled on more than one Claim Account Number.
See BENDEX Handbook, field 32

I

BUSINESS NAME: N/A

REFERENCE NAME: C_DUAL_ENTLMNT

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Dual entitlement exists
space	Default, no other entitlement
T	Triple entitlement exists

DATA ELEMENT: BENDEX Disability Onset Date (DE3536)

The most recent date of disability onset, reflected as MMCCYY. If onset was prior to 1975, no date may appear; or disability not involved.

BUSINESS NAME: N/A

REFERENCE NAME: D_DISABILITY_ONSET

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX SSI Entitlement Date (DE3537)**

The current date of entitlement to SSI benefits formatted as MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_SSI_ENTLMNT

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX Part A Third Party Premium Date (DE3538)**

Date the Part A Third Party Premium is paid by the state.

BUSINESS NAME: N/A

REFERENCE NAME: D_PARTA_PREMIUM

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENDEX HI Premium Payer (DE3539)**

A code assigned by HCFA indicating who is paying the HI premium.

BUSINESS NAME: N/A

REFERENCE NAME: C_HI_PREM_PAYER

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
RRB	Railroad jurisdiction
S01 thru S65	The agency code for the State billed for Part A premium payments
space	N/A
T01 thru Z98	Private third party billed for premiums (assigned by HCFA)
Z99	Conditional State Group Payer Enrollment

DATA ELEMENT: **Enrollee Spend Down Budget Unit (DE3540)**

The budget unit case number as specified by DSS to track related expenditures for a spend down case.

BUSINESS NAME: N/A

REFERENCE NAME: I_SPND_DWN_BGT_UNT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Spend Down ID (DE3541)

A number used to uniquely identify an individual in Spend Down.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Spend Down ID

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Definition Benefit Plan Code (DE3550)

An integer code that represents the group level, three-tiered code with exception indicator describing the benefit plan under which services for an enrolled individual may be reimbursed.

BUSINESS NAME: N/A

REFERENCE NAME: I_BENEFIT_PKG

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: This a group level data element. The range is described for each individual data element component. See data elements 3551, 3552, 3553, and 3072.

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	01-01- 0100 Medicaid Fee-for-Service
02	01-01-0100- A Technology-Assisted Waiver
03	01-01-0100-E AIDS Waiver
04	01-01-0100-F Regular Assisted Living
05	01-01-0100-J Intensive Assisted Living
06	01-01-0100-L Medicaid - Long Stay Hospital
07	01-01-0100-Q CDPAS Waiver
08	01-01-0100-R IFDDS Waiver
09	01-01-0100-Y MR Waiver
10	01-01-0100-1 Medicaid - ICF
11	01-01-0100-2 Medicaid - SNF
12	01-01-0100-4 Medicaid - CMM Physician
13	01-01-0100-5 Medicaid CMM Pharmacy
14	01-01-0100-6 Medicaid CMM Transportation
15	01-01-0100-7 Medicaid - Out of State Provider
16	01-01-0100-9 Elderly and Disabled Provider
17	01-01-0200 Partial Medicare Premium
18	01-01-0300 Medicare Premium
19	01-01-0400 Medicare Coinsurance and Deductibles
20	01-01-0500 HIPP Premium Payments
21	01-02-0600 Medicaid - Medallion PCP
22	01-03-0801 Medicaid - Medallion II Tidewater

DATA ELEMENT: Benefit Definition Benefit Plan Code (DE3550)

VALID VALUES:

Valid Value	Description
23	01-03-0802 Medicaid - Medallion II Northern
24	01-03-0803 Medicaid - Medallion II Central
27	01-05-2000 Pre-PACE
28	01-05-2001 PACE
29	02-00-0000 Temporary Detention Order
30	03-00-0000 State and Local Hospital
31	04-00-0000 Premium Payments
32	05-06-0000 Regular Assisted Living
33	06-00-0000 Health Insurance Demonstration Program
34	07-01-0100 FAMIS - Fee-for-Service
35	07-01-0100-L FAMIS - Long Stay Hospital
36	07-01-0100-1 FAMIS - ICF
37	07-01-0100-2 FAMIS - SNF
38	07-01-0100-4 FAMIS - CMM Physician
39	07-01-0100-5 FAMIS - CMM Pharmacy
40	07-01-0100-6 FAMIS - CMM Transportation
41	07-01-0100-7 FAMIS - Out-of-State Provider
42	07-02-0600 FAMIS - Medallion PCP
43	07-03-0801 FAMIS - Medallion II Tidewater
44	07-03-0802 FAMIS - Medallion II NORVA
45	07-03-0803 FAMIS - Medallion II Central
48	08-00-1001 Assessments Nursing Home Level 1
49	08-00-1002 Assessments Nursing Home Level 2
50	08-00-1003 ACR Assessments
51	07-01-0100-F FAMIS - Regular Assisted Living
52	01-01-3000 Medicaid FFS Emergency Services Only
53	01-01-3001 Medicaid FFS Dialysis Services Only
54	01-03-0805 Medicaid - Medallion II USWVA
55	01-03-0807 Medicaid - Medallion II Halifax
56	01-04-0702 Medicaid - MED-III MCO NORVA
57	01-04-0704 Medicaid - MED-III MCO CDPR
58	01-04-0706 Medicaid - MED-III MCO LSWVA
59	01-07-0600 Medicaid - MED-III PCP
60	07-03-0804 FAMIS - Medallion II CDPR

DATA ELEMENT: Benefit Definition Benefit Plan Code (DE3550)

VALID VALUES:

Valid Value	Description
61	07-03-0805 FAMIS - Medallion II USWVA
62	07-03-0806 FAMIS - Medallion II LSWVA
63	07-03-0807 FAMIS - Medallion II Halifax
64	01-03-0899 Medicaid - Default Mandatory MCO
65	01-04-0799 Medicaid - Default MED-II MCO
66	07-03-0899 FAMIS - Default Mandatory MCO
67	07-04-0799 FAMIS - Default MED-III MCO
68	07-01-0500 FAMIS HIPP Premium Payments
69	01-01-3002 Family Planning Waiver
70	01-01-0100-D Hospice
71	01-01-0100-S Day Support Waiver
72	01-01-0100-T ALZHEIMERS ASSISTED LIVING
Valid Values in	This is a group level data ele
Valid Values in	This is a group level data ele
Valid Values in	This is a group level data ele

DATA ELEMENT: Benefit Definition Plan Program Code (DE3551)

The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding.

BUSINESS NAME: Benefit Plan Program Code

REFERENCE NAME: I_BNFT_PGM

DEFAULT: N/A

COBOL PICTURE: x(02)

DB2 TYPE: CHAR(02)

RANGE: 01 through 08

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Medicaid
02	TDO (Temporary Detention Order)
03	SLH (State and Local Hospitals)
04	Premium Payments
05	Regular Assisted Living
06	(HIDP) Health Insurance Demonstration Program
07	FAMIS
08	Assessments
09	System Generated for Medicaid Expansion
N/A	N/A

DATA ELEMENT: Benefit Definition Plan Subprogram Code (DE3552)

The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program.

BUSINESS NAME: N/A

REFERENCE NAME: I_BNFT_SUB_PGM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(02)

RANGE: 00 - 06

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	N/A (not applicable - only one sub-program code)
01	Fee for Service
02	MEDALLION I
03	MEDALLION II
04	MEDALLION III MCO
05	(PACE) Program for all inclusive care for the Elderly
06	Adult Care Residence
07	MEDALLION III PCP

DATA ELEMENT: Benefit Definition Plan Benefit Code (DE3553)

The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan.

BUSINESS NAME: N/A

REFERENCE NAME: I_PLAN_CD

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0000	N/A (not applicable - only one Benefit Package)
0100	State Plan Services
0200	Partial Medicare Premium (QI-2)
0300	Medicare Premium
0400	Medicare Coinsurance and Deductibles
0500	HIPP Premium Payments
0600	PCP with Management Fee
0702	Northern Virginia Model
0704	Charlotte/Danville/Pittsylvania Model
0706	Lower Southwest Virginia Model
0799	Default Voluntary HMO Contacts
0801	Tidewater Model
0802	Northern Virginia Model
0803	Central Virginia Model
0804	CDPR (Charlotte/Danville/Pittsylvania Model)
0805	USWV (Upper Southwest Virginia Model)
0806	LSWV (Lower Southwest Virginia Model)
0807	Halifax Model
0899	Default Mandatory HMO Contacts
1001	Nursing Home Level 1
1002	Nursing Home Level 2
1003	ACR Assessments
2000	Pre-PACE (Partially Capitated plus FFS)

DATA ELEMENT: Benefit Definition Plan Benefit Code (DE3553)

VALID VALUES:

Valid Value	Description
2001	PACE (Fully Capitated)
3000	Emergency Services Only
3001	Dialysis Services Only
3002	Family Planning Waiver

DATA ELEMENT: **Benefit Definition Plan Name (DE3554)**

A description of the Benefit Plan.

BUSINESS NAME: N/A

REFERENCE NAME: T_BNFT_PKG_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: CHAR(35)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Definition Plan Short Name (DE3555)**

A short, concise description of a Benefit Plan used primarily in reporting.

BUSINESS NAME: N/A

REFERENCE NAME: T_BNFT_SHRT_NAME

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Definition Plan Begin (Effective) Date (DE3556)**

The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_PKG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Definition Plan End (Termination) Date (DE3557)

The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_PKG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Health Condition End Reason (DE3558)

The reason an end date was entered for an enrollee's significant health condition.

BUSINESS NAME: N/A

REFERENCE NAME: C_COND_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Reason Code
Description	Must be a valid Reason Code as defined in the Reason Code table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
001	Recovered
002	Receiving alternative treatment

DATA ELEMENT: Benefit Definition Plan Termination Reason (DE3559)

The reason a Benefit Plan was closed or terminated.

BUSINESS NAME: N/A

REFERENCE NAME: C_BNFT_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Reason Code

Description Must be a valid Reason Code as defined in the Reason Code table.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Continuing
DIS	Discontinued
FPC	Federal Policy Change
NLF	No Longer Funded
SPC	State Policy Change

DATA ELEMENT: **Case Additional Address Name (DE3560)**

Additional name information for the case address such as 'care of' or attention information.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Street Address (DE3561)**

The street address of the case.

BUSINESS NAME: N/A

REFERENCE NAME: T_STREET

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case City Name (DE3562)**

Name of the city in which the case is located.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case State Code (DE3563)**

State abbreviation of the state in which the case is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case ZIP Code (DE3564)

ZIP code of the area in which the case is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: N/A

COBOL PICTURE: 9(5)V9(4)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Special Indicator Code (DE3565)**

Co-Payment code - the DE 3072 I_BNFT_LOC_EXCP is used to determine the valid uses in the EDI 277.

BUSINESS NAME: Special Indicator Code

REFERENCE NAME: CO-PAY INDICATOR

DEFAULT: N/A

COBOL PICTURE: 01

DB2 TYPE: char

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Exception Indicator is 1,2,7,9,A,D,E,L,Q,R,S,Y and Enrollee age < 21 years
B	Exception Indicator is 1,2,7,9,A,D,E,L,Q,R,S,Y and Enrollee age > 21 years
C	Exception Indicator not in 1,2,7,9,A,D,E,L,Q,R,S,Y

DATA ELEMENT: **WAIVER PROV NUMBER (DE3566)**

N/A

BUSINESS NAME: WAIVER PROV NUMBER

REFERENCE NAME: WAIVER PROV NUMBER

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **WAIVER PROV QUAL (DE3567)**

P = NPI NUMBER
A = API OR LEGACY

BUSINESS NAME: WAIVER PROV QUAL

REFERENCE NAME: WAIVER PROV QUAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare ID Type Code (DE3570)**

Type of the Medicare number

BUSINESS NAME: N/A

REFERENCE NAME: C_MEDICARE_ID_TYPE

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
BIC	Social Security Claim number
RRB	Rail road retirement Claim number

DATA ELEMENT: **Medicare ID Sequence number (DE3571)**

Sequence number for the Match value entry

BUSINESS NAME: N/A

REFERENCE NAME: I_MCARE_ID_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Number of digits (DE3572)**

Total number of non-space characters that should be present for a particular type of Claim number

BUSINESS NAME: N/A

REFERENCE NAME: C_NUM_OF_DIGITS

DEFAULT: WITH DEFAULT

COBOL PICTURE: x(01)

DB2 TYPE: char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
6	Six digits
9	Nine digits
B	Both; Can be 6 digits or 9 digits

DATA ELEMENT: Claim number/SSN match (DE3573)

Flag to indicate whether a particular claim number type should always match the enrollee's SSN.

BUSINESS NAME: N/A

REFERENCE NAME: F_MATCH_SSN

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(03)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Policy should not match SSN
Y	Policy should match SSN

DATA ELEMENT: **Valid prefix/suffix of Medicare number (DE3574)**

Valid BICs of Social security claim number and valid prefixes of RRB claim number

BUSINESS NAME: N/A

REFERENCE NAME: T_MATCH_VALUE

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(03)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Primary claimant
A	RRB Prefix
B	Aged wife, age 62 or over (1st claimant)
B1	Aged husband, age 62 or over (1st claimant)
B2	Young wife, with a child in her care (1st claimant)
B3	Aged wife (2nd claimant)
B4	Aged husband (2nd claimant)
B5	Young wife (2nd claimant)
B6	Divorced wife, age 62 or over (1st claimant)
B7	Young wife (3rd claimant)
B8	Aged wife (3rd claimant)
B9	Divorced wife (2nd claimant)
BA	Divorced wife (2nd claimant)
BD	Aged wife (5th claimant)
BG	Aged husband (3rd claimant)
BH	Aged husband (4th claimant)
BJ	Aged husband (5th claimant)
BK	Young wife (4th claimant)
BL	Young wife (5th claimant)
BN	Divorced wife (3rd claimant)
BP	Divorced wife (4th claimant)
BQ	Divorced wife (5th claimant)
BR	Divorced husband, age 62 or older (1st claimant)

DATA ELEMENT: Valid prefix/suffix of Medicare number (DE3574)

VALID VALUES:

Valid Value	Description
BT	Divorced husband (2nd claimant)
BW	Young husband (2nd claimant)
BY	Young husband, with a child in his care (1st claimant)
C1	Child (includes minor, student or disabled child)
C2	Child (includes minor, student or disabled child)
C3	Child (includes minor, student or disabled child)
C4	Child (includes minor, student or disabled child)
C5	Child (includes minor, student or disabled child)
C6	Child (includes minor, student or disabled child)
C7	Child (includes minor, student or disabled child)
C8	Child (includes minor, student or disabled child)
C9	Child (includes minor, student or disabled child)
CA	Child (includes minor, student or disabled child)
CA	RRB Prefix
CB	Child (includes minor, student or disabled child)
CC	Child (includes minor, student or disabled child)
CD	Child (includes minor, student or disabled child)
CE	Child (includes minor, student or disabled child)
CF	Child (includes minor, student or disabled child)
CG	Child (includes minor, student or disabled child)
CH	Child (includes minor, student or disabled child)
CI	Child (includes minor, student or disabled child)
CJ	Child (includes minor, student or disabled child)
CK	Child (includes minor, student or disabled child)
D	Aged widow, age 60 or over (1st claimant)
D1	Aged widower, age 60 or over (1st claimant)
D2	Aged widow (2nd claimant)
D3	Aged widower (2nd claimant)
D4	Widow (remarried age 60)(1st claimant)
D5	Widower (remarried age 60) (1st claimant)
D6	Surviving divorced wife, age 60 or over (1st claimant)
D7	Surviving divorced wife (2nd claimant)
D8	Aged widow (3rd claimant)
D9	Remarried widow (2nd claimant)

DATA ELEMENT: **Valid prefix/suffix of Medicare number (DE3574)**

VALID VALUES:

Valid Value	Description
DA	Remarried widow (3rd claimant)
DC	Surviving divorced husband, age 60 or over (1st claimant)
DD	Aged widow (4th claimant)
DG	Aged widow (5th claimant)
DH	Aged widower (3rd claimant)
DJ	Aged widower (4th claimant)
DK	Aged widower (5th claimant)
DL	Remarried widow (4th claimant)
DM	Surviving divorced husband (2nd claimant)
DN	Remarried widow (5th claimant)
DP	Remarried widower (2nd claimant)
DQ	Remarried widower (3rd claimant)
DR	Remarried widower (4th claimant)
DS	Surviving divorced husband (3rd claimant)
DT	Remarried widower (5th claimant)
DV	Surviving divorced wife (3rd claimant)
DW	Surviving divorced wife (4th claimant)
DX	Surviving divorced husband (4th claimant)
DY	Surviving divorced wife (5th claimant)
DZ	Surviving divorced husband (5th claimant)
E	Mother (widow) (1st claimant)
E1	Surviving divorced mother (1st claimant)
E2	Mother (widow) (2nd claimant)
E3	Surviving divorced mother (2nd claimant)
E4	Father (widower) (1st claimant)
E5	Surviving divorced father (widower) (1st claimant)
E6	Father (widower) (2nd claimant)
E7	Mother (widow) (3rd claimant)
E8	Mother (widow) (4th claimant)
E9	Surviving divorced father (widower) (1st claimant)
EA	Mother (widow) (5th claimant)
EB	Surviving divorced mother (3rd claimant)
EC	Surviving divorced mother (4th claimant)
ED	Surviving divorced mother (5th claimant)

DATA ELEMENT: Valid prefix/suffix of Medicare number (DE3574)

VALID VALUES:

Valid Value	Description
EF	Father (widower) (3rd claimant)
EG	Father (widower) (4th claimant)
EH	Father (widower) (5th claimant)
EJ	Surviving divorced father (3rd claimant)
EK	Surviving divorced father (4th claimant)
EM	Surviving divorced father (5th claimant)
F1	Parent (father)
F2	Parent (mother)
F3	Parent
F4	Parent
F5	Parent (adopting Father)
F6	Parent (adopting Mother)
F7	Parent (2nd alleged Father)
F8	Parent (2nd alleged Mother)
G1	N/A
G2	N/A
G3	N/A
G4	N/A
G5	N/A
G6	N/A
G7	N/A
G8	N/A
G9	N/A
H	RRB Prefix
J1	Primary Prouty entitled to HIB - less than 3 QCs - Gen Fund
J2	Primary Prouty entitled to HIB (over 2 QCs.) RSI Fund
J3	Primary Prouty not entitled to HIB (less than 3 QCs)
J4	Primary Prouty not entitled to HIB (over 2 QCs)
JA	N/A
K1	Prouty wife entitled to HIB (less than 3 QCs) (General Fund) (1st claimant)
K2	Prouty wife entitled to HIB (over 2 QCs) (RSI Trust Fund) (1st claimant)
K3	Prouty wife not entitled to HIB (less than 3 QCs)(General Fund) (1st claimant)
K4	Prouty wife not entitled to HIB (over 2 QCs) (RSI Trust Fund) (1st claimant)
K5	Prouty wife entitled to HIB (less than 3 QCs) (General Fund) (2nd claimant)

DATA ELEMENT: Valid prefix/suffix of Medicare number (DE3574)

VALID VALUES:

Valid Value	Description
K6	Prouty wife entitled to HIB (over 2 QCs) (RSI Trust Fund) (2nd claimant)
K7	Prouty wife not entitled to HIB (less than 3 QCs) (General Fund) (2nd claimant)
K8	Prouty wife not entitled to HIB (less than 3 QCS) (General Fund) (3rd claimant)
K9	N/A
KA	Prouty wife entitled to HIB (over 2 QCs) (RSI Trust Fund) (3rd claimant)
KB	Prouty wife not entitled to HIB (less than 3 QCs)(General Fund) (3rd claimant)
KC	Prouty wife not entitled to HIB (over 2 QCs) (RSI Trust Fund) (3rd claimant)
KD	Prouty wife entitled to HIB (less than 3 QCs) (General Fund) (4th claimant)
KE	Prouty wife entitled to HIB (over 2 QCs) (RSI Trust Fund) (4th claimant)
KF	Prouty wife not entitled to HIB (less than 3 QCs) (General Fund) (4th claimant)
KG	Prouty wife not entitled to HIB (over 2 QCs) (RSI Trust Fund) (4th claimant)
KH	Prouty wife entitled to HIB (less than 3 QCs) (General Fund) (5th claimant)
KJ	Prouty wife entitled to HIB (over 2 QCs) (RSI Trust Fund) (5th claimant)
KL	Prouty wife not entitled to HIB (less than 3 QCs) (General Fund) (5th claimant)
KM	Prouty wife not entitled to HIB (over 2 QCs) (RSI Trust Fund) (5th claimant)
M	Uninsured beneficiary (not qualified for automatic HIB)
M1	Uninsured beneficiary (qualified HIB but requests only SMIB)
MA	RRB Prefix
MH	RRB Prefix
PA	RRB Prefix
PD	RRB Prefix
PH	RRB Prefix
T	Fully insured who have elected entitlement only to HIB
T	Uninsured beneficiary or renal disease beneficiary only
T	Deemed insured (hospital insurance only)
T2	MQGE (CDB)
T3	MQGE (CDB)
T4	MQGE (CDB)
T5	MQGE (CDB)
T6	MQGE (CDB)
T7	MQGE (CDB)
T8	MQGE (CDB)
T9	MQGE (CDB)
TA	Medicare Qualified Government Employment (MQGE)

DATA ELEMENT: Valid prefix/suffix of Medicare number (DE3574)

VALID VALUES:

Valid Value	Description
TB	MQGE aged spouse (1st claimant)
TC	MQGE childhood disability benefits (CDB) (1st claimant)
TD	MQGE aged widow(er) (1st claimant)
TE	MQGE young widow(er) (1st claimant)
TF	MQGE parent (male)
TG	MQGE aged spouse (2nd claimant)
TH	MQGE aged spouse (3rd claimant)
TJ	MQGE aged spouse (4th claimant)
TK	MQGE aged spouse (5th claimant)
TL	MQGE aged widow(er) (2nd claimant)
TM	MQGE aged widow(er) (3rd claimant)
TN	MQGE aged widow(er) (4th claimant)
TP	MQGE aged widow(er) (5th claimant)
TQ	MQGE parent (female)
TR	MQGE young widow(er) (2nd claimant)
TS	MQGE young widow(er) (3rd claimant)
TT	MQGE young widow(er) (4th claimant)
TU	MQGE young widow(er) (5th claimant)
TV	MQGE disabled widow(er) (1st claimant)
TW	MQGE disabled widow(er) (1st claimant)
TX	MQGE disabled widow(er) (2nd claimant)
TY	MQGE disabled widow(er) (3rd claimant)
TZ	MQGE disabled widow(er) (4th claimant)
W	Disabled widow, age 50 or over (1st claimant)
W1	Disabled widower, age 50 or over (1st claimant)
W2	Disabled widow (2nd claimant)
W3	Disabled widower (2nd claimant)
W4	Disabled widow (3rd claimant)
W5	Disabled widower (3rd claimant)
W6	Disabled surviving divorced wife (1st claimant)
W7	Disabled surviving divorced wife (2nd claimant)
W8	Disabled surviving divorced wife (3rd claimant)
W9	Disabled widow (4th claimant)
WA	RRB Prefix

DATA ELEMENT: Valid prefix/suffix of Medicare number (DE3574)

VALID VALUES:

Valid Value	Description
WB	Disabled widower (4th claimant)
WC	Disabled surviving divorced wife (4th claimant)
WCA	RRB Prefix
WCD	RRB Prefix
WCH	RRB Prefix
WD	RRB Prefix
WF	Disabled widow (5th claimant)
WG	Disabled widower (5th claimant)
WH	RRB Prefix
WJ	Disabled surviving divorced wife (5th claimant)
WT	Disabled surviving divorced husband (1st claimant)
WT	Disabled surviving divorced husband (2nd claimant)

DATA ELEMENT: **Medicare edit Begin date (DE3575)**

Begin date of the Medicare number edit

BUSINESS NAME: N/A

REFERENCE NAME: D_BEGIN

DEFAULT: WITH DEFAULT

COBOL PICTURE: x(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Edit End Date (DE3576)**

End date associated with a particular Medicare number edit

BUSINESS NAME: N/A

REFERENCE NAME: D_END

DEFAULT: NULL

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Row Update Date (DE3577)**

Timestamp upon which any column in the row was most recently inserted.

BUSINESS NAME: N/A

REFERENCE NAME: H_REC_UPDT

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(26)

DB2 TYPE: TIMESTAMP

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Disease Management Program Eligibility Group (DE3592)

Describes the enrollees program code.

BUSINESS NAME: Disease Management Program Eligibility Group

REFERENCE NAME: Disease Management Program Eligibility Group

DEFAULT: None

COBOL PICTURE: X(12)

DB2 TYPE: Char(12)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
MEDICAID EXP	Enrollee aid category value is '094' and benefit plan program value is '01'.
FAMIS	Benefit plan program value is '07', and does not meet 'FAMIS MOMS' criteria.
FAMIS MOMS	Enrollee aid category value is '005', benefit plan program value is '07', and enrollee age > 21.
MEDICAID	Enrollee aid category value is not '094' and benefit plan program value is '01'.

DATA ELEMENT: Disease Management Program Recipient Status (DE3593)

Text description of the age grouping for enrollees.

BUSINESS NAME: Disease Management Program Recipient Status

REFERENCE NAME: Disease Management Program Recipient Status

DEFAULT: None

COBOL PICTURE: X(10)

DB2 TYPE: Char(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
ADULT	Enrollee attains age of 21 years on or before the last day of the extract comparison period.
PEDIATRIC	Enrollee does not attain age of 21 years on or before the last day of the extract comparison period.
spaces	The value of the field 'recipient status' is spaces when the value of field 'eligibility group' is 'MEDICAID EXP'.

DATA ELEMENT: **COBA RECORD ID (DE3601)**

Identifies the type/function of the COBA record in which it is contained. In its use, the RECORD-ID prefix depends the file to which it refers and the copylib used by that file.

1. Copylib RSF911 - RSF911-RECORD-ID
2. Copylib RSF335C - RSF355C-RECORD-ID

Always 'EFA'.

BUSINESS NAME: COBA File Record ID

REFERENCE NAME: COBA File Record ID

DEFAULT: None

COBOL PICTURE: X(03)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
E00	COBA RSF335C Eligibility file to COBC - Header Record ID
E01	COBA RSF335C Eligibility file to COBC - Eligibility Transaction Record ID (Add, Update, Delete recs)
E99	COBA RSF335C Eligibility file to COBC - Trailer Record ID
EFA	COBA RSF911 Acknowledgement file

DATA ELEMENT: **COBA File Coventry Coba ID (DE3602)**

Coventry identification used in communications and transmissions to and from the COBC.

1. Copylib RSF911 - RSF911-COBA-ID
2. Copylib RSF335C - RSF355C-COBA-ID

BUSINESS NAME: COBA File Coventry COBA ID

REFERENCE NAME: COBA File Coventry COBA ID

DEFAULT: None

COBOL PICTURE: X(09)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
70008	Coventry identification used in communications and transmissions to and from the COBC.

DATA ELEMENT: **COBA Eligibility File Acknowledgement File Date Created by COBA (DE3603)**

Format: YYYYDDMM

BUSINESS NAME: COBA Eligibility File Acknowledgement File Date Created by the COBA contractor

REFERENCE NAME: COBA Eligibility File Acknowledgement File Date Created by the COBA contractor

DEFAULT: None

COBOL PICTURE: X(08)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **COBA File State Code (DE3604)**

N/A

BUSINESS NAME: COBA File State Code

REFERENCE NAME: COBA File State Code

DEFAULT: Spaces

COBOL PICTURE: X(02)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
VA	COBA state code sent to and from COBC

DATA ELEMENT: **COBA Eligibility File Acknowledgement Count of Records Received (DE3605)**

N/A

BUSINESS NAME: COBA Eligibility File Acknowledgement Count of Records Received

REFERENCE NAME: COBA Eligibility File Acknowledgement Count of Records Received

DEFAULT: None

COBOL PICTURE: X(07)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **COBA Eligibility File Acknowledgement Status (DE3606)**

N/A

BUSINESS NAME: COBA Eligibility File Acknowledgement Status

REFERENCE NAME: COBA Eligibility File Acknowledgement Status

DEFAULT: None

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
'A'	Accepted
'S'	Rejected

DATA ELEMENT: **COBA Eligibility File Acknowledgement Rejection Reason Text (DE3607)**

N/A

BUSINESS NAME: COBA Eligibility File Acknowledgement Rejection Reason Text

REFERENCE NAME: COBA Eligibility File Acknowledgement Rejection Reason Text

DEFAULT: Spaces

COBOL PICTURE: X(170)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **COBA ERF Error Code (DE3609)**

N/A

BUSINESS NAME: COBA ERF Error Code

REFERENCE NAME: COBA ERF Error Code

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
BO01	Beneficiary Health Insurance Number is missing, or invalid.
BO02	Beneficiary Surname is missing, or invalid.
BO03	Beneficiary Date of Birth is missing, or invalid.
BO04	Beneficiary Sex Code is invalid.
BO05	The Contractor Number is not equal to "11120."
BO06	The Date of Accretion is invalid.
BO07	The Deletion Date is invalid.
BO08	The Document Control Number is invalid.
BO09	The Action Type is missing, or invalid.
BO10	The Update Date is invalid.
BO11	The Insurance Coverage Type is missing, or invalid.
BO12	the Insurer Name or Address Info is invalid
BO13	The Insurance Policy Number is invalid.
BO14	The Insurance Effective Date is invalid.
BO15	The Termination Date is invalid.
BO16	The Identifier Number is invalid.
BO17	The COBA Number is invalid.
BO18	The Plan ID Number is invalid.
BO19	The Other Insurer Number is invalid.
BO20	No match for update or delete found on BOI file.
BO21	Duplicate occurrence exists on the BOI file.
BO22	Record already deleted on BOI file.

DATA ELEMENT: **COBA Transaction Update Indicator (DE3610)**

A one character code directing the COBA contractor how to process the eligibility record.

BUSINESS NAME: COBA Transaction Update Indicator

REFERENCE NAME: COBA Transaction Update Indicator

DEFAULT: None

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add Enrollee Eligibility
C	Change Enrollee Eligibility Data
D	Delete Enrollee Eligibility

DATA ELEMENT: **COBA Eligibility Update File Effective Date (DE3611)**

Format: YYYYMMDD

BUSINESS NAME: COBA Eligibility Update File Effective Date

REFERENCE NAME: COBA Eligibility Update File Effective Date

DEFAULT: None

COBOL PICTURE: X(08)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **COBA Eligibility File Record Count (DE3612)**

N/A

BUSINESS NAME: COBA Eligibility File Record Count

REFERENCE NAME: COBA Eligibility File Record Count

DEFAULT: 0

COBOL PICTURE: 9(07)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Definition Plan Owner (DE3649)**

DMAS Business Unit responsible for initiating maintenance to the characteristics of the Benefit Plan.

BUSINESS NAME: N/A

REFERENCE NAME: T_BNFT_PKG_OWNR

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Trigger Code (DE3650)

A code that identifies the type of Trigger Record.

BUSINESS NAME: N/A

REFERENCE NAME: Trigger Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	ID Card/CID
02	Newborn Record
03	ID Card Reissues/Cancel Reason 12 Record/Letter Request
04	CMM Cancellation/Reinstatement Record
05	TPL Validation Record
06	Premium Notification Record
08	Claim Request Record
09	EPSDT Request Record
10	Link/Unlink Action Record
11	Prior Authorization Cancel Record
12	LTC Cancellation Notice due to property transfer

DATA ELEMENT: Trigger From Date (DE3651)

The Trigger Record From Date. The date entered in this field could come from various sources depending on the Trigger Record Type.

BUSINESS NAME: N/A

REFERENCE NAME: Trigger From Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Trigger Thru Date (DE3652)**

The Trigger Thru Date. The date entered in this field could come from various sources depending on the Trigger Record Type.

BUSINESS NAME: N/A

REFERENCE NAME: Trigger Thru Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Trigger Reason (DE3653)

The reason why the Trigger record was created.

BUSINESS NAME: N/A

REFERENCE NAME: Trigger Reason

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
HMO	Person enrolled in HMO

DATA ELEMENT: **Trigger Flag (DE3654)**

A flag that identifies the type of processing to be triggered in relation to the trigger code.

BUSINESS NAME: N/A

REFERENCE NAME: Trigger Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Approval notification (used with trigger code 06)
C	Cancel notification 053/055 (used with trigger code 06)
D	ID Card request (used with trigger code 01)
E	Enrollment changes (used with trigger code 03)
I	ID card reissues (used with trigger code 03)
K	Link action performed (used with trigger code 09 and 10)
L	Cancel reasons 001/012/101 (used with trigger code 03)
M	Modified enrollee (used with trigger code 09)
N	New enrollee (used with trigger code 09)
P	CMM provider cancellation (used with trigger code 04)
R	CMM reinstatement (used with trigger code 04)
S	CID request (used with trigger code 01)
T	Prior Authorization Cancellation (used with trigger code 11)
U	Unlink action performed (used with trigger code 09 and 10)
X	Cancel notification 056/057 (used with trigger code 06)
Y	Cancel reason 101 for capitation retractions (used with trigger code 08)
Z	Cancel reason 101 for FFS retractions (used with trigger code 08)

DATA ELEMENT: Medicare Premium Indicator (DE3655)

Indicates whether enrollee is eligible for Medicare part B or SSA and whether premiums are to be paid by the enrollee or the state. Claims table will have blank / spaces in this field for HMO Copay claims and 'Q' if enrollee on claim is QMB dually eligible.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREMIUM_IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not eligible for Medicare or SSA
1	Receiving SSA Benefits, updated by BENDEX
2	Receiving Medicare, Eligible for State buy-in
8	Dialysis, Not Medicare eligible
9	Dialysis, Medicare pending or applied for

DATA ELEMENT: **Patient Pay Status Code (DE3665)**

Code to indicate the status of a period of patient pay.

BUSINESS NAME: N/A

REFERENCE NAME: C_PAY_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Active
C	Closed
V	Void

DATA ELEMENT: Enrollee Premium Surcharge Indicator (DE3800)

This one-position code will indicate whether the Part A premium surcharge for a group payer state, is in effect. Received from HCFA on the Part A State Agency Billing Record.

BUSINESS NAME: N/A

REFERENCE NAME: F_PREM_SURCH

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Part A premium surcharge is in effect
space	Surcharge not applicable

DATA ELEMENT: **Person ID (DE3901)**

Unique identifier for individual's entered in the Recipient sub-system as a person.

BUSINESS NAME: Person Identifier

REFERENCE NAME: I_PERSON

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence Sequence Number (DE3904)**

Sequence number for the Correspondence entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_CORRESP_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: TIMESTAMP

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Description (DE3907)**

Description field used by various tables.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee CID Indicator (DE3909)**

Client Information Document request indicator.

BUSINESS NAME: N/A

REFERENCE NAME: F_ENROLLEE_CID

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	CID should not be produced
Y	CID should be produced

DATA ELEMENT: **Overlap Aid Category (DE3911)**

Identifies overlap aid category. See DE 3009 for the list of valid values.

BUSINESS NAME: N/A

REFERENCE NAME: C_OVRLAP_AID_CATG

DEFAULT: N/A

COBOL PICTURE: x(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Overlap Aid Category Sequence Number (DE3912)**

Sequence number identifying the overlap aid category entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_OVRLP_AID_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Overlap End Date (DE3914)**

End date to the aid category overlap entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_OVERLAP_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Produce ID Cards (DE3915)**

Indicator to produce Id Cards for the Benefit Package.

BUSINESS NAME: N/A

REFERENCE NAME: F_PRODUCE_ID_CARDS

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	Do Not Produce ID Cards
Y	Produce ID Cards

DATA ELEMENT: **Exempt Managed Care Flag (DE3916)**

Flag indicates the Benefit Package is exempt from Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: F_EXMPT_MNGD_CARE

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Exempt From Managed Care
Y	Exempt From Managed Care

DATA ELEMENT: **Retro Enrollment Flag (DE3917)**

Flag that indicates if the Benefit Package allows retro enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: F_RETRO_ENROLL

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Retro Enrollment Not Allowed
Y	Retro Enrollment Allowed

DATA ELEMENT: **Benefit Aid Category Begin Date (DE3918)**

Begin date for the benefit aid category entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_AID_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Aid Category End Date (DE3919)**

End date for the benefit aid category entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_AID_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Exception Level of Care Begin Date (DE3920)**

Begin date for the benefit level of care exception entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_EXCP_LOC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Exception Level of Care End Date (DE3921)**

End date for the benefit level of care exception entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_EXCP_LOC_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Program Unconditional Overlap Flag (DE3923)

Indicates if a benefit program has no overlap restrictions with any other program.

BUSINESS NAME: N/A

REFERENCE NAME: Benefit Program Unconditional Overlap Flag

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Has overlap restrictions
Y	No overlap restrictions

DATA ELEMENT: **Enrollee Benefit Package Sequence Number (DE3924)**

Sequence number for the benefit package entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_ENRL_BNFT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Preassign Sequence Number (DE3926)**

Sequence number for the preassign table entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_PREASSIGN_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Sequence Number (DE3928)**

Sequence number to the case table entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_CASE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollee CMM Restriction Status End Date (DE3929)**

End date to the enrollee CMM restriction period.

BUSINESS NAME: N/A

REFERENCE NAME: D_CMM_STATUS_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Data Source (DE3930)**

Source supplying data.

BUSINESS NAME: N/A

REFERENCE NAME: C_DATA_SRCE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Absent Parent
D	DMAS/DSS
F	Fraud
S	Spend Down
U	Uncompensated Property

DATA ELEMENT: **Default Benefit Package Flag (DE3931)**

a Flag that indicates if the Benefit Package is a default for a specific aid category.

BUSINESS NAME: N/A

REFERENCE NAME: F_DEFAULT_BNFT_PKG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Eligibility Rule Begin Date (DE3932)**

Begin date of the Eligibility Rule.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELIG_RULE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Rule End Date (DE3933)**

Eligibility Rule End date.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELIG_RULE_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Open enrollment Effective Month (DE3934)**

Effective month for Managed Care Open Enrollment benefit changes.

BUSINESS NAME: N/A

REFERENCE NAME: D_ENRLMT_EFF_MM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR 02

RANGE: 01 through 12

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Rule Sequence Number (DE3935)**

Sequence number of the eligibility rule table.

BUSINESS NAME: N/A

REFERENCE NAME: I_ELIG_RULE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Mother Identification Number (DE3936)

The permanent Enrollee ID (DE 3093) of the mother of an infant enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: I_INFNT_MOTHER_ID

DEFAULT: N/A

COBOL PICTURE: 9(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Hold Note
Description	Hold Note:
Local Def	DSS will populate this data element in the New MMIS

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Spend Down Expenditure Sequence Number (DE3938)**

Sequence number of the spend down expenditure entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_EXPEND_SEQ_NUM

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Spend Down Expenditure Amount (DE3939)**

Spend Down expenditure amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_EXPENDITURE_AMT

DEFAULT: N/A

COBOL PICTURE: 9(7)v2

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Data Update/Audit Date (DE3940)

The date of the most recent create or update of enrollee data. Used for informational research and audit trail capabilities.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Data Update/Audit Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Duplicate Person ID (DE3942)**

Duplicate Person ID number.

BUSINESS NAME: N/A

REFERENCE NAME: DUP_PERSON_ID

DEFAULT: N/A

COBOL PICTURE: 9(12)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Address Sequence Number (DE3943)**

Sequence number of the person address entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_ADDR_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Employer Begin Date (DE3944)**

Begin date of the person employer entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_EMP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Employer End Date (DE3945)**

End date of the Person Employer entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_EMP_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Name Sequence Number (DE3946)**

Sequence number for the person name entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_NAME_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Name Type (DE3947)**

Type of person name.

BUSINESS NAME: N/A

REFERENCE NAME: C_NAME_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
ALIS	Enrollee alias name
LEGL	Enrollee legal name

DATA ELEMENT: **Person Phone Type (DE3948)**

Type of phone number.

BUSINESS NAME: N/A

REFERENCE NAME: C_PHONE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: PIC X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	24 Hour
C	Contact
F	Fax
H	Home
M	Mobile
O	Office
P	Pager
R	Authorized Representative
T	TDO

DATA ELEMENT: **Person Identifier Type Code (DE3949)**

Type of person id.

BUSINESS NAME: N/A

REFERENCE NAME: C_ID_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: PIC X(4)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
AERL	Associated Enrollee ID
HIC	Health Insurance Claim Number (Medicare ID)
MPI	MPI Number (Used in the Absent Parent sub-system)
PERL	Permanent Enrollee ID
SDID	Spend Down ID
SSN	Social Security Number
VACS	VACIS Number

DATA ELEMENT: **Enrollee Service Limits Category Code (DE3950)**

A grouping of like procedures defined by DMAS used for eligibility verification reporting.

BUSINESS NAME: N/A

REFERENCE NAME: C_SRVC_LIMIT_CATG

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Substance Abuse - FAMIS
H	Home Health Aide
N	Home Health Skilled Nursing
O	Occupational Therapy
P	Physical Therapy
S	Speech Therapy
Y	Outpatient Psych

DATA ELEMENT: Enrollee Service Limits Type (DE3951)

A grouping of services defined by DMAS within a Service Limits Category, used for eligibility verification reporting. The "Type" data element is necessary in relation to Physician/Practioner and DME Service Limits Categories, since both report more than one type of services.

BUSINESS NAME: N/A

REFERENCE NAME: C_SRVC_LIMIT_TYP

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Wheelchair purchase (all procedure codes) (DME)
2	Wheelchair rental (all procedure codes) (DME)
3	Procedure code Y1350 Repair (DME)
4	Procedure code Y0011 Hospital bed purchase (DME)
5	Procedure code Y0012 Hospital bed rental (DME)
6	Mammograms (Physician/Practitioner)
7	Psychotherapy Visits (Physician/Practitioner)

DATA ELEMENT: Enrollee Service Limits Units Remaining (DE3952)

This field is calculated and reported through the eligibility verification system. The calculation subtracts the units used by the enrollee during the service limits period from the number of units allowed by DMAS.

BUSINESS NAME: N/A

REFERENCE NAME: Enrollee Service Limits Units Remaining

DEFAULT: N/A

COBOL PICTURE: PIC 9(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Service Limits Period Begin Date (DE3953)

The beginning date of the period of time defined by DMAS used to calculate service limits for an individual enrollee for a category of services. May be a calendar year, fiscal year, or another DMAS-defined period of time.

BUSINESS NAME: N/A

REFERENCE NAME: D_SRVC_LIMIT_BEGIN

DEFAULT: 0

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Service Limits Period End Date (DE3954)

The ending date of the period of time defined by DMAS used to calculate service limits for an individual enrollee for a category of services. May be a calendar year, fiscal year, or another DMAS-defined period of time.

BUSINESS NAME: N/A

REFERENCE NAME: D_SRVC_LIMIT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Identifier Value (DE3955)**

Value of the person identifier depending on the C_ID_TYPE_CVAL. The value may represent SSN, Enrollee Id, HIC, etc.

BUSINESS NAME: N/A

REFERENCE NAME: I_ID_VALUE

DEFAULT: N/A

COBOL PICTURE: x(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HMO Transaction Code (DE3956)**

The HMO Transaction code

BUSINESS NAME: N/A

REFERENCE NAME: HMO-TRANS-CODE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: **Service Usage Unit Allowed (DE3957)**

Number of service units allowed.

BUSINESS NAME: N/A

REFERENCE NAME: N_SRVC_UNIT_ALLOWD

DEFAULT: N/A

COBOL PICTURE: 3

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Program Begin Date (DE3959)**

The begin date of the program entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_PGM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Program End Date (DE3960)**

End date of the program entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_PGM_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Sub Program Begin Date (DE3961)**

Begin date of the sub program table entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_SUB_PGM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Sub Program End Date (DE3962)**

End date for the sub program table entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_SUB_PGM_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Default Package Begin Date (DE3963)**

Begin date for the eligibility default package table entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_DFLT_PKG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Eligibility Default Package End Date (DE3964)**

End date for the eligibility default package table entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_DFLT_PKG_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Code Begin Date (DE3965)**

Begin date of the plan code table entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_PLAN_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Code End Date (DE3966)**

End date of the benefit plan code table entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_PLAN_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person ID Type Begin Date (DE3967)**

The begin date for the person identifier entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_ID_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Identifier Type End Date (DE3968)**

The end date for the person identifier entry.

BUSINESS NAME: N/A

REFERENCE NAME: D_ID_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Category of Eligibility Age Break (DE3969)

This field identifies the age to be used in determining whether the Adult COE is used for the enrollee or the Child COE. If the age of the enrollee is >= the age break field, the Adult COE is used, otherwise the Child COE is used.

BUSINESS NAME: N/A

REFERENCE NAME: N_COE_AGE_BREAK

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: 00 to 99.

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Employer Sequence Number (DE3970)**

Sequence number to the person employer entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_EMP_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Identifier Sequence Number (DE3971)**

Sequence number for the person identifier entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_IDENT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Phone Sequence Number (DE3972)**

Sequence number to the person phone entry.

BUSINESS NAME: N/A

REFERENCE NAME: I_PHONE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP-5

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Report Flag (DE3974)

Report type indicator for Medicare Part B reporting.

BUSINESS NAME: N/A

REFERENCE NAME: Report Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
2	Report detail for RS-O-391
3	Report detail for RS-O-392

DATA ELEMENT: **Report Indicator (DE3976)**

Report Indicator for Medicare premium processing.

BUSINESS NAME: N/A

REFERENCE NAME: Report Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Report detail for RS-O-345
B	Report detail for RS-O-348
C	Report detail for RS-O-347
D	Report detail for RS-O-349
E	Report detail for RS-O-355
F	Report detail for RS-O-357
G	Report detail for RS-O-359
H	Report detail for RS-O-361
O	Report detail for RS-O-367
W	Report detail for RS-O-344
X	Report detail for RS-O-363
Y	Report detail for RS-O-365

DATA ELEMENT: Message Type (DE3977)

Message type used in Medicare premium processing.

BUSINESS NAME: N/A

REFERENCE NAME: Message Type

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Accretion Acknowledgement Effective Date Adjusted
02	Accretion Acknowledgement - Normal
03	Accretion Acknowledgement - Special Handling
04	Accretion Acknowledgement - Not Used By Virginia
05	Accretion By SSA - Result of Correspondence
06	Accretion By SSA Via Welfare - Invalid for VA
07	Historical Accretion by SSA
08	Historical Accretion Acknowledgement
09	Deletion by SSA - Prouty Benefit Conflict
10	SSA Eligibility Requirements Not Met
11	Deletion By SSA - Death Report By SSA
12	Deletion By SSA - Result From Outside Buy-In System
13	SSA Reports Enrollee Resides Outside Virginia
14	Deletion Acknowledgement - State Denies SSA Add
15	Deletion Acknowledgement - Normal
16	Deletion Acknowledgement - Normal (Death)
17	Deletion By SSA - Result of Correspondence
18	Historical Deletion By SSA
19	Historical Deletion Acknowledgement
20	SSA Reject of Historical Accretion - No Master
21	SSA Reject of Historical Deletion - No Master
22	SSA Reject of Historical Accretion - Bad Eff. Date
23	SSA Reject of Historical Deletion - Bad Eff. Date

DATA ELEMENT: **Message Type (DE3977)**

VALID VALUES:

Valid Value	Description
24	SSA Reject - Overlap of Buy-In History
25	SSA Reject - Overlap of Buy-In History
26	Accretion Date Adjusted to SSA Age 65 Records
27	Accretion Date Adjusted to SSA Age 65 Records
28	Accretion Date Adjusted to SSA Age 65 Records
29	Accretion Date Adjusted to SSA Age 65 Records
30	Accretion Date Adjusted to SSA Age 65 Records
31	SSA Investigation - Normal Deletion Attempt
32	SSA Investigation - Normal Death Deletion Attempt
33	SSA Investigation - Accretion Attempt
34	SSA Investigation - Accretion Attempt
35	SSA Investigation - Accretion Attempt
36	SSA Investigation - Accretion Attempt
37	SSA Investigation - Accretion Attempt
38	SSA Investigation - Historical Accretion Attempt
39	SSA Investigation - Historical Deletion Attempt
40	SSA Inv - Accretion Date Prior Current Eff. Date
41	SSA Inv - Accretion Date Prior Current Eff. Date
42	SSA Inv - Accretion Date Prior Current Eff. Date
43	SSA Inv - Hist. Accretion Prior To SSA Eff. Date
44	SSA Inv - Hist. Deletion Prior Current Eff. Date
45	Normal Premium Notice - Ongoing Item
46	Credit Adj. - SSA Found Multiple Claim Numbers
47	Credit Adj. - SSA Correction to Accretion Date
48	Credit Adj. - SSA Correction to Deletion Date
49	Credit Adj. - SSA Correction to Deletion Date
50	Credit Adj. - SSA Correction to Deletion Date
51	Credit Adj. - SSA Correction to Deletion Date
52	Credit and Delete on This C/N-Buy-In on Other C/N
53	Credit Adj. And Acknowledgement of Accr Date Change
54	Credit Adj. And Acknowledgement of Dele Date Change
55	Debit Adj. - SSA Correction to Accretion Date
56	Debit Adj. - SSA Correction to Deletion Date
57	Debit Adj. - SSA Correction to Deletion Date

DATA ELEMENT: **Message Type (DE3977)**

VALID VALUES:

Valid Value	Description
58	Debit Adj. - SSA Correction to Deletion Date
59	Debit Adj. - SSA Correction to Deletion Date
60	Debit Adj. And Acknowledgement of Accr Date Change
61	Debit Adj. And Acknowledgement of Accr Date Change
62	SSA Rejection of State Data Changes
63	SSA Reject of Impossible Trans Code Sent By State
64	Accretion Acknowledgement Effective Date Adjusted
65	Not Eligible For Buy-In Until SSA Trans Date
66	Not Elig for Buy-In-SSA Benefit Denied/Ended
67	Not Eligible For Buy-In - Not SSA Disability
68	SSI Terminated - Review Eligibility
80	Enrollee Not Found
81	Premium Ind. Not 2
82	Active Enrollee
83	Cancelled Enrollee
84	Buy-In Info Updated
85	Age Discrepancy

DATA ELEMENT: **Transaction Type (DE3978)**

Transaction type used in Medicare premium processing.

BUSINESS NAME: N/A

REFERENCE NAME: Transaction Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Closed
O	Open
Z	All Others

DATA ELEMENT: Priority (DE3979)

Priority scheme used in Medicare premium processing. The priority is assigned based upon the deemed importance of the Buy-in transaction code received from HCFA.

BUSINESS NAME: N/A

REFERENCE NAME: Priority

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BENSTAT ST Name (DE3980)

Individual's name as received from BENDEX.

BUSINESS NAME: N/A

REFERENCE NAME: BENSTAT ST Name

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENSTAT ST SSI (DE3981)**

SSI status and SSI entitlement date as received from BENDEX.

BUSINESS NAME: N/A

REFERENCE NAME: BENSTAT ST SSI

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENSTAT SS Name (DE3982)**

Individual's name for comparison reporting with BENDEX name.

BUSINESS NAME: N/A

REFERENCE NAME: BENSTAT SS Name

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENSTAT SS SSI (DE3983)**

SSI status and SSI entitlement prior to the BENDEX update.

BUSINESS NAME: N/A

REFERENCE NAME: BENSTAT SS SSI

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BENSTAT Benefit Account Code (DE3984)**

The beneficiary's validated SSN as received from BENDEX.

BUSINESS NAME: N/A

REFERENCE NAME: BENSTAT Benefit Account Code

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DMAS Review Flag (DE3994)**

Indicates the status of possible duplicate request for review submitted by DSS to DMAS.

Review flag '1' - Pending status, '2' - Approved status, '3' - Denied status

BUSINESS NAME: N/A

REFERENCE NAME: DUP-DMAS-REVIEW-FLAG

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DSS Request Type (DE3995)**

Possible duplicate request submitted by DSS to DMAS during the 'ADD' or 'UPDATE' mode of the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: DUP-DSS-REQUEST-TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DSS Request Date (DE3996)**

The date of possible duplicate review request submitted by DSS to DMAS

BUSINESS NAME: N/A

REFERENCE NAME: DUP-DSS-REQUEST-DATE

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Adapt Indicator (DE3997)**

Indicates if the possible duplicate request to DMAS is submitted thru ADAPT interface.

BUSINESS NAME: N/A

REFERENCE NAME: DUP-ADAPT-IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - begin date (DE4100)**

Date on which this non-emergency rate takes effect for a particular region.

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - begin date

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - end date (DE4101)**

Date on which the non-emergency transportation rate for a region is no longer in effect.

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - end date

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - mr/dd waiver (DE4102)**

Dollar amount capitation rate paid for non-emergency transportation of an MR/DD Waiver enrollee in a particular region.

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - mr/dd waiver

DEFAULT: N/A

COBOL PICTURE: X07)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - nursing home (DE4103)**

Dollar amount capitation rate paid for non-emergency transportation if one Nursing Home enrollee in a particular region.

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - nursing home

DEFAULT: N/A

COBOL PICTURE: PIX X(07)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Non-emergency transportation rate - other ABAD < 21 (DE4110)

Dollar amount capitation rate paid for non-emergency transportation for one ABAD enrollee under 21 years old in a particular region.

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - other ABAD < 21

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - other ABAD 21+ (DE4111)**

Dollar amount capitation rate for non-emergency transportation of one ABAD enrollee over 21 years old in a particular region.

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - other ABAD 21+

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - FAMIS (DE4113)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - FAMIS

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non emergency transportation rate - TANF < 21 (DE4115)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Non emergency transportation rate - TANF < 21

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Non-emergency transportation rate - TANF 21+ (DE4116)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Non-emergency transportation rate - TANF 21+

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **School Division Number (DE4900)**

Used similar to locality fot School Services Reporting processX(04)

BUSINESS NAME: School Division Number

REFERENCE NAME: School Division Number

DEFAULT: none

COBOL PICTURE: X(04)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **School Division Name (DE4901)**

Tied to DE 4900 (School Division Number) for School Services Reporting process

BUSINESS NAME: School Division Name

REFERENCE NAME: School Division Name

DEFAULT: None

COBOL PICTURE: X(40)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Name of Pharmacist (DE5870)**

Pharmacist's name identifying who the Help Desk operator spoke to in determining patient diagnosis or health history.

BUSINESS NAME: N/A

REFERENCE NAME: T_PHARMACIST_NAME

DEFAULT: N/A

COBOL PICTURE: x(40)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Notes Call Source (DE5948)**

Name of the person that the Help Desk spoke to.

BUSINESS NAME: N/A

REFERENCE NAME: T_CALL_SOURCE

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Notes Call Source Title (DE5949)**

Title of the person that the Help Desk spoke to, i.e. R.Ph., Dr., Rn.

BUSINESS NAME: N/A

REFERENCE NAME: T_CALL_SRCE_TITLE

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Enrollee Chronic Code (DE8791)**

Code indicating they types of chronic conditions an enrollee may have.

BUSINESS NAME: N/A

REFERENCE NAME: C_DIAG_CHRONIC

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Enrollee Allergy Code (DE8792)**

Code indicating the type of drug allergies an enrollee may have.

BUSINESS NAME: N/A

REFERENCE NAME: C_DIAG_ALLERGY

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Record Length of DSS data warehouse extract (DE8793)**

This is the Record Length for this particular record in DSS data Warehouse Extract

BUSINESS NAME: N/A

REFERENCE NAME: RSF107-REC-LEN

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Literal Used to Represent Null Date (DE9901)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Literal Used to Represent Null Date

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
001	Attorney
002	Health Insurance Company
003	Casualty Insurance Company
004	Federal Government Department
005	VA State Government Department
006	Local Government Department
007	Non VA State Government
008	Child Support Absent Parent
009	Health Maintenance Organization
010	Consultant
011	DMAS Employee
012	Employer
013	Employee
014	Enrollee
015	HIPP Case
016	Other

DATA ELEMENT: **Batch Report Title (DE9992)**

Unique to every report

BUSINESS NAME: Batch Report Title

REFERENCE NAME: Batch Report Title

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
1099 Affected Code	9859	This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases a Provider's 1099.
Absent Parent Additional Address Name	3755	The first line of the absent parents street address.
Absent Parent Address Line	3756	The second line of the absent parents street address.
Absent Parent City Name	3757	The city in which the absent parent resides.
Absent Parent Country Name	3760	The name of the country in which the absent parent resides.
Absent Parent Court Order Amount	3769	The amount of the medical support order.
Absent Parent Court Order Code	3768	A code that indicates that medical support was ordered.
Absent Parent Court Order Frequency	3770	A code that indicates the frequency for the medical support that was ordered.
Absent Parent Court Order Percentage Amount	3777	The percentage of medical support ordered.
Absent Parent Court Order Start Date	3771	The date the ordered medical support is to start.
Absent Parent Court Order Type Code	3776	A code that indicates the type of the medical support order.
Absent Parent Custodial Parent First Name	3745	The custodial parents first name.
Absent Parent Custodial Parent Last Name	3744	The custodial parents last name.
Absent Parent Custodial Parent Middle Initial	3746	The custodial parents middle initial.
Absent Parent Custodial Parent MPI Number	3743	The custodial parents MPI number.
Absent Parent Custodial Parent Social Security Number (SSN)	3750	The custodial parents social security number.
Absent Parent Dependent First Name	3765	The dependents first name.
Absent Parent Dependent Last Name	3764	The dependents last name.
Absent Parent Dependent Middle Initial	3766	The dependents middle initial.
Absent Parent Dependent MPI Number	3762	The dependents MPI number.
Absent Parent Dependent Social Security Number (SSN)	3763	The dependents social security number.
Absent Parent District Code	3742	A code that indicates where the district office is located. Valid values are contained in DB2 table TP_DISTRICT_R.
Absent Parent District Name	3791	The DSS district office name.
Absent Parent Employer Additional Address Name	3683	The first line of the absent parent's employer address.
Absent Parent Employer Address Line	3684	The second line of the absent parent's employer address.
Absent Parent Employer City Name	3685	The city in which the absent parent's employer is located.
Absent Parent Employer Name	3682	The name of the absent parent's employer.
Absent Parent Employer State Code	3686	The state in which the absent parent's employer is located.
Absent Parent Employer ZIP Code	3687	The zip code in which the absent parents employer is located.
Absent Parent First Name	3751	The absent parents first name.
Absent Parent Insurance Indicator	3772	A field that indicates if the responsible parent has obtained insurance.
Absent Parent International ZIP Code	3761	The international zip code in which the absent parent resides.
Absent Parent IVD Case Number	3741	This is the Child Support Enforcement Case Number for the Absent parent.
Absent Parent Last Name	3748	The absent parents last name.

Element Name	Element ID	Description
Absent Parent Middle Initial	3752	The absent parents middle initial.
Absent Parent MPI Number	3747	The absent parents MPI number.
Absent Parent Social Security Number (SSN)	3754	The absent parents social security number.
Absent Parent State Code	3758	The state in which the absent parent resides.
Absent Parent Update Indicator	3790	A field that indicates the type of action taken on the record.
Absent Parent ZIP Code	3759	The zip code in which the absent parent resides.
Adjustment Action Description	9867	A description of the adjustment reason code action
Adjustment Reason Code	9877	Financial Transaction Reason Code. Identifies the reason for which a financial transaction is being created.
Adjustment Reason Description	9857	A narrative description of the specific Adjustment Reason Code
ANSI 835 Financial Adjustment Reason Code	9793	This field is used for the Remittance ANSI 835 to indicate the reason for a financial adjustment.
ANSI 835 Financial Adjustment Reason End Date	9796	
ANSI 835 Financial Reason Begin Date	9795	
ANSI 835 Financial Reason Code Description	9794	This field is used for the Remittance ANSI 835 to describe the reason code for a financial adjustment.
Assessment Approval Code	1421	A code that is internally generated to indicate whether an assessment has been Approved, Pended or Denied.
Assessment City / County Code	1019	The FIPS code of the patient's origin at the time of the original assessment.
Assessment Control Number	1279	This is the ICN printed on the assessment package during the imaging process prior to data entry or other processing. This value is generated by the imaging process and is then keyed manually into the assessment when it is entered into the system.
Assessment Data Element Identifier	1407	Number that uniquely identifies a Data Element associated with a specified Assessment Package.
Assessment Data Element Name	1408	Short text describing the Data Element associated with an Assessment Package.
Assessment Date	1023	Date of the patient assessment.
Assessment Medical Diagnosis Order Sequence	1422	Identifies the order in which the Assessment Medical Diagnosis Codes are captured on the screen and the order in which they will be displayed. Currently, only three (3) maximum can be entered and they will be written out to the database in the following sequential order as 1, 2 and 3.
Assessment Message Name	1396	Short Text describing messages associated with the on-line data-entry validation of Assessments.
Assessment Message Sent Flag	1424	An indicator that is used to denote whether the error messages for an Assessment have been sent to the provider of service.
Assessment Message Sequence Number	1419	System-generated number to uniquely identify Message Numbers.
Assessment Package Code	1372	Identifies the Assessment Package being processed when record created.
Assessment Patient's Height	1242	What is Patient's Height in inches?
Assessment Patient's Recent Weight Gain Or Loss Code	1244	Has Patient had Recent Weight Gain Or Loss?
Assessment Patient's Weight	1243	What is Patient's Weight in pounds?
Assessment Provider ID Type	1024	Identifies the provider type (NPI or Legacy) used to add the Assessments.
Assessment Provider Level Code	1393	An attribute that describes the acceptable Level Codes of a Provider.

Element Name	Element ID	Description
Assessment Provider Number	1040	Identifies provider completing Assessment including providers associated with split payments.
Assessment Screener Level Code	1394	An attribute that describes the acceptable Screener Level Codes.
Assessment Segment Sequence Number	1398	System generated sequence number to uniquely identify Assessment Segments since an individual can have 0 to many Assessments.
Assessment Source Code	1022	Code indicating the source of/reason for the patient's assessment.
Assessment Source Code Name	1404	Short text describing the Source Code.
Assessment Source Procedure Begin Date	9922	Assessment Source Procedure Begin Date
Assessment Source Procedure End Date	9923	Assessment Source Procedure End Date
Assessment Status Effective Date	1021	Effective Date of Patient's most recent Assessment Status (See DE 1421). This is a system generated date and is changed whenever the Assessment Status Code changes.
BAC Expenditure Code Desc	9971	Basic Accounting Code Expenditure Code Description
Bank Account Description	9648	This field indicates the description of the bank account.
Bank Account Type	9658	This field indicates the type of bank account.
Bank Account Type Indicator	5658	Indicates whether it is Medicaid or FAMIS account
Bank Program Begin Date	9665	This field identifies when the program was associated to a specific bank.
Bank Program End Date	9666	This field indicates when a programs ended its association to a particular bank.
BARS Bank Account Number	9653	The account number of the bank account There will be 2, one for MEDICAID and the second for FAMIS.
BARS Bank Address	9640	This field stores the Bank Address information.
BARS Bank Address Line 2	9654	The is the second address line for the bank.
BARS Bank City	9655	This field describes the where the bank is located.
BARS Bank Close Date	9646	Date the applicable Bank account was closed for yearly report processing.
BARS Bank Contact	9642	Representative of the Financial Institution that would be state point of contact.
BARS Bank E-Mail Address	9643	E-Mail Address of the Financial Institution which state has bank account.
Bars Bank Identifier	9662	Key used to identify bank account number based on DMAS programs
BARS Bank Name	9639	Financial Institution name that disbursement are drawn against.
BARS Bank Open Date	9645	Date the applicable bank account was opened for yearly processing.
BARS Bank Phone Number	9641	Financial Institution phone number.
BARS Bank Reconciliation End Date	9647	End date for a specific bank account a disbursement can be reconciled to.
BARS Bank State	9656	Indicates what state the bank resides.
BARS Bank Zip Code	9657	This field indicates the valid zip code for the bank.
BARS Check Cashed Date	9771	The date the payee cashed the check at the bank.
BARS Check Reconciled Date	9729	The system date of when the check reconciliation is posted to the Check Master.
BARS Check Type Code	9652	A code that indicates the type of check that has been issued.
BARS Transaction Type Code	9728	The type of transaction that took place on the record.
Budget Account Identifier	9865	This is a unique identifier of Budget Accounts
Budget Agency Code	9828	This field contains a code that identifies the state agency.

Element Name	Element ID	Description
Budget Agency Code Description	9829	The description of the corresponding Budget Agency Code
Budget Cost Center Code	9846	The Basic Accounting Code Cost Code assigned to each payment transaction
Budget Cost Center Code Description	9847	The Cost Center Value Description.
Budget Expended Amount	9864	This field contains the amount of money expended from a given object code's budget. The object code budget's original amount is stored in Budget Object Code Original Amount.
Budget Expended Type Code	9862	This code indicates the type of dollars that are store in the field Budget Expended Frequency Amount (I.e., Regular Claims, Medicare Claims, Mass Adjustments, etc.)
Budget Expenditure Code	9830	The type of account within the VMAP chart of accounts.
Budget Fiscal Year	9876	The twelve month period between settlements of financial accounts.
Budget Fund Code	9831	Code indicating whether the budget funds are State, Local, or Federal funds.
Budget Fund Code Description	9832	This field contains the description that corresponds to the Budget Fund Code. The code indicates whether the budget funds are State or Federal Funds.
Budget Fund Current Budget Amount	9880	This field contains the current amount of budgeted money allocated to a given fund/object code, including additions and reductions to the original budget amount. The object code budget original amount is preserved in the field Budget Object Code Original Amount
Budget Fund Detail Code	9833	This code further decomposes a fund used for payment requests.
Budget Fund Detail Code Description	9834	This description corresponds to the Budget Fund Detail Code, that further decomposes a fund used for payment requests.
Budget Fund Expended Amount	9881	This field contains a dollar amount that has been accumulated at a frequency identified in the field Budget Expended Frequency Code (such as week-to-date) and for a budget expenditure type (such as Regular Claims).
Budget Fund Split Effective Date	9878	The effective date of a match rate for a State, Federal, Local or other fund source
Budget Fund Split End Date	9879	The end date of a match rate for a State, Federal, Local or other fund source
Budget Fund Split Percentage	9848	The percentage of payment assigned to each fund source for each particular Object Code.
Budget Group Code	9852	The Basic Accounting Code Budget Group Code assigned to each payment transaction
Budget Group Description	9853	The description of the Basic Accounting Code Budget Group Code.
Budget Last Update Date	9868	The date that the most recent update was applied to the on-line budget file.
Budget Medicare Code	9890	This field is used to map the Object Code to payment request data. It indicates whether the enrollee is Medicaid Part A or B.
Budget Object Code	9843	The account code used to identify each item in the State's (DMAS) chart of accounts.
Budget Object Code Description	9844	This description identifies the various Object Codes for which DMAS has allocated budget funds used for payment requests.
Budget Object Code Original Amount	9866	This field is the budgeted amount for a given object code that was entered into the system at the beginning of the fiscal year. It is preserved in this field as originally entered. Any additions or reductions to this amount are reflected cumulatively in
Budget Object/Fund Cap Indicator	9845	This field indicates whether there is a cap for the budget by fund/object code.
Budget On-line Update Date/Time	9869	The date and time of the most recent update applied to the budgeted amount for this object code.
Budget Program Cap Indicator	9837	This field indicates whether there is a cap for the budget by program.

Element Name	Element ID	Description
Budget Program Code	9835	This code identifies the various programs for which DMAS has allocated budget funds used for payment requests.
Budget Program Code Description	9836	This description identifies the various programs for which DMAS has allocated budget funds used for payment requests.
Budget Project Code	9791	This field is a component of the DMAS Basic Accounting Code. It is not truly used by the MMIS system. However, DMAS requested that we provide a "placeholder" on the Expenditure file that is transmitted to DMAS. It will always default to zero.
Budget Project Code Description	9792	The description of the Budget Accounting Code Project
Budget Remittance Update Date	9870	The date of the last remittance cycle.
Budget Share Amount	9856	The amount paid from each fund source for a payment transaction (State or Federal).
Budget Sub-Program Cap Indicator	9840	This field indicates whether there is a cap for the budget by sub-program.
Budget Sub-Program Code	9838	This code identifies the various sub-programs for which DMAS has allocated budget funds used for payment requests. These subprograms exist within the context of a program. Therefore, the codes are not unique unto themselves. They are unique when combined.
Budget Sub-Program Code Description	9839	This description identifies the various sub-programs for which DMAS has allocated budget funds used for payment requests. These subprograms exist within the context of a program. Therefore, the codes are not unique unto themselves. They are unique when combined.
Budget Transaction Code	9850	The Basic Accounting Code Transaction Code assigned to each Fund
Budget Transaction Code Description	9851	The description of each Transaction Code
CBC Administer Medication Code	1376	DMAS-99: Medication administered by self, lay person, professional nurse?
CBC Behavior Pattern Code	1374	DMAS-99: Does patient wander without purpose or become agitated and abusive?
CBC Cognitive Function - Orientation Code	1373	DMAS-99: Patient's orientation, recall, memory and judgment
CBC Comments	1390	Notepad area for the user to enter comments related to the DMAS-99 Nursing Assessment.
CBC Function Status - Joint Motion Code	1383	DMAS-99: How is patient's ability to move arms, fingers and legs?
CBC Functional Status - Bathing Code	1377	DMAS-99: Does Patient need Help (Mechanical or Human) with Bathing?
CBC Functional Status - Bladder Code	1378	DMAS-99: Does Patient need Help (incontinence, device) with Bladder Activity?
CBC Functional Status - Bowel Code	1386	DMAS-99: Does Patient need Help (incontinence, device) with Bowel Activity?
CBC Functional Status - Dressing Code	1379	DMAS-99: Does Patient need Help (Mechanical or Human) with Dressing?
CBC Functional Status - Eating / Feeding Code	1380	DMAS-99: Does Patient need Help (Mechanical or Human) with Eating?
CBC Functional Status - Mobility Code	1375	DMAS-99: Does Patient need Help (Mechanical or Human) with Overall Mobility?
CBC Functional Status - Toileting Code	1381	DMAS-99: Does Patient need Help (Mechanical or Human) with Toileting?
CBC Functional Status - Transferring Code	1382	DMAS-99: Does Patient need Help (Mechanical or Human) with Transferring (in and out of bed, etc.)?
CBC Nursing Information - Aide Days per Week	1359	DMAS-99:Aide provides care to patient - days per week
CBC Nursing Information - Aide Weekly Hours	1358	DMAS-99:Aide provides care to patient - weekly hours
Check Void Date	9720	The date a check was voided.
Claim Category of Service Description	9921	Category of Service Description

Element Name	Element ID	Description
Coverage Sequence Number	3689	This sequence number will automatically be assigned by DB2 for each TPL Policy Coverage segment that is inserted.
Covered Participant MPI Number	3794	This is the Absent Parent's covered participant MPI Number.
DEERS Dependent Begin Date	3850	The date the dependent became eligible for Champus coverage.
DEERS Dependent CHAMPUS Privilege Code	3852	A field that indicates the type of coverage available to the dependent.
DEERS Dependent Date of Birth	3848	The dependents date of birth.
DEERS Dependent Direct Care Indicator	3853	A field that indicates whether direct care is available to the dependent.
DEERS Dependent Eligibility Code	3854	A code that indicates the status of the dependents eligibility.
DEERS Dependent Eligibility End Reason Code	3855	A code that indicates why the dependents eligibility ended.
DEERS Dependent End Date	3851	The date the dependents Champus coverage ended.
DEERS Dependent Medicare Eligibility Code	3860	A code that indicates whether the dependent has Medicare coverage.
DEERS Dependent Name	3847	The last, first, and middle initial of the dependents name.
DEERS Dependent Relationship Code	3858	A field that indicates the relationship between the dependent and sponsor.
DEERS Dependent Sex Code	3856	A code that indicates the dependents sex.
DEERS Dependent Student Indicator	3857	A field that indicates whether the dependent is a student or handicapped.
DEERS HCFA Additional Address Name	3866	The first line of the dependents street address that was sent from the MMIS to DEERS.
DEERS HCFA Address Line	3867	The second line of the dependents street address that was sent from the MMIS to DEERS.
DEERS HCFA City Name	3868	The city in which the dependent resides based on information sent from the MMIS to DEERS.
DEERS HCFA State Code	3869	The state in which the dependent resides based on information sent from the MMIS to DEERS.
DEERS HCFA ZIP Code	3870	The zip code in which the dependent resides based on information sent from the MMIS to DEERS.
DEERS Match Code	3828	A code that indicates how successful the match was with DEERS.
DEERS Match Date of Birth Code	3830	A code that indicates whether DEERS was able to match on the sponsor or dependents date of birth.
DEERS Match Name Code	3829	A code that indicates whether DEERS was able to match on the sponsor or dependents name.
DEERS Sponsor Begin Date	3839	The date the sponsor became eligible for Champus coverage.
DEERS Sponsor CHAMPUS Privilege Code	3841	A field that indicates the type of coverage available to the sponsor.
DEERS Sponsor Date of Birth	3834	The date of birth of the sponsor.
DEERS Sponsor Direct Care Indicator	3842	A field that indicates whether direct care is available to the sponsor.
DEERS Sponsor Eligibility Code	3843	A code that indicates the status of the sponsor's eligibility.
DEERS Sponsor Eligibility Ended Reason Code	3844	A code that indicates the reason why the sponsor coverage ended.
DEERS Sponsor End Date	3840	The date the sponsor's Champus coverage ended.
DEERS Sponsor Medicare Indicator	3846	A code that indicates whether the sponsor has Medicare coverage.
DEERS Sponsor Name	3832	The last, first, and middle initial of the sponsors name.
DEERS Sponsor Service Code	3836	A code that indicates the branch of service for the sponsor.
DEERS Sponsor Sex Code	3845	A code that indicates the sponsor's sex.

Element Name	Element ID	Description
DEERS Sponsor Social Security Number (SSN)	3831	The social security number of the sponsor.
DEERS Sponsor Status Code	3835	A code that indicates the current military status for the sponsor.
DEERS Sponsor Total Dependent Count	3838	The total number of dependents reported to DEERS on the Department of Defense form 1172.
DEERS Sponsor Type of Dependents Code	3837	A code that indicates the type of eligible dependents for medical coverage.
DEERS State Code Number	3821	A code that is assigned to the state by HCFA.
DEERS State Unique ID Number	3822	The enrollee number associated to the individual record.
Disbursement Type Code	9663	1 Digit code which indicates type of disbursement
Disbursement Provider Id Type	9989	Indicate's whether disbursement is for Legacy Id, API or NPI
Disbursement Type Description	9664	This field describes the type of disbursement.
DMAS BAC Sequence Number	9916	
EDI Adjustment Group Codes	9529	Identifies the adjustment group code of a claim for the ANSI X.12 835
EDT DFI Account Number	9895	The receiving DFI's customer identification number. The customer's bank account number (identification number) must begin in the first position of the field, and any unused positions following the account number must contain blanks.
EFT Addenda Record Indicator	9681	Value - '0' or '1'. This field contains the count of any Entry Detail Addenda Records associated with the Entry Detail Record. A value '0' means that addenda records are not used. A value of '1' indicates that one or more Entry Detail Addenda Records or one special Addenda Record follows.
EFT Bank Discretionary Data	9683	This field allows the originating DFI to include codes, of significance only to them, to enable specialized handling of the entry.
EFT Batch Count	9789	Batch count is the number of batches in this file. This number must be equal to the number of Company/Batch Header record(s) in the file.
EFT Batch Number	9684	This company-specified number is assigned in ascending sequence to each batch in a given file of entries. Since the batch number in the Company/Batch Control Record and the Company/Batch Header record is the same, the same sequence number must be assigned. The range is '0000001' through '9999999'.
EFT Block Count	9790	Block count is the number of physical blocks of data in this file, including both the file header and file control records.
EFT Blocking Factor	9685	The blocking factor, for magnetic tape files, defines the number of physical records within a magnetic tape block (always "10"). IF THE FLAST BLOCK AFTER THE RECORD TYPE '9' RECORD IS INCOMPLETE, THEN PAD THE LAST BLOCK WITH 9's. Mandatory for processing.
EFT Check Digit	9686	The 9th digit of the bank routing/transit number. The check digit is used to assure that the routing/transit number is not altered during transmission, therefore, assuring that the transaction is not misrouted.
EFT Company Descriptive Date	9687	This field contains a descriptive date that the company (FIRST HEALTH) would like to see displayed to the payee. It is for descriptive purposes only, and is never used to control timing of any automated or manual operation.
EFT Company Discretionary Data	9688	This field allows companies to include codes (one or more), of significance only to them, to enable specialized handling of all subsequent entries in that batch. There will be no standardized interpretation for the value of this field.
EFT Company Effective Entry Date	9689	This is the date specified by FIRST HEALTH on which settlement for an entry is to occur.
EFT Company Entry Description	9690	The company (FIRST HEALTH) assigns the value of this field to provide a description of the purpose of the entry. The description is displayed on the payee's statement to identify the transaction. This description will apply to all detail records within the batch, therefore, it must be of a general nature. The contents of this field will be shown by the receiving bank on its statement or advice to recipient.

Element Name	Element ID	Description
EFT Company Name	9692	The value of this field is established by the company (FIRST HEALTH) for the purposes of identifying the source of the entry, and for descriptive purposes for the individual. The contents of this field will be shown by the receiving bank on its statement or advice to the recipient.
EFT Company Number	9691	The company IRS employer identification number, preceded by the number '1' should be in this field. Alternately you may use a Data Universal Numbering Systems (DUNS) number preceded by the number '3', or a miscellaneous number preceded by the number '9'.
EFT Company Settlement Date	9693	This is the settlement date (Julian) - always three spaces.
EFT Credit Amount	9788	Total credit entry dollar amount is the total in dollars and cents (no punctuation) of all credit transactions in this field.
EFT Debit Amount	9787	Total debit entry dollar amount is the total in dollars and cents (no punctuation) of all debit transactions in this batch.
EFT Effective Date	9896	This is the date specified by the company on which settlement for an entry is to occur. This is the date on which this transaction should post to the receiver's account. This date must be numeric in the YYMMDD format.
EFT Entry Addenda Count	9695	Entry/addenda count contains the number of Entry Detail Records plus each Entry Detail Addenda Records in this batch. (Must be equal to the sum of entry/addenda count field on all Company/Batch Control Records in this file.)
EFT Entry Detail Sequence Number	9696	The ascending sequence number section of the Entry Detail or Corporate Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record or Corporate Entry Detail Record (record type 6).
EFT Entry Hash	9697	Entry hash is the sum of the individual bank identification numbers in all of the Detail Entry Records in this batch. In the event that the sum exceeds 10 digits, the entry hash is the rightmost 10 digits of the sum. (Must be equal to the sum of entry hash field on all Company/Batch Control Records in this file.) Note: Entry Detail Addenda Records are not hashed.
EFT File Identification Number Modifier	9698	A 1-digit alphabetic character used to distinguish multiple tapes, transmissions, etc. prepared on the same date. The first tape or transmission for any day should have an upper case 'A' in this field. If a second is submitted on the same date, the field should contain an upper case 'B', etc. Mandatory for processing.
EFT Format Code	9699	This field has been provided for future format variations (I.e., data transmission). As currently defined, the format for files containing paperless entries will be value "1".
EFT Immediate Destination	9700	The Bank's Transit/ABA and check digit preceded by a blank space ('bTTTTRRRRC').
EFT Immediate Destination Name	9897	The participating DFI name for additional identification purposes. Value 'Bank Name - (Two Alpha Character Settlement State)'.
EFT Immediate Origin Name	9702	This field contains the name of the transmitting company (First Health Services Corporation).
EFT Immediate Origin Number	9701	Company identification number. The company IRS employer identification number, preceded by the number '1' should be in this field. Alternately, you may use a Data Universal Numbering Systems (DUNS) number preceded by the number '3', or a miscellaneous number preceded by the number '9'. This number will be assigned by the Bank (bXXXXXXXXX format).
EFT Originating DFI Identification Number	9703	Originating DFI Identification - The first eight digits of the Bank Transit/ABA number (TTTTAAAA).
EFT Originator Status Code	9705	Originator status code is '1' indicating that you have accepted the rules and regulations of the Automated Clearing House. Originator status code '2' identifies the originator as a Federal Government agency or entity.
EFT Payment Related Information	9706	Additional descriptive data, as needed, can be placed here. Examples of additional descriptive data include the note (NTE), Remittance (RMT), Reference (REF), and Date/Time (DTM) data segments as well as the Tax Payment (TXP) convention. More information on these descriptive data options is available through your Cash Mgmt Officer or Cash Mgmt Analyst.

Element Name	Element ID	Description
EFT Priority Code	9707	This field contains a constant value.
EFT RDFI Number	9899	This is the eight digit Transit/ABA number of customer employee. It is used to direct the entry of the appropriate receiving bank.
EFT Record Size	9708	The record size field indicates the number of characters contained in each record when recorded or transmitted in the fixed format (always "094").
EFT Record Type Code	9709	This field indicates the type of record transmitted, such as header, entry detail, entry detail addenda, etc.
EFT Reference Code	9710	This field is available for information pertinent to the transmitting company (spaces not blanks).
EFT Service Class Code	9711	This field indicates the service class codes of the entries within a batch such as credits only, debits only, mixed credits and debits.
EFT Special Addenda Sequence Number	9712	Consecutively assigned to each Primary Corporate Addenda Record following a Corporate Entry Detail Record.
EFT Standard Entry Class Code	9713	This class field distinguishes the various kinds of ACH entries (standard entry classes).
EFT Trace Number	9716	Trace numbers uniquely identify each entry within a batch in an ACH input file. It is an ascending consecutive number used to uniquely identify each transaction. The Trace Number (TN) is constructed as follows: Positions 01-04 Transit/Routing Number of ODFI; 05-08 ABA Number of ODFI; 09-15 Entry Detail Sequence Number - The item number assigned in ascending order to entries within each batch. Provisions should be made by the ODFI to avoid duplication of TNs if multiples data files are prepared on the same day. TNs are not required to be contiguous.
EFT Transaction Code	9717	Transaction codes have been defined to identify various types of debit and credit entries.
EFT Transmission Date	9718	The transmission date is the date on which the entries contained within the transmitted batches are prepared by FIRST HEALTH (YYMMDD format).
EFT Transmission Time	9719	The transmission time is the time on which the entries contained within the transmitted batches are prepared by FIRST HEALTH. The transmission time is expressed in "HHMM" (24 hour clock) format.
Electronic UAI - Vendor Begin Date	1206	Vendor Begin Date
Electronic UAI - Vendor Contact Name	1203	Vendor Contact Name
Electronic UAI - Vendor Contact Phone Number	1204	Vendor Contact Phone Number
Electronic UAI - Vendor Email Id	1205	Vendor Email Id
Electronic UAI - Vendor End Date	1207	Vendor End Date
Electronic UAI - Vendor Fax Number	1208	Vendor Fax Information
Electronic UAI - Vendor Id	1201	Submitted on Electronic UAI by vendors. These number will be given by FH at the time of FTP set up.
Electronic UAI - Vendor Name	1202	Vendor Name
Expenditure Affected Code	9860	This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases the Budget Fund Expenditures.
Financial Adjustment Action Code	9858	For the Recoupment Reason Codes, this determines if claims are being adjusted or voided as part of the recoupment transaction
Financial Amount	9817	The amount of a financial transaction.
Financial Begin Date	9804	The first date of the time interval for which a recoupment, cash receipt, or payout is established for cost settlement purposes. The time period represents the period covered in the cost settlement audit.
Financial Comment Text	9809	A comment field for the financial transaction.
Financial Control Number	9874	A unique number that identifies a financial transaction.

Element Name	Element ID	Description
Financial Deposit Number	9810	For check refund transactions, the State's deposit number that applies to the check.
Financial Disposition Code	9805	A code which indicates the type of transaction and the processing to be done.
Financial End Date	9811	The last date of the time interval for which a recoupment, cash receipt, or payout is established for cost settlement purposes. This date represents the last date covered in the cost settlement audit.
Financial EPSDT Indicator	9976	This field is set to "Y" for those Object Codes that must be considered EPSDT services for object code assignment.
Financial Hold Payment (Percentage)	9818	This field is used to specify a percentage of payment to be held from a provider
Financial Incoming Check Date	9806	This is the date on the check getting processed in the AP/R system. It may be a provider's personal check, a DMAS manual check, or a FH generated remittance check.
Financial Incoming Check Number	9807	This is the identifying number on the check getting processed in the AP/R system. It may be a provider's personal check, a DMAS manual check, or a FH generated remittance check.
Financial Manual Check Issue Date	9894	This field indicates the date the manual check was issued for Manual Check Transactions (9998).
Financial Manual Check Number	9891	This field identifies the manual check number used for Manual Check Transactions (9998).
Financial Manual Entry Indicator	9893	This field is set to a value which indicates which the premium type to associated with the object code.
Financial Master Last Update Date	9803	The date on which the Financial Master record was last modified
Financial Reason Code Usage Indicator	9990	This field indicates whether the reason code can be used by Providers Only, DMAS Only or Both DMAS and Providers.
Financial Receipt Amount	9812	The amount of the check received from a Provider to be entered in the Add Pay/Recovery transaction.
Financial Recoupment Limit	9820	The amount of money to be recouped from a Provider in a cycle.
Financial Recoupment Limit (Percent)	9819	This field is used to specify a recoupment/lien percentage or dollar amount of recoupment/lien for a receivable during a cycle.
Financial Release Date	9822	The date used to release a lien
Financial Status Code	9808	The current status of a Financial Master transaction within the payment cycle.
Financial Transaction Cross Reference Type	9975	This field describes the type of cross reference for a financial transaction e.g. Claim or Financial Transaction
Financial Transaction Date	9825	The date on which the Financial Master record was created.
Financial Transaction Provider Id Type	1395	Indicate's whether Financial Transaction is for Legacy Id, Atypical or NPI
Financial Transaction Reason Code Description	9889	The description of the associated Adjustment Reason Code.
Financial Transaction Servicing Provider ID Type	1397	Indicates whether servicing provider is Legacy, Atypical or NPI.
Financial Transaction Status Change Date	9823	The date on which the Status of a Financial Transaction changed
Financial Transaction Type Description	9855	The description of a Financial Transaction Type.
Financial Transactions Type Code	9854	A code specifying the reason for a gross adjustment to a provider's account balance on the Provider File.
Fund End Date	9915	This field is used as the effective end date for fund, fund detail and transaction codes to track data over time
Fund Begin Date	9914	This field is used as the effective begin date for fund, fund detail and transaction codes to track data over time
HIPP Administrative Fees	9501	The additional fees that may be associated with paying premiums.

Element Name	Element ID	Description
HIPP Application Received Date	9539	The date the application was received by the HIPP unit.
HIPP Average Cost	9503	The average Medicaid cost per dependent. This is based on the actuarial table in Reference.
HIPP Case Approved Date	9502	The date the HIPP/HIV case was approved for premium payments.
HIPP Case Status Code	9544	A code which identifies the current status of a HIPP/HIV case.
HIPP Check Request Date	9542	The date the user requested the check be generated. Equates to the date that the record is inserted to the file.
HIPP Check Stub Amount	9555	The premium amount deducted from the employee's pay check.
HIPP Check Stub Received Date	9554	The date the check stub was received from the employee.
HIPP Comments Text	9509	An area for the user to enter comments relating to the case.
HIPP Comments Type Code	9553	The list of valid codes that describe the text contained in the HIPP Comments Text field of the HIPP Case Comments/Correspondence file.
HIPP Dependent Count	9516	This field is incremented as occurrences are written to the HIPP Cost Evaluation Data File.
HIPP Detail Action Type Code	9549	A field at the occurrence level for invoking specific action.
HIPP Eligibility Begin Date	9505	The date the case was approved for each dependent.
HIPP Eligibility End Date	9521	The date the case was canceled or denied for each dependent.
HIPP Enrollment Date	9550	The date that the employee will be eligible to enroll in the group health insurance plan.
HIPP Entered Date	9551	The date the user entered the open enrollment data.
HIPP File Number	9522	A unique number assigned to each HIPP/HIV case.
HIPP Letter Text Line	9548	The letter text associated with all HIPP letters.
HIPP Letter Type Code	9563	This code describes the type of HIPP/HIV letter being created.
HIPP Medical Condition Indicator	9536	Indicates whether a pre-existing medical condition exists.
HIPP Monthly Average Premium Cost	9524	The calculated monthly premium cost.
HIPP Monthly Medicaid Cost	9523	The total monthly Medicaid cost, which is the total of the HIPP Average Cost for the dependents.
HIPP Override Indicator	9531	A field for the user to override the results of a cost evaluation.
HIPP Payee End Date	9511	The end date related to the payee.
HIPP Payee Sequence Number	9515	A unique number assigned by the system to each HIPP Case Payee row.
HIPP Payee Start Date	9508	This is the start date for the payee.
HIPP Payee/Comment Type Description	9547	A descriptive name for the payee type and comments type related to a HIPP case.
HIPP Payment Frequency Code	9538	The code of valid values for the frequency of insurance deductions from the employees check (weekly, bi-weekly, monthly).
HIPP Payment Months	9533	The number of months the employee receives a paycheck during the year.
HIPP Payment Request Sequence Number	9527	System generated sequential number assigned to each row on the HIPP Payment Request Table.
HIPP Payment Requestor ID	9541	The User ID of the person requesting the HIPP payment to be sent.
HIPP Payment Sent Date	9556	This date signifies when the payment request occurrence was extracted for payment.
HIPP Payment Status	9985	Reflects status of HIPP payment row.

Element Name	Element ID	Description
HIPP Payment Weeks	9534	The number of weekly payments the employee will receive in a year.
HIPP Plan Type Code	9535	Signifies the type of insurance plan, employee only, employee + spouse, employee + children, or family.
HIPP Premium Amount	9537	The amount deducted from the employees check.
HIPP Premium From Date	9504	The first month covered by the premium check. This field is in CCYYMM format.
HIPP Premium Repayment Amount	9559	This field represents the actual amount of the premium that was requested.
HIPP Premium Through Date	9520	The ending month covered by the premium check. This field is in CCYYMM format.
HIPP Program Indicator	9507	This field indicates the DMAS Program Indicator for an ESHI, HIPP or Ryan White case.
HIPP Proof of Payment Sequence Number	9526	System generated sequential number assigned to each row on the HIPP Proof of Payment Table.
HIPP Reevaluation Date	9540	Signifies the date a re-evaluation was performed on the case.
HIPP SSN/FEIN Number	9517	The social security number of the employee or the federal employer identification number for the insurance carrier, employer, or other entity.
HIPP Status Code Begin Date	9569	The begin date for the description of the HIPP Status Code
HIPP Status Code Description1	9567	Description of HIPP status code for a HIPP Case.
HIPP Status Code Description2	9568	Description of HIPP status code for a HIPP Case.
HIPP Status Code End Date	9570	The end date for the description of the HIPP Status Code
HIPP Status Remarks	9546	The user entered description of the status code.
HIPP TPL Plan Type	9528	This code identifies the reason for the premium payments.
HIV Waiver Activity Rating Score	1362	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
HIV Waiver Behavior Rating Score	1363	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
HIV Waiver Case Management Services Code	1384	DMAS-113B:Case Management Authorized
HIV Waiver Hygiene Rating Score	1360	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
HIV Waiver Nutrition Rating Score	1166	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
HIV Waiver Nutritional Supplements Services Code	1368	DMAS-113B:Nutritional Supplements Authorized
HIV Waiver Personal Care Services Code	1369	DMAS-113B:Personal Care Authorized
HIV Waiver Private Duty Nursing Services Code	1370	DMAS-113B:Private Duty Nursing Authorized
HIV Waiver Rating Total Score	1366	DMAS-113A:Total Score - Karnofsky Performance Status Scale Acuity Assessment Note: This field is the sum of the other performance scores.
HIV Waiver Respite Care Services Code	1371	DMAS-113B:Respite Care Authorized
HIV Waiver Stage of Disease	1367	DMAS-113A:Stage of Disease (AIDS) - Karnofsky Performance Status Scale Acuity Assessment
HIV Waiver Teaching, Emotional Support Rating Score	1364	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
HIV Waiver Toileting Rating Score	1361	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
HIV Waiver Treatments, Medications Rating Score	1365	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
IRS 1099 Agent Indicator	9744	Indicates whom the creating agent is.

Element Name	Element ID	Description
IRS 1099 Amount Field Indicator	9737	The type of 1099 amount submitted
IRS 1099 Correction Return Indicator	9754	Indicates if the 1099 is a correction
IRS 1099 Direct Sales Indicator	9756	Indicates if the 1099 is related to Direct Sales
IRS 1099 DOC Special Code	9752	Code for special documentation
IRS 1099 Federal State Combination Indicator	9735	Indicates if the filer of the 1099 is a combined Federal/State file. Note: This field is currently set to spaces.
IRS 1099 Foreign Indicator	9764	Indicates if the Provider's Corporation is a Foreign Corporation FNA079 does not reference this field.
IRS 1099 Last File Indicator	9734	Indicates if the file is the last one for the calendar year
IRS 1099 Name Control	9755	The control field that is derived from the Provider's Name on the 1099
IRS 1099 Number of Payees	9882	The total number of payees (providers) that are included on the 1099 file.
IRS 1099 Number of Payers	9883	The total number of payers (DMAS) that are included on the 1099 file.
IRS 1099 Number of Reels	9884	The total number of 1099 tapes submitted to the IRS.
IRS 1099 Payer Additional Address Line	9775	This field contains the second address line for the Department for Medical Assistance Services.
IRS 1099 Payer Address City	9776	This field contains the city in which the Department for Medical Assistance Services resides.
IRS 1099 Payer Address Line	9745	Street Address of the 1099 payer
IRS 1099 Payer Address State	9777	This field contains the state in which the Department for Medical Assistance Services resides.
IRS 1099 Payer Address Zip	9778	This field contains the zip code in which the Department for Medical Assistance Services resides.
IRS 1099 Payer Federal Employer Identification Number	9768	This field contains the employer identification number for the Commonwealth of Virginia.
IRS 1099 Payer Name	9742	1099 Payer's Name
IRS 1099 Payer Name Control	9733	The control number used by the payer for submission to IRS
IRS 1099 Payer Name2	9743	1099 Payer's Additional Name
IRS 1099 Payment Amount	9765	The yearly 1099 amount paid to the provider
IRS 1099 Payment Year	9731	Calendar year related to the 1099 payments
IRS 1099 Percent Total District	9761	The total percentage per district.
IRS 1099 Provider Account Identification Number	9759	The Provider's MMIS ID Number - I_PROV
IRS 1099 Reel Number	9732	The sequence number of the 1099 tape file
IRS 1099 Return Type Code	9736	Indicates the type of 1099 return
IRS 1099 Second Tax Identification Number	9753	Indicates if there is a second tax ID number associated with the 1099
IRS 1099 SEP IRA Indicator	9760	Indicates if 1099 related to a SEP or IRA account
IRS 1099 Service Bureau Indicator	9739	Indicates if the 1099 was generated by a Service Bureau
IRS 1099 Tape File Indicator	9740	Indicates the type of tape file
IRS 1099 Tax Amount Not Deter Indicator	9763	An indicator to be used when the tax amount has not been determined. Not referenced in FNA079.
IRS 1099 Tax Indicator Number	9758	The Provider's SSN or EIN

Element Name	Element ID	Description
IRS 1099 TCC	9741	Transmitter Company Control Number
IRS 1099 Test Indicator	9738	Indicates if the 1099 submittals is a test version
IRS 1099 Total Amount	9886	The total amount of payments transmitted on the 1099 file.
IRS 1099 Total Disposition Indicator	9762	The disposition indicator for each 1099. FNA079 does not reference this field.
IRS 1099 Transmitter Address Line	9748	Street Address of Fiscal Agent transmitting 1099 file to IRS
IRS 1099 Transmitter City	9749	City Address of Fiscal Agent transmitting 1099 file to IRS
IRS 1099 Transmitter Name	9746	Name of Fiscal Agent transmitting the 1099 file to IRS
IRS 1099 Transmitter Name2	9747	Additional Name information of Fiscal Agent transmitting the 1099 file to IRS
IRS 1099 Transmitter State	9750	State Address of Fiscal Agent transmitting 1099 file to IRS
IRS 1099 Transmitter Zip	9751	ZIP Code Address of Fiscal Agent transmitting 1099 file to IRS
IRS 1099 Type Indicator Code	9730	Indicates the type of IRS 1099 record
Legacy Provider ID or NPI or API Indicator	9996	Indicates if the provider ID is a legacy provider ID or NPI or API or Primary ID or Internal ID or Vendor Payee.
Level of Care Name	1399	Short text describing the Level of Care code.
Lien/Neg Balance Date Satisfied	9972	The date on which a negative balance or lien is satisfied
Negative Balance/Lien Affected Code	9991	This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases a Provider's Negative Balance or Lien Amounts
Negative Balance/Lien Detail Code	9579	This code denotes what type of balance exists for recovery of monies from a payee, Negative (01) or Lien (02)
Negative Balance/Lien Detail Last Update Date	9821	Last Date a record updated on the Negative Balance/Lien Detail File was updated
Negative Balance/Lien Record Identifier	9525	The record identifier for each negative or lien balance row in the Financial Negative Balance and Lien Tables.
Object Code End Date	9826	This field is used to denote that an Object Code is no longer in use, or no longer belongs to a Sub-Program Code field.
Paid Check Amount	9676	The field contains the amount of the check being paid.
Paid Check Date	9677	This field contains the date the check was paid by the bank.
PAS Auxiliary Grant Applied Code	1159	Pre-Admission Screening: Code indicating whether an Auxiliary Grant has been Applied
PAS Case Management Code	1352	Pre-Admission Screening: Code Indicating Status of ACR Case Management.
PAS Length of Stay Code	1158	Pre-Admission Screening: Code indicating Length of Stay Authorized
PAS Level I Physician Authorization Date	1346	Pre-Admission Screening: This is the date of the physician's signature on Form DMAS-96 (revised 8/97)
PAS Level II Assessment Determination Code	1165	Pre-Admission Screening: Code Indicating Status of Level II Assessment Active Treatment Referral
PAS Medicaid Application Code	1156	Pre-Admission Screening: Code Indicating Whether a Patient plans to Submit (or has) a Nursing Home Application. ** For conversion purposes: convert any code other than 0 and 1 to N.
PAS Medicaid Authorization Code	1157	Pre-Admission Screening: Medicaid Authorization Code
PAS Medicaid Eligibility Code	1161	Pre-Admission Screening: Code indicating Status of Medicaid Eligibility.
PAS MIMR Level II Reimbursement Rate Code	1355	Pre-Admission Screening: Reimbursement Rate for NHPAS Level II Assessment.

Element Name	Element ID	Description
PAS Patient Expired Code	1350	Pre-Admission Screening: This field shows whether the patient has expired since Pre-Admission Screening.
PAS Service Availability Code	1160	Pre-Admission Screening: Code indicating Status of Availability of Authorized Services
Payee Address Line	9512	The second street address in which the employee, insurance, employer, and other entity resides.
Payee Additional Address Line	9513	The first street address in which the employee, insurance, employer, and other entity resides.
Payee City	9514	The city in which the employee, insurance, employer, and other entity resides.
Payee Contact Name	9566	The contact name at the employer's or insurance office for which insurance premiums are being paid.
Payee Identifier	9558	This field is automatically assigned to each payee record and used to identify the payee.
Payee Identifier Cross Reference ID	9600	This data element contains the actual MMIS ID that is related to the I_PAYEE (a system generated sequential number) data element (9558). The MMIS ID could be a HIPP Case Number, an Enrollee ID, a lien holder number, or any other related IDs that are paid in the MMIS but not providers.
Payee Last Update Date	9913	The last date on which a Vendor file record was updated.
Payee Name	9560	The name of the employee, insurance, employer, or other entity related to a HIPP case.
Payee Negative Balance Last Update Date	9802	The last date the negative balance was updated for a Vendor.
Payee Phone Number	9565	The phone number for the employer or insurance carrier for which insurance premiums are being paid.
Payee State	9518	The state in which the employee, insurance, employer, or other entity resides.
Payee Type Code	9532	An indicator to identify to whom the payments are to be made
Payee Zip Code	9519	The zip code in which the employee, insurance, employer, or other entity resides.
Person Address	1002	Group Data Element: Patient's Address.. (See Data Elements 1003 and 1338-1341)
Person Address City Name	1340	Used for City Name from LTC Patient's Address part 3.
Person Address Line 1	1339	Used for Street or POB Address from LTC Patient's Address part 1.
Person Address Line 2	1338	Used for "Attention of", "In Care of", etc. [X(40)] from LTC Patient's Address part 2.
Person Address State Code	1341	State Code [X(2)] from LTC Patient's Address
Person Address Zip Code	1003	Patient's Zip Code; last four bytes 0 (zeros) if unknown; change to 9(5)V9(4)
Person Birth Date	1006	Patient’s Date Of Birth
Person Enrollee ID	1004	Patient’s Enrollee ID (A.K.A. Medicaid Number) with Check Digit or all 8's if Medicaid Number n/a
Person First Name	1334	First Name of the Patient [X(12)]
Person Gender Code	1010	Valid Sex Code (including Unknown).
Person Last Name	1336	Last Name of the Patient [X(19)]
Person Marital Status Code	1011	Code indicating Patient's Marital Status (including Unknown)
Person Medicare Number	1005	Patient’s Medicare Number or all 8's if Medicare Number n/a
Person Middle Initial	1335	Middle Initial of the Patient's Name [X(1)]

Element Name	Element ID	Description
Person Name	1001	Group Data Element: Name of the Patient (Last, First, Middle-Initial); Made up of LAST-NAME; FIRST-NAME; MIDDLE-INITIAL. (See new Data Elements 1333-1337)
Person Name Suffix	1337	Name Suffix [X(3)]
Person Race Code	1012	Code indicating Patient's Race (including Unknown)
Person Relationship	3793	This code will identify a person's relationship to a Case for the Absent Parent subsystem.
Person Social Security Number	1000	SSN Format
PIRS Current Service - Daily Dressing Code	1116	Code indicating whether or not the patient receives dressing care; 'Yes'/'No'.
PIRS Current Service - Occupational Therapy Code	1101	Code indicating whether or not the patient receives Occupational Therapy; 'Yes'/'No'.
PIRS Current Service - Physical Therapy Code	1102	Code indicating whether or not the patient receives Physical Therapy; 'Yes'/'No'.
PIRS Current Service - Speech Therapy Code	1103	Code indicating whether or not the patient receives Speech Therapy; 'Yes'/'No'.
PIRS Function Status - Bath Code	1080	Code indicating the amount/type of assistance required by the patient in bathing.
PIRS Function Status - Behavior Code	1087	Code indicating the patient's overall emotional behavior, ranging from 'Appropriate' to 'Comatose'.
PIRS Function Status - Bladder Code	1085	Code indicating the amount/type of assistance required by the patient in control of the bladder.
PIRS Function Status - Bowel Code	1084	Code indicating the amount/type of assistance required by the patient in control of the bowel.
PIRS Function Status - Communications Code	1093	Code indicating patient's ability to communicate in English or an other language.
PIRS Function Status - Dressing Code	1081	Code indicating the amount/type of assistance required by the patient in dressing.
PIRS Function Status - Eating/Feeding Code	1086	Code indicating the amount/type of assistance required by the patient in eating (feeding him/herself).
PIRS Function Status - Mobility Level Code	1089	Code indicating patient's ability to go outside with/without mechanical/human help.
PIRS Function Status - Orientation Code	1088	Code indicating the patient's emotional orientation, ranging from 'Oriented' thru 'Disoriented' to 'Comatose'.
PIRS Function Status - Toilet Code	1082	Code indicating the amount/type of assistance required by patient in using the toilet.
PIRS Function Status - Transfer Code	1083	Code indicating the amount/type of assistance required by the patient in moving about.
PIRS Function Status - Walking Code	1090	Code indicating patient's ability to walk with/without mechanical/human help.
PIRS Function Status - Wheeling Code	1091	Code indicating patient's ability to wheel with/without mechanical/human help.
PIRS Medical Diagnosis Code	1055	Code(s) identifying medical diagnosis.
PIRS Medical Status - Joint Motion Code	1073	Patient’s Degree of Joint Motion Disorders
PIRS Medical Status - Paralysis/Paresis Code	1054	Code indicating the level of the patient's paralysis/paresis.
PIRS Patient’s Admission Date	1042	Date on which the patient was admitted for/to this Service/Facility.
PIRS Patient’s Discharge Date	1043	DMAS-80: Date on which the patient was discharged from this Service/Facility or the date on which the Service/Facility expired for the patient.
Premium Payment Units	9888	The number of units per premium payment check.
Provider Fiscal Year End Date	9872	The Fiscal Year End Date for providers associated with Cost Settlement processes, including Add Pays.

Element Name	Element ID	Description
Quarterly Interim Calculation Flag	1420	Flag to indicate quarterly interim calculation.
RA Cycle Extract Date	9979	The date the claims and financial transactions were extracted for input into the remittance process.
RA Cycle Weekly Begin Date	9977	The begin date for which claims and financial transactions are extracted for remittance process.
RA Cycle Weekly End Date	9978	The end date for which the claims and financial transactions are extracted for the remittance process.
RA Extract Complete Flag	9892	A flag which indicates whether the current remittance cycle has completed.
RA Last Check Number	9981	The last check number generated from the remittance process for the bank account.
RA Last Cycle Indicator	9980	Indicates the last remittance cycle for the fiscal year.
RA Last EFT Number	9983	The last EFT number generated from the remittance process for the bank account.
Reassessment Flag	1392	An indicator describing whether this assessment is a reassessment.
Recoupment Begin Check Date	9813	This field is used to specify the beginning date for recoupments.
Recoupment End Check Date	9815	
Reissue Check Number	9575	The check number that replaced a check or EFT that has been voided
Reissued Check Date	9995	Reissued Check Date
Remittance Advice Number	9580	A sequential number that identifies which RA is currently being produced for a provider. The number is incremented by one each time a new RA is generated. The 1st 5 positions are Julian date YYDDD format.
Remittance Check Amount	9577	This is total payment amount for all direct and indirect services rendered by the provider for the current remittance cycle. The amount of the transaction in dollars and cents, with no punctuation. High order zeros will be used. The receiving bank will post this debit or credit amount to the appropriate account authorized by the customer. A zero amount field signals prenotification.
Remittance Check Number	9576	This is a sequential number assigned to the check disbursed to payees and is incremented by one for each check generated.
Remittance Message Effective Date	9584	This field contains the date/time at which a remittance advice message may begin to be used.
Remittance Message End Date	9585	This is the last date for the remittance message to be assigned to the remittance advice.
Remittance Message Number	9587	This is field uniquely identifies a Remittance Message.
Remittance Message Text	9586	This field contains the text or a portion of the text that composes a message to be printed on the Remittance Advice. One message may include multiple Remit Message Text lines. In such a case, the Remit Message Text Sequence Number is used to determine the order in which the text lines will appear.
Remittance Message Type Code Value	9974	This field contains the Remittance Message Type e.g. Provider Type Code, Provider Specialty Code, Provider ID.
Remittance Message Type Value	9973	This field contains the value of the Remittance Message Type e.g. Provider Type Code, Provider Specialty Code, Provider ID.
Remittance Negative Balance Indicator	9530	Indicates whether a Request for Payment will cause a provider's remittance to go negative.
Remittance Pay Record Type Description	9970	RA Type Description
Remittance Payee Additional Address Line	9591	This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.
Remittance Payee Address Line	9590	This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.

Element Name	Element ID	Description
Remittance Payee City	9592	This is the valid city extracted from the master file of the vendor or provider to whom a remittance check is paid.
Remittance Payee Identification Number	9588	This field contains the identification number of the vendor or provider to whom a remittance check is paid. This field will hold up to nine digits for a Legacy ID or a Vendor Payee ID or a Primary Id for a NPI/API and will hold 10 digits for a NPI or an API.
Remittance Payee Name	9589	This field contains the name of the vendor or provider to whom a remittance check is paid.
Remittance Payee State	9593	This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.
Remittance Payee Type Code	9597	This is an indicator identifying the type of payee.
Remittance Payee Zip Code	9594	This is the valid zip code extracted from the master file of the vendor or provider to whom a remittance check is paid.
Remittance Payment Date	9578	Date of the remittance cycle.
Remittance Sort Program Type Code	9781	A code that denotes the various types of programs that is used in the Remittance process for sorting purposes.
Remittance Transaction Type Code	9543	Identifies whether a Request for Payment is a Financial or Claims transaction.
Remittance Type Code	9595	The type of record to be paid on the Remittance Advice. This relates to type of invoice being paid; facility (UB-92), professional (HCFA-1500, ADA-1500, and Pharmacy), or vendor
Total Negative/Lien Amount	9801	The amount of money owed by a Provider or Payee.
TPL Absent Parent Indicator	3721	A field that indicates the type of absent parent coverage.
TPL ACTIVE COVERAGE FLAG	3891	An indicator to denote which TPL coverage is active.
TPL Carrier Info Type	3720	Indicates whether the TPL Insurance Carrier table entry is Inquiry or Billing information
TPL Carrier Additional Address Name	3674	The first line of the carrier's address to which inquiries should be made.
TPL Carrier Address Line	3675	The second line of the carrier's address to which inquiries should be made.
TPL Carrier Billing Additional Address Name	3712	The first line of the carrier's address to which billings should be mailed.
TPL Carrier Billing Address Line	3713	The second line of the carrier's address to which billings should be mailed.
TPL Carrier Billing City Name	3714	The city in which the billing office is located.
TPL Carrier Billing Contact Name	3710	The name of the contact person at the billing office.
TPL Carrier Billing Name	3709	The name of the carrier to whom billings should be mailed.
TPL Carrier Billing Remarks	3717	A field for the user to enter additional remarks regarding the billing carrier.
TPL Carrier Billing State Code	3715	The state in which the billing office is located.
TPL Carrier Billing Telephone Number	3711	The telephone number at the billing office.
TPL Carrier Billing ZIP Code	3716	The zip code in which the billing office is located.
TPL Carrier City Name	3676	The city in which the inquiry office is located.
TPL Carrier Code	3657	The code that identifies the carrier.
TPL Carrier Contact Name	3681	The name of the contact person at the inquiry office.
TPL Carrier Federal Identification Number	3679	The tax identification number for the carrier.
TPL Carrier Name	3673	The name of the carrier to whom inquiries should be made.
TPL Carrier Phone Number	3680	The telephone number at the inquiry office.
TPL Carrier Remarks	3708	A field for the user to enter additional remarks regarding the inquiry carrier.

Element Name	Element ID	Description
TPL Carrier State Code	3677	The state in which the inquiry office is located.
TPL Carrier ZIP Code	3678	The zip code in which the inquiry office is located.
TPL Coverage Add Date	3892	Date of coverage add and termination
TPL Coverage Code	3013	A code that identifies the type of coverage an enrollee has with the third party. Allowed values in this report are 'A' = Part A, 'B' = Part B and 'RD' = Part D.
TPL Coverage Co-pay Amount	3672	The co-pay amount for each type of coverage.
TPL Coverage Co-pay Percentage Amount	3707	The co-pay percentage amount for the type of coverage.
TPL Coverage Deductible Amount	3696	The amount of deductible for the type of coverage.
TPL Coverage Deductible Type	3691	This field identifies the type of deductible for the coverage code.
TPL Coverage Deductible Type Met Indicator	3692	A field that indicates whether the deductible has been met for the type of coverage.
TPL Coverage Effective (Begin) Date	3667	The date the coverage began.
TPL Coverage End Date	3668	The date the coverage ended.
TPL Coverage Exhaustion Indicator	3690	A field that indicates whether benefits have been exhausted for the type of coverage.
TPL DSS Update Indicator	3718	This field is used to indicate whether or not the absent parent data received from DSS via tape should update the existing Resource record.
TPL Group Name	3727	The name of the group associated with the policy.
TPL Group Number	3697	The group number associated with the policy.
TPL Incident Address City	3887	TPL Incident Address City
TPL Incident Address Line 1	3885	TPL Incident Address Line 1
TPL Incident Address Line 2	3886	TPL Incident Address Line 2
TPL Incident Address Name	3883	TPL Incident Address Name
TPL Incident Address State	3888	TPL Incident Address State
TPL Incident Address Type	3882	TPL Incident Address Type
TPL Incident Address Zip Code	3889	TPL Incident Address Zip Code
TPL Incident Analyst	3795	TPL Incident Analyst
TPL Incident Claim Flag	3798	TPL Incident Claim Flag
TPL Incident Delete Indicator	3893	Indicator to determine Incident, Attorney, Estate or Trustee deletes on the TPL Incident Screen.
TPL Incident Lien Flag	3796	TPL Incident Lien Flag
TPL Incident Phone Number	3884	TPL Incident Phone Number
TPL Incident Remarks	3890	TPL Incident Remarks
TPL Incident Scroll Indicator	3894	An indicator which will determine which information to scroll on the TPL Incident Information Screen.
TPL Incident Trust Begin Date	3799	TPL Incident Trust Begin Date
TPL Incident Trust End Date	3876	TPL Incident Trust End Date
TPL Incident Trust Flag	3880	TPL Incident Trust Flag
TPL Incident Trust Type	3879	TPL Incident Trust Type

Element Name	Element ID	Description
TPL Letter Exception Indicator	3728	A flag to indicate that the TPL Carrier does not contain an address. This flag is used in the TPL Suspect Letter process to determine which address the letter is sent to.
TPL Letter Follow-up Date	3735	The date the follow-up letter was generated.
TPL Letter Sent Date	3734	The date the initial letter was generated.
TPL PARTD Buyin Suppress Flag	3724	A code that provides a means to suppress reporting individuals from RS-O-333 report where the Buy-in unit has determined that the discrepancy is legitimate.
TPL PARTD Cancel Date	3725	
TPL PARTD Declined	3719	A code that indicates if Enrollee declined Part-D coverage (For Future Usage)
TPL PARTD Lock	3723	A code that designates whether CMS data can override data already present. Default is 'N' for not locked.
TPL PARTD Source Code	3722	A code that indicates the source of Part-D segment modification.
TPL PDP Plan Number	3729	This field is for Future Usage.
TPL Policy Coinsurance Amount	3671	The coinsurance amount for the policy.
TPL Policy Coinsurance Percentage Amount	3706	The coinsurance percentage amount for the policy.
TPL Policy Deductible Amount	3695	The amount of deductible for the policy.
TPL Policy Deductible Type Met Indicator	3694	A field that indicates whether the deductible has been met for the policy.
TPL Policy Effective Date	3659	The date the policy began with the insurance carrier.
TPL Policy End Date	3660	The date the policy ended with the insurance carrier.
TPL Policy Holder Social Security Number (SSN)	3670	The social security number of the policyholder.
TPL Policy Number	3658	The number assigned to the policy by the insurance carrier.
TPL Policy Type	3703	A code that indicates the type of policy.
TPL Policyholder Address Line	3730	The policyholders street address.
TPL Policyholder City Name	3731	The city in which the policyholder resides.
TPL Policyholder First Name	3738	The first name of the policyholder.
TPL Policyholder Last Name	3737	The last name of the policyholder.
TPL Policyholder Middle Initial	3739	The middle initial of the policyholder.
TPL Policyholder State Code	3732	The state in which the policyholder resides.
TPL Policyholder Telephone Number	3705	The phone number of the policyholder.
TPL Policyholder ZIP Code	3733	The zip code in which the policyholder resides.
TPL Premium Type	3688	A code that indicates the reason why the TPL premiums are being paid by the Medicaid Program.
TPL Relationship Code	3704	A code that indicates the relationship between the enrollee and policyholder.
TPL Source Code	3726	A code that indicates where the lead originated from.
TPL Status Code	3698	A code that indicates the status of the resource segment. Allowed values on this report are 'A' = Active and 'I' = Inactive.
TPL Status Date	3699	The date in which the status code was last changed.
TPL Verify Date	3701	The date in which the policy segment information was verified.
TPL Verify Indicator	3700	A field that indicates whether the policy information was verified.

Element Name	Element ID	Description
UAI Advanced Directives - Durable Power of Attorney for Health Care Code	1322	Does patient have advanced directive such as Durable Power of Attorney for Health Care?
UAI Advanced Directives - Living Will Code	1321	Does patient have advanced directive such as Living Will?
UAI Advanced Directives - Other Code	1323	Does patient have other advanced directive?
UAI Alcohol, Drug Use Hospitalization Code	1328	Treatment during last 2 years for nerves, mental health, alcohol or drugs?
UAI Behavior Pattern Code	1267	Does Patient Wander without purpose or become Agitated and Abusive?
UAI Cognitive Function - Judgment Problem Code	1326	Does the patient have a judgment problem?
UAI Cognitive Function - Long Term Memory Loss Code	1325	Has the patient suffered a long-term memory loss?
UAI Cognitive Function - MMSE Score	1327	MMSE Score - Max 20; 14 and below implies cognitive impairment
UAI Cognitive Function - Orientation Code	1266	Patient's Orientation, Recall, Memory and Judgment
UAI Cognitive Function - Short Term Memory Loss Code	1324	Has the patient suffered a short-term memory loss?
UAI Communication of Needs Code	1211	Can Patient Communicate in English, Other Language or Sign?
UAI Current Formal Service - Adult Day Care Code	1280	Adult Day Care service currently used?
UAI Current Formal Service - Adult Protective Code	1281	Case Management service currently used?
UAI Current Formal Service - Case Management Code	1282	Case Management service currently used?
UAI Current Formal Service - Chore, Companion, Homemaker Code	1283	Chore, Companion, Homemaker service currently used?
UAI Current Formal Service - Congregate Meals, Senior Center Code	1284	Congregate Meals, Senior Center service currently used?
UAI Current Formal Service - Financial Management, Counseling Code	1285	Financial Management, Counseling service currently used?
UAI Current Formal Service - Friendly Visitor, Telephone Reassurance Code	1286	Friendly Visitor, Telephone Reassurance service currently used?
UAI Current Formal Service - Habilitation, Supported Employment Code	1287	Habilitation, Supported Employment service currently used?
UAI Current Formal Service - Home Delivered Meals Code	1288	Home Delivered Meals service currently used?
UAI Current Formal Service - Home Health, Rehabilitation Code	1289	Home Health, Rehabilitation service currently used?
UAI Current Formal Service - Home Repairs, Weatherization Code	1290	Home Repairs, Weatherization service currently used?
UAI Current Formal Service - Housing Code	1291	Housing service currently used?
UAI Current Formal Service - Legal Code	1292	Legal service currently used?
UAI Current Formal Service - Mental Health (Inpatient, Outpatient) Code	1293	Mental Health (Inpatient, Outpatient) service currently used?
UAI Current Formal Service - Mental Retardation Code	1294	Mental Retardation service currently used?
UAI Current Formal Service - Other Code	1300	Other service currently used?
UAI Current Formal Service - Personal Care Code	1295	Personal Care service currently used?
UAI Current Formal Service - Respite Code	1296	Respite service currently used?

Element Name	Element ID	Description
UAI Current Formal Service - Substance Abuse Code	1297	Substance Abuse service currently used?
UAI Current Formal Service - Transportation Code	1298	Transportation service currently used?
UAI Current Formal Service - Vocational Rehab , Job Counseling Code	1299	Vocational Rehab , Job Counseling service currently used?
UAI Current Medical Services - Bowel / Bladder Training Code	1252	Does patient get special Nursing Care (Bowel/Bladder Training)
UAI Current Medical Services - Dialysis Code	1253	Does patient set special Nursing Care (Dialysis)
UAI Current Medical Services - Dressing Wound Care Code	1254	Does patient get special Nursing Care (Dressing Wound Care)
UAI Current Medical Services - Eye Care Code	1255	Does patient get special Nursing Care (Eye Care)
UAI Current Medical Services - Glucose / Blood Sugar Code	1256	Does patient get special Nursing Care (Glucose/Blood Sugar Monitoring)
UAI Current Medical Services - Injections / IV Therapy Code	1257	Does patient get special Nursing Care (Injections/IV Therapy)
UAI Current Medical Services - Occupational Therapy Code	1245	Does Patient get Occupational Therapy?
UAI Current Medical Services - Other Special Procedures Code	1264	Does patient get special Nursing Care (Other Special Procedures)
UAI Current Medical Services - Other Therapies Code	1250	Does Patient get any other Therapies?
UAI Current Medical Services - Oxygen Code	1258	Does patient get special Nursing Care (Oxygen Therapy)
UAI Current Medical Services - Physical Therapy Code	1246	Does Patient get Physical Therapy?
UAI Current Medical Services - Pressure Ulcers Code	1251	Stage, Location and Size of any Pressure Ulcers
UAI Current Medical Services - Radiation / Chemotherapy Code	1259	Does patient get special Nursing Care (Radiation/Chemotherapy)
UAI Current Medical Services - Range Of Motion Exercise Code	1261	Does patient get special Nursing Care (Range Of Motion Exercise)
UAI Current Medical Services - Reality / Remotivation Therapy Code	1247	Does Patient get Reality/Remotivation Therapy?
UAI Current Medical Services - Respiratory Therapy Code	1248	Does Patient get Respiratory Therapy?
UAI Current Medical Services - Restraints Code	1260	Does patient get special Nursing Care (Restraints - Physical, Chemical)
UAI Current Medical Services - Speech Therapy Code	1249	Does Patient get Speech Therapy?
UAI Current Medical Services - Trach Care / Suctioning Code	1262	Does patient get special Nursing Care (Trach Care/Suctioning)
UAI Current Medical Services - Ventilator Code	1263	Does patient get special Nursing Care (Ventilator)
UAI Financial Resources - Auxiliary Grant Benefits Code	1305	Do you receive Auxiliary Grant benefits / entitlements?
UAI Financial Resources - Food Stamps Benefits Code	1306	Do you receive Food Stamps benefits / entitlements?
UAI Financial Resources - Fuel Assistance Benefits Code	1307	Do you receive Fuel Assistance benefits / entitlements?
UAI Financial Resources - General Relief Benefits Code	1308	Do you receive General Relief benefits / entitlements?

Element Name	Element ID	Description
UAI Financial Resources - Legal Guardian Representative Code	1301	Does anyone have Legal Guardian power for you?
UAI Financial Resources - Medicaid Insurance Code	1313	Do you have Medicaid insurance?
UAI Financial Resources - Medicaid Pending Insurance Code	1315	Do you have Medicaid insurance Pending?
UAI Financial Resources - Medicaid QMB, SLMB Insurance Code	1316	Do you have Medicaid QMB, SLMB insurance?
UAI Financial Resources - Medicare Insurance Code	1312	Do you have Medicare insurance?
UAI Financial Resources - Other Public, Private Insurance Code	1317	Do you have Other Public, Private insurance?
UAI Financial Resources - Other Representative Code	1304	Does anyone have Other power for you?
UAI Financial Resources - Payee Representative Code	1303	Does anyone have Representative Payee power for you?
UAI Financial Resources - Power of Attorney Representative Code	1302	Does anyone have Power of Attorney for you?
UAI Financial Resources - State and Local Hospitalization Benefits Code	1309	Do you receive State and Local Hospitalization benefits / entitlements?
UAI Financial Resources - Subsidized Housing Benefits Code	1310	Do you receive Subsidized Housing benefits / entitlements?
UAI Financial Resources - Tax Relief Benefits Code	1311	Do you receive Tax Relief benefits / entitlements?
UAI Functional Status - Bathing Code	1213	Does Patient need Help (Mechanical or Human) with Bathing?
UAI Functional Status - Bladder Code	1219	Does Patient need Help (incontinence, device) with Bladder Activity?
UAI Functional Status - Bowel Code	1218	Does Patient need Help (incontinence, device) with Bowel Activity?
UAI Functional Status - Dressing Code	1214	Does Patient need Help (Mechanical or Human) with Dressing?
UAI Functional Status - Eating / Feeding Code	1217	Does patient need help (mechanical or human) with eating?
UAI Functional Status - Home Maintenance Code	1231	Does Patient need Help with Home Maintenance (Yes/No)?
UAI Functional Status - Housekeeping Code	1225	Does Patient need Help with Housekeeping (Yes/No)?
UAI Functional Status - Laundry Code	1226	Does Patient need Help with Laundry (Yes/No)?
UAI Functional Status - Meal Preparation Code	1224	Does Patient need Help with Meal Preparation (Yes/No)?
UAI Functional Status - Mobility Code	1223	Does Patient need Help (Mechanical or Human) with Overall Mobility?
UAI Functional Status - Money Management Code	1227	Does Patient need Help with Money Management (Yes/No)?
UAI Functional Status - Shopping Code	1229	Does Patient need Help with Shopping (Yes/No)?
UAI Functional Status - Stair Climbing Code	1222	Does Patient need Help (Mechanical or Human) with Stair Climbing?
UAI Functional Status - Toileting Code	1215	Does Patient need Help (Mechanical or Human) with Toileting?
UAI Functional Status - Transferring Code	1216	Does Patient need Help (Mechanical or Human) with Transferring (in and out of bed, etc.)?
UAI Functional Status - Transportation Code	1228	Does Patient need Help with Transportation (Yes/No)?
UAI Functional Status - Using Phone Code	1230	Does Patient need Help with Using Phone (Yes/No)?
UAI Functional Status - Walking Code	1220	Does Patient need Help (Mechanical or Human) with Walking?

Element Name	Element ID	Description
UAI Functional Status - Wheeling Code	1221	Does Patient need Help (Mechanical or Human) with Wheeling?
UAI Informal Caregiver Code	1268	Does Patient have an Informal Caregiver - Yes/No?
UAI Informal Caregiver Help Code	1269	Is the Informal Caregiver Adequate - Yes/No?
UAI Informal Caregiver Patient Burden on Caregiver Code	1330	Has providing care to the client become a burden for the caregiver?
UAI Informal Caregiver Proximity (Live) Code	1329	Where does the Informal Caregiver live?
UAI Medical Admissions - Adult Care Residence Code	1320	Within past 12 months, been admitted to Adult Care Residence?
UAI Medical Admissions - Hospital Code	1318	Within past 12 months, been admitted to hospital?
UAI Medical Admissions - Nursing Facility Code	1319	Within past 12 months, been admitted to nursing facility?
UAI Medication Profile - Administer Medication Code	1234	Medication Administered by Self, Lay Person, Professional Nurse
UAI Medication Profile - Medical Diagnosis Code	1232	Codes for three or fewer Major Medical Diagnoses.
UAI Medication Profile - Number Of Medications	1233	Number Of Medications Taken by Patient
UAI Ongoing Medical Nursing Needs Code	1265	Does Patient have Ongoing Medical Nursing Needs based on Assessor Evaluation
UAI Sensory Function - Fractures / Dislocations Code	1239	Has Patient had any Fractures/Dislocations? What is Rehabilitation Status?
UAI Sensory Function - Hearing Code	1236	Impairment to Patient's Hearing
UAI Sensory Function - Joint Motion Code	1238	Patient's ability to move arms, fingers and legs.
UAI Sensory Function - Missing Limbs Code	1240	Is Patient missing any fingers/toes, arms, legs or combinations? What is Rehabilitation Status?
UAI Sensory Function - Paralysis / Paresis Code	1241	Has Patient lost voluntary movement of any body part? What is Rehabilitation Status?
UAI Sensory Function - Speech Code	1237	Impairment to Patient's Speech
UAI Sensory Function - Vision Code	1235	Impairment to Patient's Vision
UAI Unmet Needs - Activities of Daily Living Code	1272	Patient's Needs which are not being met - Activities of Daily Living (ADLS)
UAI Unmet Needs - Assistive Devices / Medical Equipment Code	1274	Patient's Needs which are not being met - Assistive Devices/Medical Equipment
UAI Unmet Needs - Caregiver Support Code	1278	Patient's Needs which are not being met - Caregiver Support
UAI Unmet Needs - Cognitive / Emotional Code	1277	Patient's Needs which are not being met - Cognitive/Emotional
UAI Unmet Needs - Finances Code	1271	Patient's Needs which are not being met - Finances
UAI Unmet Needs - Home / Physical Environment Code	1270	Patient's Needs which are not being met - Home/Physical Environment
UAI Unmet Needs - Instrumental Activities of Daily Living Code	1273	Patient's Needs which are not being met - Instrumental Activities of Daily Living (IADLS)
UAI Unmet Needs - Medical Care / Health Code	1275	Patient's Needs which are not being met - Medical Care/Health
UAI Unmet Needs - Nutrition Code	1276	Patient's Needs which are not being met - Nutrition
UAI Usually Live Physical Environment Code	1212	Where does Patient Live? Does anyone live with Patient?
User ID	9506	User ID of last person who updated the case.
Weekly Account Summary Amount	9994	This field indicates the sum of checks and EFTs amounts disbursed for each bank account during a specific Remittance Cycle.

Element Name	Element ID	Description
Weekly Balancing Check Variance	9984	This field indicates the variance for a check when the weekly balancing report is processed.
Weekly Check Count	9993	This field indicates the number of checks and EFTs disburse for each bank account during a specific Remittance Cycle.

Element ID	Element Name	Description
1000	Person Social Security Number	SSN Format
1001	Person Name	Group Data Element: Name of the Patient (Last, First, Middle-Initial); Made up of LAST-NAME; FIRST-NAME; MIDDLE-INITIAL. (See new Data Elements 1333-1337)
1002	Person Address	Group Data Element: Patient's Address.. (See Data Elements 1003 and 1338-1341)
1003	Person Address Zip Code	Patient's Zip Code; last four bytes 0 (zeros) if unknown; change to 9(5)V9(4)
1004	Person Enrollee ID	Patient’s Enrollee ID (A.K.A. Medicaid Number) with Check Digit or all 8's if Medicaid Number n/a
1005	Person Medicare Number	Patient’s Medicare Number or all 8's if Medicare Number n/a
1006	Person Birth Date	Patient’s Date Of Birth
1010	Person Gender Code	Valid Sex Code (including Unknown).
1011	Person Marital Status Code	Code indicating Patient's Marital Status (including Unknown)
1012	Person Race Code	Code indicating Patient's Race (including Unknown)
1019	Assessment City / County Code	The FIPS code of the patient's origin at the time of the original assessment.
1021	Assessment Status Effective Date	Effective Date of Patient's most recent Assessment Status (See DE 1421). This is a system generated date and is changed whenever the Assessment Status Code changes.
1022	Assessment Source Code	Code indicating the source of/reason for the patient's assessment.
1023	Assessment Date	Date of the patient assessment.
1024	Assessment Provider ID Type	Identifies the provider type (NPI or Legacy) used to add the Assessments.
1040	Assessment Provider Number	Identifies provider completing Assessment including providers associated with split payments.
1042	PIRS Patient’s Admission Date	Date on which the patient was admitted for/to this Service/Facility.
1043	PIRS Patient’s Discharge Date	DMAS-80: Date on which the patient was discharged from this Service/Facility or the date on which the Service/Facility expired for the patient.
1054	PIRS Medical Status - Paralysis/Paresis Code	Code indicating the level of the patient's paralysis/paresis.
1055	PIRS Medical Diagnosis Code	Code(s) identifying medical diagnosis.
1073	PIRS Medical Status - Joint Motion Code	Patient’s Degree of Joint Motion Disorders
1080	PIRS Function Status - Bath Code	Code indicating the amount/type of assistance required by the patient in bathing.
1081	PIRS Function Status - Dressing Code	Code indicating the amount/type of assistance required by the patient in dressing.
1082	PIRS Function Status - Toilet Code	Code indicating the amount/type of assistance required by patient in using the toilet.
1083	PIRS Function Status - Transfer Code	Code indicating the amount/type of assistance required by the patient in moving about.
1084	PIRS Function Status - Bowel Code	Code indicating the amount/type of assistance required by the patient in control of the bowel.
1085	PIRS Function Status - Bladder Code	Code indicating the amount/type of assistance required by the patient in control of the bladder.
1086	PIRS Function Status - Eating/Feeding Code	Code indicating the amount/type of assistance required by the patient in eating (feeding him/herself).
1087	PIRS Function Status - Behavior Code	Code indicating the patient's overall emotional behavior, ranging from 'Appropriate' to 'Comatose'.

Element ID	Element Name	Description
1088	PIRS Function Status - Orientation Code	Code indicating the patient's emotional orientation, ranging from 'Oriented' thru 'Disoriented' to 'Comatose'.
1089	PIRS Function Status - Mobility Level Code	Code indicating patient's ability to go outside with/without mechanical/human help.
1090	PIRS Function Status - Walking Code	Code indicating patient's ability to walk with/without mechanical/human help.
1091	PIRS Function Status - Wheeling Code	Code indicating patient's ability to wheel with/without mechanical/human help.
1093	PIRS Function Status - Communications Code	Code indicating patient's ability to communicate in English or an other language.
1101	PIRS Current Service - Occupational Therapy Code	Code indicating whether or not the patient receives Occupational Therapy; 'Yes'/'No'.
1102	PIRS Current Service - Physical Therapy Code	Code indicating whether or not the patient receives Physical Therapy; 'Yes'/'No'.
1103	PIRS Current Service - Speech Therapy Code	Code indicating whether or not the patient receives Speech Therapy; 'Yes'/'No'.
1116	PIRS Current Service - Daily Dressing Code	Code indicating whether or not the patient receives dressing care; 'Yes'/'No'.
1156	PAS Medicaid Application Code	Pre-Admission Screening: Code Indicating Whether a Patient plans to Submit (or has) a Nursing Home Application. ** For conversion purposes: convert any code other than 0 and 1 to N.
1157	PAS Medicaid Authorization Code	Pre-Admission Screening: Medicaid Authorization Code
1158	PAS Length of Stay Code	Pre-Admission Screening: Code indicating Length of Stay Authorized
1159	PAS Auxiliary Grant Applied Code	Pre-Admission Screening: Code indicating whether an Auxiliary Grant has been Applied
1160	PAS Service Availability Code	Pre-Admission Screening: Code indicating Status of Availability of Authorized Services
1161	PAS Medicaid Eligibility Code	Pre-Admission Screening: Code indicating Status of Medicaid Eligibility.
1165	PAS Level II Assessment Determination Code	Pre-Admission Screening: Code Indicating Status of Level II Assessment Active Treatment Referral
1166	HIV Waiver Nutrition Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1201	Electronic UAI - Vendor Id	Submitted on Electronic UAI by vendors. These number will be given by FH at the time of FTP set up.
1202	Electronic UAI - Vendor Name	Vendor Name
1203	Electronic UAI - Vendor Contact Name	Vendor Contact Name
1204	Electronic UAI - Vendor Contact Phone Number	Vendor Contact Phone Number
1205	Electronic UAI - Vendor Email Id	Vendor Email Id
1206	Electronic UAI - Vendor Begin Date	Vendor Begin Date
1207	Electronic UAI - Vendor End Date	Vendor End Date
1208	Electronic UAI - Vendor Fax Number	Vendor Fax Information
1211	UAI Communication of Needs Code	Can Patient Communicate in English, Other Language or Sign?
1212	UAI Usually Live Physical Environment Code	Where does Patient Live? Does anyone live with Patient?
1213	UAI Functional Status - Bathing Code	Does Patient need Help (Mechanical or Human) with Bathing?
1214	UAI Functional Status - Dressing Code	Does Patient need Help (Mechanical or Human) with Dressing?
1215	UAI Functional Status - Toileting Code	Does Patient need Help (Mechanical or Human) with Toileting?
1216	UAI Functional Status - Transferring Code	Does Patient need Help (Mechanical or Human) with Transferring (in and out of bed, etc.)?

Element ID	Element Name	Description
1217	UAI Functional Status - Eating / Feeding Code	Does patient need help (mechanical or human) with eating?
1218	UAI Functional Status - Bowel Code	Does Patient need Help (incontinence, device) with Bowel Activity?
1219	UAI Functional Status - Bladder Code	Does Patient need Help (incontinence, device) with Bladder Activity?
1220	UAI Functional Status - Walking Code	Does Patient need Help (Mechanical or Human) with Walking?
1221	UAI Functional Status - Wheeling Code	Does Patient need Help (Mechanical or Human) with Wheeling?
1222	UAI Functional Status - Stair Climbing Code	Does Patient need Help (Mechanical or Human) with Stair Climbing?
1223	UAI Functional Status - Mobility Code	Does Patient need Help (Mechanical or Human) with Overall Mobility?
1224	UAI Functional Status - Meal Preparation Code	Does Patient need Help with Meal Preparation (Yes/No)?
1225	UAI Functional Status - Housekeeping Code	Does Patient need Help with Housekeeping (Yes/No)?
1226	UAI Functional Status - Laundry Code	Does Patient need Help with Laundry (Yes/No)?
1227	UAI Functional Status - Money Management Code	Does Patient need Help with Money Management (Yes/No)?
1228	UAI Functional Status - Transportation Code	Does Patient need Help with Transportation (Yes/No)?
1229	UAI Functional Status - Shopping Code	Does Patient need Help with Shopping (Yes/No)?
1230	UAI Functional Status - Using Phone Code	Does Patient need Help with Using Phone (Yes/No)?
1231	UAI Functional Status - Home Maintenance Code	Does Patient need Help with Home Maintenance (Yes/No)?
1232	UAI Medication Profile - Medical Diagnosis Code	Codes for three or fewer Major Medical Diagnoses.
1233	UAI Medication Profile - Number Of Medications	Number Of Medications Taken by Patient
1234	UAI Medication Profile - Administer Medication Code	Medication Administered by Self, Lay Person, Professional Nurse
1235	UAI Sensory Function - Vision Code	Impairment to Patient's Vision
1236	UAI Sensory Function - Hearing Code	Impairment to Patient's Hearing
1237	UAI Sensory Function - Speech Code	Impairment to Patient's Speech
1238	UAI Sensory Function - Joint Motion Code	Patient's ability to move arms, fingers and legs.
1239	UAI Sensory Function - Fractures / Dislocations Code	Has Patient had any Fractures/Dislocations? What is Rehabilitation Status?
1240	UAI Sensory Function - Missing Limbs Code	Is Patient missing any fingers/toes, arms, legs or combinations? What is Rehabilitation Status?
1241	UAI Sensory Function - Paralysis / Paresis Code	Has Patient lost voluntary movement of any body part? What is Rehabilitation Status?
1242	Assessment Patient's Height	What is Patient's Height in inches?
1243	Assessment Patient's Weight	What is Patient's Weight in pounds?
1244	Assessment Patient's Recent Weight Gain Or Loss Code	Has Patient had Recent Weight Gain Or Loss?
1245	UAI Current Medical Services - Occupational Therapy Code	Does Patient get Occupational Therapy?
1246	UAI Current Medical Services - Physical Therapy Code	Does Patient get Physical Therapy?
1247	UAI Current Medical Services - Reality / Remotivation Therapy Code	Does Patient get Reality/Remotivation Therapy?
1248	UAI Current Medical Services - Respiratory Therapy Code	Does Patient get Respiratory Therapy?

Element ID	Element Name	Description
1249	UAI Current Medical Services - Speech Therapy Code	Does Patient get Speech Therapy?
1250	UAI Current Medical Services - Other Therapies Code	Does Patient get any other Therapies?
1251	UAI Current Medical Services - Pressure Ulcers Code	Stage, Location and Size of any Pressure Ulcers
1252	UAI Current Medical Services - Bowel / Bladder Training Code	Does patient get special Nursing Care (Bowel/Bladder Training)
1253	UAI Current Medical Services - Dialysis Code	Does patient set special Nursing Care (Dialysis)
1254	UAI Current Medical Services - Dressing Wound Care Code	Does patient get special Nursing Care (Dressing Wound Care)
1255	UAI Current Medical Services - Eye Care Code	Does patient get special Nursing Care (Eye Care)
1256	UAI Current Medical Services - Glucose / Blood Sugar Code	Does patient get special Nursing Care (Glucose/Blood Sugar Monitoring)
1257	UAI Current Medical Services - Injections / IV Therapy Code	Does patient get special Nursing Care (Injections/IV Therapy)
1258	UAI Current Medical Services - Oxygen Code	Does patient get special Nursing Care (Oxygen Therapy)
1259	UAI Current Medical Services - Radiation / Chemotherapy Code	Does patient get special Nursing Care (Radiation/Chemotherapy)
1260	UAI Current Medical Services - Restraints Code	Does patient get special Nursing Care (Restraints - Physical, Chemical)
1261	UAI Current Medical Services - Range Of Motion Exercise Code	Does patient get special Nursing Care (Range Of Motion Exercise)
1262	UAI Current Medical Services - Trach Care / Suctioning Code	Does patient get special Nursing Care (Trach Care/Suctioning)
1263	UAI Current Medical Services - Ventilator Code	Does patient get special Nursing Care (Ventilator)
1264	UAI Current Medical Services - Other Special Procedures Code	Does patient get special Nursing Care (Other Special Procedures)
1265	UAI Ongoing Medical Nursing Needs Code	Does Patient have Ongoing Medical Nursing Needs based on Assessor Evaluation
1266	UAI Cognitive Function - Orientation Code	Patient's Orientation, Recall, Memory and Judgment
1267	UAI Behavior Pattern Code	Does Patient Wander without purpose or become Agitated and Abusive?
1268	UAI Informal Caregiver Code	Does Patient have an Informal Caregiver - Yes/No?
1269	UAI Informal Caregiver Help Code	Is the Informal Caregiver Adequate - Yes/No?
1270	UAI Unmet Needs - Home / Physical Environment Code	Patient's Needs which are not being met - Home/Physical Environment
1271	UAI Unmet Needs - Finances Code	Patient's Needs which are not being met - Finances
1272	UAI Unmet Needs - Activities of Daily Living Code	Patient's Needs which are not being met - Activities of Daily Living (ADLS)
1273	UAI Unmet Needs - Instrumental Activities of Daily Living Code	Patient's Needs which are not being met - Instrumental Activities of Daily Living (IADLS)
1274	UAI Unmet Needs - Assistive Devices / Medical Equipment Code	Patient's Needs which are not being met - Assistive Devices/Medical Equipment
1275	UAI Unmet Needs - Medical Care / Health Code	Patient's Needs which are not being met - Medical Care/Health
1276	UAI Unmet Needs - Nutrition Code	Patient's Needs which are not being met - Nutrition
1277	UAI Unmet Needs - Cognitive / Emotional Code	Patient's Needs which are not being met - Cognitive/Emotional
1278	UAI Unmet Needs - Caregiver Support Code	Patient's Needs which are not being met - Caregiver Support

Element ID	Element Name	Description
1279	Assessment Control Number	This is the ICN printed on the assessment package during the imaging process prior to data entry or other processing. This value is generated by the imaging process and is then keyed manually into the assessment when it is entered into the system.
1280	UAI Current Formal Service - Adult Day Care Code	Adult Day Care service currently used?
1281	UAI Current Formal Service - Adult Protective Code	Case Management service currently used?
1282	UAI Current Formal Service - Case Management Code	Case Management service currently used?
1283	UAI Current Formal Service - Chore, Companion, Homemaker Code	Chore, Companion, Homemaker service currently used?
1284	UAI Current Formal Service - Congregate Meals, Senior Center Code	Congregate Meals, Senior Center service currently used?
1285	UAI Current Formal Service - Financial Management, Counseling Code	Financial Management, Counseling service currently used?
1286	UAI Current Formal Service - Friendly Visitor, Telephone Reassurance Code	Friendly Visitor, Telephone Reassurance service currently used?
1287	UAI Current Formal Service - Habilitation, Supported Employment Code	Habilitation, Supported Employment service currently used?
1288	UAI Current Formal Service - Home Delivered Meals Code	Home Delivered Meals service currently used?
1289	UAI Current Formal Service - Home Health, Rehabilitation Code	Home Health, Rehabilitation service currently used?
1290	UAI Current Formal Service - Home Repairs, Weatherization Code	Home Repairs, Weatherization service currently used?
1291	UAI Current Formal Service - Housing Code	Housing service currently used?
1292	UAI Current Formal Service - Legal Code	Legal service currently used?
1293	UAI Current Formal Service - Mental Health (Inpatient, Outpatient) Code	Mental Health (Inpatient, Outpatient) service currently used?
1294	UAI Current Formal Service - Mental Retardation Code	Mental Retardation service currently used?
1295	UAI Current Formal Service - Personal Care Code	Personal Care service currently used?
1296	UAI Current Formal Service - Respite Code	Respite service currently used?
1297	UAI Current Formal Service - Substance Abuse Code	Substance Abuse service currently used?
1298	UAI Current Formal Service - Transportation Code	Transportation service currently used?
1299	UAI Current Formal Service - Vocational Rehab , Job Counseling Code	Vocational Rehab , Job Counseling service currently used?
1300	UAI Current Formal Service - Other Code	Other service currently used?
1301	UAI Financial Resources - Legal Guardian Representative Code	Does anyone have Legal Guardian power for you?
1302	UAI Financial Resources - Power of Attorney Representative Code	Does anyone have Power of Attorney for you?
1303	UAI Financial Resources - Payee Representative Code	Does anyone have Representative Payee power for you?
1304	UAI Financial Resources - Other Representative Code	Does anyone have Other power for you?

Element ID	Element Name	Description
1305	UAI Financial Resources - Auxiliary Grant Benefits Code	Do you receive Auxiliary Grant benefits / entitlements?
1306	UAI Financial Resources - Food Stamps Benefits Code	Do you receive Food Stamps benefits / entitlements?
1307	UAI Financial Resources - Fuel Assistance Benefits Code	Do you receive Fuel Assistance benefits / entitlements?
1308	UAI Financial Resources - General Relief Benefits Code	Do you receive General Relief benefits / entitlements?
1309	UAI Financial Resources - State and Local Hospitalization Benefits Code	Do you receive State and Local Hospitalization benefits / entitlements?
1310	UAI Financial Resources - Subsidized Housing Benefits Code	Do you receive Subsidized Housing benefits / entitlements?
1311	UAI Financial Resources - Tax Relief Benefits Code	Do you receive Tax Relief benefits / entitlements?
1312	UAI Financial Resources - Medicare Insurance Code	Do you have Medicare insurance?
1313	UAI Financial Resources - Medicaid Insurance Code	Do you have Medicaid insurance?
1315	UAI Financial Resources - Medicaid Pending Insurance Code	Do you have Medicaid insurance Pending?
1316	UAI Financial Resources - Medicaid QMB, SLMB Insurance Code	Do you have Medicaid QMB, SLMB insurance?
1317	UAI Financial Resources - Other Public, Private Insurance Code	Do you have Other Public, Private insurance?
1318	UAI Medical Admissions - Hospital Code	Within past 12 months, been admitted to hospital?
1319	UAI Medical Admissions - Nursing Facility Code	Within past 12 months, been admitted to nursing facility?
1320	UAI Medical Admissions - Adult Care Residence Code	Within past 12 months, been admitted to Adult Care Residence?
1321	UAI Advanced Directives - Living Will Code	Does patient have advanced directive such as Living Will?
1322	UAI Advanced Directives - Durable Power of Attorney for Health Care Code	Does patient have advanced directive such as Durable Power of Attorney for Health Care?
1323	UAI Advanced Directives - Other Code	Does patient have other advanced directive?
1324	UAI Cognitive Function - Short Term Memory Loss Code	Has the patient suffered a short-term memory loss?
1325	UAI Cognitive Function - Long Term Memory Loss Code	Has the patient suffered a long-term memory loss?
1326	UAI Cognitive Function - Judgment Problem Code	Does the patient have a judgment problem?
1327	UAI Cognitive Function - MMSE Score	MMSE Score - Max 20; 14 and below implies cognitive impairment
1328	UAI Alcohol, Drug Use Hospitalization Code	Treatment during last 2 years for nerves, mental health, alcohol or drugs?
1329	UAI Informal Caregiver Proximity (Live) Code	Where does the Informal Caregiver live?
1330	UAI Informal Caregiver Patient Burden on Caregiver Code	Has providing care to the client become a burden for the caregiver?
1334	Person First Name	First Name of the Patient [X(12)]
1335	Person Middle Initial	Middle Initial of the Patient's Name [X(1)]
1336	Person Last Name	Last Name of the Patient [X(19)]
1337	Person Name Suffix	Name Suffix [X(3)]

Element ID	Element Name	Description
1338	Person Address Line 2	Used for "Attention of", "In Care of", etc. [X(40)] from LTC Patient's Address part 2.
1339	Person Address Line 1	Used for Street or POB Address from LTC Patient's Address part 1.
1340	Person Address City Name	Used for City Name from LTC Patient's Address part 3.
1341	Person Address State Code	State Code [X(2)] from LTC Patient's Address
1346	PAS Level I Physician Authorization Date	Pre-Admission Screening: This is the date of the physician's signature on Form DMAS-96 (revised 8/97)
1350	PAS Patient Expired Code	Pre-Admission Screening: This field shows whether the patient has expired since Pre-Admission Screening.
1352	PAS Case Management Code	Pre-Admission Screening: Code Indicating Status of ACR Case Management.
1355	PAS MIMR Level II Reimbursement Rate Code	Pre-Admission Screening: Reimbursement Rate for NHPAS Level II Assessment.
1358	CBC Nursing Information - Aide Weekly Hours	DMAS-99:Aide provides care to patient - weekly hours
1359	CBC Nursing Information - Aide Days per Week	DMAS-99:Aide provides care to patient - days per week
1360	HIV Waiver Hygiene Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1361	HIV Waiver Toileting Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1362	HIV Waiver Activity Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1363	HIV Waiver Behavior Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1364	HIV Waiver Teaching, Emotional Support Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1365	HIV Waiver Treatments, Medications Rating Score	DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor
1366	HIV Waiver Rating Total Score	DMAS-113A:Total Score - Karnofsky Performance Status Scale Acuity Assessment Note: This field is the sum of the other performance scores.
1367	HIV Waiver Stage of Disease	DMAS-113A:Stage of Disease (AIDS) - Karnofsky Performance Status Scale Acuity Assessment
1368	HIV Waiver Nutritional Supplements Services Code	DMAS-113B:Nutritional Supplements Authorized
1369	HIV Waiver Personal Care Services Code	DMAS-113B:Personal Care Authorized
1370	HIV Waiver Private Duty Nursing Services Code	DMAS-113B:Private Duty Nursing Authorized
1371	HIV Waiver Respite Care Services Code	DMAS-113B:Respite Care Authorized
1372	Assessment Package Code	Identifies the Assessment Package being processed when record created.
1373	CBC Cognitive Function - Orientation Code	DMAS-99: Patient's orientation, recall, memory and judgment
1374	CBC Behavior Pattern Code	DMAS-99: Does patient wander without purpose or become agitated and abusive?
1375	CBC Functional Status - Mobility Code	DMAS-99: Does Patient need Help (Mechanical or Human) with Overall Mobility?
1376	CBC Administer Medication Code	DMAS-99: Medication administered by self, lay person, professional nurse?
1377	CBC Functional Status - Bathing Code	DMAS-99: Does Patient need Help (Mechanical or Human) with Bathing?
1378	CBC Functional Status - Bladder Code	DMAS-99: Does Patient need Help (incontinence, device) with Bladder Activity?
1379	CBC Functional Status - Dressing Code	DMAS-99: Does Patient need Help (Mechanical or Human) with Dressing?
1380	CBC Functional Status - Eating / Feeding Code	DMAS-99: Does Patient need Help (Mechanical or Human) with Eating?

Element ID	Element Name	Description
1381	CBC Functional Status - Toileting Code	DMAS-99: Does Patient need Help (Mechanical or Human) with Toileting?
1382	CBC Functional Status - Transferring Code	DMAS-99: Does Patient need Help (Mechanical or Human) with Transferring (in and out of bed, etc.)?
1383	CBC Function Status - Joint Motion Code	DMAS-99: How is patient's ability to move arms, fingers and legs?
1384	HIV Waiver Case Management Services Code	DMAS-113B:Case Management Authorized
1386	CBC Functional Status - Bowel Code	DMAS-99: Does Patient need Help (incontinence, device) with Bowel Activity?
1390	CBC Comments	Notepad area for the user to enter comments related to the DMAS-99 Nursing Assessment.
1392	Reassessment Flag	An indicator describing whether this assessment is a reassessment.
1393	Assessment Provider Level Code	An attribute that describes the acceptable Level Codes of a Provider.
1394	Assessment Screener Level Code	An attribute that describes the acceptable Screener Level Codes.
1395	Financial Transaction Provider Id Type	Indicate's whether Financial Transaction is for Legacy Id, Atypical or NPI
1396	Assessment Message Name	Short Text describing messages associated with the on-line data-entry validation of Assessments.
1397	Financial Transaction Servicing Provider ID Type	Indicates whether servicing provider is Legacy, Atypical or NPI.
1398	Assessment Segment Sequence Number	System generated sequence number to uniquely identify Assessment Segments since an individual can have 0 to many Assessments.
1399	Level of Care Name	Short text describing the Level of Care code.
1404	Assessment Source Code Name	Short text describing the Source Code.
1407	Assessment Data Element Identifier	Number that uniquely identifies a Data Element associated with a specified Assessment Package.
1408	Assessment Data Element Name	Short text describing the Data Element associated with an Assessment Package.
1419	Assessment Message Sequence Number	System-generated number to uniquely identify Message Numbers.
1420	Quarterly Interim Calculation Flag	Flag to indicate quarterly interim calculation.
1421	Assessment Approval Code	A code that is internally generated to indicate whether an assessment has been Approved, Pended or Denied.
1422	Assessment Medical Diagnosis Order Sequence	Identifies the order in which the Assessment Medical Diagnosis Codes are captured on the screen and the order in which they will be displayed. Currently, only three (3) maximum can be entered and they will be written out to the database in the following sequential order as 1, 2 and 3.
1424	Assessment Message Sent Flag	An indicator that is used to denote whether the error messages for an Assessment have been sent to the provider of service.
3013	TPL Coverage Code	A code that identifies the type of coverage an enrollee has with the third party. Allowed values in this report are 'A' = Part A, 'B' = Part B and 'RD' = Part D.
3657	TPL Carrier Code	The code that identifies the carrier.
3658	TPL Policy Number	The number assigned to the policy by the insurance carrier.
3659	TPL Policy Effective Date	The date the policy began with the insurance carrier.
3660	TPL Policy End Date	The date the policy ended with the insurance carrier.
3667	TPL Coverage Effective (Begin) Date	The date the coverage began.
3668	TPL Coverage End Date	The date the coverage ended.
3670	TPL Policy Holder Social Security Number (SSN)	The social security number of the policyholder.
3671	TPL Policy Coinsurance Amount	The coinsurance amount for the policy.

Element ID	Element Name	Description
3672	TPL Coverage Co-pay Amount	The co-pay amount for each type of coverage.
3673	TPL Carrier Name	The name of the carrier to whom inquiries should be made.
3674	TPL Carrier Additional Address Name	The first line of the carrier's address to which inquiries should be made.
3675	TPL Carrier Address Line	The second line of the carrier's address to which inquiries should be made.
3676	TPL Carrier City Name	The city in which the inquiry office is located.
3677	TPL Carrier State Code	The state in which the inquiry office is located.
3678	TPL Carrier ZIP Code	The zip code in which the inquiry office is located.
3679	TPL Carrier Federal Identification Number	The tax identification number for the carrier.
3680	TPL Carrier Phone Number	The telephone number at the inquiry office.
3681	TPL Carrier Contact Name	The name of the contact person at the inquiry office.
3682	Absent Parent Employer Name	The name of the absent parent's employer.
3683	Absent Parent Employer Additional Address Name	The first line of the absent parent's employer address.
3684	Absent Parent Employer Address Line	The second line of the absent parent's employer address.
3685	Absent Parent Employer City Name	The city in which the absent parent's employer is located.
3686	Absent Parent Employer State Code	The state in which the absent parent's employer is located.
3687	Absent Parent Employer ZIP Code	The zip code in which the absent parents employer is located.
3688	TPL Premium Type	A code that indicates the reason why the TPL premiums are being paid by the Medicaid Program.
3689	Coverage Sequence Number	This sequence number will automatically be assigned by DB2 for each TPL Policy Coverage segment that is inserted.
3690	TPL Coverage Exhaustion Indicator	A field that indicates whether benefits have been exhausted for the type of coverage.
3691	TPL Coverage Deductible Type	This field identifies the type of deductible for the coverage code.
3692	TPL Coverage Deductible Type Met Indicator	A field that indicates whether the deductible has been met for the type of coverage.
3694	TPL Policy Deductible Type Met Indicator	A field that indicates whether the deductible has been met for the policy.
3695	TPL Policy Deductible Amount	The amount of deductible for the policy.
3696	TPL Coverage Deductible Amount	The amount of deductible for the type of coverage.
3697	TPL Group Number	The group number associated with the policy.
3698	TPL Status Code	A code that indicates the status of the resource segment. Allowed values on this report are 'A' = Active and 'I' = Inactive.
3699	TPL Status Date	The date in which the status code was last changed.
3700	TPL Verify Indicator	A field that indicates whether the policy information was verified.
3701	TPL Verify Date	The date in which the policy segment information was verified.
3703	TPL Policy Type	A code that indicates the type of policy.
3704	TPL Relationship Code	A code that indicates the relationship between the enrollee and policyholder.
3705	TPL Policyholder Telephone Number	The phone number of the policyholder.
3706	TPL Policy Coinsurance Percentage Amount	The coinsurance percentage amount for the policy.
3707	TPL Coverage Co-pay Percentage Amount	The co-pay percentage amount for the type of coverage.

Element ID	Element Name	Description
3708	TPL Carrier Remarks	A field for the user to enter additional remarks regarding the inquiry carrier.
3709	TPL Carrier Billing Name	The name of the carrier to whom billings should be mailed.
3710	TPL Carrier Billing Contact Name	The name of the contact person at the billing office.
3711	TPL Carrier Billing Telephone Number	The telephone number at the billing office.
3712	TPL Carrier Billing Additional Address Name	The first line of the carrier's address to which billings should be mailed.
3713	TPL Carrier Billing Address Line	The second line of the carrier's address to which billings should be mailed.
3714	TPL Carrier Billing City Name	The city in which the billing office is located.
3715	TPL Carrier Billing State Code	The state in which the billing office is located.
3716	TPL Carrier Billing ZIP Code	The zip code in which the billing office is located.
3717	TPL Carrier Billing Remarks	A field for the user to enter additional remarks regarding the billing carrier.
3718	TPL DSS Update Indicator	This field is used to indicate whether or not the absent parent data received from DSS via tape should update the existing Resource record.
3719	TPL PARTD Declined	A code that indicates if Enrollee declined Part-D coverage (For Future Usage)
3720	TPL Carrier Info Type	Indicates whether the TPL Insurance Carrier table entry is Inquiry or Billing information
3721	TPL Absent Parent Indicator	A field that indicates the type of absent parent coverage.
3722	TPL PARTD Source Code	A code that indicates the source of Part-D segment modification.
3723	TPL PARTD Lock	A code that designates whether CMS data can override data already present. Default is 'N' for not locked.
3724	TPL PARTD Buyin Suppress Flag	A code that provides a means to suppress reporting individuals from RS-O-333 report where the Buy-in unit has determined that the discrepancy is legitimate.
3725	TPL PARTD Cancel Date	
3726	TPL Source Code	A code that indicates where the lead originated from.
3727	TPL Group Name	The name of the group associated with the policy.
3728	TPL Letter Exception Indicator	A flag to indicate that the TPL Carrier does not contain an address. This flag is used in the TPL Suspect Letter process to determine which address the letter is sent to.
3729	TPL PDP Plan Number	This field is for Future Usage.
3730	TPL Policyholder Address Line	The policyholders street address.
3731	TPL Policyholder City Name	The city in which the policyholder resides.
3732	TPL Policyholder State Code	The state in which the policyholder resides.
3733	TPL Policyholder ZIP Code	The zip code in which the policyholder resides.
3734	TPL Letter Sent Date	The date the initial letter was generated.
3735	TPL Letter Follow-up Date	The date the follow-up letter was generated.
3737	TPL Policyholder Last Name	The last name of the policyholder.
3738	TPL Policyholder First Name	The first name of the policyholder.
3739	TPL Policyholder Middle Initial	The middle initial of the policyholder.
3741	Absent Parent IVD Case Number	This is the Child Support Enforcement Case Number for the Absent parent.
3742	Absent Parent District Code	A code that indicates where the district office is located. Valid values are contained in DB2 table TP_DISTRICT_R.

Element ID	Element Name	Description
3743	Absent Parent Custodial Parent MPI Number	The custodial parents MPI number.
3744	Absent Parent Custodial Parent Last Name	The custodial parents last name.
3745	Absent Parent Custodial Parent First Name	The custodial parents first name.
3746	Absent Parent Custodial Parent Middle Initial	The custodial parents middle initial.
3747	Absent Parent MPI Number	The absent parents MPI number.
3748	Absent Parent Last Name	The absent parents last name.
3750	Absent Parent Custodial Parent Social Security Number (SSN)	The custodial parents social security number.
3751	Absent Parent First Name	The absent parents first name.
3752	Absent Parent Middle Initial	The absent parents middle initial.
3754	Absent Parent Social Security Number (SSN)	The absent parents social security number.
3755	Absent Parent Additional Address Name	The first line of the absent parents street address.
3756	Absent Parent Address Line	The second line of the absent parents street address.
3757	Absent Parent City Name	The city in which the absent parent resides.
3758	Absent Parent State Code	The state in which the absent parent resides.
3759	Absent Parent ZIP Code	The zip code in which the absent parent resides.
3760	Absent Parent Country Name	The name of the country in which the absent parent resides.
3761	Absent Parent International ZIP Code	The international zip code in which the absent parent resides.
3762	Absent Parent Dependent MPI Number	The dependents MPI number.
3763	Absent Parent Dependent Social Security Number (SSN)	The dependents social security number.
3764	Absent Parent Dependent Last Name	The dependents last name.
3765	Absent Parent Dependent First Name	The dependents first name.
3766	Absent Parent Dependent Middle Initial	The dependents middle initial.
3768	Absent Parent Court Order Code	A code that indicates that medical support was ordered.
3769	Absent Parent Court Order Amount	The amount of the medical support order.
3770	Absent Parent Court Order Frequency	A code that indicates the frequency for the medical support that was ordered.
3771	Absent Parent Court Order Start Date	The date the ordered medical support is to start.
3772	Absent Parent Insurance Indicator	A field that indicates if the responsible parent has obtained insurance.
3776	Absent Parent Court Order Type Code	A code that indicates the type of the medical support order.
3777	Absent Parent Court Order Percentage Amount	The percentage of medical support ordered.
3790	Absent Parent Update Indicator	A field that indicates the type of action taken on the record.
3791	Absent Parent District Name	The DSS district office name.
3793	Person Relationship	This code will identify a person's relationship to a Case for the Absent Parent subsystem.
3794	Covered Participant MPI Number	This is the Absent Parent's covered participant MPI Number.
3795	TPL Incident Analyst	TPL Incident Analyst
3796	TPL Incident Lien Flag	TPL Incident Lien Flag
3798	TPL Incident Claim Flag	TPL Incident Claim Flag

Element ID	Element Name	Description
3799	TPL Incident Trust Begin Date	TPL Incident Trust Begin Date
3821	DEERS State Code Number	A code that is assigned to the state by HCFA.
3822	DEERS State Unique ID Number	The enrollee number associated to the individual record.
3828	DEERS Match Code	A code that indicates how successful the match was with DEERS.
3829	DEERS Match Name Code	A code that indicates whether DEERS was able to match on the sponsor or dependents name.
3830	DEERS Match Date of Birth Code	A code that indicates whether DEERS was able to match on the sponsor or dependents date of birth.
3831	DEERS Sponsor Social Security Number (SSN)	The social security number of the sponsor.
3832	DEERS Sponsor Name	The last, first, and middle initial of the sponsors name.
3834	DEERS Sponsor Date of Birth	The date of birth of the sponsor.
3835	DEERS Sponsor Status Code	A code that indicates the current military status for the sponsor.
3836	DEERS Sponsor Service Code	A code that indicates the branch of service for the sponsor.
3837	DEERS Sponsor Type of Dependents Code	A code that indicates the type of eligible dependents for medical coverage.
3838	DEERS Sponsor Total Dependent Count	The total number of dependents reported to DEERS on the Department of Defense form 1172.
3839	DEERS Sponsor Begin Date	The date the sponsor became eligible for Champus coverage.
3840	DEERS Sponsor End Date	The date the sponsor's Champus coverage ended.
3841	DEERS Sponsor CHAMPUS Privilege Code	A field that indicates the type of coverage available to the sponsor.
3842	DEERS Sponsor Direct Care Indicator	A field that indicates whether direct care is available to the sponsor.
3843	DEERS Sponsor Eligibility Code	A code that indicates the status of the sponsor's eligibility.
3844	DEERS Sponsor Eligibility Ended Reason Code	A code that indicates the reason why the sponsor coverage ended.
3845	DEERS Sponsor Sex Code	A code that indicates the sponsor's sex.
3846	DEERS Sponsor Medicare Indicator	A code that indicates whether the sponsor has Medicare coverage.
3847	DEERS Dependent Name	The last, first, and middle initial of the dependents name.
3848	DEERS Dependent Date of Birth	The dependents date of birth.
3850	DEERS Dependent Begin Date	The date the dependent became eligible for Champus coverage.
3851	DEERS Dependent End Date	The date the dependents Champus coverage ended.
3852	DEERS Dependent CHAMPUS Privilege Code	A field that indicates the type of coverage available to the dependent.
3853	DEERS Dependent Direct Care Indicator	A field that indicates whether direct care is available to the dependent.
3854	DEERS Dependent Eligibility Code	A code that indicates the status of the dependents eligibility.
3855	DEERS Dependent Eligibility End Reason Code	A code that indicates why the dependents eligibility ended.
3856	DEERS Dependent Sex Code	A code that indicates the dependents sex.
3857	DEERS Dependent Student Indicator	A field that indicates whether the dependent is a student or handicapped.
3858	DEERS Dependent Relationship Code	A field that indicates the relationship between the dependent and sponsor.
3860	DEERS Dependent Medicare Eligibility Code	A code that indicates whether the dependent has Medicare coverage.
3866	DEERS HCFA Additional Address Name	The first line of the dependents street address that was sent from the MMIS to DEERS.
3867	DEERS HCFA Address Line	The second line of the dependents street address that was sent from the MMIS to DEERS.

Element ID	Element Name	Description
3868	DEERS HCFA City Name	The city in which the dependent resides based on information sent from the MMIS to DEERS.
3869	DEERS HCFA State Code	The state in which the dependent resides based on information sent from the MMIS to DEERS.
3870	DEERS HCFA ZIP Code	The zip code in which the dependent resides based on information sent from the MMIS to DEERS.
3876	TPL Incident Trust End Date	TPL Incident Trust End Date
3879	TPL Incident Trust Type	TPL Incident Trust Type
3880	TPL Incident Trust Flag	TPL Incident Trust Flag
3882	TPL Incident Address Type	TPL Incident Address Type
3883	TPL Incident Address Name	TPL Incident Address Name
3884	TPL Incident Phone Number	TPL Incident Phone Number
3885	TPL Incident Address Line 1	TPL Incident Address Line 1
3886	TPL Incident Address Line 2	TPL Incident Address Line 2
3887	TPL Incident Address City	TPL Incident Address City
3888	TPL Incident Address State	TPL Incident Address State
3889	TPL Incident Address Zip Code	TPL Incident Address Zip Code
3890	TPL Incident Remarks	TPL Incident Remarks
3891	TPL ACTIVE COVERAGE FLAG	An indicator to denote which TPL coverage is active.
3892	TPL Coverage Add Date	Date of coverage add and termination
3893	TPL Incident Delete Indicator	Indicator to determine Incident, Attorney, Estate or Trustee deletes on the TPL Incident Screen.
3894	TPL Incident Scroll Indicator	An indicator which will determine which information to scroll on the TPL Incident Information Screen.
5658	Bank Account Type Indicator	Indicates whether it is Medicaid or FAMIS account
9501	HIPP Administrative Fees	The additional fees that may be associated with paying premiums.
9502	HIPP Case Approved Date	The date the HIPP/HIV case was approved for premium payments.
9503	HIPP Average Cost	The average Medicaid cost per dependent. This is based on the actuarial table in Reference.
9504	HIPP Premium From Date	The first month covered by the premium check. This field is in CCYYMM format.
9505	HIPP Eligibility Begin Date	The date the case was approved for each dependent.
9506	User ID	User ID of last person who updated the case.
9507	HIPP Program Indicator	This field indicates the DMAS Program Indicator for an ESHI, HIPP or Ryan White case.
9508	HIPP Payee Start Date	This is the start date for the payee.
9509	HIPP Comments Text	An area for the user to enter comments relating to the case.
9511	HIPP Payee End Date	The end date related to the payee.
9512	Payee Address Line	The second street address in which the employee, insurance, employer, and other entity resides.
9513	Payee Additional Address Line	The first street address in which the employee, insurance, employer, and other entity resides.

Element ID	Element Name	Description
9514	Payee City	The city in which the employee, insurance, employer, and other entity resides.
9515	HIPP Payee Sequence Number	A unique number assigned by the system to each HIPP Case Payee row.
9516	HIPP Dependent Count	This field is incremented as occurrences are written to the HIPP Cost Evaluation Data File.
9517	HIPP SSN/FEIN Number	The social security number of the employee or the federal employer identification number for the insurance carrier, employer, or other entity.
9518	Payee State	The state in which the employee, insurance, employer, or other entity resides.
9519	Payee Zip Code	The zip code in which the employee, insurance, employer, or other entity resides.
9520	HIPP Premium Through Date	The ending month covered by the premium check. This field is in CCYYMM format.
9521	HIPP Eligibility End Date	The date the case was canceled or denied for each dependent.
9522	HIPP File Number	A unique number assigned to each HIPP/HIV case.
9523	HIPP Monthly Medicaid Cost	The total monthly Medicaid cost, which is the total of the HIPP Average Cost for the dependents.
9524	HIPP Monthly Average Premium Cost	The calculated monthly premium cost.
9525	Negative Balance/Lien Record Identifier	The record identifier for each negative or lien balance row in the Financial Negative Balance and Lien Tables.
9526	HIPP Proof of Payment Sequence Number	System generated sequential number assigned to each row on the HIPP Proof of Payment Table.
9527	HIPP Payment Request Sequence Number	System generated sequential number assigned to each row on the HIPP Payment Request Table.
9528	HIPP TPL Plan Type	This code identifies the reason for the premium payments.
9529	EDI Adjustment Group Codes	Identifies the adjustment group code of a claim for the ANSI X.12 835
9530	Remittance Negative Balance Indicator	Indicates whether a Request for Payment will cause a provider's remittance to go negative.
9531	HIPP Override Indicator	A field for the user to override the results of a cost evaluation.
9532	Payee Type Code	An indicator to identify to whom the payments are to be made
9533	HIPP Payment Months	The number of months the employee receives a paycheck during the year.
9534	HIPP Payment Weeks	The number of weekly payments the employee will receive in a year.
9535	HIPP Plan Type Code	Signifies the type of insurance plan, employee only, employee + spouse, employee + children, or family.
9536	HIPP Medical Condition Indicator	Indicates whether a pre-existing medical condition exists.
9537	HIPP Premium Amount	The amount deducted from the employees check.
9538	HIPP Payment Frequency Code	The code of valid values for the frequency of insurance deductions from the employees check (weekly, bi-weekly, monthly).
9539	HIPP Application Received Date	The date the application was received by the HIPP unit.
9540	HIPP Reevaluation Date	Signifies the date a re-evaluation was performed on the case.
9541	HIPP Payment Requestor ID	The User ID of the person requesting the HIPP payment to be sent.
9542	HIPP Check Request Date	The date the user requested the check be generated. Equates to the date that the record is inserted to the file.
9543	Remittance Transaction Type Code	Identifies whether a Request for Payment is a Financial or Claims transaction.
9544	HIPP Case Status Code	A code which identifies the current status of a HIPP/HIV case.

Element ID	Element Name	Description
9546	HIPP Status Remarks	The user entered description of the status code.
9547	HIPP Payee/Comment Type Description	A descriptive name for the payee type and comments type related to a HIPP case.
9548	HIPP Letter Text Line	The letter text associated with all HIPP letters.
9549	HIPP Detail Action Type Code	A field at the occurrence level for invoking specific action.
9550	HIPP Enrollment Date	The date that the employee will be eligible to enroll in the group health insurance plan.
9551	HIPP Entered Date	The date the user entered the open enrollment data.
9553	HIPP Comments Type Code	The list of valid codes that describe the text contained in the HIPP Comments Text field of the HIPP Case Comments/Correspondence file.
9554	HIPP Check Stub Received Date	The date the check stub was received from the employee.
9555	HIPP Check Stub Amount	The premium amount deducted from the employee's pay check.
9556	HIPP Payment Sent Date	This date signifies when the payment request occurrence was extracted for payment.
9558	Payee Identifier	This field is automatically assigned to each payee record and used to identify the payee.
9559	HIPP Premium Repayment Amount	This field represents the actual amount of the premium that was requested.
9560	Payee Name	The name of the employee, insurance, employer, or other entity related to a HIPP case.
9563	HIPP Letter Type Code	This code describes the type of HIPP/HIV letter being created.
9565	Payee Phone Number	The phone number for the employer or insurance carrier for which insurance premiums are being paid.
9566	Payee Contact Name	The contact name at the employer's or insurance office for which insurance premiums are being paid.
9567	HIPP Status Code Description1	Description of HIPP status code for a HIPP Case.
9568	HIPP Status Code Description2	Description of HIPP status code for a HIPP Case.
9569	HIPP Status Code Begin Date	The begin date for the description of the HIPP Status Code
9570	HIPP Status Code End Date	The end date for the description of the HIPP Status Code
9575	Reissue Check Number	The check number that replaced a check or EFT that has been voided
9576	Remittance Check Number	This is a sequential number assigned to the check disbursed to payees and is incremented by one for each check generated.
9577	Remittance Check Amount	This is total payment amount for all direct and indirect services rendered by the provider for the current remittance cycle. The amount of the transaction in dollars and cents, with no punctuation. High order zeros will be used. The receiving bank will post this debit or credit amount to the appropriate account authorized by the customer. A zero amount field signals prenotification.
9578	Remittance Payment Date	Date of the remittance cycle.
9579	Negative Balance/Lien Detail Code	This code denotes what type of balance exists for recovery of monies from a payee, Negative (01) or Lien (02)
9580	Remittance Advice Number	A sequential number that identifies which RA is currently being produced for a provider. The number is incremented by one each time a new RA is generated. The 1st 5 positions are Julian date YYDDD format.
9584	Remittance Message Effective Date	This field contains the date/time at which a remittance advice message may begin to be used.
9585	Remittance Message End Date	This is the last date for the remittance message to be assigned to the remittance advice.

Element ID	Element Name	Description
9586	Remittance Message Text	This field contains the text or a portion of the text that composes a message to be printed on the Remittance Advice. One message may include multiple Remit Message Text lines. In such a case, the Remit Message Text Sequence Number is used to determine the order in which the text lines will appear.
9587	Remittance Message Number	This is field uniquely identifies a Remittance Message.
9588	Remittance Payee Identification Number	This field contains the identification number of the vendor or provider to whom a remittance check is paid. This field will hold up to nine digits for a Legacy ID or a Vendor Payee ID or a Primary Id for a NPI/API and will hold 10 digits for a NPI or an API.
9589	Remittance Payee Name	This field contains the name of the vendor or provider to whom a remittance check is paid.
9590	Remittance Payee Address Line	This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.
9591	Remittance Payee Additional Address Line	This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.
9592	Remittance Payee City	This is the valid city extracted from the master file of the vendor or provider to whom a remittance check is paid.
9593	Remittance Payee State	This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.
9594	Remittance Payee Zip Code	This is the valid zip code extracted from the master file of the vendor or provider to whom a remittance check is paid.
9595	Remittance Type Code	The type of record to be paid on the Remittance Advice. This relates to type of invoice being paid; facility (UB-92), professional (HCFA-1500, ADA-1500, and Pharmacy), or vendor
9597	Remittance Payee Type Code	This is an indicator identifying the type of payee.
9600	Payee Identifier Cross Reference ID	This data element contains the actual MMIS ID that is related to the I_PAYEE (a system generated sequential number) data element (9558). The MMIS ID could be a HIPP Case Number, an Enrollee ID, a lien holder number, or any other related IDs that are paid in the MMIS but not providers.
9639	BARS Bank Name	Financial Institution name that disbursement are drawn against.
9640	BARS Bank Address	This field stores the Bank Address information.
9641	BARS Bank Phone Number	Financial Institution phone number.
9642	BARS Bank Contact	Representative of the Financial Institution that would be state point of contact.
9643	BARS Bank E-Mail Address	E-Mail Address of the Financial Institution which state has bank account.
9645	BARS Bank Open Date	Date the applicable bank account was opened for yearly processing.
9646	BARS Bank Close Date	Date the applicable Bank account was closed for yearly report processing.
9647	BARS Bank Reconciliation End Date	End date for a specific bank account a disbursement can be reconciled to.
9648	Bank Account Description	This field indicates the description of the bank account.
9652	BARS Check Type Code	A code that indicates the type of check that has been issued.
9653	BARS Bank Account Number	The account number of the bank account There will be 2, one for MEDICAID and the second for FAMIS.
9654	BARS Bank Address Line 2	The is the second address line for the bank.
9655	BARS Bank City	This field describes the where the bank is located.
9656	BARS Bank State	Indicates what state the bank resides.
9657	BARS Bank Zip Code	This field indicates the valid zip code for the bank.
9658	Bank Account Type	This field indicates the type of bank account.

Element ID	Element Name	Description
9662	Bars Bank Identifier	Key used to identify bank account number based on DMAS programs
9663	Disbursement Type Code	1 Digit code which indicates type of disbursement
9664	Disbursement Type Description	This field describes the type of disbursement.
9665	Bank Program Begin Date	This field identifies when the program was associated to a specific bank.
9666	Bank Program End Date	This field indicates when a programs ended its association to a particular bank.
9676	Paid Check Amount	The field contains the amount of the check being paid.
9677	Paid Check Date	This field contains the date the check was paid by the bank.
9681	EFT Addenda Record Indicator	Value - '0' or '1'. This field contains the count of any Entry Detail Addenda Records associated with the Entry Detail Record. A value '0' means that addenda records are not used. A value of '1' indicates that one or more Entry Detail Addenda Records or one special Addenda Record follows.
9683	EFT Bank Discretionary Data	This field allows the originating DFI to include codes, of significance only to them, to enable specialized handling of the entry.
9684	EFT Batch Number	This company-specified number is assigned in ascending sequence to each batch in a given file of entries. Since the batch number in the Company/Batch Control Record and the Company/Batch Header record is the same, the same sequence number must be assigned. The range is '0000001' through '9999999'.
9685	EFT Blocking Factor	The blocking factor, for magnetic tape files, defines the number of physical records within a magnetic tape block (always "10"). IF THE FLAST BLOCK AFTER THE RECORD TYPE '9' RECORD IS INCOMPLETE, THEN PAD THE LAST BLOCK WITH 9's. Mandatory for processing.
9686	EFT Check Digit	The 9th digit of the bank routing/transit number. The check digit is used to assure that the routing/transit number is not altered during transmission, therefore, assuring that the transaction is not misrouted.
9687	EFT Company Descriptive Date	This field contains a descriptive date that the company (FIRST HEALTH) would like to see displayed to the payee. It is for descriptive purposes only, and is never used to control timing of any automated or manual operation.
9688	EFT Company Discretionary Data	This field allows companies to include codes (one or more), of significance only to them, to enable specialized handling of all subsequent entries in that batch. There will be no standardized interpretation for the value of this field.
9689	EFT Company Effective Entry Date	This is the date specified by FIRST HEALTH on which settlement for an entry is to occur.
9690	EFT Company Entry Description	The company (FIRST HEALTH) assigns the value of this field to provide a description of the purpose of the entry. The description is displayed on the payee's statement to identify the transaction. This description will apply to all detail records within the batch, therefore, it must be of a general nature. The contents of this field will be shown by the receiving bank on its statement or advice to recipient.
9691	EFT Company Number	The company IRS employer identification number, preceded by the number '1' should be in this field. Alternately you may use a Data Universal Numbering Systems (DUNS) number preceded by the number '3', or a miscellaneous number preceded by the number '9'.
9692	EFT Company Name	The value of this field is established by the company (FIRST HEALTH) for the purposes of identifying the source of the entry, and for descriptive purposes for the individual. The contents of this field will be shown by the receiving bank on its statement or advice to the recipient.
9693	EFT Company Settlement Date	This is the settlement date (Julian) - always three spaces.
9695	EFT Entry Addenda Count	Entry/addenda count contains the number of Entry Detail Records plus each Entry Detail Addenda Records in this batch. (Must be equal to the sum of entry/addenda count field on all Company/Batch Control Records in this file.)

Element ID	Element Name	Description
9696	EFT Entry Detail Sequence Number	The ascending sequence number section of the Entry Detail or Corporate Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record or Corporate Entry Detail Record (record type 6).
9697	EFT Entry Hash	Entry hash is the sum of the individual bank identification numbers in all of the Detail Entry Records in this batch. In the event that the sum exceeds 10 digits, the entry hash is the rightmost 10 digits of the sum. (Must be equal to the sum of entry hash field on all Company/Batch Control Records in this file.) Note: Entry Detail Addenda Records are not hashed.
9698	EFT File Identification Number Modifier	A 1-digit alphabetic character used to distinguish multiple tapes, transmissions, etc. prepared on the same date. The first tape or transmission for any day should have an upper case 'A' in this field. If a second is submitted on the same date, the field should contain an upper case 'B', etc. Mandatory for processing.
9699	EFT Format Code	This field has been provided for future format variations (I.e., data transmission). As currently defined, the format for files containing paperless entries will be value "1".
9700	EFT Immediate Destination	The Bank's Transit/ABA and check digit preceded by a blank space ('bTTTTRRRRC').
9701	EFT Immediate Origin Number	Company identification number. The company IRS employer identification number, preceded by the number '1' should be in this field. Alternately, you may use a Data Universal Numbering Systems (DUNS) number preceded by the number '3', or a miscellaneous number preceded by the number '9'. This number will be assigned by the Bank (bXXXXXXXXX format).
9702	EFT Immediate Origin Name	This field contains the name of the transmitting company (First Health Services Corporation).
9703	EFT Originating DFI Identification Number	Originating DFI Identification - The first eight digits of the Bank Transit/ABA number (TTTTAAAA).
9705	EFT Originator Status Code	Originator status code is '1' indicating that you have accepted the rules and regulations of the Automated Clearing House. Originator status code '2' identifies the originator as a Federal Government agency or entity.
9706	EFT Payment Related Information	Additional descriptive data, as needed, can be placed here. Examples of additional descriptive data include the note (NTE), Remittance (RMT), Reference (REF), and Date/Time (DTM) data segments as well as the Tax Payment (TXP) convention. More information on these descriptive data options is available through your Cash Mgmt Officer or Cash Mgmt Analyst.
9707	EFT Priority Code	This field contains a constant value.
9708	EFT Record Size	The record size field indicates the number of characters contained in each record when recorded or transmitted in the fixed format (always "094").
9709	EFT Record Type Code	This field indicates the type of record transmitted, such as header, entry detail, entry detail addenda, etc.
9710	EFT Reference Code	This field is available for information pertinent to the transmitting company (spaces not blanks).
9711	EFT Service Class Code	This field indicates the service class codes of the entries within a batch such as credits only, debits only, mixed credits and debits.
9712	EFT Special Addenda Sequence Number	Consecutively assigned to each Primary Corporate Addenda Record following a Corporate Entry Detail Record.
9713	EFT Standard Entry Class Code	This class field distinguishes the various kinds of ACH entries (standard entry classes).
9716	EFT Trace Number	Trace numbers uniquely identify each entry within a batch in an ACH input file. It is an ascending consecutive number used to uniquely identify each transaction. The Trace Number (TN) is constructed as follows: Positions 01-04 Transit/Routing Number of ODFI; 05-08 ABA Number of ODFI; 09-15 Entry Detail Sequence Number - The item number assigned in ascending order to entries within each batch. Provisions should be made by the ODFI to avoid duplication of TNs if multiples data files are prepared on the same day. TNs are not required to be contiguous.

Element ID	Element Name	Description
9717	EFT Transaction Code	Transaction codes have been defined to identify various types of debit and credit entries.
9718	EFT Transmission Date	The transmission date is the date on which the entries contained within the transmitted batches are prepared by FIRST HEALTH (YYMMDD format).
9719	EFT Transmission Time	The transmission time is the time on which the entries contained within the transmitted batches are prepared by FIRST HEALTH. The transmission time is expressed in "HHMM" (24 hour clock) format.
9720	Check Void Date	The date a check was voided.
9728	BARS Transaction Type Code	The type of transaction that took place on the record.
9729	BARS Check Reconciled Date	The system date of when the check reconciliation is posted to the Check Master.
9730	IRS 1099 Type Indicator Code	Indicates the type of IRS 1099 record
9731	IRS 1099 Payment Year	Calendar year related to the 1099 payments
9732	IRS 1099 Reel Number	The sequence number of the 1099 tape file
9733	IRS 1099 Payer Name Control	The control number used by the payer for submission to IRS
9734	IRS 1099 Last File Indicator	Indicates if the file is the last one for the calendar year
9735	IRS 1099 Federal State Combination Indicator	Indicates if the filer of the 1099 is a combined Federal/State file. Note: This field is currently set to spaces.
9736	IRS 1099 Return Type Code	Indicates the type of 1099 return
9737	IRS 1099 Amount Field Indicator	The type of 1099 amount submitted
9738	IRS 1099 Test Indicator	Indicates if the 1099 submittals is a test version
9739	IRS 1099 Service Bureau Indicator	Indicates if the 1099 was generated by a Service Bureau
9740	IRS 1099 Tape File Indicator	Indicates the type of tape file
9741	IRS 1099 TCC	Transmitter Company Control Number
9742	IRS 1099 Payer Name	1099 Payer's Name
9743	IRS 1099 Payer Name2	1099 Payer's Additional Name
9744	IRS 1099 Agent Indicator	Indicates whom the creating agent is.
9745	IRS 1099 Payer Address Line	Street Address of the 1099 payer
9746	IRS 1099 Transmitter Name	Name of Fiscal Agent transmitting the 1099 file to IRS
9747	IRS 1099 Transmitter Name2	Additional Name information of Fiscal Agent transmitting the 1099 file to IRS
9748	IRS 1099 Transmitter Address Line	Street Address of Fiscal Agent transmitting 1099 file to IRS
9749	IRS 1099 Transmitter City	City Address of Fiscal Agent transmitting 1099 file to IRS
9750	IRS 1099 Transmitter State	State Address of Fiscal Agent transmitting 1099 file to IRS
9751	IRS 1099 Transmitter Zip	ZIP Code Address of Fiscal Agent transmitting 1099 file to IRS
9752	IRS 1099 DOC Special Code	Code for special documentation
9753	IRS 1099 Second Tax Identification Number	Indicates if there is a second tax ID number associated with the 1099
9754	IRS 1099 Correction Return Indicator	Indicates if the 1099 is a correction
9755	IRS 1099 Name Control	The control field that is derived from the Provider's Name on the 1099
9756	IRS 1099 Direct Sales Indicator	Indicates if the 1099 is related to Direct Sales
9758	IRS 1099 Tax Indicator Number	The Provider's SSN or EIN

Element ID	Element Name	Description
9759	IRS 1099 Provider Account Identification Number	The Provider's MMIS ID Number - I_PROV
9760	IRS 1099 SEP IRA Indicator	Indicates if 1099 related to a SEP or IRA account
9761	IRS 1099 Percent Total District	The total percentage per district.
9762	IRS 1099 Total Disposition Indicator	The disposition indicator for each 1099. FNA079 does not reference this field.
9763	IRS 1099 Tax Amount Not Deter Indicator	An indicator to be used when the tax amount has not been determined. Not referenced in FNA079.
9764	IRS 1099 Foreign Indicator	Indicates if the Provider's Corporation is a Foreign Corporation FNA079 does not reference this field.
9765	IRS 1099 Payment Amount	The yearly 1099 amount paid to the provider
9768	IRS 1099 Payer Federal Employer Identification Number	This field contains the employer identification number for the Commonwealth of Virginia.
9771	BARS Check Cashed Date	The date the payee cashed the check at the bank.
9775	IRS 1099 Payer Additional Address Line	This field contains the second address line for the Department for Medical Assistance Services.
9776	IRS 1099 Payer Address City	This field contains the city in which the Department for Medical Assistance Services resides.
9777	IRS 1099 Payer Address State	This field contains the state in which the Department for Medical Assistance Services resides.
9778	IRS 1099 Payer Address Zip	This field contains the zip code in which the Department for Medical Assistance Services resides.
9781	Remittance Sort Program Type Code	A code that denotes the various types of programs that is used in the Remittance process for sorting purposes.
9787	EFT Debit Amount	Total debit entry dollar amount is the total in dollars and cents (no punctuation) of all debit transactions in this batch.
9788	EFT Credit Amount	Total credit entry dollar amount is the total in dollars and cents (no punctuation) of all credit transactions in this field.
9789	EFT Batch Count	Batch count is the number of batches in this file. This number must be equal to the number of Company/Batch Header record(s) in the file.
9790	EFT Block Count	Block count is the number of physical blocks of data in this file, including both the file header and file control records.
9791	Budget Project Code	This field is a component of the DMAS Basic Accounting Code. It is not truly used by the MMIS system. However, DMAS requested that we provide a "placeholder" on the Expenditure file that is transmitted to DMAS. It will always default to zero.
9792	Budget Project Code Description	The description of the Budget Accounting Code Project
9793	ANSI 835 Financial Adjustment Reason Code	This field is used for the Remittance ANSI 835 to indicate the reason for a financial adjustment.
9794	ANSI 835 Financial Reason Code Description	This field is used for the Remittance ANSI 835 to describe the reason code for a financial adjustment.
9795	ANSI 835 Financial Reason Begin Date	
9796	ANSI 835 Financial Adjustment Reason End Date	
9801	Total Negative/Lien Amount	The amount of money owed by a Provider or Payee.
9802	Payee Negative Balance Last Update Date	The last date the negative balance was updated for a Vendor.
9803	Financial Master Last Update Date	The date on which the Financial Master record was last modified

Element ID	Element Name	Description
9804	Financial Begin Date	The first date of the time interval for which a recoupment, cash receipt, or payout is established for cost settlement purposes. The time period represents the period covered in the cost settlement audit.
9805	Financial Disposition Code	A code which indicates the type of transaction and the processing to be done.
9806	Financial Incoming Check Date	This is the date on the check getting processed in the AP/R system. It may be a provider's personal check, a DMAS manual check, or a FH generated remittance check.
9807	Financial Incoming Check Number	This is the identifying number on the check getting processed in the AP/R system. It may be a provider's personal check, a DMAS manual check, or a FH generated remittance check.
9808	Financial Status Code	The current status of a Financial Master transaction within the payment cycle.
9809	Financial Comment Text	A comment field for the financial transaction.
9810	Financial Deposit Number	For check refund transactions, the State's deposit number that applies to the check.
9811	Financial End Date	The last date of the time interval for which a recoupment, cash receipt, or payout is established for cost settlement purposes. This date represents the last date covered in the cost settlement audit.
9812	Financial Receipt Amount	The amount of the check received from a Provider to be entered in the Add Pay/Recovery transaction.
9813	Recoupment Begin Check Date	This field is used to specify the beginning date for recoupments.
9815	Recoupment End Check Date	
9817	Financial Amount	The amount of a financial transaction.
9818	Financial Hold Payment (Percentage)	This field is used to specify a percentage of payment to be held from a provider
9819	Financial Recoupment Limit (Percent)	This field is used to specify a recoupment/lien percentage or dollar amount of recoupment/lien for a receivable during a cycle.
9820	Financial Recoupment Limit	The amount of money to be recouped from a Provider in a cycle.
9821	Negative Balance/Lien Detail Last Update Date	Last Date a record updated on the Negative Balance/Lien Detail File was updated
9822	Financial Release Date	The date used to release a lien
9823	Financial Transaction Status Change Date	The date on which the Status of a Financial Transaction changed
9825	Financial Transaction Date	The date on which the Financial Master record was created.
9826	Object Code End Date	This field is used to denote that an Object Code is no longer in use, or no longer belongs to a Sub-Program Code field.
9828	Budget Agency Code	This field contains a code that identifies the state agency.
9829	Budget Agency Code Description	The description of the corresponding Budget Agency Code
9830	Budget Expenditure Code	The type of account within the VMAP chart of accounts.
9831	Budget Fund Code	Code indicating whether the budget funds are State, Local, or Federal funds.
9832	Budget Fund Code Description	This field contains the description that corresponds to the Budget Fund Code. The code indicates whether the budget funds are State or Federal Funds.
9833	Budget Fund Detail Code	This code further decomposes a fund used for payment requests.
9834	Budget Fund Detail Code Description	This description corresponds to the Budget Fund Detail Code, that further decomposes a fund used for payment requests.
9835	Budget Program Code	This code identifies the various programs for which DMAS has allocated budget funds used for payment requests.

Element ID	Element Name	Description
9836	Budget Program Code Description	This description identifies the various programs for which DMAS has allocated budget funds used for payment requests.
9837	Budget Program Cap Indicator	This field indicates whether there is a cap for the budget by program.
9838	Budget Sub-Program Code	This code identifies the various sub-programs for which DMAS has allocated budget funds used for payment requests. These subprograms exist within the context of a program. Therefore, the codes are not unique unto themselves. They are unique when combined.
9839	Budget Sub-Program Code Description	This description identifies the various sub-programs for which DMAS has allocated budget funds used for payment requests. These subprograms exist within the context of a program. Therefore, the codes are not unique unto themselves. They are unique when combined.
9840	Budget Sub-Program Cap Indicator	This field indicates whether there is a cap for the budget by sub-program.
9843	Budget Object Code	The account code used to identify each item in the State's (DMAS) chart of accounts.
9844	Budget Object Code Description	This description identifies the various Object Codes for which DMAS has allocated budget funds used for payment requests.
9845	Budget Object/Fund Cap Indicator	This field indicates whether there is a cap for the budget by fund/object code.
9846	Budget Cost Center Code	The Basic Accounting Code Cost Code assigned to each payment transaction
9847	Budget Cost Center Code Description	The Cost Center Value Description.
9848	Budget Fund Split Percentage	The percentage of payment assigned to each fund source for each particular Object Code.
9850	Budget Transaction Code	The Basic Accounting Code Transaction Code assigned to each Fund
9851	Budget Transaction Code Description	The description of each Transaction Code
9852	Budget Group Code	The Basic Accounting Code Budget Group Code assigned to each payment transaction
9853	Budget Group Description	The description of the Basic Accounting Code Budget Group Code.
9854	Financial Transactions Type Code	A code specifying the reason for a gross adjustment to a provider's account balance on the Provider File.
9855	Financial Transaction Type Description	The description of a Financial Transaction Type.
9856	Budget Share Amount	The amount paid from each fund source for a payment transaction (State or Federal).
9857	Adjustment Reason Description	A narrative description of the specific Adjustment Reason Code
9858	Financial Adjustment Action Code	For the Recoupment Reason Codes, this determines if claims are being adjusted or voided as part of the recoupment transaction
9859	1099 Affected Code	This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases a Provider's 1099.
9860	Expenditure Affected Code	This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases the Budget Fund Expenditures.
9862	Budget Expended Type Code	This code indicates the type of dollars that are store in the field Budget Expended Frequency Amount (I.e., Regular Claims, Medicare Claims, Mass Adjustments, etc.)
9864	Budget Expended Amount	This field contains the amount of money expended from a given object code's budget. The object code budget's original amount is stored in Budget Object Code Original Amount.
9865	Budget Account Identifier	This is a unique identifier of Budget Accounts
9866	Budget Object Code Original Amount	This field is the budgeted amount for a given object code that was entered into the system at the beginning of the fiscal year. It is preserved in this field as originally entered. Any additions or reductions to this amount are reflected cumulatively in

Element ID	Element Name	Description
9867	Adjustment Action Description	A description of the adjustment reason code action
9868	Budget Last Update Date	The date that the most recent update was applied to the on-line budget file.
9869	Budget On-line Update Date/Time	The date and time of the most recent update applied to the budgeted amount for this object code.
9870	Budget Remittance Update Date	The date of the last remittance cycle.
9872	Provider Fiscal Year End Date	The Fiscal Year End Date for providers associated with Cost Settlement processes, including Add Pays.
9874	Financial Control Number	A unique number that identifies a financial transaction.
9876	Budget Fiscal Year	The twelve month period between settlements of financial accounts.
9877	Adjustment Reason Code	Financial Transaction Reason Code. Identifies the reason for which a financial transaction is being created.
9878	Budget Fund Split Effective Date	The effective date of a match rate for a State, Federal, Local or other fund source
9879	Budget Fund Split End Date	The end date of a match rate for a State, Federal, Local or other fund source
9880	Budget Fund Current Budget Amount	This field contains the current amount of budgeted money allocated to a given fund/object code, including additions and reductions to the original budget amount. The object code budget original amount is preserved in the field Budget Object Code Original Amount
9881	Budget Fund Expended Amount	This field contains a dollar amount that has been accumulated at a frequency identified in the field Budget Expended Frequency Code (such as week-to-date) and for a budget expenditure type (such as Regular Claims).
9882	IRS 1099 Number of Payees	The total number of payees (providers) that are included on the 1099 file.
9883	IRS 1099 Number of Payers	The total number of payers (DMAS) that are included on the 1099 file.
9884	IRS 1099 Number of Reels	The total number of 1099 tapes submitted to the IRS.
9886	IRS 1099 Total Amount	The total amount of payments transmitted on the 1099 file.
9888	Premium Payment Units	The number of units per premium payment check.
9889	Financial Transaction Reason Code Description	The description of the associated Adjustment Reason Code.
9890	Budget Medicare Code	This field is used to map the Object Code to payment request data. It indicates whether the enrollee is Medicaid Part A or B.
9891	Financial Manual Check Number	This field identifies the manual check number used for Manual Check Transactions (9998).
9892	RA Extract Complete Flag	A flag which indicates whether the current remittance cycle has completed.
9893	Financial Manual Entry Indicator	This field is set to a value which indicates which the premium type to associated with the object code.
9894	Financial Manual Check Issue Date	This field indicates the date the manual check was issued for Manual Check Transactions (9998).
9895	EDT DFI Account Number	The receiving DFI's customer identification number. The customer's bank account number (identification number) must begin in the first position of the field, and any unused positions following the account number must contain blanks.
9896	EFT Effective Date	This is the date specified by the company on which settlement for an entry is to occur. This is the date on which this transaction should post to the receiver's account. This date must be numeric in the YYMMDD format.
9897	EFT Immediate Destination Name	The participating DFI name for additional identification purposes. Value 'Bank Name - (Two Alpha Character Settlement State)'.
9899	EFT RDFI Number	This is the eight digit Transit/ABA number of customer employee. It is used to direct the entry of the appropriate receiving bank.

Element ID	Element Name	Description
9913	Payee Last Update Date	The last date on which a Vendor file record was updated.
9914	Fund Begin Date	This field is used as the effective begin date for fund, fund detail and transaction codes to track data over time
9915	Fund End Date	This field is used as the effective end date for fund, fund detail and transaction codes to track data over time
9916	DMAS BAC Sequence Number	
9921	Claim Category of Service Description	Category of Service Description
9922	Assessment Source Procedure Begin Date	Assessment Source Procedure Begin Date
9923	Assessment Source Procedure End Date	Assessment Source Procedure End Date
9970	Remittance Pay Record Type Description	RA Type Description
9971	BAC Expenditure Code Desc	Basic Accounting Code Expenditure Code Description
9972	Lien/Neg Balance Date Satisfied	The date on which a negative balance or lien is satisfied
9973	Remittance Message Type Value	This field contains the value of the Remittance Message Type e.g. Provider Type Code, Provider Specialty Code, Provider ID.
9974	Remittance Message Type Code Value	This field contains the Remittance Message Type e.g. Provider Type Code, Provider Specialty Code, Provider ID.
9975	Financial Transaction Cross Reference Type	This field describes the type of cross reference for a financial transaction e.g. Claim or Financial Transaction
9976	Financial EPSDT Indicator	This field is set to "Y" for those Object Codes that must be considered EPSDT services for object code assignment.
9977	RA Cycle Weekly Begin Date	The begin date for which claims and financial transactions are extracted for remittance process.
9978	RA Cycle Weekly End Date	The end date for which the claims and financial transactions are extracted for the remittance process.
9979	RA Cycle Extract Date	The date the claims and financial transactions were extracted for input into the remittance process.
9980	RA Last Cycle Indicator	Indicates the last remittance cycle for the fiscal year.
9981	RA Last Check Number	The last check number generated from the remittance process for the bank account.
9983	RA Last EFT Number	The last EFT number generated from the remittance process for the bank account.
9984	Weekly Balancing Check Variance	This field indicates the variance for a check when the weekly balancing report is processed.
9985	HIPP Payment Status	Reflects status of HIPP payment row.
9989	Disbursement Provider Id Type	Indicate's whether disbursement is for Legacy Id, API or NPI
9990	Financial Reason Code Usage Indicator	This field indicates whether the reason code can be used by Providers Only, DMAS Only or Both DMAS and Providers.
9991	Negative Balance/Lien Affected Code	This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases a Provider's Negative Balance or Lien Amounts
9993	Weekly Check Count	This field indicates the number of checks and EFTs disburse for each bank account during a specific Remittance Cycle.
9994	Weekly Account Summary Amount	This field indicates the sum of checks and EFTs amounts disbursed for each bank account during a specific Remittance Cycle.
9995	Reissued Check Date	Reissued Check Date
9996	Legacy Provider ID or NPI or API Indicator	Indicates if the provider ID is a legacy provider ID or NPI or API or Primary ID or Internal ID or Vendor Payee.

DATA ELEMENT: **Person Social Security Number (DE1000)**

SSN Format

BUSINESS NAME: N/A

REFERENCE NAME: I_PRSN_SSN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	Social Security Number (SSN)
Description	First three digits must be 001-649, 700-728 or 888. If first three digits = 888, last six digits must be a valid date that is less than or equal to the current date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Person Name (DE1001)

Group Data Element: Name of the Patient (Last, First, Middle-Initial); Made up of LAST-NAME; FIRST-NAME; MIDDLE-INITIAL. (See new Data Elements 1333-1337)

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_NAME

DEFAULT: N/A

COBOL PICTURE: X(37)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Address (DE1002)**

Group Data Element: Patient's Address.. (See Data Elements 1003 and 1338-1341)

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_ADDR

DEFAULT: N/A

COBOL PICTURE: Group Name

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Address Zip Code (DE1003)**

Patient's Zip Code; last four bytes 0 (zeros) if unknown; change to 9(5)V9(4)

BUSINESS NAME: N/A

REFERENCE NAME: C_PRSN_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Enrollee ID (DE1004)**

Patient's Enrollee ID (A.K.A. Medicaid Number) with Check Digit or all 8's if Medicaid Number n/a

BUSINESS NAME: N/A

REFERENCE NAME: I_PRSN_ENR_ID

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	Fill with eights if not available

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Medicare Number (DE1005)**

Patient’s Medicare Number or all 8's if Medicare Number n/a

BUSINESS NAME: N/A

REFERENCE NAME: I_PRSN_MEDCR

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	Fill with eights if not available

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Birth Date (DE1006)**

Patient's Date Of Birth

BUSINESS NAME: N/A

REFERENCE NAME: D_PRSN_BIRTH_DT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 6

RANGE: Edits:
1. Cannot be greater than the original assessment date.
2. Must be less than current date.
3. Must be a valid date format.

BUSINESS RULES:

Rule Name	LE Current Date
Description	The date field must be less than or equal to the current date upon entry.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Person Gender Code (DE1010)

Valid Sex Code (including Unknown).

BUSINESS NAME: N/A

REFERENCE NAME: C_PRSN_GENDER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Female
M	Male
U	Unknown

DATA ELEMENT: **Person Marital Status Code (DE1011)**

Code indicating Patient's Marital Status (including Unknown)

BUSINESS NAME: N/A

REFERENCE NAME: C_PRSN_MARTL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Married
1	Widowed
2	Separated
3	Divorced
4	Single
9	Unknown

DATA ELEMENT: **Person Race Code (DE1012)**

Code indicating Patient's Race (including Unknown)

BUSINESS NAME: N/A

REFERENCE NAME: C_PRSN_RACE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	White
1	Black/African American
2	American Indian
3	Oriental/Asian
4	Alaskan native
9	Unknown

DATA ELEMENT: Assessment City / County Code (DE1019)

The FIPS code of the patient's origin at the time of the original assessment.

BUSINESS NAME: N/A

REFERENCE NAME: C_ASMT_AGENCY_CC

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	Must be valid FIPS code based upon a table of valid VMAP city/county codes; 000 if not applicable.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Assessment Status Effective Date (DE1021)

Effective Date of Patient's most recent Assessment Status (See DE 1421). This is a system generated date and is changed whenever the Assessment Status Code changes.

BUSINESS NAME: N/A

REFERENCE NAME: D_ASMT_STATUS_EFF

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def Current processing date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Assessment Source Code (DE1022)

Code indicating the source of/reason for the patient's assessment.

BUSINESS NAME: N/A

REFERENCE NAME: C_ASMT_SRCE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def If assessment date is prior to 7/1/94, all codes except ACRR are valid.
if assessment date is 7/1/94 or later only codes PCDA, PCOH, PCRP, PSAC, PSLH, ACRR and ELCM are valid for the UAL format; only codes NHAD, PIRS and VALD are valid for MAP-95 format

VALID VALUES:

Valid Value	Description
ACRL	Adult care residence long assessment
ACRS	Adult care residence short assessment
AIDS	AIDS Waiver screening
DM99	DMAS-99 Nursing assessment
NHAD	NH admission
PCSB	Pre admission CSB
PIRS	Patient intensity rating system
PSAC	Pre admission screening acute care facility
PSLH	Pre admission screening local health

DATA ELEMENT: **Assessment Date (DE1023)**

Date of the patient assessment.

BUSINESS NAME: N/A

REFERENCE NAME: D_ASMT_DT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Provider ID Type (DE1024)**

Identifies the provider type (NPI or Legacy) used to add the Assessments.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_ID_TYPE

DEFAULT: Spaces

COBOL PICTURE: X(1)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	NPI or API
Spaces	Legacy

DATA ELEMENT: **Assessment Provider Number (DE1040)**

Identifies provider completing Assessment including providers associated with split payments.

BUSINESS NAME: N/A

REFERENCE NAME: I_PIRS_PROV_ID

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider ID
Description	Must be a valid provider identification number as carried on the provider master file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: **PIRS Patient's Admission Date (DE1042)**

Date on which the patient was admitted for/to this Service/Facility.

BUSINESS NAME: N/A

REFERENCE NAME: D_PIRS_ADMSN_DT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PIRS Patient's Discharge Date (DE1043)

DMAS-80: Date on which the patient was discharged from this Service/Facility or the date on which the Service/Facility expired for the patient.

BUSINESS NAME: N/A

REFERENCE NAME: D_PIRS_DSCHG_DT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be greater than or equal to admission date and less than or equal to processing date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PIRS Medical Status - Paralysis/Paresis Code (DE1054)

Code indicating the level of the patient's paralysis/paresis.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_MEDCL_PARA

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
000	no paralysis/paresis
111	monoplegia: rehabilitation completed, onset get 1 year
112	monoplegia:rehabilitation completed, onset le 1 year
119	monoplegia:rehabilitation completed, onset unknown
121	monoplegia:rehabilitation not completed, onset get 1 year
122	monoplegia:rehabilitation not completed, onset le 1 year
129	monoplegia:rehabilitation not completed, onset unknown
191	monoplegia:rehabilitation unknown, onset get 1 year
192	monoplegia:rehabilitation unknown, onset le 1 year
199	monoplegia:rehabilitation unknown, onset unknown
211	hemiplegia/paresis:rehabilitation completed, onset get 1 year
212	hemiplegia/paresis:rehabilitation completed, onset le 1 year
219	hemiplegia/paresis:rehabilitation completed, onset unknown
221	hemiplegia/paresis:rehabilitation not completed, onset get 1 year
222	hemiplegia/paresis:rehabilitation not completed, onset le 1 year
229	hemiplegia/paresis:rehabilitation not completed, onset unknown
291	hemiplegia/paresis:rehabilitation unknown, onset get 1 year
292	hemiplegia/paresis:rehabilitation unknown, onset le 1 year
299	hemiplegia/paresis:rehabilitation unknown, onset unknown
311	paraplegia/paresis: rehabilitation completed, onset get 1 year
312	paraplegia/paresis: rehabilitation completed, onset le 1 year
319	paraplegia/paresis: rehabilitation completed, onset unknown
321	paraplegia/paresis: rehabilitation not completed, onset get 1 year

DATA ELEMENT: PIRS Medical Status - Paralysis/Paresis Code (DE1054)

VALID VALUES:

Valid Value	Description
322	paraplegia/paresis: rehabilitation not completed, onset le 1 year
329	paraplegia/paresis: rehabilitation not completed, onset unknown
391	paraplegia/paresis: rehabilitation unknown, onset get 1 year
392	paraplegia/paresis: rehabilitation unknown, onset le 1 year
399	paraplegia/paresis: rehabilitation unknown, onset unknown
411	triplegia/paresis:rehabilitation completed, onset get 1 year
412	triplegia/paresis:rehabilitation completed, onset le 1 year
419	triplegia/paresis:rehabilitation completed, onset unknown
421	triplegia/paresis:rehabilitation not completed, onset get 1 year
422	triplegia/paresis:rehabilitation not completed, onset le 1 year
429	triplegia/paresis:rehabilitation not completed, onset unknown
491	triplegia/paresis:rehabilitation unknown, onset get 1 year
492	triplegia/paresis:rehabilitation unknown, onset le 1 year
499	triplegia/paresis:rehabilitation unknown, onset unknown
511	bilateral hemiplegia/paresis:rehabilitation completed, onset get 1 year
512	bilateral hemiplegia/paresis:rehabilitation completed, onset le 1 year
519	bilateral hemiplegia/paresis:rehabilitation completed, onset unknown
521	bilateral hemiplegia/paresis:rehabilitation not completed, onset get 1 year
522	bilateral hemiplegia/paresis:rehabilitation not completed, onset le 1 year
529	bilateral hemiplegia/paresis:rehabilitation not completed, onset unknown
591	bilateral hemiplegia/paresis:rehabilitation unknown, onset get 1 year
592	bilateral hemiplegia/paresis:rehabilitation unknown, onset le 1 year
599	bilateral hemiplegia/paresis:rehabilitation unknown, onset unknown
611	quadriplegia/paresis: rehabilitation completed, onset get 1 year
612	quadriplegia/paresis: rehabilitation completed, onset le 1 year
619	quadriplegia/paresis: rehabilitation completed, onset unknown
621	quadriplegia/paresis: rehabilitation not completed, onset get 1 year
622	quadriplegia/paresis: rehabilitation not completed, onset le 1 year
629	quadriplegia/paresis: rehabilitation not completed, onset unknown
691	quadriplegia/paresis: rehabilitation unknown, onset get 1 year
692	quadriplegia/paresis: rehabilitation unknown, onset le 1 year
699	quadriplegia/paresis: rehabilitation unknown, onset unknown
999	unknown

DATA ELEMENT: PIRS Medical Diagnosis Code (DE1055)

Code(s) identifying medical diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_MED_DG_CVAL

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00000	Not specified
04200	AIDS
15900	Malignant neoplasm intestine
16200	Malignant neoplasm trachea
19500	Cancer
20800	Acute leukemia
24400	Postsurg hypothyroid
25000	DM2 uncomplicated
26100	Nutritional marasmus
29500	Simple schiz, state
29600	Mental Illness (PASARR)
30000	Psychiatric, General
30300	Alcoholism, Substance Abuse
31000	Frontal lobe syndrome
31900	MR
33100	Alzheimer's
34000	Degenerative Neurological Disease
34300	Related MR Conditions (PASARR)
34500	Seizure Disorder (non-PASARR)
36900	Both eyes blind
40100	Malignant hypertension
41000	Heart / Circulation
41020	Inferolat AMI-episode

DATA ELEMENT: PIRS Medical Diagnosis Code (DE1055)

VALID VALUES:

Valid Value	Description
42800	Congestive heart failure
42920	ASCVD
43400	Cerebral thrombosis
43700	Cerebral atherosclerosis
44070	Not specified
44390	Periph vascular disease
49280	Respiratory, general
51800	Pulmonary collapse
51900	Endocrine, general
53700	Digestive / Liver / Gall Bladder
58500	Renal failure (end stage)
59900	Urinary tract infection
71400	Rheumatoid arthritis
71500	Musculoskeletal, General
78000	Coma
78100	Brain / spinal cord / nerves
82000	Fracture femur
85000	Trauma to the brain
95300	Spinal cord injuries
99999	Not specified

DATA ELEMENT: PIRS Medical Status - Joint Motion Code (DE1073)

Patient's Degree of Joint Motion Disorders

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_MEDCL_JOINT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	no impairment, within normal limitations
1	limited motion with or without pain or swelling
2	instability corrected
3	instability uncorrected
4	immobility

DATA ELEMENT: PIRS Function Status - Bath Code (DE1080)

Code indicating the amount/type of assistance required by the patient in bathing.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_BATHG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	mechanical help only
3	mechanical and human help
5	does not bathe

DATA ELEMENT: PIRS Function Status - Dressing Code (DE1081)

Code indicating the amount/type of assistance required by the patient in dressing.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_DRESSG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	mechanical help only
3	mechanical and human help
5	is not dressed

DATA ELEMENT: PIRS Function Status - Toilet Code (DE1082)

Code indicating the amount/type of assistance required by patient in using the toilet.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_TOILETG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	mechanical help only
3	mechanical and human help
4	does not use toilet room

DATA ELEMENT: **PIRS Function Status - Transfer Code (DE1083)**

Code indicating the amount/type of assistance required by the patient in moving about.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_TRNSFR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	mechanical help only
3	mechanical and human help
4	is transferred
5	is not transferred

DATA ELEMENT: PIRS Function Status - Bowel Code (DE1084)

Code indicating the amount/type of assistance required by the patient in control of the bowel.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_BOWEL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
2	ostomy, self care
3	incontinent get weekly
4	ostomy, not self care

DATA ELEMENT: **PIRS Function Status - Bladder Code (DE1085)**

Code indicating the amount/type of assistance required by the patient in control of the bladder.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_BLADDR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
4	ostomy, self care
5	incontinent get weekly
8	ostomy, not self care

DATA ELEMENT: PIRS Function Status - Eating/Feeding Code (DE1086)

Code indicating the amount/type of assistance required by the patient in eating (feeding him/herself).

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_EATING

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	mechanical help only
3	mechanical and human help
4	spoon fed
6	fed parentally by IV or hypodermoclysis

DATA ELEMENT: **PIRS Function Status - Behavior Code (DE1087)**

Code indicating the patient's overall emotional behavior, ranging from 'Appropriate' to 'Comatose'.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_BEHVR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	appropriate
1	wandering/passive/other, lt weekly
2	wandering/passive/other, get weekly
3	abusive/aggressive/disruptive, lt weekly
4	abusive/aggressive/disruptive, get weekly
5	comatose

DATA ELEMENT: PIRS Function Status - Orientation Code (DE1088)

Code indicating the patient's emotional orientation, ranging from 'Oriented' thru 'Disoriented' to 'Comatose'.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_ORIENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	oriented
1	disoriented some spheres sometimes
2	disoriented some spheres all the time
3	disoriented all spheres some of the time
4	disoriented all the time
5	comatose

DATA ELEMENT: PIRS Function Status - Mobility Level Code (DE1089)

Code indicating patient's ability to go outside with/without mechanical/human help.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_MOBILY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	goes outside mechanical help only
4	confined, moves about
5	confined, does not move about

DATA ELEMENT: PIRS Function Status - Walking Code (DE1090)

Code indicating patient's ability to walk with/without mechanical/human help.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_WALKG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	without help
1	mechanical help only
3	mechanical and human help
4	does not walk

DATA ELEMENT: PIRS Function Status - Wheeling Code (DE1091)

Code indicating patient's ability to wheel with/without mechanical/human help.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_WHEELG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	does not wheel, walks
2	mechanical help only
4	mechanical and human help
6	is not wheeled

DATA ELEMENT: PIRS Function Status - Communications Code (DE1093)

Code indicating patient's ability to communicate in English or an other language.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIRS_FS_COMM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
2	non-verbally
3	does not communicate

DATA ELEMENT: **PIRS Current Service - Occupational Therapy Code (DE1101)**

Code indicating whether or not the patient receives Occupational Therapy; 'Yes'/'No'.

BUSINESS NAME: N/A

REFERENCE NAME: F_PIRS_CS_OT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Maybe
Description	Must be either yes or No or Null
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No - does not receive
Y	Yes - receives

DATA ELEMENT: PIRS Current Service - Physical Therapy Code (DE1102)

Code indicating whether or not the patient receives Physical Therapy; 'Yes'/'No'.

BUSINESS NAME: N/A

REFERENCE NAME: F_PIRS_CS_PT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Maybe
Description	Must be either yes or No or Null
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No - does not receive
Y	Yes - receives

DATA ELEMENT: **PIRS Current Service - Speech Therapy Code (DE1103)**

Code indicating whether or not the patient receives Speech Therapy; 'Yes'/'No'.

BUSINESS NAME: N/A

REFERENCE NAME: F_PIRS_CS_ST

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Maybe
Description	Must be either yes or No or Null
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No - does not receive
Y	Yes - receives

DATA ELEMENT: **PIRS Current Service - Daily Dressing Code (DE1116)**

Code indicating whether or not the patient receives dressing care; 'Yes'/'No'.

BUSINESS NAME: N/A

REFERENCE NAME: F_PIRS_CS_DRESSG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: PAS Medicaid Application Code (DE1156)

Pre-Admission Screening: Code Indicating Whether a Patient plans to Submit (or has) a Nursing Home Application. ** For conversion purposes: convert any code other than 0 and 1 to N.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAS_MEDCD_APPL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: PAS Medicaid Authorization Code (DE1157)

Pre-Admission Screening: Medicaid Authorization Code

BUSINESS NAME: N/A

REFERENCE NAME: C_PAS_MEDCD_AUTH

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def Codes 11-13 are valid only for UAI format; map-95 format codes are entered as a one-digit code and a leading zero appended in the file.

VALID VALUES:

Valid Value	Description
00	none
01	nursing facility
02	PACE / LTCPHP
03	AIDS/HIV waiver services
04	personal care
05	adult day health care (ADHC)
06	ADHC and personal care
07	respite care
08	other service recommended
09	active treatment for MI/MR condition
10	Consumer-Directed Personal Attendant Services
11	adult care residential living
12	adult care regular assisted living
13	adult care intensive assisted living
15	technology assisted waiver
16	alzheimer's waiver

DATA ELEMENT: PAS Length of Stay Code (DE1158)

Pre-Admission Screening: Code indicating Length of Stay Authorized

BUSINESS NAME: N/A

REFERENCE NAME: C_PAS_LNGTH_STAY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	temporary-lt 3 months
2	temporary- 3-6 months
3	continuing- get 6 months
8	not applicable
9	unknown

DATA ELEMENT: PAS Auxiliary Grant Applied Code (DE1159)

Pre-Admission Screening: Code indicating whether an Auxiliary Grant has been Applied

BUSINESS NAME: N/A

REFERENCE NAME: F_PAS_AUX_GRNT_APP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **PAS Service Availability Code (DE1160)**

Pre-Admission Screening: Code indicating Status of Availability of Authorized Services

BUSINESS NAME: N/A

REFERENCE NAME: C_PAS_SRVC_AVLBL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def Not entered for Map-95 format assessments; defaults to 9.

VALID VALUES:

Valid Value	Description
1	client on waiting list for service authorized
2	desired service provider not available
3	service provider available, care to start immediately
9	unknown

DATA ELEMENT: PAS Medicaid Eligibility Code (DE1161)

Pre-Admission Screening: Code indicating Status of Medicaid Eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: C_PAS_MEDCD_ELGBLT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	currently Medicaid eligible
2	not currently Medicaid eligible, anticipated within 180 days of NH admission
3	not currently Medicaid eligible, not anticipated within 180 days of NH admit
9	unknown

DATA ELEMENT: PAS Level II Assessment Determination Code (DE1165)

Pre-Admission Screening: Code Indicating Status of Level II Assessment Active Treatment Referral

BUSINESS NAME: N/A

REFERENCE NAME: C_PAS_LVL2_DTRM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	not referred for Level II assessment
1	referred, active treatment needed
2	referred, active treatment not needed
3	referred, active treatment needed but individual chooses nursing home
9	unknown

DATA ELEMENT: **HIV Waiver Nutrition Rating Score (DE1166)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_NUTRTN_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Unknown
12	Rate-A
4	Rate-D
7	Rate-C
9	Rate-B

DATA ELEMENT: **Electronic UAI - Vendor Id (DE1201)**

Submitted on Electronic UAI by vendors. These number will be given by FH at the time of FTP set up.

BUSINESS NAME: N/A

REFERENCE NAME: I_AS_Vendor

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: Char(05)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def Internally set - not updatable by user.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Electronic UAI - Vendor Name (DE1202)**

Vendor Name

BUSINESS NAME: N/A

REFERENCE NAME: T_AS_VNDR_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: Char(40)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time

Description This data element must contain a valid time format (HHMMSS).

Local Def HHMMSS; Internally set - not updatable by user; zeros for batch.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Electronic UAI - Vendor Contact Name (DE1203)**

Vendor Contact Name

BUSINESS NAME: N/A

REFERENCE NAME: T_AS_VNDR_CNTCT

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: Char(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Electronic UAI - Vendor Contact Phone Number (DE1204)

Vendor Contact Phone Number

BUSINESS NAME: N/A

REFERENCE NAME: T_AS_VNDR_PHONE

DEFAULT: YES

COBOL PICTURE: X(10)

DB2 TYPE: Char(10)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def Internally set - not updatable by user.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Electronic UAI - Vendor Email Id (DE1205)

Vendor Email Id

BUSINESS NAME: N/A

REFERENCE NAME: T_AS_VNDR_EMAIL

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: Char(40)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def The log record includes the LTC assessment data if this field is set to "Y", i.e.., the record length is equal to the longest record length.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Electronic UAI - Vendor Begin Date (DE1206)**

Vendor Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_AS_VNDR_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Electronic UAI - Vendor End Date (DE1207)**

Vendor End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_AS_VNDR_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Electronic UAI - Vendor Fax Number (DE1208)**

Vendor Fax Information

BUSINESS NAME: T_AS_VNDR_FAX

REFERENCE NAME: T_AS_VNDR_FAX

DEFAULT: YES

COBOL PICTURE: X(10)

DB2 TYPE: Char(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: UAI Communication of Needs Code (DE1211)

Can Patient Communicate in English, Other Language or Sign?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_COMM_NEEDS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	verbally, English
1	verbally, other languages
2	non-verbally
3	does not communicate
9	unknown

DATA ELEMENT: UAI Usually Live Physical Environment Code (DE1212)

Where does Patient Live? Does anyone live with Patient?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_PHYSCL_ENV

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	house, own, living alone
02	house, own, living with spouse
03	house, own, living with other
09	house, own, unknown
11	house, rent, living alone
12	house, rent, living with spouse
13	house, rent, living with other
19	house, rent, unknown
21	house, other, living alone
22	house, other, living with spouse
23	house, other, living with other
29	house, other, unknown
31	apartment, living alone
32	apartment, living with spouse
33	apartment, living with other
39	apartment, unknown
41	rented room, living alone
42	rented room, living with spouse
43	rented room, living with other
49	rented room, unknown
50	adult care residence
60	adult foster
70	nursing facility

DATA ELEMENT: UAI Usually Live Physical Environment Code (DE1212)

VALID VALUES:

Valid Value	Description
80	mental health/retardation facility
90	other

DATA ELEMENT: UAI Functional Status - Bathing Code (DE1213)

Does Patient need Help (Mechanical or Human) with Bathing?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_BATHING

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others

DATA ELEMENT: UAI Functional Status - Dressing Code (DE1214)

Does Patient need Help (Mechanical or Human) with Dressing?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_DRESSG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: UAI Functional Status - Toileting Code (DE1215)

Does Patient need Help (Mechanical or Human) with Toileting?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_TOILETG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: UAI Functional Status - Transferring Code (DE1216)

Does Patient need Help (Mechanical or Human) with Transferring (in and out of bed, etc.)?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_TRNSFRG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: UAI Functional Status - Eating / Feeding Code (DE1217)

Does patient need help (mechanical or human) with eating?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_EAT_FEED

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
41	spoon fed
42	syringe/tube fed
43	fed by IV

DATA ELEMENT: UAI Functional Status - Bowel Code (DE1218)

Does Patient need Help (incontinence, device) with Bowel Activity?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_BOWEL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	no
1	incontinent, less than weekly
2	external device/indwelling/sotomy,self care
3	incontinent, weekly or more
6	ostomy, not self care
9	unknown

DATA ELEMENT: UAI Functional Status - Bladder Code (DE1219)

Does Patient need Help (incontinence, device) with Bladder Activity?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_BLADDER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	no
1	incontinent, less than weekly
2	external device/indwelling/ostomy,self care
3	incontinent, weekly or more
4	external device, not self care
5	indwelling catheter, not self care
6	ostomy, not self care
9	unknown

DATA ELEMENT: UAI Functional Status - Walking Code (DE1220)

Does Patient need Help (Mechanical or Human) with Walking?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_WALKG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
50	is not performed

DATA ELEMENT: UAI Functional Status - Wheeling Code (DE1221)

Does Patient need Help (Mechanical or Human) with Wheeling?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_WHEELG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: UAI Functional Status - Stair Climbing Code (DE1222)

Does Patient need Help (Mechanical or Human) with Stair Climbing?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_STAIRCLMB

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
50	is not performed

DATA ELEMENT: UAI Functional Status - Mobility Code (DE1223)

Does Patient need Help (Mechanical or Human) with Overall Mobility?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_FS_MOBILITY

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
09	unknown
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	confined, moves about
50	confined, does not move about

DATA ELEMENT: UAI Functional Status - Meal Preparation Code (DE1224)

Does Patient need Help with Meal Preparation (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_MEAL_PREP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Functional Status - Housekeeping Code (DE1225)**

Does Patient need Help with Housekeeping (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_HOUSEKG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Functional Status - Laundry Code (DE1226)**

Does Patient need Help with Laundry (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_LAUNDRY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Functional Status - Money Management Code (DE1227)

Does Patient need Help with Money Management (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_MONEY_MGT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Functional Status - Transportation Code (DE1228)

Does Patient need Help with Transportation (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_TRANSPORT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Functional Status - Shopping Code (DE1229)

Does Patient need Help with Shopping (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_SHOPG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Functional Status - Using Phone Code (DE1230)

Does Patient need Help with Using Phone (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_USG_PHONE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Functional Status - Home Maintenance Code (DE1231)

Does Patient need Help with Home Maintenance (Yes/No)?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FS_HM_MNTNC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Medication Profile - Medical Diagnosis Code (DE1232)

Codes for three or fewer Major Medical Diagnoses.

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_MED_DG_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	none
01	alcoholism/substance abuse
02	blood-related problems
03	cancer
04	cardiovascular-circulation
05	cardiovascular-heart trouble
06	cardiovascular-high blood pressure
07	cardiovascular-other cardiovascular problems
08	dementia- Alzheimer's
09	dementia- non-Alzheimer's
10	developmental disabilities and related conditions- mental retardation
11	developmental disabilities and related conditions- autism
12	developmental disabilities and related conditions- cerebral palsy
13	developmental disabilities and related conditions- epilepsy
14	developmental disabilities and related conditions- friedreich ataxia
15	developmental disabilities and related conditions- multiple sclerosis
16	developmental disabilities and related conditions- muscular dystrophy
17	developmental disabilities and related conditions- spinal bifida
18	digestive/liver/gall bladder endocrine (gland) problems
19	digestive/liver/gall bladder endocrine (gland) problems- diabetes
20	digestive/liver/gall bladder endocrine (gland) problems- other endocrine pr
21	eye disorders
22	immune system disorders

DATA ELEMENT: UAI Medication Profile - Medical Diagnosis Code (DE1232)

VALID VALUES:

Valid Value	Description
23	muscular/skeletal- arthritis/rheumatoid arthritis
24	muscular/skeletal- osteoporosis
25	muscular/skeletal- other muscular/skeletal problems
26	neurological problems- brain trauma/injury
27	neurological problems- spinal cord injury
28	neurological problems- stroke
29	neurological problems- other neurological problems
30	psychiatric problems- anxiety disorders
31	psychiatric problems- bipolar
32	psychiatric problems- major depression
33	psychiatric problems- personality disorder
34	psychiatric problems- schizophrenia
35	psychiatric problems- other psychiatric problems
36	respiratory problems- black lung
37	respiratory problems- COPD
38	respiratory problems- pneumonia
39	respiratory problems- other respiratory problems
40	urinary/reproductive problems- renal failure
41	urinary/reproductive problems- other urinary /reproductive problems
42	all other problems

DATA ELEMENT: **UAI Medication Profile - Number Of Medications (DE1233)**

Number Of Medications Taken by Patient

BUSINESS NAME: N/A

REFERENCE NAME: N_UAI_MP_NUM_MEDCN

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **UAI Medication Profile - Administer Medication Code (DE1234)**

Medication Administered by Self, Lay Person, Professional Nurse

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_MP_ADM_MEDCN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	without assistance
1	administered/monitored by lay person
2	administered/monitored by professional nursing staff
9	unknown

DATA ELEMENT: UAI Sensory Function - Vision Code (DE1235)

Impairment to Patient's Vision

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_VISION

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	no impairment
1	impairment: compensation
2	impairment: no compensation
3	complete loss
9	unknown

DATA ELEMENT: UAI Sensory Function - Hearing Code (DE1236)

Impairment to Patient's Hearing

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_HEARG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	no impairment
1	impairment: compensation
2	impairment: no compensation
3	complete loss
9	unknown

DATA ELEMENT: UAI Sensory Function - Speech Code (DE1237)

Impairment to Patient's Speech

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_SPEECH

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	no impairment
1	impairment: compensation
2	impairment: no compensation
3	complete loss
9	unknown

DATA ELEMENT: UAI Sensory Function - Joint Motion Code (DE1238)

Patient's ability to move arms, fingers and legs.

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_JOINT_MOT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	within normal limits or instability corrected
1	limited motion
2	instability uncorrected or immobile
9	unknown

DATA ELEMENT: UAI Sensory Function - Fractures / Dislocations Code (DE1239)

Has Patient had any Fractures/Dislocations? What is Rehabilitation Status?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_FRACT

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
000	none
009	unknown
111	Fracture Hip - rehabilitation not completed- onset le one year
112	Fracture Hip - rehabilitation not completed- onset get one year
119	Fracture Hip - rehabilitation not completed- onset unknown
121	Fracture Hip - rehabilitation completed- onset le one year
122	Fracture Hip - rehabilitation completed- onset get one year
129	Fracture Hip - rehabilitation completed- onset unknown
191	Fracture Hip - rehabilitation unknown- onset le one year
192	Fracture Hip - rehabilitation unknown- onset get one year
199	Fracture Hip - rehabilitation unknown- onset unknown
211	Fracture not Hip - rehabilitation not completed- onset le one year
212	Fracture not Hip - rehabilitation not completed- onset get one year
219	Fracture not Hip - rehabilitation not completed- onset unknown
221	Fracture not Hip - rehabilitation completed- onset le one year
222	Fracture not Hip - rehabilitation completed- onset get one year
229	Fracture not Hip - rehabilitation completed- onset unknown
291	Fracture not Hip - rehabilitation unknown- onset le one year
292	Fracture not Hip - rehabilitation unknown- onset get one year
299	Fracture not Hip - rehabilitation unknown- onset unknown
311	Dislocation - rehabilitation not completed- onset le one year
312	Dislocation - rehabilitation not completed- onset get one year
319	Dislocation - rehabilitation not completed- onset unknown

DATA ELEMENT: UAI Sensory Function - Fractures / Dislocations Code (DE1239)

VALID VALUES:

Valid Value	Description
321	Dislocation - rehabilitation completed- onset le one year
322	Dislocation - rehabilitation completed- onset get one year
329	Dislocation - rehabilitation completed- onset unknown
391	Dislocation - rehabilitation unknown- onset le one year
392	Dislocation - rehabilitation unknown- onset get one year
399	Dislocation - rehabilitation unknown- onset unknown
411	Combination - rehabilitation not completed- onset le one year
412	Combination - rehabilitation not completed- onset get one year
419	Combination - rehabilitation not completed- onset unknown
421	Combination - rehabilitation completed- onset le one year
422	Combination - rehabilitation completed- onset get one year
429	Combination - rehabilitation completed- onset unknown
491	Combination - rehabilitation unknown- onset le one year
492	Combination - rehabilitation unknown- onset get one year
499	Combination - rehabilitation unknown- onset unknown

DATA ELEMENT: UAI Sensory Function - Missing Limbs Code (DE1240)

Is Patient missing any fingers/toes, arms, legs or combinations? What is Rehabilitation Status?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_LIMBS

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
000	none
009	unknown
111	Finger(s)/Toe(s) - rehabilitation not completed- onset le one year
112	Finger(s)/Toe(s) - rehabilitation not completed- onset get one year
119	Finger(s)/Toe(s) - rehabilitation not completed- onset unknown
121	Finger(s)/Toe(s) - rehabilitation completed- onset le one year
122	Finger(s)/Toe(s) - rehabilitation completed- onset get one year
129	Finger(s)/Toe(s) - rehabilitation completed- onset unknown
191	Finger(s)/Toe(s) - rehabilitation unknown- onset le one year
192	Finger(s)/Toe(s) - rehabilitation unknown- onset get one year
199	Finger(s)/Toe(s) - rehabilitation unknown- onset unknown
211	Arms - rehabilitation not completed- onset le one year
212	Arms - rehabilitation not completed- onset get one year
219	Arms - rehabilitation not completed- onset unknown
221	Arms - rehabilitation completed- onset le one year
222	Arms - rehabilitation completed- onset get one year
229	Arms - rehabilitation completed- onset unknown
291	Arms - rehabilitation unknown- onset le one year
292	Arms - rehabilitation unknown- onset get one year
299	Arms - rehabilitation unknown- onset unknown
311	Legs - rehabilitation not completed- onset le one year
312	Legs - rehabilitation not completed- onset get one year
319	Legs - rehabilitation not completed- onset unknown

DATA ELEMENT: UAI Sensory Function - Missing Limbs Code (DE1240)

VALID VALUES:

Valid Value	Description
321	Legs - rehabilitation completed- onset le one year
322	Legs - rehabilitation completed- onset get one year
329	Legs - rehabilitation completed- onset unknown
391	Legs - rehabilitation unknown- onset le one year
392	Legs - rehabilitation unknown- onset get one year
399	Legs - rehabilitation unknown- onset unknown
411	Combination - rehabilitation not completed- onset le one year
412	Combination - rehabilitation not completed- onset get one year
419	Combination - rehabilitation not completed- onset unknown
421	Combination - rehabilitation completed- onset le one year
422	Combination - rehabilitation completed- onset get one year
429	Combination - rehabilitation completed- onset unknown
491	Combination - rehabilitation unknown- onset le one year
492	Combination - rehabilitation unknown- onset get one year
499	Combination - rehabilitation unknown- onset unknown

DATA ELEMENT: UAI Sensory Function - Paralysis / Paresis Code (DE1241)

Has Patient lost voluntary movement of any body part? What is Rehabilitation Status?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_SF_PARAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
000	none
009	unknown
111	Partial - rehabilitation not completed- onset le one year)
112	Partial - rehabilitation not completed- onset get one year)
119	Partial - rehabilitation not completed- onset unknown)
121	Partial - rehabilitation completed- onset le one year)
122	Partial - rehabilitation completed- onset get one year)
129	Partial - rehabilitation completed- onset unknown)
191	Partial - rehabilitation unknown- onset le one year)
192	Partial - rehabilitation unknown- onset get one year)
199	Partial - rehabilitation unknown- onset unknown)
211	Total - rehabilitation not completed- onset le one year)
212	Total - rehabilitation not completed- onset get one year)
219	Total - rehabilitation not completed- onset unknown)
221	Total - rehabilitation completed- onset le one year)
222	Total - rehabilitation completed- onset get one year)
229	Total - rehabilitation completed- onset unknown)
291	Total - rehabilitation unknown- onset le one year)
292	Total - rehabilitation unknown- onset get one year)
299	Total - rehabilitation unknown- onset unknown)

DATA ELEMENT: **Assessment Patient's Height (DE1242)**

What is Patient's Height in inches?

BUSINESS NAME: N/A

REFERENCE NAME: N_ASMT_PATNT_HGHT

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Greater than zero; patient's height in inches: entered in inches.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Patient's Weight (DE1243)**

What is Patient's Weight in pounds?

BUSINESS NAME: N/A

REFERENCE NAME: N_ASMT_PATNT_WT

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Patient's weight coded in pounds; greater than zero.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Patient's Recent Weight Gain Or Loss Code (DE1244)**

Has Patient had Recent Weight Gain Or Loss?

BUSINESS NAME: N/A

REFERENCE NAME: C_ASMT_PATNT_RECNT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Maybe
Description	Must be either yes or No or Null
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Occupational Therapy Code (DE1245)

Does Patient get Occupational Therapy?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_OCCU

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Physical Therapy Code (DE1246)

Does Patient get Physical Therapy?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_PHYS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Reality / Remotivation Therapy Code (DE1247)

Does Patient get Reality/Remotivation Therapy?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_REMOTIV

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Respiratory Therapy Code (DE1248)

Does Patient get Respiratory Therapy?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_RESPIR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Speech Therapy Code (DE1249)

Does Patient get Speech Therapy?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_SPCH

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Other Therapies Code (DE1250)

Does Patient get any other Therapies?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_OTH_THER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Pressure Ulcers Code (DE1251)

Stage, Location and Size of any Pressure Ulcers

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_CMS_ULCERS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	none
1	stage I
2	stage II
3	stage III
4	stage IV

DATA ELEMENT: UAI Current Medical Services - Bowel / Bladder Training Code (DE1252)

Does patient get special Nursing Care (Bowel/Bladder Training)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_BLADDER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Dialysis Code (DE1253)

Does patient set special Nursing Care (Dialysis)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_DIALYSIS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Dressing Wound Care Code (DE1254)

Does patient get special Nursing Care (Dressing Wound Care)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_WOUND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Eye Care Code (DE1255)

Does patient get special Nursing Care (Eye Care)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_EYE_CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Glucose / Blood Sugar Code (DE1256)

Does patient get special Nursing Care (Glucose/Blood Sugar Monitoring)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_GLUCOSE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Medical Services - Injections / IV Therapy Code (DE1257)**

Does patient get special Nursing Care (Injections/IV Therapy)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_INJCTN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Oxygen Code (DE1258)

Does patient get special Nursing Care (Oxygen Therapy)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_OXYGEN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Radiation / Chemotherapy Code (DE1259)

Does patient get special Nursing Care (Radiation/Chemotherapy)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_CHEMO

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Restraints Code (DE1260)

Does patient get special Nursing Care (Restraints - Physical, Chemical)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_RSTRNT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Range Of Motion Exercise Code (DE1261)

Does patient get special Nursing Care (Range Of Motion Exercise)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_ROM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Trach Care / Suctioning Code (DE1262)

Does patient get special Nursing Care (Trach Care/Suctioning)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_TRACH

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Medical Services - Ventilator Code (DE1263)

Does patient get special Nursing Care (Ventilator)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_VENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Medical Services - Other Special Procedures Code (DE1264)**

Does patient get special Nursing Care (Other Special Procedures)

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CMS_OTH_PROC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Ongoing Medical Nursing Needs Code (DE1265)

Does Patient have Ongoing Medical Nursing Needs based on Assessor Evaluation

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_NURSE_NEEDS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Cognitive Function - Orientation Code (DE1266)

Patient's Orientation, Recall, Memory and Judgment

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_CF_ORIENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	oriented
1	disoriented- some spheres, some of the time
2	disoriented- some spheres, all of the time
3	disoriented- all spheres, some of the time
4	disoriented- all spheres, all of the time
5	comatose
9	unknown

DATA ELEMENT: UAI Behavior Pattern Code (DE1267)

Does Patient Wander without purpose or become Agitated and Abusive?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_BEHVR_PTTRN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	appropriate
1	wandering/passive- less than weekly
2	wandering/passive- weekly or more
3	abusive/aggressive/disruptive- less than weekly
4	abusive/aggressive/disruptive- weekly or more
5	comatose
9	unknown

DATA ELEMENT: UAI Informal Caregiver Code (DE1268)

Does Patient have an Informal Caregiver - Yes/No?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CAREGVR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Informal Caregiver Help Code (DE1269)

Is the Informal Caregiver Adequate - Yes/No?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_CAREGVR_HELP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code as defined by the domain/lookup table.

VALID VALUES:

Valid Value	Description
0	adequate to meet client's needs
1	not adequate to meet client's needs
9	Unknown

DATA ELEMENT: UAI Unmet Needs - Home / Physical Environment Code (DE1270)

Patient's Needs which are not being met - Home/Physical Environment

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_HOME_ENV

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Data Element Specific Rule
Description	Value 'LTC' is allowed for Benefit Plan Exception Indicator DE 3072 values 1, 2, 9, A, D, E, L, Q, R, Y.
Local Def	Must be Yes, No, or blank, which is No.

VALID VALUES:

Valid Value	Description
9	Unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Finances Code (DE1271)

Patient's Needs which are not being met - Finances

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_FINANCES

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	Yes, No, or blank, which is No.

VALID VALUES:

Valid Value	Description
9	Unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Activities of Daily Living Code (DE1272)

Patient's Needs which are not being met - Activities of Daily Living (ADLS)

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_DLY_LVNG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: **UAI Unmet Needs - Instrumental Activities of Daily Living Code (DE1273)**

Patient's Needs which are not being met - Instrumental Activities of Daily Living (IADLS)

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_INSTRMNT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Assistive Devices / Medical Equipment Code (DE1274)

Patient's Needs which are not being met - Assistive Devices/Medical Equipment

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_MEDCL_EQ

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
9	Unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Medical Care / Health Code (DE1275)

Patient's Needs which are not being met - Medical Care/Health

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_HEALTH

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
9	unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Nutrition Code (DE1276)

Patient's Needs which are not being met - Nutrition

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_NUTRTN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	Unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Cognitive / Emotional Code (DE1277)

Patient's Needs which are not being met - Cognitive/Emotional

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_COG_EMO

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
9	Unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: UAI Unmet Needs - Caregiver Support Code (DE1278)

Patient's Needs which are not being met - Caregiver Support

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_UMN_CARE_GVR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	Unknown
N	No unmet needs
Y	Has unmet needs

DATA ELEMENT: **Assessment Control Number (DE1279)**

This is the ICN printed on the assessment package during the imaging process prior to data entry or other processing.
This value is generated by the imaging process and is then keyed manually into the assessment when it is entered into the system.

BUSINESS NAME: N/A

REFERENCE NAME: I_ASMT_ACN

DEFAULT: N/A

COBOL PICTURE: X(13)

DB2 TYPE: CHAR(13)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **UAI Current Formal Service - Adult Day Care Code (DE1280)**

Adult Day Care service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_DAY_CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Adult Protective Code (DE1281)**

Case Management service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_PROTECT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Case Management Code (DE1282)

Case Management service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_CASE_MGT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Chore, Companion, Homemaker Code (DE1283)

Chore, Companion, Homemaker service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_HOMEMKR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Congregate Meals, Senior Center Code (DE1284)

Congregate Meals, Senior Center service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_SENR_CTR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Financial Management, Counseling Code (DE1285)

Financial Management, Counseling service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_FIN_MGMT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Friendly Visitor, Telephone Reassurance Code (DE1286)**

Friendly Visitor, Telephone Reassurance service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_VISITOR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Habilitation, Supported Employment Code (DE1287)

Habilitation, Supported Employment service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_HABILTAT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Home Delivered Meals Code (DE1288)**

Home Delivered Meals service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_DLV_MEAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Maybe
Description	Must be either yes or No or Null
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Home Health, Rehabilitation Code (DE1289)**

Home Health, Rehabilitation service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_REHAB

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Home Repairs, Weatherization Code (DE1290)**

Home Repairs, Weatherization service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_REPAIRS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Housing Code (DE1291)

Housing service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_HOUSG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Legal Code (DE1292)

Legal service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_LEGAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Mental Health (Inpatient, Outpatient) Code (DE1293)**

Mental Health (Inpatient, Outpatient) service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_MENTAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Mental Retardation Code (DE1294)

Mental Retardation service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_RETARDTN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Personal Care Code (DE1295)**

Personal Care service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_PER_CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Respite Code (DE1296)

Respite service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_RESPITE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Substance Abuse Code (DE1297)

Substance Abuse service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_SUBSTNCE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Current Formal Service - Transportation Code (DE1298)

Transportation service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_TRANSPRT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Vocational Rehab , Job Counseling Code (DE1299)**

Vocational Rehab , Job Counseling service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_JOB_CNSL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Current Formal Service - Other Code (DE1300)**

Other service currently used?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CFS_OTHER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Legal Guardian Representative Code (DE1301)

Does anyone have Legal Guardian power for you?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_GUARDIAN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Financial Resources - Power of Attorney Representative Code (DE1302)**

Does anyone have Power of Attorney for you?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_PWR_ATTY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Financial Resources - Payee Representative Code (DE1303)**

Does anyone have Representative Payee power for you?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_PAYEE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Other Representative Code (DE1304)

Does anyone have Other power for you?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_OTHER_REP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Auxiliary Grant Benefits Code (DE1305)

Do you receive Auxiliary Grant benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_AUX_GRANT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Food Stamps Benefits Code (DE1306)

Do you receive Food Stamps benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_FOOD_STMP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Fuel Assistance Benefits Code (DE1307)

Do you receive Fuel Assistance benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_FUEL_ASST

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - General Relief Benefits Code (DE1308)

Do you receive General Relief benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_RELIEF

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Financial Resources - State and Local Hospitalization Benefits Code (DE1309)**

Do you receive State and Local Hospitalization benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_HOSPLZN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Subsidized Housing Benefits Code (DE1310)

Do you receive Subsidized Housing benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_SUBS_HSNG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Financial Resources - Tax Relief Benefits Code (DE1311)**

Do you receive Tax Relief benefits / entitlements?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_TX_RELIEF

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Financial Resources - Medicare Insurance Code (DE1312)**

Do you have Medicare insurance?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_MEDCR_INS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Medicaid Insurance Code (DE1313)

Do you have Medicaid insurance?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_MEDCD_INS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Medicaid Pending Insurance Code (DE1315)

Do you have Medicaid insurance Pending?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_MEDCD_PND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Medicaid QMB, SLMB Insurance Code (DE1316)

Do you have Medicaid QMB, SLMB insurance?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_QMB_SLMB

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Financial Resources - Other Public, Private Insurance Code (DE1317)

Do you have Other Public, Private insurance?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_FR_OTHER_INS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Medical Admissions - Hospital Code (DE1318)

Within past 12 months, been admitted to hospital?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_MA_HOSP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Medical Admissions - Nursing Facility Code (DE1319)

Within past 12 months, been admitted to nursing facility?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_MA_NF

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Screening Type

Description Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.

Local Def N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Medical Admissions - Adult Care Residence Code (DE1320)

Within past 12 months, been admitted to Adult Care Residence?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_MA_ACR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Advanced Directives - Living Will Code (DE1321)**

Does patient have advanced directive such as Living Will?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_AD_LVNG_WILL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No/Maybe
Description	Must be either yes or No or Null
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Advanced Directives - Durable Power of Attorney for Health Care Code (DE1322)**

Does patient have advanced directive such as Durable Power of Attorney for Health Care?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_AD_PWR_ATTY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Advanced Directives - Other Code (DE1323)

Does patient have other advanced directive?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_AD_OTHER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Cognitive Function - Short Term Memory Loss Code (DE1324)

Has the patient suffered a short-term memory loss?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CF_SHORT_MEM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Cognitive Function - Long Term Memory Loss Code (DE1325)

Has the patient suffered a long-term memory loss?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CF_LONG_MEM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Cognitive Function - Judgment Problem Code (DE1326)

Does the patient have a judgment problem?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_CF_JUDGMNT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **UAI Cognitive Function - MMSE Score (DE1327)**

MMSE Score - Max 20; 14 and below implies cognitive impairment

BUSINESS NAME: N/A

REFERENCE NAME: N_UAI_CF_MMSE_SCOR

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Less than or equal 20

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: UAI Alcohol, Drug Use Hospitalization Code (DE1328)

Treatment during last 2 years for nerves, mental health, alcohol or drugs?

BUSINESS NAME: N/A

REFERENCE NAME: F_UAI_DRUG_USE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: UAI Informal Caregiver Proximity (Live) Code (DE1329)

Where does the Informal Caregiver live?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_CAREGVR_LIVE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code as defined by the domain/lookup table.

VALID VALUES:

Valid Value	Description
0	With Patient
1	Separate residence, close proximity
2	Separate residence, over 1 hour away
9	Unknown

DATA ELEMENT: UAI Informal Caregiver Patient Burden on Caregiver Code (DE1330)

Has providing care to the client become a burden for the caregiver?

BUSINESS NAME: N/A

REFERENCE NAME: C_UAI_CAREGVR_BRDN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code as defined by the domain/lookup table.

VALID VALUES:

Valid Value	Description
0	Not at all
1	Somewhat
2	Very much
9	Unknown

DATA ELEMENT: **Person First Name (DE1334)**

First Name of the Patient [X(12)]

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_FIRST_NM

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Middle Initial (DE1335)**

Middle Initial of the Patient's Name [X(1)]

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_MID_INIT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Last Name (DE1336)**

Last Name of the Patient [X(19)]

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_LAST_NM

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Name Suffix (DE1337)**

Name Suffix [X(3)]

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_NM_SUFFIX

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Address Line 2 (DE1338)**

Used for "Attention of", "In Care of", etc. [X(40)] from LTC Patient's Address part 2.

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_ADDR_LINE_2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Person Address Line 1 (DE1339)

Used for Street or POB Address from LTC Patient's Address part 1.

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_ADDR_LINE_1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Address City Name (DE1340)**

Used for City Name from LTC Patient's Address part 3.

BUSINESS NAME: N/A

REFERENCE NAME: T_PRSN_ADDR_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Person Address State Code (DE1341)

State Code [X(2)] from LTC Patient's Address

BUSINESS NAME: N/A

REFERENCE NAME: C_PRSN_ADDR_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PAS Level I Physician Authorization Date (DE1346)**

Pre-Admission Screening: This is the date of the physician's signature on Form DMAS-96 (revised 8/97)

BUSINESS NAME: N/A

REFERENCE NAME: D_PAS_LVL1_AUTH_DT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PAS Patient Expired Code (DE1350)

Pre-Admission Screening: This field shows whether the patient has expired since Pre-Admission Screening.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAS_PATNT_EXPIRE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: PAS Case Management Code (DE1352)

Pre-Admission Screening: Code Indicating Status of ACR Case Management.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAS_CASE_MGMT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: PAS MIMR Level II Reimbursement Rate Code (DE1355)

Pre-Admission Screening: Reimbursement Rate for NHPAS Level II Assessment.

BUSINESS NAME: N/A

REFERENCE NAME: C_PAS_MIMR_RATE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def Must be GT zero when Level II assessment determination is "1" through "3".

VALID VALUES:

Valid Value	Description
0	None
1	Mentally Ill
2	Mental Retardation
3	Dual Diagnosis

DATA ELEMENT: **CBC Nursing Information - Aide Weekly Hours (DE1358)**

DMAS-99:Aide provides care to patient - weekly hours

BUSINESS NAME: N/A

REFERENCE NAME: N_CBC_AIDE_WKLY_HR

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: 0 - 168

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0 - 168	Valid weekly hours

DATA ELEMENT: CBC Nursing Information - Aide Days per Week (DE1359)

DMAS-99:Aide provides care to patient - days per week

BUSINESS NAME: N/A

REFERENCE NAME: N_CBC_AIDE_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: 0 - 7

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0 - 7	Valid days per week

DATA ELEMENT: **HIV Waiver Hygiene Rating Score (DE1360)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_HYGIENE_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Unknown
11	Rate-A
4	Rate-D
7	Rate-C
8	Rate-B

DATA ELEMENT: **HIV Waiver Toileting Rating Score (DE1361)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_TOILET_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Unknown
11	Rate-A
4	Rate-D
7	Rate-C
9	Rate-B

DATA ELEMENT: **HIV Waiver Activity Rating Score (DE1362)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_ACTIVE_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Unknown
11	Rate-A
5	Rate-D
8	Rate-B
8	Rate-C

DATA ELEMENT: **HIV Waiver Behavior Rating Score (DE1363)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_BEHVR_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Unknown
11	Rate-A
4	Rate-D
7	Rate-C
8	Rate-B

DATA ELEMENT: **HIV Waiver Teaching, Emotional Support Rating Score (DE1364)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_SUPPORT_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Unknown
12	Rate-A
4	Rate-D
7	Rate-B
7	Rate-C

DATA ELEMENT: **HIV Waiver Treatments, Medications Rating Score (DE1365)**

DMAS-113A:Karnofsky Performance Status Scale Acuity Assessment Factor

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_TRTMNT_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Unknown
12	Rate-A
5	Rate-D
7	Rate-C
9	Rate-B

DATA ELEMENT: **HIV Waiver Rating Total Score (DE1366)**

DMAS-113A:Total Score - Karnofsky Performance Status Scale Acuity Assessment

Note: This field is the sum of the other performance scores.

BUSINESS NAME: N/A

REFERENCE NAME: N_HIV_TOTAL_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIV Waiver Stage of Disease (DE1367)**

DMAS-113A:Stage of Disease (AIDS) - Karnofsky Performance Status Scale Acuity Assessment

BUSINESS NAME: N/A

REFERENCE NAME: C_HIV_STGE_DISEASE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	N/A
1	Diagnosis (Score: 71-100)
2	Early Chronic (51-70)
3	Late Chronic (31-50)
4	Terminal (0-30)

DATA ELEMENT: HIV Waiver Nutritional Supplements Services Code (DE1368)

DMAS-113B:Nutritional Supplements Authorized

BUSINESS NAME: N/A

REFERENCE NAME: F_HIV_NUTRTNL_SUPP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: HIV Waiver Personal Care Services Code (DE1369)

DMAS-113B:Personal Care Authorized

BUSINESS NAME: N/A

REFERENCE NAME: F_HIV_PRSN_CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: HIV Waiver Private Duty Nursing Services Code (DE1370)

DMAS-113B:Private Duty Nursing Authorized

BUSINESS NAME: N/A

REFERENCE NAME: F_HIV_PRIV_DUTY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: **HIV Waiver Respite Care Services Code (DE1371)**

DMAS-113B:Respite Care Authorized

BUSINESS NAME: N/A

REFERENCE NAME: F_HIV_RESPITE_CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: Assessment Package Code (DE1372)

Identifies the Assessment Package being processed when record created.

BUSINESS NAME: N/A

REFERENCE NAME: C_ASMT_PKG_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	PIRS/NHAD Assessment Package
2	Short Assessment Package
3	Full Assessment Package
4	AIDS Waiver Re-Assessment Package
5	CBC Nursing Assessment Package
6	Aids Waiver and Full Assessment Package
N/A	N/A

DATA ELEMENT: CBC Cognitive Function - Orientation Code (DE1373)

DMAS-99: Patient's orientation, recall, memory and judgment

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_COG_ORIENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	oriented
1	disoriented- some spheres, some of the time
2	disoriented- some spheres, all of the time
3	disoriented- all spheres, some of the time
4	disoriented- all spheres, all of the time
5	comatose

DATA ELEMENT: CBC Behavior Pattern Code (DE1374)

DMAS-99: Does patient wander without purpose or become agitated and abusive?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_BEHVR_PTTRN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	appropriate
1	wandering/passive- less than weekly
2	wandering/passive- weekly or more
3	abusive/aggressive/disruptive- less than weekly
4	abusive/aggressive/disruptive- weekly or more
5	comatose

DATA ELEMENT: CBC Functional Status - Mobility Code (DE1375)

DMAS-99: Does Patient need Help (Mechanical or Human) with Overall Mobility?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_MOBILITY

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	confined, moves about
50	confined, does not move about

DATA ELEMENT: CBC Administer Medication Code (DE1376)

DMAS-99: Medication administered by self, lay person, professional nurse?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_ADMIN_MEDCN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	without assistance
1	administered/monitored by lay person
2	administered/monitored by professional nursing staff

DATA ELEMENT: CBC Functional Status - Bathing Code (DE1377)

DMAS-99: Does Patient need Help (Mechanical or Human) with Bathing?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_BATHG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others

DATA ELEMENT: CBC Functional Status - Bladder Code (DE1378)

DMAS-99: Does Patient need Help (incontinence, device) with Bladder Activity?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_BLADDER

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	no
1	incontinent, less than weekly
2	external device/indwelling/sotomy,self care
3	incontinent, weekly or more
4	external device, not self care
5	indwelling catheter, not self care
6	ostomy, not self care

DATA ELEMENT: CBC Functional Status - Dressing Code (DE1379)

DMAS-99: Does Patient need Help (Mechanical or Human) with Dressing?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_DRESSG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: CBC Functional Status - Eating / Feeding Code (DE1380)

DMAS-99: Does Patient need Help (Mechanical or Human) with Eating?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_EAT_FEED

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
41	spoon fed
42	syringe/tube fed
43	fed by IV

DATA ELEMENT: CBC Functional Status - Toileting Code (DE1381)

DMAS-99: Does Patient need Help (Mechanical or Human) with Toileting?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_TOILETG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: CBC Functional Status - Transferring Code (DE1382)

DMAS-99: Does Patient need Help (Mechanical or Human) with Transferring (in and out of bed, etc.)?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_TRNSFRG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	no
10	mechanical help
21	human help, supervision
22	human help, physical assistance
31	mechanical help and human help, supervision
32	mechanical help and human help, physical assistance
40	performed by others
50	is not performed

DATA ELEMENT: CBC Function Status - Joint Motion Code (DE1383)

DMAS-99: How is patient's ability to move arms, fingers and legs?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_JOINT_MOT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	within normal limits or instability corrected
1	limited motion
2	instability uncorrected or immobile

DATA ELEMENT: HIV Waiver Case Management Services Code (DE1384)

DMAS-113B:Case Management Authorized

BUSINESS NAME: N/A

REFERENCE NAME: F_HIV_CASE_MGMT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	Not Entered
N	No
Y	Yes

DATA ELEMENT: CBC Functional Status - Bowel Code (DE1386)

DMAS-99: Does Patient need Help (incontinence, device) with Bowel Activity?

BUSINESS NAME: N/A

REFERENCE NAME: C_CBC_FS_BOWEL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No
1	Incontinent, less than weekly
2	External device/indwelling/sotomy, self care
3	Incontinent, weekly or more
6	Ostomy, not self care

DATA ELEMENT: **CBC Comments (DE1390)**

Notepad area for the user to enter comments related to the DMAS-99 Nursing Assessment.

BUSINESS NAME: N/A

REFERENCE NAME: T_CBC_COMNT

DEFAULT: N/A

COBOL PICTURE: X(130)

DB2 TYPE: CHAR(130)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reassessment Flag (DE1392)**

An indicator describing whether this assessment is a reassessment.

BUSINESS NAME: N/A

REFERENCE NAME: F_REASSESSMENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N or blank	Is not a reassessment
Y	Is a reassessment

DATA ELEMENT: **Assessment Provider Level Code (DE1393)**

An attribute that describes the acceptable Level Codes of a Provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROVIDER_LEVEL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not Level I or Level II Provider Number
1	Level I Provider Number
2	Level II Provider Number
N/A	N/A

DATA ELEMENT: **Assessment Screener Level Code (DE1394)**

An attribute that describes the acceptable Screener Level Codes.

BUSINESS NAME: N/A

REFERENCE NAME: C_SCREENER_LEVEL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not Screener 1 or Screener 2 Provider Number
1	Screener 1 Provider Number
2	Screener 2 Provider Number

DATA ELEMENT: **Financial Transaction Provider Id Type (DE1395)**

Indicate's whether Financial Transaction is for Legacy Id, Atypical or NPI

BUSINESS NAME: N/A

REFERENCE NAME: C_BILL_PROV_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Atypical
M	Legacy Id
N	NPI

DATA ELEMENT: Assessment Message Name (DE1396)

Short Text describing messages associated with the on-line data-entry validation of Assessments.

BUSINESS NAME: N/A

REFERENCE NAME: T_ASMT_MSG_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Transaction Servicing Provider ID Type (DE1397)**

Indicates whether servicing provider is Legacy, Atypical or NPI.

BUSINESS NAME: N/A

REFERENCE NAME: C_SRVC_PROV_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Atypical
M	Legacy Id
N	NPI

DATA ELEMENT: **Assessment Segment Sequence Number (DE1398)**

System generated sequence number to uniquely identify Assessment Segments since an individual can have 0 to many Assessments.

BUSINESS NAME: N/A

REFERENCE NAME: I_ASMT_SEQ

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Level of Care Name (DE1399)**

Short text describing the Level of Care code.

BUSINESS NAME: N/A

REFERENCE NAME: T_LOC_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Source Code Name (DE1404)**

Short text describing the Source Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_ASMT_SOURCE

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Data Element Identifier (DE1407)**

Number that uniquely identifies a Data Element associated with a specified Assessment Package.

BUSINESS NAME: N/A

REFERENCE NAME: I_DATA_ELEMENT

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Data Element Name (DE1408)**

Short text describing the Data Element associated with an Assessment Package.

BUSINESS NAME: N/A

REFERENCE NAME: T_DATA_ELEMENT

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Message Sequence Number (DE1419)**

System-generated number to uniquely identify Message Numbers.

BUSINESS NAME: N/A

REFERENCE NAME: I_MSG_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Quarterly Interim Calculation Flag (DE1420)**

Flag to indicate quarterly interim calculation.

BUSINESS NAME: F_QTR_INTERIM

REFERENCE NAME: F_QTR_INTERIM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Assessment Approval Code (DE1421)**

A code that is internally generated to indicate whether an assessment has been Approved, Pended or Denied.

BUSINESS NAME: N/A

REFERENCE NAME: C_ASMT_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def Internally set - not updatable by user.

VALID VALUES:

Valid Value	Description
A	Approved
C	Cnvert
D	Denied
P	Pended
V	Voided

DATA ELEMENT: Assessment Medical Diagnosis Order Sequence (DE1422)

Identifies the order in which the Assessment Medical Diagnosis Codes are captured on the screen and the order in which they will be displayed. Currently, only three (3) maximum can be entered and they will be written out to the database in the following sequential order as 1, 2 and 3.

BUSINESS NAME: N/A

REFERENCE NAME: I_ORDER_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(2)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	First Medical Diagnosis
2	Second Medical Diagnosis
3	Third Medical Diagnosis

DATA ELEMENT: Assessment Message Sent Flag (DE1424)

An indicator that is used to denote whether the error messages for an Assessment have been sent to the provider of service.

BUSINESS NAME: N/A

REFERENCE NAME: F_MESAGE_SENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	The Assessment error messages have not been sent to the provider.
Y	The Assessment error messages have been sent to the provider.

DATA ELEMENT: TPL Coverage Code (DE3013)

A code that identifies the type of coverage an enrollee has with the third party.
Allowed values in this report are 'A' = Part A, 'B' = Part B and 'RD' = Part D.

BUSINESS NAME: N/A

REFERENCE NAME: C_CVRG_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Medicare Part A
B	Medicare Part B
C	Cancer
D	Dental
E	Not assigned
F	Home Health/Personal Care
G	Mental Health
H	Hospitalization
I	Indemnity/Accident
J	Dependent Pregnancy
K	Medicare Extended
L	Managed Care (HMO/PPO)
M	Major/Medical-Comprehensive
N	Intermediate Care Nursing Facility
O	Optical/Vision
P	Physician
Q	Chiropractor
R	Pharmacy
RD	Medicare Part D
S	Skilled Nursing
T	Transportation
U	Uninsured Absent Parent
V	Rehabilitation/Physical Medicine

DATA ELEMENT: TPL Coverage Code (DE3013)

VALID VALUES:

Valid Value	Description
W	Worker's Compensation
X	Preventive Care
Y	Medicare Part A-HMO (no longer used)
Z	Medicare Part B-HMO (no longer used)

DATA ELEMENT: **TPL Carrier Code (DE3657)**

The code that identifies the carrier.

BUSINESS NAME: N/A

REFERENCE NAME: I_CARRIER

DEFAULT: N/A

COBOL PICTURE: X(5)

DB2 TYPE: CHAR(5)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policy Number (DE3658)**

The number assigned to the policy by the insurance carrier.

BUSINESS NAME: N/A

REFERENCE NAME: I_POLICY

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: CHAR(16)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policy Effective Date (DE3659)**

The date the policy began with the insurance carrier.

BUSINESS NAME: N/A

REFERENCE NAME: D_POLICY_BEGIN

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policy End Date (DE3660)**

The date the policy ended with the insurance carrier.

BUSINESS NAME: N/A

REFERENCE NAME: D_POLICY_END

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Coverage Effective (Begin) Date (DE3667)

The date the coverage began.

BUSINESS NAME: N/A

REFERENCE NAME: D_CVRG_BEGIN

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S and the TPL Coverage Code is greater than spaces.

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Coverage End Date (DE3668)

The date the coverage ended.

BUSINESS NAME: N/A

REFERENCE NAME: D_CVRG_END

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S and the TPL Coverage Code is greater than spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policy Holder Social Security Number (SSN) (DE3670)**

The social security number of the policyholder.

BUSINESS NAME: N/A

REFERENCE NAME: I_HOLDER_SSN

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policy Coinsurance Amount (DE3671)**

The coinsurance amount for the policy.

BUSINESS NAME: N/A

REFERENCE NAME: N_COINS_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Coverage Co-pay Amount (DE3672)**

The co-pay amount for each type of coverage.

BUSINESS NAME: N/A

REFERENCE NAME: N_COPAY_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Carrier Name (DE3673)

The name of the carrier to whom inquiries should be made.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Billing Name is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Additional Address Name (DE3674)**

The first line of the carrier's address to which inquiries should be made.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Billing Additional Address Name is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Address Line (DE3675)**

The second line of the carrier's address to which inquiries should be made.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier City Name (DE3676)**

The city in which the inquiry office is located.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Billing City Name is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Carrier State Code (DE3677)

The state in which the inquiry office is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Billing State Code is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Carrier ZIP Code (DE3678)

The zip code in which the inquiry office is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(9)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Billing Zip Code is equal to zeros.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Federal Identification Number (DE3679)**

The tax identification number for the carrier.

BUSINESS NAME: N/A

REFERENCE NAME: I_FEIN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(9)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Phone Number (DE3680)**

The telephone number at the inquiry office.

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_NUM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Contact Name (DE3681)**

The name of the contact person at the inquiry office.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Employer Name (DE3682)**

The name of the absent parent's employer.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_EMPR_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Employer Additional Address Name (DE3683)**

The first line of the absent parent's employer address.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_EMPR_ADR1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Employer Address Line (DE3684)**

The second line of the absent parent's employer address.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_EMPR_ADR2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Employer City Name (DE3685)**

The city in which the absent parent's employer is located.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_EMPR_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Employer State Code (DE3686)**

The state in which the absent parent's employer is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_AB_PAR_EMPR_ST

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	This field must contain a valid state abbreviation.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Employer ZIP Code (DE3687)**

The zip code in which the absent parents employer is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_AB_PAR_EMPR_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(4) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	If entered, first five digits must be numeric and greater than zero, last four digits must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Premium Type (DE3688)**

A code that indicates the reason why the TPL premiums are being paid by the Medicaid Program.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREM_TYPE_CVAL

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This field must contain a space or a valid code.

VALID VALUES:

Valid Value	Description
A	ADAP
E	ESHI
H	HIPP
M	Medicare
R	HIV
S	FAMIS SELECT
Space	Not Applicable

DATA ELEMENT: **Coverage Sequence Number (DE3689)**

This sequence number will automatically be assigned by DB2 for each TPL Policy Coverage segment that is inserted.

BUSINESS NAME: N/A

REFERENCE NAME: I_CVRG_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Coverage Exhaustion Indicator (DE3690)

A field that indicates whether benefits have been exhausted for the type of coverage.

BUSINESS NAME: N/A

REFERENCE NAME: F_CVRG_EXHAUST

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	If the value equals 'Y', the TPL Coverage End Date must be less than the current system date.

VALID VALUES:

Valid Value	Description
N	NO, BENEFITS HAVE NOT BEEN EXHAUSTED
Y	YES, BENEFITS HAVE BEEN EXHAUSTED

DATA ELEMENT: **TPL Coverage Deductible Type (DE3691)**

This field identifies the type of deductible for the coverage code.

BUSINESS NAME: N/A

REFERENCE NAME: C_DED_TYPE_CVAL

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Coverage Deductible Amount is greater than zeros.

VALID VALUES:

Valid Value	Description
F	Family
I	Individual
M	Mixed
U	Unknown

DATA ELEMENT: **TPL Coverage Deductible Type Met Indicator (DE3692)**

A field that indicates whether the deductible has been met for the type of coverage.

BUSINESS NAME: N/A

REFERENCE NAME: F_DEDUCTIBLE_MET

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	NO, DEDUCTIBLE HAS NOT BEEN MET
Y	YES, DEDUCTIBLE HAS BEEN MET

DATA ELEMENT: **TPL Policy Deductible Type Met Indicator (DE3694)**

A field that indicates whether the deductible has been met for the policy.

BUSINESS NAME: N/A

REFERENCE NAME: F_DEDUCTIBLE_MET

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	NO, DEDUCTIBLE HAS NOT BEEN MET
Y	YES, DEDUCTIBLE HAS BEEN MET

DATA ELEMENT: **TPL Policy Deductible Amount (DE3695)**

The amount of deductible for the policy.

BUSINESS NAME: N/A

REFERENCE NAME: N_DEDUCTIBLE_AMT

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Coverage Deductible Amount (DE3696)**

The amount of deductible for the type of coverage.

BUSINESS NAME: N/A

REFERENCE NAME: N_DEDUCTIBLE_AMT

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Group Number (DE3697)**

The group number associated with the policy.

BUSINESS NAME: N/A

REFERENCE NAME: I_GROUP

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: CHAR(16)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Status Code (DE3698)

A code that indicates the status of the resource segment.
Allowed values on this report are 'A' = Active and 'I' = Inactive.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Active
H	History
I	Inactive
P	Potential
S	Suspect

DATA ELEMENT: **TPL Status Date (DE3699)**

The date in which the status code was last changed.

BUSINESS NAME: N/A

REFERENCE NAME: D_STATUS

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Verify Indicator (DE3700)

A field that indicates whether the policy information was verified.

BUSINESS NAME: N/A

REFERENCE NAME: F_VERIFY

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	NO, POLICY HAS NOT BEEN VERIFIED
Y	YES, POLICY HAS BEEN VERIFIED

DATA ELEMENT: TPL Verify Date (DE3701)

The date in which the policy segment information was verified.

BUSINESS NAME: N/A

REFERENCE NAME: D_VERIFY

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated when the TPL Verify Indicator is changed to a 'Y'.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Policy Type (DE3703)

A code that indicates the type of policy.

BUSINESS NAME: N/A

REFERENCE NAME: C_PLCY_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name Field Validation Rule

Description The field is validated by the following rule(s):

Local Def This field is required if the TPL Status Code is equal to A, I, or S.

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description	
A	AUTOMOBILE	
B	BURIAL	
C	CASUALTY	
D	DISABILITY	
E	HOMEOWNER	
F	CHAMPUS	
G	ABSENT PARENT	
H	HEALTH	
I	TRUSTS	
J	HIPP	
K	HIV	
L	LIFE	
M	MEDICARE	
N	WORKER'S COMPENS	
O	OTHER	
S	ESHI	Valid Value End Date of 07/312005
S	FAMIS SELECT	Valid Value Begin Date of 08/01/2005

DATA ELEMENT: TPL Relationship Code (DE3704)

A code that indicates the relationship between the enrollee and policyholder.

BUSINESS NAME: N/A

REFERENCE NAME: C_REL_CVAL

DEFAULT: Z

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

VALID VALUES:

Valid Value	Description
A	SELF
C	CHILD
D	WIDOW (ER)
F	UNREMARRIED WIDOW (ER)
G	UNMARRIED WIDOW (ER
L	PARENT-IN-LAW
M	STEP-PARENT-IN-LAW
P	PARENT
S	SPOUSE
T	UNREMARRIED FORMER SPOUSE
U	STEP-PARENT
V	STEP-CHILD
W	WARD
X	OTHER
Z	UNKNOWN

DATA ELEMENT: **TPL Policyholder Telephone Number (DE3705)**

The phone number of the policyholder.

BUSINESS NAME: N/A

REFERENCE NAME: T_HOLDER_PHONE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policy Coinsurance Percentage Amount (DE3706)**

The coinsurance percentage amount for the policy.

BUSINESS NAME: N/A

REFERENCE NAME: N_COINS_PCT

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Coverage Co-pay Percentage Amount (DE3707)**

The co-pay percentage amount for the type of coverage.

BUSINESS NAME: N/A

REFERENCE NAME: N_COPAY_PCT

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Remarks (DE3708)**

A field for the user to enter additional remarks regarding the inquiry carrier.

BUSINESS NAME: N/A

REFERENCE NAME: T_REMARKS

DEFAULT: N/A

COBOL PICTURE: X(65)

DB2 TYPE: CHAR(65)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Billing Name (DE3709)**

The name of the carrier to whom billings should be mailed.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Name is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Billing Contact Name (DE3710)**

The name of the contact person at the billing office.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Billing Telephone Number (DE3711)**

The telephone number at the billing office.

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_NUM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Billing Additional Address Name (DE3712)**

The first line of the carrier's address to which billings should be mailed.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Additional Address Name is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Carrier Billing Address Line (DE3713)

The second line of the carrier's address to which billings should be mailed.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is optional and can be updated by the user or system generated based on data entered in the carrier's inquiry address line.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Carrier Billing City Name (DE3714)

The city in which the billing office is located.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier City Name is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Billing State Code (DE3715)**

The state in which the billing office is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier State Code is equal to spaces.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Carrier Billing ZIP Code (DE3716)

The zip code in which the billing office is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Carrier Zip Code is equal to zeros.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Carrier Billing Remarks (DE3717)**

A field for the user to enter additional remarks regarding the billing carrier.

BUSINESS NAME: N/A

REFERENCE NAME: T_REMARKS

DEFAULT: N/A

COBOL PICTURE: X(65)

DB2 TYPE: CHAR(65)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL DSS Update Indicator (DE3718)

This field is used to indicate whether or not the absent parent data received from DSS via tape should update the existing Resource record.

BUSINESS NAME: N/A

REFERENCE NAME: F_DSS_UPDATE

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No do not update
Y	Yes update

DATA ELEMENT: **TPL PARTD Declined (DE3719)**

A code that indicates if Enrollee declined Part-D coverage (For Future Usage)

BUSINESS NAME: N/A

REFERENCE NAME: C_PARTD_DECLINED

DEFAULT: U

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	NOT DECLINED
U	UNKNOWN
Y	DECLINED

DATA ELEMENT: **TPL Carrier Info Type (DE3720)**

Indicates whether the TPL Insurance Carrier table entry is Inquiry or Billing information

BUSINESS NAME: N/A

REFERENCE NAME: C_INFO_TYPE

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	INQUIRY
2	BILLING

DATA ELEMENT: **TPL Absent Parent Indicator (DE3721)**

A field that indicates the type of absent parent coverage.

BUSINESS NAME: N/A

REFERENCE NAME: C_AP_CVAL

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Dual
I	Insured
Space	Not applicable
U	Uninsured

DATA ELEMENT: TPL PARTD Source Code (DE3722)

A code that indicates the source of Part-D segment modification.

BUSINESS NAME: N/A

REFERENCE NAME: C_PARTD_SRC_CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	BENDEX BATCH PROGRAM
H	BUY-IN
M	CMS MMA-RESPONSE FILE
N	ONE TIME BATCH PROGRAM
S	DSS STAFF

DATA ELEMENT: TPL PARTD Lock (DE3723)

A code that designates whether CMS data can override data already present. Default is 'N' for not locked.

BUSINESS NAME: N/A

REFERENCE NAME: F_PARTD_LOCKED

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	PART-D DATA NOT LOCKED
Y	PART-D DATA LOCKED BY BUY-IN

DATA ELEMENT: TPL PARTD Buyin Suppress Flag (DE3724)

A code that provides a means to suppress reporting individuals from RS-O-333 report where the Buy-in unit has determined that the discrepancy is legitimate.

BUSINESS NAME: N/A

REFERENCE NAME: C_PARTD_BUYIN_SFLG

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	DON'T DISPLAY ON BUY-IN REPORT
S	DISCREPANCY IS VALID; DON'T DISPLAY ON BUY-IN REPORT
Y	DISPLAY ON BUY-IN REPORT

DATA ELEMENT: **TPL PARTD Cancel Date (DE3725)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_PARTD_CANCEL

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Source Code (DE3726)

A code that indicates where the lead originated from.

BUSINESS NAME: N/A

REFERENCE NAME: C_SOURCE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	CHILD SUPPORT
B	MEDICARE-BUY-IN
C	CARRIER
D	DMAS
E	DEERS
H	HIPP
I	ESHI
O	OTHER
P	PROVIDER
R	RECIPIENT
S	DSS
T	TPL CONTRACTOR
U	UNKNOWN

DATA ELEMENT: **TPL Group Name (DE3727)**

The name of the group associated with the policy.

BUSINESS NAME: N/A

REFERENCE NAME: T_GROUP_NAME

DEFAULT: N/A

COBOL PICTURE: X(37)

DB2 TYPE: CHAR(37)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Letter Exception Indicator (DE3728)

A flag to indicate that the TPL Carrier does not contain an address. This flag is used in the TPL Suspect Letter process to determine which address the letter is sent to.

BUSINESS NAME: N/A

REFERENCE NAME: I_LETTER_EXCEPTION

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Letter Exception turned off
Y	Letter Exception turned on

DATA ELEMENT: **TPL PDP Plan Number (DE3729)**

This field is for Future Usage.

BUSINESS NAME: N/A

REFERENCE NAME: I_PDP_PLAN_NO

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Policyholder Address Line (DE3730)

The policyholders street address.

BUSINESS NAME: N/A

REFERENCE NAME: T_HOLDER_ADDR1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policyholder City Name (DE3731)**

The city in which the policyholder resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_HOLDER_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: TPL Policyholder State Code (DE3732)

The state in which the policyholder resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_HOLDER_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policyholder ZIP Code (DE3733)**

The zip code in which the policyholder resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_HOLDER_ZIP_9

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(9)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Letter Sent Date (DE3734)**

The date the initial letter was generated.

BUSINESS NAME: N/A

REFERENCE NAME: D_LETTER_SENT

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Letter Follow-up Date (DE3735)**

The date the follow-up letter was generated.

BUSINESS NAME: N/A

REFERENCE NAME: D_FOLLOWUP

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policyholder Last Name (DE3737)**

The last name of the policyholder.

BUSINESS NAME: N/A

REFERENCE NAME: T_HOLDER_LNAME

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: CHAR(19)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policyholder First Name (DE3738)**

The first name of the policyholder.

BUSINESS NAME: N/A

REFERENCE NAME: T_HOLDER_FNAME

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the TPL Status Code is equal to A, I, or S.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Policyholder Middle Initial (DE3739)**

The middle initial of the policyholder.

BUSINESS NAME: N/A

REFERENCE NAME: T_HOLDER_MI

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent IVD Case Number (DE3741)**

This is the Child Support Enforcement Case Number for the Absent parent.

BUSINESS NAME: N/A

REFERENCE NAME: I_IVD_CASE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent District Code (DE3742)**

A code that indicates where the district office is located.

Valid values are contained in DB2 table TP_DISTRICT_R.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISTRICT

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHARACTER(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Custodial Parent MPI Number (DE3743)**

The custodial parents MPI number.

BUSINESS NAME: N/A

REFERENCE NAME: I_CUST_PAR_MPI

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Custodial Parent Last Name (DE3744)**

The custodial parents last name.

BUSINESS NAME: N/A

REFERENCE NAME: T_CUST_PAR_NM_LAST

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Custodial Parent First Name (DE3745)**

The custodial parents first name.

BUSINESS NAME: N/A

REFERENCE NAME: T_CUST_PAR_NM_FRST

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Custodial Parent Middle Initial (DE3746)**

The custodial parents middle initial.

BUSINESS NAME: N/A

REFERENCE NAME: T_CUST_PAR_MIDDLE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent MPI Number (DE3747)**

The absent parents MPI number.

BUSINESS NAME: N/A

REFERENCE NAME: I_AB_PAR_MPI

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Last Name (DE3748)**

The absent parents last name.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_NAME_LAST

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Custodial Parent Social Security Number (SSN) (DE3750)**

The custodial parents social security number.

BUSINESS NAME: N/A

REFERENCE NAME: I_PERSON_CUSTODIAN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Absent Parent First Name (DE3751)

The absent parents first name.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_NAME_FRST

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Middle Initial (DE3752)**

The absent parents middle initial.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_MID_INIT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Absent Parent Social Security Number (SSN) (DE3754)

The absent parents social security number.

BUSINESS NAME: N/A

REFERENCE NAME: I_PERSON_AP

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Additional Address Name (DE3755)**

The first line of the absent parents street address.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_ADDR1

DEFAULT: N/A

COBOL PICTURE: X(31)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Address Line (DE3756)**

The second line of the absent parents street address.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_ADDR2

DEFAULT: N/A

COBOL PICTURE: X(31)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent City Name (DE3757)**

The city in which the absent parent resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_CITY

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent State Code (DE3758)**

The state in which the absent parent resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_AB_PAR_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	This field must contain a valid state abbreviation.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent ZIP Code (DE3759)**

The zip code in which the absent parent resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_AB_PAR_ZIP

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Country Name (DE3760)**

The name of the country in which the absent parent resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_COUNTRY_RESIDE

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent International ZIP Code (DE3761)**

The international zip code in which the absent parent resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_GLOBAL

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Dependent MPI Number (DE3762)**

The dependents MPI number.

BUSINESS NAME: N/A

REFERENCE NAME: I_DPND_MPI

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Dependent Social Security Number (SSN) (DE3763)**

The dependents social security number.

BUSINESS NAME: N/A

REFERENCE NAME: I_DPND_SSN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Dependent Last Name (DE3764)**

The dependents last name.

BUSINESS NAME: N/A

REFERENCE NAME: T_DPND_NAME_LAST

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Dependent First Name (DE3765)**

The dependents first name.

BUSINESS NAME: N/A

REFERENCE NAME: T_DPND_NAME_FIRST

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Dependent Middle Initial (DE3766)**

The dependents middle initial.

BUSINESS NAME: N/A

REFERENCE NAME: T_DPND_MIDDLE_INIT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Absent Parent Court Order Code (DE3768)

A code that indicates that medical support was ordered.

BUSINESS NAME: N/A

REFERENCE NAME: I_COURT_ORDER

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(4)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	If there is an entry in the medical support ordered amount, frequency, start date, or responsible parent insurance indicator, this field is required.

VALID VALUES:

Valid Value	Description
N	No, medical support was not ordered
Y	Yes, medical support was ordered

DATA ELEMENT: Absent Parent Court Order Amount (DE3769)

The amount of the medical support order.

BUSINESS NAME: N/A

REFERENCE NAME: N_AMT

DEFAULT: N/A

COBOL PICTURE: S9(10)V99 COMP-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Court Order Frequency (DE3770)**

A code that indicates the frequency for the medical support that was ordered.

BUSINESS NAME: N/A

REFERENCE NAME: C_FREQ

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(4)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
BIWK	Bi-weekly
MNTH	monthly

DATA ELEMENT: **Absent Parent Court Order Start Date (DE3771)**

The date the ordered medical support is to start.

BUSINESS NAME: N/A

REFERENCE NAME: D_SUPPORT_START

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and less than the change and end dates.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Insurance Indicator (DE3772)**

A field that indicates if the responsible parent has obtained insurance.

BUSINESS NAME: N/A

REFERENCE NAME: F_INSURANCE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	Must be yes or no.

VALID VALUES:

Valid Value	Description
' '	Unknown
N	No
Y	Yes

DATA ELEMENT: **Absent Parent Court Order Type Code (DE3776)**

A code that indicates the type of the medical support order.

BUSINESS NAME: N/A

REFERENCE NAME: C_SUPPORT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
A	Administrative
C	Court Ordered
space	not required

DATA ELEMENT: **Absent Parent Court Order Percentage Amount (DE3777)**

The percentage of medical support ordered.

BUSINESS NAME: N/A

REFERENCE NAME: N_PCT

DEFAULT: 00

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 00 - 100

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Absent Parent Update Indicator (DE3790)**

A field that indicates the type of action taken on the record.

BUSINESS NAME: N/A

REFERENCE NAME: F_RETIRED

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
A	Add
R	Retired
U	Update

DATA ELEMENT: **Absent Parent District Name (DE3791)**

The DSS district office name.

BUSINESS NAME: N/A

REFERENCE NAME: T_DISTRICT_DESC

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Person Relationship (DE3793)**

This code will identify a person's relationship to a Case for the Absent Parent subsystem.

BUSINESS NAME: N/A

REFERENCE NAME: I_PERSON_REL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Absent Parent
02	Custodial Parent
03	Both Absent and Custodial
04	Dependent

DATA ELEMENT: **Covered Participant MPI Number (DE3794)**

This is the Absent Parent's covered participant MPI Number.

BUSINESS NAME: N/A

REFERENCE NAME: AP_COVPART_MPI_NUMBER

DEFAULT: N/A

COBOL PICTURE: PIC X(10)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Analyst (DE3795)**

TPL Incident Analyst

BUSINESS NAME: N/A

REFERENCE NAME: I_ANALYST

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Lien Flag (DE3796)**

TPL Incident Lien Flag

BUSINESS NAME: N/A

REFERENCE NAME: F_LIEN

DEFAULT: N/A

COBOL PICTURE: X(01

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **TPL Incident Claim Flag (DE3798)**

TPL Incident Claim Flag

BUSINESS NAME: N/A

REFERENCE NAME: F_CLAIM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **TPL Incident Trust Begin Date (DE3799)**

TPL Incident Trust Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_TRUST_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS State Code Number (DE3821)**

A code that is assigned to the state by HCFA.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-STATE-CODE-NUMBER

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
51	state code assigned by HCFA

DATA ELEMENT: DEERS State Unique ID Number (DE3822)

The enrollee number associated to the individual record.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-STATE-UNIQUE-ID-NUM

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This data element must be on the Enrollee Master File.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DEERS Match Code (DE3828)

A code that indicates how successful the match was with DEERS.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-MATCH-CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	Edit error
1	SSN not found
2	SSN found - eligible
3	SSN found - tentatively eligible
4	SSN found - not eligible

DATA ELEMENT: DEERS Match Name Code (DE3829)

A code that indicates whether DEERS was able to match on the sponsor or dependents name.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-MATCH-NAME-CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	Not matched
1	Matched

DATA ELEMENT: **DEERS Match Date of Birth Code (DE3830)**

A code that indicates whether DEERS was able to match on the sponsor or dependents date of birth.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DOB-CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	Not matched
1	YYYYMM Matched
2	Full match

DATA ELEMENT: **DEERS Sponsor Social Security Number (SSN) (DE3831)**

The social security number of the sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-D-SPONSOR-SSN

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DEERS Sponsor Name (DE3832)

The last, first, and middle initial of the sponsors name.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-D-SPONSOR-NAME

DEFAULT: N/A

COBOL PICTURE: X(26)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Sponsor Date of Birth (DE3834)**

The date of birth of the sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-D-SPONSOR-DOB

DEFAULT: N/A

COBOL PICTURE: S9(09) Comp-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Sponsor Status Code (DE3835)**

A code that indicates the current military status for the sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-STATUS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
A	Active duty
D	100% DAV
E	MEPCOM enlistee
N	National Guard
R	Retired
V	Reserve
X	Other
Z	Unknown

DATA ELEMENT: **DEERS Sponsor Service Code (DE3836)**

A code that indicates the branch of service for the sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-SERVICE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
A	Army
D	Does not apply
E	Public Health Service (PHS)
F	Air Force
I	National Oceanic and Atmospheric Administration
M	Marine Corps
N	Navy
P	Coast Guard
X	Other
Z	Unknown

DATA ELEMENT: DEERS Sponsor Type of Dependents Code (DE3837)

A code that indicates the type of eligible dependents for medical coverage.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-TYPE-OF-DEPENDENTS

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	None
1	Eligible dependents present
2	Only ineligible dependents
3	Both ineligible and eligible dependents

DATA ELEMENT: **DEERS Sponsor Total Dependent Count (DE3838)**

The total number of dependents reported to DEERS on the Department of Defense form 1172.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-TOT-DEPENDENT-CN

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: 9

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Sponsor Begin Date (DE3839)**

The date the sponsor became eligible for Champus coverage.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-BEGIN-DATE

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Sponsor End Date (DE3840)**

The date the sponsor's Champus coverage ended.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-END-DATE

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Sponsor CHAMPUS Privilege Code (DE3841)**

A field that indicates the type of coverage available to the sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-PRIVILEGE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	none
A	Choice
B	VA
C	CHAMPUS only
E	Other and Choice
M	Other and Choice
N	None
O	Other and CHAMPUS

DATA ELEMENT: **DEERS Sponsor Direct Care Indicator (DE3842)**

A field that indicates whether direct care is available to the sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-DIRECT-CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
S = Service supplied	
0	None
N	None

DATA ELEMENT: DEERS Sponsor Eligibility Code (DE3843)

A code that indicates the status of the sponsor's eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-ELIG-CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	Eligible
1	Ineligible
2	Survivor Placeholder
3	Selected reserve
4	Removed or alternate
5	Tentatively eligible 1172 only
6	Placeholder awaiting purge
7	Ineligible sponsor w/eligible depend/CHAMPVA spons
8	Tentatively ineligible retired
L	Reserve component loss
N	Guard rec matching separation from act eligible assn
P	Reserve component loss kept for Pantograph or RDDB data
R	All reserve not in 3 above
V	Reserve rec matching separation from act eligible asn

DATA ELEMENT: DEERS Sponsor Eligibility Ended Reason Code (DE3844)

A code that indicates the reason why the sponsor coverage ended.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-END-ELIG-RE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
A	21st birthday
C	Retirement of sponsor
D	Death of sponsor/dependent
E	Card expired over ' ' months
F	Invalid enrollment
G	End of full-time student status
H	Dependent married
I	Incapacitation ends
J	Dependent entered active duty
K	Enlisted career
L	Enrolled in CHOICE (eligibility only
M	Medicare entitlement
N	Sponsor not on QC Master File
P	Estimated card expiration
R	Estimated termination of service
S	Active duty separation
T	Divorce
U	Not predictable
V	DD 1172 never on Master File
X	Other
Y	23rd birthday

DATA ELEMENT: DEERS Sponsor Sex Code (DE3845)

A code that indicates the sponsor's sex.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSORE-SEX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
F	Female
M	Male
Z	Unknown

DATA ELEMENT: DEERS Sponsor Medicare Indicator (DE3846)

A code that indicates whether the sponsor has Medicare coverage.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-SPONSOR-MEDICARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	No
1	Yes
Blank	Unknown

DATA ELEMENT: **DEERS Dependent Name (DE3847)**

The last, first, and middle initial of the dependents name.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-NAME

DEFAULT: N/A

COBOL PICTURE: X(27)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	This field must be alphabetic or space, no special characters.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Dependent Date of Birth (DE3848)**

The dependents date of birth.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-DOB

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Dependent Begin Date (DE3850)**

The date the dependent became eligible for Champus coverage.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-ELIG-ST-D

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DEERS Dependent End Date (DE3851)

The date the dependents Champus coverage ended.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-ELIG-EN-D

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS Dependent CHAMPUS Privilege Code (DE3852)**

A field that indicates the type of coverage available to the dependent.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-PRIVILEGE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	None
A	Choice
B	VA
C	CHAMPUS Only
E	Other and Choice
M	Other and Choice
N	None
O	Other and CHAMPUS

DATA ELEMENT: DEERS Dependent Direct Care Indicator (DE3853)

A field that indicates whether direct care is available to the dependent.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-DIRECT-CARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	None
N	None
S	Service Supplied

DATA ELEMENT: DEERS Dependent Eligibility Code (DE3854)

A code that indicates the status of the dependents eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-ELIG-CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	Eligible
1	Ineligible
2	Survivor Placeholder
3	Selected Reserve
4	Removed or alternate
5	Tentatively eligible 1172 only
6	Placeholder awaiting purge
7	Ineligible spons w/eligible depend/CHAMPVA sponsor
8	Tentatively Ineligible retired
9	Tentatively ineligible active
L	Reserve component loss
N	Guard rec matching separation from actv eligible asn
P	Reserve component loss kept for Pantograph/RDDB data
R	All reserve not in 3 above
V	Reserve rec matching separation from actv eligible asn

DATA ELEMENT: DEERS Dependent Eligibility End Reason Code (DE3855)

A code that indicates why the dependents eligibility ended.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-END-ELIG-RE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
A	21st Birthday
C	Retirement of sponsor
D	Death of sponsor/dependent
E	Card expired over ' ' months
F	Invalid enrollment
G	End of full-time student status
H	Dependent married
I	Incapacitation ends
J	Dependent entered active duty
K	Enlisted career
L	Enrolled in CHOICE (elig)
M	Medicare entitlement
N	Sponsor not on QC Master File
P	Estimated card expiration
R	Estimated termination of service
S	Active duty separation
T	Divorce
U	Not predictable
V	DD 1172 never on Master File
X	Other
Y	= 23rd birthday

DATA ELEMENT: **DEERS Dependent Sex Code (DE3856)**

A code that indicates the dependents sex.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-SEX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
F	Female
M	Male
Z	Unknown

DATA ELEMENT: DEERS Dependent Student Indicator (DE3857)

A field that indicates whether the dependent is a student or handicapped.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-STUDENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	Neither
1	Full-time student
2	Temporarily handicapped
3	Permanently handicapped

DATA ELEMENT: DEERS Dependent Relationship Code (DE3858)

A field that indicates the relationship between the dependent and sponsor.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-RELATION

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
B	Spouse
C	Child (includes adoptee
D	Widow(er)
F	Unremarried widow(er)
G	Unmarried widow(er)
H	Former Spouse
L	Parent-In-Law
M	Step-Parent-In-Law
P	Parent
S	Spouse
T	Unremarried former spouse
U	Step-Parent
V	Step-Child
W	Ward (includes foster and pre-adoptive children)
X	Other
Z	Unknown

DATA ELEMENT: DEERS Dependent Medicare Eligibility Code (DE3860)

A code that indicates whether the dependent has Medicare coverage.

BUSINESS NAME: N/A

REFERENCE NAME: DRR-DEPENDENT-MEDICARE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
0	No
1	Yes
Blank	Unknown

DATA ELEMENT: **DEERS HCFA Additional Address Name (DE3866)**

The first line of the dependents street address that was sent from the MMIS to DEERS.

BUSINESS NAME: N/A

REFERENCE NAME: DRE-ENROLLEE-ADDR1

DEFAULT: N/A

COBOL PICTURE: X(27)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS HCFA Address Line (DE3867)**

The second line of the dependents street address that was sent from the MMIS to DEERS.

BUSINESS NAME: N/A

REFERENCE NAME: DRE-ENROLLEE-ADDR2

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DEERS HCFA City Name (DE3868)

The city in which the dependent resides based on information sent from the MMIS to DEERS.

BUSINESS NAME: N/A

REFERENCE NAME: DRE-ENROLLEE-CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS HCFA State Code (DE3869)**

The state in which the dependent resides based on information sent from the MMIS to DEERS.

BUSINESS NAME: N/A

REFERENCE NAME: DRE-ENROLLEE-STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	This field must contain a valid state abbreviation.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DEERS HCFA ZIP Code (DE3870)**

The zip code in which the dependent resides based on information sent from the MMIS to DEERS.

BUSINESS NAME: N/A

REFERENCE NAME: DRE-ENROLLEE-ZIP

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Trust End Date (DE3876)**

TPL Incident Trust End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_TRUST_END

DEFAULT: N/A

COBOL PICTURE: ((08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Trust Type (DE3879)**

TPL Incident Trust Type

BUSINESS NAME: N/A

REFERENCE NAME: C_TRUST_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
To be determined	

DATA ELEMENT: **TPL Incident Trust Flag (DE3880)**

TPL Incident Trust Flag

BUSINESS NAME: N/A

REFERENCE NAME: F_TRUST

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **TPL Incident Address Type (DE3882)**

TPL Incident Address Type

BUSINESS NAME: N/A

REFERENCE NAME: C_ADDR_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Attorney
E	Estate
T	Trustee

DATA ELEMENT: **TPL Incident Address Name (DE3883)**

TPL Incident Address Name

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Phone Number (DE3884)**

TPL Incident Phone Number

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_NO

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Address Line 1 (DE3885)**

TPL Incident Address Line 1

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Address Line 2 (DE3886)**

TPL Incident Address Line 2

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Address City (DE3887)**

TPL Incident Address City

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Address State (DE3888)**

TPL Incident Address State

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Address Zip Code (DE3889)**

TPL Incident Address Zip Code

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Remarks (DE3890)**

TPL Incident Remarks

BUSINESS NAME: N/A

REFERENCE NAME: T_REMARKS

DEFAULT: N/A

COBOL PICTURE: X(65)

DB2 TYPE: CHAR(65)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL ACTIVE COVERAGE FLAG (DE3891)**

An indicator to denote which TPL coverage is active.

BUSINESS NAME: N/A

REFERENCE NAME: F_CURRENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	NOT ACTIVE
Y	ACTIVE

DATA ELEMENT: **TPL Coverage Add Date (DE3892)**

Date of coverage add and termination

BUSINESS NAME: N/A

REFERENCE NAME: D_CVRG_UPDT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Delete Indicator (DE3893)**

Indicator to determine Incident, Attorney, Estate or Trustee deletes on the TPL Incident Screen.

BUSINESS NAME: N/A

REFERENCE NAME: TPL Incident Delete Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: X

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Incident Scroll Indicator (DE3894)**

An indicator which will determine which information to scroll on the TPL Incident Information Screen.

BUSINESS NAME: N/A

REFERENCE NAME: TPL-Scroll-Ind

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: X

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Bank Account Type Indicator (DE5658)**

Indicates whether it is Medicaid or FAMIS account

BUSINESS NAME: N/A

REFERENCE NAME: Bank Account Type Indicator

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	FAMIS
M	Medicaid

DATA ELEMENT: **HIPP Administrative Fees (DE9501)**

The additional fees that may be associated with paying premiums.

BUSINESS NAME: N/A

REFERENCE NAME: N_ADMIN_FEE_AMT

DEFAULT: 42.50

COBOL PICTURE: S9(6)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Case Approved Date (DE9502)**

The date the HIPP/HIV case was approved for premium payments.

BUSINESS NAME: N/A

REFERENCE NAME: D_CASE_APPROVED

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated with the current system date whenever a record is added and the HIPP Case Status Code equals A00 (approved).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Average Cost (DE9503)

The average Medicaid cost per dependent. This is based on the actuarial table in Reference.

BUSINESS NAME: N/A

REFERENCE NAME: N_COST_AMT

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	The data for this field is obtained by reading the System Parameter File based on the enrollee's age, sex, aid category, and FIPS code.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Premium From Date (DE9504)

The first month covered by the premium check. This field is in CCYYMM format.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREM_FROM_YYYYMM

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Format Definition
Description	Format as defined.
Local Def	CCYYMM.

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The data element is required if the HIPP Premium Amount is greater than zeros.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Eligibility Begin Date (DE9505)

The date the case was approved for each dependent.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_BEGIN

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	If the HIPP Case Status Code equals A00 (approved), a valid begin date must be entered.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: User ID (DE9506)

User ID of last person who updated the case.

BUSINESS NAME: N/A

REFERENCE NAME: I_OPENED_BY

DEFAULT: N/A

COBOL PICTURE: X(5)

DB2 TYPE: CHAR(8)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated with the user ID whenever the HIPP Case Status Code is changed to 'A00' (approved).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Program Indicator (DE9507)**

This field indicates the DMAS Program Indicator for an ESHI, HIPP or Ryan White case.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREMIUM_TYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field will be system generated based on the program creating the file.

VALID VALUES:

Valid Value	Description
H	HIPP - HEALTH INSURANCE PREMIUM PAYMENT
R	HIV - RYAN WHITE
S	FAMIS SELECT- FAMILY ACCESS TO MEDICAL INSURANCE SECURITY

DATA ELEMENT: **HIPP Payee Start Date (DE9508)**

This is the start date for the payee.

BUSINESS NAME: N/A

REFERENCE NAME: D_PAYEE_START

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Comments Text (DE9509)**

An area for the user to enter comments relating to the case.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Payee End Date (DE9511)**

The end date related to the payee.

BUSINESS NAME: N/A

REFERENCE NAME: D_PAYEE_END

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated whenever an update is successfully logged to a record.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Payee Address Line (DE9512)**

The second street address in which the employee, insurance, employer, and other entity resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Payee Additional Address Line (DE9513)

The first street address in which the employee, insurance, employer, and other entity resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR1

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The data element is required if the HIPP Payee Type Code equals 'E' (employee).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Payee City (DE9514)

The city in which the employee, insurance, employer, and other entity resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The data element is required if the HIPP Payee Type Code equals 'E' (employee).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Payee Sequence Number (DE9515)

A unique number assigned by the system to each HIPP Case Payee row.

BUSINESS NAME: N/A

REFERENCE NAME: I_PAYEE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the HIPP-PAYEE-IND is equal to 'E' (Employee).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Dependent Count (DE9516)**

This field is incremented as occurrences are written to the HIPP Cost Evaluation Data File.

BUSINESS NAME: N/A

REFERENCE NAME: N_HIPP_DEPEND_CNT

DEFAULT: N/A

COBOL PICTURE: 9(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the HIPP-PAYEE-IND is equal to 'E' (Employee).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP SSN/FEIN Number (DE9517)

The social security number of the employee or the federal employer identification number for the insurance carrier, employer, or other entity.

BUSINESS NAME: N/A

REFERENCE NAME: C_PAYEE_SSN_FEIN

DEFAULT: N/A

COBOL PICTURE: 9(9)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Payee State (DE9518)

The state in which the employee, insurance, employer, or other entity resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The data element is required if the HIPP Payee Type Code equals 'E' (employee).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Payee Zip Code (DE9519)

The zip code in which the employee, insurance, employer, or other entity resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP_9

DEFAULT: N/A

COBOL PICTURE: 9(5)V9(4)

DB2 TYPE: CHAR(9)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The data element is required if the HIPP Payee Type Code equals 'E' (employee).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Premium Through Date (DE9520)**

The ending month covered by the premium check. This field is in CCYYMM format.

BUSINESS NAME: N/A

REFERENCE NAME: D_PREM_THRU_YYYYMM

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name	Format Definition
Description	Format as defined.
Local Def	CCYYMM

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The data element is required if the HIPP Premium Amount is greater than zeros.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Eligibility End Date (DE9521)

The date the case was canceled or denied for each dependent.

BUSINESS NAME: N/A

REFERENCE NAME: D_ELG_END

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	If the HIPP Case Status Code is updated to A00 (approved) move an open end date to this field.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP File Number (DE9522)

A unique number assigned to each HIPP/HIV case.

BUSINESS NAME: N/A

REFERENCE NAME: I_HIPP_CASE

DEFAULT: N/A

COBOL PICTURE: 9(7)

DB2 TYPE: CHAR(7)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	The system automatically generates this data element for 'add' transactions.

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	If entered by the user, the number must be on the HIPP Master File.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Monthly Medicaid Cost (DE9523)**

The total monthly Medicaid cost, which is the total of the HIPP Average Cost for the dependents.

BUSINESS NAME: N/A

REFERENCE NAME: N_ENRL_COST_AMT

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated by accumulating the HIPP Average Cost for each enrollee.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Monthly Average Premium Cost (DE9524)

The calculated monthly premium cost.

BUSINESS NAME: N/A

REFERENCE NAME: N_PREMIUM_COST_AMT

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def This field is system generated by taking the HIPP Premium Amount times HIPP Payment Weeks divided by HIPP Payment Months.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Negative Balance/Lien Record Identifier (DE9525)

The record identifier for each negative or lien balance row in the Financial Negative Balance and Lien Tables.

BUSINESS NAME: N/A

REFERENCE NAME: I_NEG_LIEN_RECORD

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: 0000000001 - 9999999999

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Proof of Payment Sequence Number (DE9526)**

System generated sequential number assigned to each row on the HIPP Proof of Payment Table.

BUSINESS NAME: N/A

REFERENCE NAME: I_PRF_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Payment Request Sequence Number (DE9527)**

System generated sequential number assigned to each row on the HIPP Payment Request Table.

BUSINESS NAME: N/A

REFERENCE NAME: I_PAY_REQ_SEQ_NUM

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP TPL Plan Type (DE9528)**

This code identifies the reason for the premium payments.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREM_PGM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Hospital and Surgical
D	Hospital, Surgical and Major Medical
G	HMO - Health Maintenance Organization
K	Medicare Extended
M	CHAMPUS
N	Federal Employee Program
R	Prescription Drug Coverage
S	School and Accident Policy
T	Dental Insurance
V	Vision Care

DATA ELEMENT: **EDI Adjustment Group Codes (DE9529)**

Identifies the adjustment group code of a claim for the ANSI X.12 835

BUSINESS NAME: N/A

REFERENCE NAME: C_EDI_ADJ_GROUP

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
CO	Contractual Obligations
CR	Corrections and Reversals
OA	Other Adjustment
PI	Payer Initiated Reductions
PR	Patient Responsibility

DATA ELEMENT: **Remittance Negative Balance Indicator (DE9530)**

Indicates whether a Request for Payment will cause a provider's remittance to go negative.

BUSINESS NAME: N/A

REFERENCE NAME: F_REMIT_NEG_BAL

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **HIPP Override Indicator (DE9531)**

A field for the user to override the results of a cost evaluation.

BUSINESS NAME: N/A

REFERENCE NAME: F_OVERRIDE

DEFAULT: N

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No, do not override
Y	Yes, override

DATA ELEMENT: Payee Type Code (DE9532)

An indicator to identify to whom the payments are to be made

BUSINESS NAME: N/A

REFERENCE NAME: C_PAYEE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field is required and can not be null.

VALID VALUES:

Valid Value	Description
A	Attorney
B	Child Support Absent Parent
C	Casualty Insurance Company
D	DMAS Employee
E	Employee
F	Federal Government Dept
G	Consultant
H	HIPP
I	Health Insurance Company
J	Enrollee
K	HMO
L	Local Government Dept
N	Non-VA State Government
O	Other Entity
R	Employer
S	VA State Government Dept

DATA ELEMENT: HIPP Payment Months (DE9533)

The number of months the employee receives a paycheck during the year.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAYMENT_MONTHS

DEFAULT: N/A

COBOL PICTURE: 9(2)

DB2 TYPE: SMALLINT

RANGE: 01 - 12

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Payment Weeks (DE9534)

The number of weekly payments the employee will receive in a year.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAYMENT_WEEKS

DEFAULT: N/A

COBOL PICTURE: 9(2)

DB2 TYPE: SMALLINT

RANGE: 01 - 52

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Plan Type Code (DE9535)

Signifies the type of insurance plan, employee only, employee + spouse, employee + children, or family.

BUSINESS NAME: N/A

REFERENCE NAME: C_PLAN_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
0	Unknown
1	Family
2	Employee Only
3	Employee+One
4	Employee+Spouse
5	Employee+Children

DATA ELEMENT: HIPP Medical Condition Indicator (DE9536)

Indicates whether a pre-existing medical condition exists.

BUSINESS NAME: N/A

REFERENCE NAME: F_MEDICAL_COND

DEFAULT: N

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No Condition Exist
Y	Yes Condition Exist

DATA ELEMENT: **HIPP Premium Amount (DE9537)**

The amount deducted from the employees check.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAYCHECK_DED_AMT

DEFAULT: N/A

COBOL PICTURE: S9(8)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Payment Frequency Code (DE9538)

The code of valid values for the frequency of insurance deductions from the employees check (weekly, bi-weekly, monthly).

BUSINESS NAME: N/A

REFERENCE NAME: C_PAY_FREQ_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	The field must be present and can not be null.

VALID VALUES:

Valid Value	Description
B	Bi-weekly
M	Monthly
S	Semi-Monthly
W	Weekly

DATA ELEMENT: HIPP Application Received Date (DE9539)

The date the application was received by the HIPP unit.

BUSINESS NAME: N/A

REFERENCE NAME: D_APPL_RCVD

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Reevaluation Date (DE9540)

Signifies the date a re-evaluation was performed on the case.

BUSINESS NAME: N/A

REFERENCE NAME: D_REEVALUATION

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated with the current system date whenever the user depresses the EVAL or PF2 button and successfully logs the transaction.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Payment Requestor ID (DE9541)

The User ID of the person requesting the HIPP payment to be sent.

BUSINESS NAME: N/A

REFERENCE NAME: I_REQUESTOR

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated with the current system date whenever the HIPP Case Status Code changes from C01-C04 (cancelled) or D01-D14 (denied) to A00 (approved).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Check Request Date (DE9542)

The date the user requested the check be generated. Equates to the date that the record is inserted to the file.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHECK_REQUEST

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated with the current system date whenever the REQ CHECK or PF1 button is depressed and the transaction is successfully logged.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Transaction Type Code (DE9543)

Identifies whether a Request for Payment is a Financial or Claims transaction.

BUSINESS NAME: N/A

REFERENCE NAME: C_REMIT_TRANS_TYPE

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated.

VALID VALUES:

Valid Value	Description
CP	Claims
FN	Financial

DATA ELEMENT: HIPP Case Status Code (DE9544)

A code which identifies the current status of a HIPP/HIV case.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: A00 and A02
C01 through C04
D01 through D14
P01 through P02
S01 through S02

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

Rule Name Required Field

Description This field must be present. May not be null.

Local Def This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
A00	Approved
A02	Approved (Second Approval Letter Has Been Sent)
C01	Cancelled - Not Employed
C02	Cancelled - Not Cost Effective
C03	Cancelled - No Longer Medicaid Eligible
C04	Cancelled - Non Compliant
D01	Denied - Not Cost Effective
D02	Denied - Cannot Enroll Yet
D03	Denied - Not Medicaid Eligible
D04	Denied - Information Not Received
D05	Denied - Dependent Must Be Enrolled
D06	Denied - Absent Parent
D07	Denied - Other
D08	Denied - Medicare
D09	Denied - Retroactive Eligibility
D10	Denied - Spend Down
D11	Denied - Not Enrolled
D12	Denied - Family Not Enrolled

DATA ELEMENT: **HIPP Case Status Code (DE9544)**

VALID VALUES:

Valid Value	Description
D13	Denied - Not Employed
D14	Denied - No Insurance Available
P01	Pended - Waiting for Review
P02	Pended - Waiting for Information
S01	Suspend - Waiting for Requested Documentation
S02	Suspend - Temporary Non-Payment/Premium Holiday

DATA ELEMENT: **HIPP Status Remarks (DE9546)**

The user entered description of the status code.

BUSINESS NAME: N/A

REFERENCE NAME: T_REMARKS

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Payee/Comment Type Description (DE9547)**

A descriptive name for the payee type and comments type related to a HIPP case.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Letter Text Line (DE9548)**

The letter text associated with all HIPP letters.

BUSINESS NAME: N/A

REFERENCE NAME: T_LETTER_TEXT

DEFAULT: N/A

COBOL PICTURE: X(86)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Detail Action Type Code (DE9549)**

A field at the occurrence level for invoking specific action.

BUSINESS NAME: N/A

REFERENCE NAME: Action

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
A	Add
C	Change/Update
D	Delete

DATA ELEMENT: **HIPP Enrollment Date (DE9550)**

The date that the employee will be eligible to enroll in the group health insurance plan.

BUSINESS NAME: N/A

REFERENCE NAME: D_INS_ENROLLMENT

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This field is not required.

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Entered Date (DE9551)**

The date the user entered the open enrollment data.

BUSINESS NAME: N/A

REFERENCE NAME: D_EMPL_ENROLL_ISRT

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	This field is system generated and contains the current system date whenever the HIPP Enrollment Date is changed.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Comments Type Code (DE9553)

The list of valid codes that describe the text contained in the HIPP Comments Text field of the HIPP Case Comments/Correspondence file.

BUSINESS NAME: N/A

REFERENCE NAME: C_COMMENT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This data element must contain a valid code.

VALID VALUES:

Valid Value	Description
A	Print Approval Letter
S	System Generated
U	User Entered

DATA ELEMENT: **HIPP Check Stub Received Date (DE9554)**

The date the check stub was received from the employee.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHECK_STUB_RCVD

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Check Stub Amount (DE9555)**

The premium amount deducted from the employee's pay check.

BUSINESS NAME: N/A

REFERENCE NAME: N_CHECK_STUB_AMT

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Payment Sent Date (DE9556)**

This date signifies when the payment request occurrence was extracted for payment.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHECK_SENT

DEFAULT: N/A

COBOL PICTURE: Pic S9(09) Comp-3

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Payee Identifier (DE9558)**

This field is automatically assigned to each payee record and used to identify the payee.

BUSINESS NAME: N/A

REFERENCE NAME: I_PAYEE

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Premium Repayment Amount (DE9559)**

This field represents the actual amount of the premium that was requested.

BUSINESS NAME: N/A

REFERENCE NAME: N_PREM_REPAY_AMT

DEFAULT: N/A

COBOL PICTURE: S9(6)V99 Comp-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Payee Name (DE9560)**

The name of the employee, insurance, employer, or other entity related to a HIPP case.

BUSINESS NAME: N/A

REFERENCE NAME: T_PAYEE_NAME

DEFAULT: N/A

COBOL PICTURE: X(36)

DB2 TYPE: CHAR(36)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Letter Type Code (DE9563)

This code describes the type of HIPP/HIV letter being created.

BUSINESS NAME: N/A

REFERENCE NAME: C_LETTER_TYPE

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	The data element must contain a valid code.

VALID VALUES:

Valid Value	Description
01	Tpl Suspect/Verify Letter
10	HIPP Recoupment Letter
48	BARS 90 Day Letter
49	BARS 180 Day Letter
71	Request for Check Stub Letter
72	Cancellation Letter
73	Denial Letter
74	Approval Letter
75	Second Notice Approval Letter
76	125 Notice
77	Reinstatement Letter

DATA ELEMENT: **Payee Phone Number (DE9565)**

The phone number for the employer or insurance carrier for which insurance premiums are being paid.

BUSINESS NAME: N/A

REFERENCE NAME: C_PHONE_NUM

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Payee Contact Name (DE9566)**

The contact name at the employer's or insurance office for which insurance premiums are being paid.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_CONTACT

DEFAULT: N/A

COBOL PICTURE: X(34)

DB2 TYPE: CHAR(34)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Status Code Description1 (DE9567)**

Description of HIPP status code for a HIPP Case.

BUSINESS NAME: N/A

REFERENCE NAME: T_STATUS_DESC1

DEFAULT: N/A

COBOL PICTURE: X(225)

DB2 TYPE: CHAR(225)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPP Status Code Description2 (DE9568)

Description of HIPP status code for a HIPP Case.

BUSINESS NAME: N/A

REFERENCE NAME: T_STATUS_DESC2

DEFAULT: N/A

COBOL PICTURE: X(225)

DB2 TYPE: CHAR(225)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the HIPP-PAYEE-IND is equal to 'R' (Employer).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Status Code Begin Date (DE9569)**

The begin date for the description of the HIPP Status Code

BUSINESS NAME: N/A

REFERENCE NAME: D_STAT_CD_BEGIN

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Status Code End Date (DE9570)**

The end date for the description of the HIPP Status Code

BUSINESS NAME: N/A

REFERENCE NAME: D_STAT_CD_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the HIPP-PAYEE-IND is equal to 'R' (Employer).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Reissue Check Number (DE9575)

The check number that replaced a check or EFT that has been voided

BUSINESS NAME: N/A

REFERENCE NAME: I_REISSUE_CHK_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	Required for a Void/Reissue Financial Master transaction

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Check Number (DE9576)

This is a sequential number assigned to the check disbursed to payees and is incremented by one for each check generated.

BUSINESS NAME: N/A

REFERENCE NAME: I_RA_CHECK_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Check Amount (DE9577)

This is total payment amount for all direct and indirect services rendered by the provider for the current remittance cycle. The amount of the transaction in dollars and cents, with no punctuation. High order zeros will be used. The receiving bank will post this debit or credit amount to the appropriate account authorized by the customer. A zero amount field signals prenotification.

BUSINESS NAME: N/A

REFERENCE NAME: N_RA_CHECK_AMNT

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Payment Date (DE9578)**

Date of the remittance cycle.

BUSINESS NAME: N/A

REFERENCE NAME: D_RA_PYMT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Negative Balance/Lien Detail Code (DE9579)

This code denotes what type of balance exists for recovery of monies from a payee, Negative (01) or Lien (02)

BUSINESS NAME: N/A

REFERENCE NAME: C_LIEN_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Negative Balance
02	Lien Detail

DATA ELEMENT: Remittance Advice Number (DE9580)

A sequential number that identifies which RA is currently being produced for a provider. The number is incremented by one each time a new RA is generated. The 1st 5 positions are Julian date YYDDD format.

BUSINESS NAME: N/A

REFERENCE NAME: I_RA_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Message Effective Date (DE9584)

This field contains the date/time at which a remittance advice message may begin to be used.

BUSINESS NAME: N/A

REFERENCE NAME: D_RA_MSG_EFF

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Time
Description	Must be valid time and formatted HHMMSS.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Message End Date (DE9585)

This is the last date for the remittance message to be assigned to the remittance advice.

BUSINESS NAME: N/A

REFERENCE NAME: D_RA_MSG_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Time
Description	Must be valid time and formatted HHMMSS.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Message Text (DE9586)

This field contains the text or a portion of the text that composes a message to be printed on the Remittance Advice. One message may include multiple Remit Message Text lines. In such a case, the Remit Message Text Sequence Number is used to determine the order in which the text lines will appear.

BUSINESS NAME: N/A

REFERENCE NAME: T_RA_MSG

DEFAULT: N/A

COBOL PICTURE: X(72)

DB2 TYPE: CHAR(150)

RANGE: N/A

BUSINESS RULES:

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Message Number (DE9587)**

This is field uniquely identifies a Remittance Message.

BUSINESS NAME: N/A

REFERENCE NAME: I_RA_MSG_NO

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Payee Identification Number (DE9588)

This field contains the identification number of the vendor or provider to whom a remittance check is paid.
This field will hold up to nine digits for a Legacy ID or a Vendor Payee ID or a Primary Id for a NPI/API and will hold 10 digits for a NPI or an API.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROV_PAYEE, I_BILL_NPI, I_PROV_NPI

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: Number

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	Must be a valid vendor or provider.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Payee Name (DE9589)

This field contains the name of the vendor or provider to whom a remittance check is paid.

BUSINESS NAME: N/A

REFERENCE NAME: T_RA_PAYEE_NM

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	Must be the valid vendor name or provider name as accessed using the respective valid code.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Payee Address Line (DE9590)

This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.

BUSINESS NAME: N/A

REFERENCE NAME: T_RA_PAYEE_ADDR

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field comes from either the Vendor Master File or the Provider Master File.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Payee Additional Address Line (DE9591)**

This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.

BUSINESS NAME: N/A

REFERENCE NAME: T_RA_PAYEE_ADDL_LN

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Payee City (DE9592)

This is the valid city extracted from the master file of the vendor or provider to whom a remittance check is paid.

BUSINESS NAME: N/A

REFERENCE NAME: C_RA_PAYEE_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	Extracted from Provider Master File or Vendor Master File

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Payee State (DE9593)

This is the valid address line extracted from the master file of the vendor or provider to whom a remittance check is paid.

BUSINESS NAME: N/A

REFERENCE NAME: C_RA_PAYEE_ST

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Payee Zip Code (DE9594)**

This is the valid zip code extracted from the master file of the vendor or provider to whom a remittance check is paid.

BUSINESS NAME: N/A

REFERENCE NAME: C_RA_PAYEE_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(5)V9(4)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	Extracted from Provider Master File or Vendor Master File

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Remittance Type Code (DE9595)

The type of record to be paid on the Remittance Advice. This relates to type of invoice being paid; facility (UB-92), professional (HCFA-1500, ADA-1500, and Pharmacy), or vendor

BUSINESS NAME: N/A

REFERENCE NAME: C_RA_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Facility
2	Professional
3	Vendor

DATA ELEMENT: Remittance Payee Type Code (DE9597)

This is an indicator identifying the type of payee.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_PAYEE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	SAS/VAMMIS
Description	For VAMMIS valid values are 'P' and 'V' and in SAS valid values are 'M', 'A', 'N' and 'V'
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	API (SAS)
M	Legacy ID (SAS)
N	NPI (SAS)
P	Provider (VAMMIS)
V	Vendor ID (SAS)
V	Vendor ID (VAMMIS)

DATA ELEMENT: Payee Identifier Cross Reference ID (DE9600)

This data element contains the actual MMIS ID that is related to the I_PAYEE (a system generated sequential number) data element (9558). The MMIS ID could be a HIPP Case Number, an Enrollee ID, a lien holder number, or any other related IDs that are paid in the MMIS but not providers.

BUSINESS NAME: N/A

REFERENCE NAME: I_PAYEE_XREF_ID

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Name (DE9639)**

Financial Institution name that disbursement are drawn against.

BUSINESS NAME: N/A

REFERENCE NAME: T_BANK_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Address (DE9640)**

This field stores the Bank Address information.

BUSINESS NAME: N/A

REFERENCE NAME: T_BANK_ADDRESS

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Phone Number (DE9641)**

Financial Institution phone number.

BUSINESS NAME: N/A

REFERENCE NAME: T_BANK_PHONE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Contact (DE9642)**

Representative of the Financial Institution that would be state point of contact.

BUSINESS NAME: N/A

REFERENCE NAME: T_BANK_CONTCT_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank E-Mail Address (DE9643)**

E-Mail Address of the Financial Institution which state has bank account.

BUSINESS NAME: N/A

REFERENCE NAME: C_BANK_EMAIL

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Open Date (DE9645)**

Date the applicable bank account was opened for yearly processing.

BUSINESS NAME: N/A

REFERENCE NAME: D_BANK_ACCT_OPEN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Close Date (DE9646)**

Date the applicable Bank account was closed for yearly report processing.

BUSINESS NAME: N/A

REFERENCE NAME: D_BANK_ACCT_CLOSE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Reconciliation End Date (DE9647)**

End date for a specific bank account a disbursement can be reconciled to.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNK_ACCT_REC_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Bank Account Description (DE9648)**

This field indicates the description of the bank account.

BUSINESS NAME: N/A

REFERENCE NAME: T_BANK_ACCT_DESC

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BARS Check Type Code (DE9652)

A code that indicates the type of check that has been issued.

BUSINESS NAME: N/A

REFERENCE NAME: C_CHK_TYPE_CVAL_

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This field must contain a valid code.

VALID VALUES:

Valid Value	Description
C	Cancelled EFTs
I	Regular Checks
M	Manual Checks
R	Reissued Checks
V	Voided Checks

DATA ELEMENT: **BARS Bank Account Number (DE9653)**

The account number of the bank account There will be 2, one for MEDICAID and the second for FAMIS.

BUSINESS NAME: N/A

REFERENCE NAME: I_BANK_ACCT

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Address Line 2 (DE9654)**

The is the second address line for the bank.

BUSINESS NAME: N/A

REFERENCE NAME: T_BANK_ADDRESS_LINE2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BARS Bank City (DE9655)

This field describes the where the bank is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_BANK_CITY

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This field is required if the HIPP-PREMIUM-TYPE is equal to 'H' (HIPP).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank State (DE9656)**

Indicates what state the bank resides.

BUSINESS NAME: N/A

REFERENCE NAME: C_BANK_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Bank Zip Code (DE9657)**

This field indicates the valid zip code for the bank.

BUSINESS NAME: N/A

REFERENCE NAME: C_BANK_ZIP

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Bank Account Type (DE9658)**

This field indicates the type of bank account.

BUSINESS NAME: N/A

REFERENCE NAME: BANK_ACCT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	FAMIS
M	Medicaid Account

DATA ELEMENT: **Bars Bank Identifier (DE9662)**

Key used to identify bank account number based on DMAS programs

BUSINESS NAME: N/A

REFERENCE NAME: I_BANK

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Medicaid
2	FAMIS

DATA ELEMENT: **Disbursement Type Code (DE9663)**

1 Digit code which indicates type of disbursement

BUSINESS NAME: N/A

REFERENCE NAME: C_DISBURS_TYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Check
E	Electric Funds Transfer - EFT
Z	No Check or EFT

DATA ELEMENT: Disbursement Type Description (DE9664)

This field describes the type of disbursement.

BUSINESS NAME: N/A

REFERENCE NAME: T_BARS_DISB_DESC

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Check
E	Electronic Funds Transfer

DATA ELEMENT: **Bank Program Begin Date (DE9665)**

This field identifies when the program was associated to a specific bank.

BUSINESS NAME: N/A

REFERENCE NAME: D_BANK_PROGRAM_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Bank Program End Date (DE9666)**

This field indicates when a programs ended its association to a particular bank.

BUSINESS NAME: N/A

REFERENCE NAME: D_BANK_PROGRAM_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Paid Check Amount (DE9676)

The field contains the amount of the check being paid.

BUSINESS NAME: N/A

REFERENCE NAME: N_PAID_CHECK_AMT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Paid Check Date (DE9677)**

This field contains the date the check was paid by the bank.

BUSINESS NAME: N/A

REFERENCE NAME: D_PAID_CHECK

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Addenda Record Indicator (DE9681)

Value - '0' or '1'. This field contains the count of any Entry Detail Addenda Records associated with the Entry Detail Record. A value '0' means that addenda records are not used. A value of '1' indicates that one or more Entry Detail Addenda Records or one special Addenda Record follows.

BUSINESS NAME: N/A

REFERENCE NAME: I_EFT_ADDENDA_REC

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be formatted as HHMM, without the seconds use "349" for the State portion a

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	If Record Type '7' is NOT to follow
1	If Record Type '7' is to follow
Valid Values in	0 - No Entry Detail Addenda Re
Valid Values in	0 - No Entry Detail Addenda Re
Valid Values in	0 - No Entry Detail Addenda Re
Valid Values in	0 - No Entry Detail Addenda Re

DATA ELEMENT: **EFT Bank Discretionary Data (DE9683)**

This field allows the originating DFI to include codes, of significance only to them, to enable specialized handling of the entry.

BUSINESS NAME: N/A

REFERENCE NAME: T_EFT_BANK_DISCRET

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Spaces

DATA ELEMENT: EFT Batch Number (DE9684)

This company-specified number is assigned in ascending sequence to each batch in a given file of entries. Since the batch number in the Company/Batch Control Record and the Company/Batch Header record is the same, the same sequence number must be assigned. The range is '0000001' through '9999999'.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_BATCH

DEFAULT: N/A

COBOL PICTURE: 9(7)

DB2 TYPE: N/A

RANGE: 0000001 - 9999999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Blocking Factor (DE9685)

The blocking factor, for magnetic tape files, defines the number of physical records within a magnetic tape block (always "10"). IF THE FLAST BLOCK AFTER THE RECORD TYPE '9' RECORD IS INCOMPLETE, THEN PAD THE LAST BLOCK WITH 9's. Mandatory for processing.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_BLOCK_FACTOR

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
10	Number of Physical Records within a Block

DATA ELEMENT: EFT Check Digit (DE9686)

The 9th digit of the bank routing/transit number. The check digit is used to assure that the routing/transit number is not altered during transmission, therefore, assuring that the transaction is not misrouted.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_CHECK_DIGIT

DEFAULT: N/A

COBOL PICTURE: 9(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	EFT Check Digit
Description	Multiply each digit in the Transit Routing/ABA number by a weighing factor. The weighing factors for each of the eight digits are respectively: 3, 7, 1, 3, 7, 1, 3, 7. Add the results of the eight multiplications. Subtract the sum from the next highest multiple of 10. The result is the check digit.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Company Descriptive Date (DE9687)

This field contains a descriptive date that the company (FIRST HEALTH) would like to see displayed to the payee. It is for descriptive purposes only, and is never used to control timing of any automated or manual operation.

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_CO_DESC

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Company Discretionary Data (DE9688)

This field allows companies to include codes (one or more), of significance only to them, to enable specialized handling of all subsequent entries in that batch. There will be no standardized interpretation for the value of this field.

BUSINESS NAME: N/A

REFERENCE NAME: T_EFT_CO_DISCRET

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT Company Effective Entry Date (DE9689)**

This is the date specified by FIRST HEALTH on which settlement for an entry is to occur.

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_CO_EFF_ENT

DEFAULT: N/A

COBOL PICTURE: X(6)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	It must be a valid date or the batch will be rejected.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Company Entry Description (DE9690)

The company (FIRST HEALTH) assigns the value of this field to provide a description of the purpose of the entry. The description is displayed on the payee's statement to identify the transaction. This description will apply to all detail records within the batch, therefore, it must be of a general nature. The contents of this field will be shown by the receiving bank on its statement or advice to recipient.

BUSINESS NAME: N/A

REFERENCE NAME: T_EFT_CO_ENT_DESC

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Medicaid	

DATA ELEMENT: EFT Company Number (DE9691)

The company IRS employer identification number, preceded by the number '1' should be in this field. Alternately you may use a Data Universal Numbering Systems (DUNS) number preceded by the number '3', or a miscellaneous number preceded by the number '9'.

BUSINESS NAME: N/A

REFERENCE NAME: I_EFT_COMPANY

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Company Name (DE9692)

The value of this field is established by the company (FIRST HEALTH) for the purposes of identifying the source of the entry, and for descriptive purposes for the individual. The contents of this field will be shown by the receiving bank on its statement or advice to the recipient.

BUSINESS NAME: N/A

REFERENCE NAME: T_EFT_CO_NAME

DEFAULT: N/A

COBOL PICTURE: X(16)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT Company Settlement Date (DE9693)**

This is the settlement date (Julian) - always three spaces.

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_SETTLE

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Julian Date	

DATA ELEMENT: EFT Entry Addenda Count (DE9695)

Entry/addenda count contains the number of Entry Detail Records plus each Entry Detail Addenda Records in this batch. (Must be equal to the sum of entry/addenda count field on all Company/Batch Control Records in this file.)

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_ADDENDA_CNT

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Entry Detail Sequence Number (DE9696)

The ascending sequence number section of the Entry Detail or Corporate Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record or Corporate Entry Detail Record (record type 6).

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_ENT_DET_SEQ

DEFAULT: N/A

COBOL PICTURE: 9(7)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Entry Hash (DE9697)

Entry hash is the sum of the individual bank identification numbers in all of the Detail Entry Records in this batch. In the event that the sum exceeds 10 digits, the entry hash is the rightmost 10 digits of the sum. (Must be equal to the sum of entry hash field on all Company/Batch Control Records in this file.) Note: Entry Detail Addenda Records are not hashed.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_ENTRY_HASH

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT File Identification Number Modifier (DE9698)

A 1-digit alphabetic character used to distinguish multiple tapes, transmissions, etc. prepared on the same date. The first tape or transmission for any day should have an upper case 'A' in this field. If a second is submitted on the same date, the field should contain an upper case 'B', etc. Mandatory for processing.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_ID_NO_MOD

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: A - Z

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Format Code (DE9699)

This field has been provided for future format variations (I.e., data transmission). As currently defined, the format for files containing paperless entries will be value "1".

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_FRMT

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Paperless Entries

DATA ELEMENT: **EFT Immediate Destination (DE9700)**

The Bank's Transit/ABA and check digit preceded by a blank space ('bTTTTRRRRC').

BUSINESS NAME: N/A

REFERENCE NAME: I_ABA_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Immediate Origin Number (DE9701)

Company identification number. The company IRS employer identification number, preceded by the number '1' should be in this field. Alternately, you may use a Data Universal Numbering Systems (DUNS) number preceded by the number '3', or a miscellaneous number preceded by the number '9'. This number will be assigned by the Bank (bXXXXXXXXX format).

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_IMMED_ORIGN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	May Not Vary
Description	This field must not vary from input to input since NationsBank ACH system uses it for company identification. The immediate origin number will be the customer's federal tax ID number since it originates in Richmond, VA.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT Immediate Origin Name (DE9702)**

This field contains the name of the transmitting company (First Health Services Corporation).

BUSINESS NAME: T-EFT-IMED-ORIG-NM

REFERENCE NAME: T_EFT_IMED_ORIG_NM

DEFAULT: N/A

COBOL PICTURE: X(23)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
First Health	

DATA ELEMENT: **EFT Originating DFI Identification Number (DE9703)**

Originating DFI Identification - The first eight digits of the Bank Transit/ABA number (TTTTAAAA).

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_ORIG_DFI_ID

DEFAULT: N/A

COBOL PICTURE: X(8)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Originator Status Code (DE9705)

Originator status code is '1' indicating that you have accepted the rules and regulations of the Automated Clearing House. Originator status code '2' identifies the originator as a Federal Government agency or entity.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_ORIG_STATUS

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Originating DFI
2	Originator Federal Government Agency

DATA ELEMENT: EFT Payment Related Information (DE9706)

Additional descriptive data, as needed, can be placed here. Examples of additional descriptive data include the note (NTE), Remittance (RMT), Reference (REF), and Date/Time (DTM) data segments as well as the Tax Payment (TXP) convention. More information on these descriptive data options is available through your Cash Mgmt Officer or Cash Mgmt Analyst.

BUSINESS NAME: N/A

REFERENCE NAME: T_EFT_PYMT_RELTD

DEFAULT: N/A

COBOL PICTURE: X(80)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Priority Code (DE9707)

This field contains a constant value.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_PRIORITY

DEFAULT: N/A

COBOL PICTURE: 9(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Constant

DATA ELEMENT: EFT Record Size (DE9708)

The record size field indicates the number of characters contained in each record when recorded or transmitted in the fixed format (always "094").

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_REC_SIZE

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
094	Record Size

DATA ELEMENT: EFT Record Type Code (DE9709)

This field indicates the type of record transmitted, such as header, entry detail, entry detail addenda, etc.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_REC_TYPE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	File Header Record Format
5	Company/Batch Header Record Format
6	Entry Detail Record Format
7	Addenda Record Format
8	Company/Batch Control Record Format
9	File Control Record Format

DATA ELEMENT: **EFT Reference Code (DE9710)**

This field is available for information pertinent to the transmitting company (spaces not blanks).

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_REFER

DEFAULT: N/A

COBOL PICTURE: X(8)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Spaces	

DATA ELEMENT: EFT Service Class Code (DE9711)

This field indicates the service class codes of the entries within a batch such as credits only, debits only, mixed credits and debits.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_SRVC_CLASS

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
200	ACH entries mixed debit and credit
220	ACH credits only
225	ACH debits only
280	ACH automated accounting advices
Valid Values in	200 - ACH entries mixed debit

DATA ELEMENT: **EFT Special Addenda Sequence Number (DE9712)**

Consecutively assigned to each Primary Corporate Addenda Record following a Corporate Entry Detail Record.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_SPEC_ADD_SEQ

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Standard Entry Class Code (DE9713)

This class field distinguishes the various kinds of ACH entries (standard entry classes).

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_STAND_ENTRY

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
CCD	Corporate Debits and Credits
CIE	Customer Initiated Entry
CTX	Corporate Trade Exchange
PPD	Consumer Debits and Credits
Valid Values in	PPD RET SHR XCK
Valid Values in	PPD RET SHR XCK
Valid Values in	PPD RET SHR XCK

DATA ELEMENT: **EFT Trace Number (DE9716)**

Trace numbers uniquely identify each entry within a batch in an ACH input file. It is an ascending consecutive number used to uniquely identify each transaction. The Trace Number (TN) is constructed as follows: Positions 01-04 Transit/Routing Number of ODFI; 05-08 ABA Number of ODFI; 09-15 Entry Detail Sequence Number - The item number assigned in ascending order to entries within each batch. Provisions should be made by the ODFI to avoid duplication of TNs if multiples data files are prepared on the same day. TNs are not required to be contiguous.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_TRACE

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Positions 01 - 04 Transit/Rout
Valid Values in	Positions 01 - 04 Transit/Rout
Valid Values in	Positions 01 - 04 Transit/Rout

DATA ELEMENT: EFT Transaction Code (DE9717)

Transaction codes have been defined to identify various types of debit and credit entries.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_TRANS

DEFAULT: N/A

COBOL PICTURE: 9(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
21	Demand Credit-Auto. Return or Notify. of Chg for codes 22 or 23 to checking
22	Demand Credit-Automated deposit to checking account
23	Demand Credit-Prenotification of demand credit auth(non-dollar) to checking
24	Demand Credit-Zero dollar w/ remit data (CCD & CTX entry only) to checking
26	Demand Debit-Auto. Return of Notify. of Chg for codes 27 or 28 to checking
27	Demand Debit-Automated payment to checking acct
28	Demand Debit-Prenotification of demand debit auth(non-dollar) to checking
29	Demand Debit-Zero dollar with remit data (CCD & CTX entry only) to checking
31	Credits-Auto. Return or Notify. of Chg for codes 32 or 33 to savings account
32	Credits-Automated deposit to savings account
33	Credits-Prenotification of credit authorize (non-dollar) to savings account
34	Credits-Zero dollar with remittance data (CCD & CTX entry only) to savings
36	Debits-Auto. Return or Notify. of Chg for codes 37 or 38 to savings account
37	Debits-Automated payment to savings account
38	Debits-Prenotification of savings debit auth(non-dollar) to savings account
39	Debits-Zero dollar with remittance data (CCD & CTX entry only) to savings

DATA ELEMENT: EFT Transmission Date (DE9718)

The transmission date is the date on which the entries contained within the transmitted batches are prepared by FIRST HEALTH (YYMMDD format).

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_TRANS

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Transmission Time (DE9719)

The transmission time is the time on which the entries contained within the transmitted batches are prepared by FIRST HEALTH. The transmission time is expressed in "HHMM" (24 hour clock) format.

BUSINESS NAME: N/A

REFERENCE NAME: H_EFT_TRANS

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Check Void Date (DE9720)**

The date a check was voided.

BUSINESS NAME: N/A

REFERENCE NAME: D_VOID

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: BARS Transaction Type Code (DE9728)

The type of transaction that took place on the record.

BUSINESS NAME: N/A

REFERENCE NAME: C_BARS_TRANS_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	CMSIP
M	MEDICAID

DATA ELEMENT: **BARS Check Reconciled Date (DE9729)**

The system date of when the check reconciliation is posted to the Check Master.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHK_RECONCILE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS 1099 Type Indicator Code (DE9730)

Indicates the type of IRS 1099 record

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_TYP_IND

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Record Type A
B	Record Type B
C	Record Type C
F	Record Type F
T	Record Type T

DATA ELEMENT: IRS 1099 Payment Year (DE9731)

Calendar year related to the 1099 payments

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_PAY_YR

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS 1099 Reel Number (DE9732)

The sequence number of the 1099 tape file

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_REEL_NUM

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
001	Reel Number

DATA ELEMENT: **IRS 1099 Payer Name Control (DE9733)**

The control number used by the payer for submission to IRS

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_PAY_NM_CNTL

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Last File Indicator (DE9734)**

Indicates if the file is the last one for the calendar year

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_LAST_FILE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Space	No
Y	Yes

DATA ELEMENT: IRS 1099 Federal State Combination Indicator (DE9735)

Indicates if the filer of the 1099 is a combined Federal/State file.

Note: This field is currently set to spaces.

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_FEDST_COMB

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS 1099 Return Type Code (DE9736)

Indicates the type of 1099 return

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_RTRN_TYPE

DEFAULT: A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A -	Payment 1099

DATA ELEMENT: IRS 1099 Amount Field Indicator (DE9737)

The type of 1099 amount submitted

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_AMNT_FLD

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
'46 '	Amount is for payments to providers'

DATA ELEMENT: **IRS 1099 Test Indicator (DE9738)**

Indicates if the 1099 submittals is a test version

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_TEST

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Space	No
Y	Yes

DATA ELEMENT: **IRS 1099 Service Bureau Indicator (DE9739)**

Indicates if the 1099 was generated by a Service Bureau

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_SRVC_BUR

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Space	No
Y	Yes

DATA ELEMENT: IRS 1099 Tape File Indicator (DE9740)

Indicates the type of tape file

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_TAPE_FILE

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
LS	Logical Sequential

DATA ELEMENT: IRS 1099 TCC (DE9741)

Transmitter Company Control Number

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_TCC

DEFAULT: N/A

COBOL PICTURE: X(5)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
49537	First Health Services Corporation

DATA ELEMENT: **IRS 1099 Payer Name (DE9742)**

1099 Payer's Name

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_PAYER_NM

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Commonwealth of Virginia	

DATA ELEMENT: IRS 1099 Payer Name2 (DE9743)

1099 Payer's Additional Name

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_PAYER_NM2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Alphabetic and Not Space

Description The field may not be numeric and may not be all spaces.

Local Def N/A

VALID VALUES:

Valid Value	Description
Department for Medical Assistance Services	

DATA ELEMENT: IRS 1099 Agent Indicator (DE9744)

Indicates whom the creating agent is.

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_AGENT_IND

DEFAULT: N/A

COBOL PICTURE: 9(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	FNA079 moves 0 to file FNF074, IRS 1099.

DATA ELEMENT: **IRS 1099 Payer Address Line (DE9745)**

Street Address of the 1099 payer

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_PAYER_ADDR

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	600 East Broad St. Suite 1300

DATA ELEMENT: **IRS 1099 Transmitter Name (DE9746)**

Name of Fiscal Agent transmitting the 1099 file to IRS

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_TRMIT_NM

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	First Health Services Corporat

DATA ELEMENT: **IRS 1099 Transmitter Name2 (DE9747)**

Additional Name information of Fiscal Agent transmitting the 1099 file to IRS

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_TRMIT_NM2

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Transmitter Address Line (DE9748)**

Street Address of Fiscal Agent transmitting 1099 file to IRS

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_TRMIT_ADDR

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	4949-C Cox Road

DATA ELEMENT: **IRS 1099 Transmitter City (DE9749)**

City Address of Fiscal Agent transmitting 1099 file to IRS

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_TRMIT_CITY

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Glen Allen

DATA ELEMENT: **IRS 1099 Transmitter State (DE9750)**

State Address of Fiscal Agent transmitting 1099 file to IRS

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_TRMIT_STATE

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	VA - Virginia

DATA ELEMENT: **IRS 1099 Transmitter Zip (DE9751)**

ZIP Code Address of Fiscal Agent transmitting 1099 file to IRS

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_TRMIT_ZIP

DEFAULT: N/A

COBOL PICTURE: X(5)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	23060

DATA ELEMENT: **IRS 1099 DOC Special Code (DE9752)**

Code for special documentation

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_DOC_SPEC

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
space	does not apply

DATA ELEMENT: IRS 1099 Second Tax Identification Number (DE9753)

Indicates if there is a second tax ID number associated with the 1099

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_SEC_TIN

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Y - Yes Space - No

DATA ELEMENT: IRS 1099 Correction Return Indicator (DE9754)

Indicates if the 1099 is a correction

BUSINESS NAME: I-1099-COR-REC

REFERENCE NAME: I_1099_COR_RET

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Space	No
Y	Yes

DATA ELEMENT: **IRS 1099 Name Control (DE9755)**

The control field that is derived from the Provider's Name on the 1099

BUSINESS NAME: T-1099-NM-CNTL

REFERENCE NAME: T_1099_NM_CNTL

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Direct Sales Indicator (DE9756)**

Indicates if the 1099 is related to Direct Sales

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_NM_CNTL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
space	does not apply. Program FNA079 moves spaces to IRS 1099 file.

DATA ELEMENT: **IRS 1099 Tax Indicator Number (DE9758)**

The Provider's SSN or EIN

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_SCNT_TIN

DEFAULT: N/A

COBOL PICTURE: X(9)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Provider Account Identification Number (DE9759)**

The Provider's MMIS ID Number - I_PROV

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_PROV_ACCT _

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	Filler of 11 and provider number length of 9.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 SEP IRA Indicator (DE9760)**

Indicates if 1099 related to a SEP or IRA account

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_SEP_IRA

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Space	No
Y	Yes

DATA ELEMENT: **IRS 1099 Percent Total District (DE9761)**

The total percentage per district.

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_%__TDIST

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS 1099 Total Disposition Indicator (DE9762)

The disposition indicator for each 1099.

FNA079 does not reference this field.

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_TTL_DISPOST

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
space	does not apply

DATA ELEMENT: IRS 1099 Tax Amount Not Deter Indicator (DE9763)

An indicator to be used when the tax amount has not been determined.

Not referenced in FNA079.

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_TX_AMT_NDET

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
space	does not apply

DATA ELEMENT: IRS 1099 Foreign Indicator (DE9764)

Indicates if the Provider's Corporation is a Foreign Corporation

FNA079 does not reference this field.

BUSINESS NAME: N/A

REFERENCE NAME: T_FOREIGN_ND

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
space	does not apply. FNA079 moves space to IRS 1099 file.

DATA ELEMENT: IRS 1099 Payment Amount (DE9765)

The yearly 1099 amount paid to the provider

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_PYMT_AMT

DEFAULT: N/A

COBOL PICTURE: 9(8)V99

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Payer Federal Employer Identification Number (DE9768)**

This field contains the employer identification number for the Commonwealth of Virginia.

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_PAYER_FEIN _

DEFAULT: N/A

COBOL PICTURE: X(9)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BARS Check Cashed Date (DE9771)**

The date the payee cashed the check at the bank.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHECK_CASHED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	Must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Payer Additional Address Line (DE9775)**

This field contains the second address line for the Department for Medical Assistance Services.

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_PADDR_LINE

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS 1099 Payer Address City (DE9776)**

This field contains the city in which the Department for Medical Assistance Services resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_ADDR_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
Richmond	

DATA ELEMENT: IRS 1099 Payer Address State (DE9777)

This field contains the state in which the Department for Medical Assistance Services resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_PADDR_ST

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
VA	Virginia

DATA ELEMENT: **IRS 1099 Payer Address Zip (DE9778)**

This field contains the zip code in which the Department for Medical Assistance Services resides.

BUSINESS NAME: N/A

REFERENCE NAME: T_1099_PADDR_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(5)V9(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
23060	

DATA ELEMENT: Remittance Sort Program Type Code (DE9781)

A code that denotes the various types of programs that is used in the Remittance process for sorting purposes.

BUSINESS NAME: N/A

REFERENCE NAME: C_RA_SORT_PGM_TYPE

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Adapt
C	CMSIP
D	HIDP
H	HIPP
M	Medicaid
Q	QI2
R	HIV

DATA ELEMENT: EFT Debit Amount (DE9787)

Total debit entry dollar amount is the total in dollars and cents (no punctuation) of all debit transactions in this batch.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_DEBIT_AMT

DEFAULT: N/A

COBOL PICTURE: 9(10)V99

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT Credit Amount (DE9788)**

Total credit entry dollar amount is the total in dollars and cents (no punctuation) of all credit transactions in this field.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_CREDIT_AMT

DEFAULT: N/A

COBOL PICTURE: 9(10)V99

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must always be set to zero's.

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Batch Count (DE9789)

Batch count is the number of batches in this file. This number must be equal to the number of Company/Batch Header record(s) in the file.

BUSINESS NAME: N/A

REFERENCE NAME: C_EFT_BATCH

DEFAULT: N/A

COBOL PICTURE: 9(6)

DB2 TYPE: N/A

RANGE: 000001 - 999999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Data element must be numeric.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT Block Count (DE9790)**

Block count is the number of physical blocks of data in this file, including both the file header and file control records.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT-BLOCK_CNT

DEFAULT: N/A

COBOL PICTURE: 9(6)

DB2 TYPE: N/A

RANGE: 000001 thru 999999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	This data element must be numeric.

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Project Code (DE9791)

This field is a component of the DMAS Basic Accounting Code. It is not truly used by the MMIS system. However, DMAS requested that we provide a "placeholder" on the Expenditure file that is transmitted to DMAS. It will always default to zero.

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_PROJECT

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: 00

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	Default DMAS

DATA ELEMENT: **Budget Project Code Description (DE9792)**

The description of the Budget Accounting Code Project

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_PROJECT_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ANSI 835 Financial Adjustment Reason Code (DE9793)**

This field is used for the Remittance ANSI 835 to indicate the reason for a financial adjustment.

BUSINESS NAME: N/A

REFERENCE NAME: C_ANSI_ADJMT_RSN

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ANSI 835 Financial Reason Code Description (DE9794)**

This field is used for the Remittance ANSI 835 to describe the reason code for a financial adjustment.

BUSINESS NAME: N/A

REFERENCE NAME: T_ANSI_RSN_DESC

DEFAULT: N/A

COBOL PICTURE: X(75)

DB2 TYPE: CHAR(75)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ANSI 835 Financial Reason Begin Date (DE9795)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_ANSI_RSN_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ANSI 835 Financial Adjustment Reason End Date (DE9796)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_ANSI_RSN_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Total Negative/Lien Amount (DE9801)**

The amount of money owed by a Provider or Payee.

BUSINESS NAME: N/A

REFERENCE NAME: N_TOT_NEG_LIEN_AMOUNT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Payee Negative Balance Last Update Date (DE9802)

The last date the negative balance was updated for a Vendor.

BUSINESS NAME: N/A

REFERENCE NAME: H_REC_UPDT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Master Last Update Date (DE9803)**

The date on which the Financial Master record was last modified

BUSINESS NAME: N/A

REFERENCE NAME: H_REC_UPDT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Financial Begin Date (DE9804)

The first date of the time interval for which a recoupment, cash receipt, or payout is established for cost settlement purposes. The time period represents the period covered in the cost settlement audit.

BUSINESS NAME: N/A

REFERENCE NAME: D_FNCL_TRANS_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Optional
Description	This field is not required.
Local Def	Only valid for a recoupment set-up (1000 range)

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Disposition Code (DE9805)**

A code which indicates the type of transaction and the processing to be done.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Original
2	Debit Adjustment
3	Credit Adjustment
4	Void

DATA ELEMENT: Financial Incoming Check Date (DE9806)

This is the date on the check getting processed in the AP/R system. It may be a provider's personal check, a DMAS manual check, or a FH generated remittance check.

BUSINESS NAME: N/A

REFERENCE NAME: D_INCOMING_CHK

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	The field is required under the following condition(s):
	Add/Pay Recovery Transaction is a Void Check transaction (6000 range)

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Financial Incoming Check Number (DE9807)

This is the identifying number on the check getting processed in the AP/R system. It may be a provider's personal check, a DMAS manual check, or a FH generated remittance check.

BUSINESS NAME: N/A

REFERENCE NAME: I_INCOMING_CHK_NUM

DEFAULT: N/A

COBOL PICTURE: X(9)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	The field is required under the following condition(s):
	Add/Pay Recovery Transaction is a Void Check transaction (6000 range)

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Status Code (DE9808)**

The current status of a Financial Master transaction within the payment cycle.

BUSINESS NAME: N/A

REFERENCE NAME: C_TRAN_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Adjudicated and Paid (reset 8 to 1)
2	Cancelled Financial Transactions (Only reset '5' to '2')
3	Adjudicated and Denied (Reset '9' to '3')
5	Approved to be Paid (set by Financial Transaction Programs)
6	To be Denied (For SLH Payments w/ Budget Pend at Fiscal Yr End)
7	Post Adjudication Pend (Set by FN for Budget Pend or Pay Hold)
8	Interim to be Paid (Reset '5' or '7' to '8')
9	Interim to be Denied (FN resets '6' to '9')
H	Financial Transaction Held

DATA ELEMENT: **Financial Comment Text (DE9809)**

A comment field for the financial transaction.

BUSINESS NAME: N/A

REFERENCE NAME: T_COMMENT

DEFAULT: N/A

COBOL PICTURE: X(120)

DB2 TYPE: CHAR(120)

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Deposit Number (DE9810)**

For check refund transactions, the State's deposit number that applies to the check.

BUSINESS NAME: N/A

REFERENCE NAME: I_DEPOSIT

DEFAULT: N/A

COBOL PICTURE: 9(9)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Financial End Date (DE9811)

The last date of the time interval for which a recoupment, cash receipt, or payout is established for cost settlement purposes. This date represents the last date covered in the cost settlement audit.

BUSINESS NAME: N/A

REFERENCE NAME: D_FNCL_TRANS_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Receipt Amount (DE9812)**

The amount of the check received from a Provider to be entered in the Add Pay/Recovery transaction.

BUSINESS NAME: N/A

REFERENCE NAME: N_RECEIPT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99 Comp-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Recoupment Begin Check Date (DE9813)**

This field is used to specify the beginning date for recoupments.

BUSINESS NAME: N/A

REFERENCE NAME: D_RECOUP_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	Must also be less than or equal to the Recoupment End Check Date

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Recoupment End Check Date (DE9815)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_RECOUP_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	Must be greater than or equal to Recoupment From Check Date

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Amount (DE9817)**

The amount of a financial transaction.

BUSINESS NAME: N/A

REFERENCE NAME: N_FNCL_AMOUNT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Hold Payment (Percentage) (DE9818)**

This field is used to specify a percentage of payment to be held from a provider

BUSINESS NAME: N/A

REFERENCE NAME: N_HOLD_PYMT_PCT

DEFAULT: N/A

COBOL PICTURE: 9V99

DB2 TYPE: DECIMAL(3,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Less than or equal to 100%

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Recoupment Limit (Percent) (DE9819)**

This field is used to specify a recoupment/lien percentage or dollar amount of recoupment/lien for a receivable during a cycle.

BUSINESS NAME: N/A

REFERENCE NAME: N_RECOUP_LMT_PCT

DEFAULT: N/A

COBOL PICTURE: 9V99 Comp-3

DB2 TYPE: DECIMAL(3,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Financial Recoupment Limit (DE9820)

The amount of money to be recouped from a Provider in a cycle.

BUSINESS NAME: N/A

REFERENCE NAME: N_RECOUP_LMT_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99 Comp-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Negative Balance/Lien Detail Last Update Date (DE9821)**

Last Date a record updated on the Negative Balance/Lien Detail File was updated

BUSINESS NAME: N/A

REFERENCE NAME: H_REC_UPDT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Release Date (DE9822)**

The date used to release a lien

BUSINESS NAME: N/A

REFERENCE NAME: D_LIEN_RELEASE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Transaction Status Change Date (DE9823)**

The date on which the Status of a Financial Transaction changed

BUSINESS NAME: N/A

REFERENCE NAME: D_FNCL_STATUS_CHG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Transaction Date (DE9825)**

The date on which the Financial Master record was created.

BUSINESS NAME: N/A

REFERENCE NAME: D_FNCL_TRANSACTION

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Object Code End Date (DE9826)**

This field is used to denote that an Object Code is no longer in use, or no longer belongs to a Sub-Program Code field.

BUSINESS NAME: N/A

REFERENCE NAME: D_OBJECT_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Agency Code (DE9828)

This field contains a code that identifies the state agency.

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_AGENCY

DEFAULT: 602

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
602	Department of Medical Assistance Services

DATA ELEMENT: Budget Agency Code Description (DE9829)

The description of the corresponding Budget Agency Code

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_AGENCY_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The description of the associated Agency Code

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Expenditure Code (DE9830)

The type of account within the VMAP chart of accounts.

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_EXPENDITURE

DEFAULT: 40

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
40	Expenditures

DATA ELEMENT: Budget Fund Code (DE9831)

Code indicating whether the budget funds are State, Local, or Federal funds.

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_FUND

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	FN MMIS Source
Description	Format as defined:
Local Def	set to "10" for Federal record and "01" for State record.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	State
02	Localities
10	Federal
99	No Pay

DATA ELEMENT: Budget Fund Code Description (DE9832)

This field contains the description that corresponds to the Budget Fund Code. The code indicates whether the budget funds are State or Federal Funds.

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_FUND_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The description of the associated Fund Code

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Fund Detail Code (DE9833)

This code further decomposes a fund used for payment requests.

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_FUND_DETAIL

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	FN MMIS Source
Description	Format as defined:
Local Def	set to "00".

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	MMIS
04	SLH

DATA ELEMENT: **Budget Fund Detail Code Description (DE9834)**

This description corresponds to the Budget Fund Detail Code, that further decomposes a fund used for payment requests.

BUSINESS NAME: N/A

REFERENCE NAME: T_FUND_DETAIL_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Program Code (DE9835)

This code identifies the various programs for which DMAS has allocated budget funds used for payment requests.

BUSINESS NAME: Accounting Program Code

REFERENCE NAME: C_BAC_PROGRAM

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
321	Temporary Detention Order (TDO)
446	Family Access to Medical Insurance Security (FAMIS)
456	Medical Assistance Services (Medicaid)
461	Regular Assisted Living
464	Non-Medicaid Assistance Services
466	Medical Assistance Services (SCHIP)
479	Medicaid Administration
N/A	N/A

DATA ELEMENT: Budget Program Code Description (DE9836)

This description identifies the various programs for which DMAS has allocated budget funds used for payment requests.

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_PROGRAM_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The description on the Valid Values File for the associated Budget Program Code

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Temporary Detention Order Prog

DATA ELEMENT: **Budget Program Cap Indicator (DE9837)**

This field indicates whether there is a cap for the budget by program.

BUSINESS NAME: N/A

REFERENCE NAME: F_BAC_PROGRAM_CAP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Budget Sub-Program Code (DE9838)

This code identifies the various sub-programs for which DMAS has allocated budget funds used for payment requests. These subprograms exist within the context of a program. Therefore, the codes are not unique unto themselves. They are unique when combined.

BUSINESS NAME: Accounting Sub-Program Code

REFERENCE NAME: C_BAC_SUB_PRGM

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	FN MMIS Source
Description	Format as defined:
Local Def	perform a direct move.

VALID VALUES:

Valid Value	Description
0000	Medicaid - 456 - Medical Assistance Services -- Medical
0000	Administration - 479 - Administrative & Support Services -- Administration
0000	Trust Fund - 459 - Indigent Health Care Trust Fund - Trust Fund/IHCTF
0000	Continuing Income Assistance Svcs - 461 - Continuing Income Assistance Ser
0000	Non-Medicaid Assistance Svcs - 464 - Non-Medicaid Medical Assistance Service
0000	Pre-Trial, Trial, and Appellate Processes - 321
0070	Medicaid - 456 - MHMR Facilities
0100	Administration - 479 - General Management and Direction
0100	Trust Fund - 459 - Hospital Payments for Charity Care
0100	Non-Medicaid Assistance Svcs - 464- State & Local Hospitalization Program -
0200	Administration - 479 - Computer Services -- Claims Processing
0200	Trust Fund - 459 - Donations for Charity Care -- Charity Care
0300	Non-Medicaid Assistance Svcs - 464 - HIV Premium Assistance
0500	Continuing Income Assistance Svcs - 461 - Regular Adult Homes
0500	Pre-Trial, Trial, and Appellate Processes - 321 - TDO
0800	Medicaid - 456 - Mental Retardation & Substance Abuse Services -- MHMR Comm
0900	Medicaid - 456 - Professional and Institutional Services -- General Medical
1000	Medicaid - 456 - Mental Illness Services -- Mental Illness

DATA ELEMENT: Budget Sub-Program Code Description (DE9839)

This description identifies the various sub-programs for which DMAS has allocated budget funds used for payment requests. These subprograms exist within the context of a program. Therefore, the codes are not unique unto themselves. They are unique when combined.

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_SUB_PRGM_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The description on the Valid Values File for the associated Sub-Program Code.

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Budget Sub-Program Cap Indicator (DE9840)**

This field indicates whether there is a cap for the budget by sub-program.

BUSINESS NAME: N/A

REFERENCE NAME: F_BAC_SUB_PRGM_CAP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Budget Object Code (DE9843)

The account code used to identify each item in the State's (DMAS) chart of accounts.

BUSINESS NAME: Accounting Object Code

REFERENCE NAME: C_BAC_OBJECT

DEFAULT: N/A

COBOL PICTURE: X(6)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name	FN MMIS Source
Description	Format as defined:
Local Def	perform a direct move.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	An Object Code must be added to the Basic Accounting Code Assignment Criteria File, before it can be added to the Budget Master Files.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Budget Object Code Description (DE9844)**

This description identifies the various Object Codes for which DMAS has allocated budget funds used for payment requests.

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_OBJECT_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This is the description on the Valid Values File for the associated Object Code

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Object/Fund Cap Indicator (DE9845)

This field indicates whether there is a cap for the budget by fund/object code.

BUSINESS NAME: N/A

REFERENCE NAME: F_FUNDING_CAP

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	If the value is set to 'Y', expenditures that exceed the budget amount for any Fund associated with the Object Code are pended.

Rule Name	FN MMIS Source
Description	Format as defined:
Local Def	move codes based upon meaning of description (yes for yes and no for no).

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Budget Cost Center Code (DE9846)

The Basic Accounting Code Cost Code assigned to each payment transaction

BUSINESS NAME: N/A

REFERENCE NAME: C_COST_CNTR

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
44A	First Health Cost Center (Pre-implementation)
44B	First Health Cost Center (Post-implementation)

DATA ELEMENT: **Budget Cost Center Code Description (DE9847)**

The Cost Center Value Description.

BUSINESS NAME: N/A

REFERENCE NAME: T_COST_CNTR_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Fund Split Percentage (DE9848)

The percentage of payment assigned to each fund source for each particular Object Code.

BUSINESS NAME: N/A

REFERENCE NAME: N_FUND_SPLIT_PCT

DEFAULT: N/A

COBOL PICTURE: 9V9999

DB2 TYPE: DECIMAL(5,4)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Must be less than or equal to 100%. The Fund Split Percentages for all Fund Codes associated with an Object Code must equal 100%

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Transaction Code (DE9850)

The Basic Accounting Code Transaction Code assigned to each Fund

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_TRANS

DEFAULT: 000

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	FN MMIS Source
Description	Format as defined:
Local Def	use "349" for the State portion and "518" for the Federal portion of a given object code's budget.

VALID VALUES:

Valid Value	Description
324	SLH Source
349	Federal Portion
380	MMIS
518	State Portion

DATA ELEMENT: **Budget Transaction Code Description (DE9851)**

The description of each Transaction Code

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_TRANS_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	The description on the Valid Values File for the associated Transaction Code.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Budget Group Code (DE9852)**

The Basic Accounting Code Budget Group Code assigned to each payment transaction

BUSINESS NAME: N/A

REFERENCE NAME: C_BAC_GROUP

DEFAULT: '00'

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	

DATA ELEMENT: Budget Group Description (DE9853)

The description of the Basic Accounting Code Budget Group Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_BAC_GROUP

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Validation Rule
Description	The field is validated by the following rule(s):
Local Def	This is the value obtained from the Valid Values File for the associated Budget Group Code

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Transactions Type Code (DE9854)**

A code specifying the reason for a gross adjustment to a provider's account balance on the Provider File.

BUSINESS NAME: N/A

REFERENCE NAME: C_TRNS_TYPE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Miscellaneous Adjustments Transactions
01	Provider and DMAS Use Adjustments
02	Negative Balance Decrease
03	Lien
04	Lien Activity - Increase
05	Pay Hold
06	Stop Pay
07	Stop Pay Approval
08	Cash Receipt Claims Current Period
09	AddPay -- Other
10	Memo Transactions -- Recoupment
11	Provider and DMAS Use Voids
14	Lien Activity - Decrease
16	Void and Re-Issue
17	Stop Pay Denial
18	Cash Receipts Financials Current Period
19	AddPay -- Cost Settlement
20	Memo Transactions -- Negative Balance Increase
21	DMAS Use Recoupment Set-Up
26	Voided Check - Credit Reversal
28	Cash Receipts (Non-Payee Checks - Informational) Current Period
29	AddPay -- Premium Payments
30	Memo Transactions -- Lien Reversal

DATA ELEMENT: Financial Transactions Type Code (DE9854)

VALID VALUES:

Valid Value	Description
30	Memo Transaction - Lien Payment
36	Voided Check - Debit Reversal
38	Cash Receipts Claims Prior Period
39	AddPay -- Advance Payment
40	Memo Transaction - Lien Payment Reversal
46	Debit Transaction Offset
48	Cash Receipts Financial Transactions Prior Period
49	AddPay -- Enhanced DSH
56	Credit Transaction Offset
58	Cash Receipts (Non-Payee Checks -- Informational) Prior Period
59	Add Pay -- Manual Issued Check

DATA ELEMENT: **Financial Transaction Type Description (DE9855)**

The description of a Financial Transaction Type.

BUSINESS NAME: N/A

REFERENCE NAME: T_TRNS_TYPE_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Share Amount (DE9856)

The amount paid from each fund source for a payment transaction (State or Federal).

BUSINESS NAME: N/A

REFERENCE NAME: N_BAC_SHARE

DEFAULT: N/A

COBOL PICTURE: S9(9)V99 Comp-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	The result of multiplying the Fund Split Percentage by the Payment Request Amount

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Adjustment Reason Description (DE9857)**

A narrative description of the specific Adjustment Reason Code

BUSINESS NAME: N/A

REFERENCE NAME: T_ADJMT_RSN_DESC

DEFAULT: N/A

COBOL PICTURE: X(70)

DB2 TYPE: CHAR(70)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Adjustment Action Code (DE9858)**

For the Recoupment Reason Codes, this determines if claims are being adjusted or voided as part of the recoupment transaction

BUSINESS NAME: N/A

REFERENCE NAME: C_ADJMT_ACTN

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Adjustment
D	Denial
H	Hold
M	Memo Transaction
P	Approval
R	Recoupment
R	Re-Issue
V	Void

DATA ELEMENT: **1099 Affected Code (DE9859)**

This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases a Provider's 1099.

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_AFFECTED

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Affected
1	Increase
2	Decrease

DATA ELEMENT: Expenditure Affected Code (DE9860)

This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases the Budget Fund Expenditures.

BUSINESS NAME: N/A

REFERENCE NAME: C_EXPEND_AFFECTED

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Affected
1	Increase
2	Decrease

DATA ELEMENT: Budget Expended Type Code (DE9862)

This code indicates the type of dollars that are store in the field Budget Expended Frequency Amount (I.e., Regular Claims, Medicare Claims, Mass Adjustments, etc.)

BUSINESS NAME: N/A

REFERENCE NAME: C_EXPEND_CVAL

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Original Claims Payment -- Regular Claims
02	Original Claims Payment -- Medicare Crossover
03	Mass Adjustments -- Positive
04	Mass Adjustments -- Negative
05	Other Adjustments -- Positive
06	Other Adjustments -- Negative
07	Insurance Premium Payments
08	Capitation Payments
09	Management/Administration Fees
10	Enhanced DSH - Hospital
11	Add Pays - Cost Settlement
12	Add Pays - Other
13	Advance Payments
14	Recoupments -- This Period
15	Recoupments -- Prior Period
16	Net System Payout
17	Negative Balance Carried Forward
18	Remittance Amount
19	Manual Issued Checks
20	Voids Processed
21	Net Expenditures

DATA ELEMENT: Budget Expended Amount (DE9864)

This field contains the amount of money expended from a given object code's budget. The object code budget's original amount is stored in Budget Object Code Original Amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_EXPENDED_AMT

DEFAULT: N/A

COBOL PICTURE: S9(9)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	This field is reset to zero at the beginning of the State Fiscal Year

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Account Identifier (DE9865)

This is a unique identifier of Budget Accounts

BUSINESS NAME: N/A

REFERENCE NAME: I_BUDGET_ACCT

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	System assigned sequence number

Rule Name	System Generated Field
Description	
Local Def	Field incremented by one when a new I_BUDGET_ACCT is created

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Object Code Original Amount (DE9866)

This field is the budgeted amount for a given object code that was entered into the system at the beginning of the fiscal year. It is preserved in this field as originally entered. Any additions or reductions to this amount are reflected cumulatively in

BUSINESS NAME: N/A

REFERENCE NAME: N_OBJECT_ORIGINAL

DEFAULT: N/A

COBOL PICTURE: 9(11)V99 Comp-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Uploaded from DMAS spreadsheets at the beginning of each state fiscal year. This value is moved to the Budget Adjusted Amount when the Budget is loaded during the annualization process.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Adjustment Action Description (DE9867)**

A description of the adjustment reason code action

BUSINESS NAME: N/A

REFERENCE NAME: T_ADJMT_ACTN_DESC

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Budget Last Update Date (DE9868)**

The date that the most recent update was applied to the on-line budget file.

BUSINESS NAME: N/A

REFERENCE NAME: H_REC_UPDT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Budget On-line Update Date/Time (DE9869)**

The date and time of the most recent update applied to the budgeted amount for this object code.

BUSINESS NAME: N/A

REFERENCE NAME: H_REC_UPDT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Budget Remittance Update Date (DE9870)**

The date of the last remittance cycle.

BUSINESS NAME: N/A

REFERENCE NAME: D_BUDGET_REMIT_UPD

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Fiscal Year End Date (DE9872)**

The Fiscal Year End Date for providers associated with Cost Settlement processes, including Add Pays.

BUSINESS NAME: Provider Fiscal End Date

REFERENCE NAME: D_PROV_FISCAL_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Financial Control Number (DE9874)

A unique number that identifies a financial transaction.

BUSINESS NAME: N/A

REFERENCE NAME: I_FNCL_CONTROL

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Refer to Issues/Resolutions
Description	
Local Def	in Financial Data Conversion Issues and Resolutions Section 13.2.3.2. See item number one.

Rule Name	Unique Number
Description	Must not be previously used as a provider number.
Local Def	The format of this field is CCYYDDD and a five digit sequence number

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Fiscal Year (DE9876)

The twelve month period between settlements of financial accounts.

BUSINESS NAME: N/A

REFERENCE NAME: D_BAC_FISCAL_YEAR

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Century/Year
Description	Must be a valid century year combination: CCYY
Local Def	Fiscal century must be in the 21st century (I.e., equal to or greater than the year 2000)

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Adjustment Reason Code (DE9877)

Financial Transaction Reason Code. Identifies the reason for which a financial transaction is being created.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADJMT_REASON

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Reason Code

Description Must be a valid Reason Code as defined in the Reason Code table.

Local Def N/A

VALID VALUES:

Valid Value	Description
0001-0099	Miscellaneous Adjustments Transactions Reason Codes
1000-1199	Provider and DMAS Use Adjustments and Voids Reason Codes
1200-1299	DMAS Use Recoupment Set-Up Reason Codes
2000-2099	Decreasing Negative Balance Reason Codes
3000-3099	Lien Reason Codes
4000-4099	Lien Activity Increase Reason Codes
4100-4199	Lien Activity Decrease Reason Codes
5000-5099	Pay Hold Reason Codes
6000-6099	Stop Pay Reason Codes
6100-6199	Void and Re-Issue Reason Codes
6200-6299	Voided Check - Credit Reversal
6300-6399	Voided Check - Debit Reversal
6400-6499	Debit Transaction Offset
6500-6599	Credit Transaction Offset
7000-7099	Stop Pay Approval Reason Codes
7100-7199	Stop Pay Denial Reason Codes
8000-8099	Cash Receipts Claims Current Period Reason Codes
8100-8199	Cash Receipts Financial Transactions Current Period Reason Codes
8200-8299	Cash Receipts (Non-Payee Checks - Informational) Current Period Reason Code
8300-8399	Cash Receipts Claims Prior Period Reason Codes
8400-8499	Cash Receipts Financial Transactions Prior Period Reason Codes
8500-8599	Cash Receipts (Non-Payee Checks - Informational) Prior Period Reason Codes
9000-9099	AddPay - Other Reason Codes

DATA ELEMENT: Adjustment Reason Code (DE9877)

VALID VALUES:

Valid Value	Description
9100-9199	AddPay - Cost Settlement Reason Codes
9200-9299	AddPay- Premium Payments Reason Codes
9300-9399	AddPay - Advance Payment Reason Codes
9400-9499	AddPay - Enhanced DSH Reason Codes
9500-9599	AddPay - Manual Issued Check
9996	Memo Transactions - Lien Reversal Reason Codes
9997	Memo Transactions -Reccoupment
9999	Memo Transactions - Negative Balance Carried Forward

DATA ELEMENT: **Budget Fund Split Effective Date (DE9878)**

The effective date of a match rate for a State, Federal, Local or other fund source

BUSINESS NAME: N/A

REFERENCE NAME: D_FUND_SPLIT_EFF

DEFAULT: Current System Date

COBOL PICTURE: C(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	If not entered, the default is the current date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Fund Split End Date (DE9879)

The end date of a match rate for a State, Federal, Local or other fund source

BUSINESS NAME: N/A

REFERENCE NAME: D_FUND_SPLIT_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	If not entered, the default is the last day of the current State Fiscal Year.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Fund Current Budget Amount (DE9880)

This field contains the current amount of budgeted money allocated to a given fund/object code, including additions and reductions to the original budget amount. The object code budget original amount is preserved in the field Budget Object Code Original Amount

BUSINESS NAME: N/A

REFERENCE NAME: N_FUND_BUDGET_AMT

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE: DECIMAL(13,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	At the beginning of each State Fiscal Year, the Original Budget Amount field uploaded from DMAS is moved to this field. When DMAS makes changes to the Budget Amount field via the on-line Budget screens, this is the field that is updated.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Fund Expended Amount (DE9881)

This field contains a dollar amount that has been accumulated at a frequency identified in the field Budget Expended Frequency Code (such as week-to-date) and for a budget expenditure type (such as Regular Claims).

BUSINESS NAME: N/A

REFERENCE NAME: N_FUND_EXPENDED

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE: DECIMAL(13,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	Updated weekly during Remittance Cycle. Reset to zero at the beginning of each state fiscal year.

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS 1099 Number of Payees (DE9882)

The total number of payees (providers) that are included on the 1099 file.

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_NUM_PAYEES

DEFAULT: N/A

COBOL PICTURE: 9(6)

DB2 TYPE: N/A

RANGE: 000001 through 999999

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	Number is incremented for each provider 1099 record written to mag tape.

VALID VALUES:

Valid Value	Description
000001 - 9999999	

DATA ELEMENT: **IRS 1099 Number of Payers (DE9883)**

The total number of payers (DMAS) that are included on the 1099 file.

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_NUM_PAYERS

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0001	

DATA ELEMENT: **IRS 1099 Number of Reels (DE9884)**

The total number of 1099 tapes submitted to the IRS.

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_NUM_REELS

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	000

DATA ELEMENT: IRS 1099 Total Amount (DE9886)

The total amount of payments transmitted on the 1099 file.

BUSINESS NAME: N/A

REFERENCE NAME: N_1099_TOT_AMT

DEFAULT: N/A

COBOL PICTURE: 9(9)V99

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	GT Zero
Description	The field must be numeric and greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Premium Payment Units (DE9888)**

The number of units per premium payment check.

BUSINESS NAME: N/A

REFERENCE NAME: N_PREM_PAYMT_UNIT

DEFAULT: N/A

COBOL PICTURE: 9(6)

DB2 TYPE: SMALLINT

RANGE: 000001 through 999999

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Financial Transaction Reason Code Description (DE9889)**

The description of the associated Adjustment Reason Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADJMT_REASON

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	This field describes a Reason Code and is used for display only.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Budget Medicare Code (DE9890)

This field is used to map the Object Code to payment request data. It indicates whether the enrollee is Medicaid Part A or B.

BUSINESS NAME: N/A

REFERENCE NAME: C_MCARE_CVRG

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Medicare Part A
B	Medicare Part B

DATA ELEMENT: **Financial Manual Check Number (DE9891)**

This field identifies the manual check number used for Manual Check Transactions (9998).

BUSINESS NAME: N/A

REFERENCE NAME: I_MANUAL_CHECK_NO

DEFAULT: N/A

COBOL PICTURE: 9(9)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **RA Extract Complete Flag (DE9892)**

A flag which indicates whether the current remittance cycle has completed.

BUSINESS NAME: Extract Complete Flag

REFERENCE NAME: F_EXTRACT_COMPLETE

DEFAULT: N/A

COBOL PICTURE: Pic X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Financial Manual Entry Indicator (DE9893)

This field is set to a value which indicates which the premium type to associated with the object code.

BUSINESS NAME: N/A

REFERENCE NAME: F_MANUAL_ENTRY

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Optional
Description	This field is not required.
Local Def	This data element is used to assign an Object Code to non-claim payment request transactions e.g. Premium Payments.

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Medical Premiums, Categorically Needy, Part A
B	Medical Premiums, Categorically Needy, Part B
C	Medicare Premiums, Medically Needy, Part B
E	Medicare Premiums, Part B, SLMB (120-134%) QI1
H	Health Insurance Premium Payment
Q	Medicare Premiums, Part B, SLMB (135-170%) QI2
R	HIV Premium Payment

DATA ELEMENT: **Financial Manual Check Issue Date (DE9894)**

This field indicates the date the manual check was issued for Manual Check Transactions (9998).

BUSINESS NAME: N/A

REFERENCE NAME: D_MANUAL_CHK_ISSUE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EDT DFI Account Number (DE9895)**

The receiving DFI's customer identification number. The customer's bank account number (identification number) must begin in the first position of the field, and any unused positions following the account number must contain blanks.

BUSINESS NAME: N/A

REFERENCE NAME: IEDR_DFI_ACCOUNT_NO

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT Effective Date (DE9896)**

This is the date specified by the company on which settlement for an entry is to occur. This is the date on which this transaction should post to the receiver's account. This date must be numeric in the YYMMDD format.

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_EFF

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	This field must be numeric and a valid date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EFT Immediate Destination Name (DE9897)

The participating DFI name for additional identification purposes. Value 'Bank Name - (Two Alpha Character Settlement State)'.

BUSINESS NAME: N/A

REFERENCE NAME: T_EFT_IMMED_DNAME_

DEFAULT: N/A

COBOL PICTURE: X(23)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and not null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EFT RDFI Number (DE9899)**

This is the eight digit Transit/ABA number of customer employee. It is used to direct the entry of the appropriate receiving bank.

BUSINESS NAME: N/A

REFERENCE NAME: N_EFT_RDFI_NUM

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	This field must be present and can not be null.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Payee Last Update Date (DE9913)

The last date on which a Vendor file record was updated.

BUSINESS NAME: N/A

REFERENCE NAME: D_PAYEE_LAST_UPD

DEFAULT: N/A

COBOL PICTURE: S9(9) Comp-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Fund Begin Date (DE9914)**

This field is used as the effective begin date for fund, fund detail and transaction codes to track data over time

BUSINESS NAME: N/A

REFERENCE NAME: D_FUND_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Fund End Date (DE9915)**

This field is used as the effective end date for fund, fund detail and transaction codes to track data over time

BUSINESS NAME: N/A

REFERENCE NAME: D_FUND_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DMAS BAC Sequence Number (DE9916)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: I_DMAS_CODE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Category of Service Description (DE9921)**

Category of Service Description

BUSINESS NAME: N/A

REFERENCE NAME: T_CATEG_SERV_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Source Procedure Begin Date (DE9922)**

Assessment Source Procedure Begin Date

BUSINESS NAME: D_SRCE_PROC_BEGIN

REFERENCE NAME: D_SRCE_PROC_BEGIN

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Assessment Source Procedure End Date (DE9923)**

Assessment Source Procedure End Date

BUSINESS NAME: D_SRCE_PROC_END

REFERENCE NAME: D_SRCE_PROC_END

DEFAULT: Nulls

COBOL PICTURE: x(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Pay Record Type Description (DE9970)**

RA Type Description

BUSINESS NAME: N/A

REFERENCE NAME: T_RA_PAY_REC_TYPE

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **BAC Expenditure Code Desc (DE9971)**

Basic Accounting Code Expenditure Code Description

BUSINESS NAME: N/A

REFERENCE NAME: T_EXPENDITURE_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Lien/Neg Balance Date Satisfied (DE9972)**

The date on which a negative balance or lien is satisfied

BUSINESS NAME: N/A

REFERENCE NAME: D_SATISFIED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Message Type Value (DE9973)**

This field contains the value of the Remittance Message Type e.g. Provider Type Code, Provider Specialty Code, Provider ID.

BUSINESS NAME: N/A

REFERENCE NAME: C_MSG_TYPE_VALUE

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Remittance Message Type Code Value (DE9974)**

This field contains the Remittance Message Type e.g. Provider Type Code, Provider Specialty Code, Provider ID.

BUSINESS NAME: N/A

REFERENCE NAME: C_MSG_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	All Providers
02	Provider Number
03	Provider Type
04	Provider Specialty

DATA ELEMENT: **Financial Transaction Cross Reference Type (DE9975)**

This field describes the type of cross reference for a financial transaction e.g. Claim or Financial Transaction

BUSINESS NAME: N/A

REFERENCE NAME: C_XREF_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Claim Transaction
F	Financial Transaction

DATA ELEMENT: **Financial EPSDT Indicator (DE9976)**

This field is set to "Y" for those Object Codes that must be considered EPSDT services for object code assignment.

BUSINESS NAME: N/A

REFERENCE NAME: F_EPSDT

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: Char(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **RA Cycle Weekly Begin Date (DE9977)**

The begin date for which claims and financial transactions are extracted for remittance process.

BUSINESS NAME: N/A

REFERENCE NAME: D_WEEKLY_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **RA Cycle Weekly End Date (DE9978)**

The end date for which the claims and financial transactions are extracted for the remittance process.

BUSINESS NAME: N/A

REFERENCE NAME: D_WEEKLY_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **RA Cycle Extract Date (DE9979)**

The date the claims and financial transactions were extracted for input into the remittance process.

BUSINESS NAME: N/A

REFERENCE NAME: D_EXTRACT

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **RA Last Cycle Indicator (DE9980)**

Indicates the last remittance cycle for the fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: F_LST_YEARLY_CYCLE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **RA Last Check Number (DE9981)**

The last check number generated from the remittance process for the bank account.

BUSINESS NAME: N/A

REFERENCE NAME: I_LAST_CHECK_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **RA Last EFT Number (DE9983)**

The last EFT number generated from the remittance process for the bank account.

BUSINESS NAME: N/A

REFERENCE NAME: I_LAST_EFT_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Weekly Balancing Check Variance (DE9984)**

This field indicates the variance for a check when the weekly balancing report is processed.

BUSINESS NAME: N/A

REFERENCE NAME: N_WKLY_BAL_CHK_VAR

DEFAULT: N/A

COBOL PICTURE: S9(02)V99

DB2 TYPE: DECIMAL(2,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPP Payment Status (DE9985)**

Reflects status of HIPP payment row.

BUSINESS NAME: HIPP Payment Status

REFERENCE NAME: C_HIPP_PYMT_STATUS

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
P	Paid
Spaces	To be Paid; Can also be voided
V	Void

DATA ELEMENT: **Disbursement Provider Id Type (DE9989)**

Indicate's whether disbursement is for Legacy Id, API or NPI

BUSINESS NAME: N/A

REFERENCE NAME: C_DSBMNT_PROV_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Atypical
M	Legacy Id
N	NPI

DATA ELEMENT: **Financial Reason Code Usage Indicator (DE9990)**

This field indicates whether the reason code can be used by Providers Only, DMAS Only or Both DMAS and Providers.

BUSINESS NAME: N/A

REFERENCE NAME: C_RSN_CODE_USAGE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Both DMAS and Providers
D	DMAS Only
P	Provider Only

DATA ELEMENT: **Negative Balance/Lien Affected Code (DE9991)**

This field indicates whether the Adjustment Reason Code on a financial transaction increases or decreases a Provider's Negative Balance or Lien Amounts

BUSINESS NAME: N/A

REFERENCE NAME: C_NEG_BAL_LIEN_AFFECTED

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Affected
1	Increase
2	Decrease

DATA ELEMENT: **Weekly Check Count (DE9993)**

This field indicates the number of checks and EFTs disburse for each bank account during a specific Remittance Cycle.

BUSINESS NAME: N/A

REFERENCE NAME: N_WKLY_CHK_CNT

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Weekly Account Summary Amount (DE9994)**

This field indicates the sum of checks and EFTs amounts disbursed for each bank account during a specific Remittance Cycle.

BUSINESS NAME: N/A

REFERENCE NAME: N_WKLY_ACCT_SUM

DEFAULT: N/A

COBOL PICTURE: 9(9)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reissued Check Date (DE9995)**

Reissued Check Date

BUSINESS NAME: D_REISSUE_CHK

REFERENCE NAME: D_REISSUE_CHK

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(10)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
MM/DD/CCYY	Date
N/A	N/A

DATA ELEMENT: **Legacy Provider ID or NPI or API Indicator (DE9996)**

Indicates if the provider ID is a legacy provider ID or NPI or API or Primary ID or Internal ID or Vendor Payee.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Char(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	API
I	Internal ID
M	Legacy ID
N	NPI
P	Primary ID
spaces	Vendor ID

Element Name	Element ID	Description
Approve All Rates	4046	
Base ID Maintenance Entry Date	4508	This is the date that a Base ID maintenance transaction was created/updated online. This is in the P_BASE_ID_CHG table to create a Provider Number , Base ID change transaction.
Claims Base ID Data Change Date	4509	This is the date that a Base ID changes were made to Claims Subsystem tables. When this date is NULL the record is an active transaction to be used to trigger the update program. When this field contains a date, the change has been completed and the record is now kept as history.
CLIA Certification Begin Date	4316	The beginning date of the CLIA Laboratory Certification.
CLIA Certification End Date	4317	The ending date of the CLIA Laboratory Certification.
CLIA Certification Lab Type	4314	The type of CLIA laboratory certification
CLIA Certification Number	4318	The number of the CLIA certification number
CLIA Certification Type	4319	The type of CLIA Certification
CLIA Date Added	4323	The date the CLIA Laboratory record was added
CLIA HCPC Begin Date	4320	The beginning date of the CLIA Laboratory HCPC
CLIA HCPC End Date	4321	The ending date of the CLIA Laboratory HCPC
CLIA HCPC Procedure Code	4322	The CLIA Laboratory HCPC Procedure
CLIA Laboratory Certificates on File	4324	The number of CLIA Laboratory Certificates on the file for the facility.
CLIA Laboratory Employer Identification Number (EIN)	4325	The Federal Employee Identification Number for the CLIA Laboratory
CLIA Laboratory Owners Begin Date	4349	The begin date of the CLIA Laboratory ownership.
CLIA Laboratory Owners Birth Date	4352	The birth date of the CLIA Laboratory Owner
CLIA Laboratory Owners Employee Identification Number (EIN)	4347	The Federal Employee Identification Number for the CLIA Laboratory Owner
CLIA Laboratory Owners End Date	4351	The end date of the CLIA Laboratory ownership
CLIA Laboratory Owners First Name	4342	The first name of the CLIA Laboratory Owner
CLIA Laboratory Owners Last Name	4344	The last name of the CLIA Laboratory Owner
CLIA Laboratory Owners Middle Name	4343	The middle name of the CLIA Laboratory Owner
CLIA Laboratory Owners Percent	4348	The percent of the CLIA Laboratory that the Owner owns
CLIA Laboratory Owners Social Security Number (SSN)	4346	The Social Security Number of the CLIA Laboratory Owner
CLIA Laboratory Owners Suffix	4345	The suffix of the name of the CLIA Laboratory Owner
CLIA Laboratory Provider City	4338	The address city name for the CLIA Laboratory Provider
CLIA Laboratory Provider Name	4327	The name associated with the CLIA Laboratory Provider
CLIA Laboratory Provider State	4339	The address state code for the CLIA Laboratory Provider
CLIA Laboratory Provider Street Address	4337	The street address of the CLIA Laboratory Provider
CLIA Laboratory Provider Zip	4340	The address zip code for the CLIA Laboratory Provider
CLIA Last Update	4329	The date of last update for CLIA Laboratory record
CLIA Medical Provider Number	4330	The Medicare number associated with a CLIA Laboratory Provider
CLIA National Provider Identification (NPI) Number	4326	The NPI number associated with the CLIA Laboratory Number
CLIA Number of HCPCS	4332	The number of HCPCS for a CLIA Laboratory Provider

Element Name	Element ID	Description
CLIA Number of Specialties	4331	The number of specialties for a CLIA Laboratory Provider
CLIA Payment Indicator	4336	The payment indicator for a CLIA Laboratory Provider
CLIA Provider Number of Owners	4328	The number of owners for a CLIA Laboratory
CLIA Specialty Begin Date	4333	The begin date for a specialty of a CLIA Laboratory Provider
CLIA Specialty End Date	4334	The end date for a specialty of a CLIA Laboratory Provider
CLIA Specialty Type	4335	The type of certificates for this CLIA Laboratory Provider
Clinical Laboratory Improvement Amendment (CLIA) Number	4310	A number that the fiscal agent must have on file for the provider for laboratory charges to be paid. This number is issued by HCFA.
Data Entered Date	4568	Date that Base ID change data was entered.
Date Entered	4573	The date on which Clifton Gunderson users have entered the rate change request -- Date Entered
DRG Fiscal Year	4360	The fiscal year of the DRG.
DRG Table Number	4361	The table number of the DRG.
Enrollment Exception Date	4679	
Enrollment Exception Indicator	4678	
Indefinite agreement value	4003	
IRS Access Key	4591	Number used by IRS to group a payer's information return transmittal.
IRS Document Type	4589	The type of document on which the IRS detected a provider error. '79' = 1099-B '91' = 1099-DIV '92' = 1099-INT '95' = 1099-MISC '96' = 1099-OID '97' = 1099-PATR
IRS Payer Office Code	4594	IRS Payer Office
IRS Payer Sequence Number	4596	Sequence number within payer
IRS Provider Error Record Type	4590	Three types are: 'A' = Payer Information 'B' = Provider Information 'C' = Totals
IRS Service Center	4595	'19' = Brookhaven '17' = Cincinnati '49' = Memphis '29' = Ogden '28' = Philadelphia
IRS TCC Code	4592	Transmitter Control Code
IRS TIN Indicator	4593	'1' = payer indicated EIN '2' = payer indicated SSN '3' = no TIN indicated
License Original Date	4074	License original Date
Mailing Type code	4030	The mailing type code indicates the type of re-enrollment mailing associated with the tracking number.
Multiple Clinical Laboratory Improvement Amendments (CLIA) Number Indicator	4355	An indicator used to identify providers that have multiple CLIA numbers.
National Provider Identifier	4700	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today.

Element Name	Element ID	Description
NPI Type	4144	This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.
NPI XREF Begin Date	4146	This field contains the date that the cross reference row was establishsed on the table. It is updated programmically.
NPI XREF Date Added	4148	This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line.
NPI XREF End Date	4147	This field contains a date if the cross reference row is replaced with a more current row of data. The date is updated programmically. Once a date is entered in this field, the data will not be selected, to avoid duplicate rows with same key.
NPI XREF Provider Number Type	4145	A value that describes the type non-NPI provider number: 1. 'P' - A generated value for NPI related billing information. 2. 'L' - The legacy provider number in place prior to the start of NPI. 3. 'I' - An internally generated provider number subsequent to the start of NPI.
NPI XREF Provider Primary	4151	An NPI provider number that describes the provider number to be used for identifying financial information. If there is an NPI, the number is generated and points to a separate record. If there is no NPI, the value is the same as the legacy provider number.
NPI XREF Provider Sequence Number	4150	A system generated sequence number used to distinquish between versions of the same NPI provider crossreference record.
NPI XREF Reason Code	4149	Reason code value describing the action or status of a Provider NPI XREF record.
NPI XREF Site Number	4143	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.
NPI-API Label	4701	NPI-API Label has NPI or API as the value.
Preferred Provider Agreement Indicator	4295	Indicates a provider that has a preferred provider agreement with a third party payer.
Prior Auth Base ID Data Change Date	4510	This is the date that a Base ID changes were made to Prior Authorization CP_PRIOR_AUTH table. When this date is blank the record is a transaction to be used in the update program. When this field contains a date, the change has been made and the record serves as history of updates.
Provider API Indicator	4142	This field contains a 'Y' if when the Provider Number is an Atypical Provider ID.
Provider 1099 Adjustment Amount	4199	The total dollar amount of 1099 adjustments for a provider.
Provider Accumulator Type	4543	The type of provider accumulator.
Provider Added Month-to-Date	4193	The total number of providers added during the current month.
Provider Address Additional Name	4096	The attention line in the address of the provider.
Provider Address Begin Date	4683	The beginning date for the Provider address.
Provider Address City Name	4130	The city in the address for the provider.
Provider Address End Date	4684	The ending date for the Provider address.
Provider Address Line	4097	The address of the provider.
Provider Address State	4098	The state in the address of the provider.
Provider Address Type	4200	A code indicating the type of address.
Provider Address ZIP Code	4099	The ZIP code in the address of the provider.

Element Name	Element ID	Description
Provider Administrator's Name	4078	The full legal name of the administrator of a nursing home, home health agency, hospital, independent lab, portable X-ray, rehabilitation center, mental health clinic, hemodialysis, substance abuse center, radiation therapy, and family planning facility.
Provider Affiliation Type	4248	A code to indicate the program in which a provider has affiliation
Provider Alternate ID Begin Date	4553	The starting date for a specific data base row or occurrence.
Provider Alternate ID End Date	4554	The ending date for a specific data base row or occurrence.
Provider Alternate ID Numbers	4014	This field can contain a Provider's SSN, UPIN, or FEIN depending on the Alternate ID Type field value.
Provider Alternate ID Type	4544	The provider type alternate id.
Provider Alternate ID Value	4044	Indicates the Medicare Number or FEIN or SSN or TDO ID or SLH ID or UPIN or DEA Number.
Provider Ambulance Agreement Date	4390	The date a provider signs the ambulance agreement.
Provider APIN indicator	4015	APIN indicator is set to 'Y' if the Provider number is set up for a Provider enrolled into Program 10 only.
Provider Application Date	4059	The date a provider first applied for participation in one of the State's programs.
Provider Application Status Code	4282	A code to identify the provider's application status.
Provider Application Tracking Begin Date	4283	The beginning date associated with a particular application status.
Provider Application Tracking End Date	4284	The ending date associated with a particular application status.
Provider Application Tracking Letter Indicator	4285	An indicator of whether or not a letter has been sent for an application
Provider Application Tracking Number	4008	Application Tracking Number is made up of Julian date (CCYYDDD) and sequence number for the application sequence relating to the Julian Date (nnn).
Provider Assessment Indicator	4088	A code that designates an assessment is allowed for a provider.
Provider Base ID Claim Reprocess Flag	4512	This flag will default to a "U" when the transaction is first created. Once it is processed in batch within the Provider Subsystem, it then can be updated by the Base ID Claim Approval screen. It indicates whether the claims associated with a provider base ID maintenance transaction should be reprocessed.
Provider Base ID Data Change Date	4511	This is the date that a Base ID changes were made to Provider Subsystem tables. When this date is blank the record is an active transaction to be used to trigger the update program. When this field contains a date, the change has been completed and the record is now kept as history.
Provider Base ID Key Sequence Number	4013	
Provider Base Identification Number	4001	A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.
Provider Bed Type	4545	The type of provider beds.
Provider Bypass Label Indicator	4219	A code to indicate whether a provider is to have labels printed.
Provider Cancel Letter Indicator	4292	An indicator on whether or not a cancel letter needs to be generated.
Provider Cancel Month-to-Date	4196	The total number of providers canceled during the current month.
Provider Cancellation Notification Date	4502	This date can be entered by DMAS to show when the User cancelled the Provider. It is not required. When a Cancel Reason is entered into the Cancel Screen, a letter will be sent to the Provider that day stating that the Provider will be cancelled as of the Cancel Begin Date entered by the User.
Provider Capitation Proration Method	4532	Determines the prorated calculation for a HMO's capitation rate for partial month recipient enrollment.

Element Name	Element ID	Description
Provider Carrier Code	4222	The number assigned to each Medicare carrier/intermediary by the Medicare Processing Agency
Provider Carrier Type	4294	Indicates whether the insurance carrier is a Part A or Part B insurer.
Provider Case Manager Type	4433	Identifies the type of case manager/case manager program in which a provider participates. Applies only to Medallion PCPs, CMM Case Managers, MICC Case Managers.
Provider Case Manager Type Begin Date	4434	The beginning date associated with the type of case manager.
Provider Case Manager Type End Date	4435	The ending date associated with the type of case manager.
Provider Certification State	4080	The state that issued the specialty certification.
Provider Change Month-to-Date	4194	The total number of providers changed during the current month.
Provider City/State/Zip	4682	A concatenation of DE4130, DE4098 and DE4099 commonlu used in provider addressing needs.
Provider Classification	4542	The classification of a provider.
Provider Code Table Begin Date	4503	The beginning date of the code in the provider code table.
Provider Code Table End Date	4504	The ending date of the code in the provider code table.
Provider Comment Field	4227	A free form field for comments related to the provider.
Provider Contact Name	4201	The individual person to contact at the servicing or billing location.
Provider Control of Medical Facility Indicator	4073	A code which designates the fiscal classification/proprietary nature of the facility.
Provider County Program Sequence Number	4556	A sequence number given to a row in the HMO County Database to make the row unique.
Provider Current Year-to-Date Paid Claims	4041	The total number of paid claims for a provider within current calendar year.
Provider Current Year-to-Date Total 1099 Amount	4155	The total dollar amount of paid claims that is reported on the provider's 1099 form in the current year-to-date.
Provider Data Base Description	4550	A data base description used to define various codes or values.
Provider Data Base Sequential Number	4551	A sequential number given to a row in the data base to make the row unique.
Provider Data Changed Date	4569	Date Provider Number and Base ID combinations were updated in all the provider tables.
Provider Delete Month-to-Date	4197	The total number of providers deleted during the current month.
Provider Electronic Capability Begin Date	4537	The date a providers electronic capability begins. Will be EMC, EFT or RA Begin Date
Provider Electronic Capability End Date	4538	The date a provider's electronic capability ends. Will be EMC, EFT or RA End Date
Provider Electronic Capability Type	4546	The type of provider electronic capability
Provider Electronic Funds Transfer (EFT) Account Type	4136	The provider's type of bank account to which the EFT is sent.
Provider Electronic Funds Transfer (EFT) Account Class	4137	The class of account to which the EFT is sent.
Provider Electronic Funds Transfer (EFT) Account Number	4135	The provider's account number to receive the transferred funds.
Provider Electronic Funds Transfer (EFT) Begin Date	4315	The beginning date for the provider to receive EFTs. The date the Provider EFT Account Type was changed to 'A' (Active).
Provider Electronic Funds Transfer (EFT) End Date	4522	The ending date for the provider to receive EFTs.

Element Name	Element ID	Description
Provider Electronic Funds Transfer (EFT) Indicator	4238	A code to indicate whether a provider is approved for receiving Electronic Funds Transfer.
Provider Electronic Funds Transfer (EFT) Institution	4133	The name of the provider's banking institution that will receive the funds transferred electronically.
Provider Electronic Funds Transfer (EFT) Status	4132	Indicates the EFT status: first or second prenote (P1, P2), approved (A1), provider disabled (PD) or blank
Provider Electronic Funds Transfer (EFT) Transit ABA Number	4134	The transit ABA number belonging to the institution receiving the funds transfer.
Provider Electronic Remittance Advice Indicator	4083	A code that designates whether or not the Remittance Advice should be produced electronically for a provider.
Provider Email Address	4202	The Email address of the provider.
Provider EMC Billing Indicator	4081	A code indicating the method a provider submits electronic claims.
Provider Enrollment Incentive Percentage	4507	Indicates a percentage by which preassignments to an HMO can be increased or decreased for a given locality.
Provider EPSDT Indicator	4500	A code to indicate whether a provider is certified to perform EPSDT services
Provider Facility Rating Indicator	4072	A code which designates the fiscal classification of a hospital or long-term care facility for tax assessment purposes.
Provider Financial Standing	4267	Indicates the financial standing of HMOs based on financial reviews by DMAS.
Provider Fiscal Year End Begin Date	4229	The begin date of the provider's fiscal year.
Provider Fiscal Year End End Date	4230	The end date on which the provider's fiscal year ends.
Provider Fiscal Year End Month	4057	The calendar month on which a provider's fiscal year ends.
Provider Fiscal Year End Update Date	4231	The date the provider's fiscal year end date was changed.
Provider Form/Manual Number	4541	The number of the provider form or manual. Will be Provider Form Number or Provider Manual Number.
Provider Form/Manual Type	4547	The type of provider form/manual
Provider Forms Count	4224	Indicates the number of copies to be sent to a provider related to letters, manuals, etc.
Provider Forms Indicator	4341	A code used to identify whether forms are sent to a provider because of an Add or Reinstate transaction and to what address the forms will be sent.
Provider Group Association Role	4246	A code to indicate whether a provider is a PCP within a group practice or HMO.
Provider Group Identifier	4106	The unique provider identification number assigned to a group.
Provider Group Type	4247	A code to identify the type of group to which a provider belongs.
Provider HMO County Begin Date	4438	The beginning date of the provider's participation in a county for managed care.
Provider HMO County End Date	4439	The ending date of the provider's participation in a county for managed care.
Provider HMO County Status Code	4437	The status of the HMO County relationship.
Provider Identification Number	4002	A unique identification number assigned to a provider.
Provider Inactive Override Indicator	4517	A code to indicate whether the provider will be considered as inactive when producing inactive files and reports
Provider Incentive Plan (PIP) Applicable Method	4455	Identifies the financial contract arrangement between the HMO or CMP and the PCPs.
Provider Incentive Plan (PIP) Available Method	4462	Indicates available methods of risk transfers to PCPs.
Provider Incentive Plan (PIP) Financial Classification	4465	The financial classification for the Provider Incentive Plan

Element Name	Element ID	Description
Provider Incentive Plan (PIP) Risk Transfer Indicator	4452	Indicates a compensation agreement between an HMO or CMP and PCP(s) that may directly or indirectly have the effect of reducing or limiting services provided to Medicaid beneficiaries enrolled in the HMO or the CMP.
Provider IRS Name	4526	This is the IRS name of the provider that is printed on 1099s.
Provider Language Type	4420	Indicates the type of language spoken in the provider's office.
Provider Last Update Date	4019	Last date the record was updated by file maintenance transaction.
Provider Last Update User Identification	4290	The identification number of the last user or program to update the record.
Provider Level of Performance	4431	A code assigned to only HMOs to indicate their performance level.
Provider License Begin Date	4066	The effective date of a provider's license.
Provider License End Date	4067	The expiration date of a provider's license.
Provider License Number	4064	The number assigned by the Virginia licensing agency authorizing a provider to practice within Virginia.
Provider License Review Code	4005	This code indicates if the License End Date was updated by DHP and if so in which month or if the License End Date was updated manually.
Provider Licensing Board	4075	A code to identify board certifications for licenses.
Provider Licensing State	4076	The state code that identifies the state where the provider is licensed to perform Medicaid services.
Provider Locality Code	4089	The county in which a provider is located.
Provider Managed Care Assigned Slots	4122	The number of enrollees assigned to a Primary Care Provider.
Provider Managed Care Handicap Accessibility Indicator	4436	A code to indicate whether the provider has handicap accessibility.
Provider Managed Care Maximum Slots	4123	The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected.
Provider Managed Care Panel Enrollment Age Type	4404	A code indicating the age type of the client for the provider's panel.
Provider Managed Care Panel Enrollment Size	4403	The number of clients the provider has agreed to have on the Managed Care panel.
Provider Managed Care Panel Enrollment Type	4402	A code to indicate the type of enrollment for the provider's panel.
Provider Managed Care Risk Pool	4474	The amount of the risk pool for the managed care provider
Provider Medical Certification Documentation Begin Date	4273	The beginning date of the provider's medical certification documentation.
Provider Medical Certification Documentation Description	4275	The description of the actual medical certification documentation.
Provider Medical Certification Documentation End Date	4274	The ending date of the provider's medical certification documentation.
Provider Medical Certification Documentation Type	4272	A code to identify the type of medical certification documentation.
Provider Name	4085	The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.
Provider Name Type	4249	A code to indicate the type of Provider Name.
Provider Negative Balance Amount	4036	The total amount of money currently owed to the program by a provider.
Provider Negative Balance Update Date	4448	The last date the negative balance was updated for a provider in a specific benefit plan.
Provider Number of Beds NF	4244	The number of NF beds a provider has, based on the Bed Type (DE 4545).

Element Name	Element ID	Description
Provider Original License End Date	4004	This is the original end date of the license and will be updated only after the end of the grace period (3 months to the last day of the month from the original end date).
Provider Panel-Size Group Begin Date	4548	Provider Panel-Size Begin Date.
Provider Panel-Size Group End Date	4549	End date of group maximum panel-size entry.
Provider Panel-Size Group Name	4599	Provider Panel-Size group name is determined by the program from the DB2 values relating to the Group Type(DE4597) and Group ID (DE4598). Name values selected for PT, PS, IN, and LO Group Types are populated from data elements DE4296, DE4298, DE5255 and DE4085 respectively based on DE4598 values.
Provider Panel-Size Group Type	4597	Provider Panel-Size Group Type
Provider Panel-Size Group Value	4598	Provider Panel-Size group value within Group Type.
Provider Phone Extension	4506	The phone number extension for a provider. You may enter 1-4 numerics for the extension
Provider Phone Number	4090	The provider's phone number. Enter 10 digit numeric phone number including area code.
Provider Phone Type	4279	A code to identify the type of phone number.
Provider Preference Type	4552	Indicates the type of preference.
Provider Primary Specialty Indicator	4528	Indicates the provider's primary specialty.
Provider Program Code	4208	The program(s) in which a provider participates.
Provider Program Code Begin Date	4205	The beginning date of eligibility for a provider in a program.
Provider Program Code Description	4209	Provides a description of the Provider Program Code.
Provider Program Code End Date	4206	The ending date of eligibility for a provider in a program.
Provider Program Code Fee Indicator	4514	A code to indicate whether the provider gets a management fee for a program code.
Provider Program County Begin Date	4557	The starting date for the program county row.
Provider Program County End Date	4558	The end date for the program county row.
Provider Program Hist Sequence Number	4559	A sequence number given to a row in the Prov Program History Table to make a row unique
Provider Program NI	4564	The Null Indicator for Program on HMO County Program Table
Provider Program Recert Begin Date	4561	The beginning date for the recert begin date in the Provider Program History Table
Provider Program Recert End Date	4562	The ending date for the provider program recert begin date in the Provider Program History Table.
Provider Program Sequence Number	4677	The current Provider Program Sequence number for the Program Code. A unique program sequence number is assigned, whenever there is a change in provider program enrollment.
Provider Rate	4255	The amount or percentage of the particular rate.
Provider Rate Begin Date	4252	The begin date of the rate for the provider.
Provider Rate Code	4251	A code indicating the kind of rate associated with this occurrence of Rate Data.
Provider Rate End Date	4253	The end date of the rate for the provider.
Provider Rate Review Status Value	4571	Field contains the Provider Rate Review Status Value.
Provider Rate Source Table Code	4555	A calculated code used to identify the source (Db2 Table) for Provider Rate information which is output to the Provider Rate Extract file - PS-F-210 by program PSR240.

Element Name	Element ID	Description
Provider Rate Type	4250	A code indicating the type of rate associated with this occurrence of Rate Data.
Provider Rate Type Code Description	4260	The description of the provider rate type.
Provider Reason Code	4012	Identifies the reason code for the provider subsystem. Not all Valid Values listed below for DE 4012 are applicable for every table and screen. Refer to Provider Main Menu, Code Table Maintenance Screen (Option Reason Code) to see which values are applicable for which tables.
Provider Recert End NI	4563	The Recert End NI that is in the Provider Program History Table
Provider Record Insert Date	4061	The initial date the provider was added to one of the state programs.
Provider Reinstate Month-to-Date	4195	The total number of providers reinstated during the current month.
Provider Relation Begin Date	4539	The relationship begin date between two providers. One would be the Individual Provider and the other would be the Group Provider.
Provider Relation End Date	4540	The relationship end date between two providers. One would be the Individual Provider and one would be the Group Provider.
Provider Restriction Action Type	4288	The action taken on the claim for the restriction.
Provider Restriction Begin Date	4020	The beginning date of a restriction for a provider.
Provider Restriction End Date	4021	The ending date of a restriction for a provider.
Provider Restriction From Procedure Code	4025	The beginning of the procedure range for which the provider is on restriction.
Provider Restriction Inclusive/Exclusive Indicator	4289	A code to indicate if the range of procedures for the restriction is to be the only one the provider is allowed to perform (Include) or the only one the provider is not allowed to perform (Exclude).
Provider Restriction NPI Indicator	4286	Indicates if the restriction was applied to all the providers numbers that share the same NPI number as the restricted provider
Provider Restriction Procedure Type	4287	A code indicating the type of procedure on which the restriction is placed. The type of edits are Saturday/Sunday Edits, Same Day/Surgery Edits, and, 3-Day Edits.
Provider Restriction Thru Procedure Code	4026	The end of the procedure range for which the provider is on restriction.
Provider Restriction Type	4024	The type of restriction placed on the provider.
Provider Risk Period Begin Date	4480	The begin date of the risk period.
Provider Risk Period End Date	4481	The end date of the risk period.
Provider Service Center	4082	Code assigned to each billing service or data center which submits claims to the Fiscal Agent.
Provider Specialty Begin Date	4210	The beginning date of the provider's certified medical specialty.
Provider Specialty Certification Begin Date	4070	The date the Specialty Certification Board issues the certification for a specialty to a physician.
Provider Specialty Certification Board Code	4069	A code to identify each Specialty Certification Board issuing specialty certification to physicians.
Provider Specialty Certification End Date	4071	The date the Specialty Certification Board expires the Certification for a Specialty to a Physician.
Provider Specialty Certification Number	4068	The specialty certification number assigned by a certifying board, if applicable.
Provider Specialty Code	4007	The provider's certified medical specialty(ies).
Provider Specialty Code Description	4298	The description of the Specialty Code.
Provider Specialty End Date	4211	The ending date of the provider's certified medical specialty.
Provider Table Last Updated By	4536	The last user ID to update the table
Provider Tax Entity Year	4535	The year for which the various 1099 accumulators are being kept.

Element Name	Element ID	Description
Provider Taxonomy Class Description	4393	Provider Taxonomy Class Description
Provider Taxonomy Code	4391	Provider Taxonomy Code
Provider Taxonomy Description	4395	Provider Taxonomy Description
Provider Taxonomy Specialty Description	4394	Provider Taxonomy Specialty Description
Provider Taxonomy Timestamp	4396	Provider Taxonomy Timestamp
Provider Taxonomy Type Description	4392	Provider Taxonomy Type Description
Provider Total Providers	4192	The total number of providers contained on the Provider Master File.
Provider Type	4006	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options
Provider Type Begin Date	4010	Beginning date for the Provider Type.
Provider Type Description	4296	The description of the Provider Type.
Provider Type End Date	4011	Ending date for the Provider Type.
Provider Type of Practice Organization	4009	A code which designates the type of organization of the practice or group.
Provider Vendor Number	4516	The number that MEDICARE FISCAL AGENT has assigned to the provider. The Provider Vendor Number along with the Provider Carrier Code is used in converting the Medicaid Provider ID.
Public Private Begin Date	4161	The effective date of the public/private indicator.
Public Private End Date	4162	The effective end date of the public/private indicator.
Public Private Indicator	4160	Indicates if the facility or business is owned publicly or privately.
Public Private Sequence Number	4163	Sequence number to create a unique key for multiple rows of the same provider.
Reason Code	4680	
Reason Code Rnumber	4681	
Re-enrollment batch number	4028	The system generated batch number is assigned by the NPI letter request programs. Each batch is associated with a specific letter rollout.
Re-enrollment comment	4040	Variable field up to 149 characters in length for entering comments on the Re-enrollment status row. Comments will be included on the Incomplete letters sent to providers.
Re-enrollment Entry Date Created	4029	Letter rollout date of the NPI request.
Re-enrollment Letter Indicator	4038	The Re-enrollment Letter Indicator records the last letter sent for any Re-enrollment status. The field may only be updated to 'RL' online when a manual Resent letter is sent, all other letter indicators are updated by the batch letter programs.
Re-enrollment Mailing Status	4033	The status of the Re-enrollment mailing.
Re-enrollment Provider Status	4039	The NPI Re-enrollment response status for each provider.
Re-enrollment Provider Type	4031	The provider type defined for NPI re-enrollment to indicate the rollout status of the provider.
Re-enrollment Response Date Received	4032	The date that the response to the Re-enrollment letter was received from the Provider.
Re-enrollment Status Begin Date	4034	When the Re-enrollment status row is created the Begin Date is set to current date. When rows are updated the row is ended with current date and a new status row is inserted with a Begin Date set to current date.

Element Name	Element ID	Description
Re-enrollment Status End Date	4035	New rows have an open End Date. The End Date of the status row is set to current date when the Re-enrollment status is updated online.
Re-enrollment Status Reason Code	4037	Re-enrollment Status Reason Codes indicate the status update reason. The Incomplete re-enrollment status generates a rejection letter containing the reason code values decoded from the GL_CODE_VALUE table (I_CODE_NUM = 317). The Reason Codes are stored as 5 character values in the GL_CODE_VALUE table. The first character of the C_VALUE, of GL_CODE_VALUE, indicates the Reason Code type, the next 3 characters indicate the reason code entered into Re-enrollment tracking and the last character acts as a sequence number to allow multiple rows to be accessed for printing.
Reenrollment tracking ID	4018	Reenrollment tracking ID
Re-enrollment Tracking Number	4027	The system generated Re-enrollment number assigned by the NPI request letter programs.
Reviewers User ID	4572	Approvers/Reviewers User ID. This field stores the user id of the Clifton Gunderson or DMAS user working on the rate change request.
Sanctioned Provider Address City	4579	A sanctioned provider address city.
Sanctioned Provider Address State	4574	A sanctioned provider address state code.
Sanctioned Provider Address Zip code	4584	A sanctioned provider address zip code.
Sanctioned Provider Business Name	4587	A sanctioned provider name that is considered a business.
Sanctioned Provider Date Begin	4576	This is the date a provider became sanctioned by CMS.
Sanctioned Provider Date End	4585	The date a sanctioned provider was reinstated.
Sanctioned Provider Exclusion Code	4583	A reason code to describe why a provider was sanctioned.
Sanctioned Provider First Name	4578	The first name of an individual provider that is sanctioned.
Sanctioned Provider Key ID	4586	An internal DB2 key for the sanctioned provider individual table. This field is an IDENTITY type, meaning it is generated by DB2 automatically.
Sanctioned Provider Last Name	4577	The last name of an individual provider that is sanctioned.
Sanctioned Provider Specialty Description	4581	A sanctioned providers specialty description.
Sanctioned Provider SSN/EIN	4575	For individual providers, this is a social security number. For business providers, this is a EIN.
Sanctioned Provider Type Description	4580	A sanctioned provider general type of service description.
Sanctioned Provider UPIN	4582	A individual provider UPIN.
Send Forms and Manual Indicator	4281	An indicator to show if forms and manuals have been sent to a provider
Service Center Mode	4139	Service Center Service types
Service Center Name	4138	The name of the Service Center.
Service Center Remit Format	4140	Indicates whether the remittance advice format is fixed or variable.
Service Center Type Begin Date	4565	This is the begin date for the service center type.
Service Center Type Sequence Number	4567	This is the sequence number assigned to the service center type.
Service Type End Date	4566	This is the end date for the service center type
Taxonomy Description	4705	Detailed description of taxonomy assigned by CMS
Taxonomy Provider Class Description	4703	Description of Provider Class assigned by CMS
Taxonomy Provider Type Begin Date	4706	Begin Date the Provider Type Taxonomy was assigned by CMS
Taxonomy Provider Type Description	4702	Description of Provider Type assigned by CMS
Taxonomy Provider Type End Date	4707	Date the Provider Type Taxonomy was ended by CMS

Element Name	Element ID	Description
Taxonomy Specialty Code Description	4704	Description of specialty code assigned by CMS
TIN Status From IRS	4588	Indicates type of error detected by IRS: '1' = Missing TIN '2' = Not Currently Issued TIN '3' = Incorrect Name/TIN
User Identification	4570	User Identification who created data in this table through an on-line screen or program name that created transaction through batch.

Element ID	Element Name	Description
4001	Provider Base Identification Number	A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.
4002	Provider Identification Number	A unique identification number assigned to a provider.
4003	Indefinite agreement value	
4004	Provider Original License End Date	This is the original end date of the license and will be updated only after the end of the grace period (3 months to the last day of the month from the original end date).
4005	Provider License Review Code	This code indicates if the License End Date was updated by DHP and if so in which month or if the License End Date was updated manually.
4006	Provider Type	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options
4007	Provider Specialty Code	The provider's certified medical specialty(ies).
4008	Provider Application Tracking Number	Application Tracking Number is made up of Julian date (CCYYDDD) and sequence number for the application sequence relating to the Julian Date (nnn).
4009	Provider Type of Practice Organization	A code which designates the type of organization of the practice or group.
4010	Provider Type Begin Date	Beginning date for the Provider Type.
4011	Provider Type End Date	Ending date for the Provider Type.
4012	Provider Reason Code	Identifies the reason code for the provider subsystem. Not all Valid Values listed below for DE 4012 are applicable for every table and screen. Refer to Provider Main Menu, Code Table Maintenance Screen (Option Reason Code) to see which values are applicable for which tables.
4013	Provider Base ID Key Sequence Number	
4014	Provider Alternate ID Numbers	This field can contain a Provider's SSN, UPIN, or FEIN depending on the Alternate ID Type field value.
4015	Provider APIN indicator	APIN indicator is set to 'Y' if the Provider number is set up for a Provider enrolled into Program 10 only.
4018	Reenrollment tracking ID	Reenrollment tracking ID
4019	Provider Last Update Date	Last date the record was updated by file maintenance transaction.
4020	Provider Restriction Begin Date	The beginning date of a restriction for a provider.
4021	Provider Restriction End Date	The ending date of a restriction for a provider.
4024	Provider Restriction Type	The type of restriction placed on the provider.
4025	Provider Restriction From Procedure Code	The beginning of the procedure range for which the provider is on restriction.
4026	Provider Restriction Thru Procedure Code	The end of the procedure range for which the provider is on restriction.
4027	Re-enrollment Tracking Number	The system generated Re-enrollment number assigned by the NPI request letter programs.
4028	Re-enrollment batch number	The system generated batch number is assigned by the NPI letter request programs. Each batch is associated with a specific letter rollout.
4029	Re-enrollment Entry Date Created	Letter rollout date of the NPI request.
4030	Mailing Type code	The mailing type code indicates the type of re-enrollment mailing associated with the tracking number.
4031	Re-enrollment Provider Type	The provider type defined for NPI re-enrollment to indicate the rollout status of the provider.

Element ID	Element Name	Description
4032	Re-enrollment Response Date Received	The date that the response to the Re-enrollment letter was received from the Provider.
4033	Re-enrollment Mailing Status	The status of the Re-enrollment mailing.
4034	Re-enrollment Status Begin Date	When the Re-enrollment status row is created the Begin Date is set to current date. When rows are updated the row is ended with current date and a new status row is inserted with a Begin Date set to current date.
4035	Re-enrollment Status End Date	New rows have an open End Date. The End Date of the status row is set to current date when the Re-enrollment status is updated online.
4036	Provider Negative Balance Amount	The total amount of money currently owed to the program by a provider.
4037	Re-enrollment Status Reason Code	Re-enrollment Status Reason Codes indicate the status update reason. The Incomplete re-enrollment status generates a rejection letter containing the reason code values decoded from the GL_CODE_VALUE table (I_CODE_NUM = 317). The Reason Codes are stored as 5 character values in the GL_CODE_VALUE table. The first character of the C_VALUE, of GL_CODE_VALUE, indicates the Reason Code type, the next 3 characters indicate the reason code entered into Re-enrollment tracking and the last character acts as a sequence number to allow multiple rows to be accessed for printing.
4038	Re-enrollment Letter Indicator	The Re-enrollment Letter Indicator records the last letter sent for any Re-enrollment status. The field may only be updated to 'RL' online when a manual Resent letter is sent, all other letter indicators are updated by the batch letter programs.
4039	Re-enrollment Provider Status	The NPI Re-enrollment response status for each provider.
4040	Re-enrollment comment	Variable field up to 149 characters in length for entering comments on the Re-enrollment status row. Comments will be included on the Incomplete letters sent to providers.
4041	Provider Current Year-to-Date Paid Claims	The total number of paid claims for a provider within current calendar year.
4044	Provider Alternate ID Value	Indicates the Medicare Number or FEIN or SSN or TDO ID or SLH ID or UPIN or DEA Number.
4046	Approve All Rates	
4057	Provider Fiscal Year End Month	The calendar month on which a provider's fiscal year ends.
4059	Provider Application Date	The date a provider first applied for participation in one of the State's programs.
4061	Provider Record Insert Date	The initial date the provider was added to one of the state programs.
4064	Provider License Number	The number assigned by the Virginia licensing agency authorizing a provider to practice within Virginia.
4066	Provider License Begin Date	The effective date of a provider's license.
4067	Provider License End Date	The expiration date of a provider's license.
4068	Provider Specialty Certification Number	The specialty certification number assigned by a certifying board, if applicable.
4069	Provider Specialty Certification Board Code	A code to identify each Specialty Certification Board issuing specialty certification to physicians.
4070	Provider Specialty Certification Begin Date	The date the Specialty Certification Board issues the certification for a specialty to a physician.
4071	Provider Specialty Certification End Date	The date the Specialty Certification Board expires the Certification for a Specialty to a Physician.
4072	Provider Facility Rating Indicator	A code which designates the fiscal classification of a hospital or long-term care facility for tax assessment purposes.
4073	Provider Control of Medical Facility Indicator	A code which designates the fiscal classification/proprietary nature of the facility.
4074	License Original Date	License original Date

Element ID	Element Name	Description
4075	Provider Licensing Board	A code to identify board certifications for licenses.
4076	Provider Licensing State	The state code that identifies the state where the provider is licensed to perform Medicaid services.
4078	Provider Administrator's Name	The full legal name of the administrator of a nursing home, home health agency, hospital, independent lab, portable X-ray, rehabilitation center, mental health clinic, hemodialysis, substance abuse center, radiation therapy, and family planning facility.
4080	Provider Certification State	The state that issued the specialty certification.
4081	Provider EMC Billing Indicator	A code indicating the method a provider submits electronic claims.
4082	Provider Service Center	Code assigned to each billing service or data center which submits claims to the Fiscal Agent.
4083	Provider Electronic Remittance Advice Indicator	A code that designates whether or not the Remittance Advice should be produced electronically for a provider.
4085	Provider Name	The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.
4088	Provider Assessment Indicator	A code that designates an assessment is allowed for a provider.
4089	Provider Locality Code	The county in which a provider is located.
4090	Provider Phone Number	The provider's phone number. Enter 10 digit numeric phone number including area code.
4096	Provider Address Additional Name	The attention line in the address of the provider.
4097	Provider Address Line	The address of the provider.
4098	Provider Address State	The state in the address of the provider.
4099	Provider Address ZIP Code	The ZIP code in the address of the provider.
4106	Provider Group Identifier	The unique provider identification number assigned to a group.
4122	Provider Managed Care Assigned Slots	The number of enrollees assigned to a Primary Care Provider.
4123	Provider Managed Care Maximum Slots	The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected.
4130	Provider Address City Name	The city in the address for the provider.
4132	Provider Electronic Funds Transfer (EFT) Status	Indicates the EFT status: first or second prenote (P1, P2), approved (A1), provider disabled (PD) or blank
4133	Provider Electronic Funds Transfer (EFT) Institution	The name of the provider's banking institution that will receive the funds transferred electronically.
4134	Provider Electronic Funds Transfer (EFT) Transit ABA Number	The transit ABA number belonging to the institution receiving the funds transfer.
4135	Provider Electronic Funds Transfer (EFT) Account Number	The provider's account number to receive the transferred funds.
4136	Provider Electronic Funds Transfer (EFT) Account Type	The provider's type of bank account to which the EFT is sent.
4137	Provider Electronic Funds Transfer (EFT) Account Class	The class of account to which the EFT is sent.
4138	Service Center Name	The name of the Service Center.
4139	Service Center Mode	Service Center Service types
4140	Service Center Remit Format	Indicates whether the remittance advice format is fixed or variable.
4142	Provider API Indicator	This field contains a 'Y' if when the Provider Number is an Atypical Provider ID.

Element ID	Element Name	Description
4143	NPI XREF Site Number	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.
4144	NPI Type	This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.
4145	NPI XREF Provider Number Type	A value that describes the type non-NPI provider number: 1. 'P' - A generated value for NPI related billing information. 2. 'L' - The legacy provider number in place prior to the start of NPI. 3. 'I' - An internally generated provider number subsequent to the start of NPI.
4146	NPI XREF Begin Date	This field contains the date that the cross reference row was establishsed on the table. It is updated programmically.
4147	NPI XREF End Date	This field contains a date if the cross reference row is replaced with a more current row of data. The date is updated programmically. Once a date is entered in this field, the data will not be selected, to avoid duplicate rows with same key.
4148	NPI XREF Date Added	This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line.
4149	NPI XREF Reason Code	Reason code value describing the action or status of a Provider NPI XREF record.
4150	NPI XREF Provider Sequence Number	A system generated sequence number used to distinquish between versions of the same NPI provider crossreference record.
4151	NPI XREF Provider Primary	An NPI provider number that describes the provider number to be used for identifying financial information. If there is an NPI, the number is generated and points to a separate record. If there is no NPI, the value is the same as the legacy provider number.
4155	Provider Current Year-to-Date Total 1099 Amount	The total dollar amount of paid claims that is reported on the provider's 1099 form in the current year-to-date.
4160	Public Private Indicator	Indicates if the facility or business is owned publicly or privately.
4161	Public Private Begin Date	The effective date of the public/private indicator.
4162	Public Private End Date	The effective end date of the public/private indicator.
4163	Public Private Sequence Number	Sequence number to create a unique key for multiple rows of the same provider.
4192	Provider Total Providers	The total number of providers contained on the Provider Master File.
4193	Provider Added Month-to-Date	The total number of providers added during the current month.
4194	Provider Change Month-to-Date	The total number of providers changed during the current month.
4195	Provider Reinstate Month-to-Date	The total number of providers reinstated during the current month.
4196	Provider Cancel Month-to-Date	The total number of providers canceled during the current month.
4197	Provider Delete Month-to-Date	The total number of providers deleted during the current month.
4199	Provider 1099 Adjustment Amount	The total dollar amount of 1099 adjustments for a provider.
4200	Provider Address Type	A code indicating the type of address.
4201	Provider Contact Name	The individual person to contact at the servicing or billing location.
4202	Provider Email Address	The Email address of the provider.
4205	Provider Program Code Begin Date	The beginning date of eligibility for a provider in a program.
4206	Provider Program Code End Date	The ending date of eligibility for a provider in a program.
4208	Provider Program Code	The program(s) in which a provider participates.

Element ID	Element Name	Description
4209	Provider Program Code Description	Provides a description of the Provider Program Code.
4210	Provider Specialty Begin Date	The beginning date of the provider's certified medical specialty.
4211	Provider Specialty End Date	The ending date of the provider's certified medical specialty.
4219	Provider Bypass Label Indicator	A code to indicate whether a provider is to have labels printed.
4222	Provider Carrier Code	The number assigned to each Medicare carrier/intermediary by the Medicare Processing Agency
4224	Provider Forms Count	Indicates the number of copies to be sent to a provider related to letters, manuals, etc.
4227	Provider Comment Field	A free form field for comments related to the provider.
4229	Provider Fiscal Year End Begin Date	The begin date of the provider's fiscal year.
4230	Provider Fiscal Year End End Date	The end date on which the provider's fiscal year ends.
4231	Provider Fiscal Year End Update Date	The date the provider's fiscal year end date was changed.
4238	Provider Electronic Funds Transfer (EFT) Indicator	A code to indicate whether a provider is approved for receiving Electronic Funds Transfer.
4244	Provider Number of Beds NF	The number of NF beds a provider has, based on the Bed Type (DE 4545).
4246	Provider Group Association Role	A code to indicate whether a provider is a PCP within a group practice or HMO.
4247	Provider Group Type	A code to identify the type of group to which a provider belongs.
4248	Provider Affiliation Type	A code to indicate the program in which a provider has affiliation
4249	Provider Name Type	A code to indicate the type of Provider Name.
4250	Provider Rate Type	A code indicating the type of rate associated with this occurrence of Rate Data.
4251	Provider Rate Code	A code indicating the kind of rate associated with this occurrence of Rate Data.
4252	Provider Rate Begin Date	The begin date of the rate for the provider.
4253	Provider Rate End Date	The end date of the rate for the provider.
4255	Provider Rate	The amount or percentage of the particular rate.
4260	Provider Rate Type Code Description	The description of the provider rate type.
4267	Provider Financial Standing	Indicates the financial standing of HMOs based on financial reviews by DMAS.
4272	Provider Medical Certification Documentation Type	A code to identify the type of medical certification documentation.
4273	Provider Medical Certification Documentation Begin Date	The beginning date of the provider's medical certification documentation.
4274	Provider Medical Certification Documentation End Date	The ending date of the provider's medical certification documentation.
4275	Provider Medical Certification Documentation Description	The description of the actual medical certification documentation.
4279	Provider Phone Type	A code to identify the type of phone number.
4281	Send Forms and Manual Indicator	An indicator to show if forms and manuals have been sent to a provider
4282	Provider Application Status Code	A code to identify the provider's application status.
4283	Provider Application Tracking Begin Date	The beginning date associated with a particular application status.
4284	Provider Application Tracking End Date	The ending date associated with a particular application status.
4285	Provider Application Tracking Letter Indicator	An indicator of whether or not a letter has been sent for an application

Element ID	Element Name	Description
4286	Provider Restriction NPI Indicator	Indicates if the restriction was applied to all the providers numbers that share the same NPI number as the restricted provider
4287	Provider Restriction Procedure Type	A code indicating the type of procedure on which the restriction is placed. The type of edits are Saturday/Sunday Edits, Same Day/Surgery Edits, and, 3-Day Edits.
4288	Provider Restriction Action Type	The action taken on the claim for the restriction.
4289	Provider Restriction Inclusive/Exclusive Indicator	A code to indicate if the range of procedures for the restriction is to be the only one the provider is allowed to perform (Include) or the only one the provider is not allowed to perform (Exclude).
4290	Provider Last Update User Identification	The identification number of the last user or program to update the record.
4292	Provider Cancel Letter Indicator	An indicator on whether or not a cancel letter needs to be generated.
4294	Provider Carrier Type	Indicates whether the insurance carrier is a Part A or Part B insurer.
4295	Preferred Provider Agreement Indicator	Indicates a provider that has a preferred provider agreement with a third party payer.
4296	Provider Type Description	The description of the Provider Type.
4298	Provider Specialty Code Description	The description of the Specialty Code.
4310	Clinical Laboratory Improvement Amendment (CLIA) Number	A number that the fiscal agent must have on file for the provider for laboratory charges to be paid. This number is issued by HCFA.
4314	CLIA Certification Lab Type	The type of CLIA laboratory certification
4315	Provider Electronic Funds Transfer (EFT) Begin Date	The beginning date for the provider to receive EFTs. The date the Provider EFT Account Type was changed to 'A' (Active).
4316	CLIA Certification Begin Date	The beginning date of the CLIA Laboratory Certification.
4317	CLIA Certification End Date	The ending date of the CLIA Laboratory Certification.
4318	CLIA Certification Number	The number of the CLIA certification number
4319	CLIA Certification Type	The type of CLIA Certification
4320	CLIA HCPC Begin Date	The beginning date of the CLIA Laboratory HCPC
4321	CLIA HCPC End Date	The ending date of the CLIA Laboratory HCPC
4322	CLIA HCPC Procedure Code	The CLIA Laboratory HCPC Procedure
4323	CLIA Date Added	The date the CLIA Laboratory record was added
4324	CLIA Laboratory Certificates on File	The number of CLIA Laboratory Certificates on the file for the facility.
4325	CLIA Laboratory Employer Identification Number (EIN)	The Federal Employee Identification Number for the CLIA Laboratory
4326	CLIA National Provider Identification (NPI) Number	The NPI number associated with the CLIA Laboratory Number
4327	CLIA Laboratory Provider Name	The name associated with the CLIA Laboratory Provider
4328	CLIA Provider Number of Owners	The number of owners for a CLIA Laboratory
4329	CLIA Last Update	The date of last update for CLIA Laboratory record
4330	CLIA Medical Provider Number	The Medicare number associated with a CLIA Laboratory Provider
4331	CLIA Number of Specialties	The number of specialties for a CLIA Laboratory Provider
4332	CLIA Number of HCPCS	The number of HCPCS for a CLIA Laboratory Provider
4333	CLIA Specialty Begin Date	The begin date for a specialty of a CLIA Laboratory Provider
4334	CLIA Specialty End Date	The end date for a specialty of a CLIA Laboratory Provider

Element ID	Element Name	Description
4335	CLIA Specialty Type	The type of certificates for this CLIA Laboratory Provider
4336	CLIA Payment Indicator	The payment indicator for a CLIA Laboratory Provider
4337	CLIA Laboratory Provider Street Address	The street address of the CLIA Laboratory Provider
4338	CLIA Laboratory Provider City	The address city name for the CLIA Laboratory Provider
4339	CLIA Laboratory Provider State	The address state code for the CLIA Laboratory Provider
4340	CLIA Laboratory Provider Zip	The address zip code for the CLIA Laboratory Provider
4341	Provider Forms Indicator	A code used to identify whether forms are sent to a provider because of an Add or Reinstate transaction and to what address the forms will be sent.
4342	CLIA Laboratory Owners First Name	The first name of the CLIA Laboratory Owner
4343	CLIA Laboratory Owners Middle Name	The middle name of the CLIA Laboratory Owner
4344	CLIA Laboratory Owners Last Name	The last name of the CLIA Laboratory Owner
4345	CLIA Laboratory Owners Suffix	The suffix of the name of the CLIA Laboratory Owner
4346	CLIA Laboratory Owners Social Security Number (SSN)	The Social Security Number of the CLIA Laboratory Owner
4347	CLIA Laboratory Owners Employee Identification Number (EIN)	The Federal Employee Identification Number for the CLIA Laboratory Owner
4348	CLIA Laboratory Owners Percent	The percent of the CLIA Laboratory that the Owner owns
4349	CLIA Laboratory Owners Begin Date	The begin date of the CLIA Laboratory ownership.
4351	CLIA Laboratory Owners End Date	The end date of the CLIA Laboratory ownership
4352	CLIA Laboratory Owners Birth Date	The birth date of the CLIA Laboratory Owner
4355	Multiple Clinical Laboratory Improvement Amendments (CLIA) Number Indicator	An indicator used to identify providers that have multiple CLIA numbers.
4360	DRG Fiscal Year	The fiscal year of the DRG.
4361	DRG Table Number	The table number of the DRG.
4390	Provider Ambulance Agreement Date	The date a provider signs the ambulance agreement.
4391	Provider Taxonomy Code	Provider Taxonomy Code
4392	Provider Taxonomy Type Description	Provider Taxonomy Type Description
4393	Provider Taxonomy Class Description	Provider Taxonomy Class Description
4394	Provider Taxonomy Specialty Description	Provider Taxonomy Specialty Description
4395	Provider Taxonomy Description	Provider Taxonomy Description
4396	Provider Taxonomy Timestamp	Provider Taxonomy Timestamp
4402	Provider Managed Care Panel Enrollment Type	A code to indicate the type of enrollment for the provider's panel.
4403	Provider Managed Care Panel Enrollment Size	The number of clients the provider has agreed to have on the Managed Care panel.
4404	Provider Managed Care Panel Enrollment Age Type	A code indicating the age type of the client for the provider's panel.
4420	Provider Language Type	Indicates the type of language spoken in the provider's office.
4431	Provider Level of Performance	A code assigned to only HMOs to indicate their performance level.
4433	Provider Case Manager Type	Identifies the type of case manager/case manager program in which a provider participates. Applies only to Medallion PCPs, CMM Case Managers, MICC Case Managers.

Element ID	Element Name	Description
4434	Provider Case Manager Type Begin Date	The beginning date associated with the type of case manager.
4435	Provider Case Manager Type End Date	The ending date associated with the type of case manager.
4436	Provider Managed Care Handicap Accessibility Indicator	A code to indicate whether the provider has handicap accessibility.
4437	Provider HMO County Status Code	The status of the HMO County relationship.
4438	Provider HMO County Begin Date	The beginning date of the provider's participation in a county for managed care.
4439	Provider HMO County End Date	The ending date of the provider's participation in a county for managed care.
4448	Provider Negative Balance Update Date	The last date the negative balance was updated for a provider in a specific benefit plan.
4452	Provider Incentive Plan (PIP) Risk Transfer Indicator	Indicates a compensation agreement between an HMO or CMP and PCP(s) that may directly or indirectly have the effect of reducing or limiting services provided to Medicaid beneficiaries enrolled in the HMO or the CMP.
4455	Provider Incentive Plan (PIP) Applicable Method	Identifies the financial contract arrangement between the HMO or CMP and the PCPs.
4462	Provider Incentive Plan (PIP) Available Method	Indicates available methods of risk transfers to PCPs.
4465	Provider Incentive Plan (PIP) Financial Classification	The financial classification for the Provider Incentive Plan
4474	Provider Managed Care Risk Pool	The amount of the risk pool for the managed care provider
4480	Provider Risk Period Begin Date	The begin date of the risk period.
4481	Provider Risk Period End Date	The end date of the risk period.
4500	Provider EPSDT Indicator	A code to indicate whether a provider is certified to perform EPSDT services
4502	Provider Cancellation Notification Date	This date can be entered by DMAS to show when the User cancelled the Provider. It is not required. When a Cancel Reason is entered into the Cancel Screen, a letter will be sent to the Provider that day stating that the Provider will be cancelled as of the Cancel Begin Date entered by the User.
4503	Provider Code Table Begin Date	The beginning date of the code in the provider code table.
4504	Provider Code Table End Date	The ending date of the code in the provider code table.
4506	Provider Phone Extension	The phone number extension for a provider. You may enter 1-4 numerics for the extension
4507	Provider Enrollment Incentive Percentage	Indicates a percentage by which preassignments to an HMO can be increased or decreased for a given locality.
4508	Base ID Maintenance Entry Date	This is the date that a Base ID maintenance transaction was created/updated online. This is in the P_BASE_ID_CHG table to create a Provider Number , Base ID change transaction.
4509	Claims Base ID Data Change Date	This is the date that a Base ID changes were made to Claims Subsystem tables. When this date is NULL the record is an active transaction to be used to trigger the update program. When this field contains a date, the change has been completed and the record is now kept as history.
4510	Prior Auth Base ID Data Change Date	This is the date that a Base ID changes were made to Prior Authorization CP_PRIOR_AUTH table. When this date is blank the record is a transaction to be used in the update program. When this field contains a date, the change has been made and the record serves as history of updates.
4511	Provider Base ID Data Change Date	This is the date that a Base ID changes were made to Provider Subsystem tables. When this date is blank the record is an active transaction to be used to trigger the update program. When this field contains a date, the change has been completed and the record is now kept as history.

Element ID	Element Name	Description
4512	Provider Base ID Claim Reprocess Flag	This flag will default to a "U" when the transaction is first created. Once it is processed in batch within the Provider Subsystem, it then can be updated by the Base ID Claim Approval screen. It indicates whether the claims associated with a provider base ID maintenance transaction should be reprocessed.
4514	Provider Program Code Fee Indicator	A code to indicate whether the provider gets a management fee for a program code.
4516	Provider Vendor Number	The number that MEDICARE FISCAL AGENT has assigned to the provider. The Provider Vendor Number along with the Provider Carrier Code is used in converting the Medicaid Provider ID.
4517	Provider Inactive Override Indicator	A code to indicate whether the provider will be considered as inactive when producing inactive files and reports
4522	Provider Electronic Funds Transfer (EFT) End Date	The ending date for the provider to receive EFTs.
4526	Provider IRS Name	This is the IRS name of the provider that is printed on 1099s.
4528	Provider Primary Specialty Indicator	Indicates the provider's primary specialty.
4532	Provider Capitation Proration Method	Determines the prorated calculation for a HMO's capitation rate for partial month recipient enrollment.
4535	Provider Tax Entity Year	The year for which the various 1099 accumulators are being kept.
4536	Provider Table Last Updated By	The last user ID to update the table
4537	Provider Electronic Capability Begin Date	The date a providers electronic capability begins. Will be EMC, EFT or RA Begin Date
4538	Provider Electronic Capability End Date	The date a provider's electronic capability ends. Will be EMC, EFT or RA End Date
4539	Provider Relation Begin Date	The relationship begin date between two providers. One would be the Individual Provider and the other would be the Group Provider.
4540	Provider Relation End Date	The relationship end date between two providers. One would be the Individual Provider and one would be the Group Provider.
4541	Provider Form/Manual Number	The number of the provider form or manual. Will be Provider Form Number or Provider Manual Number.
4542	Provider Classification	The classification of a provider.
4543	Provider Accumulator Type	The type of provider accumulator.
4544	Provider Alternate ID Type	The provider type alternate id.
4545	Provider Bed Type	The type of provider beds.
4546	Provider Electronic Capability Type	The type of provider electronic capability
4547	Provider Form/Manual Type	The type of provider form/manual
4548	Provider Panel-Size Group Begin Date	Provider Panel-Size Begin Date.
4549	Provider Panel-Size Group End Date	End date of group maximum panel-size entry.
4550	Provider Data Base Description	A data base description used to define various codes or values.
4551	Provider Data Base Sequential Number	A sequential number given to a row in the data base to make the row unique.
4552	Provider Preference Type	Indicates the type of preference.
4553	Provider Alternate ID Begin Date	The starting date for a specific data base row or occurrence.
4554	Provider Alternate ID End Date	The ending date for a specific data base row or occurrence.
4555	Provider Rate Source Table Code	A calculated code used to identify the source (Db2 Table) for Provider Rate information which is output to the Provider Rate Extract file - PS-F-210 by program PSR240.

Element ID	Element Name	Description
4556	Provider County Program Sequence Number	A sequence number given to a row in the HMO County Database to make the row unique.
4557	Provider Program County Begin Date	The starting date for the program county row.
4558	Provider Program County End Date	The end date for the program county row.
4559	Provider Program Hist Sequence Number	A sequence number given to a row in the Prov Program History Table to make a row unique
4561	Provider Program Recert Begin Date	The beginning date for the recert begin date in the Provider Program History Table
4562	Provider Program Recert End Date	The ending date for the provider program recert begin date in the Provider Program History Table.
4563	Provider Recert End NI	The Recert End NI that is in the Provider Program History Table
4564	Provider Program NI	The Null Indicator for Program on HMO County Program Table
4565	Service Center Type Begin Date	This is the begin date for the service center type.
4566	Service Type End Date	This is the end date for the service center type
4567	Service Center Type Sequence Number	This is the sequence number assigned to the service center type.
4568	Data Entered Date	Date that Base ID change data was entered.
4569	Provider Data Changed Date	Date Provider Number and Base ID combinations were updated in all the provider tables.
4570	User Identification	User Identification who created data in this table through an on-line screen or program name that created transaction through batch.
4571	Provider Rate Review Status Value	Field contains the Provider Rate Review Status Value.
4572	Reviewers User ID	Approvers/Reviewers User ID. This field stores the user id of the Clifton Gunderson or DMAS user working on the rate change request.
4573	Date Entered	The date on which Clifton Gunderson users have entered the rate change request -- Date Entered
4574	Sanctioned Provider Address State	A sanctioned provider address state code.
4575	Sanctioned Provider SSN/EIN	For individual providers, this is a social security number. For business providers, this is a EIN.
4576	Sanctioned Provider Date Begin	This is the date a provider became sanctioned by CMS.
4577	Sanctioned Provider Last Name	The last name of an individual provider that is sanctioned.
4578	Sanctioned Provider First Name	The first name of an individual provider that is sanctioned.
4579	Sanctioned Provider Address City	A sanctioned provider address city.
4580	Sanctioned Provider Type Description	A sanctioned provider general type of service description.
4581	Sanctioned Provider Specialty Description	A sanctioned providers specialty description.
4582	Sanctioned Provider UPIN	A individual provider UPIN.
4583	Sanctioned Provider Exclusion Code	A reason code to describe why a provider was sanctioned.
4584	Sanctioned Provider Address Zip code	A sanctioned provider address zip code.
4585	Sanctioned Provider Date End	The date a sanctioned provider was reinstated.
4586	Sanctioned Provider Key ID	An internal DB2 key for the sanctioned provider individual table. This field is an IDENTITY type, meaning it is generated by DB2 automatically.
4587	Sanctioned Provider Business Name	A sanctioned provider name that is considered a business.

Element ID	Element Name	Description
4588	TIN Status From IRS	Indicates type of error detected by IRS: '1' = Missing TIN '2' = Not Currently Issued TIN '3' = Incorrect Name/TIN
4589	IRS Document Type	The type of document on which the IRS detected a provider error. '79' = 1099-B '91' = 1099-DIV '92' = 1099-INT '95' = 1099-MISC '96' = 1099-OID '97' = 1099-PATR
4590	IRS Provider Error Record Type	Three types are: 'A' = Payer Information 'B' = Provider Information 'C' = Totals
4591	IRS Access Key	Number used by IRS to group a payer's information return transmittal.
4592	IRS TCC Code	Transmitter Control Code
4593	IRS TIN Indicator	'1' = payer indicated EIN '2' = payer indicated SSN '3' = no TIN indicated
4594	IRS Payer Office Code	IRS Payer Office
4595	IRS Service Center	'19' = Brookhaven '17' = Cincinnati '49' = Memphis '29' = Ogden '28' = Philadelphia
4596	IRS Payer Sequence Number	Sequence number within payer
4597	Provider Panel-Size Group Type	Provider Panel-Size Group Type
4598	Provider Panel-Size Group Value	Provider Panel-Size group value within Group Type.
4599	Provider Panel-Size Group Name	Provider Panel-Size group name is determined by the program from the DB2 values relating to the Group Type(DE4597) and Group ID (DE4598). Name values selected for PT, PS, IN, and LO Group Types are populated from data elements DE4296, DE4298, DE5255 and DE4085 respectively based on DE4598 values.
4677	Provider Program Sequence Number	The current Provider Program Sequence number for the Program Code. A unique program sequence number is assigned, whenever there is a change in provider program enrollment.
4678	Enrollment Exception Indicator	
4679	Enrollment Exception Date	
4680	Reason Code	
4681	Reason Code Rnumber	
4682	Provider City/State/Zip	A concatenation of DE4130, DE4098 and DE4099 commonlu used in provider addressing needs.
4683	Provider Address Begin Date	The beginning date for the Provider address.
4684	Provider Address End Date	The ending date for the Provider address.
4700	National Provider Identifier	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today.
4701	NPI-API Label	NPI-API Label has NPI or API as the value.
4702	Taxonomy Provider Type Description	Description of Provider Type assigned by CMS
4703	Taxonomy Provider Class Description	Description of Provider Class assigned by CMS

Element ID	Element Name	Description
4704	Taxonomy Specialty Code Description	Description of specialty code assigned by CMS
4705	Taxonomy Description	Detailed description of taxonomy assigned by CMS
4706	Taxonomy Provider Type Begin Date	Begin Date the Provider Type Taxonomy was assigned by CMS
4707	Taxonomy Provider Type End Date	Date the Provider Type Taxonomy was ended by CMS

DATA ELEMENT: Provider Base Identification Number (DE4001)

A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.

BUSINESS NAME: N/A

REFERENCE NAME: I_BASE_PROV

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Identification Number (DE4002)

A unique identification number assigned to a provider.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROV

DEFAULT: N/A

COBOL PICTURE: 9(9)

DB2 TYPE: number

RANGE: N/A

BUSINESS RULES:

Rule Name	Apply Check Digit Calculation
Description	Use the check digit subroutine to generate this field based upon other digits in the associated key field.
Local Def	this is a new business rule.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Indefinite agreement value (DE4003)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_INDEF_AGREE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Blank
G	Provider is a Group Billing Owner
I	Indefinite
L	Limited

DATA ELEMENT: **Provider Original License End Date (DE4004)**

This is the original end date of the license and will be updated only after the end of the grace period (3 months to the last day of the month from the original end date).

BUSINESS NAME: N/A

REFERENCE NAME: D_ORG_LCN_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider License Review Code (DE4005)

This code indicates if the License End Date was updated by DHP and if so in which month or if the License End Date was updated manually.

BUSINESS NAME: N/A

REFERENCE NAME: C_LCN_REV_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	January
B	February
C	March
D	April
E	May
F	June
G	July
H	August
I	September
J	October
K	November
L	December
M	Manual
Y	Y2K

DATA ELEMENT: Provider Type (DE4006)

A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated:
069 - HMO Options -Immunization
089 - HMO Options

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_TYPE

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: text

RANGE: 000-999

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	This is a valid code for the provider type.

VALID VALUES:

Valid Value	Description
001	Hospital, in-state, General
002	State Mental Hospital (Aged)
003	Private Mental Hospital (inpatient psych)
004	Long Stay Hospital
005	TB Hospital
006	Skilled Nursing Home Mental Health
007	State Mental Hospital (less than age 21)
008	State Mental Hospital (Med-Surge)
009	Medical Surgery - Mentally Retarded
010	Skilled Nursing Home Non Mental Health
011	Skilled Nursing Facility - Mentally Retarded
012	Long Stay Inpatient Hospital - Mental Health
013	Med-Surge Mental Health Retardation
014	Rehab Hospital
015	Intermediate Care Facility
016	Intermediate Care Facility - Mental Health
017	ICF - Mentally Retarded - State Owned
018	ICF - Mentally Retarded - Community Owned
019	CORF (Outpatient Rehab Facility)
020	Physician
021	Licensed Professional Counselor
022	Treatment Foster Care Program

DATA ELEMENT: **Provider Type (DE4006)**

VALID VALUES:

Valid Value	Description
023	Nurse Practitioner
024	Licensed Psychologist
025	Clinical Psychologist
026	Chiropractor
027	Christian Science SNF
028	Skilled Nursing Facility - State
029	Intermediate Care Facility - State
030	Podiatrist
031	Optometrist
032	Optician
033	Nurse Anesthetist
034	Clinical Nurse Specialist - Psychiatric only
035	Nurse Midwife
036	Case Management
037	Prenatal Nutrition
038	Hearing Aid
039	Respiratory Therapist
040	Dentist
041	Dental Clinic
042	Dental Clinic MH/MR
043	Speech/Language Pathologist
044	Audiologist
045	Occupational Therapist
046	Hospice
047	Respite Care
048	Adult Day Health Care
049	Ambulatory Surgical Center
050	Renal Unit
051	Health Department Clinic
052	Federally Qualified Health Center
053	Rural Health Clinic
054	Physical Therapist
055	Personal Care
056	Mental Health Mental Retardation

DATA ELEMENT: Provider Type (DE4006)

VALID VALUES:

Valid Value	Description
057	Rehab Agencies
058	Home Health Agency - State
059	Home Health Agency - Private
060	Pharmacy
061	Family Caregiver Training
062	Durable Medical Equipment/Supplies
063	Private Duty
064	Prosthetic Services
065	Eldercare Program
067	HMO Medallion II - Immunization
070	Independent Laboratory
071	Substance Abuse Clinic (FAMIS)
072	Education Services
073	Case Management Waiver
074	Head Start Clinic
075	Mental Retardation Waiver Services
076	Licensed Clinical Social Worker
077	Psych Residential Inpatient Facility
078	Licensed Social Worker
079	Assisted Living
080	Transportation
081	Registered Driver
082	Emergency Air Ambulance
083	Out-of-State Transportation
084	Out-of-State Emergency Air Ambulance
085	Out-of-State Rehab Hospital
086	Out-of-State Intermediate Care Facility
087	HMO Medallion II
088	Tax Group
090	Out-of-State Supply Equipment
091	Out-of-State Hospital
092	Out-of-State Skilled Care Facility
093	Out-of-State Clinic
094	Out-of-State Home Health

DATA ELEMENT: **Provider Type (DE4006)**

VALID VALUES:

Valid Value	Description
095	Out-of-State Physician
096	Out-of-State Pharmacy
097	Out-of-State Dental
098	Out-of-State Laboratory
099	Medicare Crossover
100	Non-Medicaid TDO
101	School Psychologist
102	Marriage and Family Therapist
103	Substance Abuse Practitioner
104	PACE Provider
105	Certified Professional Midwives
106	Transition Coordinator
Blanks/Spaces	r

DATA ELEMENT: Provider Specialty Code (DE4007)

The provider's certified medical specialty(ies).

BUSINESS NAME: N/A

REFERENCE NAME: C_SPECIALTY

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: 000-999

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
000	No Specialty
001	Ambulance
002	Wheelchair Van
003	Taxi
004	Ambulance/WC Van
005	Ambulance/Taxi
006	Ambulance/WC Van/Taxi
007	Wheelchair Van/Taxi
008	Taxi Non-Enrolled
009	Neo-natal Ambulance
010	Unknown
011	Registered Driver
012	Locked Facility
013	Unlocked Facility
014	Fiscal Agent - State
015	Fiscal Agent - Private
016	DD Waiver
017	DD Waiver Support Coord
018	Unknown
019	Unknown
020	Unknown
021	Air Ambulance
022	OB/GYN Nurse Practitioner

DATA ELEMENT: Provider Specialty Code (DE4007)

VALID VALUES:

Valid Value	Description
023	Family Nurse Practitioner
024	Pediatric Nurse Practitioner
025	Special ED Nursing Services
026	Special ED PSYCH services
027	Physical Therapy
028	Occupational Therapy
029	Speech/Language
030	ACR (Adult Care Residence)-AAA
031	ACR-CSB
032	ACR-DOH
033	ACR-CILS
034	ACR-DSS
035	EPSDT Special
036	Case Management
037	Nutrition
038	Patient Education
039	Homemaker Services
040	Consumer-Directed Personal Attendant
041	Mental Health Clinic
042	CSB Mental Health
043	CSB MR St Plan
044	MR Waiver: CSB ONLY
045	Private MHSA Services
046	MR Waiver: MR
047	Substance abuse
048	Regular Assisted Living
049	Intensive Assisted Living
050	Unknown
051	School Practitioner
052	Quality Health Center
053	Family Practice
054	Hosp-Home Health
055	Free Standing Home Health
056	General Practice

DATA ELEMENT: Provider Specialty Code (DE4007)

VALID VALUES:

Valid Value	Description
057	Anesthesiology
058	Colon/Rectal Surgery
059	Dermatology
060	Internal Medicine
061	Neurological Surgery
062	Obstetrics and Gynecology
063	Ophthalmology
064	Orthopedic Surgery
065	Otolaryngology
066	Pathology
067	Neonatology, Pediatrics
068	Phys Med/Rehab
069	Unit Dose/Plastic Surgery
070	Preventive Medicine
071	PSY and NEUR
072	Radiology
073	General Surgery
074	Thoracic Surgery
075	Urology
076	Other
077	Psychologist
078	Dentist (General Practice)
079	Orthodontist
080	Oral Surgery
081	Periodontist
082	Pedodontist
083	Endodontist
084	Other
085	Unknown
086	Ventilator
087	AIDS
088	Unknown
089	Complex
090	Elderly Case Mg

DATA ELEMENT: Provider Specialty Code (DE4007)

VALID VALUES:

Valid Value	Description
091	NF Pr Room Rate
092	Rehabilitation
093	Durable Equip/Supp
094	Health Dept Phar
095	Unknown
096	Unknown
097	Unknown
098	Unknown
099	Unknown
100	Mammography
101	Plastic Surgery
102	LTC Pharmacy Non-UD
103	Public Transportation
104	Stretcher Van
105	Alzheimer's Assisted Living
106	E Medicaid
107	Adult Nurse Practitioner
108	Geriatric Nurse Practitioner
109	Neonatal Nurse Practitioner
110	Acute Care Nurse Practitioner
111	Psychiatric Nurse Practitioner
112	Certified Nurse Midwife Nurse Practitioner
113	Full PACE(Program for All Inclusive Care for Elderly)
114	Children's Group Home Level A
115	Therapeutic Group Home Level B
N/A	N/A

DATA ELEMENT: Provider Application Tracking Number (DE4008)

Application Tracking Number is made up of Julian date (CCYYDDD) and sequence number for the application sequence relating to the Julian Date (nnn).

BUSINESS NAME: I_TRACKING_NO

REFERENCE NAME: I_TRACKING_NO

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: Number

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	

DATA ELEMENT: Provider Type of Practice Organization (DE4009)

A code which designates the type of organization of the practice or group.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRACTICE_CVAL

DEFAULT: 00

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 00-99

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Individual Practice
02	Partnership
03	Corporation
04	Hospital Based Physician
05	Health Maintenance Organization
06	Group Practice
07	Crossover
10	Mag Tape - Electronic Claims
11	Mag Tape - Individual Practice - Computer Printed Continuous Forms
13	Mag Tape - Corporation - Computer Printed Continuous Forms
16	Mag Tape - Group Practice - Computer Printed Continuous Forms
17	Mag Tape - Crossover Group - Computer Printed Continuous Forms
Blanks/Spaces	Not Specified (default)

DATA ELEMENT: Provider Type Begin Date (DE4010)

Beginning date for the Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: D_PVTYP_BEGIN

DEFAULT: Current Date

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

Rule Name LE Corresponding End Date

Description This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Type End Date (DE4011)

Ending date for the Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: D_PVTYP_END

DEFAULT: Null

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Reason Code (DE4012)

Identifies the reason code for the provider subsystem.
Not all Valid Values listed below for DE 4012 are applicable for every table and screen. Refer to Provider Main Menu, Code Table Maintenance Screen (Option Reason Code) to see which values are applicable for which tables.

BUSINESS NAME: N/A

REFERENCE NAME: C_********_RVAL

DEFAULT: 000

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: 000-999

BUSINESS RULES:

Rule Name	Valid Reason Code
Description	Must be a valid Reason Code as defined in the Reason Code table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
000	Active and not cancelled
001	HCFA Sanction
002	Out of Business or Retired
003	New provider number
004	Changed Specialty
005	Death
006	Provider Requested
007	Return Mail, Unable to Locate
008	Terminated Due to Inactivity
009	Provider did not Re-enroll
010	VA Medicaid Termination
011	Policy Change
012	Indefinite Agreement Not Received
013	License Certification Not Renewed
014	Indefinite Agreement Not Received and License Certification Not Renewed
021	Additional Information Requested
022	No Signature
023	Not an Original Contract
024	Incorrect IRS Number
025	Thermal Paper is Unacceptable
026	Faxed Agreements are Unacceptable
027	Modified Agreements are Unacceptable

DATA ELEMENT: Provider Reason Code (DE4012)

VALID VALUES:

Valid Value	Description
028	Not a VMAP Agreement
029	Not an Enrollable Provider
030	DHP License has Expired
031	DMV Permit/Insurance has Expired
032	Submitted Licensure has Expired
033	JCAHO Accreditation has Expired
034	Submit Renewed License/Permit
035	Submit Renewed DMV Lic/Permit
036	Expired Insurance
037	New Provider Number due to IRS Number
038	SSN/FEIN Number Missing
039	Original Signature Required
040	Need Provider Number for New Location
041	MHMRSAS License Expired
042	Requested By Service Vendor
050	Account Closed/Rejected
051	Account Frozen
052	Financial Ins. Initiated Change
070	Change of Ownership
071	SSN to TIN
080	Relationship Termination
089	Canceled by System on End Date/Related to Medicaid End Date
096	Group Relationship Ended
097	Terminated by DMAS
098	Retro-active Change
099	Corrections (Invalid Data)
100	Automatic Data Update
101	Deleted
102	Servicing Address Can Not Be A PO Box
103	Incorrect Agreement Form For Provider Type
104	A Telephone Number For Servicing Address Is Required
105	CMS Certification Is Required For Servicing Address
106	CMS or JCAHO Accreditation
107	Specialty Missing On Provider Application

DATA ELEMENT: Provider Reason Code (DE4012)

VALID VALUES:

Valid Value	Description
108	Claim(s) or Supporting Documentation Must Be Supplied In Order To Enroll
109	Provider Agreement/Application Incomplete When Received
110	HIPAA Compliant Provider Agreement/Application Not Submitted
111	All Changes Must Have Date, Provider Number(s) and Signature(s)
112	Provider Can Enroll As A Qualified Medicare Beneficiary Provider Only
114	Chiropractors Must Submit Claim(s) or Supporting Documents to Enroll
115	Interns/Residents Are Not Able To Enroll
116	Highlighted Areas on Participation Agreement/Application to Be Complete
117	Highlighted Areas on Participation Agreement/Application to Be Correct
118	An Opticians License Is Required To Enroll As an Optical Clinic
119	A Copy of Department of Social Services License Is Required
120	Allowable combination of Program, Provider Type, Rate Type, Rate Code
120	Allowable Combination of Program, Prov Type, Rate Type, Rate Code
121	Please Correct Individual Name on Agreement Form
122	Business License
123	VA Board of Pharmacy or Non-Resident Permit
124	VA Board of Pharmacy Medical Equipment Supply or Non-Resident Permit
126	A VDH (DOH) Center for Quality Health Accreditation Program Permit
127	A Department of Social Services License
128	A Chap Community Health Accreditation Program License
129	A CARF-Commission on Accreditation of Rehab Facility License
130	Council on Accreditation of Services for Families and Children License
132	Services Need to be Marked off Correctly on Participation Agreement
133	Services Marked off on Participation Agreement do not Match License
134	Unable To Verify Licensure
135	Nurse Practitioner Specialty Only Able To Enroll As a QMB Provider
136	Care Coordination-Copy of RN License, M.S.W., or B.S.W. License
137	Nutritional Services-Registered Dieticians Registration
138	Patient Education Services-International Childbirth Educators Assoc.
139	Patient Education Services-Richmond Childbirth Educators Assoc.
141	Patient Education Services-American Red Cross
142	Homemaker Services-RN, LPN, or Can License
143	Highlighted Areas on CBC Application Need To Be Corrected/Filled In
144	EMS Certification Required

DATA ELEMENT: Provider Reason Code (DE4012)

VALID VALUES:

Valid Value	Description
145	NPI ID Is Missing
146	Shared EIN Required Formation of a Billing Group
147	Reassignment of Benefits Form Required to Affiliate to Billing Group
200	Suspended Due to NPI Not Provided

DATA ELEMENT: **Provider Base ID Key Sequence Number (DE4013)**

N/A

BUSINESS NAME: Provider Base ID Maintenance Key Sequence Number

REFERENCE NAME: I_PROV_BASE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Alternate ID Numbers (DE4014)

This field can contain a Provider's SSN, UPIN, or FEIN depending on the Alternate ID Type field value.

BUSINESS NAME: N/A

REFERENCE NAME: Provider Alternate ID

DEFAULT: N/A

COBOL PICTURE: x(15)

DB2 TYPE: char

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def Default is zero.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider APIN indicator (DE4015)**

APIN indicator is set to 'Y' if the Provider number is set up for a Provider enrolled into Program 10 only.

BUSINESS NAME: APIN Indicator

REFERENCE NAME: F_APIN

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE: char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Provider not in Program 10 only and letters may be sent
N/A	N/A
Y	Provider in Program 10 only

DATA ELEMENT: **Reenrollment tracking ID (DE4018)**

Reenrollment tracking ID

BUSINESS NAME: N/A

REFERENCE NAME: F_APIN

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Last Update Date (DE4019)

Last date the record was updated by file maintenance transaction.

BUSINESS NAME: N/A

REFERENCE NAME: P100-LAST-UPDATE-DATE

DEFAULT: N/A

COBOL PICTURE: S(09)

DB2 TYPE: Signed

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Restriction Begin Date (DE4020)

The beginning date of a restriction for a provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_RSTRCT_BEGIN

DEFAULT: Current Date

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Restriction End Date (DE4021)

The ending date of a restriction for a provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_RSTRCT_END

DEFAULT: Null

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Restriction Type (DE4024)

The type of restriction placed on the provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRV_RSTRCT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Restriction
02	On - Review
03	Sanction
04	Exception
05	CMM Lockout
06	Utilization Review
07	Other

DATA ELEMENT: Provider Restriction From Procedure Code (DE4025)

The beginning of the procedure range for which the provider is on restriction.

BUSINESS NAME: N/A

REFERENCE NAME: C_RSTRCT_PROC_FROM

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Procedure or Space
Description	The subject procedure code must be space (null) or valid.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Restriction Thru Procedure Code (DE4026)

The end of the procedure range for which the provider is on restriction.

BUSINESS NAME: N/A

REFERENCE NAME: C_RSTRCT_PROC_THRU

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Procedure or Space
Description	The subject procedure code must be space (null) or valid.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Re-enrollment Tracking Number (DE4027)**

The system generated Re-enrollment number assigned by the NPI request letter programs.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 164-Numeric

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Re-enrollment batch number (DE4028)

The system generated batch number is assigned by the NPI letter request programs. Each batch is associated with a specific letter rollout.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 189-Alphanumeric

Description

Local Def N/A

Rule Name 136-May Not Be Modified

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Re-enrollment Entry Date Created (DE4029)**

Letter rollout date of the NPI request.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	Default value will be 'N'.

Rule Name	136-May Not Be Modified
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Mailing Type code (DE4030)**

The mailing type code indicates the type of re-enrollment mailing associated with the tracking number.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	136-May Not Be Modified
Description	
Local Def	N/A

Rule Name	189-Alphanumeric
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
G	Group Provider rollout
I	One-to-one Provider Rollout

DATA ELEMENT: **Re-enrollment Provider Type (DE4031)**

The provider type defined for NPI re-enrollment to indicate the rollout status of the provider.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 136-May Not Be Modified

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
G	Group Provider
I	One-to-one Individual or Organizational Provider
R	Roster Provider belongs to a Group

DATA ELEMENT: **Re-enrollment Response Date Received (DE4032)**

The date that the response to the Re-enrollment letter was received from the Provider.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 136-May Not Be Modified

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Re-enrollment Mailing Status (DE4033)

The status of the Re-enrollment mailing.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 189-Alphanumeric

Description

Local Def N/A

Rule Name 197-Must Be A Valid Rule value

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
A	NPI entered and Provider Response Approved
I	Incomplete Information in the Provider Response
N	The Group does not Exist
P	Provider Response to Initial Mailing Pending
R	Letter or Packet Resent Manually
X	Not a Medicaid Provider

DATA ELEMENT: Re-enrollment Status Begin Date (DE4034)

When the Re-enrollment status row is created the Begin Date is set to current date. When rows are updated the row is ended with current date and a new status row is inserted with a Begin Date set to current date.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 136-May Not Be Modified

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Re-enrollment Status End Date (DE4035)**

New rows have an open End Date. The End Date of the status row is set to current date when the Re-enrollment status is updated online.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Negative Balance Amount (DE4036)**

The total amount of money currently owed to the program by a provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_ACCUM_VALUE

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Re-enrollment Status Reason Code (DE4037)

Re-enrollment Status Reason Codes indicate the status update reason. The Incomplete re-enrollment status generates a rejection letter containing the reason code values decoded from the GL_CODE_VALUE table (I_CODE_NUM = 317). The Reason Codes are stored as 5 character values in the GL_CODE_VALUE table. The first character of the C_VALUE, of GL_CODE_VALUE, indicates the Reason Code type, the next 3 characters indicate the reason code entered into Re-enrollment tracking and the last character acts as a sequence number to allow multiple rows to be accessed for printing.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 88-Field Validation Rule

Description

Local Def N/A

Rule Name 34-Valid Reason Code

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
000	A0000 - APPLICATION APPROVED
001	X0010 - ATYPICAL PROVIDER - HAS NO NPI
002	X0020 - OUT OF BUSINESS OR RETIRED
003	X0030 - DEATH
006	X0060 - PROVIDER REQUESTS TO BE CANCELLED
007	X0070 - PROVIDER NO LONGER PARTICIPATES IN MEDICAID
010	P0100- APPLICATION IN PENDING STATUS
011	X0110 - RETURN MAIL, UNABLE TO LOCATE
012	I0120 - Attestation form not signed
013	I0130 - National Provider Identifier not stated on the NPI Attestation Form
014	I0140 - Invalid NPI
015	I0150 - Attestation form not signed
015	I0151 - National Provider Identifier not stated on the NPI Attestation Form
016	I0160 - Attestation form not signed
016	I0161 - National Provider Identifier not stated on the NPI
016	I0162 - NPI Type is not indicated
017	I0170 - National Provider Identifier not stated on the NPI Attestation Form
017	I0171 - NPI Type is not indicated

DATA ELEMENT: **Re-enrollment Status Reason Code (DE4037)**

VALID VALUES:

Valid Value	Description
018	I0180 - Attestation form not signed
018	I0181 - NPI Type is not indicated
019	I0190 - BLANK used when only a comment is required on the letter
050	R0050 - RESEND REQUEST RECEIVED
099	X0990 - CORRECTIONS, INVALID DATA
100	N1000 - GROUP DOES NOT EXIST

DATA ELEMENT: Re-enrollment Letter Indicator (DE4038)

The Re-enrollment Letter Indicator records the last letter sent for any Re-enrollment status. The field may only be updated to 'RL' online when a manual Resent letter is sent, all other letter indicators are updated by the batch letter programs.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name 189-Alphanumeric

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
3T	30 Day Reminder Letter
6T	60 Day Reminder Letter
9T	90 Day Reminder Letter
AL	One-to-one Approval Letter
CL	Roster Provider Confirmation Letter
FM	First Mailing
GL	Group Approval Letter
IL	Incomplete Letter
RL	Resent Letter (manual letter)

DATA ELEMENT: Re-enrollment Provider Status (DE4039)

The NPI Re-enrollment response status for each provider.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	197-Must Be A Valid Rule value
Description	
Local Def	N/A

Rule Name	46-Alphabetic and Not Space
Description	
Local Def	N/A

Rule Name	47-Alphabetic or Space
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
I	Incomplete
N	Provider is no longer a Medicaid Provider
N/A	N/A
P	Pending
X	Roster Provider Excluded from Group
Y	Roster Provider Confirmed

DATA ELEMENT: **Re-enrollment comment (DE4040)**

Variable field up to 149 characters in length for entering comments on the Re-enrollment status row. Comments will be included on the Incomplete letters sent to providers.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Current Year-to-Date Paid Claims (DE4041)**

The total number of paid claims for a provider within current calendar year.

BUSINESS NAME: N/A

REFERENCE NAME: N_TOT_CLMS_PAID

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Alternate ID Value (DE4044)**

Indicates the Medicare Number or FEIN or SSN or TDO ID or SLH ID or UPIN or DEA Number.

BUSINESS NAME: N/A

REFERENCE NAME: I_MCARE_PROV

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Approve All Rates (DE4046)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Approve All Rates

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Fiscal Year End Month (DE4057)**

The calendar month on which a provider's fiscal year ends.

BUSINESS NAME: N/A

REFERENCE NAME: C_FISCAL_YR_MNTH

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 01-12

BUSINESS RULES:

Rule Name Valid Month

Description Entered value must be 01-12 (valid monmth).

Local Def N/A

VALID VALUES:

Valid Value	Description
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

DATA ELEMENT: Provider Application Date (DE4059)

The date a provider first applied for participation in one of the State's programs.

BUSINESS NAME: N/A

REFERENCE NAME: D_APPL_RCVD

DEFAULT: Current Date

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Record Insert Date (DE4061)**

The initial date the provider was added to one of the state programs.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider License Number (DE4064)**

The number assigned by the Virginia licensing agency authorizing a provider to practice within Virginia.

BUSINESS NAME: N/A

REFERENCE NAME: I_LICENSE

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider License Begin Date (DE4066)

The effective date of a provider's license.

BUSINESS NAME: N/A

REFERENCE NAME: D_LCN_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider License End Date (DE4067)

The expiration date of a provider's license.

BUSINESS NAME: N/A

REFERENCE NAME: D_LCN_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Specialty Certification Number (DE4068)**

The specialty certification number assigned by a certifying board, if applicable.

BUSINESS NAME: N/A

REFERENCE NAME: I_SPEC_CERT_NUM

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Specialty Certification Board Code (DE4069)

A code to identify each Specialty Certification Board issuing specialty certification to physicians.

BUSINESS NAME: N/A

REFERENCE NAME: C_SPECIALTY_BOARD

DEFAULT: 00

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 00 - 99

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	N/A (default)
01	Allergy & Immunology
02	Anesthesiology
04	Dermatology
05	Emergency Medicine
06	Family Practice
07	Internal Medicine
08	Medical Genetics
09	Neurological Surge
10	Nuclear Medicine
11	Obstetrics & Gynecology
12	Ophthalmology
13	Orthopedic Surge
14	Otolaryngology
15	Pathology
16	Pediatrics
17	Physical Medicine & Rehab
18	Plastic Surge
19	Preventative Medicine
20	Psychiatry & Neurology
21	Radiology
22	Surgery
23	Thoracic Surge

DATA ELEMENT: **Provider Specialty Certification Board Code (DE4069)**

VALID VALUES:

Valid Value	Description
24	Urology

DATA ELEMENT: Provider Specialty Certification Begin Date (DE4070)

The date the Specialty Certification Board issues the certification for a specialty to a physician.

BUSINESS NAME: N/A

REFERENCE NAME: D_SPEC_CERT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Specialty Certification End Date (DE4071)

The date the Specialty Certification Board expires the Certification for a Specialty to a Physician.

BUSINESS NAME: N/A

REFERENCE NAME: D_SPEC_CERT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Facility Rating Indicator (DE4072)

A code which designates the fiscal classification of a hospital or long-term care facility for tax assessment purposes.

BUSINESS NAME: N/A

REFERENCE NAME: C_FAC_RATING_CVAL

DEFAULT: 0

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Applicable
1	Profit
2	Non-Profit

DATA ELEMENT: Provider Control of Medical Facility Indicator (DE4073)

A code which designates the fiscal classification/proprietary nature of the facility.

BUSINESS NAME: N/A

REFERENCE NAME: C_FAC_CNTL_CVAL

DEFAULT: 0

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def Valid values are 0,1, and 2.

VALID VALUES:

Valid Value	Description
0	Not Applicable
1	Private
2	Public
3	City
4	State
5	Charity

DATA ELEMENT: **License Original Date (DE4074)**

License original Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ORG_LCN_END

DEFAULT: N/A

COBOL PICTURE: 99/99/9999

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Licensing Board (DE4075)

A code to identify board certifications for licenses.

BUSINESS NAME: N/A

REFERENCE NAME: C_LCN_BOARD

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	N/A (DEFAULT)
01	DHP
02	Medicare Certification
03	DMHMRSAS
04	JCAHO
05	DSS
06	Business License
07	OOS Board License
08	CHAP
09	VDH
09	AAAHC
09	Other

DATA ELEMENT: Provider Licensing State (DE4076)

The state code that identifies the state where the provider is licensed to perform Medicaid services.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Administrator's Name (DE4078)

The full legal name of the administrator of a nursing home, home health agency, hospital, independent lab, portable X-ray, rehabilitation center, mental health clinic, hemodialysis, substance abuse center, radiation therapy, and family planning facility.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADMIN_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Certification State (DE4080)

The state that issued the specialty certification.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider EMC Billing Indicator (DE4081)**

A code indicating the method a provider submits electronic claims.

BUSINESS NAME: N/A

REFERENCE NAME: C_ECOMM_METH_CVAL

DEFAULT: 0

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	N/A
0	N/A
1	COMPUTER-TO-COMPUTER
N/A	N/A

DATA ELEMENT: **Provider Service Center (DE4082)**

Code assigned to each billing service or data center which submits claims to the Fiscal Agent.

BUSINESS NAME: N/A

REFERENCE NAME: I_SRVC_VNDR

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Electronic Remittance Advice Indicator (DE4083)

A code that designates whether or not the Remittance Advice should be produced electronically for a provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_REMIT_TYPE_CVAL

DEFAULT: 0

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	BOTH PAPER REMIT AND ELECTRONIC 835
E	ELECTRONIC 835 ONLY
P	PAPER REMIT ONLY

DATA ELEMENT: **Provider Name (DE4085)**

The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.

BUSINESS NAME: N/A

REFERENCE NAME: T_PROV_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Assessment Indicator (DE4088)**

A code that designates an assessment is allowed for a provider.

BUSINESS NAME: N/A

REFERENCE NAME: F_ASSESSMENT

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	Default value is NO.

VALID VALUES:

Valid Value	Description
N	No (default)
Y	Yes

DATA ELEMENT: Provider Locality Code (DE4089)

The county in which a provider is located.

BUSINESS NAME: N/A

REFERENCE NAME: I_LOCALILTY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	Must be valid Locality Code within Region
Description	If entered, it must be a valid Enrollee FIPS Code (Locality Code) in the Reference Locality Region Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Phone Number (DE4090)**

The provider's phone number. Enter 10 digit numeric phone number including area code.

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_NUM

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address Additional Name (DE4096)**

The attention line in the address of the provider.

BUSINESS NAME: N/A

REFERENCE NAME: T_ATTN_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address Line (DE4097)**

The address of the provider.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_LINE

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address State (DE4098)**

The state in the address of the provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address ZIP Code (DE4099)**

The ZIP code in the address of the provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Group Identifier (DE4106)**

The unique provider identification number assigned to a group.

BUSINESS NAME: N/A

REFERENCE NAME: Provider Group Identifier

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Managed Care Assigned Slots (DE4122)**

The number of enrollees assigned to a Primary Care Provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_ASSIGND_SLOTS

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Managed Care Maximum Slots (DE4123)**

The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected.

BUSINESS NAME: N/A

REFERENCE NAME: N_MAX_SLOTS

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address City Name (DE4130)**

The city in the address for the provider.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Electronic Funds Transfer (EFT) Status (DE4132)**

Indicates the EFT status: first or second prenote (P1, P2), approved (A1), provider disabled (PD) or blank

BUSINESS NAME: EFT status

REFERENCE NAME: C_EFT_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A1	APPROVED
Blanks/Spaces	BLANK
P1	PRENOTE ONE
P2	PRENOTE TWO
PD	PROVIDER DISABLED

DATA ELEMENT: **Provider Electronic Funds Transfer (EFT) Institution (DE4133)**

The name of the provider's banking institution that will receive the funds transferred electronically.

BUSINESS NAME: N/A

REFERENCE NAME: T_INSTITUTION_NAME

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Electronic Funds Transfer (EFT) Transit ABA Number (DE4134)**

The transit ABA number belonging to the institution receiving the funds transfer.

BUSINESS NAME: N/A

REFERENCE NAME: I_TRANSIT_ABA_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Electronic Funds Transfer (EFT) Account Number (DE4135)**

The provider's account number to receive the transferred funds.

BUSINESS NAME: N/A

REFERENCE NAME: I_ACCT_NUM

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Electronic Funds Transfer (EFT) Account Type (DE4136)

The provider's type of bank account to which the EFT is sent.

BUSINESS NAME: N/A

REFERENCE NAME: C_ACCT_TYPE_CVAL

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Checking
D	Denied
N	Not Approved for EFT (default)
O	Other
S	Savings

DATA ELEMENT: Provider Electronic Funds Transfer (EFT) Account Class (DE4137)

The class of account to which the EFT is sent.

BUSINESS NAME: N/A

REFERENCE NAME: C_ACCT_CLASS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Corporate
I	Individual

DATA ELEMENT: **Service Center Name (DE4138)**

The name of the Service Center.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Service Center Mode (DE4139)

Service Center Service types

BUSINESS NAME: N/A

REFERENCE NAME: C_ECOMM_MODE_CVAL

DEFAULT: N

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	HMO
02	ELIGIBILITY VERIFICATION BATCH INQUIRY/RESPONSE(270/271)
03	CLAIMS STATUS INQUIRY/RESPONSE(276/277)
04	UNSOLICITED PENDS(277)
05	PRIOR AUTHORIZATION REQUEST/RESPONSE(278)
06	UNSOLICITED ELIGIBILITY(271)
07	CAPITATION PAYMENTS(820)
08	HMO ROSTER(834)
09	RA(835)
10	CLAIMS(837) PROFESSIONAL
11	CLAIMS(837) DENTAL
12	CLAIMS(837) INSTITUTIONAL
13	DSH (270/271)

DATA ELEMENT: Service Center Remit Format (DE4140)

Indicates whether the remittance advice format is fixed or variable.

BUSINESS NAME: N/A

REFERENCE NAME: C_REMIT_FMT_CVAL

DEFAULT: V

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Fixed
V	Variable (default)

DATA ELEMENT: **Provider API Indicator (DE4142)**

This field contains a 'Y' if when the Provider Number is an Atypical Provider ID.

BUSINESS NAME: API Indicator

REFERENCE NAME: F_API

DEFAULT: space

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
space	Provider Number is an NPI
Y	Provider Number is an API

DATA ELEMENT: **NPI XREF Site Number (DE4143)**

This field contains a consecutive number for each unique provider type and location combination an NPI provider is using. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.

BUSINESS NAME: Site Number

REFERENCE NAME: I_SITE_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **NPI Type (DE4144)**

This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.

BUSINESS NAME: NPI Entity Type

REFERENCE NAME: C_NPI_TYPE

DEFAULT: NULL

COBOL PICTURE: X(1)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Individual provider NPI
2	Organizational provider NPI

DATA ELEMENT: NPI XREF Provider Number Type (DE4145)

A value that describes the type non-NPI provider number:
1. 'P' - A generated value for NPI related billing information.
2. 'L' - The legacy provider number in place prior to the start of NPI.
3. 'I' - An internally generated provider number subsequent to the start of NPI.

BUSINESS NAME: Provider Number Type

REFERENCE NAME: C_PROV_NUM_TYPE

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
I	Internal ID
L	Legacy ID
P	Primary ID

DATA ELEMENT: **NPI XREF Begin Date (DE4146)**

This field contains the date that the cross reference row was establishsed on the table. It is updated programmically.

BUSINESS NAME: NPI Cross Reference Begin Date

REFERENCE NAME: D_NPI_XREF_BEGIN

DEFAULT: Current Date

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: NPI XREF End Date (DE4147)

This field contains a date if the cross reference row is replaced with a more current row of data. The date is updated programmically. Once a date is entered in this field, the data will not be selected, to avoid duplicate rows with same key.

BUSINESS NAME: NPI Cross Reference End Date

REFERENCE NAME: D_NPI_XREF_END

DEFAULT: NULL

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: NPI XREF Date Added (DE4148)

This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line.

BUSINESS NAME: NPI XREF Date Added

REFERENCE NAME: D_NPI_ADDED

DEFAULT: spaces

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: NPI XREF Reason Code (DE4149)

Reason code value describing the action or status of a Provider NPI XREF record.

BUSINESS NAME: NPI Reason code

REFERENCE NAME: C_NPI_RVAL

DEFAULT: N/A

COBOL PICTURE: PIC X(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
000	Valid XREF Relationship
080	Ended XREF Relationship
099	Canceled XREF Relationship

DATA ELEMENT: **NPI XREF Provider Sequence Number (DE4150)**

A system generated sequence number used to distinquish between versions of the same NPI provider crossreference record.

BUSINESS NAME: NPI XREF Provider Sequence Number

REFERENCE NAME: I_NPI_XREF_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: PIC S9(4) COMP

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: NPI XREF Provider Primary (DE4151)

An NPI provider number that describes the provider number to be used for identifying financial information. If there is an NPI, the number is generated and points to a separate record. If there is no NPI, the value is the same as the legacy provider number.

BUSINESS NAME: NPI Provider Primary

REFERENCE NAME: I_PROV_PRIME_NPI

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Current Year-to-Date Total 1099 Amount (DE4155)**

The total dollar amount of paid claims that is reported on the provider's 1099 form in the current year-to-date.

BUSINESS NAME: N/A

REFERENCE NAME: N_AMOUNT

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Public Private Indicator (DE4160)

Indicates if the facility or business is owned publicly or privately.

BUSINESS NAME: Public Private Indicator

REFERENCE NAME: PUBLIC_PRIVATE_IND

DEFAULT: 0

COBOL PICTURE: X(01)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	default
1	Public
2	Private

DATA ELEMENT: **Public Private Begin Date (DE4161)**

The effective date of the public/private indicator.

BUSINESS NAME: Public Private Begin Date

REFERENCE NAME: PUBLIC_PRIVATE_BEGIN

DEFAULT: current date

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Public Private End Date (DE4162)**

The effective end date of the public/private indicator.

BUSINESS NAME: Public Private End Date

REFERENCE NAME: PUBLIC_PRIVATE_END

DEFAULT: Null

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Public Private Sequence Number (DE4163)**

Sequence number to create a unique key for multiple rows of the same provider.

BUSINESS NAME: Public Private Sequence Number

REFERENCE NAME: PUBLIC_PRIVATE_SEQ_NO

DEFAULT: 1

COBOL PICTURE: S9(04) COMP

DB2 TYPE: Small Integer

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Total Providers (DE4192)**

The total number of providers contained on the Provider Master File.

BUSINESS NAME: N/A

REFERENCE NAME: P006-TOTAL-PROV

DEFAULT: N/A

COBOL PICTURE: S9(07) COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Added Month-to-Date (DE4193)**

The total number of providers added during the current month.

BUSINESS NAME: N/A

REFERENCE NAME: P006-ADD-MTD

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Change Month-to-Date (DE4194)**

The total number of providers changed during the current month.

BUSINESS NAME: N/A

REFERENCE NAME: P006-CHANGE-MTD

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Reinstate Month-to-Date (DE4195)**

The total number of providers reinstated during the current month.

BUSINESS NAME: N/A

REFERENCE NAME: P006-REINST-MTD

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Cancel Month-to-Date (DE4196)**

The total number of providers canceled during the current month.

BUSINESS NAME: N/A

REFERENCE NAME: P006-CANCEL-MTD

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Delete Month-to-Date (DE4197)**

The total number of providers deleted during the current month.

BUSINESS NAME: N/A

REFERENCE NAME: P006-DELETE-MTD

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider 1099 Adjustment Amount (DE4199)**

The total dollar amount of 1099 adjustments for a provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_ADJUST_AMT

DEFAULT: N/A

COBOL PICTURE: S9(07)V99 COMP-3

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address Type (DE4200)**

A code indicating the type of address.

BUSINESS NAME: N/A

REFERENCE NAME: C_ADDR_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Address Type
Description	Must exist on the Address Type Table. servicing, billing, correspondence, check
Local Def	Complete domain of values has not been determined (Servicing, Billing, Correspondence, Check, etc.).

VALID VALUES:

Valid Value	Description
M	Mail To Address
P	Pay To Address
R	Remittance Advice Address
S	Service Location

DATA ELEMENT: **Provider Contact Name (DE4201)**

The individual person to contact at the servicing or billing location.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONTACT_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Email Address (DE4202)**

The Email address of the provider.

BUSINESS NAME: N/A

REFERENCE NAME: T_EMAIL_ADDR

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Program Code Begin Date (DE4205)

The beginning date of eligibility for a provider in a program.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_PGM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Program Code End Date (DE4206)

The ending date of eligibility for a provider in a program.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_PGM_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Program Code (DE4208)

The program(s) in which a provider participates.

BUSINESS NAME: N/A

REFERENCE NAME: C_PGM

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: 01 - 99

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Medicaid
02	MEDALLION
03	Medallion II
04	Options
05	CMM
06	TDO
07	SLH
08	FAMIS
09	Assisted Living Medicaid
10	Administration Only

DATA ELEMENT: **Provider Program Code Description (DE4209)**

Provides a description of the Provider Program Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Specialty Begin Date (DE4210)**

The beginning date of the provider's certified medical specialty.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_SPEC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Specialty End Date (DE4211)

The ending date of the provider's certified medical specialty.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_SPEC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Bypass Label Indicator (DE4219)**

A code to indicate whether a provider is to have labels printed.

BUSINESS NAME: N/A

REFERENCE NAME: F_LABEL_BYPASS

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Yes/No

Description Must be either Yes or No

Local Def N/A

VALID VALUES:

Valid Value	Description
A	
B	
H	
I	
N	No
Spaces	
Y	Yes

DATA ELEMENT: Provider Carrier Code (DE4222)

The number assigned to each Medicare carrier/intermediary by the Medicare Processing Agency

BUSINESS NAME: N/A

REFERENCE NAME: C_CARRIER

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00423	Trigon BC/BS (Obsolete) - PART A
00453	United Government Services - PART A
00580	XACT (Obsolete) - PART B
00635	AdminaStar - PART B
00882	Palmetto GBA (RR Retirement) - PART B
00900	Trailblazer - PART A
00902	Trailblazer - PART B
00904	TrailBlazer - PART B
10071	R Retirement (Obsolete) - PART B
10490	Metrahealth (Obsolete) - PART B

DATA ELEMENT: **Provider Forms Count (DE4224)**

Indicates the number of copies to be sent to a provider related to letters, manuals, etc.

BUSINESS NAME: N/A

REFERENCE NAME: N_FORMS

DEFAULT: 1

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 000 - 999

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Comment Field (DE4227)**

A free form field for comments related to the provider.

BUSINESS NAME: N/A

REFERENCE NAME: T_COMMENT

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Fiscal Year End Begin Date (DE4229)

The begin date of the provider's fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: D_FSCL_PARM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Fiscal Year End End Date (DE4230)

The end date on which the provider's fiscal year ends.

BUSINESS NAME: N/A

REFERENCE NAME: D_FSCL_PARM_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Fiscal Year End Update Date (DE4231)**

The date the provider's fiscal year end date was changed.

BUSINESS NAME: N/A

REFERENCE NAME: P100-FYR-END-UPDATE-DATE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Electronic Funds Transfer (EFT) Indicator (DE4238)**

A code to indicate whether a provider is approved for receiving Electronic Funds Transfer.

BUSINESS NAME: N/A

REFERENCE NAME: F_EFT

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	Default value for this data element is No.

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Provider Number of Beds NF (DE4244)**

The number of NF beds a provider has, based on the Bed Type (DE 4545).

BUSINESS NAME: N/A

REFERENCE NAME: N_BEDS

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Group Association Role (DE4246)

A code to indicate whether a provider is a PCP within a group practice or HMO.

BUSINESS NAME: N/A

REFERENCE NAME: C_GRP_ASSOC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not a PCP
1	PCP
blank	N/A

DATA ELEMENT: Provider Group Type (DE4247)

A code to identify the type of group to which a provider belongs.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_REL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Group Practice
02	HMO
03	Affiliation
04	1099 Tax Group
05	Parent NPI Group
06	Subpart NPI Group

DATA ELEMENT: Provider Affiliation Type (DE4248)

A code to indicate the program in which a provider has affiliation

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_AFFIL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Medallion
2	CMM

DATA ELEMENT: Provider Name Type (DE4249)

A code to indicate the type of Provider Name.

BUSINESS NAME: N/A

REFERENCE NAME: C_NAME_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Business
I	Individual

DATA ELEMENT: Provider Rate Type (DE4250)

A code indicating the type of rate associated with this occurrence of Rate Data.

BUSINESS NAME: N/A

REFERENCE NAME: C_RATE_TYPE

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
BA	Base Rate
BR	Base Reduce
DRG	DRG Rate
P	Base Add
PD	Per Diem
PDA	Per Diem Add on
PDI	Per Diem Included
XO	Percentage of
XR	Percentage Reduce

DATA ELEMENT: Provider Rate Code (DE4251)

A code indicating the kind of rate associated with this occurrence of Rate Data.

BUSINESS NAME: N/A

REFERENCE NAME: C_RATE

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
AIDS	Specialized Care AIDS
CAPL	Capitation Percentage by Locality
CAPX	Managed Care HMO Percentage of
CLVS	Clinic Visit Encounter Rate
COMP	Specialized Care Complex Health Care
DRGF	DRG Factor
DSNI	Disproportionate Share - NICU
DSRH	Disproportionate Share - RH
EPSY	EPSDT Psychiatric
HCAS	Hospital Spec OP Case Rate
INCF	Incentive Fee
INHB	Incentive Hold Back
MGTF	Managed Care Management Fee
NF	Nursing Facility Per Diem
NICU	Neonatal Hospital Per Diem
NTCP	Nurse Aide Training and Competency Evaluation Program
OADJ	Outlier Adjust Comp
OCCR	Operating Cost to Charge Ratio
OLAB	Outlier Labor Component
ONLB	Outlier Non-Labor Component
OPVH	Outlier Private Hospital
OSIP	Out-of-State Inpatient Percentage/Per Diem
OSOP	Out-of-State Outpatient Percentage/Per Diem

DATA ELEMENT: Provider Rate Code (DE4251)

VALID VALUES:

Valid Value	Description
OTHS	Outlier Threshold
OUTP	Outpatient Percentage of Charges Allowed
PCPX	Acute/Psychiatric Capital Percentage
PIRS	Nursing Facility PIRS Per Diem
PMOD	Procedure Modifier Rate
POPD	PSY Operating Per Diem
PROC	Base/Percentage Procedure Rate
PRRM	Private Room Differential Per Diem
RCPX	Rehabilitation Capital Percentage
RH	Regular Hospital Per Diem
RHAB	Specialized Care Rehabilitation
RMHB	Risk Management Hold back
ROPD	Rehab Operating Per Diem
RUGS	Nursing Facility RUGS Per Diem
VENT	Specialized Care Ventilator Dependent Waiver
WAGI	Wage Index

DATA ELEMENT: **Provider Rate Begin Date (DE4252)**

The begin date of the rate for the provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_RATE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Rate End Date (DE4253)

The end date of the rate for the provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_RATE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Rate (DE4255)**

The amount or percentage of the particular rate.

BUSINESS NAME: N/A

REFERENCE NAME: N_RATE

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(4)

DB2 TYPE: DECIMAL(10,4)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Rate Type Code Description (DE4260)**

The description of the provider rate type.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Financial Standing (DE4267)

Indicates the financial standing of HMOs based on financial reviews by DMAS.

BUSINESS NAME: N/A

REFERENCE NAME: C_FNCL_STNDG_CVAL

DEFAULT: G

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Fair
G	Good
P	Poor

DATA ELEMENT: Provider Medical Certification Documentation Type (DE4272)

A code to identify the type of medical certification documentation.

BUSINESS NAME: N/A

REFERENCE NAME: C_DEGREE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
CE	Certificate
CM	Continuing Medical Education Credit L
ED	Educational Degree
LI	License
PR	Permit

DATA ELEMENT: **Provider Medical Certification Documentation Begin Date (DE4273)**

The beginning date of the provider's medical certification documentation.

BUSINESS NAME: N/A

REFERENCE NAME: D_DEGREE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Medical Certification Documentation End Date (DE4274)

The ending date of the provider's medical certification documentation.

BUSINESS NAME: N/A

REFERENCE NAME: D_DEGREE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Medical Certification Documentation Description (DE4275)**

The description of the actual medical certification documentation.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Phone Type (DE4279)

A code to identify the type of phone number.

BUSINESS NAME: N/A

REFERENCE NAME: C_PHONE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
A	24 Hour
C	Contact
F	Fax
O	Office
T	TDD

DATA ELEMENT: **Send Forms and Manual Indicator (DE4281)**

An indicator to show if forms and manuals have been sent to a provider

BUSINESS NAME: N/A

REFERENCE NAME: F_MANUALS_SENT

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Provider Application Status Code (DE4282)

A code to identify the provider's application status.

BUSINESS NAME: N/A

REFERENCE NAME: C_APPL_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Approved
D	Denied
P	Pend
R	Rejected

DATA ELEMENT: Provider Application Tracking Begin Date (DE4283)

The beginning date associated with a particular application status.

BUSINESS NAME: N/A

REFERENCE NAME: D_APPL_STAT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Application Tracking End Date (DE4284)

The ending date associated with a particular application status.

BUSINESS NAME: N/A

REFERENCE NAME: D_APPL_STAT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Application Tracking Letter Indicator (DE4285)**

An indicator of whether or not a letter has been sent for an application

BUSINESS NAME: N/A

REFERENCE NAME: F_LETTER_SENT

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Provider Restriction NPI Indicator (DE4286)**

Indicates if the restriction was applied to all the providers numbers that share the same NPI number as the restricted provider

BUSINESS NAME: N/A

REFERENCE NAME: F_APPLY_TO_BASE

DEFAULT: N/A

COBOL PICTURE: Pic x

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Provider Restriction Procedure Type (DE4287)

A code indicating the type of procedure on which the restriction is placed. The type of edits are Saturday/Sunday Edits, Same Day/Surgery Edits, and, 3-Day Edits.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROCEDURE_TYPE

DEFAULT: Blank

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Dental Procedure Code
1	Medical Procedure Code
2	Revenue Code
4	ICD Surgical Procedure Code
blank	None

DATA ELEMENT: Provider Restriction Action Type (DE4288)

The action taken on the claim for the restriction.

BUSINESS NAME: N/A

REFERENCE NAME: C_RSTRCT_ACTION

DEFAULT: Blank

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	None
D	Deny
P	Pend
R	Review

DATA ELEMENT: Provider Restriction Inclusive/Exclusive Indicator (DE4289)

A code to indicate if the range of procedures for the restriction is to be the only one the provider is allowed to perform (Include) or the only one the provider is not allowed to perform (Exclude).

BUSINESS NAME: N/A

REFERENCE NAME: F_INCLUDE_EXCLUDE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	Exclude
I	Include

DATA ELEMENT: **Provider Last Update User Identification (DE4290)**

The identification number of the last user or program to update the record.

BUSINESS NAME: N/A

REFERENCE NAME: P100-LAST-UPDATE-USER

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Cancel Letter Indicator (DE4292)

An indicator on whether or not a cancel letter needs to be generated.

BUSINESS NAME: N/A

REFERENCE NAME: F_CANCEL_LTR_SENT

DEFAULT: Y

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Provider Carrier Type (DE4294)

Indicates whether the insurance carrier is a Part A or Part B insurer.

BUSINESS NAME: N/A

REFERENCE NAME: C_CARRIER_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Part A carrier
B	Part B Carrier

DATA ELEMENT: **Preferred Provider Agreement Indicator (DE4295)**

Indicates a provider that has a preferred provider agreement with a third party payer.

BUSINESS NAME: N/A

REFERENCE NAME: F_PREFERRED_AGREE

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Provider Type Description (DE4296)**

The description of the Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Specialty Code Description (DE4298)

The description of the Specialty Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(45)

DB2 TYPE: CHAR(45)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Clinical Laboratory Improvement Amendment (CLIA) Number (DE4310)**

A number that the fiscal agent must have on file for the provider for laboratory charges to be paid. This number is issued by HCFA.

BUSINESS NAME: N/A

REFERENCE NAME: I_CLIA

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Certification Lab Type (DE4314)**

The type of CLIA laboratory certification

BUSINESS NAME: N/A

REFERENCE NAME: C_CERT_LAB_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Independent Lab
2	Physician Owned

DATA ELEMENT: Provider Electronic Funds Transfer (EFT) Begin Date (DE4315)

The beginning date for the provider to receive EFTs. The date the Provider EFT Account Type was changed to 'A' (Active).

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA Certification Begin Date (DE4316)

The beginning date of the CLIA Laboratory Certification.

BUSINESS NAME: N/A

REFERENCE NAME: D_CERT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Certification End Date (DE4317)**

The ending date of the CLIA Laboratory Certification.

BUSINESS NAME: N/A

REFERENCE NAME: D_CERT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Certification Number (DE4318)**

The number of the CLIA certification number

BUSINESS NAME: N/A

REFERENCE NAME: I_CERT_NUM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Certification Type (DE4319)**

The type of CLIA Certification

BUSINESS NAME: N/A

REFERENCE NAME: C_CERT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Compliance
2	Waiver
3	Accreditation
4	PPMP
9	Registration
N/A	N/A

DATA ELEMENT: CLIA HCPC Begin Date (DE4320)

The beginning date of the CLIA Laboratory HCPC

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_HCPCS_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA HCPC End Date (DE4321)

The ending date of the CLIA Laboratory HCPC

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_HCPCS_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA HCPC Procedure Code (DE4322)

The CLIA Laboratory HCPC Procedure

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Procedure or Space
Description	The subject procedure code must be space (null) or valid.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Date Added (DE4323)**

The date the CLIA Laboratory record was added

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Certificates on File (DE4324)**

The number of CLIA Laboratory Certificates on the file for the facility.

BUSINESS NAME: N/A

REFERENCE NAME: CLIA Laboratory Certificates on File

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Employer Identification Number (EIN) (DE4325)**

The Federal Employee Identification Number for the CLIA Laboratory

BUSINESS NAME: N/A

REFERENCE NAME: I_FEIN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA National Provider Identification (NPI) Number (DE4326)**

The NPI number associated with the CLIA Laboratory Number

BUSINESS NAME: N/A

REFERENCE NAME: I_NPI

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Provider Name (DE4327)**

The name associated with the CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Provider Number of Owners (DE4328)**

The number of owners for a CLIA Laboratory

BUSINESS NAME: N/A

REFERENCE NAME: CLIA Provider Number of Owners

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Last Update (DE4329)**

The date of last update for CLIA Laboratory record

BUSINESS NAME: N/A

REFERENCE NAME: D_LAST_UPDT

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Medical Provider Number (DE4330)**

The Medicare number associated with a CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: I_MED_PROV_NUM

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Number of Specialties (DE4331)**

The number of specialties for a CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: CLIA Number of Specialties

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Number of HCPCS (DE4332)**

The number of HCPCS for a CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: CLIA Number of HCPCS

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Specialty Begin Date (DE4333)**

The begin date for a specialty of a CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_SPEC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA Specialty End Date (DE4334)

The end date for a specialty of a CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_SPEC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Specialty Type (DE4335)**

The type of certificates for this CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: C_SPEC_TYPE

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
010	Histocompatibility testing
100	Microbiology
110	bacteriology
115	Mycobacteriology
120	Mycology
130	Parasitological
140	Virology
150	Other Microbiology
200	Diagnostic Immunology
210	Syphilis Serology
220	General Immunology
300	Chemistry
310	Routine Chemistry
320	Urinalysis
330	Endocrinology
340	Toxicology
350	Other Chemistry
400	Hematology
500	Immunohematology
510	ABO Grouped and RH Type
520	Antibody Detection (Transfusion)
530	Antibody Detection (Nontransfusion)
540	Antibody Identification

DATA ELEMENT: **CLIA Specialty Type (DE4335)**

VALID VALUES:

Valid Value	Description
550	Compatibility Testing
560	Other immunohematology
600	Pathology
610	Histopathology
620	Oral Pathology
630	Cytology
800	Radiobioassay
900	Clinical Cytogenetics
Blanks/Spaces	Values are from HICFA and are not updateable

DATA ELEMENT: **CLIA Payment Indicator (DE4336)**

The payment indicator for a CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: C_PAYMENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **CLIA Laboratory Provider Street Address (DE4337)**

The street address of the CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_LINE_1

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA Laboratory Provider City (DE4338)

The address city name for the CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(28)

DB2 TYPE: CHAR(28)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA Laboratory Provider State (DE4339)

The address state code for the CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid State Abbreviation
Description	This field must contain a valid State abbreviation.
Local Def	The state code will be validated and extracted from the single data element in the current Virginia MMIS as the last two non-blank field characters.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Provider Zip (DE4340)**

The address zip code for the CLIA Laboratory Provider

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(04)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Forms Indicator (DE4341)

A code used to identify whether forms are sent to a provider because of an Add or Reinstate transaction and to what address the forms will be sent.

BUSINESS NAME: N/A

REFERENCE NAME: C_FORMS_SND_ADDR

DEFAULT: 1

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Do Not Send Forms
1	Send Forms to Mailing Address
2	Send Forms to Servicing Address
3	Send Forms to Pay to Address
4	Send Forms to RA Address

DATA ELEMENT: **CLIA Laboratory Owners First Name (DE4342)**

The first name of the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_FIRST

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Middle Name (DE4343)**

The middle name of the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_MIDDLE

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Last Name (DE4344)**

The last name of the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_LAST

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Suffix (DE4345)**

The suffix of the name of the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_SUFFIX

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Social Security Number (SSN) (DE4346)**

The Social Security Number of the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: I_SSN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Employee Identification Number (EIN) (DE4347)**

The Federal Employee Identification Number for the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: I_FEIN

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Percent (DE4348)**

The percent of the CLIA Laboratory that the Owner owns

BUSINESS NAME: N/A

REFERENCE NAME: N_PERCENT_OWNED

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA Laboratory Owners Begin Date (DE4349)

The begin date of the CLIA Laboratory ownership.

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_OWNR_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CLIA Laboratory Owners End Date (DE4351)

The end date of the CLIA Laboratory ownership

BUSINESS NAME: N/A

REFERENCE NAME: D_CLIA_OWNR_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CLIA Laboratory Owners Birth Date (DE4352)**

The birth date of the CLIA Laboratory Owner

BUSINESS NAME: N/A

REFERENCE NAME: D_BIRTH

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Multiple Clinical Laboratory Improvement Amendments (CLIA) Number Indicator (DE4355)**

An indicator used to identify providers that have multiple CLIA numbers.

BUSINESS NAME: N/A

REFERENCE NAME: Multiple Clinical Laboratory Improvement Amendments (CLIA) Number Indicator

DEFAULT: Blank

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blank	No
N	No
Y	Yes

DATA ELEMENT: **DRG Fiscal Year (DE4360)**

The fiscal year of the DRG.

BUSINESS NAME: N/A

REFERENCE NAME: P023-TABLE-FY

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Table Number (DE4361)**

The table number of the DRG.

BUSINESS NAME: N/A

REFERENCE NAME: P023-TABLE-NBR

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Ambulance Agreement Date (DE4390)**

The date a provider signs the ambulance agreement.

BUSINESS NAME: N/A

REFERENCE NAME: D_AMBULNC_AGMNT

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Taxonomy Code (DE4391)**

Provider Taxonomy Code

BUSINESS NAME: Provider Taxonomy Code

REFERENCE NAME: C_TAXONOMY

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Taxonomy Type Description (DE4392)

Provider Taxonomy Type Description

BUSINESS NAME: Provider Taxonomy Type Description

REFERENCE NAME: T_PROV_TYPE_DESC

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Taxonomy Class Description (DE4393)

Provider Taxonomy Class Description

BUSINESS NAME: Provider Taxonomy Class Description

REFERENCE NAME: T_PROV_CLASS_DESC

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Taxonomy Specialty Description (DE4394)

Provider Taxonomy Specialty Description

BUSINESS NAME: Provider Taxonomy Specialty Description

REFERENCE NAME: T_PROV_SPEC_DESC

DEFAULT: N/A

COBOL PICTURE: X(75)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Taxonomy Description (DE4395)

Provider Taxonomy Description

BUSINESS NAME: Provider Taxonomy Description

REFERENCE NAME: T_TAXONOMY_DESC

DEFAULT: N/A

COBOL PICTURE: X(1000)

DB2 TYPE: Varchar(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Taxonomy Timestamp (DE4396)

Provider Taxonomy Timestamp

BUSINESS NAME: Provider Taxonomy Timestamp

REFERENCE NAME: H_REC_UPDT

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Timestamp

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Managed Care Panel Enrollment Type (DE4402)

A code to indicate the type of enrollment for the provider's panel.

BUSINESS NAME: N/A

REFERENCE NAME: C_PNL_ENROLL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	Existing Patients Only
H	History Only
O	Open (Random and History)

DATA ELEMENT: **Provider Managed Care Panel Enrollment Size (DE4403)**

The number of clients the provider has agreed to have on the Managed Care panel.

BUSINESS NAME: N/A

REFERENCE NAME: N_PNL_ENROLL_SIZE

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Managed Care Panel Enrollment Age Type (DE4404)**

A code indicating the age type of the client for the provider's panel.

BUSINESS NAME: N/A

REFERENCE NAME: C_AGE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Adults Only
B	Both Adults and Children
C	Children Only

DATA ELEMENT: Provider Language Type (DE4420)

Indicates the type of language spoken in the provider's office.

BUSINESS NAME: N/A

REFERENCE NAME: C_LANGUAGE_CVAL

DEFAULT: E

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	English
F	Farsi
H	Hindi
K	Korean
O	Other
S	Spanish
V	Vietnamese

DATA ELEMENT: **Provider Level of Performance (DE4431)**

A code assigned to only HMOs to indicate their performance level.

BUSINESS NAME: N/A

REFERENCE NAME: C_LVL_PERF_CVAL

DEFAULT: 100

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
100	Readiness/On-site Review
85	Network Composition
95	Encounter Data Threshold

DATA ELEMENT: Provider Case Manager Type (DE4433)

Identifies the type of case manager/case manager program in which a provider participates. Applies only to Medallion PCPs, CMM Case Managers, MICC Case Managers.

BUSINESS NAME: N/A

REFERENCE NAME: C_CASE_MGR_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	CMM
M	MICC
O	Other
P	Medallion PCP

DATA ELEMENT: Provider Case Manager Type Begin Date (DE4434)

The beginning date associated with the type of case manager.

BUSINESS NAME: N/A

REFERENCE NAME: D_CASE_MGR_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Case Manager Type End Date (DE4435)

The ending date associated with the type of case manager.

BUSINESS NAME: N/A

REFERENCE NAME: D_CASE_MGR_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Managed Care Handicap Accessibility Indicator (DE4436)**

A code to indicate whether the provider has handicap accessibility.

BUSINESS NAME: N/A

REFERENCE NAME: F_HANDICAP_ACCSSBL

DEFAULT: U

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Provider HMO County Status Code (DE4437)**

The status of the HMO County relationship.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATUS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	Valid Data
099	Corrected Data
100	Changed Data

DATA ELEMENT: Provider HMO County Begin Date (DE4438)

The beginning date of the provider's participation in a county for managed care.

BUSINESS NAME: N/A

REFERENCE NAME: D_HMO_CNTY_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider HMO County End Date (DE4439)

The ending date of the provider's participation in a county for managed care.

BUSINESS NAME: N/A

REFERENCE NAME: D_HMO_CNTY_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Negative Balance Update Date (DE4448)**

The last date the negative balance was updated for a provider in a specific benefit plan.

BUSINESS NAME: N/A

REFERENCE NAME: P100-NEG-BAL-UPDATE-DATE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Incentive Plan (PIP) Risk Transfer Indicator (DE4452)

Indicates a compensation agreement between an HMO or CMP and PCP(s) that may directly or indirectly have the effect of reducing or limiting services provided to Medicaid beneficiaries enrolled in the HMO or the CMP.

BUSINESS NAME: N/A

REFERENCE NAME: F_PIP_RISK_TRNSFR

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	Default value for this data element is 'N'.

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Provider Incentive Plan (PIP) Applicable Method (DE4455)**

Identifies the financial contract arrangement between the HMO or CMP and the PCPs.

BUSINESS NAME: N/A

REFERENCE NAME: T_PIP_RISK_TRNSFR

DEFAULT: N/A

COBOL PICTURE: X(250)

DB2 TYPE: CHAR(250)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Incentive Plan (PIP) Available Method (DE4462)

Indicates available methods of risk transfers to PCPs.

BUSINESS NAME: N/A

REFERENCE NAME: C_PIP_ARRANGE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Bonus
C	Capitation
T	Threshold
W	Withhold

DATA ELEMENT: Provider Incentive Plan (PIP) Financial Classification (DE4465)

The financial classification for the Provider Incentive Plan

BUSINESS NAME: N/A

REFERENCE NAME: C_PIP_FINANCE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
P	Acceptable
S	Substantial

DATA ELEMENT: **Provider Managed Care Risk Pool (DE4474)**

The amount of the risk pool for the managed care provider

BUSINESS NAME: N/A

REFERENCE NAME: N_RISK_POOL

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Risk Period Begin Date (DE4480)

The begin date of the risk period.

BUSINESS NAME: N/A

REFERENCE NAME: D_RISK_POOL_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Risk Period End Date (DE4481)

The end date of the risk period.

BUSINESS NAME: N/A

REFERENCE NAME: D_RISK_POOL_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider EPSDT Indicator (DE4500)**

A code to indicate whether a provider is certified to perform EPSDT services

BUSINESS NAME: N/A

REFERENCE NAME: F_EPSDT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: Provider Cancellation Notification Date (DE4502)

This date can be entered by DMAS to show when the User cancelled the Provider. It is not required.

When a Cancel Reason is entered into the Cancel Screen, a letter will be sent to the Provider that day stating that the Provider will be cancelled as of the Cancel Begin Date entered by the User.

BUSINESS NAME: N/A

REFERENCE NAME: D_NOTIFY_CANCEL

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Code Table Begin Date (DE4503)

The beginning date of the code in the provider code table.

BUSINESS NAME: N/A

REFERENCE NAME: D_********_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Code Table End Date (DE4504)

The ending date of the code in the provider code table.

BUSINESS NAME: N/A

REFERENCE NAME: D_********_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Phone Extension (DE4506)**

The phone number extension for a provider. You may enter 1-4 numerics for the extension

BUSINESS NAME: N/A

REFERENCE NAME: T_PHONE_EXT

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Enrollment Incentive Percentage (DE4507)**

Indicates a percentage by which preassignments to an HMO can be increased or decreased for a given locality.

BUSINESS NAME: N/A

REFERENCE NAME: N_ENROLL_INCT_PCT

DEFAULT: N/A

COBOL PICTURE: S9(3) COMP-3

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Base ID Maintenance Entry Date (DE4508)**

This is the date that a Base ID maintenance transaction was created/updated online. This is in the P_BASE_ID_CHG table to create a Provider Number , Base ID change transaction.

BUSINESS NAME: Base Identification Maintenance Transaction Entry Date

REFERENCE NAME: D_DATA_ENTERED

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claims Base ID Data Change Date (DE4509)**

This is the date that a Base ID changes were made to Claims Subsystem tables. When this date is NULL the record is an active transaction to be used to trigger the update program. When this field contains a date, the change has been completed and the record is now kept as history.

BUSINESS NAME: Claims Subsystem Base ID Data Changed Date

REFERENCE NAME: D_CP_DATA_CHGD

DEFAULT: NULLS

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Prior Auth Base ID Data Change Date (DE4510)

This is the date that a Base ID changes were made to Prior Authorization CP_PRIOR_AUTH table. When this date is blank the record is a transaction to be used in the update program. When this field contains a date, the change has been made and the record serves as history of updates.

BUSINESS NAME: Prior Auth Base ID Data Changed Date

REFERENCE NAME: D_PA_DATA_CHGD

DEFAULT: spaces

COBOL PICTURE: X(10)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Base ID Data Change Date (DE4511)**

This is the date that a Base ID changes were made to Provider Subsystem tables. When this date is blank the record is an active transaction to be used to trigger the update program. When this field contains a date, the change has been completed and the record is now kept as history.

BUSINESS NAME: Provider Subsystem Base ID Changed Date

REFERENCE NAME: D_PS_DATA_CHGD

DEFAULT: NULLS

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Base ID Claim Reprocess Flag (DE4512)

This flag will default to a "U" when the transaction is first created. Once it is processed in batch within the Provider Subsystem, it then can be updated by the Base ID Claim Approval screen. It indicates whether the claims associated with a provider base ID maintenance transaction should be reprocessed.

BUSINESS NAME: Provider Base ID Claim Reprocess Flag

REFERENCE NAME: F_CLM_REPROCESS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1. U	Unprocessed - Pending Approval (default)
2. Y	Unprocessed - Approve claim reprocessing
3. N	Unprocessed - Disapprove claim reprocessing
4. D	Batch Processed - From "N" value - Logical Delete
5. P	Batch Processed - From "Y" value - Processed

DATA ELEMENT: **Provider Program Code Fee Indicator (DE4514)**

A code to indicate whether the provider gets a management fee for a program code.

BUSINESS NAME: N/A

REFERENCE NAME: C_FEE_IND

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Provider Vendor Number (DE4516)**

The number that MEDICARE FISCAL AGENT has assigned to the provider. The Provider Vendor Number along with the Provider Carrier Code is used in converting the Medicaid Provider ID.

BUSINESS NAME: N/A

REFERENCE NAME: Provider Vendor Number

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Inactive Override Indicator (DE4517)**

A code to indicate whether the provider will be considered as inactive when producing inactive files and reports

BUSINESS NAME: N/A

REFERENCE NAME: F_INACTIVE_OVRRIDE

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Provider is considered inactive
Y	Provider will not be considered when producing inactive files and reports

DATA ELEMENT: Provider Electronic Funds Transfer (EFT) End Date (DE4522)

The ending date for the provider to receive EFTs.

BUSINESS NAME: N/A

REFERENCE NAME: D_EFT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider IRS Name (DE4526)**

This is the IRS name of the provider that is printed on 1099s.

BUSINESS NAME: N/A

REFERENCE NAME: T_NAME_IRS

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Primary Specialty Indicator (DE4528)**

Indicates the provider's primary specialty.

BUSINESS NAME: N/A

REFERENCE NAME: F_PRIMARY_SPEC

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not the Primary specialty
Y	Primary Specialty

DATA ELEMENT: Provider Capitation Proration Method (DE4532)

Determines the prorated calculation for a HMO's capitation rate for partial month recipient enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: C_CAP_METH_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Daily
H	Half Month
W	Whole Month

DATA ELEMENT: **Provider Tax Entity Year (DE4535)**

The year for which the various 1099 accumulators are being kept.

BUSINESS NAME: N/A

REFERENCE NAME: D_TAX_YEAR

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Table Last Updated By (DE4536)**

The last user ID to update the table

BUSINESS NAME: N/A

REFERENCE NAME: T_LUPDBY

DEFAULT: N/A

COBOL PICTURE: x(05)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Electronic Capability Begin Date (DE4537)

The date a providers electronic capability begins. Will be EMC, EFT or RA Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_ECOMM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Electronic Capability End Date (DE4538)

The date a provider's electronic capability ends. Will be EMC, EFT or RA End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_ECOMM_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Relation Begin Date (DE4539)

The relationship begin date between two providers. One would be the Individual Provider and the other would be the Group Provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_REL_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Relation End Date (DE4540)

The relationship end date between two providers. One would be the Individual Provider and one would be the Group Provider.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROV_REL_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Form/Manual Number (DE4541)**

The number of the provider form or manual. Will be Provider Form Number or Provider Manual Number.

BUSINESS NAME: N/A

REFERENCE NAME: I_FORM_MANUAL

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Classification (DE4542)

The classification of a provider.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_CLASS_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
F	Facility (Institutional)
G	Group
H	HMO
I	Individual
T	Tax

DATA ELEMENT: **Provider Accumulator Type (DE4543)**

The type of provider accumulator.

BUSINESS NAME: N/A

REFERENCE NAME: C_ACCUM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Alternate ID Type (DE4544)

The provider type alternate id.

BUSINESS NAME: N/A

REFERENCE NAME: C_ALT_ID_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
D	DEA Number
F	FEIN
H	SLH Provider Number
M	Medicare Number
N	NPI Number
S	SSN
T	TDO
U	UPIN

DATA ELEMENT: **Provider Bed Type (DE4545)**

The type of provider beds.

BUSINESS NAME: N/A

REFERENCE NAME: C_BED_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Total Beds
B	NF
C	SNF-NF
D	SNF
E	NON-CERT
F	ICFMR
G	SPEC CARE

DATA ELEMENT: Provider Electronic Capability Type (DE4546)

The type of provider electronic capability

BUSINESS NAME: N/A

REFERENCE NAME: C_ECOMM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
A	PRIOR AUTHORIZATION REQUEST/RESPONSE(278)
C	CAPITATION PAYMENTS(820)
D	DSH (270/271)
E	EMC
F	EFT
H	HMO
N	UNSOLICITED ELIGIBILITY(271)
O	HMO ROSTER(834)
P	POS
R	RA
S	CLAIMS STATUS INQUIRY/RESPONSE(276/277)
U	UNSOLICITED PENDS(277)
V	ELIGIBILITY VERIFICATION BATCH INQUIRY/RESPONSE(270/271)

DATA ELEMENT: **Provider Form/Manual Type (DE4547)**

The type of provider form/manual

BUSINESS NAME: N/A

REFERENCE NAME: C_FORM_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Form
M	Manual

DATA ELEMENT: **Provider Panel-Size Group Begin Date (DE4548)**

Provider Panel-Size Begin Date.

BUSINESS NAME: Provider Group Panel-Size Begin Date

REFERENCE NAME: D_PNL_BEGIN DATE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Panel-Size Group End Date (DE4549)**

End date of group maximum panel-size entry.

BUSINESS NAME: Provider Panel-Size Group End Date

REFERENCE NAME: D_PNL_END_DATE

DEFAULT: 12/31/9999

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Data Base Description (DE4550)**

A data base description used to define various codes or values.

BUSINESS NAME: N/A

REFERENCE NAME: T_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Data Base Sequential Number (DE4551)**

A sequential number given to a row in the data base to make the row unique.

BUSINESS NAME: N/A

REFERENCE NAME: I_********_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(3)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Preference Type (DE4552)**

Indicates the type of preference.

BUSINESS NAME: N/A

REFERENCE NAME: C_PREF_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Alternate ID Begin Date (DE4553)**

The starting date for a specific data base row or occurrence.

BUSINESS NAME: N/A

REFERENCE NAME: D_********_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	LE Corresponding End Date
Description	This rule assumes that null, zero or not entered dates dates will be set to 01/01/0000.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Alternate ID End Date (DE4554)

The ending date for a specific data base row or occurrence.

BUSINESS NAME: N/A

REFERENCE NAME: D_********_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	GE Corresponding Begin Date
Description	The end date must be greater than or equal to the corresponding begin date. Note: This rule assumes that open ended end dates will be set to 12/31/9999 rather than zero as in the baseline.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Rate Source Table Code (DE4555)**

A calculated code used to identify the source (Db2 Table) for Provider Rate information which is output to the Provider Rate Extract file - PS-F-210 by program PSR240.

BUSINESS NAME: N/A

REFERENCE NAME: Provider Rate Source Table Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 1

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	PS_PROV_RATE table
2	PS_PROV_TYPE_RATE table
3	PS-PROV_PROC_RATE table

DATA ELEMENT: **Provider County Program Sequence Number (DE4556)**

A sequence number given to a row in the HMO County Database to make the row unique.

BUSINESS NAME: N/A

REFERENCE NAME: I_CNTY_PGM_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(3)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Program County Begin Date (DE4557)**

The starting date for the program county row.

BUSINESS NAME: N/A

REFERENCE NAME: D_CNTY_PGM_BEGIN

DEFAULT: N/A

COBOL PICTURE: PIC 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Program County End Date (DE4558)**

The end date for the program county row.

BUSINESS NAME: N/A

REFERENCE NAME: D_CNTY_PGM_END

DEFAULT: N/A

COBOL PICTURE: PIC 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Program Hist Sequence Number (DE4559)**

A sequence number given to a row in the Prov Program History Table to make a row unique

BUSINESS NAME: N/A

REFERENCE NAME: I_PRV_PGM_H_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: PIC 9(3)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Program Recert Begin Date (DE4561)**

The beginning date for the recert begin date in the Provider Program History Table

BUSINESS NAME: N/A

REFERENCE NAME: D_RECERT_BEGIN

DEFAULT: N/A

COBOL PICTURE: PIC 9(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Program Recert End Date (DE4562)**

The ending date for the provider program recert begin date in the Provider Program History Table.

BUSINESS NAME: N/A

REFERENCE NAME: D_RECERT_END

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Recert End NI (DE4563)**

The Recert End NI that is in the Provider Program History Table

BUSINESS NAME: N/A

REFERENCE NAME: D_RECERT_END_NI

DEFAULT: N/A

COBOL PICTURE: PIC 9(1)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Program NI (DE4564)

The Null Indicator for Program on HMO County Program Table

BUSINESS NAME: N/A

REFERENCE NAME: C_PGM_NI

DEFAULT: N/A

COBOL PICTURE: PIC 9(1)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Center Type Begin Date (DE4565)**

This is the begin date for the service center type.

BUSINESS NAME: N/A

REFERENCE NAME: D_ECOMM_MODE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Type End Date (DE4566)**

This is the end date for the service center type

BUSINESS NAME: N/A

REFERENCE NAME: D_ECOMM_MODE_END

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Center Type Sequence Number (DE4567)**

This is the sequence number assigned to the service center type.

BUSINESS NAME: N/A

REFERENCE NAME: I_ECOMM_MDE_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: Smallint

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Data Entered Date (DE4568)**

Date that Base ID change data was entered.

BUSINESS NAME: Data Entered Date

REFERENCE NAME: D_DATE_ENTERED

DEFAULT: Current Date

COBOL PICTURE: X(10)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Data Changed Date (DE4569)**

Date Provider Number and Base ID combinations were updated in all the provider tables.

BUSINESS NAME: Provider Data Changed Date

REFERENCE NAME: D_PROV_DATA_CHGD

DEFAULT: Current Date

COBOL PICTURE: X(10)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: User Identification (DE4570)

User Identification who created data in this table through an on-line screen or program name that created transaction through batch.

BUSINESS NAME: User Identification

REFERENCE NAME: I_USER_ID

DEFAULT: Current User ID or Current Program Name

COBOL PICTURE: X(08)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Rate Review Status Value (DE4571)**

Field contains the Provider Rate Review Status Value.

BUSINESS NAME: Review Status Value

REFERENCE NAME: C_REVIEW_STAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
?	Null
P	Posted
R	Rejected

DATA ELEMENT: Reviewers User ID (DE4572)

Approvers/Reviewers User ID. This field stores the user id of the Clifton Gunderson or DMAS user working on the rate change request.

BUSINESS NAME: Reviewers User ID

REFERENCE NAME: Reviewers User ID

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Date Entered (DE4573)**

The date on which Clifton Gunderson users have entered the rate change request -- Date Entered

BUSINESS NAME: Date Entered

REFERENCE NAME: Date Entered

DEFAULT: CURRENT DATE

COBOL PICTURE: (8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Address State (DE4574)**

A sanctioned provider address state code.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: x(02)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider SSN/EIN (DE4575)**

For individual providers, this is a social security number.
For business providers, this is a EIN.

BUSINESS NAME: N/A

REFERENCE NAME: I_ID_VALUE

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Date Begin (DE4576)**

This is the date a provider became sanctioned by CMS.

BUSINESS NAME: N/A

REFERENCE NAME: D_SNCTN

DEFAULT: N/A

COBOL PICTURE: CHAR(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Last Name (DE4577)**

The last name of an individual provider that is sanctioned.

BUSINESS NAME: N/A

REFERENCE NAME: T_LAST_NAME

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: TEXT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider First Name (DE4578)**

The first name of an individual provider that is sanctioned.

BUSINESS NAME: N/A

REFERENCE NAME: T_FIRST_NAME

DEFAULT: N/A

COBOL PICTURE: x(15)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Address City (DE4579)**

A sanctioned provider address city.

BUSINESS NAME: N/A

REFERENCE NAME: C_CITY

DEFAULT: N/A

COBOL PICTURE: x(20)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Type Description (DE4580)**

A sanctioned provider general type of service description.

BUSINESS NAME: N/A

REFERENCE NAME: C_TYPE_CVAL

DEFAULT: unknown

COBOL PICTURE: x(20)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Specialty Description (DE4581)**

A sanctioned providers specialty description.

BUSINESS NAME: N/A

REFERENCE NAME: C_SPECIALTY_CVAL

DEFAULT: unknown

COBOL PICTURE: x(20)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider UPIN (DE4582)**

A individual provider UPIN.

BUSINESS NAME: N/A

REFERENCE NAME: I_UPIN_ID

DEFAULT: N/A

COBOL PICTURE: x(06)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Exclusion Code (DE4583)**

A reason code to describe why a provider was sanctioned.

BUSINESS NAME: N/A

REFERENCE NAME: C_SNCTN_CVAL

DEFAULT: N/A

COBOL PICTURE: x(09)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Address Zip code (DE4584)**

A sanctioned provider address zip code.

BUSINESS NAME: N/A

REFERENCE NAME: I_ZIP_CODE

DEFAULT: N/A

COBOL PICTURE: x(09)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Date End (DE4585)**

The date a sanctioned provider was reinstated.

BUSINESS NAME: N/A

REFERENCE NAME: D_SNCTN_END

DEFAULT: N/A

COBOL PICTURE: x(10)

DB2 TYPE: date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Sanctioned Provider Key ID (DE4586)

An internal DB2 key for the sanctioned provider individual table. This field is an IDENTITY type, meaning it is generated by DB2 automatically.

BUSINESS NAME: Sanctioned Provider Key ID

REFERENCE NAME: I_PROV_SNCTN_ID

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: number

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sanctioned Provider Business Name (DE4587)**

A sanctioned provider name that is considered a business.

BUSINESS NAME: N/A

REFERENCE NAME: T_BUS_NAME

DEFAULT: N/A

COBOL PICTURE: x(30)

DB2 TYPE: text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TIN Status From IRS (DE4588)**

Indicates type of error detected by IRS:
'1' = Missing TIN
'2' = Not Currently Issued TIN
'3' = Incorrect Name/TIN

BUSINESS NAME: TIN Error Status

REFERENCE NAME: TIN Status

DEFAULT: None

COBOL PICTURE: X(01)

DB2 TYPE: Alphanumeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS Document Type (DE4589)

The type of document on which the IRS detected a provider error.
'79' = 1099-B
'91' = 1099-DIV
'92' = 1099-INT
'95' = 1099-MISC
'96' = 1099-OID
'97' = 1099-PATR

BUSINESS NAME: IRS Document Type in Error

REFERENCE NAME: IRS Document Type in Error

DEFAULT: None

COBOL PICTURE: PIC X(02)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS Provider Error Record Type (DE4590)**

Three types are:
'A' = Payer Information
'B' = Provider Information
'C' = Totals

BUSINESS NAME: IRS Porvider Error Record Type

REFERENCE NAME: IRS Provider Error Record Type

DEFAULT: None

COBOL PICTURE: X(01)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: IRS Access Key (DE4591)

Number used by IRS to group a payer's information return transmittal.

BUSINESS NAME: IRS Access Key

REFERENCE NAME: IRS Access Key

DEFAULT: None

COBOL PICTURE: X(15)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS TCC Code (DE4592)**

Transmitter Control Code

BUSINESS NAME: IRS TCC Code

REFERENCE NAME: IRS TCC Code

DEFAULT: None

COBOL PICTURE: X(05))

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS TIN Indicator (DE4593)**

'1' = payer indicated EIN
'2' = payer indicated SSN
'3' = no TIN indicated

BUSINESS NAME: IRS TIN Indicator

REFERENCE NAME: IRS TIN Indicator

DEFAULT: None

COBOL PICTURE: X(01)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS Payer Office Code (DE4594)**

IRS Payer Office

BUSINESS NAME: IRS Payer Office Code

REFERENCE NAME: IRS Payer Office Code

DEFAULT: None

COBOL PICTURE: X(04)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS Service Center (DE4595)**

'19' = Brookhaven
'17' = Cincinnati
'49' = Memphis
'29' = Ogden
'28' = Philadelphia

BUSINESS NAME: IRS Service Center

REFERENCE NAME: IRS Service Center

DEFAULT: None

COBOL PICTURE: X((02)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **IRS Payer Sequence Number (DE4596)**

Sequence number within payer

BUSINESS NAME: IRS Payer Sequence Number

REFERENCE NAME: IRS Payer Sequence Number

DEFAULT: None

COBOL PICTURE: X(08)

DB2 TYPE: ALPHANUMERIC

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Panel-Size Group Type (DE4597)

Provider Panel-Size Group Type

BUSINESS NAME: Provider Panel-Size Group type

REFERENCE NAME: C_PNL_GRP_TYPE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
IN	Individual Provider Group
LO	Provider Locality Group
PS	Provider Specialty Group
PT	Provider Type Group

DATA ELEMENT: Provider Panel-Size Group Value (DE4598)

Provider Panel-Size group value within Group Type.

BUSINESS NAME: Provider Panel-Size Group Value

REFERENCE NAME: C_PNL_GRP_VALUE

DEFAULT: N/A

COBOL PICTURE: X(09)

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C_PROV_TYPE	PT: Valid provider type (DE4006)
C_SPECIALTY	PS: Provider Specialty Code (DE4007)
I_LOCALITY	LO: Valid Locality Code (DE5254)
I_PROV	IN: Valid PCP Provider ID Number(DE4002)

DATA ELEMENT: Provider Panel-Size Group Name (DE4599)

Provider Panel-Size group name is determined by the program from the DB2 values relating to the Group Type(DE4597) and Group ID (DE4598). Name values selected for PT, PS, IN, and LO Group Types are populated from data elements DE4296, DE4298, DE5255 and DE4085 respectively based on DE4598 values.

BUSINESS NAME: Provider Panel-Size Group Name

REFERENCE NAME: T_PNL_GRP_NAME

DEFAULT: N/A

COBOL PICTURE: X(45)

DB2 TYPE: CHAR(45)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Program Sequence Number (DE4677)

The current Provider Program Sequence number for the Program Code. A unique program sequence number is assigned, whenever there is a change in provider program enrollment.

BUSINESS NAME: Provider Program Sequence Number

REFERENCE NAME: I_PRV_PGM_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALL INT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Enrollment Exception Indicator (DE4678)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: F_ENROLL_EXCEPTION

DEFAULT: N/A

COBOL PICTURE: Pic X (01)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Bypass
C	Cancel
N	Re-cancel
Y	Selected

DATA ELEMENT: **Enrollment Exception Date (DE4679)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_ENROLL_EXCEPTION

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reason Code (DE4680)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_1099_ACCUM_RVAL

DEFAULT: 000

COBOL PICTURE: CHAR(03)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	
098	
099	
101	

DATA ELEMENT: **Reason Code Rnumber (DE4681)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: I_1099_ACCUM_RNUM

DEFAULT: WITH DEFAULT

COBOL PICTURE: SMALLINT

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider City/State/Zip (DE4682)**

A concatenation of DE4130, DE4098 and DE4099 commonlu used in provider addressing needs.

BUSINESS NAME: Provider City State Zip

REFERENCE NAME: Provider City State Zip

DEFAULT: None

COBOL PICTURE: x(40)

DB2 TYPE: Text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address Begin Date (DE4683)**

The beginning date for the Provider address.

BUSINESS NAME: Provider Address Begin Date

REFERENCE NAME: Provider Address Begin Date

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Address End Date (DE4684)**

The ending date for the Provider address.

BUSINESS NAME: Provider Address End Date

REFERENCE NAME: Provider Address End Date

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: National Provider Identifier (DE4700)

This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today.

BUSINESS NAME: National Provider Identifier

REFERENCE NAME: I_PROV_NPI

DEFAULT: Null

COBOL PICTURE: X(10)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **NPI-API Label (DE4701)**

NPI-API Label has NPI or API as the value.

BUSINESS NAME: N/A

REFERENCE NAME: NPI-API Label

DEFAULT: N/A

COBOL PICTURE: x(03)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Taxonomy Provider Type Description (DE4702)**

Description of Provider Type assigned by CMS

BUSINESS NAME: Taxonomy Provider Type Description

REFERENCE NAME: T_PROV_TYPE_DESC

DEFAULT: N/A

COBOL PICTURE: X(75)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Taxonomy Provider Class Description (DE4703)

Description of Provider Class assigned by CMS

BUSINESS NAME: Taxonomy Provider Class Description

REFERENCE NAME: T_PROV_CLASS_DESC

DEFAULT: N/A

COBOL PICTURE: X(75)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Taxonomy Specialty Code Description (DE4704)

Description of specialty code assigned by CMS

BUSINESS NAME: Taxonomy Specialty Code Description

REFERENCE NAME: T_SPEC_CODE_DESC

DEFAULT: N/A

COBOL PICTURE: X(75)

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Taxonomy Description (DE4705)

Detailed description of taxonomy assigned by CMS

BUSINESS NAME: Taxonomy Description

REFERENCE NAME: T_TAXONOMY_DESC

DEFAULT: N/A

COBOL PICTURE: X(1000)

DB2 TYPE: Varchar(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Taxonomy Provider Type Begin Date (DE4706)**

Begin Date the Provider Type Taxonomy was assigned by CMS

BUSINESS NAME: Taxonomy Provider Type Begin Date

REFERENCE NAME: D_PVTYP_TXNMY_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Taxonomy Provider Type End Date (DE4707)**

Date the Provider Type Taxonomy was ended by CMS

BUSINESS NAME: Taxonomy Provider Type End

REFERENCE NAME: D_PVTYP_TXNMY_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
Automated Mail Phone Extension	4640	Phone Extension
Automated Mailing All HMO Indicator	4626	Indicates selection of enrollees or providers in all HMOs.
Automated Mailing Case Enrollee Indicator	4619	Indicates whether the enrollee is a case or an enrollee.
Automated Mailing Create File Indicator	4629	Indicates user's request to produce a file.
Automated Mailing Date Completed	4608	The date the request was completed.
Automated Mailing Date Requested	4607	The date of the request.
Automated Mailing Document Name	4601	Provides the name of the letter.
Automated Mailing Enrollee Age Range Begin	4617	The beginning age range of the enrollee as requested by the user.
Automated Mailing Enrollee Age Range End	4618	The ending age range of the enrollee as requested by the user.
Automated Mailing Enrollee Transaction Begin Date	4633	Beginning date for the enrollee transaction date range.
Automated Mailing Enrollee Transaction End Date	4634	Ending date for the enrollee transaction date range.
Automated Mailing Folder ID	4611	The identification number of a folder.
Automated Mailing Folder Name	4602	Provides the name of the folder.
Automated Mailing Group HMO Affiliation Indicator	4615	Indicates whether the provider is a group or HMO
Automated Mailing Include Provider ID Indicator	4616	Indicates whether to include the provider id on the requested output.
Automated Mailing Include Provider Indicator	4627	Indicates whether to include or exclude the HMO's enrollees. Only applies when an HMO provider is selected.
Automated Mailing Label Type	4632	Identifies the type of label.
Automated Mailing Letter Text	4614	Contains a line of the letter text.
Automated Mailing Letter Tracking Number	4600	The tracking number of a letter generated.
Automated Mailing Location Indicator	4620	Indicates either the enrollees administrative or residence locality as requested by the user.
Automated Mailing Medallion All HMO Indicator	4624	Indicates selection of enrollees or providers in Medallion and all HMOs.
Automated Mailing Medallion Only Indicator	4622	Indicates selection of only Medallion providers or enrollees.
Automated Mailing Medallion Specific HMO Indicator	4623	Indicates selection of enrollees or providers in Medallion and HMOs specified by the user.
Automated Mailing Output Indicator	4628	Indicates the type of output requested by the user.
Automated Mailing Provider Enrollee Indicator	4612	Indicates whether a letter is cataloged to a provider or enrollee.
Automated Mailing Report Title	4605	The title of the report as requested by the user.
Automated Mailing Request ID	4610	The identification of the user's request.
Automated Mailing Sort Preference	4604	Indicates the sort preference of the user for a request.
Automated Mailing Specific HMO Indicator	4625	Indicates selection of enrollees or providers in HMOs specified by the user.
Automated Mailing Status Begin Date	4635	The beginning date for the status date range for providers and recipients
Automated Mailing Status End Date	4636	The ending date for the status date range for providers and recipients
Automated Mailing Status Indicator	4621	Indicates the status of the providers or enrollees as requested by the user.
Automated Mailing Time Requested	4630	The time of the request.
Automated Mailing Total Selected	4609	The total number of providers or enrollees selected from the request.

Element Name	Element ID	Description
Automated Mailing User Phone Number	4606	The phone number of the user.
Automated Mailing User Requested	4613	The identification of the user.
Claim DX Version Qualifer	2588	
Current Date	0005	Current Date

Element ID	Element Name	Description
0005	Current Date	Current Date
2588	Claim DX Version Qualifer	
4600	Automated Mailing Letter Tracking Number	The tracking number of a letter generated.
4601	Automated Mailing Document Name	Provides the name of the letter.
4602	Automated Mailing Folder Name	Provides the name of the folder.
4604	Automated Mailing Sort Preference	Indicates the sort preference of the user for a request.
4605	Automated Mailing Report Title	The title of the report as requested by the user.
4606	Automated Mailing User Phone Number	The phone number of the user.
4607	Automated Mailing Date Requested	The date of the request.
4608	Automated Mailing Date Completed	The date the request was completed.
4609	Automated Mailing Total Selected	The total number of providers or enrollees selected from the request.
4610	Automated Mailing Request ID	The identification of the user's request.
4611	Automated Mailing Folder ID	The identification number of a folder.
4612	Automated Mailing Provider Enrollee Indicator	Indicates whether a letter is cataloged to a provider or enrollee.
4613	Automated Mailing User Requested	The identification of the user.
4614	Automated Mailing Letter Text	Contains a line of the letter text.
4615	Automated Mailing Group HMO Affiliation Indicator	Indicates whether the provider is a group or HMO
4616	Automated Mailing Include Provider ID Indicator	Indicates whether to include the provider id on the requested output.
4617	Automated Mailing Enrollee Age Range Begin	The beginning age range of the enrollee as requested by the user.
4618	Automated Mailing Enrollee Age Range End	The ending age range of the enrollee as requested by the user.
4619	Automated Mailing Case Enrollee Indicator	Indicates whether the enrollee is a case or an enrollee.
4620	Automated Mailing Location Indicator	Indicates either the enrollees administrative or residence locality as requested by the user.
4621	Automated Mailing Status Indicator	Indicates the status of the providers or enrollees as requested by the user.
4622	Automated Mailing Medallion Only Indicator	Indicates selection of only Medallion providers or enrollees.
4623	Automated Mailing Medallion Specific HMO Indicator	Indicates selection of enrollees or providers in Medallion and HMOs specified by the user.
4624	Automated Mailing Medallion All HMO Indicator	Indicates selection of enrollees or providers in Medallion and all HMOs.
4625	Automated Mailing Specific HMO Indicator	Indicates selection of enrollees or providers in HMOs specified by the user.
4626	Automated Mailing All HMO Indicator	Indicates selection of enrollees or providers in all HMOs.
4627	Automated Mailing Include Provider Indicator	Indicates whether to include or exclude the HMO's enrollees. Only applies when an HMO provider is selected.
4628	Automated Mailing Output Indicator	Indicates the type of output requested by the user.
4629	Automated Mailing Create File Indicator	Indicates user's request to produce a file.
4630	Automated Mailing Time Requested	The time of the request.
4632	Automated Mailing Label Type	Identifies the type of label.
4633	Automated Mailing Enrollee Transaction Begin Date	Beginning date for the enrollee transaction date range.

Element ID	Element Name	Description
4634	Automated Mailing Enrollee Transaction End Date	Ending date for the enrollee transaction date range.
4635	Automated Mailing Status Begin Date	The beginning date for the status date range for providers and recipients
4636	Automated Mailing Status End Date	The ending date for the status date range for providers and recipients
4640	Automated Mail Phone Extension	Phone Extension

DATA ELEMENT: **Current Date (DE0005)**

Current Date

BUSINESS NAME: Current Date

REFERENCE NAME: Current Date

DEFAULT: System Date

COBOL PICTURE: X(10)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim DX Version Qualifer (DE2588)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Letter Tracking Number (DE4600)**

The tracking number of a letter generated.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Letter Tracking Number

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Document Name (DE4601)**

Provides the name of the letter.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Document Name

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Folder Name (DE4602)**

Provides the name of the folder.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Folder Name

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
CLAIMS	Includes Claims and Prior Authorization letters
EPSDT	Includes EPSDT letters
FINANCE	Includes Finance. HIPP and TPL letters
MICC	Includes MICC letters
PROVIDER	Includes Provider letters
RECIPIENT	Includes Recipient and Managed Care Letters

DATA ELEMENT: **Automated Mailing Sort Preference (DE4604)**

Indicates the sort preference of the user for a request.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Sort Preference

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Provider/Enrollee Name
2	Provider/Enrollee Number

DATA ELEMENT: **Automated Mailing Report Title (DE4605)**

The title of the report as requested by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Report Title

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing User Phone Number (DE4606)**

The phone number of the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing User Phone Number

DEFAULT: N/A

COBOL PICTURE: S9(11) Comp-3

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Date Requested (DE4607)**

The date of the request.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Date Requested

DEFAULT: N/A

COBOL PICTURE: S9(09) Comp-3

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Date Completed (DE4608)**

The date the request was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Date Completed

DEFAULT: N/A

COBOL PICTURE: S9(09) Comp-3

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Total Selected (DE4609)**

The total number of providers or enrollees selected from the request.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Total Selected

DEFAULT: N/A

COBOL PICTURE: S9(07) Comp-3

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Request ID (DE4610)**

The identification of the user's request.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Request ID

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Folder ID (DE4611)**

The identification number of a folder.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Folder ID

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Provider Enrollee Indicator (DE4612)**

Indicates whether a letter is cataloged to a provider or enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Provider Enrollee Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	Enrollee
P	Provider
Valid Values in	P = Provider E = Enrollee

DATA ELEMENT: **Automated Mailing User Requested (DE4613)**

The identification of the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing User Requested

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Letter Text (DE4614)**

Contains a line of the letter text.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Letter Text

DEFAULT: N/A

COBOL PICTURE: X(80).

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Group HMO Affiliation Indicator (DE4615)**

Indicates whether the provider is a group or HMO

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Group HMO Affiliation Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Group
2	HMO
3	Affiliation

DATA ELEMENT: Automated Mailing Include Provider ID Indicator (DE4616)

Indicates whether to include the provider id on the requested output.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Include Provider ID Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N' OR SPACES	PROCESS OTHER SELECTION CRITERIA
Valid Values in	Y or space = Include N = Do n
'Y'	PROCESS ONLY THE PROVIDER ID ENTERED AND IGNORE OTHER CRITERIA

DATA ELEMENT: **Automated Mailing Enrollee Age Range Begin (DE4617)**

The beginning age range of the enrollee as requested by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Enrollee Age Range Begin

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Enrollee Age Range End (DE4618)**

The ending age range of the enrollee as requested by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Enrollee Age Range End

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Case Enrollee Indicator (DE4619)**

Indicates whether the enrollee is a case or an enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Case Enrollee Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Case
E	Enrollee

DATA ELEMENT: **Automated Mailing Location Indicator (DE4620)**

Indicates either the enrollees administrative or residence locality as requested by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Location Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Administrative
R	Residential

DATA ELEMENT: **Automated Mailing Status Indicator (DE4621)**

Indicates the status of the providers or enrollees as requested by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Status Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	All
E	Eligible
I	Ineligible

DATA ELEMENT: Automated Mailing Medallion Only Indicator (DE4622)

Indicates selection of only Medallion providers or enrollees.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Medallion Only Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: Y = Medallion Only

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	DON'T SELECT MEDALLION PROVIDERS/ENROLEES
Valid Values in	Y = Medallion Only N or space
'Y' OR SPACES	DON'T VALIDATE THIS CRITERIA

DATA ELEMENT: Automated Mailing Medallion Specific HMO Indicator (DE4623)

Indicates selection of enrollees or providers in Medallion and HMOs specified by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Medallion Specific HMO Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	DON'T SELECT MEDALLION AND SPECIFIED HMOS
Valid Values in	Y = Select Medallion and Speci
'Y' OR SPACES	DON'T VALIDATE THIS CRITERIA

DATA ELEMENT: **Automated Mailing Medallion All HMO Indicator (DE4624)**

Indicates selection of enrollees or providers in Medallion and all HMOs.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Medallion All HMO Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	DON'T SELECT MEDALLION AND ALL HMO'S
Valid Values in	Y = Medallion and All HMOs N
'Y' OR SPACES	DON'T VALIDATE THIS CRITERIA

DATA ELEMENT: **Automated Mailing Specific HMO Indicator (DE4625)**

Indicates selection of enrollees or providers in HMOs specified by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Specific HMO Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	DON'T SELECT THE SPECIFIED HMO'S
Valid Values in	Y = Select by specified HMOs
'Y' OR SPACES	DON'T VALIDATE THIS CRITERIA

DATA ELEMENT: Automated Mailing All HMO Indicator (DE4626)

Indicates selection of enrollees or providers in all HMOs.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing All HMO Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	DON'T SELECT ANY OF THE HMO'S
Valid Values in	Y = All HMOs N or space = Do
'Y' OR SPACES	DON'T VALIDATE THIS CRITERIA

DATA ELEMENT: **Automated Mailing Include Provider Indicator (DE4627)**

Indicates whether to include or exclude the HMO's enrollees. Only applies when an HMO provider is selected.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Include Provider Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	EXCLUDE ALL THE PROVIDERS ENTERED IN TH SELECTION CRITERIA
Y	INCLUDE ALL THE PROVIDERS ENTERED IN TH SELECTION CRITERIA

DATA ELEMENT: **Automated Mailing Output Indicator (DE4628)**

Indicates the type of output requested by the user.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Output Indicator

DEFAULT: N/A

COBOL PICTURE: X(01

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Labels
2	Listing
3	Letters

DATA ELEMENT: **Automated Mailing Create File Indicator (DE4629)**

Indicates user's request to produce a file.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Create File Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	NO
'Y'	YES

DATA ELEMENT: **Automated Mailing Time Requested (DE4630)**

The time of the request.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Time Requested

DEFAULT: N/A

COBOL PICTURE: 9(07) Comp-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Label Type (DE4632)**

Identifies the type of label.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Label Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	1 up labels
2	2 up labels
3	3 up labels

DATA ELEMENT: **Automated Mailing Enrollee Transaction Begin Date (DE4633)**

Beginning date for the enrollee transaction date range.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Enrollee Transaction Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Enrollee Transaction End Date (DE4634)**

Ending date for the enrollee transaction date range.

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Enrollee Transaction End Date

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Status Begin Date (DE4635)**

The beginning date for the status date range for providers and recipients

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Status Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mailing Status End Date (DE4636)**

The ending date for the status date range for providers and recipients

BUSINESS NAME: N/A

REFERENCE NAME: Automated Mailing Status End Date

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automated Mail Phone Extension (DE4640)**

Phone Extension

BUSINESS NAME: Automated Mailing Phone Extension

REFERENCE NAME: Automated Mail Phone Extension

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
Adjacent or Extended Locality Indicator	5488	Indicator to specify if the Locality identified by I_LOC_ADJ_EXT is 'Adjacent to or 'Extended from the Locality identified by I_LOCALITY.
Adjustment Reason/Response Begin Date	5562	Adjustment Reason/Response Begin Date
Adjustment Reason/Response Cross Reference	5560	Adjustment Reason/Response Cross Reference; this field will populate either the I_ATTACH_ADJ_RESP or I_NO_ATT_ADJ_RESP columns on the RF_ERROR_DISP_LOC table, depending on whether or not there is an attachment.
Adjustment Reason/Response End Date	5563	Adjustment Reason/Response End Date
Adjustment Reason/Response Payment Code	5561	Adjustment Reason/Response Payment Code
Aid Category Grouping	5477	High level grouping (e.g., ADC, DIS, AGE, etc.) of similar Recipient Aid Categories as defined in the Recipient Sub-system.
Anesthesiology Base Units	5050	A method of charging Medicaid for Anesthesia services where Base Units represent time (00-60 for Medical).
Anesthesiology Base Units Begin Date	5051	Effective date for Anesthesiology Base Units (DE 5050).
Anesthesiology Base Units End Date	5163	Ending date of Anesthesiology Base Units (DE 5050).
Area Maximum Outpatient Charge	5169	State's maximum allowable fee which will be paid to a physician for a procedure or service, when performed outpatient.
Area Maximum Outpatient Charge Effective Date	5170	Effective date of Area Maximum Outpatient Charge (DE 5169).
Area Professional Component (PC) Inpatient Charge Effective Date	5154	Effective date for Area PC Inpatient Charge (DE 5153).
Area Professional Component (PC) Outpatient Charge	5185	Professional component (PC) of the Area Maximum Outpatient Charge (DE 5169) paid to a physician for outpatient services.
Area Professional Component (PC) Outpatient Charge Effective Date	5186	Effective date for Area PC Outpatient Charge (DE 5185).
Automatic Error End Date	5131	The end date of the Automatic Error Code for the procedure.
Available for Use	5005	
Beginning Age Range for Capitation	5480	Beginning Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider.
Benefit Plan Edit Criteria Begin Date	5620	Beginning date of the association between Edit Criteria Name (DE 5612) and Benefit Plan Code-Exception Indicator (DE 3550-DE 3072).
Benefit Plan Edit Criteria End Date	5621	Beginning date of the association between Edit Criteria Name (DE 5612) and Benefit Plan Code-Exception Indicator (DE 3550-DE 3072).
Benefit Plan Edit Criteria Last Update Date	5622	Date of last update to the Benefit Plan Edit Criteria File.
Capitation Rate Effective Begin Date	5478	The Effective Begin Date for the Capitation Rate identified for 'this' Aid Category (DE3009), Region (DE5249), and Gender/Age Range (DEs5480 thru 5487). There are currently 8 Gender/Age ranges listed in the Capitation Table (RF_CAPITATION).
Capitation Rate Effective End Date	5479	The Effective End Date for the Capitation Rate identified for 'this' Aid Category (DE3009), Region (DE5249), and Gender/Age Range (DEs5480 thru 5487). There are currently 8 Gender/Age ranges listed in the Capitation Table (RF_CAPITATION).
Capitation Rate for Age and Gender	5483	Monthly Capitation Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
Capitation Rate for Males 15 - 20	5485	Monthly Capitation Rate for Males aged 15 to 20. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.

Element Name	Element ID	Description
Capitation Rate for Males 21 - 44	5486	Monthly Capitation Rate for Males aged 21 to 44. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
Capitation Rate for Over 44	5487	Monthly Capitation Rate for both genders over the Age of 44. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
Capitation Rate Type	5484	Monthly Capitation Rate Type (HMO , CHMO, CMED, MED2, HIPP). This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender and Age range.
Claim Edit Code	5611	Code for a set of claims processing edits.
Claim Edit Code Parm Begin Date	5877	Claim Edit Code Parm Begin Date
Claim Edit Code Parm End Date	5878	Claim Edit Code Parm End Date
Claim Error ESC Code	5506	Claim Error ESC Code
Claim Form Code	5876	Claim Form Code. Uses I_CLM_FORM_CNUM #145 on GL_CODE_TYPE table.
Claim Response Begin Date	5544	Claim Response Begin Date
Claim Response Code	5540	Claims Response Code
Claim Response Code Status Catalog	5548	Claim Response Code Status Catalog
Claim Response Description	5543	Claim Response Description
Claim Response End Date	5545	Claim Response Begin Date
Claim Response Sequence Number	5542	Claim Response Sequence Number
Claim Response Short Description	5549	Claim Response Short Description
Claim Response Type	5541	Claim Response Type
Claim Type Process Indicator	5988	Pharmacy Claim Response Indicator
CMS Medicare Rate Procedure Modifier	5324	Modifier supplied by CMS or Medicare Carrier associated with a Medicare Rate for a Procedure Code. There are no specific valid values. The field usually contains only spaces.
Correspondence Begin Print Date	3992	The date the correspondence is added to the Production Letter Text file.
Correspondence End Date	3990	This is the date when this version of the correspondence was last sent.
Correspondence Generated Timestamp	3989	
Correspondence Identifier	3906	Identifies correspondence template.
Correspondence Output Identifier	3905	An eight character field that identifies the correspondence as it relates to the DSD. This is the output number for the correspondence.
Correspondence Print Identifier	3985	Identifies who prints the correspondence; a mailing contractor or the fiscal agent.
Correspondence Request Program Name	3986	This is the ID of a program that made a request for correspondence to be printed.
Correspondence Requested Timestamp	3988	This is the timestamp for a correspondence request. It is used to key the Correspondence VSAM file (RS-F-250).
Correspondence Text Line	3991	This is a line of a piece of correspondence. Correspondence is made up of no more than 60 of these.
Correspondence Variable Data	3987	This field contains the variable data that is to be printed on a piece of correspondence.

Element Name	Element ID	Description
Correspondence Variable Field Count	3993	The number of variable fields contained in a letter
Correspondence Version Number	3998	Identifies the current version of a correspondence.
Cost Code	5978	
Cost Code Begin Date	5980	
Cost Code Description	5979	
Cost Code End Date	5981	
Cross Reference NDC Begin Date	5880	The begin date for the NDC cross reference to the procedure.
Cross Reference NDC End Date	5881	The end date for the NDC cross reference to the procedure.
Cross Reference Procedure Code	5164	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
Cross Reference Procedure Duplicate Check	5139	Code to specify (Y or N) whether or not the X-Ref Procedure Code should be used for duplicate checking in the Claims adjudication process.
Cross Reference Procedure OTHER Indicator	5141	A Code (Y or N) that is available for future use as it may relate to the Cross Reference Procedure Code used in Claims Adjudication.
Cross Reference Procedure Prior Auth Indicator	5140	Code to specify (Y or N) whether or not the X-Ref Procedure Code is valid for an associated Prior Authorization in the Claims Adjudication process.
Cutback or Reduction in a Provider Payment	5607	Cutback or Reduction in a Provider Payment
DATE	1	
Diagnosis Acute/Trauma Indicator	5310	Indicates whether a diagnosis is an acute or traumatic condition. If so, the claim may be flagged for TPL follow-up.
Diagnosis Age Category	5453	Indicates the US and regional LOS age group analyzed for the diagnosis.
Diagnosis Age-Specific Indicator	5454	
Diagnosis Auto Error Effective Date	5309	Beginning date on which an the Diagnosis Auto Error Code for a diagnosis is in effect.
Diagnosis Category	5452	
Diagnosis Code	5301	Identifies a diagnosed medical condition; the ICD-9-CM coding structure is used.
Diagnosis Combo Flag	5312	This flag is set to 'Y' if code is comorbidity/complication and indicates a secondary condition causing 1-day increase in LOS for 75% of patients.
Diagnosis Como Code	5313	Indicates principal or secondary diagnosis.
Diagnosis Coverage Begin Date	5318	Beginning date of coverage for a diagnosis.
Diagnosis Coverage End Date	5319	Ending date of coverage for a diagnosis.
Diagnosis Edit Flag	5311	The Medicare Code Editor (MCE) considers some codes questionable or unacceptable for reporting diagnoses or procedures. This flag indicates the reason the diagnosis code is considered questionable or unacceptable.
Diagnosis Emergency Code	5322	Indicates whether or not the diagnosis is an emergency, and if so, whether admission is allowed.
Diagnosis Emergency Code Effective Date	5342	Effective date of Diagnosis Emergency Indicator.
Diagnosis Family Planning Indicator	5316	Indicates whether a diagnosis is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services.
Diagnosis HCFA	5315	This code is set to 'Y' for operating room procedures.
Diagnosis Maximum Age	5305	Maximum age of the recipient to which a diagnosis is restricted.

Element Name	Element ID	Description
Diagnosis MDC	5314	Each diagnosis code carries an MDC (Major Diagnostic Category) group number as a cross reference for assignment into DRGs. This represents the MDC most likely to be assigned by the Medicare Grouper logic.
Diagnosis Minimum Age	5304	Minimum age of the recipient to which a diagnosis is restricted.
Diagnosis Name	5302	Generally accepted nomenclature for a diagnosis.
Diagnosis Original	5317	Indicates the original group number pointing to this diagnosis. This is Virginia specific data and is only used for the purpose of capturing data prior to implementation of the new MMIS.
Diagnosis Prior Authorization Indicator	5321	Indicates whether prior authorization is required before submission of the diagnosis on a claim.
Diagnosis Procedure Class Indicator	5340	95th percentile that the length-of-stay (LOS) data represents for a diagnosis for the specified age range/group.
Diagnosis Sex Restriction Code	5303	Indicates whether a diagnosis is restricted by the sex of the recipient.
Disposition Location End Date	5682	Disposition Location End Date
DRG (Diagnosis Related Group) Code	5353	A code assigned to an Inpatient claim based on diagnosis codes, age, sex, discharge status, birth weight, and surgery codes. Values are on RF_DRG Table..
DRG Arithmetic Mean Length of Stay	5355	The mean Length of Stay for patients whose diagnoses and procedures map to a specific DRG Code.
DRG Code Begin Date	5298	Beginning date of the DRG Code (DE 5353).
DRG Code End Date	5299	Ending date of the DRG Code (DE 5353).
DRG Description	5356	English description for a DRG Code.
DRG Last Update Code	5394	Last update action to the DRG file.
DRG Last Update Date	5357	Date of the most recent file maintenance update to a record on the DRG file.
DRG Relative Weight	5354	A derived numeric factor (associated with a DRG Code) used in the algorithm to determine a provider's DRG payment.
Drug Abbreviated New Drug Application	5099	FDB field to identify a drug product that was approved under an Abbreiviated New Drug Application
Drug Allergy Codes	5285	Comprises 3 allergy codes of two bytes each. These are used to identify and create warnings associated with the use of certain drugs in patients with a history of hypersensitivity to a particular drug or drug class. These codes have application in on-line pharmacy systems utilizing automated patient profiles. These codes are specific to the active therapeutic ingredient(s) of the drug product.
Drug Average Wholesale Price (AWP)	5084	Drug unit price which is based on an actual survey of drug wholesalers.
Drug Average Wholesale Price (AWP) Date of Last Change	5749	Date on which a drug record's current blue book average wholesale unit (DE 5084) or package price were changed on the National Drug Data File (NDDF).
Drug Average Wholesale Price (AWP) Effective Date	5234	Effective date of the Average Wholesale Price (DE 5084).
Drug Brand Name	5208	Name appearing on the drug package label.
Drug Category Code	5088	Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.
Drug Class Code	5059	Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: "Federal Law Prohibits Dispensing a Drug without a Prescription".

Element Name	Element ID	Description
Drug Code (NDC)	5200	National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.
Drug Co-pay Indicator	5071	Indicates if the drug requires a copay
Drug Cost Price	5223	Price of drug cost.
Drug Coverage Begin Date	5201	Beginning date of drug coverage.
Drug Coverage End Date	5202	Ending date of drug coverage. No Longer used in editing
Drug Direct Price Indicator	5203	Indicates if drug is direct-priced.
Drug Direct Unit Price	5235	Manufacturer's direct unit price.
Drug Direct Unit Price Effective Date	5236	Effective date of Drug Direct Price (DE 5235).
Drug Dispensing Unit	5031	Unit by which a drug is dispensed and by which the pricing calculations are performed in the Claims Processing Sub-system.
Drug Dosage Form	5044	
Drug Dosage Form Description	5043	Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible.
Drug Dosage Type	5762	Identifies the type of group (adult, geriatric, MMGR, MMAR) that daily dosage is reported. This data element must is used in conjunction with GCN.
Drug Dosage Type Description	5763	Describes the dosage type (or group) identified for the daily dosage.
Drug Enforcement Administration (DEA) Code	5032	A code indicating the degree of potential abuse and Federal control of a drug.
Drug Federal Financial Participation (FFP) Rebate Manufacturer Code	5197	Indicates whether a labeler (NDC 5) is participating in the HCFA rebate program.
Drug Federal Financial Participation (FFP) Rebate Manufacturer Code Date	5216	Date of Drug FFP Rebate Manufacturer Indicator (DE 5197).
Drug Federal Maximum Allowable Cost (FMAC)	5036	Maximum allowed unit price for a drug under FMAC regulation. Also known as Federal Participation's Plan Upper Limits.
Drug Federal Maximum Allowable Cost (FMAC) Effective Date	5237	Effective date of the Federal Maximum Allowable Cost (DE 5036).
Drug Form Code	5206	Blue Book basic drug measurement unit for performing price calculations. The field can be received as a two character field containing the values of EA, ML or GM.
Drug Gender-Specific Code	5297	Identifies drugs that are used exclusively in males, most likely used in males, used exclusively in females or most likely used in females. It can be used to help determine appropriateness of therapy based upon the sex of the patient or infer the sex of a patient.
Drug Generic (GSN) Sequence Number	5731	Is a random number representing a generic formulation. Like the Generic Code Number (GCN) (DE 5061), it is specific to the generic ingredient(s), Route of Administration (DE 5736), and Drug Strength (DE 5070). Both are the same across manufacturers and/or package sizes. Unlike the GCN (DE 5061), the GSN is specific to its Dosage Form (DE 5043).
Drug Generic Code Number (GCN)	5061	Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.
Drug Generic Indicator	5038	Drug Field that differentiates single source from multiple source drugs
Drug Generic Manufacturer Indicator	5092	The Generic Manufacturer Indicator specifies whether a product is distributed by a brand manufacturer, a generic manufacturer, or a niche manufacturer.

Element Name	Element ID	Description
Drug Generic Name	5747	Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form.
Drug Generic Price	5039	This indicator will distinguish a product as either priced as a generic, priced as a brand, or multi-sourced.
Drug HCFA Approval Date	5110	FDA Approval Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor.
Drug HCFA Common Procedure Code (HCPC)	5286	Codes used for billing supplies, materials, injections and certain services and procedures to Medicare.
Drug HCFA DESI Code	5105	DESI Code as supplied on the Healthcare Finance Administration's quarterly tape. The code identifies the DESI status of the NDC drug record, and the effective date identifies when the status took effect.
Drug HCFA DESI Effective Date	5288	Effective date of the HCFA DESI Code (DE 5105).
Drug HCFA Drug Category Code	5104	Indicates the Federal Drug Administration Drug Category Code supplied on the Healthcare Finance Administration's quarterly tape. This indicator identifies single source, multi-source or innovator status. The data is actually supplied to HCFA from the drug manufacturer/distributor.
Drug HCFA Drug Type Code	5113	Drug Type Indicator as supplied on the Healthcare Finance Administration's quarterly tape. The indicator expresses the prescription or over-the-counter status of the drug product.
Drug HCFA Termination Date	5112	Termination Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. The date represents the shelf life expiration date of the last batch produced.
Drug Hierarchical Ingredient Code List (HICL)	5748	Comprises a maximum of nine sequenced ingredient codes, termed hierarchical ingredient codes (HICs). Each HIC is a six byte alphanumeric string. Each HIC may contain blank spaces in positions five and six, so imbedded spaces within a HICL would be expected.
Drug Hierarchical Ingredient Code List (HICL) Sequence Number	5218	Is a unique and randomly assigned 9 byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.
Drug Institutional Product Code	5196	Found on products which are specifically priced for sale to selected customers. These products are generally available on a limited basis.
Drug Labeler Identifier Code	5191	The FDB code used to uniquely identify the distributor. This field is independent of the National Drug Code (DE 5200) and facilitates the grouping of NDCs by unique distributor.
Drug Last Update Code	5188	Transaction code representing the last file maintenance activity to a record on the Procedure file.
Drug Maintenance Code	5289	Distinguishes whether this drug is a maintenance drug. A maintenance drug is one that is used to treat a chronic (lasting longer than one year) illness or condition.
Drug Manufacturer/Distributor Name	5040	Name of distributor as listed on a drug table or as indicated by the NDC (DE 5200). It does not necessarily identify the actual drug fabricator.
Drug Maximum Daily Dose Quantity	5738	Provides the quantitative value for the maximum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). This data element must be used in conjunction with the Drug Maximum Daily Dose Unit (DE 5757).
Drug Maximum Daily Dose Units	5757	Defines the units which must be used in conjunction with the Maximum Daily Dose Quantity for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR). These units are usually expressed as metric strength units.

Element Name	Element ID	Description
Drug Maximum Daily Units Form	5761	Defines the unit of use form which must be used in conjunction with the Maximum Daily Units Quantity (DE 5759).
Drug Maximum Daily Units Quantity	5759	Provides the numeric value for the maximum daily dose for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR), expressed in relation to its dosage form. This data element is used in conjunction with the Maximum Daily Units Form (DE 5761).
Drug Maximum Dispensing Units	5209	Maximum units that can be dispensed at any one time.
Drug Maximum Quantity	5211	Maximum quantity in units of drug that is calculated as the product of Drug Maximum Daily Dose and Days (policy).
Drug Minimum Daily Dose Quantity	5737	Provides the quantitative value for the minimum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). This data element must be used in conjunction with the Drug Minimum Daily Dose Unit (DE 5756).
Drug Minimum Daily Dose Units	5756	Defines the units which must be used in conjunction with the Minimum Daily Dose Quantity for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR). These units are usually expressed as metric strength units.
Drug Minimum Daily Units Form	5760	Defines the unit of use form which must be used in conjunction with the Minimum Daily Units Quantity (DE 5758).
Drug Minimum Daily Units Quantity	5758	Provides the numeric value for the minimum daily dose for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR), expressed in relation to its dosage form. This data element is used in conjunction with the Minimum Daily Units Form (DE 5760).
Drug National Drug Code (NDC) Format Code	5192	Identifies the original ten character format of the NDC (DE 5200) and type of code, i.e. NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code) and PIN (Personal Identification Number).
Drug New Drug Application	5098	FDB field to identify a drug product that was approved under a New Drug Application
Drug Obsolete Date	5238	Date on which a drug product is no longer available in the market place per the manufacturer's notification of the best estimate of that date.
Drug Orange Book Code	5754	Identifies the equivalency ratings assigned to an approved prescription product according to FDA's Approved Drug Products with Therapeutic Equivalence Evaluations. A code is assigned to all products on NDDF regardless of whether it has been evaluated with the prescription section of the Orange Book.
Drug Orange Book Code Description	5755	Description of the Drug Orange Book Code (DE 5754).
Drug Package Size	5041	Indicates the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. The standard for all single dosage units such as ampul, IV, vials, etc.
Drug Previous National Drug Code (NDC)	5752	NDC that was previously used for the product. Non-blank value only on those products that have been identified by the manufacturer as replacing an obsolete (discontinued) NDC.
Drug Price Amount	5220	The price amount for the drug, based on the price type.
Drug Price Effective Date	5222	Effective date of Drug Price.
Drug Price Source Code	5221	Source of Drug Price.
Drug Price Type	5205	Indicates the type of price being stored on the NDC_PRICE table.
Drug Price Type Code	5214	Indicates the drug price type as Average Wholesale Price (AWP) or Federal Maximum Allowable Cost (FMAC).
Drug Record Added Date	5300	Date the record was added to the Drug File.
Drug Replacement National Drug Code (NDC)	5753	New NDC that has replaced the NDC for this product.
Drug Route Description	5091	Normal method by which a drug is administered. The current range of descriptions include oral, topical, injection, etc.

Element Name	Element ID	Description
Drug Route of Administration Code	5736	This single byte field contains a code indicating the normal method by which a drug is administered. It's descriptive information can be found in Drug Route Description (DE 5091).
Drug Service Limit Code	5072	Indicates the restrictions that would apply to certain types of recipients.
Drug Smart Key Code	5287	The Smart Key is a series of seven data elements arranged in a hierarchical fashion. It classifies all products by Generic Therapeutic Class, Specific Therapeutic Class, Hierarchical Ingredient Code List, Strength, Dosage Form Route of Administration, Package Size and Unit Dose/Unit of Use. The Smart Key can be used to define and maintain formularies, bid lists or it can be used to summarize data.
Drug Standard Package Code	5217	Identifies the package size and associated price vectors to be used when pricing "standard package size" which is defined as 100s for non-unit dose, non-prepack tablets and capsules and 473 or 480 ML for liquids.
Drug Strength Description	5070	In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units.
Drug Strength Number	5295	Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, "250" is the Strength Number, "MG" is the Strength Unit, "5" is the Strength Volume and "ML" is the Volume Unit.
Drug Strength Units	5296	Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product.
Drug Strength Volume Number	5194	Indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression of the drug product.
Drug Strength Volume Units	5195	This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Number (DE 5194) to obtain a conventional strength expression of the drug product.
Drug Therapeutic Class AHFS Code	5290	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each record included in NDDF whether or not the drug product is in the AHFS. For many drug products, particularly combination products, more than one AHFS code is possible. Conventionally, an AHFS classification is printed with a colon between the second and third digits and a period between the fourth and fifth digits.
Drug Therapeutic Class AHFS Description	5291	Description of AHFS Therapeutic Class Code (DE 5290).
Drug Therapeutic Class Generic Code	5037	Numeric code used to classify drugs according to the most common intended use. This classification scheme provides the least specific therapeutic groupings available in the National Drug Data File (NDDF).
Drug Therapeutic Class Generic Description	5294	Description of the Generic Therapeutic Class Code (DE 5294).
Drug Therapeutic Class Specific Code	5735	Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system.
Drug Therapeutic Class Specific Description	5292	Description of the Specific Therapeutic Class Code (DE 5292).
Drug Therapeutic Class Standard Code	5232	Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme.
Drug Therapeutic Class Standard Description	5293	Description of the Standard Therapeutic Class Code (DE 5293).

Element Name	Element ID	Description
Drug Top 200 Code	5086	Indicates if a drug is included in the list of the 200 drug products most frequently dispensed in community and chain pharmacies. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market research surveys.
Drug Unit Dose Code	5042	Indicates a drug packaged in individual unit doses. Unit dose is defined by First Data Bank as all products labeled as Unit Dose by the manufacturer. It does not apply to injectable products, suppositories or powder packets.
Drug Unit Dose Price	5230	Price of drug unit dose.
Drug Unit Dose Source Code	5231	Source of Drug Unit Dose Price (DE 5230).
Drug Unit of Use Code	5193	Denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit.
Drug Update Bypass Indicator	5241	Indicates if update on Drug Code (DE 5200) is to be bypassed.
Drug VA MAC Override	5095	This field will be used by DMAS to Override MAC pricing
Drug Virginia Formulary Indicator	5219	Indicates a drug as interchangeable. Indicates a drug as a formulary (prescription) item.
Drug Virginia Maximum Allowable Cost (VMAC) 60th Percentile	5233	Indicates the 60th Percentile for Unit Dose drugs with three (3) suppliers in Virginia Voluntary Formulary.
Drug Wholesale Unit Price (WAC)	5198	Also known as the Wholesale Acquisition Cost (WAC). Is the manufacturer's wholesale net unit price. Not all manufacturers sell through wholesalers so not every record will have a wholesale net price.
Drug Wholesale Unit Price (WAC) Effective Date	5199	Effective date of the Drug Wholesale Acquisition Cost (WAC) (DE 5198).
Edit Criteria A/B/X Code	5625	Indicates if Edit Criteria Criterion (DE 5614) applies only to current ranges, history ranges or both current and history ranges.
Edit Criteria Begin Date	5616	Beginning date of the Edit Criteria Name (DE 5612).
Edit Criteria Criterion	5614	Indicates criteria such as 'Provider Class Type', 'Provider Specialty', 'Procedure Modifier', 'Tooth Surface', 'Type of Service', 'Place of Service', 'Recipient Age', 'Claim Type', 'Diagnosis', 'Procedure', 'Revenue Code', 'Provider Identification', 'Time', and 'Units/Dollars/Claim Lines'.
Edit Criteria End Date	5617	Ending date of the Edit Criteria Name (DE 5612).
Edit Criteria Exclusive/Inclusive (E/I) Code	5624	Indicates if Edit Criteria Criterion (DE 5614) is 'Inclusive' or 'Exclusive'.
Edit Criteria Exists	5724	Indicates whether or not an Edit Criteria Set exists for this Edit #.
Edit Criteria Last Update Date	5613	Date of the most recent file maintenance update to the Edit Criteria File.
Edit Criteria Limit Amount Quantity	5875	Edit Criteria Limit Amount Quantity
Edit Criteria Limit Unit Quantity	5873	Edit Criteria Limit Unit Quantity
Edit Criteria Limit Unit Type	5874	Data determines whether the Criteria 'Limit' refers to Dollars (Current & History), Claim Lines, Dollars, Hours, or Units.
Edit Criteria Name	5612	The name assigned to a set of service limits for a Claim Edit Code (DE 5611).
Edit Criteria Procedure Code A1 Begin Range	5686	Edit Criteria Procedure Code A1 Begin Range
Edit Criteria Procedure Code A1 End Range	5687	Edit Criteria Procedure Code A1 End Range
Edit Criteria Procedure Code A2 Begin Range	5690	Edit Criteria Procedure Code A2 Begin Range
Edit Criteria Procedure Code A2 End Range	5691	Edit Criteria Procedure Code A2 End Range
Edit Criteria Procedure Code B1 Begin Range	5688	Edit Criteria Procedure Code B1 Begin Range
Edit Criteria Procedure Code B1 End Range	5689	Edit Criteria Procedure Code B1 End Range
Edit Criteria Procedure Code B2 Begin Range	5692	Edit Criteria Procedure Code B2 Begin Range
Edit Criteria Procedure Code B2 End Range	5693	Edit Criteria Procedure Code B2 End Range

Element Name	Element ID	Description
Edit Criteria Record Created Date	5618	Date this Edit Criteria record was added to the table.
Edit Criteria Record Created Time	5619	Actual time that this record was added to the table.
Edit Criteria Sequence Number	5610	Along with Error Text Error Code (DE5501), this field identifies an Edit Criteria Set. It is a means by which more than one Edit Criteria Set can be associated with an Error Text Error Code and Error ESC Code (DE5609).
Edit Criteria Set Begin Date	5684	Edit Criteria Set Begin Date
Edit Criteria Set End Date	5685	Edit Criteria Set End Date
Edit Criteria Set Type	5683	Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit.
Edit Criteria Time Span Type	5696	Data determines whether the Time Units are to be counted backward from history Date of Service; Time Units to be counted backward AND forward from history Date of Service; or Forward from history Date of Service
Edit Criteria Time Type	5698	Data that determines whether the 'time' referred to is: Day, Month, Calendar Month, Year, Calendar Year, Fiscal Year, or Lifetime.
Edit Criteria Time Units	5697	Edit Criteria Time Units
Edit Criteria Value 1	5626	Indicates the first Value Set number associated with the Edit Criteria or the number of time units, UVS, dollar amount, number of claim lines or effective dates.
Edit Criteria Value 2	5627	Indicates the second Value Set number associated with the Edit Criteria.
Edit Criteria Value Set Begin Date	5694	Edit Criteria Value Set Begin Date
Edit Criteria Value Set End Date	5695	Edit Criteria Value Set End Date
Edit Error Edit Type	5680	Edit Error Edit Type
Edit Relationship Begin Date	5895	
Edit Relationship End Date	5896	
Edit Text Adjustment Code	5498	Edit Text Adjustment Code
Edit Text Compound Code	5681	Edit Text Compound Code
Emergency End Date	5132	The end date of the Emergency Code for the procedure.
Ending Age Range for Capitation	5481	Ending Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider.
Error ESC Code	5609	Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria.
Error Text Claim Type Media Code	5521	Identifies the medium of the input claim.
Error Text Deny Indicator	5517	This code denotes whether the error can be used to deny the claim during pend resolution.
Error Text Display Priority	5499	For Point of Sale Claims (POS). When there are errors, a priority is placed on each error to determine which error should be sent first to the Provider.
Error Text Disposition Attachments	5603	Indicates that the Disposition requires attachments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. On the Pend Resolution Screens, this field is the disposition entered with an ESC number when the pend resolution clerk is denying, rejecting, or overriding an edit.
Error Text Disposition Location Effective Date	5602	Date when the disposition and location of an Error Code (DE 5501) for a specific Benefit Definition Benefit Plan Code (DE 3550) and Exception Indicator (DE 3072) becomes effective.

Element Name	Element ID	Description
Error Text Disposition No Attachments	5604	Indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code.
Error Text Edit Begin Date	5503	The beginning date on which a Status/Disposition Code becomes effective.
Error Text Edit End Date	5523	The ending date on which a Status/Disposition Code becomes effective.
Error Text Electronic Media Claims (EMC) Code	5500	Drug Applications related code used to flag error codes on the Remittance Advice (RA) tapes.
Error Text Error Code	5501	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.
Error Text Last Update Date	5515	Date of the most recent file maintenance update to the common portion of the Error Text File.
Error Text Location Attachments	5605	Indicates that attachments are required for this Location for this Media Type for this Invoice Type. The domain will be the actual three position Location Code.
Error Text Location No Attachments	5606	Indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code.
Error Text Long Description	5514	Error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices.
Error Text NCPDP Error Code	5522	This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions.
Error Text Prior Authorization Override Indicator	5518	Denotes whether the presence of a prior authorization record can be used during claims adjudication to override the error.
Error Text Recycled Days	5679	The length of time, in days, that the current claim will "recycle" in a pended status before it is denied.
Error Text Remittance Advice Print Indicator	5507	Indicates whether the Error Message will print on the Remittance Advice.
Error Text Resolution Override Indicator	5504	A code indicating whether an error can be overridden manually.
Error Text Service/Payment Date Code	5519	This code denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt.
Error Text Short Description	5513	Error description that appears on the Daily Pend List.
Error Text Turn Around Document (TAD) Indicator	5516	This code denotes whether the error can be used to generate a TAD during pend resolution.
Fee Modifier	5023	Determines DME Type rate: Professional Component (26) or Technical Component (TC).
Fee Type	5021	Indicates whether the Medicare Rate data is for Physicians (MFS) or Ambulance (AMB) or DME (DME).
Fee Update Date	5022	Date that the rates were updated by the Medicare carrier. It becomes the new effective date for the rate.
File Year	5455	Indicates year the Physician Fee Schedule applies.
Flag Begin Date	5242	Beginning date of Flag (DE 5165).
Flag Code	5165	Identifies certain procedure codes for special processing and/or Benefit Plan Coverage.
Flag Date Type Code	5240	Indicates the type of date associated with the Flag (DE 5165).
Flag End Date	5243	Ending date of Flag (DE 5165).
Gender that Capitation Rate is for	5482	Indicator of the Sex that an enrollee must be, along with the Age Range that an enrollee must be in, in order for the associated Capitation rate to apply. The CNUM for this CVAL is 297.
Generic Named Drug Indicator	5093	The Generic Named Drug Indicator specifies whether a product is a brand, a generic, or an alternative brand, using the product name as the criteria.

Element Name	Element ID	Description
Generic Therapeutic Drug Indicator	5094	The Generic Therapeutic Drug Indicator specifies whether a product is a brand, an Orange Book rated generic, a non- Orange Book generic or a product of unknown equivalence.
HCIA Average Stay	5461	The length of stay is calculated from the admission and discharge dates by counting the day of admission as the first day; the day of discharges not included. The average is figured by adding the lengths of stay for each patient and then dividing by the total number of patients. Patients discharged on the day of admission are counted as staying one day in the calculation of average length of stay. Patients with stays over 99 days are excluded from this calculation.
HCIA Category (Type of Code) Code	5465	
HCIA ICD-9-CM Code Prefix	5459	
HCIA LOS Group	5467	The Length of Stay (LOS) group number which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable.
HCIA Observed Number of Patients	5460	Represents the total number of patients in the stratified group. Patients with stays over 99 days (99+) are excluded.
HCIA Procedure Class	5466	Indicates the operative and non-operative procedure class. Code is left justified with trailing spaces or two numbers separated by a comma, all spaces if a disease code.
HCIA Record Sequence Code	5464	Indicates the record sequence with the code.
HCIA Record Type	5457	Indicates an HCIA diagnosis or procedure record type.
HCIA Region Code	5456	Indicates the HCIA region for which the data is grouped.
HCIA Subdivided/Incomplete Code Indicator	5463	If codes lack essential subdivisions, (e.g., 3 digit disease or procedure code with a 4th digit subdivision possible) they are invalid. In such cases a special marker - the @ symbol - appears in position 8 of the Codes and Abbreviated Titles record.
HCIA Summary Level	5458	
HCIA Variance	5462	Measure of the spread of the data around the average. The smallest variance is zero, indicating all lengths of stay are equal. When using data in groups in which there is a large variance, and the patient group size is relatively small, the average stay may appear high. This sometimes occurs when one or two patients with long hospitalizations fall into the group.
HCPCS Action Code	5428	Code identifying the change made to a procedure or modifier code within the HCPCS system.
HCPCS ASC Payment Group Code	5415	The code which represents the dollar amount of the facility charge payable by Medicare for the procedure.
HCPCS ASC Payment Group Effective Date	5416	The date the procedure is assigned to the ASC Payment Group.
HCPCS Berenson-Eggers Type of Service Code	5417	The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services.
HCPCS Coverage Code	5414	A code denoting Medicare coverage status.
HCPCS Coverage Issues Manual Reference Section Number	5419	Number identifying the Reference Section of the Coverage Issues Manual.
HCPCS Medicare Carriers Manual Reference Section Number	5420	Number identifying a section of the Medicare Carriers Manual.
HCPCS Procedure Code	5982	HCPCS Procedure Code for Medicare Physician Fees.
HCPCS Processing Note Number	5423	Number identifying the Processing Note contained in Appendix A of the HCPCS Manual.
HCPCS Record Identification Number	5427	Code to identify HCPCS record type.

Element Name	Element ID	Description
HCPCS Sequence Number	5426	Sequence number by 100s. Used to group procedure or modifier codes together.
HCPCS Termination Date	5418	Last date for which a procedure or modifier code may be used by Medicare providers.
HIPAA Adjustment Reason Begin Date	5584	HIPAA Adjustment Reason Begin Date
HIPAA Adjustment Reason Code	5580	HIPAA Adjustment Reason Code
HIPAA Adjustment Reason Code Description	5537	HIPAA Adjustment Reason Code Description
HIPAA Adjustment Reason Description	5583	HIPAA Adjustment Reason Long Description
HIPAA Adjustment Reason End Date	5585	HIPAA Adjustment Reason End Date
HIPAA Adjustment Reason Group Begin Date	5538	HIPAA Adjustment Reason Group Begin Date
HIPAA Adjustment Reason Group Code	5535	HIPAA Adjustment Reason Group Code
HIPAA Adjustment Reason Group End Date	5539	HIPAA Adjustment Reason Group End Date
HIPAA Adjustment Reason Sequence Number	5582	HIPAA Adjustment Reason Sequence Number
HIPAA Adjustment Reason Short Description	5586	HIPAA Adjustment Reason Short Description
HIPAA Standard Code Sets Update Current Process Indicator	5987	Override Indicator
HIPAA Standard Code Sets Update Last Update Results	5986	HIPAA Standard Code Sets Update Last Update Results
Host Variable Name	5989	Variable name used to reference CM_GROUP_ITEMS table using column C_VAR_NAME.
Innovator Indicator	5073	A one-character alphanumeric column that identifies products that received National Drug Application (NDA) approval and are desiginated as Reference Listed Drugs by FDA.
Laboratory Code	5080	3 digit Medicare code used to identify the lab category that a lab procedure falls into.
Laboratory Code Begin Date	5081	Beginning date of type of certification for a Laboratory Code (DE 5080).
Laboratory Code End Date	5082	Ending date of type of certification for a Laboratory Code (DE 5080).
Last Update Code for the Region Row	5489	Code to specify the type of Update last applied to this Region row.
Letter Special Insert	3801	An two character field that identifies a special insert for a particular correspondence.
Locality Begin Date	5256	Effective date of the Locality Code.
Locality End Date	5257	Ending date of the Locality Code.
Locality End Reason Code	5258	Indicates the reason code for ending the Locality Code.
Locality End Reason Text	5283	Indicates the reason text for ending the Locality Code.
Locality Income Level Code	5280	Indicates the income level of the Locality Code.
Locality Last Update Code	5183	Code of last change to the Locality record.
Locality Last Update Date	5168	Date of the most recent file maintenance update to a record on the Locality file.
Locality Last Update Time	5424	Time of last update to a Locality file.
Locality Name	5255	The name of the locality corresponding to the Locality Code.
Locality Physically Adjacent Codes	5262	Indicates localities that are physically or geographically adjacent to the Locality Code.
Locality Physically Extended Codes	5263	Indicates localities that are physically or geographically out-lying or extended to the Locality Code.

Element Name	Element ID	Description
Locality Record Added Date	5184	Indicates date the record was added to the Locality file.
Locality Region Type Additional Address Name	5265	Contains street information or department/division name of the address data.
Locality Region Type Address Name	5264	Contains the Locality Code and Locality Name for DSS Regional, State Institution, DSS/DMAS Report Distribution offices; 'DMAS' for DMAS; and the Locality Name for Health Department offices.
Locality Region Type Adjacent Codes	5276	Indicates localities that are determined as adjacent to the Locality Code for purposes of pre-assignment. These localities are not necessarily physically adjacent to the Locality Code.
Locality Region Type Adjacent Order Indicator	5275	Indicates the priority order of the locality when adjacent localities are to be pre-assigned to enrollees resident in the this Locality.
Locality Region Type City Name	5267	Indicates the city in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located.
Locality Region Type Extended Codes	5278	Indicates localities that are extended from the Locality Code for purposes of pre-assignment. These localities may or may not be physically out-lying or extended from the Locality Code.
Locality Region Type Extended Order Indicator	5277	Indicates the priority order of the locality when extended localities are to be pre-assigned to enrollees resident in the this Locality.
Locality Region Type Last Update Code	5181	Code of last update to the Locality Region Type record.
Locality Region Type Last Update Date	5182	Date of last update to the Locality Region Type record.
Locality Region Type Last Update Time	5425	Time of last update to the Locality Region Type file.
Locality Region Type Management Fee	5449	The administrative fee paid to a provider on a monthly basis for managing the care of a Medallion or CMM enrollee (the fee is paid per enrollee). If a Provider has three Medallion enrollees assigned to them, three times the fee amount is paid to the provider per month.
Locality Region Type Management Fee Begin Date	5450	Beginning date of Management Fee.
Locality Region Type Management Fee End Date	5451	Ending date of Management Fee.
Locality Region Type Pre-assignment Indicator	5448	An indicator that identifies by FIPS Code, whether Managed Care pre-assignment will be done by Claims History processing only, or by Random processing, which includes Claims History.
Locality Region Type State Code	5268	Indicates the state in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located.
Locality Region Type Status Begin Date	5272	Indicates the date from which the status of the Locality Code is "Proposed", "New" or "Enrolled".
Locality Region Type Status Code	5271	Indicates the enrollment status of the Locality Code under the Region Type.
Locality Region Type Status End Date	5273	Indicates the date after which the status of the Locality Code is no longer "Proposed", "New" or "Enrolled".
Locality Region Type Status End Reason Code	5274	
Locality Region Type Status End Reason Text	5180	Indicates reason text for ending the association of the Locality Code (DE5254) with the Region Type Code (DE5244) and the Region Code (DE5249).
Locality Region Type Street Address	5266	Contains additional street information of the address data.
Locality Region Type Zip Code	5269	Indicates the zip code of the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office.
Locality Region Type Zip Groups	5279	Used in the pre-assignment process to assign a recipient or provider based on specified zip codes for that county. The zip codes may or may not be within the county but may be adjacent.
Locality Size Code	5260	Indicates the population of the city/county. It represents the Standard of Assistance Group which indicates the income level range used in determining eligibility for assistance.

Element Name	Element ID	Description
Locality Zip Codes	5259	Indicates valid 9 byte zip codes.
Locality/Reg Type Adjacent/Extended Begin Date	5444	Begin Date for Loc/Reg Type Adjacent/Extended Locality.
Locality/Reg Type Adjacent/Extended End Date	5445	End Date for Locality/Reg Type Adjacent/Extended Locality.
Locality/Region Type Begin Date	5490	Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality).
Locality/Region Type End Date	5491	End Date for this Locality/Region Type (Region Type, Region, Locality).
Locality/Region Type End Reason Text	5307	Displays the description for Locality/Region Type End Reason.
Log Action Type	5702	A code indicating the type of action for a log.
Log Date	5704	Date of the action of the log.
Log Operator Identification	5706	Operator ID of the operator who entered the on-line transaction. The terminal operator's ID.
Log Program ID	5710	Program number of the on-line program that generated the Log record.
Log Record Data	5708	Record data for the record(s) being logged. N represents the length of the longest record type being logged.
Log Record Data Key	5703	The key of the updated record.
Log Source Document Identification	5709	Identification of the hard copy source document from which on-line changes are made to the Reference Sub-system files. This data element is not carried on the files.
Log Table-File ID	5711	Identification of the table or file that has been updated with "this" Log record.
Log Terminal Identification	5707	Terminal ID of the terminal where the on-line transaction was entered.
Log Time	5705	Time the log action took place.
Log Transaction Code	5699	Code of the transaction performing the add, change, delete, cancel, reinstate or reject action.
Log Transaction Strip Code	5701	The Sub System Identification to which the Teleprocessing Log File records belong.
LOS Average for Multiple Diagnosis	5328	Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis.
LOS Average for Multiple Diagnosis With Surgery	5349	Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis.
LOS Average for Multiple Diagnosis Without Surgery	5350	Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis.
LOS Average for Single Diagnosis	5327	Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis.
LOS Average for Single Diagnosis With Surgery	5351	Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis.
LOS Average for Single Diagnosis Without Surgery	5352	Average hospital length-of-stay (LOS) in days with a single diagnosis with no surgery, specified for a diagnosis.
LOS Begin	5329	The Begin date of the LOS Group.
LOS for Age Range 00-19	5335	The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group.
LOS for Age Range 20-34	5336	The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group.
LOS for Age Range 35-49	5337	The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group.
LOS for Age Range 50-64	5338	The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group.

Element Name	Element ID	Description
LOS for Age Range 65+	5339	The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for the specified percentile/group.
LOS Group End Date	5133	The end date of the LOS Group.
LOS Group Procedure/Diagnosis Indicator	5320	Indicates whether the LOS group pertains to a procedure or diagnosis.
LOS Link	5330	The key that links the current length-of-stay (LOS) data with the previous length-of-stay data
LOS Percentile	5323	Indicates the percentile that the LOS data represents for a diagnosis.
LOS Percentile for Multiple Diagnosis	5343	Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis.
LOS Percentile for Multiple Diagnosis With Surgery	5344	Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis.
LOS Percentile for Multiple Diagnosis Without Surgery	5345	Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with no surgery involved, as specified for a diagnosis.
LOS Percentile for Single Diagnosis	5346	Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis.
LOS Percentile for Single Diagnosis With Surgery	5347	Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis.
LOS Percentile for Single Diagnosis Without Surgery	5348	Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis.
Medicare Amount	5175	Indicates the Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type (DE #5153)
Medicare Amount Begin Date	5176	Beginning date of Medicare Amount (DE 5175).
Medicare Amount End Date	5177	Ending date of Medicare Amount (DE 5175).
Medicare Anesthesia Relative Value	5160	The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitoring procedures. (Note: The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.)
Medicare Anesthesia Relative Value Begin Date	5161	Beginning date of Medicare Anesthesia Base Units Quantity (DE 5160).
Medicare Anesthesia Relative Value End Date	5162	Ending date of Medicare Anesthesia Base Quantity (DE 5160).
Medicare Carrier Code	5090	Code Number that identifies the Medicare carrier for whom charges are stored.
Medicare Carrier Name	5178	Abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded.
Medicare DME Monthly Rental/Ambulance Inflation Indexed Charge	5411	
Medicare DME New Purchase/Ambulance 75% Charge	5409	
Medicare DME Used Purchase/Ambulance 50% Charge	5410	
Medicare Physician Facility Amount	5984	Medicare Physician Outpatient fee.
Medicare Physician Fee Indicator	5985	Medicare Physician Fee Indicator
Medicare Physician Fee Pricing Locality	5179	Identifies the pricing locality on the Medicare Physician Fee Schedule record.
Medicare Physician Non-Facility Amount	5190	Medicare Outpatient Physician Charge.
MMIS Locality Code based on Postal Code	5254	Identifies the provider or enrollee city/county locality.
Multi-Source Single-Source Indicator	5074	A one-character alphanumeric column that differentiates single-source packaged products from multiple-source packaged products.

Element Name	Element ID	Description
Number of Follow-up Days	5171	Indicates the number of days for normal uncomplicated follow-up care that will be covered by the surgical procedure reimbursement.
PA Type Effective Date	5018	Indicates the date that the PA type (DE #5017) is effective.
PA Type End Date	5120	Indicates the date that the PA type (DE #5017) ends.
Place of Service Begin Date	5123	The effective date of the Place of Service.
Place of Service End Date	5124	The end date of the Place of Service.
Pre/Post Operative Services Indicator	5172	Indicates if procedure includes pre and post operative care.
Procedure Amount	5047	Amount allowable (or professional component) to be paid to a physician for a procedure or service.
Procedure Amount Effective Date	5046	Effective date of associated amount (DE 5047).
Procedure Category Begin Date	5134	The effective date of the Procedure Category.
Procedure Category End Date	5135	The end date of the Procedure Category.
Procedure Code	5002	Code used to identify a specific dental, medical, revenue, or ICD-9-CM diagnosis/surgical procedure.
Procedure Code Type	5001	Identifies a record on the Procedure File as being dental, medical, revenue or ICD-9-CM procedure.
Procedure Coverage Begin Date	5003	Beginning date of coverage for a Procedure Code (DE 5002).
Procedure Coverage End Date	5004	Ending date of coverage for a Procedure Code (DE 5002).
Procedure Long Name	5012	Generally accepted nomenclature of a procedure.
Procedure LOS Group Begin Date	5887	Procedure LOS group begin date
Procedure LOS Group End Date	5888	Procedure LOS Group End Date
Procedure Maximum Age Limit	5010	Maximum age of the enrollee to which a procedure is restricted.
Procedure Maximum UVSP	5016	Indicates the maximum units, visits, or services that apply to the procedure.
Procedure Minimum Age Limit	5009	Minimum age of the enrollee to which a procedure is restricted.
Procedure PA Type	5017	Identifies the type of prior authorization required by the procedure.
Procedure Pend Review Indicator	5007	This indicator determines whether the procedure should be approved, pended, or denied.
Procedure Place of Service Code	5045	Indicates a procedure is restricted to a particular place of service.
Procedure Rate End Date	5138	The end date of the Procedure Rate.
Procedure Rate IC (Individual Consideration) Flag	5166	This data element is defined upon the Procedure Code / Revenue Code Extract File (for the DMAS PA Contractor, KePRO). This flag field indicates whether or not the Procedure/Revenue Code has an Individual Consideration Rate. If Procedure Amount (DE5047 - N_PROC_RATE) contains NULLS, then the Procedure/Revenue Code is considered to have an Individual Consideration Rate.
Procedure Rate Type	5153	Indicates the type of rate contained on the associated rate amount as it pertains to the Procedure Rate table.
Procedure Record Added Date	5149	Indicates date the record was added to the Procedure file.
Procedure Short Name	5015	Description of the procedure code in lay terminology.
Procedure TPL Begin Date	5125	The effective date of the TPL Code for the procedure.
Procedure TPL End Date	5126	The end date of the TPL Code for the procedure.
Procedure Type of Service	5008	Indicates the type of service(s) to which the procedure may be restricted.
Procedure Type of Service Begin Date	5127	The effective date of the Type of Service Code for the procedure.

Element Name	Element ID	Description
Procedure Type of Service End Date	5128	The end date of the Type of Service Code for the procedure.
Procedure Valid Provider Specialty Code	5147	Indicates Specialty of provider who may bill for the procedure.
Procedure Valid Provider Type	5063	Indicates Type of provider who may bill for the procedure.
Procedure Valid Provider Type-Specialty Begin Date	5173	Beginning date of Valid Provider Type and Specialty.
Procedure Valid Provider Type-Specialty End Date	5174	Ending date of Valid Provider Ranges.
Procedure Xref Begin Date	5129	The effective date of the cross reference between the two procedures.
Procedure Xref End Date	5130	The end date of the cross reference between the two procedures.
Professional Component/Technical Component Code	5152	Denotes if Fee Schedule amount is for professional services or for other than professional services.
Professional Component/Technical Component Code	5983	Denotes if Fee Schedule amount is for professional services or for other than professional services.
Reference Data Base Sequential Number	5020	A sequential number given to a row in the data base to make the row unique.
Reference Drug HCFA Begin Date	5893	The date that the HCFA data is effective.
Reference Drug HCFA End Date	5894	The date that the HCFA data ended (or changed).
Reference Procedure PA Days	5976	Time limit for Pre-Authorization to remain effective.
Reference Procedure PA Occurs	5977	Number of allowed occurrences for this procedure with Pre-Authorization period.
Reference Procedure PA Type Age Maximum	5975	The maximum age associated with the PA type for the procedure
Reference Procedure PA Type Age Minimum	5900	The minimum age associated with the PA type for the procedure.
Reference Procedure TDO Project Code	5890	Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
Reference Procedure TDO Project Code Begin Date	5891	The date the Temporary Detention Order (TDO) Project Code is effective for the procedure.
Reference Procedure TDO Project Code End Date	5892	The date (if present) that the Temporary Detention Order (TDO) Project Code ends for the procedure.
Reference Type Rate	5882	
Region Begin Date	5251	Effective date of the Region Code.
Region Code	5249	Indicates the region under the organization to which the FIPS code belongs.
Region End Date	5252	Ending date of the Region Code.
Region End Reason Code	5253	Indicates the reason code for ending the Region Code.
Region End Reason Text	5282	Indicates the reason text for ending the Region Code.
Region Name	5250	Indicates the name of the Region Code.
Region Type	5244	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way.
Region Type Begin Date	5246	Effective date of the Region Type.
Region Type End Date	5247	Ending date of the Region Type.
Region Type End Reason Code	5248	Indicates the reason code for ending the Region Type.
Region Type End Reason Text	5281	Indicates the reason text for ending the Region Type.
Region Type Locality End Reason	5492	Reason Code for ending this Region Type Locality.

Element Name	Element ID	Description
Region Type Name	5245	Indicates the name of the Region Type or organization.
Relative Value Procedure Amount	5157	Unit value of the procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.
Relative Value Procedure Begin Date	5158	Beginning date of Relative Value.
Relative Value Procedure End Date	5159	Ending date of Relative Value.
Relative Value Procedure Inpatient Professional Component (PC)	5391	Professional Component (PC) of the Procedure Relative Value Inpatient (DE 5157).
Relative Value Procedure Inpatient Professional Component (PC) Begin Date	5398	Beginning date of Procedure Relative Value Inpatient PC (DE 5391).
Relative Value Procedure Inpatient Professional Component (PC) End Date	5399	Ending date of Procedure Relative Value Inpatient PC (DE 5391).
Relative Value Procedure Outpatient	5381	Unit value of the procedure relative to other procedures, when performed outpatient. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.
Relative Value Procedure Outpatient Begin Date	5388	Beginning date of Procedure Relative Value Outpatient (DE 5381).
Relative Value Procedure Outpatient End Date	5390	Ending date of Procedure Relative Value Outpatient (DE 5381).
Relative Value Procedure Outpatient Professional Component (PC)	5400	Professional Component (PC) of the Procedure Relative Value Outpatient (DE 5381).
Relative Value Procedure Outpatient Professional Component (PC) Begin Date	5408	Beginning date of Procedure Relative Value Outpatient PC (DE 5400).
Relative Value Procedure Outpatient Professional Component (PC) End Date	5421	Ending date of Procedure Relative Value Outpatient PC (DE 5400).
Report Total	5990	Number of claims reported on report
Same/Different/Any Options	5615	Comparison of current and history claims for this criterion must be the same, different, or can be the same or different.
Surgical Assistant Reimbursed Indicator	5167	Indicates procedures for which a surgical assistant may be reimbursed.
System Parameter Base Rate/Wait Hours	5430	Depending on value in System Parameter Rate Type (DE 5429), specifies a Base Rate Amount or the number of hours of Provider Wait Time.
System Parameter Begin Date	5384	Beginning (Effective) date of the System Parameter Name (DE 5382).
System Parameter Date Type	5383	Indicates if the date is Date of Receipt (DOR) or Date of Service (DOS).
System Parameter Decimal Length	5373	For a numeric item, the number of decimal places. Default is zero.
System Parameter Description	5382	Indicates the description of the parameter.
System Parameter End Date	5385	Ending date of the System Parameter Name (DE 5382).
System Parameter ID	5370	Specifies the User defined principle category of System Parameters (e.g., Weekly Remittance Advice Messages).
System Parameter Invalid Data	5434	
System Parameter Last Update Date	5379	Date of the most recent file maintenance update to a record on the System Parameter file.
System Parameter Mileage Begin Range	5431	The 'From' or low end of a mileage range associated with a System Parameter Base Rate (DE 5430).
System Parameter Mileage End Range	5432	The 'Thru' or high end of a mileage range associated with a System Parameter Base Rate (DE 5430).

Element Name	Element ID	Description
System Parameter Mileage/Wait Time/Passenger Rate Amount	5433	Depending on the System Parameter Rate Type (DE 5429), specifies a rate amount for Mileage, Wait Time, or Passenger.
System Parameter Number	5371	Code for a System Parameter Value belonging to a System Parameter ID.
System Parameter Sub-System ID	5369	Abbreviation of Sub System to which this System Parameter belongs.
System Parameter Type Rate	5429	Specifies the Type of rate for this System Parameter (Base, Wait, or Passenger).
System Parameter Value	5386	Indicates the actual value of the System Parameter Value Type (DE 5387) that will be used to derive the edit.
System Parameter Value Length	5372	Character length of the actual value of the System Parameter.
System Parameter Value Type	5387	Indicates the type of System Parameter Value (DE 5386) as Numeric, Julian Date, Gregorian Date, or Character.
Tooth Indicator	5057	Indicates whether a tooth is required to be marked on a dental claim for a procedure.
Tooth Site/Surface Indicator	5056	Indicates whether a site or surface is required on a dental claim for a procedure.
Tooth Type Code	5151	Indicates the type of tooth (permanent/deciduous) required for the dental procedure.
Top 50 Generic Drugs	5097	The Top 50 Generics (TOP50GEN) ranks the 50 most frequently dispensed generic drugs. TOP50GEN identifies the ranking of each drug from 1 through 50. This data is based on total prescriptions dispensed. The products are manufacturer- specific and may appear on both the Top 200 prescription products and the Top 50 generic products.
TPL Code	5422	Indicates the list of Third Party Liability codes that may be billed for this procedure.
Trans Rate Mile/Hour/Passenger	5718	Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger.
Transportation Allowable Wait Hours	5872	Procedure Code Transportation Allowable Wait Hours
Transportation Base Rate	5717	Procedure Code Transportation Base Rate
Transportation Maximum Rate	5716	Procedure Code Transportation Maximum Rate
Transportation Mileage Range Maximum	5720	Procedure Code Transportation Mileage Range Maximum
Transportation Mileage Range Minimum	5719	Procedure Code Transportation Mileage Range Minimum
Transportation Minimum Rate	5715	Procedure Code Transportation Minimum Rate
Transportation Rate Begin Date	5712	Procedure Code Transportation Rate Begin Date
Transportation Rate End Date	5713	Procedure Code Transportation Rate End Date
Transportation Rate Type	5714	Procedure Code Transportation Rate Type. CNUM is 200.
Valid Sex Code	5011	Sex of the enrollee to which a procedure is restricted.
Value Set Data Begin Range	5396	Beginning value of a range of values (from & thru) that is consistent with the Data Element Type (DE5395) e.g., 01 - 05 for Provider Type.
Value Set Data Element Type	5395	Indicates the type of data such as CPT Procedure Codes, ICD-9-CM Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD-9-CM Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes, Dates.
Value Set Data End Range	5397	Ending value of a range of values (from & thru) that is consistent with the Data Element Type (DE5395).
Value Set Effective Begin Date	5438	Value Set Effective Begin Date
Value Set Effective End Date	5439	Value Set Effective End Date

Element Name	Element ID	Description
Value Set Last Update Date	5389	Date of the most recent file maintenance update to a record on the Value Set file.
Value Set Name	5392	This is the Value Set description.
Value Set Primary Key	5443	Primary Key for Value Set table (RF_VALUE_SET). It is a sequential number.
Value Set Range Begin Date	5441	Value Set Range Effective Begin Date
Value Set Range End Date	5442	Value Set Range Effective End Date.
Value Set Range Type	5440	Indicates the purpose of the Range, e.g., 'A' = History check for 'A' range procedure codes.
Value Set System Assigned Key (SAK)	5393	Indicates the Edit Criteria Value 1 (DE 5626) or Edit Criteria Value 2 (DE 5627) associated with the Value Set Name (DE 5392).
Virginia Generic Indicator	5083	Virginia specified Generic indicator, Allows DMAS to override FDB determined branded/generic drugs
Zip Group Effective Begin Date	5493	Zip Group Effective Begin Date
Zip Group Effective End Date	5494	Zip Group Effective End Date
Zip Group Zip Code Begin Date	5495	Zip Group Zip Code Effective Begin Date
Zip Group Zip Code End Date	5496	Zip Group Zip Code Effective End Date

Element ID	Element Name	Description
1	DATE	
3801	Letter Special Insert	An two character field that identifies a special insert for a particular correspondence.
3905	Correspondence Output Identifier	An eight character field that identifies the correspondence as it relates to the DSD. This is the output number for the correspondence.
3906	Correspondence Identifier	Identifies correspondence template.
3985	Correspondence Print Identifier	Identifies who prints the correspondence; a mailing contractor or the fiscal agent.
3986	Correspondence Request Program Name	This is the ID of a program that made a request for correspondence to be printed.
3987	Correspondence Variable Data	This field contains the variable data that is to be printed on a piece of correspondence.
3988	Correspondence Requested Timestamp	This is the timestamp for a correspondence request. It is used to key the Correspondence VSAM file (RS-F-250).
3989	Correspondence Generated Timestamp	
3990	Correspondence End Date	This is the date when this version of the correspondence was last sent.
3991	Correspondence Text Line	This is a line of a piece of correspondence. Correspondence is made up of no more than 60 of these.
3992	Correspondence Begin Print Date	The date the correspondence is added to the Production Letter Text file.
3993	Correspondence Variable Field Count	The number of variable fields contained in a letter
3998	Correspondence Version Number	Identifies the current version of a correspondence.
5001	Procedure Code Type	Identifies a record on the Procedure File as being dental, medical, revenue or ICD-9-CM procedure.
5002	Procedure Code	Code used to identify a specific dental, medical, revenue, or ICD-9-CM diagnosis/surgical procedure.
5003	Procedure Coverage Begin Date	Beginning date of coverage for a Procedure Code (DE 5002).
5004	Procedure Coverage End Date	Ending date of coverage for a Procedure Code (DE 5002).
5005	Available for Use	
5007	Procedure Pend Review Indicator	This indicator determines whether the procedure should be approved, pended, or denied.
5008	Procedure Type of Service	Indicates the type of service(s) to which the procedure may be restricted.
5009	Procedure Minimum Age Limit	Minimum age of the enrollee to which a procedure is restricted.
5010	Procedure Maximum Age Limit	Maximum age of the enrollee to which a procedure is restricted.
5011	Valid Sex Code	Sex of the enrollee to which a procedure is restricted.
5012	Procedure Long Name	Generally accepted nomenclature of a procedure.
5015	Procedure Short Name	Description of the procedure code in lay terminology.
5016	Procedure Maximum UVSP	Indicates the maximum units, visits, or services that apply to the procedure.
5017	Procedure PA Type	Identifies the type of prior authorization required by the procedure.
5018	PA Type Effective Date	Indicates the date that the PA type (DE #5017) is effective.
5020	Reference Data Base Sequential Number	A sequential number given to a row in the data base to make the row unique.
5021	Fee Type	Indicates whether the Medicare Rate data is for Physicians (MFS) or Ambulance (AMB) or DME (DME).

Element ID	Element Name	Description
5022	Fee Update Date	Date that the rates were updated by the Medicare carrier. It becomes the new effective date for the rate.
5023	Fee Modifier	Determines DME Type rate: Professional Component (26) or Technical Component (TC).
5031	Drug Dispensing Unit	Unit by which a drug is dispensed and by which the pricing calculations are performed in the Claims Processing Sub-system.
5032	Drug Enforcement Administration (DEA) Code	A code indicating the degree of potential abuse and Federal control of a drug.
5036	Drug Federal Maximum Allowable Cost (FMAC)	Maximum allowed unit price for a drug under FMAC regulation. Also known as Federal Participation's Plan Upper Limits.
5037	Drug Therapeutic Class Generic Code	Numeric code used to classify drugs according to the most common intended use. This classification scheme provides the least specific therapeutic groupings available in the National Drug Data File (NDDF).
5038	Drug Generic Indicator	Drug Field that differentiates single source from multiple source drugs
5039	Drug Generic Price	This indicator will distinguish a product as either priced as a generic, priced as a brand, or multi-sourced.
5040	Drug Manufacturer/Distributor Name	Name of distributor as listed on a drug table or as indicated by the NDC (DE 5200). It does not necessarily identify the actual drug fabricator.
5041	Drug Package Size	Indicates the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. The standard for all single dosage units such as ampul, IV, vials, etc.
5042	Drug Unit Dose Code	Indicates a drug packaged in individual unit doses. Unit dose is defined by First Data Bank as all products labeled as Unit Dose by the manufacturer. It does not apply to injectable products, suppositories or powder packets.
5043	Drug Dosage Form Description	Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible.
5044	Drug Dosage Form	
5045	Procedure Place of Service Code	Indicates a procedure is restricted to a particular place of service.
5046	Procedure Amount Effective Date	Effective date of associated amount (DE 5047).
5047	Procedure Amount	Amount allowable (or professional component) to be paid to a physician for a procedure or service.
5050	Anesthesiology Base Units	A method of charging Medicaid for Anesthesia services where Base Units represent time (00-60 for Medical).
5051	Anesthesiology Base Units Begin Date	Effective date for Anesthesiology Base Units (DE 5050).
5056	Tooth Site/Surface Indicator	Indicates whether a site or surface is required on a dental claim for a procedure.
5057	Tooth Indicator	Indicates whether a tooth is required to be marked on a dental claim for a procedure.
5059	Drug Class Code	Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: "Federal Law Prohibits Dispensing a Drug without a Prescription".
5061	Drug Generic Code Number (GCN)	Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.
5063	Procedure Valid Provider Type	Indicates Type of provider who may bill for the procedure.
5070	Drug Strength Description	In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units.
5071	Drug Co-pay Indicator	Indicates if the drug requires a copay

Element ID	Element Name	Description
5072	Drug Service Limit Code	Indicates the restrictions that would apply to certain types of recipients.
5073	Innovator Indicator	A one-character alphanumeric column that identifies products that received National Drug Application (NDA) approval and are desiginated as Reference Listed Drugs by FDA.
5074	Multi-Source Single-Source Indicator	A one-character alphanumeric column that differentiates single-source packaged products from multiple-source packaged products.
5080	Laboratory Code	3 digit Medicare code used to identify the lab category that a lab procedure falls into.
5081	Laboratory Code Begin Date	Beginning date of type of certification for a Laboratory Code (DE 5080).
5082	Laboratory Code End Date	Ending date of type of certification for a Laboratory Code (DE 5080).
5083	Virginia Generic Indicator	Virginia specified Generic indicator, Allows DMAS to override FDB determined branded/generic drugs
5084	Drug Average Wholesale Price (AWP)	Drug unit price which is based on an actual survey of drug wholesalers.
5086	Drug Top 200 Code	Indicates if a drug is included in the list of the 200 drug products most frequently dispensed in community and chain pharmacies. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market research surveys.
5088	Drug Category Code	Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.
5090	Medicare Carrier Code	Code Number that identifies the Medicare carrier for whom charges are stored.
5091	Drug Route Description	Normal method by which a drug is administered. The current range of descriptions include oral, topical, injection, etc.
5092	Drug Generic Manufacturer Indicator	The Generic Manufacturer Indicator specifies whether a product is distributed by a brand manufacturer, a generic manufacturer, or a niche manufacturer.
5093	Generic Named Drug Indicator	The Generic Named Drug Indicator specifies whether a product is a brand, a generic, or an alternative brand, using the product name as the criteria.
5094	Generic Therapeutic Drug Indicator	The Generic Therapeutic Drug Indicator specifies whether a product is a brand, an Orange Book rated generic, a non- Orange Book generic or a product of unknown equivalence.
5095	Drug VA MAC Override	This field will be used by DMAS to Override MAC pricing
5097	Top 50 Generic Drugs	The Top 50 Generics (TOP50GEN) ranks the 50 most frequently dispensed generic drugs. TOP50GEN identifies the ranking of each drug from 1 through 50. This data is based on total prescriptions dispensed. The products are manufacturer- specific and may appear on both the Top 200 prescription products and the Top 50 generic products.
5098	Drug New Drug Application	FDB field to identify a drug product that was approved under a New Drug Application
5099	Drug Abbreviated New Drug Application	FDB field to identify a drug product that was approved under an Abbreiviated New Drug Application
5104	Drug HCFA Drug Category Code	Indicates the Federal Drug Administration Drug Category Code supplied on the Healthcare Finance Administration's quarterly tape. This indicator identifies single source, multi-source or innovator status. The data is actually supplied to HCFA from the drug manufacturer/distributor.
5105	Drug HCFA DESI Code	DESI Code as supplied on the Healthcare Finance Administration's quarterly tape. The code identifies the DESI status of the NDC drug record, and the effective date identifies when the status took effect.
5110	Drug HCFA Approval Date	FDA Approval Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor.

Element ID	Element Name	Description
5112	Drug HCFA Termination Date	Termination Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. The date represents the shelf life expiration date of the last batch produced.
5113	Drug HCFA Drug Type Code	Drug Type Indicator as supplied on the Healthcare Finance Administration's quarterly tape. The indicator expresses the prescription or over-the-counter status of the drug product.
5120	PA Type End Date	Indicates the date that the PA type (DE #5017) ends.
5123	Place of Service Begin Date	The effective date of the Place of Service.
5124	Place of Service End Date	The end date of the Place of Service.
5125	Procedure TPL Begin Date	The effective date of the TPL Code for the procedure.
5126	Procedure TPL End Date	The end date of the TPL Code for the procedure.
5127	Procedure Type of Service Begin Date	The effective date of the Type of Service Code for the procedure.
5128	Procedure Type of Service End Date	The end date of the Type of Service Code for the procedure.
5129	Procedure Xref Begin Date	The effective date of the cross reference between the two procedures.
5130	Procedure Xref End Date	The end date of the cross reference between the two procedures.
5131	Automatic Error End Date	The end date of the Automatic Error Code for the procedure.
5132	Emergency End Date	The end date of the Emergency Code for the procedure.
5133	LOS Group End Date	The end date of the LOS Group.
5134	Procedure Category Begin Date	The effective date of the Procedure Category.
5135	Procedure Category End Date	The end date of the Procedure Category.
5138	Procedure Rate End Date	The end date of the Procedure Rate.
5139	Cross Reference Procedure Duplicate Check	Code to specify (Y or N) whether or not the X-Ref Procedure Code should be used for duplicate checking in the Claims adjudication process.
5140	Cross Reference Procedure Prior Auth Indicator	Code to specify (Y or N) whether or not the X-Ref Procedure Code is valid for an associated Prior Authorization in the Claims Adjudication process.
5141	Cross Reference Procedure OTHER Indicator	A Code (Y or N) that is available for future use as it may relate to the Cross Reference Procedure Code used in Claims Adjudication.
5147	Procedure Valid Provider Specialty Code	Indicates Specialty of provider who may bill for the procedure.
5149	Procedure Record Added Date	Indicates date the record was added to the Procedure file.
5151	Tooth Type Code	Indicates the type of tooth (permanent/deciduous) required for the dental procedure.
5152	Professional Component/Technical Component Code	Denotes if Fee Schedule amount is for professional services or for other than professional services.
5153	Procedure Rate Type	Indicates the type of rate contained on the associated rate amount as it pertains to the Procedure Rate table.
5154	Area Professional Component (PC) Inpatient Charge Effective Date	Effective date for Area PC Inpatient Charge (DE 5153).
5157	Relative Value Procedure Amount	Unit value of the procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.
5158	Relative Value Procedure Begin Date	Beginning date of Relative Value.
5159	Relative Value Procedure End Date	Ending date of Relative Value.

Element ID	Element Name	Description
5160	Medicare Anesthesia Relative Value	The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitoring procedures. (Note: The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.)
5161	Medicare Anesthesia Relative Value Begin Date	Beginning date of Medicare Anesthesia Base Units Quantity (DE 5160).
5162	Medicare Anesthesia Relative Value End Date	Ending date of Medicare Anesthesia Base Quantity (DE 5160).
5163	Anesthesiology Base Units End Date	Ending date of Anesthesiology Base Units (DE 5050).
5164	Cross Reference Procedure Code	An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
5165	Flag Code	Identifies certain procedure codes for special processing and/or Benefit Plan Coverage.
5166	Procedure Rate IC (Individual Consideration) Flag	This data element is defined upon the Procedure Code / Revenue Code Extract File (for the DMAS PA Contractor, KePRO). This flag field indicates whether or not the Procedure/Revenue Code has an Individual Consideration Rate. If Procedure Amount (DE5047 - N_PROC_RATE) contains NULLS, then the Procedure/Revenue Code is considered to have an Individual Consideration Rate.
5167	Surgical Assistant Reimbursed Indicator	Indicates procedures for which a surgical assistant may be reimbursed.
5168	Locality Last Update Date	Date of the most recent file maintenance update to a record on the Locality file.
5169	Area Maximum Outpatient Charge	State's maximum allowable fee which will be paid to a physician for a procedure or service, when performed outpatient.
5170	Area Maximum Outpatient Charge Effective Date	Effective date of Area Maximum Outpatient Charge (DE 5169).
5171	Number of Follow-up Days	Indicates the number of days for normal uncomplicated follow-up care that will be covered by the surgical procedure reimbursement.
5172	Pre/Post Operative Services Indicator	Indicates if procedure includes pre and post operative care.
5173	Procedure Valid Provider Type-Specialty Begin Date	Beginning date of Valid Provider Type and Specialty.
5174	Procedure Valid Provider Type-Specialty End Date	Ending date of Valid Provider Ranges.
5175	Medicare Amount	Indicates the Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type (DE #5153)
5176	Medicare Amount Begin Date	Beginning date of Medicare Amount (DE 5175).
5177	Medicare Amount End Date	Ending date of Medicare Amount (DE 5175).
5178	Medicare Carrier Name	Abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded.
5179	Medicare Physician Fee Pricing Locality	Identifies the pricing locality on the Medicare Physician Fee Schedule record.
5180	Locality Region Type Status End Reason Text	Indicates reason text for ending the association of the Locality Code (DE5254) with the Region Type Code (DE5244) and the Region Code (DE5249).
5181	Locality Region Type Last Update Code	Code of last update to the Locality Region Type record.
5182	Locality Region Type Last Update Date	Date of last update to the Locality Region Type record.
5183	Locality Last Update Code	Code of last change to the Locality record.
5184	Locality Record Added Date	Indicates date the record was added to the Locality file.
5185	Area Professional Component (PC) Outpatient Charge	Professional component (PC) of the Area Maximum Outpatient Charge (DE 5169) paid to a physician for outpatient services.
5186	Area Professional Component (PC) Outpatient Charge Effective Date	Effective date for Area PC Outpatient Charge (DE 5185).

Element ID	Element Name	Description
5188	Drug Last Update Code	Transaction code representing the last file maintenance activity to a record on the Procedure file.
5190	Medicare Physician Non-Facility Amount	Medicare Outpatient Physician Charge.
5191	Drug Labeler Identifier Code	The FDB code used to uniquely identify the distributor. This field is independent of the National Drug Code (DE 5200) and facilitates the grouping of NDCs by unique distributor.
5192	Drug National Drug Code (NDC) Format Code	Identifies the original ten character format of the NDC (DE 5200) and type of code, i.e. NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code) and PIN (Personal Identification Number).
5193	Drug Unit of Use Code	Denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit.
5194	Drug Strength Volume Number	Indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression of the drug product.
5195	Drug Strength Volume Units	This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Number (DE 5194) to obtain a conventional strength expression of the drug product.
5196	Drug Institutional Product Code	Found on products which are specifically priced for sale to selected customers. These products are generally available on a limited basis.
5197	Drug Federal Financial Participation (FFP) Rebate Manufacturer Code	Indicates whether a labeler (NDC 5) is participating in the HCFA rebate program.
5198	Drug Wholesale Unit Price (WAC)	Also known as the Wholesale Acquisition Cost (WAC). Is the manufacturer's wholesale net unit price. Not all manufacturers sell through wholesalers so not every record will have a wholesale net price.
5199	Drug Wholesale Unit Price (WAC) Effective Date	Effective date of the Drug Wholesale Acquisition Cost (WAC) (DE 5198).
5200	Drug Code (NDC)	National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.
5201	Drug Coverage Begin Date	Beginning date of drug coverage.
5202	Drug Coverage End Date	Ending date of drug coverage. No Longer used in editing
5203	Drug Direct Price Indicator	Indicates if drug is direct-priced.
5205	Drug Price Type	Indicates the type of price being stored on the NDC_PRICE table.
5206	Drug Form Code	Blue Book basic drug measurement unit for performing price calculations. The field can be received as a two character field containing the values of EA, ML or GM.
5208	Drug Brand Name	Name appearing on the drug package label.
5209	Drug Maximum Dispensing Units	Maximum units that can be dispensed at any one time.
5211	Drug Maximum Quantity	Maximum quantity in units of drug that is calculated as the product of Drug Maximum Daily Dose and Days (policy).
5214	Drug Price Type Code	Indicates the drug price type as Average Wholesale Price (AWP) or Federal Maximum Allowable Cost (FMAC).
5216	Drug Federal Financial Participation (FFP) Rebate Manufacturer Code Date	Date of Drug FFP Rebate Manufacturer Indicator (DE 5197).
5217	Drug Standard Package Code	Identifies the package size and associated price vectors to be used when pricing "standard package size" which is defined as 100s for non-unit dose, non-prepack tablets and capsules and 473 or 480 ML for liquids.

Element ID	Element Name	Description
5218	Drug Hierarchical Ingredient Code List (HICL) Sequence Number	Is a unique and randomly assigned 9 byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.
5219	Drug Virginia Formulary Indicator	Indicates a drug as interchangeable. Indicates a drug as a formulary (prescription) item.
5220	Drug Price Amount	The price amount for the drug, based on the price type.
5221	Drug Price Source Code	Source of Drug Price.
5222	Drug Price Effective Date	Effective date of Drug Price.
5223	Drug Cost Price	Price of drug cost.
5230	Drug Unit Dose Price	Price of drug unit dose.
5231	Drug Unit Dose Source Code	Source of Drug Unit Dose Price (DE 5230).
5232	Drug Therapeutic Class Standard Code	Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme.
5233	Drug Virginia Maximum Allowable Cost (VMAC) 60th Percentile	Indicates the 60th Percentile for Unit Dose drugs with three (3) suppliers in Virginia Voluntary Formulary.
5234	Drug Average Wholesale Price (AWP) Effective Date	Effective date of the Average Wholesale Price (DE 5084).
5235	Drug Direct Unit Price	Manufacturer's direct unit price.
5236	Drug Direct Unit Price Effective Date	Effective date of Drug Direct Price (DE 5235).
5237	Drug Federal Maximum Allowable Cost (FMAC) Effective Date	Effective date of the Federal Maximum Allowable Cost (DE 5036).
5238	Drug Obsolete Date	Date on which a drug product is no longer available in the market place per the manufacturer's notification of the best estimate of that date.
5240	Flag Date Type Code	Indicates the type of date associated with the Flag (DE 5165).
5241	Drug Update Bypass Indicator	Indicates if update on Drug Code (DE 5200) is to be bypassed.
5242	Flag Begin Date	Beginning date of Flag (DE 5165).
5243	Flag End Date	Ending date of Flag (DE 5165).
5244	Region Type	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way.
5245	Region Type Name	Indicates the name of the Region Type or organization.
5246	Region Type Begin Date	Effective date of the Region Type.
5247	Region Type End Date	Ending date of the Region Type.
5248	Region Type End Reason Code	Indicates the reason code for ending the Region Type.
5249	Region Code	Indicates the region under the organization to which the FIPS code belongs.
5250	Region Name	Indicates the name of the Region Code.
5251	Region Begin Date	Effective date of the Region Code.
5252	Region End Date	Ending date of the Region Code.
5253	Region End Reason Code	Indicates the reason code for ending the Region Code.
5254	MMIS Locality Code based on Postal Code	Identifies the provider or enrollee city/county locality.

Element ID	Element Name	Description
5255	Locality Name	The name of the locality corresponding to the Locality Code.
5256	Locality Begin Date	Effective date of the Locality Code.
5257	Locality End Date	Ending date of the Locality Code.
5258	Locality End Reason Code	Indicates the reason code for ending the Locality Code.
5259	Locality Zip Codes	Indicates valid 9 byte zip codes.
5260	Locality Size Code	Indicates the population of the city/county. It represents the Standard of Assistance Group which indicates the income level range used in determining eligibility for assistance.
5262	Locality Physically Adjacent Codes	Indicates localities that are physically or geographically adjacent to the Locality Code.
5263	Locality Physically Extended Codes	Indicates localities that are physically or geographically out-lying or extended to the Locality Code.
5264	Locality Region Type Address Name	Contains the Locality Code and Locality Name for DSS Regional, State Institution, DSS/DMAS Report Distribution offices; 'DMAS' for DMAS; and the Locality Name for Health Department offices.
5265	Locality Region Type Additional Address Name	Contains street information or department/division name of the address data.
5266	Locality Region Type Street Address	Contains additional street information of the address data.
5267	Locality Region Type City Name	Indicates the city in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located.
5268	Locality Region Type State Code	Indicates the state in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located.
5269	Locality Region Type Zip Code	Indicates the zip code of the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office.
5271	Locality Region Type Status Code	Indicates the enrollment status of the Locality Code under the Region Type.
5272	Locality Region Type Status Begin Date	Indicates the date from which the status of the Locality Code is "Proposed", "New" or "Enrolled".
5273	Locality Region Type Status End Date	Indicates the date after which the status of the Locality Code is no longer "Proposed", "New" or "Enrolled".
5274	Locality Region Type Status End Reason Code	
5275	Locality Region Type Adjacent Order Indicator	Indicates the priority order of the locality when adjacent localities are to be pre-assigned to enrollees resident in the this Locality.
5276	Locality Region Type Adjacent Codes	Indicates localities that are determined as adjacent to the Locality Code for purposes of pre-assignment. These localities are not necessarily physically adjacent to the Locality Code.
5277	Locality Region Type Extended Order Indicator	Indicates the priority order of the locality when extended localities are to be pre-assigned to enrollees resident in the this Locality.
5278	Locality Region Type Extended Codes	Indicates localities that are extended from the Locality Code for purposes of pre-assignment. These localities may or may not be physically out-lying or extended from the Locality Code.
5279	Locality Region Type Zip Groups	Used in the pre-assignment process to assign a recipient or provider based on specified zip codes for that county. The zip codes may or may not be within the county but may be adjacent.
5280	Locality Income Level Code	Indicates the income level of the Locality Code.
5281	Region Type End Reason Text	Indicates the reason text for ending the Region Type.
5282	Region End Reason Text	Indicates the reason text for ending the Region Code.
5283	Locality End Reason Text	Indicates the reason text for ending the Locality Code.

Element ID	Element Name	Description
5285	Drug Allergy Codes	Comprises 3 allergy codes of two bytes each. These are used to identify and create warnings associated with the use of certain drugs in patients with a history of hypersensitivity to a particular drug or drug class. These codes have application in on-line pharmacy systems utilizing automated patient profiles. These codes are specific to the active therapeutic ingredient(s) of the drug product.
5286	Drug HCFA Common Procedure Code (HCPC)	Codes used for billing supplies, materials, injections and certain services and procedures to Medicare.
5287	Drug Smart Key Code	The Smart Key is a series of seven data elements arranged in a hierarchical fashion. It classifies all products by Generic Therapeutic Class, Specific Therapeutic Class, Hierarchical Ingredient Code List, Strength, Dosage Form Route of Administration, Package Size and Unit Dose/Unit of Use. The Smart Key can be used to define and maintain formularies, bid lists or it can be used to summarize data.
5288	Drug HCFA DESI Effective Date	Effective date of the HCFA DESI Code (DE 5105).
5289	Drug Maintenance Code	Distinguishes whether this drug is a maintenance drug. A maintenance drug is one that is used to treat a chronic (lasting longer than one year) illness or condition.
5290	Drug Therapeutic Class AHFS Code	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each record included in NDDF whether or not the drug product is in the AHFS. For many drug products, particularly combination products, more than one AHFS code is possible. Conventionally, an AHFS classification is printed with a colon between the second and third digits and a period between the fourth and fifth digits.
5291	Drug Therapeutic Class AHFS Description	Description of AHFS Therapeutic Class Code (DE 5290).
5292	Drug Therapeutic Class Specific Description	Description of the Specific Therapeutic Class Code (DE 5292).
5293	Drug Therapeutic Class Standard Description	Description of the Standard Therapeutic Class Code (DE 5293).
5294	Drug Therapeutic Class Generic Description	Description of the Generic Therapeutic Class Code (DE 5294).
5295	Drug Strength Number	Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, "250" is the Strength Number, "MG" is the Strength Unit, "5" is the Strength Volume and "ML" is the Volume Unit.
5296	Drug Strength Units	Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product.
5297	Drug Gender-Specific Code	Identifies drugs that are used exclusively in males, most likely used in males, used exclusively in females or most likely used in females. It can be used to help determine appropriateness of therapy based upon the sex of the patient or infer the sex of a patient.
5298	DRG Code Begin Date	Beginning date of the DRG Code (DE 5353).
5299	DRG Code End Date	Ending date of the DRG Code (DE 5353).
5300	Drug Record Added Date	Date the record was added to the Drug File.
5301	Diagnosis Code	Identifies a diagnosed medical condition; the ICD-9-CM coding structure is used.
5302	Diagnosis Name	Generally accepted nomenclature for a diagnosis.
5303	Diagnosis Sex Restriction Code	Indicates whether a diagnosis is restricted by the sex of the recipient.
5304	Diagnosis Minimum Age	Minimum age of the recipient to which a diagnosis is restricted.
5305	Diagnosis Maximum Age	Maximum age of the recipient to which a diagnosis is restricted.

Element ID	Element Name	Description
5307	Locality/Region Type End Reason Text	Displays the description for Locality/Region Type End Reason.
5309	Diagnosis Auto Error Effective Date	Beginning date on which an the Diagnosis Auto Error Code for a diagnosis is in effect.
5310	Diagnosis Acute/Trauma Indicator	Indicates whether a diagnosis is an acute or traumatic condition. If so, the claim may be flagged for TPL follow-up.
5311	Diagnosis Edit Flag	The Medicare Code Editor (MCE) considers some codes questionable or unacceptable for reporting diagnoses or procedures. This flag indicates the reason the diagnosis code is considered questionable or unacceptable.
5312	Diagnosis Combo Flag	This flag is set to 'Y' if code is comorbidity/complication and indicates a secondary condition causing 1-day increase in LOS for 75% of patients.
5313	Diagnosis Como Code	Indicates principal or secondary diagnosis.
5314	Diagnosis MDC	Each diagnosis code carries an MDC (Major Diagnostic Category) group number as a cross reference for assignment into DRGs. This represents the MDC most likely to be assigned by the Medicare Grouper logic.
5315	Diagnosis HCFA	This code is set to 'Y' for operating room procedures.
5316	Diagnosis Family Planning Indicator	Indicates whether a diagnosis is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services.
5317	Diagnosis Original	Indicates the original group number pointing to this diagnosis. This is Virginia specific data and is only used for the purpose of capturing data prior to implementation of the new MMIS.
5318	Diagnosis Coverage Begin Date	Beginning date of coverage for a diagnosis.
5319	Diagnosis Coverage End Date	Ending date of coverage for a diagnosis.
5320	LOS Group Procedure/Diagnosis Indicator	Indicates whether the LOS group pertains to a procedure or diagnosis.
5321	Diagnosis Prior Authorization Indicator	Indicates whether prior authorization is required before submission of the diagnosis on a claim.
5322	Diagnosis Emergency Code	Indicates whether or not the diagnosis is an emergency, and if so, whether admission is allowed.
5323	LOS Percentile	Indicates the percentile that the LOS data represents for a diagnosis.
5324	CMS Medicare Rate Procedure Modifier	Modifier supplied by CMS or Medicare Carrier associated with a Medicare Rate for a Procedure Code. There are no specific valid values. The field usually contains only spaces.
5327	LOS Average for Single Diagnosis	Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis.
5328	LOS Average for Multiple Diagnosis	Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis.
5329	LOS Begin	The Begin date of the LOS Group.
5330	LOS Link	The key that links the current length-of-stay (LOS) data with the previous length-of-stay data
5335	LOS for Age Range 00-19	The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group.
5336	LOS for Age Range 20-34	The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group.
5337	LOS for Age Range 35-49	The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group.
5338	LOS for Age Range 50-64	The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group.
5339	LOS for Age Range 65+	The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for the specified percentile/group.

Element ID	Element Name	Description
5340	Diagnosis Procedure Class Indicator	95th percentile that the length-of-stay (LOS) data represents for a diagnosis for the specified age range/group.
5342	Diagnosis Emergency Code Effective Date	Effective date of Diagnosis Emergency Indicator.
5343	LOS Percentile for Multiple Diagnosis	Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis.
5344	LOS Percentile for Multiple Diagnosis With Surgery	Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis.
5345	LOS Percentile for Multiple Diagnosis Without Surgery	Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with no surgery involved, as specified for a diagnosis.
5346	LOS Percentile for Single Diagnosis	Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis.
5347	LOS Percentile for Single Diagnosis With Surgery	Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis.
5348	LOS Percentile for Single Diagnosis Without Surgery	Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis.
5349	LOS Average for Multiple Diagnosis With Surgery	Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis.
5350	LOS Average for Multiple Diagnosis Without Surgery	Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis.
5351	LOS Average for Single Diagnosis With Surgery	Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis.
5352	LOS Average for Single Diagnosis Without Surgery	Average hospital length-of-stay (LOS) in days with a single diagnosis with no surgery, specified for a diagnosis.
5353	DRG (Diagnosis Related Group) Code	A code assigned to an Inpatient claim based on diagnosis codes, age, sex, discharge status, birth weight, and surgery codes. Values are on RF_DRG Table..
5354	DRG Relative Weight	A derived numeric factor (associated with a DRG Code) used in the algorithm to determine a provider's DRG payment.
5355	DRG Arithmetic Mean Length of Stay	The mean Length of Stay for patients whose diagnoses and procedures map to a specific DRG Code.
5356	DRG Description	English description for a DRG Code.
5357	DRG Last Update Date	Date of the most recent file maintenance update to a record on the DRG file.
5369	System Parameter Sub-System ID	Abbreviation of Sub System to which this System Parameter belongs.
5370	System Parameter ID	Specifies the User defined principle category of System Parameters (e.g., Weekly Remittance Advice Messages).
5371	System Parameter Number	Code for a System Parameter Value belonging to a System Parameter ID.
5372	System Parameter Value Length	Character length of the actual value of the System Parameter.
5373	System Parameter Decimal Length	For a numeric item, the number of decimal places. Default is zero.
5379	System Parameter Last Update Date	Date of the most recent file maintenance update to a record on the System Parameter file.
5381	Relative Value Procedure Outpatient	Unit value of the procedure relative to other procedures, when performed outpatient. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.
5382	System Parameter Description	Indicates the description of the parameter.
5383	System Parameter Date Type	Indicates if the date is Date of Receipt (DOR) or Date of Service (DOS).
5384	System Parameter Begin Date	Beginning (Effective) date of the System Parameter Name (DE 5382).

Element ID	Element Name	Description
5385	System Parameter End Date	Ending date of the System Parameter Name (DE 5382).
5386	System Parameter Value	Indicates the actual value of the System Parameter Value Type (DE 5387) that will be used to derive the edit.
5387	System Parameter Value Type	Indicates the type of System Parameter Value (DE 5386) as Numeric, Julian Date, Gregorian Date, or Character.
5388	Relative Value Procedure Outpatient Begin Date	Beginning date of Procedure Relative Value Outpatient (DE 5381).
5389	Value Set Last Update Date	Date of the most recent file maintenance update to a record on the Value Set file.
5390	Relative Value Procedure Outpatient End Date	Ending date of Procedure Relative Value Outpatient (DE 5381).
5391	Relative Value Procedure Inpatient Professional Component (PC)	Professional Component (PC) of the Procedure Relative Value Inpatient (DE 5157).
5392	Value Set Name	This is the Value Set description.
5393	Value Set System Assigned Key (SAK)	Indicates the Edit Criteria Value 1 (DE 5626) or Edit Criteria Value 2 (DE 5627) associated with the Value Set Name (DE 5392).
5394	DRG Last Update Code	Last update action to the DRG file.
5395	Value Set Data Element Type	Indicates the type of data such as CPT Procedure Codes, ICD-9-CM Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD-9-CM Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes, Dates.
5396	Value Set Data Begin Range	Beginning value of a range of values (from & thru) that is consistent with the Data Element Type (DE5395) e.g., 01 - 05 for Provider Type.
5397	Value Set Data End Range	Ending value of a range of values (from & thru) that is consistent with the Data Element Type (DE5395).
5398	Relative Value Procedure Inpatient Professional Component (PC) Begin Date	Beginning date of Procedure Relative Value Inpatient PC (DE 5391).
5399	Relative Value Procedure Inpatient Professional Component (PC) End Date	Ending date of Procedure Relative Value Inpatient PC (DE 5391).
5400	Relative Value Procedure Outpatient Professional Component (PC)	Professional Component (PC) of the Procedure Relative Value Outpatient (DE 5381).
5408	Relative Value Procedure Outpatient Professional Component (PC) Begin Date	Beginning date of Procedure Relative Value Outpatient PC (DE 5400).
5409	Medicare DME New Purchase/Ambulance 75% Charge	
5410	Medicare DME Used Purchase/Ambulance 50% Charge	
5411	Medicare DME Monthly Rental/Ambulance Inflation Indexed Charge	
5414	HCPCS Coverage Code	A code denoting Medicare coverage status.
5415	HCPCS ASC Payment Group Code	The code which represents the dollar amount of the facility charge payable by Medicare for the procedure.
5416	HCPCS ASC Payment Group Effective Date	The date the procedure is assigned to the ASC Payment Group.
5417	HCPCS Berenson-Eggers Type of Service Code	The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services.
5418	HCPCS Termination Date	Last date for which a procedure or modifier code may be used by Medicare providers.
5419	HCPCS Coverage Issues Manual Reference Section Number	Number identifying the Reference Section of the Coverage Issues Manual.

Element ID	Element Name	Description
5420	HCPCS Medicare Carriers Manual Reference Section Number	Number identifying a section of the Medicare Carriers Manual.
5421	Relative Value Procedure Outpatient Professional Component (PC) End Date	Ending date of Procedure Relative Value Outpatient PC (DE 5400).
5422	TPL Code	Indicates the list of Third Party Liability codes that may be billed for this procedure.
5423	HCPCS Processing Note Number	Number identifying the Processing Note contained in Appendix A of the HCPCS Manual.
5424	Locality Last Update Time	Time of last update to a Locality file.
5425	Locality Region Type Last Update Time	Time of last update to the Locality Region Type file.
5426	HCPCS Sequence Number	Sequence number by 100s. Used to group procedure or modifier codes together.
5427	HCPCS Record Identification Number	Code to identify HCPCS record type.
5428	HCPCS Action Code	Code identifying the change made to a procedure or modifier code within the HCPCS system.
5429	System Parameter Type Rate	Specifies the Type of rate for this System Parameter (Base, Wait, or Passenger).
5430	System Parameter Base Rate/Wait Hours	Depending on value in System Parameter Rate Type (DE 5429), specifies a Base Rate Amount or the number of hours of Provider Wait Time.
5431	System Parameter Mileage Begin Range	The 'From' or low end of a mileage range associated with a System Parameter Base Rate (DE 5430).
5432	System Parameter Mileage End Range	The 'Thru' or high end of a mileage range associated with a System Parameter Base Rate (DE 5430).
5433	System Parameter Mileage/Wait Time/Passenger Rate Amount	Depending on the System Parameter Rate Type (DE 5429), specifies a rate amount for Mileage, Wait Time, or Passenger.
5434	System Parameter Invalid Data	
5438	Value Set Effective Begin Date	Value Set Effective Begin Date
5439	Value Set Effective End Date	Value Set Effective End Date
5440	Value Set Range Type	Indicates the purpose of the Range, e.g., 'A' = History check for 'A' range procedure codes.
5441	Value Set Range Begin Date	Value Set Range Effective Begin Date
5442	Value Set Range End Date	Value Set Range Effective End Date.
5443	Value Set Primary Key	Primary Key for Value Set table (RF_VALUE_SET). It is a sequential number.
5444	Locality/Reg Type Adjacent/Extended Begin Date	Begin Date for Loc/Reg Type Adjacent/Extended Locality.
5445	Locality/Reg Type Adjacent/Extended End Date	End Date for Locality/Reg Type Adjacent/Extended Locality.
5448	Locality Region Type Pre-assignment Indicator	An indicator that identifies by FIPS Code, whether Managed Care pre-assignment will be done by Claims History processing only, or by Random processing, which includes Claims History.
5449	Locality Region Type Management Fee	The administrative fee paid to a provider on a monthly basis for managing the care of a Medallion or CMM enrollee (the fee is paid per enrollee). If a Provider has three Medallion enrollees assigned to them, three times the fee amount is paid to the provider per month.
5450	Locality Region Type Management Fee Begin Date	Beginning date of Management Fee.
5451	Locality Region Type Management Fee End Date	Ending date of Management Fee.
5452	Diagnosis Category	

Element ID	Element Name	Description
5453	Diagnosis Age Category	Indicates the US and regional LOS age group analyzed for the diagnosis.
5454	Diagnosis Age-Specific Indicator	
5455	File Year	Indicates year the Physician Fee Schedule applies.
5456	HCIA Region Code	Indicates the HCIA region for which the data is grouped.
5457	HCIA Record Type	Indicates an HCIA diagnosis or procedure record type.
5458	HCIA Summary Level	
5459	HCIA ICD-9-CM Code Prefix	
5460	HCIA Observed Number of Patients	Represents the total number of patients in the stratified group. Patients with stays over 99 days (99+) are excluded.
5461	HCIA Average Stay	The length of stay is calculated from the admission and discharge dates by counting the day of admission as the first day; the day of discharges not included. The average is figured by adding the lengths of stay for each patient and then dividing by the total number of patients. Patients discharged on the day of admission are counted as staying one day in the calculation of average length of stay. Patients with stays over 99 days are excluded from this calculation.
5462	HCIA Variance	Measure of the spread of the data around the average. The smallest variance is zero, indicating all lengths of stay are equal. When using data in groups in which there is a large variance, and the patient group size is relatively small, the average stay may appear high. This sometimes occurs when one or two patients with long hospitalizations fall into the group.
5463	HCIA Subdivided/Incomplete Code Indicator	If codes lack essential subdivisions, (e.g., 3 digit disease or procedure code with a 4th digit subdivision possible) they are invalid. In such cases a special marker - the @ symbol - appears in position 8 of the Codes and Abbreviated Titles record.
5464	HCIA Record Sequence Code	Indicates the record sequence with the code.
5465	HCIA Category (Type of Code) Code	
5466	HCIA Procedure Class	Indicates the operative and non-operative procedure class. Code is left justified with trailing spaces or two numbers separated by a comma, all spaces if a disease code.
5467	HCIA LOS Group	The Length of Stay (LOS) group number which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable.
5477	Aid Category Grouping	High level grouping (e.g., ADC, DIS, AGE, etc.) of similar Recipient Aid Categories as defined in the Recipient Sub-system.
5478	Capitation Rate Effective Begin Date	The Effective Begin Date for the Capitation Rate identified for 'this' Aid Category (DE3009), Region (DE5249), and Gender/Age Range (DEs5480 thru 5487). There are currently 8 Gender/Age ranges listed in the Capitation Table (RF_CAPITATION).
5479	Capitation Rate Effective End Date	The Effective End Date for the Capitation Rate identified for 'this' Aid Category (DE3009), Region (DE5249), and Gender/Age Range (DEs5480 thru 5487). There are currently 8 Gender/Age ranges listed in the Capitation Table (RF_CAPITATION).
5480	Beginning Age Range for Capitation	Beginning Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider.
5481	Ending Age Range for Capitation	Ending Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider.
5482	Gender that Capitation Rate is for	Indicator of the Sex that an enrollee must be, along with the Age Range that an enrollee must be in, in order for the associated Capitation rate to apply. The CNUM for this CVAL is 297.

Element ID	Element Name	Description
5483	Capitation Rate for Age and Gender	Monthly Capitation Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
5484	Capitation Rate Type	Monthly Capitation Rate Type (HMO , CHMO, CMED, MED2, HIPP). This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender and Age range.
5485	Capitation Rate for Males 15 - 20	Monthly Capitation Rate for Males aged 15 to 20. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
5486	Capitation Rate for Males 21 - 44	Monthly Capitation Rate for Males aged 21 to 44. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
5487	Capitation Rate for Over 44	Monthly Capitation Rate for both genders over the Age of 44. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.
5488	Adjacent or Extended Locality Indicator	Indicator to specify if the Locality identified by I_LOC_ADJ_EXT is 'Adjacent to or 'Extended from the Locality identified by I_LOCALITY.
5489	Last Update Code for the Region Row	Code to specify the type of Update last applied to this Region row.
5490	Locality/Region Type Begin Date	Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality).
5491	Locality/Region Type End Date	End Date for this Locality/Region Type (Region Type, Region, Locality).
5492	Region Type Locality End Reason	Reason Code for ending this Region Type Locality.
5493	Zip Group Effective Begin Date	Zip Group Effective Begin Date
5494	Zip Group Effective End Date	Zip Group Effective End Date
5495	Zip Group Zip Code Begin Date	Zip Group Zip Code Effective Begin Date
5496	Zip Group Zip Code End Date	Zip Group Zip Code Effective End Date
5498	Edit Text Adjustment Code	Edit Text Adjustment Code
5499	Error Text Display Priority	For Point of Sale Claims (POS). When there are errors, a priority is placed on each error to determine which error should be sent first to the Provider.
5500	Error Text Electronic Media Claims (EMC) Code	Drug Applications related code used to flag error codes on the Remittance Advice (RA) tapes.
5501	Error Text Error Code	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.
5503	Error Text Edit Begin Date	The beginning date on which a Status/Disposition Code becomes effective.
5504	Error Text Resolution Override Indicator	A code indicating whether an error can be overridden manually.
5506	Claim Error ESC Code	Claim Error ESC Code
5507	Error Text Remittance Advice Print Indicator	Indicates whether the Error Message will print on the Remittance Advice.
5513	Error Text Short Description	Error description that appears on the Daily Pend List.
5514	Error Text Long Description	Error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices.
5515	Error Text Last Update Date	Date of the most recent file maintenance update to the common portion of the Error Text File.
5516	Error Text Turn Around Document (TAD) Indicator	This code denotes whether the error can be used to generate a TAD during pend resolution.

Element ID	Element Name	Description
5517	Error Text Deny Indicator	This code denotes whether the error can be used to deny the claim during pend resolution.
5518	Error Text Prior Authorization Override Indicator	Denotes whether the presence of a prior authorization record can be used during claims adjudication to override the error.
5519	Error Text Service/Payment Date Code	This code denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt.
5521	Error Text Claim Type Media Code	Identifies the medium of the input claim.
5522	Error Text NCPDP Error Code	This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions.
5523	Error Text Edit End Date	The ending date on which a Status/Disposition Code becomes effective.
5535	HIPAA Adjustment Reason Group Code	HIPAA Adjustment Reason Group Code
5537	HIPAA Adjustment Reason Code Description	HIPAA Adjustment Reason Code Description
5538	HIPAA Adjustment Reason Group Begin Date	HIPAA Adjustment Reason Group Begin Date
5539	HIPAA Adjustment Reason Group End Date	HIPAA Adjustment Reason Group End Date
5540	Claim Response Code	Claims Response Code
5541	Claim Response Type	Claim Response Type
5542	Claim Response Sequence Number	Claim Response Sequence Number
5543	Claim Response Description	Claim Response Description
5544	Claim Response Begin Date	Claim Response Begin Date
5545	Claim Response End Date	Claim Response Begin Date
5548	Claim Response Code Status Catalog	Claim Response Code Status Catalog
5549	Claim Response Short Description	Claim Response Short Description
5560	Adjustment Reason/Response Cross Reference	Adjustment Reason/Response Cross Reference; this field will populate either the I_ATTACH_ADJ_RESP or I_NO_ATT_ADJ_RESP columns on the RF_ERROR_DISP_LOC table, depending on whether or not there is an attachment.
5561	Adjustment Reason/Response Payment Code	Adjustment Reason/Response Payment Code
5562	Adjustment Reason/Response Begin Date	Adjustment Reason/Response Begin Date
5563	Adjustment Reason/Response End Date	Adjustment Reason/Response End Date
5580	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Code
5582	HIPAA Adjustment Reason Sequence Number	HIPAA Adjustment Reason Sequence Number
5583	HIPAA Adjustment Reason Description	HIPAA Adjustment Reason Long Description
5584	HIPAA Adjustment Reason Begin Date	HIPAA Adjustment Reason Begin Date
5585	HIPAA Adjustment Reason End Date	HIPAA Adjustment Reason End Date
5586	HIPAA Adjustment Reason Short Description	HIPAA Adjustment Reason Short Description
5602	Error Text Disposition Location Effective Date	Date when the disposition and location of an Error Code (DE 5501) for a specific Benefit Definition Benefit Plan Code (DE 3550) and Exception Indicator (DE 3072) becomes effective.
5603	Error Text Disposition Attachments	Indicates that the Disposition requires attachments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. On the Pend Resolution Screens, this field is the disposition entered with an ESC number when the pend resolution clerk is denying, rejecting, or overriding an edit.

Element ID	Element Name	Description
5604	Error Text Disposition No Attachments	Indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code.
5605	Error Text Location Attachments	Indicates that attachments are required for this Location for this Media Type for this Invoice Type. The domain will be the actual three position Location Code.
5606	Error Text Location No Attachments	Indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code.
5607	Cutback or Reduction in a Provider Payment	Cutback or Reduction in a Provider Payment
5609	Error ESC Code	Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria.
5610	Edit Criteria Sequence Number	Along with Error Text Error Code (DE5501), this field identifies an Edit Criteria Set. It is a means by which more than one Edit Criteria Set can be associated with an Error Text Error Code and Error ESC Code (DE5609).
5611	Claim Edit Code	Code for a set of claims processing edits.
5612	Edit Criteria Name	The name assigned to a set of service limits for a Claim Edit Code (DE 5611).
5613	Edit Criteria Last Update Date	Date of the most recent file maintenance update to the Edit Criteria File.
5614	Edit Criteria Criterion	Indicates criteria such as 'Provider Class Type', 'Provider Specialty', 'Procedure Modifier', 'Tooth Surface', 'Type of Service', 'Place of Service', 'Recipient Age', 'Claim Type', 'Diagnosis', 'Procedure', 'Revenue Code', 'Provider Identification', 'Time', and 'Units/Dollars/Claim Lines'.
5615	Same/Different/Any Options	Comparison of current and history claims for this criterion must be the same, different, or can be the same or different.
5616	Edit Criteria Begin Date	Beginning date of the Edit Criteria Name (DE 5612).
5617	Edit Criteria End Date	Ending date of the Edit Criteria Name (DE 5612).
5618	Edit Criteria Record Created Date	Date this Edit Criteria record was added to the table.
5619	Edit Criteria Record Created Time	Actual time that this record was added to the table.
5620	Benefit Plan Edit Criteria Begin Date	Beginning date of the association between Edit Criteria Name (DE 5612) and Benefit Plan Code-Exception Indicator (DE 3550-DE 3072).
5621	Benefit Plan Edit Criteria End Date	Beginning date of the association between Edit Criteria Name (DE 5612) and Benefit Plan Code-Exception Indicator (DE 3550-DE 3072).
5622	Benefit Plan Edit Criteria Last Update Date	Date of last update to the Benefit Plan Edit Criteria File.
5624	Edit Criteria Exclusive/Inclusive (E/I) Code	Indicates if Edit Criteria Criterion (DE 5614) is 'Inclusive' or 'Exclusive'.
5625	Edit Criteria A/B/X Code	Indicates if Edit Criteria Criterion (DE 5614) applies only to current ranges, history ranges or both current and history ranges.
5626	Edit Criteria Value 1	Indicates the first Value Set number associated with the Edit Criteria or the number of time units, UVS, dollar amount, number of claim lines or effective dates.
5627	Edit Criteria Value 2	Indicates the second Value Set number associated with the Edit Criteria.
5679	Error Text Recycled Days	The length of time, in days, that the current claim will "recycle" in a pended status before it is denied.
5680	Edit Error Edit Type	Edit Error Edit Type
5681	Edit Text Compound Code	Edit Text Compound Code
5682	Disposition Location End Date	Disposition Location End Date
5683	Edit Criteria Set Type	Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit.

Element ID	Element Name	Description
5684	Edit Criteria Set Begin Date	Edit Criteria Set Begin Date
5685	Edit Criteria Set End Date	Edit Criteria Set End Date
5686	Edit Criteria Procedure Code A1 Begin Range	Edit Criteria Procedure Code A1 Begin Range
5687	Edit Criteria Procedure Code A1 End Range	Edit Criteria Procedure Code A1 End Range
5688	Edit Criteria Procedure Code B1 Begin Range	Edit Criteria Procedure Code B1 Begin Range
5689	Edit Criteria Procedure Code B1 End Range	Edit Criteria Procedure Code B1 End Range
5690	Edit Criteria Procedure Code A2 Begin Range	Edit Criteria Procedure Code A2 Begin Range
5691	Edit Criteria Procedure Code A2 End Range	Edit Criteria Procedure Code A2 End Range
5692	Edit Criteria Procedure Code B2 Begin Range	Edit Criteria Procedure Code B2 Begin Range
5693	Edit Criteria Procedure Code B2 End Range	Edit Criteria Procedure Code B2 End Range
5694	Edit Criteria Value Set Begin Date	Edit Criteria Value Set Begin Date
5695	Edit Criteria Value Set End Date	Edit Criteria Value Set End Date
5696	Edit Criteria Time Span Type	Data determines whether the Time Units are to be counted backward from history Date of Service; Time Units to be counted backward AND forward from history Date of Service; or Forward from history Date of Service
5697	Edit Criteria Time Units	Edit Criteria Time Units
5698	Edit Criteria Time Type	Data that determines whether the 'time' referred to is: Day, Month, Calendar Month, Year, Calendar Year, Fiscal Year, or Lifetime.
5699	Log Transaction Code	Code of the transaction performing the add, change, delete, cancel, reinstate or reject action.
5701	Log Transaction Strip Code	The Sub System Identification to which the Teleprocessing Log File records belong.
5702	Log Action Type	A code indicating the type of action for a log.
5703	Log Record Data Key	The key of the updated record.
5704	Log Date	Date of the action of the log.
5705	Log Time	Time the log action took place.
5706	Log Operator Identification	Operator ID of the operator who entered the on-line transaction. The terminal operator's ID.
5707	Log Terminal Identification	Terminal ID of the terminal where the on-line transaction was entered.
5708	Log Record Data	Record data for the record(s) being logged. N represents the length of the longest record type being logged.
5709	Log Source Document Identification	Identification of the hard copy source document from which on-line changes are made to the Reference Sub-system files. This data element is not carried on the files.
5710	Log Program ID	Program number of the on-line program that generated the Log record.
5711	Log Table-File ID	Identification of the table or file that has been updated with "this" Log record.
5712	Transportation Rate Begin Date	Procedure Code Transportation Rate Begin Date
5713	Transportation Rate End Date	Procedure Code Transportation Rate End Date
5714	Transportation Rate Type	Procedure Code Transportation Rate Type. CNUM is 200.
5715	Transportation Minimum Rate	Procedure Code Transportation Minimum Rate
5716	Transportation Maximum Rate	Procedure Code Transportation Maximum Rate
5717	Transportation Base Rate	Procedure Code Transportation Base Rate

Element ID	Element Name	Description
5718	Trans Rate Mile/Hour/Passenger	Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger.
5719	Transportation Mileage Range Minimum	Procedure Code Transportation Mileage Range Minimum
5720	Transportation Mileage Range Maximum	Procedure Code Transportation Mileage Range Maximum
5724	Edit Criteria Exists	Indicates whether or not an Edit Criteria Set exists for this Edit #.
5731	Drug Generic (GSN) Sequence Number	Is a random number representing a generic formulation. Like the Generic Code Number (GCN) (DE 5061), it is specific to the generic ingredient(s), Route of Administration (DE 5736), and Drug Strength (DE 5070). Both are the same across manufacturers and/or package sizes. Unlike the GCN (DE 5061), the GSN is specific to its Dosage Form (DE 5043).
5735	Drug Therapeutic Class Specific Code	Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system.
5736	Drug Route of Administration Code	This single byte field contains a code indicating the normal method by which a drug is administered. It's descriptive information can be found in Drug Route Description (DE 5091).
5737	Drug Minimum Daily Dose Quantity	Provides the quantitative value for the minimum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). This data element must be used in conjunction with the Drug Minimum Daily Dose Unit (DE 5756).
5738	Drug Maximum Daily Dose Quantity	Provides the quantitative value for the maximum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). This data element must be used in conjunction with the Drug Maximum Daily Dose Unit (DE 5757).
5747	Drug Generic Name	Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form.
5748	Drug Hierarchical Ingredient Code List (HICL)	Comprises a maximum of nine sequenced ingredient codes, termed hierarchical ingredient codes (HICs). Each HIC is a six byte alphanumeric string. Each HIC may contain blank spaces in positions five and six, so imbedded spaces within a HICL would be expected.
5749	Drug Average Wholesale Price (AWP) Date of Last Change	Date on which a drug record's current blue book average wholesale unit (DE 5084) or package price were changed on the National Drug Data File (NDDF).
5752	Drug Previous National Drug Code (NDC)	NDC that was previously used for the product. Non-blank value only on those products that have been identified by the manufacturer as replacing an obsolete (discontinued) NDC.
5753	Drug Replacement National Drug Code (NDC)	New NDC that has replaced the NDC for this product.
5754	Drug Orange Book Code	Identifies the equivalency ratings assigned to an approved prescription product according to FDA's Approved Drug Products with Therapeutic Equivalence Evaluations. A code is assigned to all products on NDDF regardless of whether it has been evaluated with the prescription section of the Orange Book.
5755	Drug Orange Book Code Description	Description of the Drug Orange Book Code (DE 5754).
5756	Drug Minimum Daily Dose Units	Defines the units which must be used in conjunction with the Minimum Daily Dose Quantity for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR). These units are usually expressed as metric strength units.
5757	Drug Maximum Daily Dose Units	Defines the units which must be used in conjunction with the Maximum Daily Dose Quantity for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR). These units are usually expressed as metric strength units.
5758	Drug Minimum Daily Units Quantity	Provides the numeric value for the minimum daily dose for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR), expressed in relation to its dosage form. This data element is used in conjunction with the Minimum Daily Units Form (DE 5760).
5759	Drug Maximum Daily Units Quantity	Provides the numeric value for the maximum daily dose for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR), expressed in relation to its dosage form. This data element is used in conjunction with the Maximum Daily Units Form (DE 5761).

Element ID	Element Name	Description
5760	Drug Minimum Daily Units Form	Defines the unit of use form which must be used in conjunction with the Minimum Daily Units Quantity (DE 5758).
5761	Drug Maximum Daily Units Form	Defines the unit of use form which must be used in conjunction with the Maximum Daily Units Quantity (DE 5759).
5762	Drug Dosage Type	Identifies the type of group (adult, geriatric, MMGR, MMAR) that daily dosage is reported. This data element must is used in conjunction with GCN.
5763	Drug Dosage Type Description	Describes the dosage type (or group) identified for the daily dosage.
5872	Transportation Allowable Wait Hours	Procedure Code Transportation Allowable Wait Hours
5873	Edit Criteria Limit Unit Quantity	Edit Criteria Limit Unit Quantity
5874	Edit Criteria Limit Unit Type	Data determines whether the Criteria 'Limit' refers to Dollars (Current & History), Claim Lines, Dollars, Hours, or Units.
5875	Edit Criteria Limit Amount Quantity	Edit Criteria Limit Amount Quantity
5876	Claim Form Code	Claim Form Code. Uses I_CLM_FORM_CNUM #145 on GL_CODE_TYPE table.
5877	Claim Edit Code Parm Begin Date	Claim Edit Code Parm Begin Date
5878	Claim Edit Code Parm End Date	Claim Edit Code Parm End Date
5880	Cross Reference NDC Begin Date	The begin date for the NDC cross reference to the procedure.
5881	Cross Reference NDC End Date	The end date for the NDC cross reference to the procedure.
5882	Reference Type Rate	
5887	Procedure LOS Group Begin Date	Procedure LOS group begin date
5888	Procedure LOS Group End Date	Procedure LOS Group End Date
5890	Reference Procedure TDO Project Code	Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
5891	Reference Procedure TDO Project Code Begin Date	The date the Temporary Detention Order (TDO) Project Code is effective for the procedure.
5892	Reference Procedure TDO Project Code End Date	The date (if present) that the Temporary Detention Order (TDO) Project Code ends for the procedure.
5893	Reference Drug HCFA Begin Date	The date that the HCFA data is effective.
5894	Reference Drug HCFA End Date	The date that the HCFA data ended (or changed).
5895	Edit Relationship Begin Date	
5896	Edit Relationship End Date	
5900	Reference Procedure PA Type Age Minimum	The minimum age associated with the PA type for the procedure.
5975	Reference Procedure PA Type Age Maximum	The maximum age associated with the PA type for the procedure
5976	Reference Procedure PA Days	Time limit for Pre-Authorization to remain effective.
5977	Reference Procedure PA Occurs	Number of allowed occurrences for this procedure with Pre-Authorization period.
5978	Cost Code	
5979	Cost Code Description	
5980	Cost Code Begin Date	
5981	Cost Code End Date	
5982	HCPCS Procedure Code	HCPCS Procedure Code for Medicare Physician Fees.

Element ID	Element Name	Description
5983	Professional Component/Technical Component Code	Denotes if Fee Schedule amount is for professional services or for other than professional services.
5984	Medicare Physician Facility Amount	Medicare Physician Outpatient fee.
5985	Medicare Physician Fee Indicator	Medicare Physician Fee Indicator
5986	HIPAA Standard Code Sets Update Last Update Results	HIPAA Standard Code Sets Update Last Update Results
5987	HIPAA Standard Code Sets Update Current Process Indicator	Override Indicator
5988	Claim Type Process Indicator	Pharmacy Claim Response Indicator
5989	Host Variable Name	Variable name used to reference CM_GROUP_ITEMS table using column C_VAR_NAME.
5990	Report Total	Number of claims reported on report

DATA ELEMENT: **DATE (DE1)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Letter Special Insert (DE3801)**

An two character field that identifies a special insert for a particular correspondence.

BUSINESS NAME: N/A

REFERENCE NAME: C_SPECIAL_INSERT

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	No insert for letter
01	EOMB BRE
02	RECIP 9520
03	Provider Return Envelope
04	Report attachment
05	pull out

DATA ELEMENT: Correspondence Output Identifier (DE3905)

An eight character field that identifies the correspondence as it relates to the DSD. This is the output number for the correspondence.

BUSINESS NAME: N/A

REFERENCE NAME: C_CORRESP

DEFAULT: N/A

COBOL PICTURE: x(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence Identifier (DE3906)**

Identifies correspondence template.

BUSINESS NAME: N/A

REFERENCE NAME: I_CORRESP

DEFAULT: N/A

COBOL PICTURE: 9(4))

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Correspondence Print Identifier (DE3985)

Identifies who prints the correspondence; a mailing contractor or the fiscal agent.

BUSINESS NAME: N/A

REFERENCE NAME: I_CORRESP_PRINT

DEFAULT: F

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Correspondence printed by DMAS mailing contractor
F	Correspondence printed by Fiscal Agent
I	ID Card Vendor
V	Correspondence printed by mailing contractor

DATA ELEMENT: Correspondence Request Program Name (DE3986)

This is the ID of a program that made a request for correspondence to be printed.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROGRAM

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Correspondence Variable Data (DE3987)

This field contains the variable data that is to be printed on a piece of correspondence.

BUSINESS NAME: N/A

REFERENCE NAME: Correspondence Variable Data

DEFAULT: N/A

COBOL PICTURE: X(4000)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Correspondence Requested Timestamp (DE3988)

This is the timestamp for a correspondence request. It is used to key the Correspondence VSAM file (RS-F-250).

BUSINESS NAME: N/A

REFERENCE NAME: Correspondence Requested Timestamp

DEFAULT: N/A

COBOL PICTURE: 9(10) Comp-3

DB2 TYPE: 8

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence Generated Timestamp (DE3989)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: H_CORRESP_GEN

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: 8

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence End Date (DE3990)**

This is the date when this version of the correspondence was last sent.

BUSINESS NAME: N/A

REFERENCE NAME: Correspondence End Date

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence Text Line (DE3991)**

This is a line of a piece of correspondence. Correspondence is made up of no more than 60 of these.

BUSINESS NAME: N/A

REFERENCE NAME: Correspondence Text Line

DEFAULT: N/A

COBOL PICTURE: x(80)

DB2 TYPE: char(80)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence Begin Print Date (DE3992)**

The date the correspondence is added to the Production Letter Text file.

BUSINESS NAME: Correspondence Begin Print Date

REFERENCE NAME: D_CORRESP_BEG_PRINT

DEFAULT: N/A

COBOL PICTURE: x(08)

DB2 TYPE: character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Correspondence Variable Field Count (DE3993)

The number of variable fields contained in a letter

BUSINESS NAME: Correspondence Variable Field Count

REFERENCE NAME: N_CORRESP_VAR

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Correspondence Version Number (DE3998)**

Identifies the current version of a correspondence.

BUSINESS NAME: N/A

REFERENCE NAME: I_CORRESP_VERSION

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Procedure Code Type (DE5001)

Identifies a record on the Procedure File as being dental, medical, revenue or ICD-9-CM procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROCEDURE_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Dental
1	Medical
2	Revenue
4	ICD-9-CM Procedures
A	Aids Waiver
B	Children's Mental Health Waiver
C	CDPAS
E	Elderly & Disabled Waiver
F	Treatment Foster Care
H	High Intensity
I	IFFDS
M	Mental Retardation
N/A	N/A
N/A	N/A
R	Rental
S	Special
T	Tech Waiver
X	Mental Health Clinic

DATA ELEMENT: **Procedure Code (DE5002)**

Code used to identify a specific dental, medical, revenue, or ICD-9-CM diagnosis/surgical procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROCEDURE

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	values of the column C_PROCEDU

DATA ELEMENT: Procedure Coverage Begin Date (DE5003)

Beginning date of coverage for a Procedure Code (DE 5002).

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Begin/From Dt LE End/Thru Dt
Description	Begin/From/Effective Date must be less than or equal to the corresponding End/Thru Date.
Local Def	Procedure Coverage Begin Date must be less than or equal to the Procedure Coverage End Date (DE 5004).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Procedure Coverage End Date (DE5004)

Ending date of coverage for a Procedure Code (DE 5002).

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Eligibility rules option
Description	If the value entered is greater than 01, an age rule is required.
Local Def	End/Thru/Effective Date must be greater than or equal to the corresponding Begin/From/Effective Date.

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Available for Use (DE5005)**

N/A

BUSINESS NAME: Capitation Aid Category Group

REFERENCE NAME: Available for Use

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Pend Review Indicator (DE5007)**

This indicator determines whether the procedure should be approved, pended, or denied.

BUSINESS NAME: N/A

REFERENCE NAME: C_PEND_REVIEW

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	(HCPCS and ICD) Pend for Professional Service Review -- Ste/Hyst/Abort Co
E	(HCPCS and ICD) Pend for Professional Service Review -- Outpatient Surgery/
M	(HCPCS and ICD) Pend for Professional Service Review -- Maternal and Infant
O	(HCPCS and ICD) Pend for Professional Service Review -- Outpatient Surgery
P	Pend any Claim
R	(HCPCS and ICD) Pend for Professional Service Review -- Risk Screen
S	(HCPCS and ICD) Pend for Professional Service Review -- EPSDT Covered Servi
space	Do not pend
Valid Values in	space; Do not pend; P; Pend a

DATA ELEMENT: Procedure Type of Service (DE5008)

Indicates the type of service(s) to which the procedure may be restricted.

BUSINESS NAME: N/A

REFERENCE NAME: C_TYPE_SERVICE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Medical Care
02	Surgery
03	Consultation
04	Diagnosis X-Ray
05	Diagnosis Lab
06	Radiation Therapy
07	Anesthesia
08	Surgical Assistance
09	Other Medical
10	Blood Charge
11	Use DME
12	DME Purchase
13	ASC Facility
14	Renal Supplies In the Home
15	Alternate Method Dialysis Payment
16	CRD Equipment
17	Pre-Admission Testing
18	DME Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion

DATA ELEMENT: Procedure Minimum Age Limit (DE5009)

Minimum age of the enrollee to which a procedure is restricted.

BUSINESS NAME: N/A

REFERENCE NAME: N_MIN_AGE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 00-99

BUSINESS RULES:

Rule Name	Minimum Less Than Maximum
Description	The minimum age/amount/units must be less or equal to the corresponding maximum age/amount/units.
Local Def	The Procedure Minimum Age Limit must be less than or equal to the Procedure Maximum Age Limit (DE 5010).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Procedure Maximum Age Limit (DE5010)

Maximum age of the enrollee to which a procedure is restricted.

BUSINESS NAME: N/A

REFERENCE NAME: N_MAX_AGE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 000-999

BUSINESS RULES:

Rule Name	Minimum Less Than Maximum
Description	The minimum age/amount/units must be less or equal to the corresponding maximum age/amount/units.
Local Def	The Procedure Maximum Age Limit must be greater than or equal to the Procedure Minimum Age Limit (DE 5009).

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Valid Sex Code (DE5011)**

Sex of the enrollee to which a procedure is restricted.

BUSINESS NAME: N/A

REFERENCE NAME: C_SEX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	No Restriction
F	Restricted to Females
M	Restricted to Males

DATA ELEMENT: **Procedure Long Name (DE5012)**

Generally accepted nomenclature of a procedure.

BUSINESS NAME: N/A

REFERENCE NAME: T_PROC_LONG_NAME

DEFAULT: N/A

COBOL PICTURE: X(90)

DB2 TYPE: CHAR(90)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Short Name (DE5015)**

Description of the procedure code in lay terminology.

BUSINESS NAME: N/A

REFERENCE NAME: T_PROC_SHORT_NAME

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: CHAR(35)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Maximum UVSP (DE5016)**

Indicates the maximum units, visits, or services that apply to the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_MAX_UVSP

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure PA Type (DE5017)**

Identifies the type of prior authorization required by the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_PA_TYPE

DEFAULT: 0

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	No PA required
01	Always needs PA
02	Only needs PA if service limits are exceeded
03	Always needs PA, with per frequency

DATA ELEMENT: **PA Type Effective Date (DE5018)**

Indicates the date that the PA type (DE #5017) is effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_EFFECTIVE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Data Base Sequential Number (DE5020)**

A sequential number given to a row in the data base to make the row unique.

BUSINESS NAME: N/A

REFERENCE NAME: I_DIAG_SEQ_NUM

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Fee Type (DE5021)

Indicates whether the Medicare Rate data is for Physicians (MFS) or Ambulance (AMB) or DME (DME).

BUSINESS NAME: N/A

REFERENCE NAME: RF05-RATE-TYPE

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
AMB	Ambulance Fees
DME	DME Fees
MFS	Physician Fees

DATA ELEMENT: **Fee Update Date (DE5022)**

Date that the rates were updated by the Medicare carrier. It becomes the new effective date for the rate.

BUSINESS NAME: N/A

REFERENCE NAME: Fee Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: Date

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Fee Modifier (DE5023)**

Determines DME Type rate: Professional Component (26) or Technical Component (TC).

BUSINESS NAME: N/A

REFERENCE NAME: Fee Modifier

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Dispensing Unit (DE5031)

Unit by which a drug is dispensed and by which the pricing calculations are performed in the Claims Processing Sub-system.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_DISP_UNIT

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	TABLET
02	CAPSULE
03	ML

DATA ELEMENT: Drug Enforcement Administration (DEA) Code (DE5032)

A code indicating the degree of potential abuse and Federal control of a drug.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_DEA

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No Control
1	LSD, Heroin, Marijuana - research only
2	Morphine, Demoral, Amphetamines, most abused
3	APC/Codeine, etc, less abused
4	Valium, etc, potential abuse
5	Controlled sale by pharmacy only (RX reqd) or State Restricted

DATA ELEMENT: **Drug Federal Maximum Allowable Cost (FMAC) (DE5036)**

Maximum allowed unit price for a drug under FMAC regulation. Also known as Federal Participation's Plan Upper Limits.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_FMAC_COST

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(04) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Therapeutic Class Generic Code (DE5037)

Numeric code used to classify drugs according to the most common intended use. This classification scheme provides the least specific therapeutic groupings available in the National Drug Data File (NDDF).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_TC_GEN

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
02	Analgesics
05	Anesthetics
08	Anti-Obesity Drugs
11	Antiarthritics
14	Antiasthmatics
17	Antihistamines
20	Anti-infective
23	Anti-infective, Miscellaneous
26	Antineoplastics
29	Antiparkinson Drugs
32	Autonomic Drugs
35	Blood
38	Cardiac Drugs
41	Cardiovascular
44	CNS Drugs
47	Contraceptives
50	Cough and Cold Preparations
53	Diagnostic
56	Diuretics
59	Electrolyte, Caloric and Fluid Replacement
62	EENT Preparations
65	Gastrointestinal Preparations
68	Hormones

DATA ELEMENT: Drug Therapeutic Class Generic Code (DE5037)

VALID VALUES:

Valid Value	Description
71	Hypoglycemic
74	Miscellaneous Medical Supplies, Devices and other Non-drug Products
77	Muscle Relaxants
80	Psychotherapeutic Drugs
83	Sedative and Hypnotics
86	Skin Preparations
89	Thyroid Preps
92	Biological
94	Pre-Natal Vitamins
95	Vitamins, all others
99	Unclassified Drug Products

DATA ELEMENT: **Drug Generic Indicator (DE5038)**

Drug Field that differentiates single source from multiple source drugs

BUSINESS NAME: N/A

REFERENCE NAME: C_GENERIC

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Multiple Sources
2	Single Source

DATA ELEMENT: **Drug Generic Price (DE5039)**

This indicator will distinguish a product as either priced as a generic, priced as a brand, or multi-sourced.

BUSINESS NAME: N/A

REFERENCE NAME: C_GENERIC_PRICE_

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Non-Drug Item
1	Priced as a Generic
2	Priced as a Brand
3	Patent Protected; Cross-Licensed multi-source drug (More than 1 Brand Name)

DATA ELEMENT: Drug Manufacturer/Distributor Name (DE5040)

Name of distributor as listed on a drug table or as indicated by the NDC (DE 5200). It does not necessarily identify the actual drug fabricator.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_MFG_NAME

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Package Size (DE5041)**

Indicates the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. The standard for all single dosage units such as ampul, IV, vials, etc.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG-PKG-SIZE

DEFAULT: N/A

COBOL PICTURE: 9(08)V9(03) COMP-3

DB2 TYPE: DECIMAL(11,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Unit Dose Code (DE5042)

Indicates a drug packaged in individual unit doses. Unit dose is defined by First Data Bank as all products labeled as Unit Dose by the manufacturer. It does not apply to injectable products, suppositories or powder packets.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_UNIT_DOSE

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	All Other Products
1	Unit Dose

DATA ELEMENT: Drug Dosage Form Description (DE5043)

Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_DOSAGE_DESC

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Enema - Enema (ML)	Enema - Enema (EA)
Oint/Appl. - Ointment with Applicator	Powder - Powder (GM)

DATA ELEMENT: **Drug Dosage Form (DE5044)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_DOSAGE_FORM

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Procedure Place of Service Code (DE5045)

Indicates a procedure is restricted to a particular place of service.

BUSINESS NAME: N/A

REFERENCE NAME: C_PLACE_OF_SERV

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
11	Office
12	Home
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
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End State Renal Disease Treatment Facility

DATA ELEMENT: Procedure Place of Service Code (DE5045)

VALID VALUES:

Valid Value	Description
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unspecified Facility

DATA ELEMENT: **Procedure Amount Effective Date (DE5046)**

Effective date of associated amount (DE 5047).

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_RATE_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Amount (DE5047)**

Amount allowable (or professional component) to be paid to a physician for a procedure or service.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_RATE

DEFAULT: N/A

COBOL PICTURE: S9(06)V9(02) COMP-3

DB2 TYPE: DECIMAL(8,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Anesthesiology Base Units (DE5050)**

A method of charging Medicaid for Anesthesia services where Base Units represent time (00-60 for Medical).

BUSINESS NAME: N/A

REFERENCE NAME: N_ANES_BASE_UNITS

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: 0001-0060

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Anesthesiology Base Units Begin Date (DE5051)**

Effective date for Anesthesiology Base Units (DE 5050).

BUSINESS NAME: N/A

REFERENCE NAME: D_ANES_BASE_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Tooth Site/Surface Indicator (DE5056)**

Indicates whether a site or surface is required on a dental claim for a procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_SITE_TOOTH_REQ

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No surface required/Does not apply
1	One surface required
2	Two surfaces required
3	Three surfaces required
4	Four surfaces required
5	Five surfaces required
A	One or more surfaces required
B	Two or more surfaces required
C	Three or more surfaces required
D	Four or more surfaces required

DATA ELEMENT: **Tooth Indicator (DE5057)**

Indicates whether a tooth is required to be marked on a dental claim for a procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_TOOTH_REQ

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No tooth required
Y	Tooth is required

DATA ELEMENT: Drug Class Code (DE5059)

Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: "Federal Law Prohibits Dispensing a Drug without a Prescription".

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_CLASS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
F	Legend (Prescription reqd)
O	Over The Counter (OTC)
Spaces	Not in use

DATA ELEMENT: Drug Generic Code Number (GCN) (DE5061)

Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.

BUSINESS NAME: N/A

REFERENCE NAME: I_DRUG_GCN

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Valid Provider Type (DE5063)**

Indicates Type of provider who may bill for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_TYPE

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Strength Description (DE5070)

In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_STR

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Co-pay Indicator (DE5071)**

Indicates if the drug requires a copay

BUSINESS NAME: N/A

REFERENCE NAME: C_COPAY

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Copayment does not apply to this drug
1	Copayment applicable for this drug

DATA ELEMENT: Drug Service Limit Code (DE5072)

Indicates the restrictions that would apply to certain types of recipients.

BUSINESS NAME: N/A

REFERENCE NAME: C_SRVC_LIMIT

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No Special Processing
1	Nursing Home Invoices Only
3	DESI Drugs
4	Nursing Home Recipient Exclusion
5	For recipients Under Age 21 Only

DATA ELEMENT: Innovator Indicator (DE5073)

A one-character alphanumeric column that identifies products that received National Drug Application (NDA) approval and are desiginated as Reference Listed Drugs by FDA.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_INNOV

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Default - non-innovator drug
1	Innovator-held original patent

DATA ELEMENT: Multi-Source Single-Source Indicator (DE5074)

A one-character alphanumeric column that differentiates single-source packaged products from multiple-source packaged products.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_NDCGI1

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(1)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Default - Not specified
1	Multiple source
2	Single source

DATA ELEMENT: **Laboratory Code (DE5080)**

3 digit Medicare code used to identify the lab category that a lab procedure falls into.

BUSINESS NAME: N/A

REFERENCE NAME: C_LAB

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Laboratory Code Begin Date (DE5081)**

Beginning date of type of certification for a Laboratory Code (DE 5080).

BUSINESS NAME: N/A

REFERENCE NAME: D_LAB_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Laboratory Code End Date (DE5082)**

Ending date of type of certification for a Laboratory Code (DE 5080).

BUSINESS NAME: N/A

REFERENCE NAME: D_LAB_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Virginia Generic Indicator (DE5083)

Virginia specified Generic indicator, Allows DMAS to override FDB determined branded/generic drugs

BUSINESS NAME: N/A

REFERENCE NAME: C_VA_GENERIC_IND

DEFAULT: space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Virginia Determined Branded Drug
G	Virginia Determined Generic Drug

DATA ELEMENT: **Drug Average Wholesale Price (AWP) (DE5084)**

Drug unit price which is based on an actual survey of drug wholesalers.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_AWP

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(04) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Top 200 Code (DE5086)

Indicates if a drug is included in the list of the 200 drug products most frequently dispensed in community and chain pharmacies. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market research surveys.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_TOP_200

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: 001-200 - Top 200 Drugs in order of rank; 000 - All Other Drugs

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Category Code (DE5088)

Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_CATEGORY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Unspecified
A	Anti-anxiety Agents
B	Fertility Agents
C	Contraceptives, Oral
D	Diagnostics
E	Fluoride Preparations (excluding Vitamin Combinations)
F	Antiobesity Drugs/Amphetamines
G	Antacids
H	Hematinics
I	Insulin's
J	Smoking Deterrents
K	AIDS related drugs
L	Laxatives
M	Reusable Needles (all)
N	Disposable Needles (all)
O	Reusable Syringes w/wo Needles (Non-insulin)
P	Disposable Syringes w/wo Needles (Non-insulin)
Q	Reusable Syringes w/wo Needles (Insulin)
R	Disposable Syringes w/wo Needles (Insulin)
S	Diabetic Supplies, Miscellaneous
T	Contraceptives, Topical
U	Products used for approved or unapproved cosmetic indications
V	Vitamins, Commonly excluded

DATA ELEMENT: **Drug Category Code (DE5088)**

VALID VALUES:

Valid Value	Description
W	Contraceptives, Implantable
Y	Ostomy Supplies
Z	Attention deficit disorder drugs

DATA ELEMENT: **Medicare Carrier Code (DE5090)**

Code Number that identifies the Medicare carrier for whom charges are stored.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-CARRIER-NUMBER

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Route Description (DE5091)**

Normal method by which a drug is administered. The current range of descriptions include oral, topical, injection, etc.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_ROUTE

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Buccal	- Buccal
Dental	- Dental
Implant	- Implantation
Inhalation	- Inhalation
Injection	- Injection (IM, IV, SQ, Intrathecal, Intrasynovial, etc not covered by rou
Intracaver	- Intracavervosal
Intraderm.	- Intradermal
Intramusc.	- Intramuscular (only, repository, etc)
Intraperit	- Intraperitoneal
Intraven.	- Intravenous (only)
Irrigation	- Irrigation (bladder, wounds, etc)
Miscell.	- Miscellaneous (medical supplies and other non-drugs)
Mucous Mem	- Mucous Membrane (topical mouth and throat)
Nasal	- Nasal
Ophthalmic	- Ophthalmic
Oral	- Oral
Otic	- Otic
Perfusion	- Perfusion
Rectal	- Rectal
Sublingual	- Sublingual
Topical	- Topical (hair, nails and skin)
Transderm.	- Transdermal
Transling	- Translingual

DATA ELEMENT: **Drug Route Description (DE5091)**

VALID VALUES:

Valid Value	Description
Urethral	- Urethral
Vaginal	- Vaginal

DATA ELEMENT: Drug Generic Manufacturer Indicator (DE5092)

The Generic Manufacturer Indicator specifies whether a product is distributed by a brand manufacturer, a generic manufacturer, or a niche manufacturer.

BUSINESS NAME: N/A

REFERENCE NAME: RF01-GEN-MANUFACTURER-IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Non- drug item, such as medical supplies and bulk chemicals
1	Generic
2	Brand
3	alternative (niche) product

DATA ELEMENT: Generic Named Drug Indicator (DE5093)

The Generic Named Drug Indicator specifies whether a product is a brand, a generic, or an alternative brand, using the product name as the criteria.

BUSINESS NAME: N/A

REFERENCE NAME: RF01-GEN-NAMED-IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Non- drug item, such as medical supplies and bulk chemicals
1	generic (brand name equal to generic name)
2	brand (brand name not equal to generic name)
3	alternative product

DATA ELEMENT: Generic Therapeutic Drug Indicator (DE5094)

The Generic Therapeutic Drug Indicator specifies whether a product is a brand, an Orange Book rated generic, a non- Orange Book generic or a product of unknown equivalence.

BUSINESS NAME: N/A

REFERENCE NAME: RF01-GEN-THERA-DRUG-IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Non- drug item, such as medical supplies and bulk chemicals
1	non- Orange Book generic (B rated)
2	Brand
3	Orange Book rated generic (A rated)
4	generic product with no Orange Book rating (equivalence unknown)

DATA ELEMENT: **Drug VA MAC Override (DE5095)**

This field will be used by DMAS to Override MAC pricing

BUSINESS NAME: N/A

REFERENCE NAME: C_VA_MAC_OVERRIDE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No effect
1	Exclude VA MAC
2	Exclude Vendor MAC
3	Exclude both Vendor and VA MAC

DATA ELEMENT: Top 50 Generic Drugs (DE5097)

The Top 50 Generics (TOP50GEN) ranks the 50 most frequently dispensed generic drugs. TOP50GEN identifies the ranking of each drug from 1 through 50. This data is based on total prescriptions dispensed. The products are manufacturer- specific and may appear on both the Top 200 prescription products and the Top 50 generic products.

BUSINESS NAME: N/A

REFERENCE NAME: RF01-TOP50-GEN-DRUGS-IND

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug New Drug Application (DE5098)**

FDB field to identify a drug product that was approved under a New Drug Application

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_NDA

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Submitted
1	Submited (Brand)

DATA ELEMENT: **Drug Abbreviated New Drug Application (DE5099)**

FDB field to identify a drug product that was approved under an Abbreiviated New Drug Application

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_ANDA

DEFAULT: WITH DEFAULT

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Submitted
1	Submitted (Generic)

DATA ELEMENT: Drug HCFA Drug Category Code (DE5104)

Indicates the Federal Drug Administration Drug Category Code supplied on the Healthcare Finance Administration's quarterly tape. This indicator identifies single source, multi-source or innovator status. The data is actually supplied to HCFA from the drug manufacturer/distributor.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_HCFA_CAT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
I	Innovator multi-source
N	Non-innovator multi-source
S	Single source

DATA ELEMENT: Drug HCFA DESI Code (DE5105)

DESI Code as supplied on the Healthcare Finance Administration's quarterly tape. The code identifies the DESI status of the NDC drug record, and the effective date identifies when the status took effect.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_HCFA_DESI

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	NDC not on HCFA tape, no information submitted by manufacturer
2	Safe and effective or non-DESI
3	DESI/IRS drugs under review (no NOOH issued)
4	Less than effective DESI/IRS drugs for some indications
5	Less than effective DESI/IRS drugs for all indications
6	Less than effective DESI/IRS drugs removed from the market

DATA ELEMENT: Drug HCFA Approval Date (DE5110)

FDA Approval Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_HCFA_APPR

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug HCFA Termination Date (DE5112)

Termination Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. The date represents the shelf life expiration date of the last batch produced.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_HCFA_TERM

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug HCFA Drug Type Code (DE5113)

Drug Type Indicator as supplied on the Healthcare Finance Administration's quarterly tape. The indicator expresses the prescription or over-the-counter status of the drug product.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_HCFA_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	NDC
2	GCN
3	Therapeutic Class (Category + Specific Therp)
4	Category
M	Maintenance Co-pay

DATA ELEMENT: **PA Type End Date (DE5120)**

Indicates the date that the PA type (DE #5017) ends.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_PA_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Place of Service Begin Date (DE5123)**

The effective date of the Place of Service.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_POS_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Place of Service End Date (DE5124)**

The end date of the Place of Service.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_POS_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure TPL Begin Date (DE5125)**

The effective date of the TPL Code for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_TPL_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure TPL End Date (DE5126)**

The end date of the TPL Code for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_TPL_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Type of Service Begin Date (DE5127)**

The effective date of the Type of Service Code for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_TOS_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Type of Service End Date (DE5128)**

The end date of the Type of Service Code for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_TOS_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Xref Begin Date (DE5129)**

The effective date of the cross reference between the two procedures.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_REL_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Xref End Date (DE5130)**

The end date of the cross reference between the two procedures.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_REL_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Automatic Error End Date (DE5131)**

The end date of the Automatic Error Code for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_AUTOERR_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Emergency End Date (DE5132)

The end date of the Emergency Code for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_EMER_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Group End Date (DE5133)**

The end date of the LOS Group.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOS_GROUP_END

DEFAULT: N/A

COBOL PICTURE: 9(08

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Category Begin Date (DE5134)**

The effective date of the Procedure Category.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_CATG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Category End Date (DE5135)**

The end date of the Procedure Category.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_CATG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Rate End Date (DE5138)**

The end date of the Procedure Rate.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_RATE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cross Reference Procedure Duplicate Check (DE5139)**

Code to specify (Y or N) whether or not the X-Ref Procedure Code should be used for duplicate checking in the Claims adjudication process.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_XREF_DUPCHK

DEFAULT: 'N'

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'N'	NO
'Y'	YES

DATA ELEMENT: Cross Reference Procedure Prior Auth Indicator (DE5140)

Code to specify (Y or N) whether or not the X-Ref Procedure Code is valid for an associated Prior Authorization in the Claims Adjudication process.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_XREF_PA

DEFAULT: 'N'

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Y	YES

DATA ELEMENT: **Cross Reference Procedure OTHER Indicator (DE5141)**

A Code (Y or N) that is available for future use as it may relate to the Cross Reference Procedure Code used in Claims Adjudication.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_XREF_OTHER

DEFAULT: 'N'

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Valid Provider Specialty Code (DE5147)**

Indicates Specialty of provider who may bill for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_SPEC_CODE

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Record Added Date (DE5149)**

Indicates date the record was added to the Procedure file.

BUSINESS NAME: N/A

REFERENCE NAME: Procedure Record Added Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Tooth Type Code (DE5151)

Indicates the type of tooth (permanent/deciduous) required for the dental procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_TOOTH_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Deciduous Tooth Required
E	Either Type Not Required/Does Not Apply
P	Permanent Tooth Required

DATA ELEMENT: **Professional Component/Technical Component Code (DE5152)**

Denotes if Fee Schedule amount is for professional services or for other than professional services.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROF_TC

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
26	Professional Component
TC	Technical Component

DATA ELEMENT: **Procedure Rate Type (DE5153)**

Indicates the type of rate contained on the associated rate amount as it pertains to the Procedure Rate table.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_RATE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
IP	Inpatient
IPPC	Inpatient Professional Component
IPTC	Inpatient Technical Component
OP	Outpatient
OPPC	Outpatient Professional Component
OPTC	Outpatient Technical Component

DATA ELEMENT: **Area Professional Component (PC) Inpatient Charge Effective Date (DE5154)**

Effective date for Area PC Inpatient Charge (DE 5153).

BUSINESS NAME: N/A

REFERENCE NAME: D_AREA_IP_PC_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Amount (DE5157)**

Unit value of the procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_RV_RATE

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(02)

DB2 TYPE: DECIMAL(5,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Begin Date (DE5158)**

Beginning date of Relative Value.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_RV_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure End Date (DE5159)**

Ending date of Relative Value.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_RV_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Medicare Anesthesia Relative Value (DE5160)

The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitoring procedures. (Note: The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.)

BUSINESS NAME: N/A

REFERENCE NAME: N_MC_ANES_BASE_QTY

DEFAULT: N/A

COBOL PICTURE: 9(02)V9(01)

DB2 TYPE: DECIMAL(3,1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Anesthesia Relative Value Begin Date (DE5161)**

Beginning date of Medicare Anesthesia Base Units Quantity (DE 5160).

BUSINESS NAME: N/A

REFERENCE NAME: D_MC_ANES_BASE_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Anesthesia Relative Value End Date (DE5162)**

Ending date of Medicare Anesthesia Base Quantity (DE 5160).

BUSINESS NAME: N/A

REFERENCE NAME: D_MC_ANES_BASE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Anesthesiology Base Units End Date (DE5163)**

Ending date of Anesthesiology Base Units (DE 5050).

BUSINESS NAME: N/A

REFERENCE NAME: D_ANES_BASE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cross Reference Procedure Code (DE5164)**

An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_XREF

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Flag Code (DE5165)

Identifies certain procedure codes for special processing and/or Benefit Plan Coverage.

BUSINESS NAME: N/A

REFERENCE NAME: C_FLAG

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
26	Prof/Tech Component not payable for Procedure
7Q	Psychiatrist -- DOE
7R	Licensed Clinical Psychologist -- DOE
7S	School Psychologist -- DOE
9	E & D Waiver (Personal Care, ADULT DAY, RESPITE CARE)
90	Pregnancy, Preventative Srv. & Court-Ordered Medical Care Paid (Bypass TPL)
91	Pregnancy, Preventative Srv. & Court-Ordered Office Visit Paid (Bypass TPL)
999	Not covered by Medicaid
A	Ventilator Dependent Services -- Waiver
AP1	Ambulatory Service Facility Fee 1
AP2	Ambulatory Service Facility Fee 2
AP3	Ambulatory Service Facility Fee 3
AP4	Ambulatory Service Facility Fee 4
AP5	Ambulatory Service Facility Fee 5
AP6	Ambulatory Service Facility Fee 6
AP7	Ambulatory Service Facility Fee 7
AP8	Ambulatory Service Facility Fee 8
AP9	Ambulatory Service Facility Fee 9
AS1	AMBULATORY SERVICE CENTER 1
AS2	AMBULATORY SERVICE CENTER 2
AS3	AMBULATORY SERVICE CENTER 3
AS4	AMBULATORY SERVICE CENTER 4
AS5	AMBULATORY SERVICE CENTER 5

DATA ELEMENT: Flag Code (DE5165)

VALID VALUES:

Valid Value	Description
AS6	AMBULATORY SERVICE CENTER 6
AS7	AMBULATORY SERVICE CENTER 7
AS8	AMBULATORY SERVICE CENTER 8
AS9	AMBULATORY SERVICE CENTER 9
C1	Copay may apply (Currently $1.00)
CF	Clinic Fee for Service
CM	Elderly Case Management
CP	Copay may apply
CS	FAMIS Only
CT	Other Procedure Code Required
CV	Clinic Visit Encounter (HCPCS & Dental)
E	Aids Waiver
F	Regular Assisted Living -- Waiver
FA	Full Assessment
FD	Family Planning with Diagnosis; Copay may apply
FP	Family Planning, copay does not apply
FS	FAMIS SPO
FW	FAMILY PLANNING WAIVER
G	Elderly Study -- Waiver
I	EPSDT Routine Immunization
J	Intensive Assisted Living -- Waiver
LB	Lab Procedure (CLIA)
MP	PPMP Procedure CLIA
OC	HMO
Q	CDPAS (Consumer Directive Personal Attendant Services)
R	IFDDS
RD	Reduce if not in physician's office
RF	Use Recipient's FIPS rather than the provider's FIPS for pricing
S	EPSDT Screening
SA	Short Assessment
SLH	State and Local Hospitals
ST	STD TESTS FOR FP WAIVER
T	Alzheimer's Waiver
TDO	Temporary Detention Order

DATA ELEMENT: **Flag Code (DE5165)**

VALID VALUES:

Valid Value	Description
VAC	VACCINE
WV	Wavered Lab Procedure as defined by CLIA

DATA ELEMENT: Procedure Rate IC (Individual Consideration) Flag (DE5166)

This data element is defined upon the Procedure Code / Revenue Code Extract File (for the DMAS PA Contractor, KePRO). This flag field indicates whether or not the Procedure/Revenue Code has an Individual Consideration Rate. If Procedure Amount (DE5047 - N_PROC_RATE) contains NULLS, then the Procedure/Revenue Code is considered to have an Individual Consideration Rate.

BUSINESS NAME: Procedure Rate IC (Individual Consideration) Flag

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Procedure/Revenue Code does NOT have an Individual Consideration Rate
Y	Procedure/Revenue Code DOES have an Individual Consideration Rate

DATA ELEMENT: Surgical Assistant Reimbursed Indicator (DE5167)

Indicates procedures for which a surgical assistant may be reimbursed.

BUSINESS NAME: N/A

REFERENCE NAME: F_SURG_ASST_REIM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Space
N	Surgical assistant may not be reimbursed
Y	Surgical assistant may be reimbursed

DATA ELEMENT: Locality Last Update Date (DE5168)

Date of the most recent file maintenance update to a record on the Locality file.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCALITY_LAST_UPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Area Maximum Outpatient Charge (DE5169)**

State's maximum allowable fee which will be paid to a physician for a procedure or service, when performed outpatient.

BUSINESS NAME: N/A

REFERENCE NAME: N_AREA_OPMAX

DEFAULT: N/A

COBOL PICTURE: S9(06)V9(02) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Area Maximum Outpatient Charge Effective Date (DE5170)**

Effective date of Area Maximum Outpatient Charge (DE 5169).

BUSINESS NAME: N/A

REFERENCE NAME: D_AREA_OPMAX_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Number of Follow-up Days (DE5171)

Indicates the number of days for normal uncomplicated follow-up care that will be covered by the surgical procedure reimbursement.

BUSINESS NAME: N/A

REFERENCE NAME: N_FOLLOW_UP_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Pre/Post Operative Services Indicator (DE5172)

Indicates if procedure includes pre and post operative care.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRE_POST_SERV

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Space
N	Does not include variable pre and post-operative services
Y	Includes pre and post-operative services

DATA ELEMENT: **Procedure Valid Provider Type-Specialty Begin Date (DE5173)**

Beginning date of Valid Provider Type and Specialty.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_PT_SP_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure Valid Provider Type-Specialty End Date (DE5174)**

Ending date of Valid Provider Ranges.

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_PT_SP_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Amount (DE5175)**

Indicates the Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type (DE #5153)

BUSINESS NAME: N/A

REFERENCE NAME: N_MCARE_RATE

DEFAULT: N/A

COBOL PICTURE: S9(06)V9(02) COMP-3

DB2 TYPE: DECIMAL(8,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Medicare Amount Begin Date (DE5176)

Beginning date of Medicare Amount (DE 5175).

BUSINESS NAME: N/A

REFERENCE NAME: D_MCARE_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Amount End Date (DE5177)**

Ending date of Medicare Amount (DE 5175).

BUSINESS NAME: N/A

REFERENCE NAME: D_MCARE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Carrier Name (DE5178)**

Abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded.

BUSINESS NAME: N/A

REFERENCE NAME: T_MCARE_CARRIER

DEFAULT: Spaces

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Physician Fee Pricing Locality (DE5179)**

Identifies the pricing locality on the Medicare Physician Fee Schedule record.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-PRICING-LOCALITY

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type Status End Reason Text (DE5180)

Indicates reason text for ending the association of the Locality Code (DE5254) with the Region Type Code (DE5244) and the Region Code (DE5249).

BUSINESS NAME: N/A

REFERENCE NAME: T_LOC_REG_TYPE

DEFAULT: Spaces

COBOL PICTURE: X(24)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Last Update Code (DE5181)**

Code of last update to the Locality Region Type record.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOC_REG_LASTUPD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change

DATA ELEMENT: **Locality Region Type Last Update Date (DE5182)**

Date of last update to the Locality Region Type record.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOC_REG_LASTUPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Last Update Code (DE5183)

Code of last change to the Locality record.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOC_LASTUPD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change

DATA ELEMENT: **Locality Record Added Date (DE5184)**

Indicates date the record was added to the Locality file.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOC_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Area Professional Component (PC) Outpatient Charge (DE5185)**

Professional component (PC) of the Area Maximum Outpatient Charge (DE 5169) paid to a physician for outpatient services.

BUSINESS NAME: N/A

REFERENCE NAME: N_AREA_OP_PC

DEFAULT: N/A

COBOL PICTURE: S9(06)V9(02) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Area Professional Component (PC) Outpatient Charge Effective Date (DE5186)**

Effective date for Area PC Outpatient Charge (DE 5185).

BUSINESS NAME: N/A

REFERENCE NAME: D_AREA_OP_PC_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Last Update Code (DE5188)**

Transaction code representing the last file maintenance activity to a record on the Procedure file.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_LAST_UPD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Physician Non-Facility Amount (DE5190)**

Medicare Outpatient Physician Charge.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-NON-FACILITY-AMOUNT

DEFAULT: N/A

COBOL PICTURE: S9(7)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Labeler Identifier Code (DE5191)

The FDB code used to uniquely identify the distributor. This field is independent of the National Drug Code (DE 5200) and facilitates the grouping of NDCs by unique distributor.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_LABEL

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug National Drug Code (NDC) Format Code (DE5192)

Identifies the original ten character format of the NDC (DE 5200) and type of code, i.e. NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code) and PIN (Personal Identification Number).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_NDC_FORMAT

DEFAULT: N/A

COBOL PICTURE: 9(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Unit of Use Code (DE5193)

Denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_UNIT_USE

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	All Other Products
1	Unit of Use

DATA ELEMENT: Drug Strength Volume Number (DE5194)

Indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression of the drug product.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_STR_VOL

DEFAULT: N/A

COBOL PICTURE: 9(04)V9(03)

DB2 TYPE: DECIMAL(7,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Strength Volume Units (DE5195)

This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Number (DE 5194) to obtain a conventional strength expression of the drug product.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_VOL_UNITS

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Institutional Product Code (DE5196)

Found on products which are specifically priced for sale to selected customers. These products are generally available on a limited basis.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_PROD

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Institutional
1	Institutional

DATA ELEMENT: **Drug Federal Financial Participation (FFP) Rebate Manufacturer Code (DE5197)**

Indicates whether a labeler (NDC 5) is participating in the HCFA rebate program.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_FFP_REBATE

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	False (not participating)
1	True (participating)

DATA ELEMENT: Drug Wholesale Unit Price (WAC) (DE5198)

Also known as the Wholesale Acquisition Cost (WAC). Is the manufacturer's wholesale net unit price. Not all manufacturers sell through wholesalers so not every record will have a wholesale net price.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_WAC

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(04) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Wholesale Unit Price (WAC) Effective Date (DE5199)**

Effective date of the Drug Wholesale Acquisition Cost (WAC) (DE 5198).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_WAC

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Code (NDC) (DE5200)

National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_NDC

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Coverage Begin Date (DE5201)

Beginning date of drug coverage.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Coverage End Date (DE5202)**

Ending date of drug coverage. No Longer used in editing

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Direct Price Indicator (DE5203)**

Indicates if drug is direct-priced.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_DIR_PR_IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Price Type (DE5205)**

Indicates the type of price being stored on the NDC_PRICE table.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRICE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
AWP	----------
DAW	Brand Necessary
DC	Drug Cost
DUP	Direct Unit Price
MAC	Federal MAC
REF	Reference Cost
SMC	Specialty MAC
UD	Unit Dose
V60 n/a	Virginia MAC (60th Percentile UD)
V75 n/a	Virginia MAC (75th Percentile Non-UD)
VMC	Vendor MAC
WAC	Wholesale Acquisition Cost

DATA ELEMENT: Drug Form Code (DE5206)

Blue Book basic drug measurement unit for performing price calculations. The field can be received as a two character field containing the values of EA, ML or GM.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_FORM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Each (tablets, kits, etc)
2	ML (liquids)
3	GM (solids)

DATA ELEMENT: **Drug Brand Name (DE5208)**

Name appearing on the drug package label.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_BRAND_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Maximum Dispensing Units (DE5209)**

Maximum units that can be dispensed at any one time.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MAX_DISP

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(03) COMP-3

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Maximum Quantity (DE5211)**

Maximum quantity in units of drug that is calculated as the product of Drug Maximum Daily Dose and Days (policy).

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MAX_QTY

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(03) COMP-3

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Price Type Code (DE5214)**

Indicates the drug price type as Average Wholesale Price (AWP) or Federal Maximum Allowable Cost (FMAC).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_PRICE_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	AWP
1	Direct
2	FMAC
3	Reference Cost
4	VMAC
5	WAC

DATA ELEMENT: Drug Federal Financial Participation (FFP) Rebate Manufacturer Code Date (DE5216)

Date of Drug FFP Rebate Manufacturer Indicator (DE 5197).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_FFP_REBATE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Standard Package Code (DE5217)

Identifies the package size and associated price vectors to be used when pricing "standard package size" which is defined as 100s for non-unit dose, non-prepack tablets and capsules and 473 or 480 ML for liquids.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_PKG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Hierarchical Ingredient Code List (HICL) Sequence Number (DE5218)

Is a unique and randomly assigned 9 byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_HICL_SEQ

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Virginia Formulary Indicator (DE5219)

Indicates a drug as interchangeable. Indicates a drug as a formulary (prescription) item.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_FORMULARY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No Interchangeable Drug Codes
Y	Interchangeable Drug Codes are available

DATA ELEMENT: **Drug Price Amount (DE5220)**

The price amount for the drug, based on the price type.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_PRICE_AMT

DEFAULT: N/A

COBOL PICTURE: S9(04)V9(05) COMP-3

DB2 TYPE: DECIMAL(9,5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Price Source Code (DE5221)**

Source of Drug Price.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_PRICE_SRC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Blue Book AWP (Current Blue Book Unit Price)
B	Direct Price
C	VMAC (75th Percentile)
D	FMAC
E	VMAP
F	FDB
G	Vendor MAC

DATA ELEMENT: **Drug Price Effective Date (DE5222)**

Effective date of Drug Price.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_PRICE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Cost Price (DE5223)**

Price of drug cost.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_COST_PRICE

DEFAULT: N/A

COBOL PICTURE: S9(04)V9(05) COMP-3

DB2 TYPE: DECIMAL(9,5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Unit Dose Price (DE5230)**

Price of drug unit dose.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_UD_PRICE

DEFAULT: N/A

COBOL PICTURE: S9(04)V9(05) COMP-3

DB2 TYPE: DECIMAL(9,5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Unit Dose Source Code (DE5231)**

Source of Drug Unit Dose Price (DE 5230).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_UD_SRC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Blue Book AWP (Current Blue Book Unit Price)
B	Direct Price
C	VMAC (75th Percentile)
D	FMAC
E	VMAP
Valid Values in	A; Blue Book AWP (Current Blue
Valid Values in	A; Blue Book AWP (Current Blue
Valid Values in	A; Blue Book AWP (Current Blue

DATA ELEMENT: Drug Therapeutic Class Standard Code (DE5232)

Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_TC_STD

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Medical Supplies, Devices and Other Non-drug products
01	Anti-ulcer/Other Gastrointestinal Preps
02	Emetics
03	Antidiarrheals
04	Antispasmodic-Anticholinergics
05	Bile Therapy
06	Laxatives
07	Ataractics-Tranquilizers
08	Muscle Relaxants
09	Antiparkinson
10	CNS Stimulants
11	Psychostimulants
12	Amphetamine Preparations
13	Antiobesity Preparations, All Other
14	Antihistamines
15	Bronchial Dilators
16	Antitussives-Expectorants
17	Cough and Cold Preparations
18	Adrenergic
19	Nasal and Otic Preparations, Topical
20	Ophthalmic Preparations
21	Tetracycline
22	Penicillin

DATA ELEMENT: Drug Therapeutic Class Standard Code (DE5232)

VALID VALUES:

Valid Value	Description
23	Streptomycin
24	Sulfonamides
25	Erythromycins
26	Cephalosporin
27	Antibiotics, Other
28	Antibacterial, Urinary
29	Chloramphenicol
30	Antineoplastics
31	Antiphrastic
32	Antimalarials
33	Antiviral
34	TB Preparations
35	Trimethoprim
36	Contraceptives, Topical
37	Vaginal Cleansers
38	Antibacterial and Antiseptics, General
39	Diagnostics
40	Analgesics, Narcotic
41	Analgesics, Non-Narcotic General
42	Antiarthritics
43	Anesthetics General Inhalant
44	Anesthetics General Inject
45	Anesthetic Local/Topical
46	Sedative, Barbiturate
47	Sedative, Non-barbiturate
48	Anticonvulsants
49	Antinauseants
50	Corticotrophins
51	Glucocorticoids
52	Mineralocorticoids
53	Aldosterone Antagonists
54	Antidotes
55	Thyroid Preparations
56	Antithyroid Preparations

DATA ELEMENT: Drug Therapeutic Class Standard Code (DE5232)

VALID VALUES:

Valid Value	Description
57	Iodine Therapy
58	Diabetic Therapy
59	Anabolic
60	Androgens
61	Estrogens
62	Progesterone
63	Contraceptives, Oral
64	Other Hormones
65	Lipotropics
66	Cholesterol Reducers
67	Digestants
68	Protein Lysates
69	Enzymes
70	Rauwolfias
71	Hypotensives, Other
72	Vasodilators, Coronary
73	Vasodilators, Peripheral
74	Digitalis Preparations
75	Xanthine Derivatives
76	Cardiovascular Preparations, Other
77	Anticoagulants
78	Haemostatic
79	Diuretics
80	Vitamins, Fat Soluble
81	Vitamins, Water Soluble
82	Multivitamins
83	Folic Acid Preparations
84	B Complex with Vitamin C Preparations
85	Vitamin K Preparations
86	Infant Formulas
87	Electrolytes & Miscellaneous Nutrients
88	Hematinics
89	Allergens
90	Biological

DATA ELEMENT: **Drug Therapeutic Class Standard Code (DE5232)**

VALID VALUES:

Valid Value	Description
91	Antipruritics
92	Coal Tar Preparations
93	Emollients Protective
94	Fungicides
95	Dermatological, All Other
96	Hemorrhoid Preparations
97	Oxytocics
98	Parasympathetic Agents
99	Unclassified Drug Products

DATA ELEMENT: **Drug Virginia Maximum Allowable Cost (VMAC) 60th Percentile (DE5233)**

Indicates the 60th Percentile for Unit Dose drugs with three (3) suppliers in Virginia Voluntary Formulary.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_VMAC_60TH

DEFAULT: N/A

COBOL PICTURE: S9(04)V9(05) COMP-3

DB2 TYPE: DECIMAL(9,5)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Average Wholesale Price (AWP) Effective Date (DE5234)**

Effective date of the Average Wholesale Price (DE 5084).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_AWP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Direct Unit Price (DE5235)

Manufacturer's direct unit price.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_DU_PRICE

DEFAULT: N/A

COBOL PICTURE: S9(04)V9(05) COMP-3

DB2 TYPE: DECIMAL(9,5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Direct Unit Price Effective Date (DE5236)**

Effective date of Drug Direct Price (DE 5235).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_DU_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Federal Maximum Allowable Cost (FMAC) Effective Date (DE5237)**

Effective date of the Federal Maximum Allowable Cost (DE 5036).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_FMAC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Obsolete Date (DE5238)

Date on which a drug product is no longer available in the market place per the manufacturer's notification of the best estimate of that date.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_OBSOLETE

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Flag Date Type Code (DE5240)**

Indicates the type of date associated with the Flag (DE 5165).

BUSINESS NAME: N/A

REFERENCE NAME: C_FLAG_DATE_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
R	Date of Receipt
S	Date of Service

DATA ELEMENT: Drug Update Bypass Indicator (DE5241)

Indicates if update on Drug Code (DE 5200) is to be bypassed.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_UPD_BYPASS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Do not bypass update of pricing fields, update all data
Y	Bypass update of pricing fields

DATA ELEMENT: **Flag Begin Date (DE5242)**

Beginning date of Flag (DE 5165).

BUSINESS NAME: N/A

REFERENCE NAME: D_FLAG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Flag End Date (DE5243)**

Ending date of Flag (DE 5165).

BUSINESS NAME: N/A

REFERENCE NAME: D_FLAG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Region Type (DE5244)

Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way.

BUSINESS NAME: N/A

REFERENCE NAME: C_REGION_TYPE

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0000	None
0004	LTC PHP/PACE-Sentara Lifecare
0006	MEDALLION
0007	MEDALLION II (1996)
0008	OPTIONS (1994-5)
0009	OPTIONS (1995-6)
0010	Hospital Facilities
0011	DSS Local Offices
0012	DSS QC Regions
0013	DMAS Fraud & Investigations
0014	DSS Regional Offices
0015	Planning Districts
0017	Pharmacy Pricing Regions
0018	Client Medical Management (CMM)
0019	State Institutions
0020	Out of State
0021	Health Departments
0022	DMAS
0023	DSS/DMAS Report Distribution
AGE	Age-based Rates (<21 and >20) for Health Clinics, Practitioners, EPSDT, Lab
AIDE	Nurses aide
AW	AIDS Waiver
CAP0	Capitation Region Type

DATA ELEMENT: Region Type (DE5244)

VALID VALUES:

Valid Value	Description
CMM	Client Medical Management CASELOADS
DEN	Dental Geographic Area of Service (GAS) Codes (1970)
DME	Durable Medical Equipment
HH	Home Health Pricing Geo Region
HHRB	Home Health Rehabilitation
HO	Hospice
LPN	Licensed Practical Nurse
MD1	Day Treatment and Partial Hospitalization
PCCM	Managed Care Region Type
PT1	Provider Type 60 Versus All Others
PT2	Provider Type 72 Therapy Pricing
REG	Regular
RN	Registered Nurse
RPR	DME Replacement
SAB	Substance Abuse
TDO	Adolescent
TRN	Transportation
WAV	Non AIDS Waiver Wavered Services

DATA ELEMENT: **Region Type Name (DE5245)**

Indicates the name of the Region Type or organization.

BUSINESS NAME: N/A

REFERENCE NAME: T_REGION_TYPE_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region Type Begin Date (DE5246)**

Effective date of the Region Type.

BUSINESS NAME: N/A

REFERENCE NAME: D_REG TYPE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region Type End Date (DE5247)**

Ending date of the Region Type.

BUSINESS NAME: N/A

REFERENCE NAME: D_REG_TYPE_END

DEFAULT: 99991231

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Region Type End Reason Code (DE5248)

Indicates the reason code for ending the Region Type.

BUSINESS NAME: N/A

REFERENCE NAME: C_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	ACTIVE REGION TYPE
001	INACTIVE REGION TYPE
002	REGION TYPE NO LONGER VALID
003	REGION TYPE DISCONTINUED

DATA ELEMENT: **Region Code (DE5249)**

Indicates the region under the organization to which the FIPS code belongs.

BUSINESS NAME: N/A

REFERENCE NAME: C_REGION

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region Name (DE5250)**

Indicates the name of the Region Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_REGION_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region Begin Date (DE5251)**

Effective date of the Region Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_REGION_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region End Date (DE5252)**

Ending date of the Region Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_REGION_END

DEFAULT: 99991231

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region End Reason Code (DE5253)**

Indicates the reason code for ending the Region Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_REGION_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	
001	END REASON 1
002	END REASON 2
003	END REASON 3

DATA ELEMENT: **MMIS Locality Code based on Postal Code (DE5254)**

Identifies the provider or enrollee city/county locality.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCALITY

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Name (DE5255)**

The name of the locality corresponding to the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_LOCALITY_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Begin Date (DE5256)**

Effective date of the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCALITY_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality End Date (DE5257)**

Ending date of the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCALITY_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality End Reason Code (DE5258)**

Indicates the reason code for ending the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: I_LOC_END_RVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	DEFAULT IS 0
001	LOCALITY END REASON 001
002	LOCALITY END REASON 002
003	LOCALITY END REASON 003

DATA ELEMENT: Locality Zip Codes (DE5259)

Indicates valid 9 byte zip codes.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCALITY_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(04) COMP-3

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Size Code (DE5260)

Indicates the population of the city/county. It represents the Standard of Assistance Group which indicates the income level range used in determining eligibility for assistance.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCALITY_SIZE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	
1	
2	
3	

DATA ELEMENT: **Locality Physically Adjacent Codes (DE5262)**

Indicates localities that are physically or geographically adjacent to the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCALITY_PHY_ADJ

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Physically Extended Codes (DE5263)

Indicates localities that are physically or geographically out-lying or extended to the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCALITY_PHY_EXT

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 1

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type Address Name (DE5264)

Contains the Locality Code and Locality Name for DSS Regional, State Institution, DSS/DMAS Report Distribution offices; 'DMAS' for DMAS; and the Locality Name for Health Department offices.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDR_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Additional Address Name (DE5265)**

Contains street information or department/division name of the address data.

BUSINESS NAME: N/A

REFERENCE NAME: T_ADDL_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Street Address (DE5266)**

Contains additional street information of the address data.

BUSINESS NAME: N/A

REFERENCE NAME: T_ST_ADDR

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type City Name (DE5267)

Indicates the city in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located.

BUSINESS NAME: N/A

REFERENCE NAME: T_CITY

DEFAULT: N/A

COBOL PICTURE: X(17)

DB2 TYPE: CHAR(17)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type State Code (DE5268)

Indicates the state in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located.

BUSINESS NAME: N/A

REFERENCE NAME: C_STATE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Zip Code (DE5269)**

Indicates the zip code of the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office.

BUSINESS NAME: N/A

REFERENCE NAME: C_ZIP

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(04) COMP-3

DB2 TYPE: CHAR(09)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type Status Code (DE5271)

Indicates the enrollment status of the Locality Code under the Region Type.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCREG_STATUS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
E	Enrolled
N	New
P	Proposed

DATA ELEMENT: **Locality Region Type Status Begin Date (DE5272)**

Indicates the date from which the status of the Locality Code is "Proposed", "New" or "Enrolled".

BUSINESS NAME: N/A

REFERENCE NAME: D_LOGREG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Status End Date (DE5273)**

Indicates the date after which the status of the Locality Code is no longer "Proposed", "New" or "Enrolled".

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCREG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Status End Reason Code (DE5274)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCREG_RSN

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Adjacent Order Indicator (DE5275)**

Indicates the priority order of the locality when adjacent localities are to be pre-assigned to enrollees resident in the this Locality.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOGREG_ADJ_ORDER

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 1

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type Adjacent Codes (DE5276)

Indicates localities that are determined as adjacent to the Locality Code for purposes of pre-assignment. These localities are not necessarily physically adjacent to the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOGREG_ADJ

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: 1

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Extended Order Indicator (DE5277)**

Indicates the priority order of the locality when extended localities are to be pre-assigned to enrollees resident in the this Locality.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOGREG_EXT_ORDER

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type Extended Codes (DE5278)

Indicates localities that are extended from the Locality Code for purposes of pre-assignment. These localities may or may not be physically out-lying or extended from the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOGREG_EXT

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Zip Groups (DE5279)**

Used in the pre-assignment process to assign a recipient or provider based on specified zip codes for that county. The zip codes may or may not be within the county but may be adjacent.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOGREG_ZIPGRP

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Income Level Code (DE5280)**

Indicates the income level of the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOC_INCOME_LEVEL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Rural
2	Suburban
3	Urban
Blanks/Spaces	Default is SPACE

DATA ELEMENT: **Region Type End Reason Text (DE5281)**

Indicates the reason text for ending the Region Type.

BUSINESS NAME: N/A

REFERENCE NAME: T_REGTYPE_RSN_TEXT

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Region End Reason Text (DE5282)**

Indicates the reason text for ending the Region Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_REGION_RSN_TEXT

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality End Reason Text (DE5283)**

Indicates the reason text for ending the Locality Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_LOC_RSN_TEXT

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Allergy Codes (DE5285)

Comprises 3 allergy codes of two bytes each. These are used to identify and create warnings associated with the use of certain drugs in patients with a history of hypersensitivity to a particular drug or drug class. These codes have application in on-line pharmacy systems utilizing automated patient profiles. These codes are specific to the active therapeutic ingredient(s) of the drug product.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_ALLERGY

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	None
01	Penicillin, Cephalosporin, Carbapenem
03	Salicylates, NSAID, Pyrazoles
04	Codeine
05	Morphine
06	Barbiturates
07	Tetracycline
08	Phenothiazines
09	Macrolide, Fentanyl
10	Aminoglycosides
11	Nitrofurans
12	Meperidine, Fentanyl
13	Carbamazepine, Tricyclic Anti-depressants
14	Hydantoins
15	Sulfonyl, Loop/TZ/CAI, Diazox, Sacch, Cyclam
16	Heparin
17	Acetaminophen
18	Allopurinol
19	Benzodiazepines
20	Isoniazid, Niacin, Ethionamide, Pyrazinamide
21	Insulins (except human)
22	Xanthines

DATA ELEMENT: Drug Allergy Codes (DE5285)

VALID VALUES:

Valid Value	Description
23	Oxycodone
24	Pentazocine
25	Propoxyphene
26	Quinidine, Quinine
27	Pyrimethamine
28	Tetanus Toxoid
29	Iodine (includes radiopaque agents containing iodine)
30	Clindamycin, Lincomycin
31	Probenecid
32	Papaverine
33	Hydralazine
34	Beta-adrenergic Blockers
35	Chloral Hydrate
36	Folic Acid
37	Anticholinergics
38	Methylphenidate
39	Nitrogen Mustards
40	Doxorubicin
41	Asparaginase
42	Skeletal Muscle Relaxants (Carbamates)
43	Dantrolene
44	Rauwolfia Alkaloids
45	Methyldopa, Methyldopate
46	Local Anesthetics: Amide-type
47	Local Anesthetics: Ester-type
49	Opioid Narcotics (other)
50	ACE Inhibitors
51	4-Aminoquinolones
52	Primaquine, Iodoquinol
53	Chloramphenicol
54	Hetastarch
55	Iron Dextran
56	Immune Serums
57	Deferoxamine

DATA ELEMENT: Drug Allergy Codes (DE5285)

VALID VALUES:

Valid Value	Description
58	Vaccines
59	Gold Salts
60	Haloperidol
61	Quinolone Anti-infectives
62	Trimethoprim
63	Vancomycin
64	Calcitonin (human, salmon)
65	Calcium Channel Blockers
66	Antihistamines (topical, systemic)
67	Metronidazole
68	Anticoagulants, Oral
69	Zidovudine
70	Fluoxetine
71	Cyclosporine
72	Etoposide, Teniposide
73	Paclitaxel
74	H-2 Antagonists
75	Potassium Sparing Diuretics
76	Nicotine
77	Selective 5-HT3 Receptor Antagonists
78	Sympathomimetics
79	Phenazopyridine
80	Streptokinase

DATA ELEMENT: **Drug HCFA Common Procedure Code (HCPC) (DE5286)**

Codes used for billing supplies, materials, injections and certain services and procedures to Medicare.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_HCPC

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Valid Values in	;HCPCS Codes;

DATA ELEMENT: Drug Smart Key Code (DE5287)

The Smart Key is a series of seven data elements arranged in a hierarchical fashion. It classifies all products by Generic Therapeutic Class, Specific Therapeutic Class, Hierarchical Ingredient Code List, Strength, Dosage Form Route of Administration, Package Size and Unit Dose/Unit of Use. The Smart Key can be used to define and maintain formularies, bid lists or it can be used to summarize data.

BUSINESS NAME: N/A

REFERENCE NAME: I_DRUG_SMART_KEY

DEFAULT: N/A

COBOL PICTURE: 9(24)

DB2 TYPE: CHAR(24)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug HCFA DESI Effective Date (DE5288)**

Effective date of the HCFA DESI Code (DE 5105).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_HCFA_DESI

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Maintenance Code (DE5289)

Distinguishes whether this drug is a maintenance drug. A maintenance drug is one that is used to treat a chronic (lasting longer than one year) illness or condition.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_MAINT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not a maintenance drug
1	Maintenance drug

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each record included in NDDF whether or not the drug product is in the AHFS. For many drug products, particularly combination products, more than one AHFS code is possible. Conventionally, an AHFS classification is printed with a colon between the second and third digits and a period between the fourth and fifth digits.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_TC_AHFS

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00:00	AHFS Category Unknown
04:00	Antihistamine Drugs
08:00	Anti-infective Agents
08:04	Amebicides
08:08	Anthelmintics
08:12	Antibiotics
08:12.02	Aminoglycosides
08:12.04	Antifungal Antibiotics
08:12.06	Cephalosporins
08:12.07	Miscellaneous B-Lactam Antibiotics
08:12.08	Chloramphenicol
08:12.12	Macrolides
08:12.16	Penicillins
08:12.24	Tetracyclines
08:12.28	Miscellaneous Antibiotics
08:16	Antituberculosis Agents
08:18	Antivirals
08:20	Antimalarial Agents
08:22	Quinolones
08:24	Sulfonamides
08:26	Sulfones

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
08:28	Antitreponemal Agents
08:32	Antitrichomonal Agents
08:36	Urinary Anti-infectives
08:40	Miscellaneous Anti-infectives
10:00	Antineoplastic Agents
12:00	Autonomic Drugs
12:04	Parasympathomimetic (Cholinergic Agents)
12:08	Anticholinergic Agents
12:08.04	Antiparkinsonian Agents
12:08.08	Antimuscarinics/Antispasmodics
12:12	Sympathomimetic (Adrenergic) Agents
12:16	Sympatholytic Adrenergic Blocking Agents
12:20	Skeletal Muscle Relaxants
12:92	Miscellaneous Autonomic Drugs
16:00	Blood Derivatives
20:00	Blood Formation and Coagulation
20:04	Antianemia Drugs
20:04.04	Iron Preparations
20:04.08	Liver and Stomach Preparations
20:12	Coagulants and Anticoagulants
20:12.04	Anticoagulants
20:12.08	Antiheparin Agents
20:12.12	Coagulants
20:12.16	Hemostatics
20:16	Hematopoietic Agents
20:24	Hemorrheologic Agents
20:40	Thrombolytic Agents
24:00	Cardiovascular Drugs
24:04	Cardiac Drugs
24:06	Antilipemic Agents
24:08	Hypotensive Agents
24:12	Vasodilating Agents
24:16	Sclerosing Agents
28:00	Central Nervous System

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
28:04	General Anesthetics
28:08	Analgesics and Antipyretics
28:08.04	Nonsteroidal Anti-inflammatory Agents
28:08.08	Opiate Agonists
28:08.12	Opiate Partial Agonists
28:08.92	Miscellaneous Analgesics and Antipyretics
28:10	Opiate Antagonists
28:12	Anticonvulsants
28:12.04	Barbiturates
28:12.08	Benzodiazepines
28:12.12	Hydantoins
28:12.16	Oxazolidinediones
28:12.20	Succinimides
28:12.92	Miscellaneous Anticonvulsants
28:16	Psychotherapeutic Agents
28:16.04	Antidepressants
28:16.08	Tranquilizers
28:16.12	Miscellaneous Psychotherapeutic Agents
28:20	Respiratory and Cerabral Stimulants
28:24	Anxiolytics, Sedatives and Hypnotics
28:24.04	Barbiturates
28:24.08	Benzodiazepines
28:24.92	Misc. Anxiolytics, Sedatives and Hypnotics
28:28	Antimanic Agents
32:00	Contraceptives (e.g. Foams, Devices)
34:00	Dental Agents
36:00	Diagnostic Agents
36:04	Adrenocortical Insufficiency
36:08	Amyloidosis
36:12	Blood Volume
36:16	Brucellosis
36:18	Cardiac Function
36:24	Circulation Time
36:26	Diabetes Mellitus

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
36:28	Diphtheria
36:30	Drug Hypersensitivity
36:32	Fungi
36:34	Gallbladder Function
36:36	Gastric Function
36:38	Intestinal Absorption
36:40	Kidney Function
36:44	Liver Function
36:48	Lymphogranuloma Venereum
36:52	Mumps
36:56	Myasthenia Gravis
36:60	Thyroid Function
36:61	Pancreatic Function
36:62	Phenylketonuria
36:64	Pheochromocytoma
36:66	Pituitary Function
36:68	Roentgenography
36:72	Scarlet Fever
36:76	Sweating
36:80	Trichinosis
36:84	Tuberculosis
36:88	Urine and Feces Contents
36:88.12	Ketones
36:88.20	Occult Blood
36:88.24	Ph
36:88.28	Protein
36:88.40	Sugar
38:00	Disinfectants (for Non-Dermatologic Use)
40:00	Electrolytic, Caloric and Water Balance
40:04	Acidifying Agents
40:08	Alkalinizing Agents
40:10	Ammonia Detoxicants
40:12	Replacement Preparations
40:16	Sodium-Removing Agents

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
40:17	Calcium-Removing Resins
40:18	Potassium-Removing Resins
40:20	Caloric Agents
40:24	Salt and Sugar Substitutes
40:28	Diuretics
40:28.10	Potassium Sparing Diuretics
40:36	Irrigating Solutions
40:40	Uricosuric Agents
44:00	Enzymes
48:00	Antitussives, Expects and Mucyolytic Agents
48:08	Antitussives
48:16	Expectorants
48:24	Mucolytic Agents
52:00	Eye, Ear, Nose and Throat (EENT) Preps.
52:04	Anti-infectives
52:04.04	Antibiotics
52:04.05	Antifungals
52:04.06	Antivirals
52:04.08	Sulfonamides
52:04.12	Miscellaneous Anti-infectives
52:08	Anti-inflammatory Agents
52:10	Carbonic Anhydrase Inhibitors
52:12	Contact Lens Solutions
52:16	Local Anesthetics
52:20	Miotics
52:24	Mydriatics
52:28	Mouthwashes and Gargles
52:32	Vasoconstrictors
52:36	Miscellaneous Eent Drugs
56:00	Gastrointestinal Drugs
56:04	Antacids and Adsorbents
56:08	Antidiarrhea Agents
56:10	Antiflatulents
56:12	Cathartics and Laxatives

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
56:14	Cholelitholytic Agents
56:16	Digestants
56:20	Emetics
56:22	Antimetics
56:24	Lipotropic Agents
56:40	Miscellaneous Gi Drugs
60:00	Gold Compounds
64:00	Heavy Metal Antagonists
68:00	Hormones and Synthetic Substitutes
68:04	Adrenals
68:08	Androgens
68:12	Contraceptives
68:16	Estrogens
68:18	Gonadotropins
68:20	Antidiabetic Agents
68:20.08	Insulins
68:20.20	Sulfonylureas
68:20.92	Miscellaneous Antidiabetic Agents
68:24	Parathyroid
68:28	Pituitary
68:32	Progestins
68:34	Other Corpus Luteum Hormones
68:36	Thyroid and Antithyroid Agents
68:36.04	Thyroid Agents
68:36.08	Antithyroid Agents
72:00	Local Anesthetics
76:00	Oxytocics
78:00	Radioactive Agents
80:00	Serums, Toxoids and Vaccines
80:04	Serums
80:08	Toxoids
80:12	Vaccines
84.04.16	Miscellaneous Local Anti-infectives
84:00	Skin and Mucous Membrane Agents

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
84:04	Anti-infectives
84:04.04	Antibiotics
84:04.06	Antivirals
84:04.08	Antifungals
84:04.12	Scabicides and Pediculicides
84:06	Anti-inflammatory Agents
84:08	Antipruritics and Local Anesthetics
84:12	Astringents
84:16	Cell Stimulants and Proliferants
84:20	Detergents
84:24	Emollients, Demulcents and Protectants
84:24.04	Basic Lotions and Liniments
84:24.08	Basic Oils and Other Solvents
84:24.12	Basic Ointments and Protectants
84:24.16	Basic Powders and Demulcents
84:28	Keratolytic Agents
84:32	Keratoplastic Agents
84:36	Miscellaneous Skin and Mucous Menbrane Agents
84:50	Depigmenting and Pigmenting Agents
84:50.04	Depigmenting Agents
84:50.06	Pigmenting Agents
84:80	Sunscreen Agents
86:00	Smooth Muscle Relaxants
86:08	Gastrointestinal Smooth Muscle Relaxants
86:12	Genitourinary Smooth Muscle Relaxants
86:16	Respiratory Smooth Muscle Relaxants
88:00	Vitamins
88:04	Vitamin A
88:08	Vitamin B Complex
88:12	Vitamin C
88:16	Vitamin D
88:20	Vitamin E
88:24	Vitamin K Activity
88:28	Multivitamin Preparations

DATA ELEMENT: Drug Therapeutic Class AHFS Code (DE5290)

VALID VALUES:

Valid Value	Description
92:00	Unclassified Therapeutic Agents
94:00	Devices
96:00	Pharmaceutical Aids

DATA ELEMENT: **Drug Therapeutic Class AHFS Description (DE5291)**

Description of AHFS Therapeutic Class Code (DE 5290).

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_TC_AHFS

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Therapeutic Class Specific Description (DE5292)

Description of the Specific Therapeutic Class Code (DE 5292).

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_TC_SPEC

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Therapeutic Class Standard Description (DE5293)

Description of the Standard Therapeutic Class Code (DE 5293).

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_TC_DESC

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Therapeutic Class Generic Description (DE5294)

Description of the Generic Therapeutic Class Code (DE 5294).

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_TC_GENERIC

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE: CHAR(50)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Strength Number (DE5295)

Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, "250" is the Strength Number, "MG" is the Strength Unit, "5" is the Strength Volume and "ML" is the Volume Unit.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_STR_NUM

DEFAULT: N/A

COBOL PICTURE: 9(08)V9(03) COMP-3

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Strength Units (DE5296)

Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_STR_UNITS

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Gender-Specific Code (DE5297)

Identifies drugs that are used exclusively in males, most likely used in males, used exclusively in females or most likely used in females. It can be used to help determine appropriateness of therapy based upon the sex of the patient or infer the sex of a patient.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_GENDER_SPEC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Neutral, not gender-specific
F	Female
M	Male

DATA ELEMENT: **DRG Code Begin Date (DE5298)**

Beginning date of the DRG Code (DE 5353).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Code End Date (DE5299)**

Ending date of the DRG Code (DE 5353).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRG_END

DEFAULT: 99991231

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Record Added Date (DE5300)**

Date the record was added to the Drug File.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Code (DE5301)**

Identifies a diagnosed medical condition; the ICD-9-CM coding structure is used.

BUSINESS NAME: N/A

REFERENCE NAME: C_DIAG

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Name (DE5302)**

Generally accepted nomenclature for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: T_DIAG_NAME

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Sex Restriction Code (DE5303)**

Indicates whether a diagnosis is restricted by the sex of the recipient.

BUSINESS NAME: N/A

REFERENCE NAME: C_SEX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Female Only
M	Male Only
Spaces	No Restriction

DATA ELEMENT: **Diagnosis Minimum Age (DE5304)**

Minimum age of the recipient to which a diagnosis is restricted.

BUSINESS NAME: N/A

REFERENCE NAME: N_MIN_AGE

DEFAULT: 00

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Maximum Age (DE5305)**

Maximum age of the recipient to which a diagnosis is restricted.

BUSINESS NAME: N/A

REFERENCE NAME: N_MAX_AGE

DEFAULT: 999

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality/Region Type End Reason Text (DE5307)**

Displays the description for Locality/Region Type End Reason.

BUSINESS NAME: N/A

REFERENCE NAME: T_REG_LOC_RSN_TEXT

DEFAULT: N/A

COBOL PICTURE: X(24)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis Auto Error Effective Date (DE5309)

Beginning date on which an the Diagnosis Auto Error Code for a diagnosis is in effect.

BUSINESS NAME: N/A

REFERENCE NAME: D_AUTOERR_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Acute/Trauma Indicator (DE5310)**

Indicates whether a diagnosis is an acute or traumatic condition. If so, the claim may be flagged for TPL follow-up.

BUSINESS NAME: N/A

REFERENCE NAME: C_ACUTE_TRAMA_CVAL

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not an acute/traumatic condition
Y	Acute/traumatic condition

DATA ELEMENT: Diagnosis Edit Flag (DE5311)

The Medicare Code Editor (MCE) considers some codes questionable or unacceptable for reporting diagnoses or procedures. This flag indicates the reason the diagnosis code is considered questionable or unacceptable.

BUSINESS NAME: N/A

REFERENCE NAME: C_EDIT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis Combo Flag (DE5312)

This flag is set to 'Y' if code is comorbidity/complication and indicates a secondary condition causing 1-day increase in LOS for 75% of patients.

BUSINESS NAME: N/A

REFERENCE NAME: C_COMO

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Como Code (DE5313)**

Indicates principal or secondary diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: C_COMO_CHECK

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis MDC (DE5314)

Each diagnosis code carries an MDC (Major Diagnostic Category) group number as a cross reference for assignment into DRGs. This represents the MDC most likely to be assigned by the Medicare Grouper logic.

BUSINESS NAME: N/A

REFERENCE NAME: C_MDC

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis HCFA (DE5315)**

This code is set to 'Y' for operating room procedures.

BUSINESS NAME: N/A

REFERENCE NAME: C_HCFA

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis Family Planning Indicator (DE5316)

Indicates whether a diagnosis is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services.

BUSINESS NAME: N/A

REFERENCE NAME: C_FMLY_PLAN_CVAL

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not family planning related
Y	Family planning related

DATA ELEMENT: Diagnosis Original (DE5317)

Indicates the original group number pointing to this diagnosis. This is Virginia specific data and is only used for the purpose of capturing data prior to implementation of the new MMIS.

BUSINESS NAME: N/A

REFERENCE NAME: C_ORIGINAL

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Coverage Begin Date (DE5318)**

Beginning date of coverage for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: D_DIAG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Coverage End Date (DE5319)**

Ending date of coverage for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: D_DIAG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Group Procedure/Diagnosis Indicator (DE5320)

Indicates whether the LOS group pertains to a procedure or diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_DIAG

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis Prior Authorization Indicator (DE5321)

Indicates whether prior authorization is required before submission of the diagnosis on a claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_PRIOR_AUTH_CVAL

DEFAULT: N

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No prior authorization required
Y	Prior authorization required

DATA ELEMENT: **Diagnosis Emergency Code (DE5322)**

Indicates whether or not the diagnosis is an emergency, and if so, whether admission is allowed.

BUSINESS NAME: N/A

REFERENCE NAME: C_EMER_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Emergency, Pay
2	Non-emergency, Suspend
3	Non-emergency, Pay at Reduced Rate
4	Consider on an individual basis

DATA ELEMENT: **LOS Percentile (DE5323)**

Indicates the percentile that the LOS data represents for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOS_PERCENT

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CMS Medicare Rate Procedure Modifier (DE5324)

Modifier supplied by CMS or Medicare Carrier associated with a Medicare Rate for a Procedure Code. There are no specific valid values. The field usually contains only spaces.

BUSINESS NAME: CMS Medicare Rate Procedure Modifier

REFERENCE NAME: RF06-FEE-MODIFIER

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Undetermined

DATA ELEMENT: **LOS Average for Single Diagnosis (DE5327)**

Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_AVG_SINGDX

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(01)

DB2 TYPE: DECIMAL(4,1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Average for Multiple Diagnosis (DE5328)

Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_AVG_MULTDX

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(01)

DB2 TYPE: DECIMAL(4,1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Begin (DE5329)**

The Begin date of the LOS Group.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOS_GROUP_BEGIN

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Lower limit of age range 00-19
20	Lower limit of age range 20-34
35	Lower limit of age range 35-49
50	Lower limit of age range 50-64
65	Lower limit of age range 65+

DATA ELEMENT: **LOS Link (DE5330)**

The key that links the current length-of-stay (LOS) data with the previous length-of-stay data

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_LINK

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
19	Upper limit of age range 00-19
34	Upper limit of age range 20-34
49	Upper limit of age range 35-49
64	Upper limit of age range 50-64
99	Upper limit of age range 65+.

DATA ELEMENT: **LOS for Age Range 00-19 (DE5335)**

The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_00_19

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS for Age Range 20-34 (DE5336)**

The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_20_34

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS for Age Range 35-49 (DE5337)**

The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_35_49

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS for Age Range 50-64 (DE5338)**

The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_50_64

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS for Age Range 65+ (DE5339)**

The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for the specified percentile/group.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_65_OV

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Procedure Class Indicator (DE5340)**

95th percentile that the length-of-stay (LOS) data represents for a diagnosis for the specified age range/group.

BUSINESS NAME: N/A

REFERENCE NAME: N_DIAG_PROC_CLASS

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis Emergency Code Effective Date (DE5342)

Effective date of Diagnosis Emergency Indicator.

BUSINESS NAME: N/A

REFERENCE NAME: D_EMER_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Percentile for Multiple Diagnosis (DE5343)**

Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_MULTDX

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Percentile for Multiple Diagnosis With Surgery (DE5344)

Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_MULTDX_SG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Percentile for Multiple Diagnosis Without Surgery (DE5345)

Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with no surgery involved, as specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_MULTDX_NSG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Percentile for Single Diagnosis (DE5346)**

Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_SINGDX

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Percentile for Single Diagnosis With Surgery (DE5347)

Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_SINGDX_SG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Percentile for Single Diagnosis Without Surgery (DE5348)

Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOS_SINGDX_NSG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Average for Multiple Diagnosis With Surgery (DE5349)**

Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_AVG_MULTDX_SG

DEFAULT: N/A

COBOL PICTURE: 9(03)V9

DB2 TYPE: DECIMAL(4,1)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: LOS Average for Multiple Diagnosis Without Surgery (DE5350)

Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_AVG_MULTDX_NSG

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(01) COMP-3

DB2 TYPE: DECIMAL(4,1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Average for Single Diagnosis With Surgery (DE5351)**

Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_AVG_SINGDX_SG

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(01) COMP-3

DB2 TYPE: DECIMAL(4,1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **LOS Average for Single Diagnosis Without Surgery (DE5352)**

Average hospital length-of-stay (LOS) in days with a single diagnosis with no surgery, specified for a diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: N_AVG_SINGDX_NSG

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(01) COMP-3

DB2 TYPE: DECIMAL(4,1)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DRG (Diagnosis Related Group) Code (DE5353)

A code assigned to an Inpatient claim based on diagnosis codes, age, sex, discharge status, birth weight, and surgery codes. Values are on RF_DRG Table..

BUSINESS NAME: N/A

REFERENCE NAME: C_DRG

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Relative Weight (DE5354)**

A derived numeric factor (associated with a DRG Code) used in the algorithm to determine a provider's DRG payment.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_REL_WGT

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(04) COMP-3

DB2 TYPE: DECIMAL(7,4)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Arithmetic Mean Length of Stay (DE5355)**

The mean Length of Stay for patients whose diagnoses and procedures map to a specific DRG Code.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRG_ARITH_LOS

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(02)

DB2 TYPE: DECIMAL(5,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Description (DE5356)**

English description for a DRG Code.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRG_DESC

DEFAULT: N/A

COBOL PICTURE: X(68)

DB2 TYPE: CHAR(68)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: DRG Last Update Date (DE5357)

Date of the most recent file maintenance update to a record on the DRG file.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRG_LASTUPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Sub-System ID (DE5369)

Abbreviation of Sub System to which this System Parameter belongs.

BUSINESS NAME: N/A

REFERENCE NAME: C_SYSPARM_SUBSYS

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
CA	Claim Sampling, CPAS, MQC, Provider
CP	Claims Processing
DA	Drug Applications Support
DU	DURS
EP	EPSDT
FN	Financial
MI	MICC
MR	MARS
PS	Provider
RB	Rebate
RF	Reference
RS	Recipient Subsystem
SU	SURS

DATA ELEMENT: System Parameter ID (DE5370)

Specifies the User defined principle category of System Parameters (e.g., Weekly Remittance Advice Messages).

BUSINESS NAME: N/A

REFERENCE NAME: C_SYSPAR

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Number (DE5371)

Code for a System Parameter Value belonging to a System Parameter ID.

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Value Length (DE5372)

Character length of the actual value of the System Parameter.

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR_VAL_LEN

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Decimal Length (DE5373)**

For a numeric item, the number of decimal places. Default is zero.

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR_DEC_LEN

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Last Update Date (DE5379)**

Date of the most recent file maintenance update to a record on the System Parameter file.

BUSINESS NAME: N/A

REFERENCE NAME: D_SYSPAR_LASTUPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Relative Value Procedure Outpatient (DE5381)

Unit value of the procedure relative to other procedures, when performed outpatient. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.

BUSINESS NAME: N/A

REFERENCE NAME: N_PRV_OP

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(02)

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Description (DE5382)**

Indicates the description of the parameter.

BUSINESS NAME: N/A

REFERENCE NAME: T_SYSPAR_

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Date Type (DE5383)**

Indicates if the date is Date of Receipt (DOR) or Date of Service (DOS).

BUSINESS NAME: N/A

REFERENCE NAME: C_TYPE_DATE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
R	Date of Receipt
S	Date of Service.

DATA ELEMENT: **System Parameter Begin Date (DE5384)**

Beginning (Effective) date of the System Parameter Name (DE 5382).

BUSINESS NAME: N/A

REFERENCE NAME: D_SYSPAR_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter End Date (DE5385)**

Ending date of the System Parameter Name (DE 5382).

BUSINESS NAME: N/A

REFERENCE NAME: D_SYSPAR_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Value (DE5386)**

Indicates the actual value of the System Parameter Value Type (DE 5387) that will be used to derive the edit.

BUSINESS NAME: N/A

REFERENCE NAME: T_SYSPAR_VALUE

DEFAULT: N/A

COBOL PICTURE: X(70)

DB2 TYPE: CHAR(70)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Value Type (DE5387)**

Indicates the type of System Parameter Value (DE 5386) as Numeric, Julian Date, Gregorian Date, or Character.

BUSINESS NAME: N/A

REFERENCE NAME: C_VALUE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Character
D	Data
G	Gregorian Date
J	Julian Date
N	Numeric data

DATA ELEMENT: **Relative Value Procedure Outpatient Begin Date (DE5388)**

Beginning date of Procedure Relative Value Outpatient (DE 5381).

BUSINESS NAME: N/A

REFERENCE NAME: D_PRV_OP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Value Set Last Update Date (DE5389)

Date of the most recent file maintenance update to a record on the Value Set file.

BUSINESS NAME: N/A

REFERENCE NAME: D_REL_PROC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Outpatient End Date (DE5390)**

Ending date of Procedure Relative Value Outpatient (DE 5381).

BUSINESS NAME: N/A

REFERENCE NAME: Relative Value Procedure Outpatient End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Inpatient Professional Component (PC) (DE5391)**

Professional Component (PC) of the Procedure Relative Value Inpatient (DE 5157).

BUSINESS NAME: N/A

REFERENCE NAME: N_PRV_PC_IP

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(02)

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Value Set Name (DE5392)

This is the Value Set description.

BUSINESS NAME: N/A

REFERENCE NAME: T_VALSET_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Value Set System Assigned Key (SAK) (DE5393)**

Indicates the Edit Criteria Value 1 (DE 5626) or Edit Criteria Value 2 (DE 5627) associated with the Value Set Name (DE 5392).

BUSINESS NAME: N/A

REFERENCE NAME: C_VALSET_SAK

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **DRG Last Update Code (DE5394)**

Last update action to the DRG file.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRG_LASTUPD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Value Set Data Element Type (DE5395)

Indicates the type of data such as CPT Procedure Codes, ICD-9-CM Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD-9-CM Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes, Dates.

BUSINESS NAME: N/A

REFERENCE NAME: C_VAL_SET_RNG_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
AIDC	Aid Category, Numeric, 3 characters
CHAR	Alphanumeric data, Length = Key on first BEGIN VALUE
CTYP	Claim Types, Numeric, 2 characters
DIAG	Diagnosis Codes, 3 - 7 characters
DISC	Discharge Status Code
EXCP	Exception Indicator, 2 characters
GDAT	Gregorian Date, Date, CCYYMMDD
HPRC	Procedure Codes (history), 5 characters
IDC	IDC9/10 Surgical Procedure, 3 to 7 Characters
JDAT	Julian Date, Date, YYYYDDD
LOCL	Locality Code, Numeric, 3 characters
MODF	Procedure Modifiers, 3 characters left justified
NDC	Drug Codes, Numeric, 11 characters
NMBR	Numeric Data, Numeric, Length = Key on first BEGIN VALUE
PAST	PA Detail Line Status, 1- 2 characters
PRCM	Procedure Code with include/exclude modifier range
PROC	Procedure Codes, 5 characters
PSPC	Provider Specialties, Numeric, 3 characters
PSVC	Places of Service, 2 characters left justified
PTYP	Provider Types, Numeric, 3 characters
PVID	Provider Identification Numbers, Numeric, 9 characters (Integer)
RAGE	Recipient Age, Numeric, 3 characters

DATA ELEMENT: Value Set Data Element Type (DE5395)

VALID VALUES:

Valid Value	Description
REV	Revenue Codes, Numeric, 4 characters
TSUR	Tooth Surfaces, Numeric, 3 characters
TSVC	Types of Service, 2 characters left justified

DATA ELEMENT: Value Set Data Begin Range (DE5396)

Beginning value of a range of values (from & thru) that is consistent with the Data Element Type (DE5395) e.g., 01 - 05 for Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: C_VALSET_BEG_RANGE

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Value Set Data End Range (DE5397)

Ending value of a range of values (from & thru) that is consistent with the Data Element Type (DE5395).

BUSINESS NAME: N/A

REFERENCE NAME: C_VALSET_END_RANGE

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Inpatient Professional Component (PC) Begin Date (DE5398)**

Beginning date of Procedure Relative Value Inpatient PC (DE 5391).

BUSINESS NAME: N/A

REFERENCE NAME: D_PRV_IP_PC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Inpatient Professional Component (PC) End Date (DE5399)**

Ending date of Procedure Relative Value Inpatient PC (DE 5391).

BUSINESS NAME: N/A

REFERENCE NAME: D_PRV_IP_PC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Outpatient Professional Component (PC) (DE5400)**

Professional Component (PC) of the Procedure Relative Value Outpatient (DE 5381).

BUSINESS NAME: N/A

REFERENCE NAME: N_PRV_OP_PC

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(02)

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Outpatient Professional Component (PC) Begin Date (DE5408)**

Beginning date of Procedure Relative Value Outpatient PC (DE 5400).

BUSINESS NAME: N/A

REFERENCE NAME: D_PRV_OP_PC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare DME New Purchase/Ambulance 75% Charge (DE5409)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Medicare DME New Purchase/Ambulance 75% Charge

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare DME Used Purchase/Ambulance 50% Charge (DE5410)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Medicare DME Used Purchase/Ambulance 50% Charge

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare DME Monthly Rental/Ambulance Inflation Indexed Charge (DE5411)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Medicare DME Monthly Rental/Ambulance Inflation Indexed Charge

DEFAULT: N/A

COBOL PICTURE: 9(05)V9(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HCPCS Coverage Code (DE5414)**

A code denoting Medicare coverage status.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Coverage Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Carrier Judgement
D	Special Coverage Instructions Apply
G	Not Valid for Medicare (90 Day Grace Period)
I	Not Valid for Medicare (No Grace Period)
M	Non-Covered By Medicare
S	Non-Covered By Medicare Statute

DATA ELEMENT: HCPCS ASC Payment Group Code (DE5415)

The code which represents the dollar amount of the facility charge payable by Medicare for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS ASC Payment Group Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Group 1 (as of October 1, 1997)	$314
Group 2 (as of October 1, 1997)	$422
Group 3 (as of October 1, 1997)	$482
Group 4 (as of October 1, 1997)	$595
Group 5 (as of October 1, 1997)	$678
Group 6 (as of October 1, 1997)	$789 ($639+$150(for intraocular lenses))
Group 7 (as of October 1, 1997)	$941
Group 8 (as of October 1, 1997)	$928 ($778+$150(for intraocular lenses))

DATA ELEMENT: **HCPCS ASC Payment Group Effective Date (DE5416)**

The date the procedure is assigned to the ASC Payment Group.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS ASC Payment Group Effective Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HCPCS Berenson-Eggers Type of Service Code (DE5417)

The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Berenson-Eggers Type of Service Code

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D1A	Med/Surg Supplies
D1B	Hospital Beds
D1C	Oxygen And Supplies
D1D	Wheelchairs
D1E	Other DME
D1F	Orthotic Devices
I1A	Standard Imaging-Chest
I1B	Standard Imaging-Musculoskeletal
I1C	Standard Imaging-Breast
I1D	Standard Imaging-Contrast G.I.
I1E	Standard Imaging-Nuclear Medicine
I1F	Standard Imaging-Other
I2A	Advanced Imaging-CAT: Head
I2B	Advanced Imaging-CAT: Other
I2C	Advanced Imaging-MRI: Brain
I2D	Advanced Imaging-MRI: Other
I3A	Echography-Eye
I3B	Echography-Abdomen/Pelvis
I3C	Echography-Heart
I3D	Echography-Carotid Arteries
I3E	Echography-Prostate-Transrectal
I3F	Echography-Other
I4A	Imaging/Procedure-Heart -Inc Cardiac Cath

DATA ELEMENT: HCPCS Berenson-Eggers Type of Service Code (DE5417)

VALID VALUES:

Valid Value	Description
I4B	Imaging/Procedure-Other
M1A	Office Visists-New
M1B	Office Visists-Established
M2A	Hospital Visit-Initial
M2B	Hospital Visit-Subsequent
M2C	Hospital Visit-Critical Care
M3	Emergency Room Visit
M4A	Home Visit
M4B	Nursing Home Visit
M5A	Specialist-Pathology
M5B	Specialist-Psychiatry
M5C	Specialist-Opthamology
M5D	Specialist-Other
M6	Consultations
O1A	Ambulance
O1B	Chiropractic
O1C	Enteral And Parenteral
O1D	Chemotherapy
O1E	Other Drugs
O1F	Vision-Hearing And Speech Services
O1G	Influenza Vaccine
P0	Anesthesia
P1A	Major Procedure-Breast
P1B	Major Procedure-Colectomy
P1C	Major Procedure-Cholecystectomy
P1D	Major Procedure-Turp
P1E	Major Procedure-Hysterectomy
P1F	Major Procedure- Explor/Decompr/Excis Disc
P1G	Major Procedure-Other
P2A	Major Procedure-Cardiovascular-Cabg, P2B,Major Procedure-Cardiovascular-Ne
P2C	Major Procedure-Cardiovascular-Thromboendarterectomy
P2D	Major Procedure-Cardiovascular-Coronary Angioplasty (PTCA)
P2E	Major Procedure-Cardiovascular-Pacemaker Insertion
P2F	Major Procedure-Cardiovascular-Other, P3A,Major Procedure-Orthopedic-Hip Fr

DATA ELEMENT: **HCPCS Berenson-Eggers Type of Service Code (DE5417)**

VALID VALUES:

Valid Value	Description
P3B	Major Procedure-Orthopedic-Hip Replacement
P3C	Major Procedure-Orthopedic-Knee Replacement
P3D	Major Procedure-Orthopedic-Other
P4A	Eye Procedures-Corneal Transplant, P4B,Eye Procedures-Cataract REM Lens Ins
P4C	Eye Procedures-Retinal Detachment
P4D	Eye Procedures-Treatment Of Retinal Lesions
P4E	Eye-Other
P5A	Ambulatory Procedures-Skin
P5B	Ambulatory Procedures-Musculoskeletal
P5C	Ambulatory Procedures-Groin Hernia Repair
P5D	Ambulatory Procedures-Lithotripsy
P5E	Ambulatory Procedures-Other
P6A	Minor Procedures-Skin
P6B	Minor Procedures-Musculoskeletal
P6C	Minor Procedures-Other (MFS)
P6D	Minor Procedures-Other (NON MFS)
P7A	Oncology-Radiation Therapy
P7B	Oncology-Other
P8A	Endoscopy-Arthroscopy
P8B	Endoscopy-Upper G.I.
P8C	Endoscopy-Sigmoidoscopy
P8D	Endoscopy-Colonoscopy
P8E	Endoscopy-Cystoscopy
P8F	Endoscopy-Bronchoscopy
P8G	Endoscopy-Laparoscopic Cholecystectomy
P8H	Endoscopy-Laryngoscopy
P8I	Endoscopy-Other
P9A	Dialysis Services (MFS)
P9B	Dialysis Services (Non MFS)
T1A	Lab Tests-Routine Venipuncture (Not MFS)
T1B	Lab Tests-Automated General Profiles
T1C	Lab Tests-Urinalysis
T1D	Lab Tests-Blood Counts
T1E	Lab Tests-Glucose

DATA ELEMENT: **HCPCS Berenson-Eggers Type of Service Code (DE5417)**

VALID VALUES:

Valid Value	Description
T1F	Lab Tests-Bacterial Cultures
T1G	Lab Test-Other (MFS)
T1H	Lab Test-Other (Non MFS)
T2A	Other Tests-Electrocardiograms
T2B	Other Tests-Cardiovascular Stress Tests
T2C	Other Tests-Ekg Monitoring
T2D	Other Tests-Other
Y1	Other-Medicare Fee Schedule
Y2	Other-Non Medicare Fee Schedule
Z1	Local Codes
Z2	Undefined Codes

DATA ELEMENT: **HCPCS Termination Date (DE5418)**

Last date for which a procedure or modifier code may be used by Medicare providers.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Termination Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HCPCS Coverage Issues Manual Reference Section Number (DE5419)**

Number identifying the Reference Section of the Coverage Issues Manual.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Coverage Issues Manual Reference Section Number

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HCPCS Medicare Carriers Manual Reference Section Number (DE5420)**

Number identifying a section of the Medicare Carriers Manual.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Medicare Carriers Manual Reference Section Number

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Relative Value Procedure Outpatient Professional Component (PC) End Date (DE5421)**

Ending date of Procedure Relative Value Outpatient PC (DE 5400).

BUSINESS NAME: N/A

REFERENCE NAME: D_PRV_OP_PC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **TPL Code (DE5422)**

Indicates the list of Third Party Liability codes that may be billed for this procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_TPL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR (02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Medicare Part A
B	Medicare Part B
C	Cancer
D	Dental
E	To Be Determined
F	Home Health/Personal Care
G	Mental Health
H	Hospitalization
I	Indemnity/Accident
J	Dependent Pregnancy
K	Medicare Extended
L	Managed Care (HMO/PPO)
M	Major/Medical Comprehensive
N	Intermediate Care Nursing Facility
O	Optical Vision
P	Physician
Q	Chiropractor
R	Pharmacy
RD	Medicare Part D
S	Skilled Nursing
T	Transportation
U	Uninsured Absent Parent
V	Rehabilitation/Physical Medicine

DATA ELEMENT: TPL Code (DE5422)

VALID VALUES:

Valid Value	Description
W	Workers Compensation
X	Preventive Care
Y	Medicare Part A HMO (no longer used)
Z	Medicare Part B HMO (no longer used)

DATA ELEMENT: HCPCS Processing Note Number (DE5423)

Number identifying the Processing Note contained in Appendix A of the HCPCS Manual.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Processing Note Number

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Last Update Time (DE5424)

Time of last update to a Locality file.

BUSINESS NAME: N/A

REFERENCE NAME: Locality Last Update Time

DEFAULT: N/A

COBOL PICTURE: S9(07) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Last Update Time (DE5425)**

Time of last update to the Locality Region Type file.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCREG_LASTUPD

DEFAULT: N/A

COBOL PICTURE: S9(07) COMP-3

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HCPCS Sequence Number (DE5426)**

Sequence number by 100s. Used to group procedure or modifier codes together.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Sequence Number

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HCPCS Record Identification Number (DE5427)

Code to identify HCPCS record type.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Record Identification Number

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
3	First line of procedure record also contains detail information in position
4	Second, third, fourth, etc., description of procedure record, no detail inf
7	First line of modifier record also contains detail information in positions
8	Second, third, fourth, etc., description of modifier record, no detail info

DATA ELEMENT: HCPCS Action Code (DE5428)

Code identifying the change made to a procedure or modifier code within the HCPCS system.

BUSINESS NAME: N/A

REFERENCE NAME: HCPCS Action Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Add procedure or modifier code
B	Change in both administrative data field and long description of procedure
C	Change in long description of procedure or modifier code
D	Discontinued procedure or modifier code
F	Change in administrative data field of procedure or modifier code
N	No maintenance for this code
P	Payment change (mog, prcing indicator codes, anesthesia base units)
R	Reactivate discontinued/deleted procedure or modifier code
S	Change in short description of procedure code
T	Miscellaneous change (BETOS, Type of Service)

DATA ELEMENT: **System Parameter Type Rate (DE5429)**

Specifies the Type of rate for this System Parameter (Base, Wait, or Passenger).

BUSINESS NAME: N/A

REFERENCE NAME: C_SYSPAR_TYPE_RATE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Base Rate/Wait Hours (DE5430)

Depending on value in System Parameter Rate Type (DE 5429), specifies a Base Rate Amount or the number of hours of Provider Wait Time.

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR_BR_WAIT

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(02) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Mileage Begin Range (DE5431)

The 'From' or low end of a mileage range associated with a System Parameter Base Rate (DE 5430).

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR_MILE_BEG

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Mileage End Range (DE5432)

The 'Thru' or high end of a mileage range associated with a System Parameter Base Rate (DE 5430).

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR_MILE_END

DEFAULT: N/A

COBOL PICTURE: 9(05) COMP-3

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: System Parameter Mileage/Wait Time/Passenger Rate Amount (DE5433)

Depending on the System Parameter Rate Type (DE 5429), specifies a rate amount for Mileage, Wait Time, or Passenger.

BUSINESS NAME: N/A

REFERENCE NAME: N_SYSPAR_M_W_P

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(02) COMP-3

DB2 TYPE: 2

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **System Parameter Invalid Data (DE5434)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: System Parameter Invalid Data

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Value Set Effective Begin Date (DE5438)

Value Set Effective Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_VAL_SET_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Value Set Effective End Date (DE5439)**

Value Set Effective End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_VAL_SET_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Value Set Range Type (DE5440)**

Indicates the purpose of the Range, e.g., 'A' = History check for 'A' range procedure codes.

BUSINESS NAME: N/A

REFERENCE NAME: C_SET_RANGE_TYPE

DEFAULT: Space

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Applies to current claim
B	Applies to history claim
C	Applies to current claim - all occur must match (used for proc mod only)
D	Applies to history claim - all occur must match (used for proc mod only)

DATA ELEMENT: **Value Set Range Begin Date (DE5441)**

Value Set Range Effective Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_SET_RANGE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Value Set Range End Date (DE5442)

Value Set Range Effective End Date.

BUSINESS NAME: N/A

REFERENCE NAME: D_SET_RANGE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Value Set Primary Key (DE5443)**

Primary Key for Value Set table (RF_VALUE_SET). It is a sequential number.

BUSINESS NAME: N/A

REFERENCE NAME: I_VALUE_SET

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality/Reg Type Adjacent/Extended Begin Date (DE5444)

Begin Date for Loc/Reg Type Adjacent/Extended Locality.

BUSINESS NAME: N/A

REFERENCE NAME: D_LR_ADJEXT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality/Reg Type Adjacent/Extended End Date (DE5445)

End Date for Locality/Reg Type Adjacent/Extended Locality.

BUSINESS NAME: N/A

REFERENCE NAME: D_LR_ADJEXT_END

DEFAULT: Nulls

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality Region Type Pre-assignment Indicator (DE5448)

An indicator that identifies by FIPS Code, whether Managed Care pre-assignment will be done by Claims History processing only, or by Random processing, which includes Claims History.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOCREG_PREASSGN

DEFAULT: SPACE

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
H	CLAIMS HISTORY PROCESSING
R	RANDOM PROCESSING

DATA ELEMENT: Locality Region Type Management Fee (DE5449)

The administrative fee paid to a provider on a monthly basis for managing the care of a Medallion or CMM enrollee (the fee is paid per enrollee). If a Provider has three Medallion enrollees assigned to them, three times the fee amount is paid to the provider per month.

BUSINESS NAME: N/A

REFERENCE NAME: N_LOCREG_MGMT_FEE

DEFAULT: N/A

COBOL PICTURE: 9(03)V9(04) COMP-3

DB2 TYPE: DECIMAL(7,4)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Management Fee Begin Date (DE5450)**

Beginning date of Management Fee.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCREG_MFEE_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Locality Region Type Management Fee End Date (DE5451)**

Ending date of Management Fee.

BUSINESS NAME: N/A

REFERENCE NAME: D_LOCREG_MFEE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Category (DE5452)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Diagnosis Category

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Single Diagnosis No Surgery
1	Single Diagnosis With Surgery
2	Single Diagnosis, Total
3	Multiple Diagnosis No Surgery
4	Multiple Diagnosis With Surgery
5	Multiple Diagnosis, Total
6	No Surgery, Total
7	With Surgery, Total
8	Age Group Total
9	Grand Total

DATA ELEMENT: Diagnosis Age Category (DE5453)

Indicates the US and regional LOS age group analyzed for the diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: Diagnosis Age Category

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	0 thru 19
2	20 thru 34
3	35 thru 49
4	50 thru 64
5	65 and over
6	All ages

DATA ELEMENT: **Diagnosis Age-Specific Indicator (DE5454)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Diagnosis Age-Specific Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Adult, 15 and up
B	Newborn (baby), less than 1
M	Maternal, 12-55
P	Pediatric, 0-17

DATA ELEMENT: **File Year (DE5455)**

Indicates year the Physician Fee Schedule applies.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-FILE-YEAR

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HCIA Region Code (DE5456)**

Indicates the HCIA region for which the data is grouped.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Region Code

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
2	North Central U.S
3	Northeastern U.S
4	Western U.S
5	Southern U.S
6	United States
7	Pediatric U.S
8	Geriatric U.S

DATA ELEMENT: HCIA Record Type (DE5457)

Indicates an HCIA diagnosis or procedure record type.

BUSINESS NAME: N/A

REFERENCE NAME: C_HCIA_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Diagnosis Code
O	Procedure Code

DATA ELEMENT: **HCIA Summary Level (DE5458)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Summary Level

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	3digit rollup
2	Detail code

DATA ELEMENT: **HCIA ICD-9-CM Code Prefix (DE5459)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: HCIA ICD-9-CM Code Prefix

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	External cause code

DATA ELEMENT: **HCIA Observed Number of Patients (DE5460)**

Represents the total number of patients in the stratified group. Patients with stays over 99 days (99+) are excluded.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Observed Number of Patients

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HCIA Average Stay (DE5461)

The length of stay is calculated from the admission and discharge dates by counting the day of admission as the first day; the day of discharges not included. The average is figured by adding the lengths of stay for each patient and then dividing by the total number of patients. Patients discharged on the day of admission are counted as staying one day in the calculation of average length of stay. Patients with stays over 99 days are excluded from this calculation.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Average Stay

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HCIA Variance (DE5462)

Measure of the spread of the data around the average. The smallest variance is zero, indicating all lengths of stay are equal. When using data in groups in which there is a large variance, and the patient group size is relatively small, the average stay may appear high. This sometimes occurs when one or two patients with long hospitalizations fall into the group.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Variance

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HCIA Subdivided/Incomplete Code Indicator (DE5463)

If codes lack essential subdivisions, (e.g., 3 digit disease or procedure code with a 4th digit subdivision possible) they are invalid. In such cases a special marker - the @ symbol - appears in position 8 of the Codes and Abbreviated Titles record.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Subdivided/Incomplete Code Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
@	Code is further subdivided/incomplete

DATA ELEMENT: HCIA Record Sequence Code (DE5464)

Indicates the record sequence with the code.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Record Sequence Code

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	All abbreviated titles

DATA ELEMENT: **HCIA Category (Type of Code) Code (DE5465)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Category (Type of Code) Code

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	3 digit disease code or 2 digit procedure code
2	4 digit disease code or 3 digit procedure code
3	5 digit disease code or 4 digit procedure code

DATA ELEMENT: HCIA Procedure Class (DE5466)

Indicates the operative and non-operative procedure class. Code is left justified with trailing spaces or two numbers separated by a comma, all spaces if a disease code.

BUSINESS NAME: N/A

REFERENCE NAME: HCIA Procedure Class

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Class 1, surgery
2	Class 2, significant procedure
3	Class 3, significant procedure
4	Class 4, other

DATA ELEMENT: HCIA LOS Group (DE5467)

The Length of Stay (LOS) group number which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable.

BUSINESS NAME: N/A

REFERENCE NAME: C_HCIA_LOS_GROUP

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Char 1	0 thru 9, V if disease code or space if procedure code
Char 2	0 thru 9
Char 3	0 thru 9
Char 4	0 thru 9, space
Char 5	0 thru 9, space

DATA ELEMENT: **Aid Category Grouping (DE5477)**

High level grouping (e.g., ADC, DIS, AGE, etc.) of similar Recipient Aid Categories as defined in the Recipient Sub-system.

BUSINESS NAME: N/A

REFERENCE NAME: C_AID_CATEG_GROUP

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Capitation Rate Effective Begin Date (DE5478)

The Effective Begin Date for the Capitation Rate identified for 'this' Aid Category (DE3009), Region (DE5249), and Gender/Age Range (DEs5480 thru 5487). There are currently 8 Gender/Age ranges listed in the Capitation Table (RF_CAPITATION).

BUSINESS NAME: N/A

REFERENCE NAME: Capitation Rate Effective Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Capitation Rate Effective End Date (DE5479)

The Effective End Date for the Capitation Rate identified for 'this' Aid Category (DE3009), Region (DE5249), and Gender/Age Range (DEs5480 thru 5487). There are currently 8 Gender/Age ranges listed in the Capitation Table (RF_CAPITATION).

BUSINESS NAME: N/A

REFERENCE NAME: Capitation Rate Effective End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Beginning Age Range for Capitation (DE5480)

Beginning Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_AGE_RNG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Ending Age Range for Capitation (DE5481)

Ending Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider.

BUSINESS NAME: N/A

REFERENCE NAME: N_AGE_RNG_END

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Gender that Capitation Rate is for (DE5482)

Indicator of the Sex that an enrollee must be, along with the Age Range that an enrollee must be in, in order for the associated Capitation rate to apply. The CNUM for this CVAL is 297.

BUSINESS NAME: N/A

REFERENCE NAME: C_SEX_IND_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Both
F	Female
M	Male

DATA ELEMENT: Capitation Rate for Age and Gender (DE5483)

Monthly Capitation Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.

BUSINESS NAME: N/A

REFERENCE NAME: N_CAPITATION_RATE

DEFAULT: N/A

COBOL PICTURE: 9(05)V(02)

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Both
F	Female
M	Male

DATA ELEMENT: Capitation Rate Type (DE5484)

Monthly Capitation Rate Type (HMO , CHMO, CMED, MED2, HIPP). This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender and Age range.

BUSINESS NAME: N/A

REFERENCE NAME: C_CAP_RATETYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
CHMO	CMSIP HMO Rate Type
CMED	CMSIP Medallion II Rate Type
HMO	HMO Rate Type
MED2	Medallion II Rate Type

DATA ELEMENT: Capitation Rate for Males 15 - 20 (DE5485)

Monthly Capitation Rate for Males aged 15 to 20. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.

BUSINESS NAME: N/A

REFERENCE NAME: N_RATE_M_15_20

DEFAULT: N/A

COBOL PICTURE: 9(05)V(02)

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Capitation Rate for Males 21 - 44 (DE5486)

Monthly Capitation Rate for Males aged 21 to 44. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.

BUSINESS NAME: N/A

REFERENCE NAME: N_RATE_M_21-44

DEFAULT: N/A

COBOL PICTURE: 9(05)V(02)

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Capitation Rate for Over 44 (DE5487)

Monthly Capitation Rate for both genders over the Age of 44. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.

BUSINESS NAME: N/A

REFERENCE NAME: N_RATE_OVER_44

DEFAULT: N/A

COBOL PICTURE: 9(05)V(02)

DB2 TYPE: DECIMAL(7,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Adjacent or Extended Locality Indicator (DE5488)

Indicator to specify if the Locality identified by I_LOC_ADJ_EXT is 'Adjacent to or 'Extended from the Locality identified by I_LOCALITY.

BUSINESS NAME: N/A

REFERENCE NAME: F_ADJ_EXT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'A'	Adjacent
'E'	Extended

DATA ELEMENT: **Last Update Code for the Region Row (DE5489)**

Code to specify the type of Update last applied to this Region row.

BUSINESS NAME: N/A

REFERENCE NAME: C_REGION_LAST_UPD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
'A'	ADD
'C'	Change/Update
'E'	End/Close

DATA ELEMENT: Locality/Region Type Begin Date (DE5490)

Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality).

BUSINESS NAME: N/A

REFERENCE NAME: D_LR_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Locality/Region Type End Date (DE5491)

End Date for this Locality/Region Type (Region Type, Region, Locality).

BUSINESS NAME: N/A

REFERENCE NAME: D_LR_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Region Type Locality End Reason (DE5492)

Reason Code for ending this Region Type Locality.

BUSINESS NAME: N/A

REFERENCE NAME: C_REG_LOC_END_RVAL

DEFAULT: Spaces

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000	

DATA ELEMENT: Zip Group Effective Begin Date (DE5493)

Zip Group Effective Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ZIP_GRP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Zip Group Effective End Date (DE5494)**

Zip Group Effective End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ZIP_GRP_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Zip Group Zip Code Begin Date (DE5495)**

Zip Group Zip Code Effective Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ZIP_IN_GRP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Zip Group Zip Code End Date (DE5496)

Zip Group Zip Code Effective End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ZIP_IN_GRP_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Text Adjustment Code (DE5498)**

Edit Text Adjustment Code

BUSINESS NAME: N/A

REFERENCE NAME: F_ADJUSTMENT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Display Priority (DE5499)

For Point of Sale Claims (POS). When there are errors, a priority is placed on each error to determine which error should be sent first to the Provider.

BUSINESS NAME: N/A

REFERENCE NAME: I_DISPLAY_PRIORITY

DEFAULT: 0

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Highest Priority
1	Next Highest Priority
2	Third Highest Priority
3	Third Lowest Priority
4	Next Lowest Priority
5	Lowest Priority

DATA ELEMENT: **Error Text Electronic Media Claims (EMC) Code (DE5500)**

Drug Applications related code used to flag error codes on the Remittance Advice (RA) tapes.

BUSINESS NAME: N/A

REFERENCE NAME: C_ET_EMC

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
(POS 1&2) 33	Provider Number
(POS 1&2) 34	Prescription Number
(POS 1&2) 35	Date of Service
(POS 1&2) 36	NDC Number
(POS 1&2) 38	New/Refill Code
(POS 1&2) 39	Metric Quantity
(POS 1&2) 40	Daysof Supply
(POS 1&2) 41	Basis of Cost Determination
(POS 1&2) 42	Ingredient Cost
(POS 1&2) 43	Dispensing Fee Submitted
(POS 1&2) 44	Copay AMount
(POS 1&2) 45	Sales Tax
(POS 1&2) 46	Amount Due or Billed Amount
(POS 1&2) 47	Patient Name
(POS 1&2) 48	Date of Birth
(POS 1&2) 49	Patient Sex
(POS 1&2) 50	Cardholder Id Number
(POS 1&2) 51	Patient Relationship Code
(POS 1&2) 52	Group Number
(POS 1&2) 55	Physician ID
(POS 1&2) 58	PA/MC Code
(POS 1&2) 59	PA/MC Number
(POS 1&2) 60	Customer Location

DATA ELEMENT: **Error Text Electronic Media Claims (EMC) Code (DE5500)**

VALID VALUES:

Valid Value	Description
(POS 1&2) 62	Date Written
(POS 1&2) 63	DAW Indicator
(POS 1&2) 64	PersonCode
(POS 1&2) 64(a)	Other Coverage Code
(POS 1&2) 64(b)	Eligibility Clarification Code
(POS 1&2) 64(c)	Compound Code
(POS 1&2) 64(d)	Number of Refills Authorized
(POS 1&2) 64(n)	Other Payor Amount
(POS 3&4) 00	No Error Exitst,Claim Paid as Submitted
(POS 3&4) 01	Missing Data
(POS 3&4) 02	Inconsistent With Other Data
(POS 3&4) 03	Exceeds Limits
(POS 3&4) 04	Does Not Exist
(POS 3&4) 05	Calceled/Expired
(POS 3&4) 06	Multiple Occurence
(POS 3&4) 07	Not on File
(POS 3&4) 08	Ineligible
(POS 3&4) 09	Non-Compensable Drug
(POS 3&4) 10	Ineligible Dependent
(POS 3&4) 11	Stale Date
(POS 3&4) 12	Prior Authorization Required
(POS 3&4) 13	Expansion Area
(POS 3&4) 44	Expansion Area
(POS 3&4) 45	Good Faith-Payment
(POS 3&4) 46	Good Faith Non-Payment
(POS 3&4) 47	Deductible Not Met
(POS 3&4) 48	Duplicate Billing
(POS 3&4) 49	Not Covered
(POS 3&4) 50	Adjustment Down
(POS 3&4) 51	Adjustment Up
(POS 3&4) 52	69 Expansion
(POS 3&4) 70	Supplemental Payment
(POS 3&4) 71	Supplemental Denied
(POS 3&4) 72	Expansion Area

DATA ELEMENT: **Error Text Electronic Media Claims (EMC) Code (DE5500)**

VALID VALUES:

Valid Value	Description
(POS 3&4) 98	No Longer in Use
(POS 3&4) 99	Undefined

DATA ELEMENT: **Error Text Error Code (DE5501)**

Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.

BUSINESS NAME: N/A

REFERENCE NAME: C_EDIT

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Error Text Edit Begin Date (DE5503)**

The beginning date on which a Status/Disposition Code becomes effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_ET_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Resolution Override Indicator (DE5504)

A code indicating whether an error can be overridden manually.

BUSINESS NAME: N/A

REFERENCE NAME: C_ET_RESOL_OVR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	No manual override allowed on this error condition
Y	Yes, manual override is allowed for this error condition

DATA ELEMENT: **Claim Error ESC Code (DE5506)**

Claim Error ESC Code

BUSINESS NAME: N/A

REFERENCE NAME: C_ERROR_ESC

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Remittance Advice Print Indicator (DE5507)

Indicates whether the Error Message will print on the Remittance Advice.

BUSINESS NAME: N/A

REFERENCE NAME: C_ET_RA_PRINT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	Should not print on the RA
Y	Should print on the RA

DATA ELEMENT: Error Text Short Description (DE5513)

Error description that appears on the Daily Pend List.

BUSINESS NAME: N/A

REFERENCE NAME: T_ET_SHORT_DESC

DEFAULT: N/A

COBOL PICTURE: X(35)

DB2 TYPE: CHAR(35)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Long Description (DE5514)

Error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices.

BUSINESS NAME: N/A

REFERENCE NAME: T_EDIT_LONG_DESC

DEFAULT: N/A

COBOL PICTURE: X(70)

DB2 TYPE: CHAR(70)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Last Update Date (DE5515)

Date of the most recent file maintenance update to the common portion of the Error Text File.

BUSINESS NAME: N/A

REFERENCE NAME: D_ET_LASTUPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Error Text Turn Around Document (TAD) Indicator (DE5516)**

This code denotes whether the error can be used to generate a TAD during pend resolution.

BUSINESS NAME: N/A

REFERENCE NAME: C_ET_TAD

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No, error cannot be used to reject the claim manually
Y	Yes, error can be used to reject the claim manually

DATA ELEMENT: Error Text Deny Indicator (DE5517)

This code denotes whether the error can be used to deny the claim during pend resolution.

BUSINESS NAME: N/A

REFERENCE NAME: C_ET_DENY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Error cannot be used to deny on RA
Y	Error can be used to deny on RA

DATA ELEMENT: Error Text Prior Authorization Override Indicator (DE5518)

Denotes whether the presence of a prior authorization record can be used during claims adjudication to override the error.

BUSINESS NAME: N/A

REFERENCE NAME: C_ET_PA_OVR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No, the presence of a prior authorization will not override the error
Y	Yes, the presence of a prior authorization will override the error

DATA ELEMENT: **Error Text Service/Payment Date Code (DE5519)**

This code denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt.

BUSINESS NAME: N/A

REFERENCE NAME: C_DATE_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Date of Admission
R	Date of Processing
S	Date of Service

DATA ELEMENT: Error Text Claim Type Media Code (DE5521)

Identifies the medium of the input claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_MEDIA_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	PAPER CLAIM (covers claim media 0-4)
5	SPEC BATCH
6	POS
7	EMC
8	RESERVE FOR EMC
9	ENCOUNTER
A	ASSESSMENTS
F	FEES(CAP/MGT/ADMIN)
I	INDIV ADJUSTMENTS
P	PRIOR AUTH
S	MASS ADJ/VOID

DATA ELEMENT: **Error Text NCPDP Error Code (DE5522)**

This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions.

BUSINESS NAME: Error Text NCPDP Error Code

REFERENCE NAME: Error Text NCPDP Error Code

DEFAULT: N/A

COBOL PICTURE: X(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	M/I BIN
02	M/I Version Number
03	M/I Transaction Code
04	M/I Processor Control Number
05	M/I Pharmacy Number
06	M/I Group Number
07	M/I Cardholder Identification Number
08	M/I Person Code
09	M/I Birthdate
10	M/I Sex Code
11	M/I Relationship Code
12	M/I Customer Location Code
13	M/I Other Coverage Code
14	M/I Date Filled
15	M/I Prescription Number
16	M/I Eligibility Override cCode
17	M/I New-Refill Code
18	M/I Metric Quantity
19	M/I Days Supply
20	M/I Compound Code
21	M/I Days Supply
21	M/I NDC Number
22	M/I Dispense As Written Code

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
23	M/I Ingredient Cost
24	M/I Sales Tax
25	M/I Prescriber ID
26	M/I Unit of Measure
28	M/I Date Prescription Written
29	M/I Number of Refills Authorized
30	M/I PA/MC Code and Number
32	M/I Level of Service
33	M/I Prescription Orgin Code
34	M/I Prescription Denial Override
35	M/I Primary Prescriber
36	M/I Clinic ID
38	M/I Basis of Cost
39	M/I Diagnosis Code
3A	M/I Request Type
3B	M/I Request Period Date-Begin
3C	M/I Request Period Date-End
3D	M/I Basis Of Request
3E	M/I Authorized Representative First Name
3F	M/I Authorized Representative Last Name
3G	M/I Authorized Representative Street Address
3H	M/I Authorized Representative City Address
3J	M/I Authorized Representative State/Province Address
3K	M/I Authorized Representative Zip/Postal Zone
3M	M/I Prescriber Phone Number
3N	M/I Prior Authorized Number Assigned
3P	M/I Authorization Number
3R	Prior Authorization Not Required
3S	M/I Prior Authorization Supporting Documentation
3T	Active Prior Authorization Exists Resubmit At Expiration of Prior Authorize
3W	Prior Authorization In Process
3X	Authorization Number Not Found
3Y	Prior Authorization Denied
40	Pharmacy not Contacted wuth Plan on DOS

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
41	Submit Bill to Other Processor or Primary Payor
4C	M/I Coordination Of Benefits/Other Payments Count
4E	M/I Primary Care Provider Last Name
50	Non Matched Pharmacy Number
51	Non Matched Group Number
52	Non Matched Cardholder ID
53	Non Matched Person Code
54	Non Matched NDC Number
55	Non Matched NDC Package Size
56	Non Matched Prescriber ID
57	Non Matched PA/MC Number
58	Non Matched Primary Prescriber
59	Non Matched Clinic ID
5C	M/I Other Payer Coverage Type
5E	M/I Other Payer Reject Count
60	Product/Service Not Covered For Patient Age
61	Product/Service Not Covered For Patient Gender
62	Patient/Card Holder ID Name Mismatch
63	Institutionalized Patient Product/Service ID Not Covered
64	Claim Submitted Does Not Match Prior Authorization
65	Patient is not Covered
66	Patient Age Exceeds Maximum Age
67	Filled Before Coverage Date
68	Filled After Coverage Expired
69	Filled After Coverage Terminated
6C	M/I Other Payer ID Qualifier
6E	M/I Other Payer Reject Code
70	NDC Not Covered
71	Prescriber is Not Covered
72	Primary Prescriber Is Not Covered
73	Refills Are Not Covered
74	Other Payment Exceeds or Meets Payable
75	Prior Authorization Required
76	Plan Limitations Exceeded

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
77	Discontinued NDC Number
78	Cost Exceeds Maximum
79	Refill Too Soon
7C	M/I Other Payer ID
7E	M/I DUR/PPS Code Counter
80	Drug-Diagnosis Mismatch
81	Claim Too Old
82	Claim is Post-Dated
83	Duplicated Paid/Captured Claim
84	Claim Has Not Been Paid/Captured
85	Claim Not Processed
86	Submit Manual Reversal
87	Reversal Not Processed
88	DUR Reject Error
89	Rejected Claims Fees Paid
8C	M/I Facility ID
8E	M/I DUR/PPS Level Of Effort
90	Host Hung Up
91	Host Response Error
92	System Unavailable /Host Unavailable
93	Planned Unavailable
94	Invalid Message
95	Time Out
96	Scheduled Downtime
97	Payor Unavailable
98	Connection to Payor is Down
99	Host Processing Error
A9	M/I Transaction Count
AA	Patient Spend down Not Met
AB	Date Written Is After Date Filled
AC	Product Not Covered Non-Participating Manufacturer
AD	Billing Provide Not Eligible To Bill This Claim Type
AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare
AF	Patient Enrolled Under Managed Care

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
AG	Days Supply Limitation For Product/Service
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients
AJ	Generic Drug Required
AK	M/I Software Vendor/certification ID
AM	M/I Segment Identification
B2	M/I Service Provide ID Qualifier
BE	M/I Professional Service Fee Submitted
CA	M/I Patient's First Name
CB	M/I Patient's Last Name
CC	M/I Cardholder's First Name
CD	M/I Cardholder's Last Name
CE	M/I Home Plan Indicator
CF	M/I Employer Name
CG	M/I Employer Street Address
CH	M/I Employer City Address
CI	M/I Employer State Address
CJ	M/I Employer Zip Code
CK	M/I Employer Phone Number
CL	M/I Employer Contact Name
CM	M/I Patient Street Address
CN	M/I Patient City Address
CO	M/I Patient State Address
CP	M/I Patient Zip Code
CQ	M/I Patient Phone Number
CR	M/I Carrier ID Number
CT	M/I Patient Social Security Number
CW	M/I Alternate ID
CX	M/I Patient ID Qualifier
CY	M/I Patient ID
CZ	M/I Employer ID
DC	M/I Dispensing Fee Submitted
DN	M/I Basis Of Cost Determination
DP	M/I Drug Type Override
DQ	M/I Usual & Customary

DATA ELEMENT: **Error Text NCPDP Error Code (DE5522)**

VALID VALUES:

Valid Value	Description
DR	M/I Doctor's Last Name
DS	M/I Postage Amount Claimed
DT	M/I Unit Dose Indicator
DU	M/I Gross Amount Due
DV	M/I Other Payor Amount
DW	M/I Basis of Days Supply Determination
DX	M/I Patient Paid Amount
DY	M/I Injury Date
DZ	M/I Claim/Reference ID
E1	M/I Alternate Product Type
E2	M/I Alternate Product Code
E3	M/I Incentive Amount Submitted
E4	M/I DUR Conflict Code
E5	M/I DUR Intervention Code
E6	M/I DUR Outcome Code
E7	M/I Metric Decimal Quantity
E8	M/I Other Payor Date
E9	M/I Provide ID
EA	M/I Originally Prescribed Product/Service Code
EB	M/I Originally Prescribed Quantity
EC	M/I Compound Ingredient Component Count
ED	M/I Compound Ingredient Quantity
EE	M/I Compound Ingredient Drug Cost
EF	M/I Compound Dosage Form Description Code
EG	M/I Compound Dispensing Unit Form Indicator
EH	M/I Compound Route Of Administration
EJ	M/I Originally Prescribed Product/Service ID Qualifier
EK	M/I Scheduled Prescription ID Number
EM	M/I Prescription/serviced Reference Number Qualifier
EN	M/I Associated Prescription/Service Reference Number
EP	M/I Associated Prescription/service Date
ER	M/I Procedure Modifier Code
ET	M/I Quantity Prescribed
EU	M/I Prior Authorization Type Code

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
EV	M/I Prior Authorization Number Submitted
EW	M/I Intermediary Authorization Type ID
EX	M/I Intermediary Authorization ID
EY	M/I Provider ID Qualifier
EZ	M/I Prescriber ID Qualifier
FO	M/I Plan ID
GE	M/I Percentage Sales Tax Amount submitted
H1	M/I Measurement Time
H2	M/I Measurement Dimension
H3	M/I Measurement Unit
H4	M/I Measurement Value
H5	M/I Primary Care Provider Location Code
H6	M/I DUR Co-Agent ID
H7	M/I Other Amount Claimed Submitted Count
H8	M/I Other Amount Claimed Submitted Qualifier
H9	M/I Other Amount Claimed Submitted
HA	M/I Flat Sales Tax Amount Submitted
HB	M/I Other Payer Amount Paid Count
HC	M/I Other Payer Amount Paid Qualifier
HD	M/I Dispensing Status
HE	M/I Percentage sales Tax Rate Submitted
HF	M/I Quantity Intended To Be Dispensed
HG	M/I Days Supply Intended To Be Dispensed
HN	M/I Patient E-Mail Address
J9	M/I DUR Co-Agent ID Qualifier
JE	M/I Percentage Sales Tax Basis Submitted
KE	M/I Coupon Type
M1	Patient Not Covered in This Aid Category
M2	Recipient Locked In
M3	Host PA/MC Error
M4	Prescription Number/Time Limit Exceeded
M5	Requires Manual Claim
M6	Host Eligibility Error
M7	Host Drug File Error

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
M8	Host Provider File Error
ME	M/I Coupon Number
MZ	Error Overflow
NE	M/I Coupon Value Amount
NN	Transaction Rejected At Switch Or Intermediary
NP	M/I Other Payer-Patient Responsibility Amount Qualifier
NQ	M/I Other Payer-Patient Responsibility Amount
NR	M/I Other Payer-Patient Responsibility Amount Count
NX	M/I Submission Clarification Code Count
P1	Associated Prescription/Service reference Number Not Found
P2	Clinical Information Counter Out Of Sequence
P3	Compound Ingredient Component Count Does Not Match Number of Repetitions
P4	Coordination Of Benefits/Other Payments Count Does Not Match # Of Repetition
P5	Coupon Expired
P6	Date Of service Prior To date Of Birth
P7	Diagnosis Code Count Does Not Match Number Of Repetitions
P8	DUR/PPS Code counter Out Of Sequence
P9	Field Is Non-Repeatable
PA	PA Exhausted/Not Renewable
PB	Invalid Transaction Count For This Transaction Code
PC	M/I Claim Segment
PD	M/I Clinical Segment
PE	M/I COB/Other Payments Segment
PF	M/I Compound Segment
PG	M/I Coupon Segment
PH	M/I DUR/PPS Segment
PJ	M/I Insurance Segment
PK	M/I Patient Segment
PM	M/I Pharmacy Provider Segment
PN	M/I Prescriber Segment
PP	M/I Pricing Segment
PR	M/I Prior Authorization Segment
PS	M/I Transaction Header Segment
PT	M/I Workers' Compensation Segment

DATA ELEMENT: Error Text NCPDP Error Code (DE5522)

VALID VALUES:

Valid Value	Description
PV	Non-Matched Associated Prescription/Service Date
PW	Non-Matched Employer ID
PX	Non-Matched Other Payer ID
PY	Non-Matched Unit Form/Route of Administration
PZ	Non-Matched Unit of Measure To Product/service ID
R1	Other Amount Claimed Submitted Count Does Not Match Number Of Repetitions
R2	Other Payer Reject count Does Not Match Number Of Repetitions
R3	Procedure Modifier Code Count Does Not match Number Of Repetitions
R4	Procedure Modifier Code Invalid For Product/Service ID
R5	Product/Service ID Must Be Zero When Product/Service ID Qualifier Equals 06
R6	Product/service Not Appropriate For This Location
R7	Repeating Segment Not Allowed in Same Transaction
R8	Syntax Error
R9	Value In Gross Amount Due Does Not Follow Pricing Formulae
RA	PA Reversal Out Of Order
RB	Multiple Partials Not Allowed
RC	Different Drug Entity Between Partial & Completion
RD	Mismatched Cardholder/Group ID-Partial To Completion
RE	M/I Compound Product ID Qualifier
RF	Improper Order Of 'Dispensing Status' Code On Partial Fill Transaction
RG	M/I Associated Prescription/Service Reference Number On Completion Transact
RH	M/I Associated Prescription/Service Date On Completion Transaction
RJ	Associated Partial Fill Transaction Not On File
RK	Partial Fill Transaction Not Supported
RM	Completion Transaction Not Permitted With Same 'DOS' As Partial Transaction
RN	Plan Limits Exceeded On Intended Partial Fill Values
RP	Out of Sequent 'P' Reversal On Partial Fill Transaction
RS	M/I Associated Prescription/service Date On Partial Transaction
RT	M/I Associated Prescription/Service Reference Number On Partial Transaction
RU	Mandatory Data Elements Must Occur Before Optional data Elements In A Segment
RV	Multiple Reversals Per Transmission Not Supported
SE	M/I Procedure Modifier Code Count
TE	M/I Compound Product ID
UE	M/I Compound Ingredient Basis Of Cost Determination

DATA ELEMENT: **Error Text NCPDP Error Code (DE5522)**

VALID VALUES:

Valid Value	Description
VE	M/I Diagnosis Code Count
WE	M/I Diagnosis Code Qualifier
XE	M/I Clinical Information Counter
ZE	M/I Measurement Date

DATA ELEMENT: **Error Text Edit End Date (DE5523)**

The ending date on which a Status/Disposition Code becomes effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_ET_EDIT_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPAA Adjustment Reason Group Code (DE5535)

HIPAA Adjustment Reason Group Code

BUSINESS NAME: N/A

REFERENCE NAME: C_ADJ_RSN_GROUP

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: HIPAA Adjustment Reason Code Description (DE5537)

HIPAA Adjustment Reason Code Description

BUSINESS NAME: N/A

REFERENCE NAME: T_ADJ_RSN_GRP_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA Adjustment Reason Group Begin Date (DE5538)**

HIPAA Adjustment Reason Group Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_RSN_GRP_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA Adjustment Reason Group End Date (DE5539)**

HIPAA Adjustment Reason Group End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_RSN_GRP_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: **Claim Response Code (DE5540)**

Claims Response Code

BUSINESS NAME: N/A

REFERENCE NAME: C_CLM_RESP

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: CHAR(08)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: **Claim Response Type (DE5541)**

Claim Response Type

BUSINESS NAME: N/A

REFERENCE NAME: C_CLM_RESP_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	NCPDP ERROR
R	
S	

DATA ELEMENT: **Claim Response Sequence Number (DE5542)**

Claim Response Sequence Number

BUSINESS NAME: N/A

REFERENCE NAME: I_CLM_RESP_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Response Description (DE5543)**

Claim Response Description

BUSINESS NAME: N/A

REFERENCE NAME: T_CLM_RESP_DESC

DEFAULT: N/A

COBOL PICTURE: X(250)

DB2 TYPE: CHAR(250)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Response Begin Date (DE5544)**

Claim Response Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_CLM_RESP_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Response End Date (DE5545)**

Claim Response Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_CLM_RESP_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Response Code Status Catalog (DE5548)**

Claim Response Code Status Catalog

BUSINESS NAME: N/A

REFERENCE NAME: C_STATUS_CATLG

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Response Short Description (DE5549)**

Claim Response Short Description

BUSINESS NAME: N/A

REFERENCE NAME: T_RESP_SHORT_DESC

DEFAULT: N/A

COBOL PICTURE: X(70)

DB2 TYPE: CHAR(70)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Adjustment Reason/Response Cross Reference (DE5560)**

Adjustment Reason/Response Cross Reference; this field will populate either the I_ATTACH_ADJ_RESP or I_NO_ATT_ADJ_RESP columns on the RF_ERROR_DISP_LOC table, depending on whether or not there is an attachment.

BUSINESS NAME: N/A

REFERENCE NAME: I_ADJ_RSN_RESP_XRF

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Adjustment Reason/Response Payment Code (DE5561)

Adjustment Reason/Response Payment Code

BUSINESS NAME: N/A

REFERENCE NAME: C_PYMT_ADJ_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
BA	Billed Amount
CA	Contractual Amount
CB	Cut Back
CI	Co-Insurance
CO	Excess
CP	Co-Pay
DD	Deductible
IA	Ingredient Cost Adjustment
PP	Patient Pay
PY	Payment
TP	Third Party Payment

DATA ELEMENT: **Adjustment Reason/Response Begin Date (DE5562)**

Adjustment Reason/Response Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_RSN_RESP_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: **Adjustment Reason/Response End Date (DE5563)**

Adjustment Reason/Response End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_RSN_RESP_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA Adjustment Reason Code (DE5580)**

HIPAA Adjustment Reason Code

BUSINESS NAME: N/A

REFERENCE NAME: C_ADJ_RSN

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: HIPAA Adjustment Reason Sequence Number (DE5582)

HIPAA Adjustment Reason Sequence Number

BUSINESS NAME: N/A

REFERENCE NAME: I_ADJ_RSN_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA Adjustment Reason Description (DE5583)**

HIPAA Adjustment Reason Long Description

BUSINESS NAME: N/A

REFERENCE NAME: T_ADJ_RSN_DESC

DEFAULT: N/A

COBOL PICTURE: X(250)

DB2 TYPE: CHAR(250)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A

DATA ELEMENT: HIPAA Adjustment Reason Begin Date (DE5584)

HIPAA Adjustment Reason Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_RSN_BEGIN

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: HIPAA Adjustment Reason End Date (DE5585)

HIPAA Adjustment Reason End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_ADJ_RSN_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A

DATA ELEMENT: HIPAA Adjustment Reason Short Description (DE5586)

HIPAA Adjustment Reason Short Description

BUSINESS NAME: N/A

REFERENCE NAME: T_ADJ_RSN_SHORT_DESC

DEFAULT: N/A

COBOL PICTURE: X(70)

DB2 TYPE: CHAR(70)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Disposition Location Effective Date (DE5602)

Date when the disposition and location of an Error Code (DE 5501) for a specific Benefit Definition Benefit Plan Code (DE 3550) and Exception Indicator (DE 3072) becomes effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_ET_DISP_LOC_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Error Text Disposition Attachments (DE5603)

Indicates that the Disposition requires attachments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code.
On the Pend Resolution Screens, this field is the disposition entered with an ESC number when the pend resolution clerk is denying, rejecting, or overriding an edit.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISP_ATTACH_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Encounter. No Error
2	Encounter. Warning
4	Encounter. Warning
6	Encounter. Warning
8	Encounter. Fatal
9	Encounter. Fatal
D	Deny
E	Explanation of Benefits
M	ProDUR message
N	Non-Cover Revenue Code
O	Off/Override
P	Pend
R	Reject (TAD)
T	Test

DATA ELEMENT: Error Text Disposition No Attachments (DE5604)

Indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_DISP_NO_ATT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Encounter. No Error.
2	Encounter. Warning.
4	Encounter. Warning.
6	Encounter. Warning.
8	Encounter. Fatal.
9	Encounter. Fatal.
D	Deny
E	Explanation of Benefits
M	ProDUR message
N	Non-Cover Revenue Code
O	Off/Override
P	Pend
R	Reject (TAD)
T	Test

DATA ELEMENT: Error Text Location Attachments (DE5605)

Indicates that attachments are required for this Location for this Media Type for this Invoice Type. The domain will be the actual three position Location Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOC_ATTACH_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
001	Budget Pend Recycle
002	Financial Pend
100	First Health Claims Reso (Easy Pends)
200	First Health Claims Reso (Complex Pends)
217	Special Batch Pends
218	Payment Processing Manager
219	Contract Monitor
220	Management Review
221	Pricing - DMAS
225	Capitation Payments
230	Medallion Management Fees
250	First Health Claims Reso (Supervisor Review)
300	HUR General Claims Receipt
308	SLH Hospital
310	SLH Physician
312	ER Hospital
313	CMM Claims
314	ER Physician
317	Nonresident Alien
319	TDO Physician
320	TDO Hospital
321	Consultant Review
333	Out of State Hospital

DATA ELEMENT: Error Text Location Attachments (DE5605)

VALID VALUES:

Valid Value	Description
400	Medical Support - Professional Consultant
403	Medical Support - Professional Consultant
404	Medical Support - Professional Consultant
407	Pharmacy Consultant
500	Customer Services
600	DMAS Recycle by System
650	Pend for Letter
700	Pre Auth - WVMI
750	Park for Attachment
800	Post Payment Review
900	DMAS TPL

DATA ELEMENT: Error Text Location No Attachments (DE5606)

Indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code.

BUSINESS NAME: N/A

REFERENCE NAME: C_LOC_NO_ATT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
001	Budget Pend Recycle
002	Financial Pend
100	First Health Claims Reso (Easy Pends)
200	First Health Claims Reso (Complex Pends)
217	Special Batch Pends
218	Payment Processing Manager
219	Contract Monitor
220	Management Review
221	Pricing - DMAS
225	Capitation Payments
230	Medallion Management Fees
250	First Health Claims Reso (Supervisor Review)
300	HUR General Claims Receipt
308	SLH Hospital
310	SLH Physician
312	ER Hospital
313	CMM Claims
314	ER Physician
317	Nonresident Alien
319	TDO Physician
320	TDO Hospital
321	Consultant Review
333	Out of State Hospital

DATA ELEMENT: Error Text Location No Attachments (DE5606)

VALID VALUES:

Valid Value	Description
400	Medical Support - Professional Consultant
403	Medical Support - Professional Consultant
404	Medical Support - Professional Consultant
407	Pharmacy Consultant
500	Customer Services
600	DMAS Recycle by System
650	Pend for Letter
700	Pre Auth - WVMI
750	Park for Attachment
800	Post Payment Review
900	DMAS TPL

DATA ELEMENT: Cutback or Reduction in a Provider Payment (DE5607)

Cutback or Reduction in a Provider Payment

BUSINESS NAME: N/A

REFERENCE NAME: C_CUTBACK_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	Deduct Allowed Amt on Hist Claims
R	Regular Cutback

DATA ELEMENT: Error ESC Code (DE5609)

Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria.

BUSINESS NAME: N/A

REFERENCE NAME: C_ERROR_ESC

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Sequence Number (DE5610)

Along with Error Text Error Code (DE5501), this field identifies an Edit Criteria Set. It is a means by which more than one Edit Criteria Set can be associated with an Error Text Error Code and Error ESC Code (DE5609).

BUSINESS NAME: N/A

REFERENCE NAME: C_EDIT_CRIT_SEQNO

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: 0001 - 9999

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Edit Code (DE5611)**

Code for a set of claims processing edits.

BUSINESS NAME: N/A

REFERENCE NAME: C_CLAIM_EDIT

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Name (DE5612)**

The name assigned to a set of service limits for a Claim Edit Code (DE 5611).

BUSINESS NAME: N/A

REFERENCE NAME: T_EC_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Last Update Date (DE5613)**

Date of the most recent file maintenance update to the Edit Criteria File.

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_LASTUPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Criterion (DE5614)

Indicates criteria such as 'Provider Class Type', 'Provider Specialty', 'Procedure Modifier', 'Tooth Surface', 'Type of Service', 'Place of Service', 'Recipient Age', 'Claim Type', 'Diagnosis', 'Procedure', 'Revenue Code', 'Provider Identification', 'Time', and 'Units/Dollars/Claim Lines'.

BUSINESS NAME: N/A

REFERENCE NAME: C_EC_CRITERION

DEFAULT: N/A

COBOL PICTURE: X04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
ABCL	A/B Claim Type
ABMX	A & B Ranges of Procedure AND Revenue Codes
ABPR	A/B Procedure
ABRC	A/B Revenue Code
AMT	Dollars Allowed
CHRG	Billed Charges
CTYP	Claim Types
DAYS	Days Supply
DEXA	Drug Exception - Age
DEXH	Drug Exception - History
DEXS	Drug Exception - Sex
DIAG	Diagnosis Codes
DOSA	Dosage Limit - Daily Dosage Limit
DOSD	Dosage Limit - Days
DOSQ	Dosage Limit - Quantity
DOST	Total Dosage Limit
EXCP	Exception Indicator
GC3	Specific Therapeutic Class
GCN	Drug GCN Code
HIC	Drug HICL
INEX	Include/Exclude Drug Criteria
MAP	Map Criteria

DATA ELEMENT: Edit Criteria Criterion (DE5614)

VALID VALUES:

Valid Value	Description
MIX	Procedure AND Revenue Codes in same Value Set
MODF	Procedure Modifiers
NDC	National Drug Code
PA#	Prior Auth Number
PHYS	Prescribing Physician
POSL	NCPDP PA trans (only) Increase Plan Limit (498-PD value "PL") (not used for POS Claims processing)
PROC	Procedure Codes
PSPC	Provider Specialties
PSVC	Places of Service
PTYP	Provider Types
PVID	Provider Identification Numbers
QTY	Quantity Dispensed
RAGE	Recipient Age
REV	Revenue Codes
RX	Prescription Number
TAMT	Total Dollars Allowed
TIMT	Time Types
TOTH	Tooth
TSUR	Tooth Surfaces
TSVC	Types of Service
UVSL	Units/Dollars/Claim Lines

DATA ELEMENT: Same/Different/Any Options (DE5615)

Comparison of current and history claims for this criterion must be the same, different, or can be the same or different.

BUSINESS NAME: N/A

REFERENCE NAME: C_EC_OPTIONS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Current and history claims may be the same or different
D	Current and history claims must be different
S	Current and history claims must be the same

DATA ELEMENT: **Edit Criteria Begin Date (DE5616)**

Beginning date of the Edit Criteria Name (DE 5612).

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria End Date (DE5617)**

Ending date of the Edit Criteria Name (DE 5612).

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Record Created Date (DE5618)**

Date this Edit Criteria record was added to the table.

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Record Created Time (DE5619)**

Actual time that this record was added to the table.

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_TIME_ADDED

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: 7

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Plan Edit Criteria Begin Date (DE5620)

Beginning date of the association between Edit Criteria Name (DE 5612) and Benefit Plan Code-Exception Indicator (DE 3550-DE 3072).

BUSINESS NAME: N/A

REFERENCE NAME: D_BP_EC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Plan Edit Criteria End Date (DE5621)

Beginning date of the association between Edit Criteria Name (DE 5612) and Benefit Plan Code-Exception Indicator (DE 3550-DE 3072).

BUSINESS NAME: N/A

REFERENCE NAME: D_BP_EC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Edit Criteria Last Update Date (DE5622)**

Date of last update to the Benefit Plan Edit Criteria File.

BUSINESS NAME: N/A

REFERENCE NAME: D_BP_EC_LASTUPD

DEFAULT: 0000/01/01

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Exclusive/Inclusive (E/I) Code (DE5624)

Indicates if Edit Criteria Criterion (DE 5614) is 'Inclusive' or 'Exclusive'.

BUSINESS NAME: N/A

REFERENCE NAME: C_EXCL_INCL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
E	Exclusive of Indicated Code Range
I	Inclusive of Indicated Code Range

DATA ELEMENT: Edit Criteria A/B/X Code (DE5625)

Indicates if Edit Criteria Criterion (DE 5614) applies only to current ranges, history ranges or both current and history ranges.

BUSINESS NAME: N/A

REFERENCE NAME: C_EC_ABX

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Applies only to current claim ranges
B	Applies only to history claim ranges
X	Applies to both current and history claim ranges

DATA ELEMENT: Edit Criteria Value 1 (DE5626)

Indicates the first Value Set number associated with the Edit Criteria or the number of time units, UVS, dollar amount, number of claim lines or effective dates.

BUSINESS NAME: N/A

REFERENCE NAME: N_EC_VALUE_1

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Value 2 (DE5627)**

Indicates the second Value Set number associated with the Edit Criteria.

BUSINESS NAME: N/A

REFERENCE NAME: N_EC_VALUE_2

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 0

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Error Text Recycled Days (DE5679)**

The length of time, in days, that the current claim will "recycle" in a pended status before it is denied.

BUSINESS NAME: N/A

REFERENCE NAME: N_ET_RECYCLE_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Error Edit Type (DE5680)**

Edit Error Edit Type

BUSINESS NAME: N/A

REFERENCE NAME: C_EDIT_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Prior Auth
B	Days Beyond
C	Conflict
D	Duplicate
G	Drug
H	History
I	Internal
J	Adjustments
K	CLAIMCHECK Selection
L	Service Limits
M	History PRODUR
O	Revenue/Procedure Code
P	Provider
P	Pricing
Q	Required
R	Recipient (enrollee)
S	CLAIMCHECK Edits
T	Third Party Liability (TPL)
W	Non-History PRODUR
Z	Validation

DATA ELEMENT: **Edit Text Compound Code (DE5681)**

Edit Text Compound Code

BUSINESS NAME: N/A

REFERENCE NAME: F_COMPOUND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Disposition Location End Date (DE5682)**

Disposition Location End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_DISP_LOC_END

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Set Type (DE5683)

Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit.

BUSINESS NAME: N/A

REFERENCE NAME: C_CRITRIA_SET_CVAL

DEFAULT: None

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
BY	Bypass
DO	Do it.
PA	PRIOR AUTHORIZATION

DATA ELEMENT: **Edit Criteria Set Begin Date (DE5684)**

Edit Criteria Set Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_CRITERIA_SET_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Set End Date (DE5685)**

Edit Criteria Set End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_CRITERIA_SET_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Procedure Code A1 Begin Range (DE5686)**

Edit Criteria Procedure Code A1 Begin Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MIN_A1

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Procedure Code A1 End Range (DE5687)

Edit Criteria Procedure Code A1 End Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MAX_A1

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Procedure Code B1 Begin Range (DE5688)**

Edit Criteria Procedure Code B1 Begin Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MIN_B1

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Procedure Code B1 End Range (DE5689)

Edit Criteria Procedure Code B1 End Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MAX_B1

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Procedure Code A2 Begin Range (DE5690)

Edit Criteria Procedure Code A2 Begin Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MIN_A2

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Procedure Code A2 End Range (DE5691)

Edit Criteria Procedure Code A2 End Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MAX_A2

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Procedure Code B2 Begin Range (DE5692)

Edit Criteria Procedure Code B2 Begin Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MIN_B2

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Procedure Code B2 End Range (DE5693)

Edit Criteria Procedure Code B2 End Range

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_MAX_B2

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE: CHAR(07)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Value Set Begin Date (DE5694)**

Edit Criteria Value Set Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_VAL_SET_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Criteria Value Set End Date (DE5695)**

Edit Criteria Value Set End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_EC_VAL_SET_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Time Span Type (DE5696)

Data determines whether the Time Units are to be counted backward from history Date of Service; Time Units to be counted backward AND forward from history Date of Service; or Forward from history Date of Service

BUSINESS NAME: N/A

REFERENCE NAME: C_TIME_SPAN_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Time Units backward from hist DOS (Date of Service)
E	Time Units for forward & backward
F	Time Units forward from history DOS (Date of Service)

DATA ELEMENT: **Edit Criteria Time Units (DE5697)**

Edit Criteria Time Units

BUSINESS NAME: N/A

REFERENCE NAME: N_TIME_UNITS

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Time Type (DE5698)

Data that determines whether the 'time' referred to is: Day, Month, Calendar Month, Year, Calendar Year, Fiscal Year, or Lifetime.

BUSINESS NAME: N/A

REFERENCE NAME: C_TIME_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
C	Calendar Year
D	Day
E	Exact Same FDOS & TDOS
F	Fiscal Year
L	Lifetime
M	Calendar Month
N	Month
O	Overlapping Dates of Service
R	Treatment Month
S	Overlapping DOS/No Admit & Discharge Dates
T	Treatment Year
X	Same FDOS
Y	Year

DATA ELEMENT: **Log Transaction Code (DE5699)**

Code of the transaction performing the add, change, delete, cancel, reinstate or reject action.

BUSINESS NAME: N/A

REFERENCE NAME: Log Transaction Code

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Log Transaction Strip Code (DE5701)

The Sub System Identification to which the Teleprocessing Log File records belong.

BUSINESS NAME: N/A

REFERENCE NAME: Log Transaction Strip Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Log Action Type (DE5702)**

A code indicating the type of action for a log.

BUSINESS NAME: N/A

REFERENCE NAME: Log Action Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Add
2	Inquiry
3	Change
4	Delete
5	Cancel
6	Reinstate
7	Reject

DATA ELEMENT: **Log Record Data Key (DE5703)**

The key of the updated record.

BUSINESS NAME: N/A

REFERENCE NAME: Log Record Data Key

DEFAULT: N/A

COBOL PICTURE: X(14)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Log Date (DE5704)

Date of the action of the log.

BUSINESS NAME: N/A

REFERENCE NAME: Log Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Log Time (DE5705)

Time the log action took place.

BUSINESS NAME: N/A

REFERENCE NAME: Log Time

DEFAULT: N/A

COBOL PICTURE: S9(07) COMP-3

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Log Operator Identification (DE5706)

Operator ID of the operator who entered the on-line transaction. The terminal operator's ID.

BUSINESS NAME: N/A

REFERENCE NAME: Log Operator Identification

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Log Terminal Identification (DE5707)**

Terminal ID of the terminal where the on-line transaction was entered.

BUSINESS NAME: N/A

REFERENCE NAME: Log Terminal Identification

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Log Record Data (DE5708)**

Record data for the record(s) being logged. N represents the length of the longest record type being logged.

BUSINESS NAME: N/A

REFERENCE NAME: Log Record Data

DEFAULT: N/A

COBOL PICTURE: X(N)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Log Source Document Identification (DE5709)

Identification of the hard copy source document from which on-line changes are made to the Reference Sub-system files. This data element is not carried on the files.

BUSINESS NAME: N/A

REFERENCE NAME: Log Source Document Identification

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Log Program ID (DE5710)**

Program number of the on-line program that generated the Log record.

BUSINESS NAME: N/A

REFERENCE NAME: Log Program ID

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Log Table-File ID (DE5711)**

Identification of the table or file that has been updated with "this" Log record.

BUSINESS NAME: N/A

REFERENCE NAME: Log Table-File ID

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: 5

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Rate Begin Date (DE5712)**

Procedure Code Transportation Rate Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_TRANS_RATE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Rate End Date (DE5713)**

Procedure Code Transportation Rate End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_TRANS_RATE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Rate Type (DE5714)**

Procedure Code Transportation Rate Type. CNUM is 200.

BUSINESS NAME: N/A

REFERENCE NAME: C_TRANS_RATE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Base Rate
P	Passenger Rate
W	Wait Time Rate

DATA ELEMENT: **Transportation Minimum Rate (DE5715)**

Procedure Code Transportation Minimum Rate

BUSINESS NAME: N/A

REFERENCE NAME: N_TRANS_RATE_MIN

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Maximum Rate (DE5716)**

Procedure Code Transportation Maximum Rate

BUSINESS NAME: N/A

REFERENCE NAME: N_TRANS_RATE_MAX

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Transportation Base Rate (DE5717)**

Procedure Code Transportation Base Rate

BUSINESS NAME: N/A

REFERENCE NAME: N_TRANS_BASE_RATE

DEFAULT: N/A

COBOL PICTURE: 9(06)V9(02)

DB2 TYPE: DECIMAL(6,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Trans Rate Mile/Hour/Passenger (DE5718)**

Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger.

BUSINESS NAME: N/A

REFERENCE NAME: N_RATE_MI_HR_PASS

DEFAULT: N/A

COBOL PICTURE: 9(05)V(02)

DB2 TYPE: DECIMAL(5,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Transportation Mileage Range Minimum (DE5719)

Procedure Code Transportation Mileage Range Minimum

BUSINESS NAME: N/A

REFERENCE NAME: N_MILEAGE_RNG_MIN

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: 1 - 99 when field is required based on Transportation Rate Type (Base, Wait, Passenger).

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Minimum mileage when field is required
99	Maximum mileage when field is required

DATA ELEMENT: Transportation Mileage Range Maximum (DE5720)

Procedure Code Transportation Mileage Range Maximum

BUSINESS NAME: N/A

REFERENCE NAME: N_MILEAGE_RNG_MAX

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: 1 - 999 when field is required based upon Transportation Rate Type (Base, Wait, Passenger).

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Minimum value when field is required
999	Maximum value when field is required

DATA ELEMENT: **Edit Criteria Exists (DE5724)**

Indicates whether or not an Edit Criteria Set exists for this Edit #.

BUSINESS NAME: N/A

REFERENCE NAME: F_CRITERIA_EXISTS

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Generic (GSN) Sequence Number (DE5731)

Is a random number representing a generic formulation. Like the Generic Code Number (GCN) (DE 5061), it is specific to the generic ingredient(s), Route of Administration (DE 5736), and Drug Strength (DE 5070). Both are the same across manufacturers and/or package sizes. Unlike the GCN (DE 5061), the GSN is specific to its Dosage Form (DE 5043).

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_GEN_SEQ

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_TC_SPECIFIC

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A1A	Digitalis Glycosides
A1B	Xanthines
A1C	Inotropic Drugs
A1D	General Bronchodilator Agents
A2A	Antiarrhythmics
A4A	Hypotensives, Vasodilators
A4B	Hypotensives, Sympatholytic
A4C	Hypotensives, Ganglionic Blockers
A4D	Hypotensives, Ace Blocking Type
A4E	Hypotensives, Veratrum Alkaloids
A4Y	Hypotensives, Miscellaneous
A6U	Cardiovascular Diagnostics-Radiopaque
A7A	Vasoconstrictors, Arteriolar
A7B	Vasodilators, Coronary
A7C	Vasodilators, Peripheral
A7E	Vasodilators, Miscellaneous
A8O	Venosclerosing Agents
A9A	Calcium Channel Blocking Agents
B0A	General Inhalation Agents
B0P	Inert Gases
B1A	Lung Surfactants
B3A	Mucolytics
B3J	Expectorants

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
B3K	Cough and Cold Preparations
B3M	Respiratory Tract Radiopaque Diagnostics
C0B	Water
C0C	Drugs Used to Treat Acidosis
C0D	Antialcoholic Preparations
C1A	Electrolyte Depleters
C1B	Sodium Replacement
C1D	Potassium Replacement
C1F	Calcium Replacement
C1H	Magnesium Replacement
C1W	Electrolyte Replacement
C1Z	Electrolyte Replacement (Continued)
C2H	Respiratory Gases
C3B	Iron Replacement
C3C	Zinc Replacement
C3H	Iodine Replacement
C3M	Mineral Replacement, Miscellaneous
C4G	Insulins
C4K	Oral Hypoglycemics, Sulfonylureas
C4L	Oral Hypoglycemics, Non-Sulfonylures
C5A	Carbohydrates
C5B	Protein Replacement
C5C	Infant Formulas
C5D	Diet Foods
C5E	Geriatric Supplements
C5F	Food Supplements, Miscellaneous
C5G	Food Oils
C5H	Nucleic Acid/Nucleotide Supplements
C5J	IV Solutions: Dextrose/Water
C5J	IV Solutions: Dextrose/Saline
C5J	IV Solutions: Dextrose/Ringers
C5J	IV Solutions: Dextrose/Lactacted Ringers
C6A	Vitamin A Preparations
C6B	Vitamin B Preparations

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
C6C	Vitamin C Preparations
C6D	Vitamin D Preparations
C6E	Vitamin E Preparations
C6F	Prenatal Vitamin Preparations
C6G	Geriatric Vitamin Preparations
C6H	Pediatric Vitamin Preparations
C6J	Bioflavonoids
C6K	Vitamin K Preparations
C6L	Vitamin B12 Preparations
C6M	Folic Acid Preparations
C6N	Niacin Preparations
C6P	Panthenol Preparations
C6Q	Vitamin B6 Preparations
C6R	Vitamin B2 Preparations
C6T	Vitamin B1 Preparations
C6Z	Multivitamin Preparations
C7A	Purine Inhibitors
C7B	Decarboxylase Inhibitors
C7C	Dipeptidase Inhibitors
C8A	Metallic Poison Antidotes
C8B	Acid and Alkali Poison Antidotes
C8D	Agricultural poison Antidotes
C8E	Antidotes, Miscellaneous
D0U	Gastrointestinal Radiopaque Diagnostics
D1D	Dental Aids and Preparations
D2A	Fluoride Preparations
D2D	Tooth Ache Preparations
D2M	Dental Preparations, Miscellaneous
D4A	Acid Replacement
D4B	Antacids
D4E	Antiulcer Preparations
D4G	Gastric Enzymes
D4N	Antiflatulents
D4T	Gastric Function Diagnostics

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
D4U	Gastric Function Radiopaque Diagnostics
D5P	Intestinal Adsorbents and Protectives
D6D	Antidiarrheals
D6H	Hemorrhoidal Agents
D6S	Laxatives and Cathartics
D6T	Laxatives and Cathartics (Continued)
D7A	Bile Salts
D7B	Choleretics
D7L	Bile Salt Sequestrants
D7T	Biliary Diagnostics
D7U	Biliary Diagnostics, Radiopaque
D8A	Pancreatic Enzymes
D8B	Pancreatic Diagnostics
D9A	Ammonia Inhibitors
F1A	Androgenic Agents
G0U	Uterine Radiopaque Diagnostic Agents
G1A	Estrogenic Agents
G1B	Estrogen/Androgen Combinations
G2A	Progestational Agents
G3A	Oxytocics
G8A	Contraceptives, Oral
G8B	Contraceptives, Implantable
G9A	Contraceptives, Topical
H0A	Local Anesthethics
H0B	Local Anesthethics (Continued)
H1U	Cerebral Spinal Radiopaque Diagnostics
H2A	Central Nervous System Stimulants
H2B	General Anesthetics, Inhalant
H2C	General Anesthetics, Injectable
H2D	Barbiturates
H2E	Non-Barbiturate, Sedative-Hypnotics
H2F	Anti-Anxiety Drugs
H2G	Anti-Psychotics, Phenothiazines
H2H	Monoamine Oxidase (MAO) Inhibitors

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
H2J	Antidepressants
H2K	Antidepressant Combinations
H2L	Anti-Psychotics, Non-Phenothiazines
H2M	Anti-Mania Drugs
H2N	Antidepressants (Continued)
H2P	Anti-Anxiety Drugs (Continued)
H2R	Anti-Prruritics
H2T	Alcohol, Systemic Use
H2V	Anti-Narcolepsy/Anti-Hyperkinesis Agents
H2Z	Psychoactive Drug Antagonists
H3A	Analgesics, Narcotics
H3B	Analgesics, Narcotics (Continued)
H3C	Analgesics, Non-Narcotics
H3D	Analgesics, Salicylates
H3E	Analgesic/Antipyretics, Non-Salicylate
H3F	Antimigraine Preparations
H3G	Analgesics, Miscellaneous
H3T	Narcotic Antagonists
H4B	Anticonvulsants
H4T	Hallucinogens
H6A	Antiparkinsonism Drugs, Other
H6B	Antiparkinsonism Drugs, Anticholinergic
H6C	Antitussives, Non-Narcotic
H6E	Emetics
H6H	Skeletal Muscle Relaxants
H6J	Anti-Emetics
J1A	Parasympathetic Agents
J1B	Cholinesterase Inhibitors
J2A	Belladonna Alkaloids
J2B	Anticholinergics, Quaternary
J2C	Anticholinergics, Other
J2D	Anticholinergics/Antispasmodics
J3A	Ganglionic Stimulants
J4A	Ganglionic Blocking Agents

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
J5A	Adrenergic Agents, Catecholamines
J5B	Adrenergics, Aromatic, Non-Catecholamine
J5C	Adrenergic Agents, Non-Aromatic
J5D	Beta-Adrenergic Agents
J5E	Sympathomimetic Agents
J7A	Adrenergic Inhibitors
J7B	Alpha-Adrenergic Blocking Agents
J7C	Beta-Adrenergic Blocking Agents
J8A	Anorexic Agents
J9A	Intestinal Motility Stimulants
L0B	Topical/Mucous Membr./Subcut. Enzymes
L2A	Emollients
L3A	Protectives
L3B	Protectives (Continued 1)
L3C	Protectives (Continued 2)
L3D	Protectives (Continued 3)
L3E	Protectives (Continued 4)
L3P	Antipruritics, Topical
L4A	Astringents
L5A	Keratolytics
L5B	Sunscreens
L5C	Abrasives
L5D	Depilatories
L6A	Irritants
L6B	Irritants (Continued)
L7A	Shampoos
L8A	Deodorants
L8B	Antiperspirants
L9A	Topical Agents, Miscellaneous
L9C	Antimelanin Agents
M0B	Plasma Proteins
M0C	Blood Factors, Miscellaneous
M0D	Plasma Expanders
M0E	Antihemophilic Factors

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
M0F	Factor IX Preparations
M0G	Antiporphyria Factors
M0R	Blood Albumin Preparations
M0S	Synthetic Blood Preparations
M0U	Blood Volume Diagnostics
M3A	Occult Blood Tests
M3B	Blood Urea Nitrogen Tests
M4A	Blood Sugar Diagnostics
M4B	IV Fat Emulsions
M4E	Lipotropics
M4G	Hyperglycemics
M9A	Topical Hemostatics
M9D	Antifibrinolytic Agents
M9F	Thrombolytic Enzymes
M9J	Citrates as Anticoagulants
M9K	Heparin Preparations
M9L	Oral Anticoagulants, Coumarin Type
M9M	Oral Anticoagulants, Indandione Type
M9P	Platelet Aggregation Inhibitors
M9R	Coagulants
M9S	Hemorrheologic Agents
N1A	Erythroid Depressants
N1B	Hematinics, Other
N1C	Leukocyte (WBC) Stimulants
P0A	Fertility Preparations
P0B	Follicle Stim./Luteinizing Hormones
P1A	Growth Hormones
P1B	Somatostatic Agents
P1C	Luteinizing Hormones
P1D	Thyrotropic Hormones
P1E	Adrenocorticotrophic Hormones
P1F	Pituitary Suppressive Agents
P1G	Adrenal Steroid Inhibitors
P1U	Metabolic Function Diagnostics

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
P2B	Antidiuretic and Vasopressor Hormones
P2Z	Posterior Pituitary Preparations
P3A	Thyroid Hormones
P3L	Antithyroid Preparations
P4A	Parathyroid Hormones
P4L	Bone Ossification Suppression Agents
P5A	Glucocorticoids, Systemic
P5B	Glucocorticoids, Systemic (Continued)
P5C	Glucocorticoids, Topical
P5S	Mineralocorticoids
P5T	Aldosterone Antagonists
Q0A	Topical Preparations, Non-Medicinal
Q1A	Topical Ear Preparations
Q2U	Eye Diagnostic Agents
Q3A	Rectal Preparations
Q3D	Hemorrhoidal Preparations
Q3H	Hemorrhoidals, Local/Rectal Anesthetics
Q3S	Laxatives, Local/Rectal
Q4A	Vaginal Preparations
Q4B	Vaginal Antiseptics
Q4F	Vaginal Antisfungals
Q4K	Vaginal Estrogen Preparations
Q4R	Vaginal Antiparasitics
Q4S	Vaginal Sulfonamides
Q4W	Vaginal Antibiotics
Q5A	Topical Preparations, Miscellaneous
Q5B	Topical Preparations, Antibacterials
Q5C	Topicals, Hypertrichotic Agents
Q5D	Topical Antipsoriatics
Q5F	Topical Antifungals
Q5H	Topical Local Anesthetics
Q5N	Topical Antineoplastics
Q5P	Topical Antiinflammatory Preparations
Q5R	Topical Antiparasitics

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
Q5S	Topical Sulfonamides
Q5V	Topical Antivirals
Q5W	Topical Antibiotics
Q6A	Eye Preparations, Miscellaneous
Q6B	Eye Anti-infectives (Rx Only)
Q6C	Eye Vasoconstrictors (Rx Only)
Q6D	Eye Vasoconstrictors (OTC Only)
Q6E	Eye Irrigations
Q6F	Contact Lens Preparations
Q6G	Miotics/Other Intraoc. Pressure Reducers
Q6H	Eye Local Anesthetics
Q6J	Mydriatics
Q6P	Eye Inflammatory Agents
Q6S	Eye Sulfonamides
Q6T	Artificial Tears
Q6V	Eye Antivirals
Q6W	Eye Antibiotics
Q6Y	Eye Preparations, Miscellaneous (OTC)
Q6Z	Eye Anti-infectives, (OTC Only)
Q7A	Nose Preparations, Miscellaneous (Rx)
Q7B	Nose Preparations, Misc. Anti-infectives
Q7C	Nose Preparations, Vasoconstrictors (Rx)
Q7D	Nose Preparations, Vasoconstrictors (OTC)
Q7P	Nose Preparations, Antiinflammatory
Q7W	Nose Preparations, Antibiotics
Q7Y	Nose Preparations, Miscellaneous (OTC)
Q8A	Ear Preparations, Miscellaneous (Rx Only)
Q8B	Ear Preparations, Misc. Anti-infectives
Q8H	Ear Preparations, Local Anesthetics
Q8P	Ear Preparations, Antiinflammatory
Q8R	Ear Preparations, Ear Wax Removers
Q8W	Ear Preparations, Antibiotics
Q8Y	Ear Preparations, Miscellaneous (OTC)
Q9A	Urological Irrigations

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
R1B	Osmotic Diuretics
R1C	Inorganic Salt Diuretics
R1D	Mercurial Diuretics
R1E	Carbonic Anhydrase Inhibitors
R1F	Thiazide Diuretics and Related Agents
R1H	Potassium Sparing Diuretics
R1J	Aminouracil Diuretics
R1K	Diuretics, Miscellaneous
R1R	Uricosuric Agents
R1S	Urinary PH Modifiers
R1T	Renal Competers
R1U	Renal Function Diagnostic Agents
R2U	Urinary Tract Radiopaque Diagnostics
R3U	Urine Glucose Test Aids
R3V	Urine Test Aids, Miscellaneous
R3W	Urine Acetone Test Aids
R3Y	Urine Multiple Test Aids
R4A	Kidney Stone Agents
S2A	Colchicine
S2B	Anti-Inflammatory Agents
S2C	Gold Salts
S2D	Anti-Inflammatory Agents (Continued)
S7A	Neuromuscular Blocking Agents
U5A	Homeopathic Drugs
U5B	Herbal Drugs
U5X	Homeopathic Classifier
U6A	Pharmaceutical Adjuvants, Tableting
U6B	Pharmaceutical Adjuvants, Coating Agents
U6E	Ointment/Cream Bases
U6F	Hydrophilic Cream/Ointment Bases
U6H	Solvents
U6J	Solvents (Continued 1)
U6K	Solvents (Continued 2)
U6L	Solvents (Continued 3)

DATA ELEMENT: **Drug Therapeutic Class Specific Code (DE5735)**

VALID VALUES:

Valid Value	Description
U6N	Vehicles
U6P	Vehicles (Continued)
U6S	Propellants
U6T	Propellants (Continued)
U6W	Bulk Chemicals
U7A	Suspending Agents
U7B	Suspending Agents (Continued 1)
U7C	Suspending Agents (Continued 2)
U7D	Surfactants
U7E	Surfactants (Continued)
U7H	Antioxidants
U7J	Chelating Agents
U7K	Flavoring Agents
U7L	Flavoring Agents (Continued 1)
U7M	Flavoring Agents (Continued 2)
U7N	Sweeteners
U7P	Perfumes
U7Q	Coloring Agents
U7R	Coloring Agents (Continued)
V1A	Alkylating Agents
V1B	Antimetabolites
V1C	Vinca Alkaloids
V1D	Antibiotic Antineoplastics
V1E	Steroid Antineoplastics
V1F	Antineoplastics, Miscellaneous
W1A	Penicillins
W1B	Cephalosporins
W1C	Tetracyclines
W1D	Macrolides
W1E	Chloramphenicol and Derivatives
W1F	Aminoglycosides
W1G	Antitubercular Antibiotics
W1H	Aminocyclitols
W1I	Penicillins (Continued)

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
W1J	Vancomycin and Derivatives
W1K	Lincosamides
W1L	Topical Antibiotics (Continued)
W1N	Polymyxin and Derivatives
W1P	Betalactams
W1Q	Quinolones
W1R	Beta-Lactamase Inhibitors
W1S	Thienamycins
W1T	Cephalosporins (Continued)
W2A	Absorbable Sulfonamides
W2B	Non-Absorbable Sulfonamides
W2E	Antimycobaterium Agents
W2F	Nitrofuran Derivatives
W2G	Chemotherapeutics, Antibacterial, Misc.
W2Y	Anti-Infectives, Misc. (Antibacterials)
W3A	Antifungal Antibiotics
W3B	Antifungal Agents
W3C	Antifungal Agents (Continued)
W4A	Antimalarial Drugs
W4C	Amebacides
W4E	Trichomonacides
W4F	Anti-Infectives, Misc. (Antiparasitics)
W4K	Antiprotozoal Drugs, Miscellaneous
W4L	Anthelmintics
W4M	Topical Antiparasitics (Continued)
W4N	Insect Repellants
W4P	Antileprotics
W4Q	Insecticides
W5A	Antivirals, General
W5B	Antivirals, HIV-Specific
W7B	Viral/Tumorigenic Vaccines
W7C	Influenza Virus Vaccines
W7F	Mumps and Related Virus Vaccines
W7H	Enteric Virus Vaccines

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
W7J	Neurotoxic Virus Vaccines
W7K	Antisera
W7L	Gram Positive Cocci Vaccines
W7M	Gram (-) Bacilli (Non-Enteric) Vaccines
W7N	Toxin-Producing Bacilli Vaccines/Toxoids
W7P	Rickettsial Vaccines
W7Q	Gram Negative Cocci Vaccines
W7S	Antivenins
W7T	Antigenic Skin Tests
W7U	Hymenoptera Extracts
W7V	Rhus Extracts (Poison Oak, Poison Ivy)
W7W	Allergenic Extracts, Therapeutic
W7Z	Vaccine/Toxoid Preparations, Combinations
W8A	Heavy Metal Antiseptics
W8B	Surface Active Agents
W8C	Iodine Antiseptics
W8D	Oxidising Agents
W8E	Antiseptics, General
W8F	Irrigants
W8G	Antiseptics, Miscellaneous
W8H	Mouthwashes
W8J	Antibacterial Agents, Miscellaneous
W8T	Preservatives
X0A	Blood Testing Preparations, In-Vitro
X1A	Dental Supplies and Devices
X2A	Needles
X2B	Syringes
X3A	Ostomy Supplies
X4A	Condoms
X4B	Incontinence Supplies
X5A	Medical Supplies, Miscellaneous
X5B	Bandages, Gauze, Tape and Related Supplies
X5C	Medical Supplies, Miscellaneous (Cont.1)
X5D	Gloves

DATA ELEMENT: Drug Therapeutic Class Specific Code (DE5735)

VALID VALUES:

Valid Value	Description
X6A	Medical Supplies, Miscellaneous (Cont 2)
X8A	Intravenous Administration Sets
X8B	Blood Administration Sets
X8C	Irrigation Administration Sets
X8P	Medical Supplies, Miscellaneous (Cont.3)
X8V	Medical Supplies, Miscellaneous (Cont.4)
Y0A	Durable Medical Equipment, Miscellaneous
Y0B	Crutches
Y0C	Humidifiers and Vaporizers
Y0D	Bed Boards
Y1A	Feeding Devices
Y1B	Thermometers
Y2G	Clean Air Centers
Y3A	Durable Medical Equipment, Misc (Cont.1)
Y3B	Pregnancy Tests
Y3C	Durable Medical Equipment, Misc (Cont.2)
Y4A	Contraceptive Devices
Y4B	Catheters and Related Devices
Y5A	Braces and Related Devices
Y5B	Braces and Related Devices (Continued)
Y5C	Hot Water Bottle and Related Devices
Y6A	Hard Contact Lens Preparations
Y6B	Soft Contact Lens Preparations
Y6C	Gas Permeable Contact Lens Preparations
Y7A	Inhalers and Related Devices
Y8A	Hearing Aids and Related Devices
Y8B	Rubber Syringes
Y9A	Diabetic Supplies
Z1A	Histamine Preparations
Z1C	Serotonin and Derivatives
Z1D	Enzyme Replacements (Ubiquitous Enzymes)
Z2A	Antihistamines
Z2B	Antihistamines (Continued)
Z2C	Antiserotonin Drugs

DATA ELEMENT: **Drug Therapeutic Class Specific Code (DE5735)**

VALID VALUES:

Valid Value	Description
Z2D	Histamine H2 Inhibitors
Z2E	Immunosuppresives
Z2F	Mast Cell Stabilizers
Z2G	Immunomodulators
Z2H	Systemic Enzyme Inhibitors
Z3G	Miscellaneous Agents
Z9A	Unidentified Drugs
Z9D	Diagnostic Preparations, Miscellaneous

DATA ELEMENT: Drug Route of Administration Code (DE5736)

This single byte field contains a code indicating the normal method by which a drug is administered. It's descriptive information can be found in Drug Route Description (DE 5091).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_RTE_ADMIN

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
BC	Buccal
Blanks/Spaces	Not Specified
Blanks/Spaces	Mouth/Throat
Blanks/Spaces	Enteral
DT	Dental
FF	Perfusion
IC	Intracavervosal
ID	Intradermal
IH	Inhalation
IJ	Injection
IL	Implantation
IM	Intramuscular (only; repository, etc.)
IP	Intraperitoneal
IR	Irrigation
IV	Intravenous (only)
MC	Other/Micellaneous
MM	Mucous Membrane
NS	Nasal
OP	Ophthalmic
OT	Otic
PO	Oral
RC	Rectal
SL	Sublingual

DATA ELEMENT: **Drug Route of Administration Code (DE5736)**

VALID VALUES:

Valid Value	Description
TD	Transdermal
TL	Translingual
TP	Topical
UR	Urethral
VG	Vaginal

DATA ELEMENT: Drug Minimum Daily Dose Quantity (DE5737)

Provides the quantitative value for the minimum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). This data element must be used in conjunction with the Drug Minimum Daily Dose Unit (DE 5756).

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MINDDQ

DEFAULT: N/A

COBOL PICTURE: 9(06)V9(03)

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Maximum Daily Dose Quantity (DE5738)

Provides the quantitative value for the maximum daily dose usually expressed in metric strength units (i.e., mg, mcg, gm). This data element must be used in conjunction with the Drug Maximum Daily Dose Unit (DE 5757).

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MAXDDQ

DEFAULT: N/A

COBOL PICTURE: 9(06)V9(03)

DB2 TYPE: DECIMAL(9,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Generic Name (DE5747)

Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form.

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_GEN_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Hierarchical Ingredient Code List (HICL) (DE5748)

Comprises a maximum of nine sequenced ingredient codes, termed hierarchical ingredient codes (HICs). Each HIC is a six byte alphanumeric string. Each HIC may contain blank spaces in positions five and six, so imbedded spaces within a HICL would be expected.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_HIC

DEFAULT: N/A

COBOL PICTURE: X(54)

DB2 TYPE: CHAR(06)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Average Wholesale Price (AWP) Date of Last Change (DE5749)

Date on which a drug record's current blue book average wholesale unit (DE 5084) or package price were changed on the National Drug Data File (NDDF).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_AWP_LASTUPD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: 6

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Previous National Drug Code (NDC) (DE5752)

NDC that was previously used for the product. Non-blank value only on those products that have been identified by the manufacturer as replacing an obsolete (discontinued) NDC.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_PREV_NDC

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Replacement National Drug Code (NDC) (DE5753)

New NDC that has replaced the NDC for this product.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_REP_NDC

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Orange Book Code (DE5754)

Identifies the equivalency ratings assigned to an approved prescription product according to FDA's Approved Drug Products with Therapeutic Equivalence Evaluations. A code is assigned to all products on NDDF regardless of whether it has been evaluated with the prescription section of the Orange Book.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_ORANGE_BK

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Orange Book Code Description (DE5755)**

Description of the Drug Orange Book Code (DE 5754).

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_ORANGE

DEFAULT: N/A

COBOL PICTURE: X(60)

DB2 TYPE: CHAR(60)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Minimum Daily Dose Units (DE5756)

Defines the units which must be used in conjunction with the Minimum Daily Dose Quantity for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR). These units are usually expressed as metric strength units.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MINDDU

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
AP	Applicator
GM	gram
GTT	drop(s)
IN	inhalations
KU	Units x 1000
MCG	microgram
MEQ	milliequivalent
MG	milligram
SC	scoops
TU	tuberculin units
U	units

DATA ELEMENT: Drug Maximum Daily Dose Units (DE5757)

Defines the units which must be used in conjunction with the Maximum Daily Dose Quantity for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR). These units are usually expressed as metric strength units.

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MAXDDU

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
AP	applicator
GM	gram
GTT	drop(s)
IN	inhalations
KU	Units x 1000
MCG	microgram
MEQ	milliequivalent
MG	milligram
SC	scoops
TU	tuberculin units
U	units

DATA ELEMENT: Drug Minimum Daily Units Quantity (DE5758)

Provides the numeric value for the minimum daily dose for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR), expressed in relation to its dosage form. This data element is used in conjunction with the Minimum Daily Units Form (DE 5760).

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MINDUQ

DEFAULT: N/A

COBOL PICTURE: 9(04)V9(03)

DB2 TYPE: DECIMAL(7,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Maximum Daily Units Quantity (DE5759)

Provides the numeric value for the maximum daily dose for the Dosage Type indicated (Adult, Geriatric, MMAR, or MMGR), expressed in relation to its dosage form. This data element is used in conjunction with the Maximum Daily Units Form (DE 5761).

BUSINESS NAME: N/A

REFERENCE NAME: N_DRUG_MAXDUQ

DEFAULT: N/A

COBOL PICTURE: 9(04)V9(03)

DB2 TYPE: DECIMAL(7,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Minimum Daily Units Form (DE5760)

Defines the unit of use form which must be used in conjunction with the Minimum Daily Units Quantity (DE 5758).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_MINDUF

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
EA	each, used for tablets, capsules, suppositories, etc
GM	grams, used for metered dose aerosols for inhalation, 'scoop' products, etc
ML	milliliters, used for liquids

DATA ELEMENT: Drug Maximum Daily Units Form (DE5761)

Defines the unit of use form which must be used in conjunction with the Maximum Daily Units Quantity (DE 5759).

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_MAXDUF

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
EA	each, used for tablets, capsules, suppositories, etc
GM	grams, used for metered dose aerosols for inhalation, 'scoop' products, etc
ML	milliliters, used for liquids

DATA ELEMENT: Drug Dosage Type (DE5762)

Identifies the type of group (adult, geriatric, MMGR, MMAR) that daily dosage is reported. This data element must is used in conjunction with GCN.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_DOSE_TYPE

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Drug Dosage Type Description (DE5763)

Describes the dosage type (or group) identified for the daily dosage.

BUSINESS NAME: N/A

REFERENCE NAME: T_DOSAGE_TYPE_DESC

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Adult
2	Geriatric
3	MMAR
4	MMGR

DATA ELEMENT: Transportation Allowable Wait Hours (DE5872)

Procedure Code Transportation Allowable Wait Hours

BUSINESS NAME: N/A

REFERENCE NAME: N_ALLOWABLE_HRS

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: 1 - 999 when field is required based on Transportation Rate Type (Base, Wait, Passenger).

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Minimum Value when field is required.
999	Maximum Value when field is required.

DATA ELEMENT: **Edit Criteria Limit Unit Quantity (DE5873)**

Edit Criteria Limit Unit Quantity

BUSINESS NAME: N/A

REFERENCE NAME: N_LIMIT_UNIT_QTY

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Edit Criteria Limit Unit Type (DE5874)

Data determines whether the Criteria 'Limit' refers to Dollars (Current & History), Claim Lines, Dollars, Hours, or Units.

BUSINESS NAME: N/A

REFERENCE NAME: C_LIMIT_UNIT_TYPE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Dollars (Current & History) for Contraindicated Edit only
C	Claim Lines
D	Dollars
H	Hours
U	Units

DATA ELEMENT: **Edit Criteria Limit Amount Quantity (DE5875)**

Edit Criteria Limit Amount Quantity

BUSINESS NAME: N/A

REFERENCE NAME: N_LIMIT_AMT_QTY

DEFAULT: N/A

COBOL PICTURE: 9(07)V(02)

DB2 TYPE: DECIMAL(5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Form Code (DE5876)**

Claim Form Code. Uses I_CLM_FORM_CNUM #145 on GL_CODE_TYPE table.

BUSINESS NAME: N/A

REFERENCE NAME: C_CLM_FORM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
ADA	Dental
DRUG	Pharmacy
HCFA	HCFA 1500
UB92	Inpatient Hospital
XOVA	Title XVIII Crossover Part A
XOVB	Title XVIII Crossover Part B

DATA ELEMENT: **Claim Edit Code Parm Begin Date (DE5877)**

Claim Edit Code Parm Begin Date

BUSINESS NAME: N/A

REFERENCE NAME: D_EDIT_PARM_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Edit Code Parm End Date (DE5878)**

Claim Edit Code Parm End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_EDIT_PARM_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cross Reference NDC Begin Date (DE5880)**

The begin date for the NDC cross reference to the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_XREF_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cross Reference NDC End Date (DE5881)**

The end date for the NDC cross reference to the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_XREF_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Type Rate (DE5882)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: I_RATE_CVAL

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure LOS Group Begin Date (DE5887)**

Procedure LOS group begin date

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_LOS_BEGIN

DEFAULT: N/A

COBOL PICTURE: x(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Procedure LOS Group End Date (DE5888)**

Procedure LOS Group End Date

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_LOS_END

DEFAULT: N/A

COBOL PICTURE: x(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Procedure TDO Project Code (DE5890)**

Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.

BUSINESS NAME: N/A

REFERENCE NAME: C_TDO_PROJECT

DEFAULT: N/A

COBOL PICTURE: X(5)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
71111	Hospital Per Diem
71112	Psychotherapy
71113	Medical
71114	Diagnostic, Psych Exam
71115	Discharge

DATA ELEMENT: **Reference Procedure TDO Project Code Begin Date (DE5891)**

The date the Temporary Detention Order (TDO) Project Code is effective for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_TDO_PROJ_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Procedure TDO Project Code End Date (DE5892)**

The date (if present) that the Temporary Detention Order (TDO) Project Code ends for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: D_TDO_PROJ_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Drug HCFA Begin Date (DE5893)**

The date that the HCFA data is effective.

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_HCFA_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Drug HCFA End Date (DE5894)**

The date that the HCFA data ended (or changed).

BUSINESS NAME: N/A

REFERENCE NAME: D_DRUG_HCFA_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Relationship Begin Date (DE5895)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_ESC_REL_BEGIN

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Edit Relationship End Date (DE5896)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_ESC_REL_END

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Procedure PA Type Age Minimum (DE5900)**

The minimum age associated with the PA type for the procedure.

BUSINESS NAME: N/A

REFERENCE NAME: N_PA_TYPE_AGE_MIN

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Procedure PA Type Age Maximum (DE5975)**

The maximum age associated with the PA type for the procedure

BUSINESS NAME: N/A

REFERENCE NAME: N_PA_TYPE_AGE_MAX

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Reference Procedure PA Days (DE5976)**

Time limit for Pre-Authorization to remain effective.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_PA_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Reference Procedure PA Occurs (DE5977)

Number of allowed occurrences for this procedure with Pre-Authorization period.

BUSINESS NAME: N/A

REFERENCE NAME: N_PA_OCCUR_ALLOWED

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Does Not Apply
1	May Occur Once
2	May Occur Twice
3	May Occur Three Times
4	May Occur Four Times

DATA ELEMENT: **Cost Code (DE5978)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: C_COST

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cost Code Description (DE5979)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: T_COST_DESC

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cost Code Begin Date (DE5980)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_COST_BEGIN

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Cost Code End Date (DE5981)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: D_PROC_COST_END

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HCPCS Procedure Code (DE5982)**

HCPCS Procedure Code for Medicare Physician Fees.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-HCPCS-CODE

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Professional Component/Technical Component Code (DE5983)**

Denotes if Fee Schedule amount is for professional services or for other than professional services.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-PC-TC-MODIFIER

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Physician Facility Amount (DE5984)**

Medicare Physician Outpatient fee.

BUSINESS NAME: N/A

REFERENCE NAME: RF05-FACILITY-AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: Decimal

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicare Physician Fee Indicator (DE5985)**

Medicare Physician Fee Indicator

BUSINESS NAME: N/A

REFERENCE NAME: RF05-MFS-INDICATOR

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA Standard Code Sets Update Last Update Results (DE5986)**

HIPAA Standard Code Sets Update Last Update Results

BUSINESS NAME: N/A

REFERENCE NAME: C_UPDATE_RESULT_IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **HIPAA Standard Code Sets Update Current Process Indicator (DE5987)**

Override Indicator

BUSINESS NAME: N/A

REFERENCE NAME: C_OVERRIDE_IND

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Claim Type Process Indicator (DE5988)**

Pharmacy Claim Response Indicator

BUSINESS NAME: N/A

REFERENCE NAME: C_TYPE_CLAIM_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Host Variable Name (DE5989)**

Variable name used to reference CM_GROUP_ITEMS table using column C_VAR_NAME.

BUSINESS NAME: N/A

REFERENCE NAME: Host variable name

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Text

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Report Total (DE5990)**

Number of claims reported on report

BUSINESS NAME: N/A

REFERENCE NAME: Report total

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
Benefit Chronic Allergy Code Begin Date	5953	The beginning effective date of a Chronic Allergy Code condition set.
Benefit Chronic Allergy Code End Date	5954	The ending effective date for a Chronic Allergy Code condition set.
Benefit Conflict Desc	5959	Description of ProDUR Conflict Codes.
Benefit Criteria Age Flag	5965	Flag set to determine if age limitations are to be included as part of a benefit criteria set.
Benefit Criteria Code Flag	5964	Flag set to determine whether the Criteria Code is to be used as part of a benefit criteria set.
Benefit Criteria Days Span Flag	5968	Flag used to determine if Days Span limitations are to be used as part of a benefit criteria set.
Benefit Criteria Dosage Flag	5967	Flag set to determine if Dosage limitations are to be included as part of a Benefit criteria set.
Benefit Criteria Quantity Flag	5966	Flag set to determine if Quantity limitations are to be included as part of a Benefit Criteria set.
Benefit Criteria Range Begin Date	5955	The beginning effective date for a criteria range set.
Benefit Criteria Range End Date	5956	The ending effective date for a criteria range set.
Benefit Criteria Type Begin Date	5962	The beginning effective date for a criteria type.
Benefit Criteria Type End Date	5963	The ending effective date for a criteria type.
Benefit Days Supply	5914	Days Supply limitation specified for a plan or drug range
Benefit Drug Criteria Days Span	5938	Number of days within a days span. Used to limit dosage or quantity within a days span for a specific criteria set.
Benefit Exception Age Maximum	5970	The maximum age an enrollee should be to have a particular class of drugs dispensed.
Benefit Exception Age Minimum	5589	The minimum age an enrollee must be to have a particular class of drugs dispensed.
Benefit Exception Begin Date	5587	The beginning effective date for drug exceptions.
Benefit Exception Days as Min Flag	5930	Flag determining whether days specified should be used as the minimum number of days for a Benefit Exception.
Benefit Exception Drug Value	5928	Actual Drug value based on the C_DRUG_TYPE_CVAL. C_DRUG_TYPE_CVAL will contain the type of drug value (NDC, GCN, HICL, etc.)
Benefit Exception End Date	5971	The ending effective date for drug exceptions.
Benefit Exception Limit	5933	Numeric limit specified based on C_LIMIT_TYPE_CVAL (Days Supply, Quantity or Scripts)
Benefit Exception Limits Begin Date	5935	The beginning effective date of Benefit Exception Limits.
Benefit Exception Limits End Date	5936	The ending effective date of the Benefit Exception Limits.
Benefit Exception Limits Time Period	5934	Time period on which a limit is based, i.e. annual, days, month, etc.
Benefit Exception Maximum Allowable Cost (MAC) Exclusion	5588	An indicator that tells whether MAC drugs are covered by the benefit plan.
Benefit Exception Qty as Min Flag	5929	Flag that determines if quantity specified should be used as minimum quantity to be dispensed for a Benefit Exception.
Benefit Exception Sex Restriction Indicator	5590	Determines an exception restriction based on gender.
Benefit Fee	5904	The amount or percentage of a fee assessed.
Benefit Fee Begin Date	5905	The beginning effective date for a benefit fee code.
Benefit Fee Code	5902	Code used to determine type of fees assessed, i.e. Cognitive, copay, dispensing fees, etc.

Element Name	Element ID	Description
Benefit Fee End Date	5906	The ending effective date for a benefit fee code.
Benefit Fee Type	5903	Whether the Benefit fee is a percentage or a dollar amount.
Benefit Limit Drug Range	5932	Drug Values based on C_DRUG_TYPE_CVAL (NDC, GCN, HICL, etc.) used to specify a drug range.
Benefit MAP Category Begin Date	5940	The beginning effective date for a MAP category set.
Benefit MAP Category End Date	5941	The ending effective date for a MAP category set.
Benefit MAP Criteria Category Type	5942	Type of program used in for category code/criteria edits.
Benefit MAP Criteria Ceiling	5945	Limit set for an average daily strength. Calculation for ceiling set as (strength x quantity (or metric decimal quantity) / days supply.
Benefit MAP Time Frame	5972	Number of days on a rolling calendar basis used in MAP limitations.
Benefit Master Claims Submission Run out Date	5573	End date specified on the Benefit Master to allow submissions after the end date of a plan. Claims submitted after this date should deny.
Benefit Master Conflict Code Begin Date	5911	The beginning effective date of NCPDP Conflict Codes.
Benefit Master Conflict Code End Date	5912	The ending effective date for NCPDP Conflict Codes.
Benefit Master DEA 2-5 Indicator	5526	Indicates whether drugs with a DEA (Drug Enforcement Agency) code of 2 - 5 are covered by the benefit plan.
Benefit Master Dosage Limit	5913	Dosage limitation specified for a plan or drug range.
Benefit Master Early Refill Percentage	5578	The percentage used for the ProDUR early refill calculation.
Benefit Master Exceeded Limit Flag	5901	A flag set on the Benefit Master used to indicate whether both days and quantity must be exceeded before an edit can be set.
Benefit Master Exclude Generics from Deductible Indicator	5581	Determines whether generic drugs should be included in accumulating the deductible amount.
Benefit Master Include Indictable Indicator	5575	An indicator that tells whether injectable drugs are covered by the benefit plan.
Benefit Master Include/Exclude Indicator	5529	Code indicating whether or not the therapeutic class(es) or GCN(s) in the from and to fields are to be included or excluded, or over-the-counter covered or non-covered.
Benefit Master Intervention Begin Date	5907	The beginning effective date for NCPDP Intervention Codes (Professional Services).
Benefit Master Intervention End Date	5908	The ending effective date for NCPDP Intervention Codes (Professional Services).
Benefit Master Managed Access Program (MAP) Daily Dosage Limit	5532	A daily dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population.
Benefit Master Managed Access Program (MAP) Maintenance Drug Maximum Daily Dose	5536	A daily dosage amount used to establish maintenance drug plan limits.
Benefit Master Managed Access Program (MAP) Total Days/Quantity Limit	5534	A limit used in maintenance situations and can be used to limit the number of days for a specific drug maintenance situation, i.e. Anti-ulcer edits. This Data Element is also used in conjunction with TIME FRAME to determine a quantity limitation within a time frame, i.e. Viagra edits.
Benefit Master Managed Access Program (MAP) Total Dosage Limit	5533	A total dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population.
Benefit Master MAP Criteria Begin Date	5546	The beginning effective date for a MAP criteria set.
Benefit Master MAP Criteria End Date	5547	The ending effective date for a MAP criteria set.
Benefit Master Maximum Allowed Amount	5577	The maximum calculated allowed amount for this benefit program.
Benefit Master Outcome Code Begin Date	5909	The beginning effective date for NCPDP Outcome Codes (Results of Service).

Element Name	Element ID	Description
Benefit Master Outcome Code End Date	5910	The ending effective date of NCPDP Outcome Codes (Results of Service).
Benefit Master Over The Counter (OTC) Include Indicator	5574	An indicator that tells whether over the counter drugs are covered by the benefit plan.
Benefit Master PAMC Flag 1	5551	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 1. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 2	5552	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 2. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 3	5553	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 3. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 4	5554	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 4. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 5	5555	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 5. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 6	5556	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 6. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 7	5557	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 7. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 8	5558	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 8. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master PAMC Flag 9	5559	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 9. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
Benefit Master Starter Standard Days Supply	5564	Number of days a starter dose can be dispensed.
Benefit Master Threshold Limit	5527	Code used to indicate the number of claims for the threshold limit.
Benefit Master Timely Filing Limit	5572	The number of days allowed for claims to be filed.
Benefit Plan Criteria Code	5916	Assigned values used in determining drug conflicts. Drug to Drug interactions are determined by the addition of assigned criteria codes equal to 1000.
Benefit Plan Drug Inc/Exc Begin Date	5923	The beginning effective date for Drug Include/Excludes.
Benefit Plan Drug Criteria Dosage	5937	Dosage limitation for a criteria set.
Benefit Plan Drug Inc/Exc End Date	5924	The ending effective date for Drug Includes/Excludes.
Benefit Plan Intervention Code Begin Date	5926	The beginning effective date of NCPDP Intervention Codes (Professional Service).
Benefit Plan Intervention Code End Date	5927	The ending effective date of NCPDP Intervention Codes (Professional Service).
Benefit Plan Outcome Begin Date	5919	The beginning effective date of NCPDP Outcome Codes (Result of Service).
Benefit Plan Outcome Description	5918	Description of NCPDP Outcome Codes (Results of Service).
Benefit Plan Outcome End Date	5920	The ending effective date of NCPDP Outcome Codes (Result of Service).
Chronic Code Diagnosis Range Number	5306	Number assigned to establish diagnosis code ranges within a chronic code
Diagnosis Chronic Allergy Begin Date	5957	The beginning effective date for a chronic allergy criteria set.
Diagnosis Chronic Allergy End Date	5958	The ending effective date for a chronic allergy criteria set.
Dosage Limit Begin Date	5885	The beginning effective date for a dosage limit.

Element Name	Element ID	Description
Dosage Limit End Date	5886	The ending effective date for a dosage limit.
Dosage Range Begin Date	5883	The beginning effective date for a dosage range.
Dosage Range End Date	5884	The ending effective date for a dosage range.
Drug Application Client Number	8776	This is the four-digit Client Number for the drug application.
Drug Client ID	5509	For Virginia the client is always '5148'.
Drug PDMS Claim Data	2916	
Drug PDMS Data String	2915	
Drug PDMS Process Status	2914	The total number of scripts used to date for a recipient for a month.
Drug PDMS Wrapper ID	2913	
Drug Rbt Bill Date Received	8861	Date received
Drug Rbt Check Number	8856	Check number
Drug Rbt Conversion Factor	8854	NDC Units Conversion Factor
Drug Rbt Invoice Code Type	8853	Claim transaction code.
Drug Rbt Mfr Quantity Segment	8922	Total number of segment records.
Drug Rbt NDC Activity Code	8958	Field contains spaces.
Drug Rbt NDC Bill Total Prescription	8864	Total billed for the prescription
Drug Rbt NDC Bill Unit Quantity Reimb	8863	Quantity reimbursed for the NDC
Drug Rbt Period Covered	8841	The quarter period being covered by this processing
MAP Criteria Category Types	5969	Code used to identity drug maintenance program type.
PA Notes Text Sequence Number	5973	Notes taken by Help Desk concerning a Prior Authorization. The PA Notes Text Sequence Number is incremented for each line of text.
Pharmacy Carrier (Business Entity)	5864	This is a four digit number to identify Pharmacy Client/Carrier.
Pharmacy Screen Field Name	5512	Variable field name on pharmacy screens
Pharmacy Screen Field Value	5511	Variable field value
Pharmacy Therapeutic Type Code	5915	Value for drug classification type, i.e. GCN, NDC, STANDARD THERAPEUTIC CLASS, etc.
PRODUR Chronic Allergy	5951	Value assigned to a Chronic or Allergy condition set.
PRODUR Chronic Allergy Description	5952	Description of the Chronic Allergy Condition set.
ProDUR Chronic Condition Days Exist	5974	Number of days that a chronic condition will span. For example, a diagnosis of pregnancy is only considered a chronic condition for 270 days.
ProDUR Conflict Code (Reason for Service)	5740	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.
ProDUR Conflict Code Begin Date	5960	The beginning effective date for a ProDUR conflict code.
ProDUR Conflict Code End Date	5961	The ending effective date for a ProDUR conflict code.
ProDUR Criteria Description	5917	Description of a criteria set.
ProDUR Drug Deny Indicator	5792	Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions.
ProDUR Drug File Criteria Number	5806	Criteria Number, which is part of the Criteria Key for the PD-F-001 ProDUR Criteria File.
ProDUR Drug Maximum Age	5787	This is the maximum age at which a person should take a particular drug.

Element Name	Element ID	Description
ProDUR Drug Minimum Age	5786	Beginning minimum age for a person taking this drug.
ProDUR Drug Pregnancy Indicator	5788	Tells whether the drug is taken or not while pregnant; 'Y' = taken while pregnant, 'N' = not taken while pregnant.
ProDUR Intervention Code (Professional Service Code)	5741	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.
ProDUR Outcome Code	5742	Result of an action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.
ProDUR Therapeutic Code Modifier	5733	PRODUR Therapeutic code is used to modify ProDUR criteria along standard therapeutic class lines. The byte allows differentiation across therapeutic class codes.
PRODUR Type Drug	5950	Code assigned to specify Allergy or Chronic condition.
Segment ID	Segment ID	Segment ID

Element ID	Element Name	Description
2913	Drug PDMS Wrapper ID	
2914	Drug PDMS Process Status	The total number of scripts used to date for a recipient for a month.
2915	Drug PDMS Data String	
2916	Drug PDMS Claim Data	
5306	Chronic Code Diagnosis Range Number	Number assigned to establish diagnosis code ranges within a chronic code
5509	Drug Client ID	For Virginia the client is always '5148'.
5511	Pharmacy Screen Field Value	Variable field value
5512	Pharmacy Screen Field Name	Variable field name on pharmacy screens
5526	Benefit Master DEA 2-5 Indicator	Indicates whether drugs with a DEA (Drug Enforcement Agency) code of 2 - 5 are covered by the benefit plan.
5527	Benefit Master Threshold Limit	Code used to indicate the number of claims for the threshold limit.
5529	Benefit Master Include/Exclude Indicator	Code indicating whether or not the therapeutic class(es) or GCN(s) in the from and to fields are to be included or excluded, or over-the-counter covered or non-covered.
5532	Benefit Master Managed Access Program (MAP) Daily Dosage Limit	A daily dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population.
5533	Benefit Master Managed Access Program (MAP) Total Dosage Limit	A total dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population.
5534	Benefit Master Managed Access Program (MAP) Total Days/Quantity Limit	A limit used in maintenance situations and can be used to limit the number of days for a specific drug maintenance situation, i.e. Anti-ulcer edits. This Data Element is also used in conjunction with TIME FRAME to determine a quantity limitation within a time frame, i.e. Viagra edits.
5536	Benefit Master Managed Access Program (MAP) Maintenance Drug Maximum Daily Dose	A daily dosage amount used to establish maintenance drug plan limits.
5546	Benefit Master MAP Criteria Begin Date	The beginning effective date for a MAP criteria set.
5547	Benefit Master MAP Criteria End Date	The ending effective date for a MAP criteria set.
5551	Benefit Master PAMC Flag 1	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 1. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5552	Benefit Master PAMC Flag 2	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 2. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5553	Benefit Master PAMC Flag 3	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 3. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5554	Benefit Master PAMC Flag 4	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 4. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5555	Benefit Master PAMC Flag 5	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 5. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5556	Benefit Master PAMC Flag 6	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 6. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5557	Benefit Master PAMC Flag 7	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 7. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

Element ID	Element Name	Description
5558	Benefit Master PAMC Flag 8	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 8. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5559	Benefit Master PAMC Flag 9	Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 9. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.
5564	Benefit Master Starter Standard Days Supply	Number of days a starter dose can be dispensed.
5572	Benefit Master Timely Filing Limit	The number of days allowed for claims to be filed.
5573	Benefit Master Claims Submission Run out Date	End date specified on the Benefit Master to allow submissions after the end date of a plan. Claims submitted after this date should deny.
5574	Benefit Master Over The Counter (OTC) Include Indicator	An indicator that tells whether over the counter drugs are covered by the benefit plan.
5575	Benefit Master Include Indictable Indicator	An indicator that tells whether injectable drugs are covered by the benefit plan.
5577	Benefit Master Maximum Allowed Amount	The maximum calculated allowed amount for this benefit program.
5578	Benefit Master Early Refill Percentage	The percentage used for the ProDUR early refill calculation.
5581	Benefit Master Exclude Generics from Deductible Indicator	Determines whether generic drugs should be included in accumulating the deductible amount.
5587	Benefit Exception Begin Date	The beginning effective date for drug exceptions.
5588	Benefit Exception Maximum Allowable Cost (MAC) Exclusion	An indicator that tells whether MAC drugs are covered by the benefit plan.
5589	Benefit Exception Age Minimum	The minimum age an enrollee must be to have a particular class of drugs dispensed.
5590	Benefit Exception Sex Restriction Indicator	Determines an exception restriction based on gender.
5733	ProDUR Therapeutic Code Modifier	PRODUR Therapeutic code is used to modify ProDUR criteria along standard therapeutic class lines. The byte allows differentiation across therapeutic class codes.
5740	ProDUR Conflict Code (Reason for Service)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.
5741	ProDUR Intervention Code (Professional Service Code)	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.
5742	ProDUR Outcome Code	Result of an action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.
5786	ProDUR Drug Minimum Age	Beginning minimum age for a person taking this drug.
5787	ProDUR Drug Maximum Age	This is the maximum age at which a person should take a particular drug.
5788	ProDUR Drug Pregnancy Indicator	Tells whether the drug is taken or not while pregnant; 'Y' = taken while pregnant, 'N' = not taken while pregnant.
5792	ProDUR Drug Deny Indicator	Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions.
5806	ProDUR Drug File Criteria Number	Criteria Number, which is part of the Criteria Key for the PD-F-001 ProDUR Criteria File.
5864	Pharmacy Carrier (Business Entity)	This is a four digit number to identify Pharmacy Client/Carrier.
5883	Dosage Range Begin Date	The beginning effective date for a dosage range.
5884	Dosage Range End Date	The ending effective date for a dosage range.
5885	Dosage Limit Begin Date	The beginning effective date for a dosage limit.
5886	Dosage Limit End Date	The ending effective date for a dosage limit.

Element ID	Element Name	Description
5901	Benefit Master Exceeded Limit Flag	A flag set on the Benefit Master used to indicate whether both days and quantity must be exceeded before an edit can be set.
5902	Benefit Fee Code	Code used to determine type of fees assessed, i.e. Cognitive, copay, dispensing fees, etc.
5903	Benefit Fee Type	Whether the Benefit fee is a percentage or a dollar amount.
5904	Benefit Fee	The amount or percentage of a fee assessed.
5905	Benefit Fee Begin Date	The beginning effective date for a benefit fee code.
5906	Benefit Fee End Date	The ending effective date for a benefit fee code.
5907	Benefit Master Intervention Begin Date	The beginning effective date for NCPDP Intervention Codes (Professional Services).
5908	Benefit Master Intervention End Date	The ending effective date for NCPDP Intervention Codes (Professional Services).
5909	Benefit Master Outcome Code Begin Date	The beginning effective date for NCPDP Outcome Codes (Results of Service).
5910	Benefit Master Outcome Code End Date	The ending effective date of NCPDP Outcome Codes (Results of Service).
5911	Benefit Master Conflict Code Begin Date	The beginning effective date of NCPDP Conflict Codes.
5912	Benefit Master Conflict Code End Date	The ending effective date for NCPDP Conflict Codes.
5913	Benefit Master Dosage Limit	Dosage limitation specified for a plan or drug range.
5914	Benefit Days Supply	Days Supply limitation specified for a plan or drug range
5915	Pharmacy Therapeutic Type Code	Value for drug classification type, i.e. GCN, NDC, STANDARD THERAPEUTIC CLASS, etc.
5916	Benefit Plan Criteria Code	Assigned values used in determining drug conflicts. Drug to Drug interactions are determined by the addition of assigned criteria codes equal to 1000.
5917	ProDUR Criteria Description	Description of a criteria set.
5918	Benefit Plan Outcome Description	Description of NCPDP Outcome Codes (Results of Service).
5919	Benefit Plan Outcome Begin Date	The beginning effective date of NCPDP Outcome Codes (Result of Service).
5920	Benefit Plan Outcome End Date	The ending effective date of NCPDP Outcome Codes (Result of Service).
5923	Benefit Plan Drug Inc/Exc Begin Date	The beginning effective date for Drug Include/Excludes.
5924	Benefit Plan Drug Inc/Exc End Date	The ending effective date for Drug Includes/Excludes.
5926	Benefit Plan Intervention Code Begin Date	The beginning effective date of NCPDP Intervention Codes (Professional Service).
5927	Benefit Plan Intervention Code End Date	The ending effective date of NCPDP Intervention Codes (Professional Service).
5928	Benefit Exception Drug Value	Actual Drug value based on the C_DRUG_TYPE_CVAL. C_DRUG_TYPE_CVAL will contain the type of drug value (NDC, GCN, HICL, etc.)
5929	Benefit Exception Qty as Min Flag	Flag that determines if quantity specified should be used as minimum quantity to be dispensed for a Benefit Exception.
5930	Benefit Exception Days as Min Flag	Flag determining whether days specified should be used as the minimum number of days for a Benefit Exception.
5932	Benefit Limit Drug Range	Drug Values based on C_DRUG_TYPE_CVAL (NDC, GCN, HICL, etc.) used to specify a drug range.
5933	Benefit Exception Limit	Numeric limit specified based on C_LIMIT_TYPE_CVAL (Days Supply, Quantity or Scripts)
5934	Benefit Exception Limits Time Period	Time period on which a limit is based, i.e. annual, days, month, etc.
5935	Benefit Exception Limits Begin Date	The beginning effective date of Benefit Exception Limits.

Element ID	Element Name	Description
5936	Benefit Exception Limits End Date	The ending effective date of the Benefit Exception Limits.
5937	Benefit Plan Drug Criteria Dosage	Dosage limitation for a criteria set.
5938	Benefit Drug Criteria Days Span	Number of days within a days span. Used to limit dosage or quantity within a days span for a specific criteria set.
5940	Benefit MAP Category Begin Date	The beginning effective date for a MAP category set.
5941	Benefit MAP Category End Date	The ending effective date for a MAP category set.
5942	Benefit MAP Criteria Category Type	Type of program used in for category code/criteria edits.
5945	Benefit MAP Criteria Ceiling	Limit set for an average daily strength. Calculation for ceiling set as (strength x quantity (or metric decimal quantity) / days supply.
5950	PRODUR Type Drug	Code assigned to specify Allergy or Chronic condition.
5951	PRODUR Chronic Allergy	Value assigned to a Chronic or Allergy condition set.
5952	PRODUR Chronic Allergy Description	Description of the Chronic Allergy Condition set.
5953	Benefit Chronic Allergy Code Begin Date	The beginning effective date of a Chronic Allergy Code condition set.
5954	Benefit Chronic Allergy Code End Date	The ending effective date for a Chronic Allergy Code condition set.
5955	Benefit Criteria Range Begin Date	The beginning effective date for a criteria range set.
5956	Benefit Criteria Range End Date	The ending effective date for a criteria range set.
5957	Diagnosis Chronic Allergy Begin Date	The beginning effective date for a chronic allergy criteria set.
5958	Diagnosis Chronic Allergy End Date	The ending effective date for a chronic allergy criteria set.
5959	Benefit Conflict Desc	Description of ProDUR Conflict Codes.
5960	ProDUR Conflict Code Begin Date	The beginning effective date for a ProDUR conflict code.
5961	ProDUR Conflict Code End Date	The ending effective date for a ProDUR conflict code.
5962	Benefit Criteria Type Begin Date	The beginning effective date for a criteria type.
5963	Benefit Criteria Type End Date	The ending effective date for a criteria type.
5964	Benefit Criteria Code Flag	Flag set to determine whether the Criteria Code is to be used as part of a benefit criteria set.
5965	Benefit Criteria Age Flag	Flag set to determine if age limitations are to be included as part of a benefit criteria set.
5966	Benefit Criteria Quantity Flag	Flag set to determine if Quantity limitations are to be included as part of a Benefit Criteria set.
5967	Benefit Criteria Dosage Flag	Flag set to determine if Dosage limitations are to be included as part of a Benefit criteria set.
5968	Benefit Criteria Days Span Flag	Flag used to determine if Days Span limitations are to be used as part of a benefit criteria set.
5969	MAP Criteria Category Types	Code used to identity drug maintenance program type.
5970	Benefit Exception Age Maximum	The maximum age an enrollee should be to have a particular class of drugs dispensed.
5971	Benefit Exception End Date	The ending effective date for drug exceptions.
5972	Benefit MAP Time Frame	Number of days on a rolling calendar basis used in MAP limitations.
5973	PA Notes Text Sequence Number	Notes taken by Help Desk concerning a Prior Authorization. The PA Notes Text Sequence Number is incremented for each line of text.
5974	ProDUR Chronic Condition Days Exist	Number of days that a chronic condition will span. For example, a diagnosis of pregnancy is only considered a chronic condition for 270 days.

Element ID	Element Name	Description
8776	Drug Application Client Number	This is the four-digit Client Number for the drug application.
8841	Drug Rbt Period Covered	The quarter period being covered by this processing
8853	Drug Rbt Invoice Code Type	Claim transaction code.
8854	Drug Rbt Conversion Factor	NDC Units Conversion Factor
8856	Drug Rbt Check Number	Check number
8861	Drug Rbt Bill Date Received	Date received
8863	Drug Rbt NDC Bill Unit Quantity Reimb	Quantity reimbursed for the NDC
8864	Drug Rbt NDC Bill Total Prescription	Total billed for the prescription
8922	Drug Rbt Mfr Quantity Segment	Total number of segment records.
8958	Drug Rbt NDC Activity Code	Field contains spaces.
Segment ID	Segment ID	Segment ID

DATA ELEMENT: **Drug PDMS Wrapper ID (DE2913)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: I_WRAPPER

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug PDMS Process Status (DE2914)**

The total number of scripts used to date for a recipient for a month.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROCESS_STATUS

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug PDMS Data String (DE2915)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: T_CLAIM_DATA_STRING

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug PDMS Claim Data (DE2916)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: T_PDMS_CLM_DATA

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Chronic Code Diagnosis Range Number (DE5306)**

Number assigned to establish diagnosis code ranges within a chronic code

BUSINESS NAME: N/A

REFERENCE NAME: I_RANGE_NO

DEFAULT: 000

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Client ID (DE5509)**

For Virginia the client is always '5148'.

BUSINESS NAME: N/A

REFERENCE NAME: Drug Client ID

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: 4

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Pharmacy Screen Field Value (DE5511)**

Variable field value

BUSINESS NAME: N/A

REFERENCE NAME: Pharmacy Screen Field Value

DEFAULT: spaces

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Pharmacy Screen Field Name (DE5512)**

Variable field name on pharmacy screens

BUSINESS NAME: N/A

REFERENCE NAME: Pharmacy Screen Field Name

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master DEA 2-5 Indicator (DE5526)**

Indicates whether drugs with a DEA (Drug Enforcement Agency) code of 2 - 5 are covered by the benefit plan.

BUSINESS NAME: N/A

REFERENCE NAME: F_DEA_2_5

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not covered.
Y	Covered

DATA ELEMENT: **Benefit Master Threshold Limit (DE5527)**

Code used to indicate the number of claims for the threshold limit.

BUSINESS NAME: N/A

REFERENCE NAME: N_THRESHOLD_LIMIT

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: DECIMAL(3)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	Coverage under Mom's ID measured in days.
M	Coverage under Mom's ID measured in months.
N	No provision for coverage under Mom's ID.

DATA ELEMENT: Benefit Master Include/Exclude Indicator (DE5529)

Code indicating whether or not the therapeutic class(es) or GCN(s) in the from and to fields are to be included or excluded, or over-the-counter covered or non-covered.

BUSINESS NAME: N/A

REFERENCE NAME: C_INCL_EXCL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	PDL Brand Only Excluded
C	Covered by PDL
E	Excluded
I	Included
N	Not covered - Over the counter
O	Covered - Over the counter
P	PDL Included
Q	PDL Excluded

DATA ELEMENT: **Benefit Master Managed Access Program (MAP) Daily Dosage Limit (DE5532)**

A daily dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAILY_DOSAGE

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Managed Access Program (MAP) Total Dosage Limit (DE5533)**

A total dosage amount used for establishing plan limits. This can be used in conjunction with minimum and maximum ages to define limits for a particular population.

BUSINESS NAME: N/A

REFERENCE NAME: N_TOTAL_DOSAGE

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Managed Access Program (MAP) Total Days/Quantity Limit (DE5534)**

A limit used in maintenance situations and can be used to limit the number of days for a specific drug maintenance situation, i.e. Anti-ulcer edits. This Data Element is also used in conjunction with TIME FRAME to determine a quantity limitation within a time frame, i.e. Viagra edits.

BUSINESS NAME: N/A

REFERENCE NAME: N_DURATION_QTY

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: DECIMAL(5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Managed Access Program (MAP) Maintenance Drug Maximum Daily Dose (DE5536)**

A daily dosage amount used to establish maintenance drug plan limits.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAILY_MAINT_DOSE

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master MAP Criteria Begin Date (DE5546)**

The beginning effective date for a MAP criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: D_MCR_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master MAP Criteria End Date (DE5547)**

The ending effective date for a MAP criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: D_MCR_END

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Master PAMC Flag 1 (DE5551)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 1. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC1

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 2 (DE5552)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 2. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC2

DEFAULT: N/A

COBOL PICTURE: x

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 3 (DE5553)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 3. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC3

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 4 (DE5554)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 4. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC4

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 5 (DE5555)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 5. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC5

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 6 (DE5556)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 6. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC6

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 7 (DE5557)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 7. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC7

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 8 (DE5558)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 8. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC8

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: Benefit Master PAMC Flag 9 (DE5559)

Benefit Master Prior Authorization/Medical Certification (PAMC) Flag 9. This flag indicates whether the benefit program allows the use of the PA/MC code to override any plan edits/limits.

BUSINESS NAME: N/A

REFERENCE NAME: F_PAMC9

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Program does not authorize the use of this PA/MC code.
Y	Program allows the use of this PA/MC code to override edits.

DATA ELEMENT: **Benefit Master Starter Standard Days Supply (DE5564)**

Number of days a starter dose can be dispensed.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAYS_STARTER_PGM

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Timely Filing Limit (DE5572)**

The number of days allowed for claims to be filed.

BUSINESS NAME: N/A

REFERENCE NAME: N_FILING_LMT_DAYS

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Master Claims Submission Run out Date (DE5573)

End date specified on the Benefit Master to allow submissions after the end date of a plan. Claims submitted after this date should deny.

BUSINESS NAME: N/A

REFERENCE NAME: D_RUNOUT

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: Benefit Master Over The Counter (OTC) Include Indicator (DE5574)

An indicator that tells whether over the counter drugs are covered by the benefit plan.

BUSINESS NAME: N/A

REFERENCE NAME: F_OTC_INCLUDE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	OTC Drugs are excluded
y	OTC Drugs are covered

DATA ELEMENT: **Benefit Master Include Indictable Indicator (DE5575)**

An indicator that tells whether injectable drugs are covered by the benefit plan.

BUSINESS NAME: N/A

REFERENCE NAME: F_INJCT_INCLUDE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Include all Injectables
Y	Exclude Injectables other than

DATA ELEMENT: **Benefit Master Maximum Allowed Amount (DE5577)**

The maximum calculated allowed amount for this benefit program.

BUSINESS NAME: N/A

REFERENCE NAME: N_MAX_ALLOWED

DEFAULT: N/A

COBOL PICTURE: 9(7)

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Early Refill Percentage (DE5578)**

The percentage used for the ProDUR early refill calculation.

BUSINESS NAME: N/A

REFERENCE NAME: N_EARLY_REFILL_PCT

DEFAULT: N/A

COBOL PICTURE: V99

DB2 TYPE: DECIMAL(2,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Master Exclude Generics from Deductible Indicator (DE5581)

Determines whether generic drugs should be included in accumulating the deductible amount.

BUSINESS NAME: N/A

REFERENCE NAME: F_NO_DEDT_GENERIC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Deductible Taken
Y	No Deductible Taken

DATA ELEMENT: **Benefit Exception Begin Date (DE5587)**

The beginning effective date for drug exceptions.

BUSINESS NAME: N/A

REFERENCE NAME: N_EXCEP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Maximum Allowable Cost (MAC) Exclusion (DE5588)**

An indicator that tells whether MAC drugs are covered by the benefit plan.

BUSINESS NAME: N/A

REFERENCE NAME: F_MAC_EXCLUDE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	MAC Drugs are Included
Y	MAC Drugs are Excluded

DATA ELEMENT: **Benefit Exception Age Minimum (DE5589)**

The minimum age an enrollee must be to have a particular class of drugs dispensed.

BUSINESS NAME: N/A

REFERENCE NAME: N_AGE_MIN

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Sex Restriction Indicator (DE5590)**

Determines an exception restriction based on gender.

BUSINESS NAME: N/A

REFERENCE NAME: F_SEX_RESTRICT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Female
M	Male

DATA ELEMENT: **ProDUR Therapeutic Code Modifier (DE5733)**

PRODUR Therapeutic code is used to modify ProDUR criteria along standard therapeutic class lines. The byte allows differentiation across therapeutic class codes.

BUSINESS NAME: N/A

REFERENCE NAME: C_TC_STD_MOD

DEFAULT: Zeroes

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: ProDUR Conflict Code (Reason for Service) (DE5740)

Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.

BUSINESS NAME: N/A

REFERENCE NAME: C_CONFLICT

DEFAULT: N/A

COBOL PICTURE: x(3)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
AD	Additional Drug Needed
AN	Prescription Authentication
AR	Adverse Drug Reaction
AT	Additive Toxicity
CD	Chronic Disease Management
CH	Call Help Desk
CS	Patient Complaint/Symptom
DA	Drug-Allergy
DC	Drug-Disease (Inferred)
DD	Drug Interaction
DF	Drug-Food Interaction
DI	Drug Incompatibility
DL	Drug-Lab Conflict
DM	Apparent Drug Misuse
DS	Tobacco Use
ED	Patient Education/Instruction
ER	Early Refill (Overuse)
EX	Excessive Quantity
HD	Excessive Dose
IC	Iatrogenic Condition
ID	Ingredient Duplication
LD	Insufficient Dose
LK	Lock In Recipient

DATA ELEMENT: **ProDUR Conflict Code (Reason for Service) (DE5740)**

VALID VALUES:

Valid Value	Description
LR	Underutilization
MC	Drug Disease (Reported)
MN	Insufficient Duration
MS	Missing Information/Clarification
MX	Excessive Duration
NA	Drug Not Available
NC	Non-covered Drug Purchase
ND	New Disease/Diagnosis
NF	Non-Formulary Drug
NN	Unnecessary Drug
NP	New Patient Processing
NR	Lactation/Nursing Interaction
NS	Insufficient Quantity
OH	Alcohol Conflict
PA	Age Conflict
PC	Patient Question/Concern
PG	Pregnancy
PH	Preventive Health Care
PN	Prescriber Consultation
PP	Plan Protocol
PR	Prior Adverse Reaction
PS	Product Selection Opportunity
RE	Suspected Environmental Risk
RF	Health Provider Referral
SC	Suboptimal Compliance
SD	Suboptimal Drug/Indication
SE	Side Effect
SF	Suboptimal Dosage Form
SR	Suboptimal Regimen
SX	Drug-Gender
TD	Therapeutic Dose
TN	Laboratory Test Needed
TP	Payer/Processor Question

DATA ELEMENT: ProDUR Intervention Code (Professional Service Code) (DE5741)

Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.

BUSINESS NAME: N/A

REFERENCE NAME: C_INTERVENT

DEFAULT: N/A

COBOL PICTURE: x(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	No intervention
AS	Patient assessment
CC	Coordination of care
DE	Dosing evaluation/determination
FE	Formulary enforcement
GP	Generic product selection
M0	Prescriber consulted
MA	Medication administration
MR	Medication review
P0	Patient consulted
PE	Patient education/instruction
PH	Patient medication history
PM	Patient monitoring
PT	Perform laboratory test
R0	Pharmacist consulted other source
RT	Recommend laboratory test
SC	Self-care consultation
SW	Literature search/review
TC	Payer/processor consulted
TH	Therapeutic product interchange

DATA ELEMENT: ProDUR Outcome Code (DE5742)

Result of an action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.

BUSINESS NAME: N/A

REFERENCE NAME: C_OUTCOME

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Not Specified
1A	Filled As Is, False Positive
1B	Filled Prescription As Is
1C	Filled, With Different Dose
1D	Filled, With Different Directions
1E	Filled, With Different Drug
1F	Filled, With Different Quantity
1G	Filled, With Prescriber Approval
1H	Brand-to-Generic Change
1J	Rx-to-OTC Change
1K	Filled with Different Dosage Form
2A	Prescription Not Filled
2B	Not Filled, Directions Clarified
3A	Recommendation Accepted
3B	Recommendation Not Accepted
3C	Discontinued Drug
3D	Regimen Changed
3E	Therapy Changed
3F	Therapy Changed-cost increased acknowledged
3G	Drug Therapy Unchanged
3H	Follow-Up/Report
3J	Patient Referral
3K	Instructions Understood

DATA ELEMENT: ProDUR Outcome Code (DE5742)

VALID VALUES:

Valid Value	Description
3M	Compliance Aid Provided
3N	Medication Administered

DATA ELEMENT: **ProDUR Drug Minimum Age (DE5786)**

Beginning minimum age for a person taking this drug.

BUSINESS NAME: N/A

REFERENCE NAME: N_AGE_FROM

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Drug Maximum Age (DE5787)**

This is the maximum age at which a person should take a particular drug.

BUSINESS NAME: N/A

REFERENCE NAME: N_AGE_THRU

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Drug Pregnancy Indicator (DE5788)**

Tells whether the drug is taken or not while pregnant; 'Y' = taken while pregnant, 'N' = not taken while pregnant.

BUSINESS NAME: N/A

REFERENCE NAME: F_PREGNANCY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	not taken while pregnant
Y	taken while pregnant

DATA ELEMENT: **ProDUR Drug Deny Indicator (DE5792)**

Indicates whether this particular ProDUR criteria should deny. Overrides the Error Text Dispositions.

BUSINESS NAME: N/A

REFERENCE NAME: F_DENY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Don't deny
Y	Deny

DATA ELEMENT: **ProDUR Drug File Criteria Number (DE5806)**

Criteria Number, which is part of the Criteria Key for the PD-F-001 ProDUR Criteria File.

BUSINESS NAME: N/A

REFERENCE NAME: I_CRITERIA_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Pharmacy Carrier (Business Entity) (DE5864)**

This is a four digit number to identify Pharmacy Client/Carrier.

BUSINESS NAME: N/A

REFERENCE NAME: Pharmacy Carrier (Business Entity)

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: CHAR(4)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
5048	Old Virginia MMIS
5148	New Virginia MMIS

DATA ELEMENT: **Dosage Range Begin Date (DE5883)**

The beginning effective date for a dosage range.

BUSINESS NAME: N/A

REFERENCE NAME: D_DOSAGE_RNG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Dosage Range End Date (DE5884)**

The ending effective date for a dosage range.

BUSINESS NAME: N/A

REFERENCE NAME: D_DOSAGE_RNG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Dosage Limit Begin Date (DE5885)**

The beginning effective date for a dosage limit.

BUSINESS NAME: N/A

REFERENCE NAME: D_DOSAGE_LMT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Dosage Limit End Date (DE5886)**

The ending effective date for a dosage limit.

BUSINESS NAME: N/A

REFERENCE NAME: D_DOSAGE_LMT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Master Exceeded Limit Flag (DE5901)

A flag set on the Benefit Master used to indicate whether both days and quantity must be exceeded before an edit can be set.

BUSINESS NAME: N/A

REFERENCE NAME: F_EXCEED_LIMIT

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Both quantity and days supply exceeded needed to determine an edit
N	Not both used.

DATA ELEMENT: **Benefit Fee Code (DE5902)**

Code used to determine type of fees assessed, i.e. Cognitive, copay, dispensing fees, etc.

BUSINESS NAME: N/A

REFERENCE NAME: C_BNFT_FEE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
COGN	COGNITIVE FEE (CLOZARIL MONITORING FEE)
COPB	COPAY BRAND
COPG	COPAY GENERIC
DISG	DISPENSING FEE GENERIC
DISP	DISPENSING FEE BRAND
UDEA	UNIT DOSE EACH
UDML	UNIT DOSE ML

DATA ELEMENT: **Benefit Fee Type (DE5903)**

Whether the Benefit fee is a percentage or a dollar amount.

BUSINESS NAME: N/A

REFERENCE NAME: C_FEE_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
D	DOLLAR
P	PERCENTAGE

DATA ELEMENT: **Benefit Fee (DE5904)**

The amount or percentage of a fee assessed.

BUSINESS NAME: N/A

REFERENCE NAME: N_BNFT_FEE

DEFAULT: N/A

COBOL PICTURE: 9(5)v9(3)

DB2 TYPE: DECIMAL(5,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Fee Begin Date (DE5905)**

The beginning effective date for a benefit fee code.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_FEE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Fee End Date (DE5906)**

The ending effective date for a benefit fee code.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_FEE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Intervention Begin Date (DE5907)**

The beginning effective date for NCPDP Intervention Codes (Professional Services).

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_INTRVNT_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Intervention End Date (DE5908)**

The ending effective date for NCPDP Intervention Codes (Professional Services).

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_INTRVNT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Outcome Code Begin Date (DE5909)**

The beginning effective date for NCPDP Outcome Codes (Results of Service).

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_OUTCOME_BEG

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Outcome Code End Date (DE5910)**

The ending effective date of NCPDP Outcome Codes (Results of Service).

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_OUTCOME_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Conflict Code Begin Date (DE5911)**

The beginning effective date of NCPDP Conflict Codes.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_CNFLT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Conflict Code End Date (DE5912)**

The ending effective date for NCPDP Conflict Codes.

BUSINESS NAME: N/A

REFERENCE NAME: D_BNFT_CNFLT_END

DEFAULT: N/A

COBOL PICTURE: pic x(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Master Dosage Limit (DE5913)**

Dosage limitation specified for a plan or drug range.

BUSINESS NAME: N/A

REFERENCE NAME: N_DOSAGE_LIMIT

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: DECIMAL(5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

DATA ELEMENT: **Benefit Days Supply (DE5914)**

Days Supply limitation specified for a plan or drug range

BUSINESS NAME: N/A

REFERENCE NAME: N_DAYS_SUPPLY

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Pharmacy Therapeutic Type Code (DE5915)

Value for drug classification type, i.e. GCN, NDC, STANDARD THERAPEUTIC CLASS, etc.

BUSINESS NAME: C_DRUG_TYPE_CVAL

REFERENCE NAME: C_DRUG_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
00	NDC
10	GCN SEQUENCE NUMBER
20	GCN
30	HICL NUMBER
40	SPECIFIC THERAPEUTIC CLASS
50	STANDARD THERAPEUTIC CLASS
60	CATEGORY CODE
70	Gen TC and STD TC plus the GCN
80	Gen TC and STD TC Combination

DATA ELEMENT: **Benefit Plan Criteria Code (DE5916)**

Assigned values used in determining drug conflicts. Drug to Drug interactions are determined by the addition of assigned criteria codes equal to 1000.

BUSINESS NAME: N/A

REFERENCE NAME: N_CODE

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Criteria Description (DE5917)**

Description of a criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: T_CRITERIA_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Outcome Description (DE5918)**

Description of NCPDP Outcome Codes (Results of Service).

BUSINESS NAME: N/A

REFERENCE NAME: T_OUTCOME_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Outcome Begin Date (DE5919)**

The beginning effective date of NCPDP Outcome Codes (Result of Service).

BUSINESS NAME: N/A

REFERENCE NAME: D_OUTCOME_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Plan Outcome End Date (DE5920)

The ending effective date of NCPDP Outcome Codes (Result of Service).

BUSINESS NAME: N/A

REFERENCE NAME: D_OUTCOME_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Drug Inc/Exc Begin Date (DE5923)**

The beginning effective date for Drug Include/Excludes.

BUSINESS NAME: N/A

REFERENCE NAME: D_GCN_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Drug Inc/Exc End Date (DE5924)**

The ending effective date for Drug Includes/Excludes.

BUSINESS NAME: N/A

REFERENCE NAME: D_GCN_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Intervention Code Begin Date (DE5926)**

The beginning effective date of NCPDP Intervention Codes (Professional Service).

BUSINESS NAME: N/A

REFERENCE NAME: D_INTERVENT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Intervention Code End Date (DE5927)**

The ending effective date of NCPDP Intervention Codes (Professional Service).

BUSINESS NAME: N/A

REFERENCE NAME: D_INTERVENT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Drug Value (DE5928)**

Actual Drug value based on the C_DRUG_TYPE_CVAL. C_DRUG_TYPE_CVAL will contain the type of drug value (NDC, GCN, HICL, etc.)

BUSINESS NAME: N/A

REFERENCE NAME: T_DRUG_VALUE

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Exception Qty as Min Flag (DE5929)

Flag that determines if quantity specified should be used as minimum quantity to be dispensed for a Benefit Exception.

BUSINESS NAME: N/A

REFERENCE NAME: F_QTY_AS_MIN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Days as Min Flag (DE5930)**

Flag determining whether days specified should be used as the minimum number of days for a Benefit Exception.

BUSINESS NAME: N/A

REFERENCE NAME: F_DAYS_AS_MIN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Limit Drug Range (DE5932)**

Drug Values based on C_DRUG_TYPE_CVAL (NDC, GCN, HICL, etc.) used to specify a drug range.

BUSINESS NAME: N/A

REFERENCE NAME: C_DRUG_VALUE_MIN/C_DRUG_VALUE_MAX

DEFAULT: N/A

COBOL PICTURE: X(11)

DB2 TYPE: CHAR(11)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Limit (DE5933)**

Numeric limit specified based on C_LIMIT_TYPE_CVAL (Days Supply, Quantity or Scripts)

BUSINESS NAME: N/A

REFERENCE NAME: N_EXCEP_LIM

DEFAULT: N/A

COBOL PICTURE: 9(09)v9(02)

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Limits Time Period (DE5934)**

Time period on which a limit is based, i.e. annual, days, month, etc.

BUSINESS NAME: N/A

REFERENCE NAME: C_TIME_PERIOD_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	ANNUAL
D	DAYS
L	LIFETIME
M	MONTHS
Q	QUARTERLY

DATA ELEMENT: **Benefit Exception Limits Begin Date (DE5935)**

The beginning effective date of Benefit Exception Limits.

BUSINESS NAME: N/A

REFERENCE NAME: D_LIMIT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception Limits End Date (DE5936)**

The ending effective date of the Benefit Exception Limits.

BUSINESS NAME: N/A

REFERENCE NAME: D_LIMIT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Plan Drug Criteria Dosage (DE5937)**

Dosage limitation for a criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: N_DOSAGE

DEFAULT: N/A

COBOL PICTURE: 9(09)V9(02)

DB2 TYPE: DECIMAL(9,2)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Drug Criteria Days Span (DE5938)

Number of days within a days span. Used to limit dosage or quantity within a days span for a specific criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAYS_SPAN

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit MAP Category Begin Date (DE5940)**

The beginning effective date for a MAP category set.

BUSINESS NAME: N/A

REFERENCE NAME: D_MAP_CATG_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit MAP Category End Date (DE5941)**

The ending effective date for a MAP category set.

BUSINESS NAME: N/A

REFERENCE NAME: D_MAP_CATG_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit MAP Criteria Category Type (DE5942)**

Type of program used in for category code/criteria edits.

BUSINESS NAME: N/A

REFERENCE NAME: C_MCR_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
DD3	maintenance for Dose/Duration
QT1	quantity
ST1	step therapy

DATA ELEMENT: **Benefit MAP Criteria Ceiling (DE5945)**

Limit set for an average daily strength. Calculation for ceiling set as (strength x quantity (or metric decimal quantity) / days supply.

BUSINESS NAME: N/A

REFERENCE NAME: N_CEILING

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: PRODUR Type Drug (DE5950)

Code assigned to specify Allergy or Chronic condition.

BUSINESS NAME: N/A

REFERENCE NAME: C_TYPE_DRUG_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Allergy
C	Chronic

DATA ELEMENT: **PRODUR Chronic Allergy (DE5951)**

Value assigned to a Chronic or Allergy condition set.

BUSINESS NAME: N/A

REFERENCE NAME: T_CHRNC_ALRGY_VAL

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(05)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PRODUR Chronic Allergy Description (DE5952)**

Description of the Chronic Allergy Condition set.

BUSINESS NAME: N/A

REFERENCE NAME: T_CHRN_ALGRY_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Chronic Allergy Code Begin Date (DE5953)**

The beginning effective date of a Chronic Allergy Code condition set.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHRN_ALGRY_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Chronic Allergy Code End Date (DE5954)**

The ending effective date for a Chronic Allergy Code condition set.

BUSINESS NAME: N/A

REFERENCE NAME: D_CHRN_ALGRY_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Range Begin Date (DE5955)**

The beginning effective date for a criteria range set.

BUSINESS NAME: N/A

REFERENCE NAME: D_RANGE_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Range End Date (DE5956)**

The ending effective date for a criteria range set.

BUSINESS NAME: N/A

REFERENCE NAME: D_RANGE_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Diagnosis Chronic Allergy Begin Date (DE5957)**

The beginning effective date for a chronic allergy criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: D_DIAG_CHRN_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Diagnosis Chronic Allergy End Date (DE5958)

The ending effective date for a chronic allergy criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: D_DIAG_CHRN_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Conflict Desc (DE5959)**

Description of ProDUR Conflict Codes.

BUSINESS NAME: N/A

REFERENCE NAME: T_CONFLICT_DESC

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(40)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Conflict Code Begin Date (DE5960)**

The beginning effective date for a ProDUR conflict code.

BUSINESS NAME: N/A

REFERENCE NAME: D_CONFLICT_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **ProDUR Conflict Code End Date (DE5961)**

The ending effective date for a ProDUR conflict code.

BUSINESS NAME: N/A

REFERENCE NAME: D_CONFLICT_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Type Begin Date (DE5962)**

The beginning effective date for a criteria type.

BUSINESS NAME: N/A

REFERENCE NAME: D_CRIT_TYP_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Type End Date (DE5963)**

The ending effective date for a criteria type.

BUSINESS NAME: N/A

REFERENCE NAME: D_CRIT_TYP_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Code Flag (DE5964)**

Flag set to determine whether the Criteria Code is to be used as part of a benefit criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: F_CODE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Age Flag (DE5965)**

Flag set to determine if age limitations are to be included as part of a benefit criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: F_AGE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Quantity Flag (DE5966)**

Flag set to determine if Quantity limitations are to be included as part of a Benefit Criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: F_QTY

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Benefit Criteria Dosage Flag (DE5967)

Flag set to determine if Dosage limitations are to be included as part of a Benefit criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: F_DOSAGE

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Criteria Days Span Flag (DE5968)**

Flag used to determine if Days Span limitations are to be used as part of a benefit criteria set.

BUSINESS NAME: N/A

REFERENCE NAME: F_DAYS_SPAN

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Yes/No
Description	Must be either Yes or No
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MAP Criteria Category Types (DE5969)

Code used to identity drug maintenance program type.

BUSINESS NAME: N/A

REFERENCE NAME: C_CATG

DEFAULT: N/A

COBOL PICTURE: pic x(05)

DB2 TYPE: TIMESTAMP

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Year

Description This data element must contain a valid time format (CCYY).

Local Def N/A

VALID VALUES:

Valid Value	Description
MAPA1	map criteria for anti-ulcer
MAPA2	map criteria for anti-ulcer
MAPA3	map criteria for anti-ulcer
MAPA4	map criteria for anti-ulcer
MAPA5	map criteria for anti-ulcer
MAPST	Step therapy for Misoprostal and NSAIDS
MAPVI	map criteria for Viagra

DATA ELEMENT: **Benefit Exception Age Maximum (DE5970)**

The maximum age an enrollee should be to have a particular class of drugs dispensed.

BUSINESS NAME: N/A

REFERENCE NAME: N_AGE_MAX

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit Exception End Date (DE5971)**

The ending effective date for drug exceptions.

BUSINESS NAME: N/A

REFERENCE NAME: D_EXCEP_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Benefit MAP Time Frame (DE5972)**

Number of days on a rolling calendar basis used in MAP limitations.

BUSINESS NAME: N/A

REFERENCE NAME: N_TIME_FRAME

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Notes Text Sequence Number (DE5973)**

Notes taken by Help Desk concerning a Prior Authorization. The PA Notes Text Sequence Number is incremented for each line of text.

BUSINESS NAME: N/A

REFERENCE NAME: I_MAP_TEXT_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: pic x(78)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: ProDUR Chronic Condition Days Exist (DE5974)

Number of days that a chronic condition will span. For example, a diagnosis of pregnancy is only considered a chronic condition for 270 days.

BUSINESS NAME: N/A

REFERENCE NAME: N_DAYS_COND_EXISTS

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Application Client Number (DE8776)**

This is the four-digit Client Number for the drug application.

BUSINESS NAME: N/A

REFERENCE NAME: C_PHARM_CLIENT

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: CHAR(4)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
5048	Virginia Medicaid

DATA ELEMENT: **Drug Rbt Period Covered (DE8841)**

The quarter period being covered by this processing

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt Period Covered

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: INTEGER(5)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt Invoice Code Type (DE8853)**

Claim transaction code.

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt Invoice Code Type

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Qtr Invoice
B	PPA Bill
C	Remit Credit
D	Remit Debit
E	PPA Adjustment Credit
F	Unit Adjustment Credit
G	PPA Adjustment Debit
H	Unit Adjustment Debit
I	Dis Adjustment Credit
J	Dis Adjustment Debit
K	Interest Adjustment Credit
L	Interest Adjustment Debit
M	Mfr Adjustment Credit
N	Ther Adjustment Debit
O	Mfr Adjustment Debit
P	Ther Adjustment Debit
Q	Closing Credit
R	Closing Debit
W	Posting Debit
X	Posting Credit
Y	Other Credit
Z	Other Debit

DATA ELEMENT: **Drug Rbt Conversion Factor (DE8854)**

NDC Units Conversion Factor

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt Conversion Factor

DEFAULT: N/A

COBOL PICTURE: S9(06)V9(04) C-3

DB2 TYPE: DECIMAL(10,4)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt Check Number (DE8856)**

Check number

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt Check Number

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(10)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt Bill Date Received (DE8861)**

Date received

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt Bill Date Received

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt NDC Bill Unit Quantity Reimb (DE8863)**

Quantity reimbursed for the NDC

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt NDC Bill Unit Quantity Reimb

DEFAULT: N/A

COBOL PICTURE: S9(09)V9(03)

DB2 TYPE: DECIMAL(12,3)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt NDC Bill Total Prescription (DE8864)**

Total billed for the prescription

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt NDC Bill Total Prescription

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: INTEGER(6)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt Mfr Quantity Segment (DE8922)**

Total number of segment records.

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt Mfr Quantity Segment

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: INTEGER(4)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Drug Rbt NDC Activity Code (DE8958)**

Field contains spaces.

BUSINESS NAME: N/A

REFERENCE NAME: Drug Rbt NDC Activity Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(1)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Segment ID (DESegment ID)**

Segment ID

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Char(x)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
Basis of Part D subsidy denial	7057	Basis of Part D Subsidy Denial.
Change to previous determination	7059	Change to previous determination indicator. This field contains a value 'Y' if this record changes a determination sent in previous transmission.
Claim Revenue Non-Covered Amount	2137	The difference between what the provider billed and how much of the claim Medicaid would cover.
CMS Error code	7064	Error code in the response file occurs 24 times.
CMS Part-D affirm decline ind	7077	Beneficiary (Enrollee) Part-D affirm-decline indicator
CMS Part-D begin date	7066	Beneficiary (Enrollee) Part-D begin date in CMS return file
CMS record return code	7065	CMS record return code
CODE-TYPE	7036	This field contains the definition of the elements being stored in the table. For e.g. 'PROC' means Procedure codes, 'REV' means Revenue codes
Criteria Evaluation	7010	A Relational Operator that will be used for evaluating the criteria value (DE 7009).
Criteria Type Value	7008	This field indicates if a criteria exists for the Aid Category. The criteria specifies the FPL value that will be assigned if a certain condition is met.
Criteria Value	7009	This field indicates the criteria for the Aid Category. The value present in this field is either numeric or alphanumeric. If the value present is alphanumeric then it will be validated to see if DE 3520 (C_SSI_STATUS) is equal to 'E'. If the value present in this field is numeric then DE 3005 (RS-BIRTH-DATE) is used to determine the age of the recipient as of the MMA extract run date. This field will be validated before assigning the FPL value.
Determination Cancelled	7060	Part D determination Cancelled Indicator. This filed contains a value 'Y', if the previously sent record is cancelled.
Drug Coverage Indicator	7044	Drug Coverage Indicator.
Dual Eligibility Aid Category Begin Date	7011	The Dual Eligibility - Aid Category Begin Date.
Dual Eligibility Aid Category End Date	7012	The End Date for the Dual Eligibility corresponding to the aid category.
Dual Eligibility Description	7014	Description of the Dual Eligibility Code.
Dual Eligibility FPL Sequence Number	7013	A sequence number assigned to make the table row unique. The sequence number gets incremented for every new dual eligibility code and dual eligibility sequence number entered into the system.
Dual Eligibility Sequence Number	7005	A sequence number assigned to the dual eligibility code. The sequence number gets incremented for every new dual eligibility code entered into the system.
Fee For Service	7061	
FPL Indicator Value	7006	Federal Poverty Level Value assigned. The value present in this column indicates if the recipient is below the FPL or above the FPL, if the FPL of the recipient cannot be determined then '9' (Unknown) is assigned to this field.
FPL Indicator Value	7007	Federal Poverty Level Indicator. This field indicates the recipients Federal Poverty Level.
Income Used for Determination	7054	Income used for determining the FPL % of the recipient.
Institutional Status Indicator	7045	Institutional Status Indicator.
MARS Abortion Indicator	6151	This field indicates whether the claim represents an abortion procedure or diagnosis.
MARS Abortion Type	6696	This field determines the type of abortion performed.
MARS Added Old Indicator	6790	This indicator is used to identify records added this month (A) or old records (O).

Element Name	Element ID	Description
MARS Adjudication Date	6183	The date of the century on which a claim was approved for payment or denied. If the claims is in process, this date represents the date of last transaction activity.
MARS Adjustment Amount for Physician Visits	6610	The amount of adjustments for the selected Federal Types of Service reported in HCFA-2082, Section M (MR-O-56) and maintained by recipient.
MARS Administrative and Operations Record Type	6591	This field establishes the primary sequence and record format for the Administrative and Operations History File.
MARS Administrative and Operations Report File Record Type - Report File	6589	This field establishes the primary sequence and report format for the Administrative and Operations Report file.
MARS All Spaces	6588	This data element represents a constant value of all spaces.
MARS Amount of Claims Rejected by Category of Service	6163	This monthly figure is maintained on the Administrative and Operations History File for the most recent 24 months.
MARS Amount Paid for a Provider During the Process Month Based on Payment Date	6520	The amount of claims paid for a provider for a provider type during the MARS process month based upon the Date of Payment.
MARS Amount Paid for a Provider during the Process Month Based on Service Date	6519	The amount of claims paid for a provider for a provider type during the MARS process month based upon the Date of Service.
MARS Amount Pended by Category of Service	6245	The sum by Category of Service of the Net Claim Charge (MARS Claims Extract File) on all claims pended at the end of a process month.
MARS Annual Budget Amount	6403	Annual Budget Amount by Category of Service
MARS Application to Certification Total Days by Category of Assistance	6052	The sum of the number of days from application date to Medicaid certification date for these eligible certified (added) to the Recipient Eligibility History File during a MARS process month by Category of Assistance.
MARS Average Days Certified by Category of Assistance	6054	Average Days Certified is computed as number of days certified divided by number of recipients certified.
MARS Average Days from Entry to Approval by Category of Service	6284	This field shows average, on timely intervals, of the number of days from entry to approval, by Category of Service Code. It shows the sum of the time elapsed between claim entry to claim approval divided by the number of paid claims.
MARS Average Dollars per Prescription by Therapeutic Class	6707	This field contains the average dollar per filled prescription by therapeutic class.
MARS Average Errors Per 100 Paid Claims by Provider Type	6483	The average number of errors that would appear if 100 claims were filed for a particular Provider Type.
MARS Average No. of Days from Date of Receipt to Date of Adjudication	6665	The average number of days for all adjudicated claims from Date of Claim Receipt to Adjudication Date.
MARS Average No. of Days from Last Date of Service to Date of Receipt	6662	The average number of elapsed days for all adjudicated claims from the last date of service to date of receipt at the claims processing center.
MARS Average Number of Claim Errors Per 100 Paid	6498	The average number of errors that would appear if 100 claims were filed for a particular provider.
MARS Average Payment by Category of Service	6516	Average payment per claim by Category of Service.
MARS Average Payment by Provider Type	6805	This average payment amounts for various periods for comparison analysis.
MARS Average Payment by Provider Type YTD	6806	This average payment amounts for various periods for comparison analysis.
MARS Average Units per Prescription by Drug Code	6706	The total quantity Units Dispensed divided by the Number of Prescriptions for the drug.
MARS Average Units Per Recipient by Category of Assistance	6049	Average Units is computed as number of units divided by number of recipients certified.
MARS Beginning of Month Claims Denied by Claim Type	6908	The number of claims in a suspended status at the start of the month that were released for processing and subsequently rejected.
MARS Beginning of Month Claims Not Released by Claim Type	6910	The number of claims in a suspended status at the start of the month that had no change in status during the month.

Element Name	Element ID	Description
MARS Beginning of Month Claims Resuspended by Claim Type	6909	The number of claims in a suspended status at the start of the month that were released for processing and subsequently resuspended.
MARS Beginning of Month Suspended Claims approved by Claim Type	6907	The number of claims that were in a suspended status at the start of this month and were approved for payment during the month.
MARS Beginning of Month Suspended Claims Released by Claim Type	6906	The number of claims that were in a suspended status at the start of this month but were subsequently released for processing.
MARS Billed Amount by Provider/Category of Service	6542	The total amount billed by each provider for claims by Category of Service.
MARS Calculated Trend	6996	The calculated trend over the most recent twelve months of data element described by 'xxx...x'.
MARS Case DRG Code	6807	The DRG Code for this case
MARS Category Ranking	6756	Mars Category Ranking, to list out high ranking provider payments
MARS Charges Submitted by Cost Settled Providers	6442	The total charges for services submitted by cost settled providers for the current fiscal year to date and the previous fiscal year to date.
MARS Claim Count	6102	Is a total count of the number of claims associate with this DRG Case.
MARS Claim Count for Cost Avoidance	6678	Number of claim lines accumulated by Medicare Parts A & B and coinsurance.
MARS Claim Former Payment Date - Day of Century	6449	On an adjustment, the date of payment from the original claim.
MARS Claim Invoice Indicator	6122	This element is used to count invoices and is set according to the CCN and the claim type modifier.
MARS Claim Line Item Indicator	6121	This one-digit number element is used to count lines and is set according to the claim type modifier.
MARS Claim Lines Rejected by Category of Service	6162	The number of claim lines rejected during a month by Category of Service. This count is maintained for the most recent 24 months on the Administrative and Operations History File.
MARS Claim or Encounter Flag	6242	This field identifies MARS summary information from regular claims or encounter data.
MARS Claim Payment by Provider Type	6434	The total amount, by Provider Type, paid by Medicaid for services rendered during a current process month.
MARS Claim Receipt Flag	6148	This flag indicates whether the claim was received during the current process month or a prior month. In addition, claims received in the current month and adjudicated without being pended are indicated.
MARS Claim Service From Day of Century	6180	The date on which the first service covered by a claim was rendered to a recipient or the beginning service date covered by a financial transaction.
MARS Claim Service To Day of Century	6181	The last date on which the service covered by a claim was rendered to a recipient or the last service date covered by a financial transaction.
MARS Claim Type Name/Description	6784	Claim Type Name/Description.
MARS Claims 1-30 Days to Filing Amount by Provider/Provider Type	6470	The amount paid to a provider for original claims which were received 1 to 30 days after the service date.
MARS Claims 1-30 Days to Filing by Provider Type	6465	The number of original claims for each Provider Type which were received between 1 and 30 days after the service date.
MARS Claims 1-30 Days to Filing by Provider/Provider Type	6460	The number of original claims for each provider which were entered into the system between 1 and 30 days after the service date.
MARS Claims 31-60 Days to Filing Amount by Provider Type	6476	The sum, by Provider Type, of the amount of paid original claims which were received 31-60 days after the service date.
MARS Claims 31-60 Days to Filing Amount by Provider/Provider Type	6471	The amount paid to a provider for original claims which were received 31 to 60 days after the service date.
MARS Claims 31-60 Days to Filing by Provider Type	6466	The number of original claims for each Provider Type which were received 31 to 60 days after the service date.

Element Name	Element ID	Description
MARS Claims 31-60 Days to Filing by Provider/Provider Type	6461	The number of original claims for each provider which were received 31 to 60 days after service date.
MARS Claims 4-6 Months to Filing Amount by Provider Type	6478	The sum, by Provider Type, of the amount of paid original claims which were received 4-6 months after the service date.
MARS Claims 4-6 Months to Filing Amount by Provider/Provider Type	6473	The amount paid to a provider for original claims which were received 4 to 6 months after the service date.
MARS Claims 4-6 Months to Filing by Provider Type	6468	The number of claims for each Provider Type which were received 91 to 180 days after the service date.
MARS Claims 4-6 Months to Filing by Provider/Provider Type	6463	The number of claims for each provider which were received 91 to 180 days after the service date.
MARS Claims 61-90 Days to Filing Amount by Provider Type	6477	The sum, by Provider Type, of the amount of paid original claims which were received 61-90 days after the service date.
MARS Claims 61-90 Days to Filing Amount by Provider/Provider Type	6472	The amount paid to a provider for original claims which were received 61 to 90 days after the service date.
MARS Claims 61-90 Days to Filing by Provider Type	6467	The number of claims for each Provider Type which were received 61 to 90 days after the service date.
MARS Claims 61-90 Days to Filing by Provider/Provider Type	6462	The number of claims for each provider which were received 61 to 90 days after the service date.
MARS Claims by Type Number of Third Party Collection	6676	The number of claim lines accumulated for Third Party Collections by type of collection.
MARS Claims Denied Amount by Category of Service	6244	The sum of the Net Claim Charge (MARS Claims Extract File) for all claims with a status of 'denied'.
MARS Claims Denied by Category of Service	6221	The total number of claims denied for each Category of Service.
MARS Claims Denied by Provider Type	6424	The total number of claims denied for each Provider Type.
MARS Claims Denied by Provider/Provider Type	6423	For each Provider Type, the provider number is listed with the respective claims denied.
MARS Claims Extract Record Code	6192	This alphanumeric code defines each record type on the MARS Claims Extract File and occurs once on each record type. Additionally it specifies the format of each Claim Detail record.
MARS Claims Extract Record Number	6191	The record number specifies the format and primary sequence of records on the MARS Claims Extract File and other Claims-based MARS Files. The MARS Record code must be examined for specific format of MARS Extract Records.
MARS Claims In-Process by Category of Service	6169	Sum of Claims Pended and Claims Rejected this month, plus Claims Rejected Not Released and Claims Pended Not Released, which should equal the sum of Claims in Pend Status at EOM (DE 6095) and Reject Status at EOM (DE 6164).
MARS Claims Lines for Claim Payment Statistics	6921	The number of claims lines for the month by transaction class of claim for all status as shown on report MR-O-60.
MARS Claims More than 6 Months to Filing by Provider/ Provider Type	6464	The number of claims for each provider which were received more than 181 days after the service date.
MARS Claims More than Six Months to Filing by Provider Type	6469	The number of claims for each Provider Type which were received more than 181 days after the service date.
MARS Claims Not Released from Suspense by Category of Service	6224	The number of claims pended at the end of the process month which were not released from suspense for processing during the month by Category of Service.
MARS Claims Over 1-30 Days to Filing Amounts by Provider Type	6475	The sum, by Provider Type, of the amount of paid original claims which were received 1-30 days after the service date.
MARS Claims Over 6 Months to Filing Amount by Provider Type	6479	The sum, by Provider Type, of the amount of paid original claims which were received over 6 months after the service date.
MARS Claims Over 6 Months to Filing Amount by Provider/Provider Type	6474	The amount paid to a provider for original claims which were received over 6 months after the service date.

Element Name	Element ID	Description
MARS Claims Paid after Correction of Errors by Provider Type	6416	The sum by Provider Type of the number of claims which were paid after correction.
MARS Claims Paid after Error Correct by Provider/Provider Type	6415	The number of claims paid to a provider by Provider Type which required error correction to complete the adjudication process.
MARS Claims Paid by Aid Category/Category of Service	6211	The total number of claim line items approved for payment for each Category of Service within Category of Assistance.
MARS Claims Paid by Category of Service	6210	Number of Medicaid claims paid by Category of Service.
MARS Claims Paid by Category of Service	6216	Count of Claims Paid (Approved) during the month by Category of Service. This amount is maintained on the MARS Control File.
MARS Claims Paid by County, Category of Assistance and Category of Service (Limited)	6315	The number of claims for which a Medicaid payment was made during the month for the indicated District, Category of Assistance, and Category of Service (Limited).
MARS Claims Paid by Eligibility Code Category of Service for Service Month	6212	The total number of claim line items approved for payment for each Category of Service within Eligibility code for Service Month.
MARS Claims Paid by Provider Type	6209	The number of claim line items which have been paid summed by Provider Type.
MARS Claims Paid by Provider/Category of Service	6540	The number of claim line items which have been paid to a provider by claim Category of Service.
MARS Claims Paid by Provider/Provider Type	6408	The number of claim line items which have been paid to a provider by claim Provider Type.
MARS Claims Paid with No Errors by Category of Service	6213	The number of claims approved for payment for which no error conditions were encountered during the adjudication process.
MARS Claims Paid with No Errors by Provider Type	6413	The total number of claims paid by Provider Type for which no error correction/override was required during the adjudication process.
MARS Claims Paid with Third Party by Provider/Category of Service	6541	The total number of adjudicated claims for each provider by Category of Service with a value greater than zero in the Third Party Payment field.
MARS Claims Pended and Rejected Total Amount by Category of Service	6160	Sum of claims pended amount and claims rejected amount.
MARS Claims Pended by Category of Service	6215	Claims Pended during the month by Category of Service. This amount is maintained for the most recent 24 months on the Administration and Operations History File.
MARS Claims Pended in Month by Category of Service	6223	The number of claims pended at the end of the process month by Benefit Program Code.
MARS Claims Processed by Claim Type	6230	This is a calculated field, which shows a count of the total claims processed in the selected time period by Claim Type.
MARS Claims Processed Excluding Crossover by Provider Type	6404	The number of claims submitted by Provider Type during a process month.
MARS Claims Processed Excluding Crossover by Provider/ Provider Type	6406	The number of adjudicated claims submitted by each provider and Provider Type during a process month.
MARS Claims Processed Excluding Crossovers by Category of Service	6204	The number of claims processed during a process month excluding Medicare Crossover Claims.
MARS Claims Received by Category of Service	6201	The total number of claims received for processing by the Fiscal Agent during the MARS process month by Category of Service.
MARS Claims Reimbursement Amount for Visits	6608	The reimbursement amount for visits for selected Federal Types of Service and drug prescriptions. Detail data is carried at the individual recipient level and summed for presentation in HCFA-2082, Section M (MR-O-56).
MARS Claims Rejected by Category of Service	6214	Claims Rejected during the month by Benefit Program Code. This amount is maintained for the most recent 24 months on the Administration and Operations History File.
MARS Claims Rejected Not Released by Category of Service	6161	This monthly figure of claim lines is maintained on the Administrative and Operations History File for the most recent 24 months.

Element Name	Element ID	Description
MARS Claims Suspended this Month by Category of Service	6170	Sum of claims pended and claims rejected this month.
MARS Claims with no errors over 20 days	6253	Number of claims with no errors with over 21 days from filing
MARS Claims with Third Party by Provider/Provider Type	6426	The total number of adjudicated claims for each provider by Provider Type with a value greater than zero in the Third Party Payment field.
MARS Committed Errors by Category of Service	6285	A count of the number of error conditions that were encountered on claims processed during a month by Category of Service Code.
MARS Constant Zero	6722	Remove. This field indicates the date record (first record of the Report File (MR-F-43).
MARS Control File Update Date	6081	The date on which a control record was most recently updated.
MARS Cost Per Eligible by Category of Service/Category of Assistance	6501	This field is computed as claims paid amount divided by eligible recipients.
MARS Cost Settlement Added Totals	6782	Total transaction counts for each category from this month's claim activity; to be added to the "Before" counts.
MARS Cost Settlement After Totals	6783	The sum of "Before" and "Added" entries is computed to produce the updated record counts.
MARS Cost Settlement Before Totals	6781	Total Year To Date (YTD) figures for each category from the Cost Reimbursement File before the addition of this month's transactions.
MARS Cost Settlement Flag	6043	Flag that indicates that this claim is cost settled.
MARS Cost Settlement Group Code	6786	Service code groupings used on the MARS cost settlement reports. Code values and descriptions are assigned by MARS based on the claim revenue code (DE2122) or the claim procedure code (DE2008). The MARS Cost Settlement Revenue Group Cross-Walk (Appendix G) provides complete details about the selection criteria used for cost settlement, including the following: claim type, provider type, report section, group, group description, and the specific revenue / procedure codes to be included.
MARS Cost Settlement Reimbursement to Charges Percentage for Provider/Provider Type	6438	The percentage of payments (or net reimbursement) within a Category of Service as compared to the charges submitted on the claims.
MARS Cost Settlement Report Type	6789	This field indicates which cost settlement report type does this record belong. Nursing Home, Hospital or FQHC or RHC cost settled Providers.
MARS Cost Settlement Request Period 1 Begin Date	6321	Period 1 Begin Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 1 End Date	6322	Period 1 End Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 2 Begin Date	6323	Period 2 Begin Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 2 End Date	6324	Period 2 End Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 3 Begin Date	6325	Period 3 Begin Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 3 End Date	6326	Period 3 End Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 4 Begin Date	6327	Period 4 Begin Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Period 4 End Date	6328	Period 4 End Date from the Cost Settlement/DRG Request Screen.
MARS Cost Settlement Request Report Type	6329	The Report Type that the Cost Settlement/DRG request refers to
MARS Cost Settlement Summary-Detail Indicator	6788	Indicator that controls the data that is displayed on the MARS Cost Settlement Report (MR-O-014).
MARS Count of Claims Paid and Never Pended in the Month by Claim Type	6946	A count of all of the Claims Paid during the month without being suspended (pended).

Element Name	Element ID	Description
MARS Count of New Claims Approved by Claim Type	6901	Count of new claims approved for payment.
MARS Count of New Claims Pended by Claim Type	6178	The number of new claims pended. Claims suspended more than once are counted only once.
MARS Count of New Claims Rejected by Claim Type	6179	The number of new claims rejected. Claims rejected more than once are counted only once.
MARS Crossover Claims Processed by Category of Service	6205	The number of Medicare Crossover Claims processed for each Category of Service during a process month.
MARS Crossover Claims Processed by Provider Type	6405	The number of Crossover claims processed for each Provider Type during a process month.
MARS Crossover Claims Processed by Provider/Provider Type	6407	The number of adjudicated Crossover claims submitted by a provider for a Provider Type during a process month.
MARS Crossover Part A Claims Pending Amount	6295	The total claim charge on all Medicare Part A claims which are being held in suspense.
MARS Crossover Part A Claims Received	6293	A count of the number of Medicare Part A claims that were received during the current processing month.
MARS Crossover Part A Claims Rejected Amount	6301	The total claim charge on all Medicare Part A claims which have been rejected.
MARS Crossover Part A Deductible and Coinsurance Payment	6290	The total amount paid by Medicaid for Medicare Part A services rendered to Medicare-Medicaid eligible recipients.
MARS Crossover Part B Claims Pending Amount	6296	The total amount of deductible and coinsurance charges on Title XVIII Crossover claims which indicate ambulatory (Part B) services and have been processed but not adjudicated.
MARS Crossover Part B Claims Received	6294	The total number of the Medicare Crossover claims indicating Part B services which were received for payment of the deductible and coinsurance charges during the current processing month.
MARS Crossover Part B Claims Rejected Amount	6302	The total amount of deductible and coinsurance charges on Title XVIII Crossover claims which indicate ambulatory (Part B) services and have been rejected.
MARS Crossover Part B Deductible and Coinsurance Payment	6291	The total amount paid by Medicaid for Medicare Part B services rendered to Medicare-Medicaid eligible recipients.
MARS Current Budget Amount by Category of Service	6031	A budget amount that reflects revisions (if any) made to the Original Budget Amount. The current, or revised budget amount, more accurately covers the projected claim amounts during a month for a particular Category of Service.
MARS Current Prior Indicator	6791	This indicator is used to identify current Provider Fiscal Year records(C) and Prior Fiscal Year records (P).
MARS Current Year Provider Enrollment Total	6259	The total provider enrollment for the current fiscal year.
MARS Date of Claim Receipt	6186	The Day of Century on which a claim is received by the Fiscal Agent.
MARS Date of Claims System Entry	6182	The Day of the Century on which a claim enters the processing system.
MARS Days to File by Provider/Provider Type	6480	The sum for each provider of the number of days between the Service Date and Date of Claim Receipt for all original claims adjudicated during a current process month.
MARS Days to Filing by Provider Type	6481	The sum by Provider Type difference between the Service Date and the Date of Claim Receipt for adjudicated original claims.
MARS DRG Activity Report Date	6802	The date this claim was reported on the monthly T-report.
MARS DRG Activity Settled Date	6808	The date when this claim was reported on the year end cost settlement report.
MARS DRG Activity void flag	6825	This indicates if this claim record is void, value "V"
MARS DRG Blended Payment Amount	6829	Amount paid to provider using a blend of DRG and per diem reimbursement methodology.
MARS DRG Case Admission Date	6796	The admission date of this case.

Element Name	Element ID	Description
MARS DRG Case Admission Hour	6797	The Hour the case was admitted.
MARS DRG Case Admission Source	6800	The Case Admission source if transferred from another hospital or Provider.
MARS DRG Case Class Code	6795	DMAS defined report classification to categories DRG Cases into 8 transition classifications according to type of reimbursement methodology and payable/non-payable days.
MARS DRG Case Content	6835	Indicates if this case contains original, adjustments, both or voids.
MARS DRG Case Discharge Date	6798	The Discharge Date for this case.
MARS DRG Case Discharge Status	6799	The Discharge Status for this case weather discharged or still a patient.
MARS DRG Case Type	6794	DMAS defined case classification into four groups Med/Surg, Psychiatric, Rehab and NICU based on principal diagnosis code and revenue code.
MARS DRG Claim Class Code	6793	DMAS defined report classification to categories claims into 8 transition classifications according to type of reimbursement methodology and payable/non-payable days.
MARS DRG Claim Type	6792	DMAS defined claim classification into four groups Med/Surg, Psychiatric, Rehab and NICU based on principal diagnosis code and revenue code.
MARS DRG Claims Last Class Code	6803	The previous claim classification code.
MARS DRG Cost Settlement Date	6830	The date that this case was cost settled.
MARS DRG Diagnosis Code	6841	MARS DRG Diagnosis Code
MARS DRG Diagnosis Code for CC	6842	MARS DRG Diagnosis Code for CC
MARS DRG error message	6846	Describes the Mapper/Grouper errors and procedure/diagnosis code errors while processing the claims for DRG.
MARS DRG Grouper Return Code	6838	This is the return code from the grouper program.
MARS DRG Invalid Diag-Proc Code	6831	Indicates if this case contains invalid Diagnosis or Procedure Code.
MARS DRG Last Report Date	6809	The previous date when this claim was reported.
MARS DRG Major CC	6843	MARS DRG Major CC
MARS DRG Mapped Diagnosis Code	6832	MARS DRG Mapped Diagnosis Code
MARS DRG Mapped Procedure Code	6833	MARS DRG Mapped Procedure Code
MARS DRG MDC Code	6837	MARS DRG MDC Code
MARS DRG New Activity Class Code	6812	Identifies the class of DRG new activity.
MARS DRG Non-OR Procedure Code	6840	MARS DRG Non-OR Procedure Code
MARS DRG Nursery Indicator	6834	MARS DRG Nursery Indicator
MARS DRG OR Procedure Code	6839	MARS DRG OR Procedure Code
MARS DRG Original Bill Type	6804	The original bill type for this case.
MARS DRG Outlier Payment Amount	6827	Extra amount paid to providers in addition to the calculated DRG Inlier payment amount.
MARS DRG Per Diem Amount	6844	Per Diem Amount used for Psych/Rehab only
MARS DRG Proc/Diag error flag	6824	This indicates if the Procedure/Diagnosis codes are valid "V" or invalid "I"
MARS DRG Reference Count	6836	The number of claims associated with this case.
MARS DRG Rehab Rate	6845	Rate used for Rehabilitation claims/cases
MARS DRG Settlement Payment Amount	6826	The calculated DRG Cost Settlement payment amount.
MARS DRG Sort Code	6810	DRG Sort Code for the file.

Element Name	Element ID	Description
MARS DRG Transfer Payment Amount	6828	Amount paid to providers for transfer cases.
MARS Drug Usage Claim Count QTD	6730	This field is a quarter-to-date accumulation of the number of claims lines for all claims by Drug Code.
MARS Drug Usage Claim Count YTD	6734	This field is a year-to-date accumulation of the number of claim lines for all claims by Drug Code.
MARS Drug Usage Date Record Indicator	6716	This field indicates whether or not a date record (first record) has been read.
MARS Drug Usage Drug Cost QTD	6728	This field is a quarter-to-date accumulation of the Drug Cost by Drug Code.
MARS Drug Usage Number of 1 Records	6739	This is the total number of type '1' records processed during current activity.
MARS Drug Usage Payment Amount QTD	6729	This field is a quarter-to-date accumulation of the prescription by Drug Code.
MARS Drug Usage Payment Amount YTD	6733	This field is a year-to-date accumulation of the Prescription Payment Amount by Drug Code.
MARS Drug Usage Quarterly Annual Indicator	6720	This indicator designates whether the report is to be generated annually or quarterly.
MARS Drug Usage Report Code	6721	This field designates which report is to be generated during current processing.
MARS Drug Usage Summary Drug Count	6717	This field is an accumulation of the number of drug records (type '02') processed during the current activity.
MARS Drug Usage Update Date	6725	This field contains the date (Day of Century form) in which the program is run.
MARS Element	6886	This field identifies the type of claim or financial transaction being processed.
MARS Eligible Recipients by County and Category of Assistance	6310	An unduplicated count of the number of recipients in the county eligible for Medicaid during the month for the indicated Category of Assistance.
MARS Encounters	6856	Encounters is the number of face-to-face contacts between the provider and recipient. This is set based on Claim Type (DE 2002) and Procedure Code (2008).
MARS End of Month Pend Claim Count by Category of Service	6095	Number of MARS claims to be processed in a pended status at month-end.
MARS End of Month Reject Claim Count by Category of Service	6164	Number of MARS claims to be processed in a pended status at month end.
MARS Enrollment Payment Aid Category	6971	The groups of aid categories i.e. TANF, ABD and Medicaid Expansion
MARS Enrollment Payment Benefit Program	7000	Medicaid and Medicaid expansion benefit program for 1915b Waiver report
MARS Enrollment Payment Benefit Program Code	6970	It contains the Medicaid and Medicaid Expansion Benefit programs only.
MARS Enrollment Payment Record Type	6974	Contains values to indicate the particular record type.
MARS EPSDT Eligible Referred	6654	The number of active recipients under age 21 diagnosed for referral during an EPSDT screening.
MARS EPSDT Total Screening Services	6653	The total number of claims with a category of service of 10,16,17, or 18 paid for active recipients under age 21.
MARS Error Type	6153	This flag field indicates the type of error for each claim error code encountered during the processing of the Monthly Adjudicated and End of Month Pended Claim Files.
MARS Estimated Claims Amount for FY by Category of Service	6270	Estimated amount of claims for Fiscal Year based on Category of Service.
MARS Estimated Cost Settlement by Provider Type	6437	The estimated fiscal year to date cost settlement adjustment amount.
MARS Expenditure Amount	6675	This is the payment amount accumulated from the MARS Claims Extract record by Source of Funding and Federal Type of Service (DE 6108).
MARS Family Planning Indicator	6110	Indicates whether a diagnosis or procedure code is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services.

Element Name	Element ID	Description
MARS Federal Basis of Eligibility	6105	This code specifies the category or basis under which an individual qualifies for medical assistance as required for reporting on Federal filings.
MARS Federal Fiscal Year Begin Date	6010	The date representing the beginning year (including century), month and day of a Federal fiscal year.
MARS Federal Fiscal Year Begin Day of Century	6011	The Federal Fiscal Year Begin Date expressed in terms of the Day of Century.
MARS Federal Match Indicator	6094	The MARS federal match indicator.
MARS Fee For Service Claims Amount	7062	MARS Fee For Service Claims Amount
MARS Fee For Service Mgmt Fees	7063	MARS Fee For Service Management Fees
MARS File Type	6044	Indicator for file type
MARS Fiscal Month	6847	Fiscal Month - Data is accumulated by month
MARS Fiscal Year Begin Month	6001	The numeric month representing the first month of the agency and Federal fiscal years.
MARS HCFA 2082 Update File Discharge Flag	6009	MARS HCFA 2082 Update File Discharge Flag
MARS HCFA MSIS Adjustment Indicator	6674	A code indicating the type of adjustment record that the claim/encounter represents.
MARS HCFA MSIS Dual Eligible Flag	6042	Indicates coverage for individuals entitled to Medicare for some category of Medicaid Benefits.
MARS HCFA MSIS Eligibility Group	6040	The composite of eligibility mapping create the corresponding MAS and BOE values.
MARS HCFA MSIS File Name	6670	MSIS File to be submitted to HCFA.
MARS HCFA MSIS Health Insurance	6144	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Enrollment in an HMO does not constitute health insurance for this DE
MARS HCFA MSIS Patient Status	6146	A code indicating the patient's status as of the ENDING-DATE-OF-SERVICE.
MARS HCFA MSIS Plan Type	6145	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.
MARS HCFA MSIS Program Type	6661	A code indicating the special Medicaid program under which the service was provided.
MARS HCFA MSIS SSN Indicator	6672	Indicates whether the state uses eligible' social security numbers (SSN) as MSIS-IDENTIFICATION- Numbers.
MARS HCFA MSIS State Code	6671	State Code for HCFA MSIS Tapes.
MARS HCFA MSIS TANF Cash Flag	6143	Monthly Field - A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.
MARS HCFA MSIS Type of Claim	6673	A code indicating what kind of payment is covered in this claim.
MARS HCFA MSIS Type of Record	6660	Indicates the eligibility information is for the current or previous fiscal quarter.
MARS HCFA-2082 Master File Record Type	6621	The field contains a code which specifies the format and primary sequence of records on the MARS HCFA-2082 File.
MARS HCFA-372 Begin Date	6853	The beginning date of the HCFA-372 reporting period.
MARS HCFA-372 Deinstitutionalized Average	6871	The average per capita expenditures for deinstitutionalized recipients.
MARS HCFA-372 Deinstitutionalized Recipients	6869	The total number of deinstitutionalized recipients counted for a particular HCFA-372 report.
MARS HCFA-372 Deinstitutionalized Waiver Days	6874	This is the total number of wavered days of coverage for deinstitutionalized recipients.
MARS HCFA-372 Diverted Average	6872	The average per capita expenditures for diverted recipients.

Element Name	Element ID	Description
MARS HCFA-372 Diverted Deinstitutionalized Switch	6863	A switch indicating whether or not a recipient had a Long Term Care segment within two months of becoming a wavered recipient.
MARS HCFA-372 Diverted Recipients	6870	The total number of diverted recipients counted for a particular HCFA-372 report.
MARS HCFA-372 Diverted Waiver Days	6873	This is the total number of wavered days of coverage for diverted recipients.
MARS HCFA-372 End Date	6854	The ending date of the HCFA-372 reporting period.
MARS HCFA-372 Long Term Care Non-Wavered Days	6875	This is the total number of days spent in long term care facilities for non-wavered recipients.
MARS HCFA-372 Long Term Care Wavered Days	6876	This is the total number of days spent in long term care facilities for wavered recipients.
MARS HCFA-372 MCARE code	6862	Determines whether the crossover claim is A or B (XOVA or XOVB).
MARS HCFA-372 Non-Wavered Average	6867	Average services expenditures for non-wavered recipients covered by the particular report.
MARS HCFA-372 Non-Wavered Recipients	6864	Total number of unduplicated non-wavered recipients.
MARS HCFA-372 Record Code	6850	This code indicates type of HCFA-372 record.
MARS HCFA-372 Record Frequency	6851	This indicates the period of the report.
MARS HCFA-372 Total Average	6866	Average services expenditures for all recipients covered by the particular report.
MARS HCFA-372 Type of Service	6860	The type of service for the HCFA-372 reports.
MARS HCFA-372 Wavered Average	6868	Average services expenditures for wavered recipients covered by the particular report.
MARS HCFA-372 Wavered Recipients	6865	Total number of unduplicated wavered recipients.
MARS HCFA-372 Wavered Switch	6861	A switch indicating whether or not a service is for a wavered recipient.
MARS HMO Enrollment - Current Year	6257	The current year HMO enrollment totals for the MR-O-095 - DMAS 4.22 HMO Enrollment Summary Report. This field occurs eight times for each month.
MARS HMO Enrollment - Prior Year	6256	The prior year HMO enrollment totals for the MR-O-095 - DMAS 4.22 HMO Enrollment Summary Report. This field occurs eight times for each month.
MARS Lag Adjustment Factor	6237	The percentage of claims approved for payment by Category of Service and elapsed days measured from the last date of service to the process cycle and date.
MARS Lag cost factor	6594	
MARS LEAVE DAYS	6014	Number of days that the patient dod not reside in a Long Term Care facility.
MARS Managed Care Enrollment - Current Year	6255	The current year Managed Care enrollment totals for the MR-O-094 - DMAS 4.20 Managed Care Enrollment Summary Report. This field occurs six times for each month.
MARS Managed Care Enrollment - Prior Year	6254	The prior year Managed Care enrollment totals for the MR-O-094 - DMAS 4.20 Managed Care Enrollment Summary Report. This field occurs six times for each month.
MARS Managed Care Prior Year Enrollment Total	6068	The current year Managed Care enrollment and payment totals for the MR-O-096 - DMAS 4.21 Managed Care Enrollment and Payment Report, Program Operations. This field occurs three times for each Managed Care program.
MARS Managed Care Prior Year Enrollment Total	6141	The prior year Managed Care enrollment and payment totals for the MR-O-096 - DMAS 4.21 Managed Care Enrollment and Payment Report, Program Operations. This field occurs three times for each Managed Care program.
MARS Medallion Claims Amount	6977	It contains values for the Claims in the Medallion program under Managed Care.
MARS Medallion Enrollee Count	6979	It contains the Enrollee count for the Medallion Program under Managed Care.

Element Name	Element ID	Description
MARS Medallion Mgmt Fees Total	6975	It contains values for the Management fees in the Medallion program under Managed Care.
MARS Medallion-II Cap Fees	6976	It contains values for the Capitation fees in the Medallion-II program under Managed Care.
MARS Medallion-II Claims	6978	It contains values for the Claims in the Medallion-II program under Managed Care.
MARS Medallion-II Enrollee Count	6980	It contains the Enrollee count for the Medallion-II program under Managed Care.
MARS Medicare Buy-In Premium	6037	The total premium amount paid during a month of the fiscal year for those recipients bought-in to Medicare Part B by other sources. This data includes State Buy-In Premiums also.
MARS Medicare Buy-In Premium - State	6038	The total premium amount paid during a month by the State, of the fiscal year, for Medicare Part B.
MARS Medicare Coinsurance Amount by Type of Service	6605	The Medicare coinsurance amount accumulated by Type of Service.
MARS Medicare Deductible Amount by Type of Service	6604	The Medicare deductible amount accumulated by Type of Service.
MARS Medicare Part A Payment	6297	The total payment amount made by Medicare for Title XVIII Crossover claims for Part A services.
MARS Medicare Part B Payment	6298	The dollar amount paid by Medicare for all Part B Crossover claims paid during the current process month.
MARS Medicare Payment by Type of Service	6615	The payment made by Medicare for services rendered to the recipient and maintained by Federal Type of Service or Category of Service as determined by the HCFA File Type (DE 6601).
MARS Monthly HCFA File Key	6667	This key contains the sequencing data for each record type in the Monthly HCFA File. It is composed of a record number and a variable field.
MARS Monthly HCFA File Record Number	6668	The record number specifies the format and primary sequence of records on the Monthly HCFA File.
MARS MR Days	6013	Calculated numberof days of intermediate care for the mentally retarded that are paid for by Medicaid.
MARS MRAOR Key	6950	20 byte sort key used to sort records before being processed by Administration/ Operations Report Writer (MRM110) Program.
MARS MR-O-18 Error Percent	6497	The number of claims containing the associated error code as a percentage of the total number of claims having that type of error.
MARS MR-O-18 Error Rank	6499	The error ranking shows how the error code compares with all error codes based upon the frequency.
MARS MR-O-18 Number of Claims with Errors	6496	The total number of claims within error type.
MARS MSIS Income Code	6681	A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligible below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligible reported by the State.
MARS MSIS Procedure Code Flag	6092	A flag that identifies the coding system used for the procedure code for MSIS reporting.
MARS MSIS SCHIP Code	6680	A code indicating the individual's inclusion in the SCHIP program for the month.
MARS MTD Charges	6595	Total charges for a given month.
MARS MTD Payment Amount	6532	Total amount paid for a given month
MARS MTD Units	6990	Total units served for a given month.
MARS Net Charge for Claim	6130	The net charge for a claim line after TPL amounts have been subtracted from the billed charge.

Element Name	Element ID	Description
MARS Net Financial Transaction Amount by Provider Type	6155	The net amount reimbursed or withheld from a provider's payment due to financial transactions.
MARS Net Financial Transaction Amount by Provider/Provider Type	6431	The net amount reimbursed or withheld from a provider's payment due to financial transactions.
MARS New Claims by Claim Type	6900	The number of claims entering the computer system for the first time this month.
MARS New Claims Denied by Claim Type	6902	The number of new claims returned to providers.
MARS New Claims Suspended by Claim Type	6903	The number of new claims suspended.
MARS Nines Complement of Error Occurrences by Provider Type and Error Code	6410	This is the nines complement of the Number of Error Occurrences .
MARS Non-Recipient Financial Transactions	6026	The total amount of non-claim related Financial expenditures reported on MR-O-067, the data accumulated includes the following financial transactions: Other Adjustments Insurance Premium Payments Capitation Payments Management and Admin Fees Enhanced DSH Add-Pay Cost Settlement Add-Pay other Advanced Payments Recoupments Negative Balance Carried Forward Manual issued Checks Voids Processed
MARS Non-Recipient Financial Transactions by Eligibility Code Category of Service for Service Month	6029	The total amount of non-claim related Financial expenditures, by Eligibility Code Category of Service for Service Month, reported on MR-O-067, the data accumulated includes the following financial transactions: Other Adjustments Insurance Premium Payments Capitation Payments Management and Admin Fees Enhanced DSH Add-Pay Cost Settlement Add-Pay other Advanced Payments Recoupments Negative Balance Carried Forward Manual issued Checks Voids Processed
MARS Normal Federal Medical Assistance Percentage	6020	The FMAP (Federal Medical Assistance Percentage) which corresponds to the Federal share of payments made on behalf of Title XIX eligible that are not refugees for services rendered other than family planning.
MARS Number Claims Suspended by Provider/Provider Type	6425	The total number by provider number of line item claims processed with a claim status code of '4' (suspended). Suspended claims are those claims in process (not adjudicated) at the end of the MARS current processing month.
MARS Number of Days Stay	6017	The number of days that a patented stayed in a facility.
MARS Number of Days to Adjudication	6459	The number of elapsed days from Receipt Date to Adjudication Date.
MARS Number of Days to File	6458	The number of elapsed days from Last Date of Service to Receipt Date.
MARS Number of Days to Payment	6452	The number of elapsed days from Receipt Date to Payment Date.
MARS Number of Error Code Occurrences by Provider Type	6488	The number of times, within a Provider Type, this error code has been encountered.
MARS Number of Error Occurrences by Provider Type	6411	This is the total number of errors encountered for all claims and all error codes by Provider Type and Status. This is not accumulated for pended claims.

Element Name	Element ID	Description
MARS Number of Error Occurrences by Provider Type and Error Code	6409	This is the total number of errors encountered for all claims. It is accumulated by the Provider Type, error code and status. It is not accumulated for pended claims.
MARS Number of Errors by Provider Type	6485	The sum, by Provider Type, of the number of errors committed on adjudicated claims by Provider Type.
MARS Number of Errors by Provider/Provider Type	6484	The sum of the number of errors committed on adjudicated claims by Provider and Provider Type.
MARS Number of Errors Corrected on Paid Claims by Provider Type	6486	The total number, by Provider Type, of errors requiring correction or override prior to claims approval.
MARS Number of Explanation of Benefits Codes on Claim	6154	This field is the number of Explanation of Benefit codes encountered on a claim.
MARS Number of Inpatient Hospital General Number of Discharges	6614	The number of claims with Federal Type of Service equal inpatient hospital when indicated a discharge during the Federal fiscal year-to-date (or some other period as indicated by HCFA-2082 File Type - DE 6601).
MARS Number of Months Eligible for Fiscal Year	6207	The number of months a recipient was eligible during the fiscal year.
MARS Number of Overrides on Claim	6150	This field is the number of override codes encountered on a claim.
MARS Number of Prescriptions by Drug Code	6703	The number of prescriptions filled for the drug.
MARS Number of Recipient Visits	6609	The sum of the number of visits by selected Federal Types of Service and drug prescriptions and time period according to HCFA 2082 File Type (DE 6601). Detail data is carried at the individual recipient level and accumulated by Federal Category of Assist
MARS Number of Recipients Bought-in for Medicare Part B	6553	An unduplicated count of the number of recipients on the Recipient Eligibility History File that are bought-in for Medicare Part B services.
MARS Number of Recipients Eligible by Aid Category	6388	This field contains the number of recipients eligible by aid category within district and money payment type.
MARS Number of Units sold by Therapeutic Class	6737	This field contains the number of units sold by therapeutic class.
MARS Number Recipients Bought-In for Medicare Part B	6039	The number of Medicaid recipients whose Medicare Part B premiums are paid by Medicaid. (HCFA Buy-in Number not blank and Buy-In Dates show eligible for time period.)
MARS Number Recipients eligible for Medicare	6286	An unduplicated count of those Medicaid recipients on the Recipient Eligibility History File who are eligible for Medicare services.
MARS Number Recipients not Accepted to Part B	6288	An unduplicated count of the number of Medicaid recipients on the Recipient Eligibility History File 65 years of age or older that have not been accepted as eligible for Part B coverage by Medicare.
MARS Number Recipients not Eligible for Part A	6287	An unduplicated count of the number of recipients on the Recipient Eligibility History File that are age 65 or older and not eligible for Medicare Part A services.
MARS NURSE FACILITY DAYS	6015	
MARS Nursing Home Resident Indicator	6991	Resident Indicator
MARS Occurrences per Procedure Code	6882	This field contains a count of each time a claim processes for each Procedure Code.
MARS Original Budget Amount by Category of Service	6030	A budget amount that is initially derived to cover claim amounts during a month for a particular Category of Service Code.
MARS Other Procedures Counter	6159	This field is used on the abortion/sterilization/hysterectomy claims to count the procedure codes related to this particular claim type.
MARS Paid Adjustment Claims by Category of Service	6220	The net number of claim items for which adjustment has been approved. Adjustments are identified as those transactions with a Claim Type Modifier of '2' (debit adjustment, '3' (credit adjustment), or '4' (void).
MARS Paid Claims Overridden by Provider Type	6417	The number of claims paid after error(s) were resolved by manual override summed by Provider Type.

Element Name	Element ID	Description
MARS Paid Claims Overridden by Provider/Provider Type	6418	The sum for each provider of the number of line item claims which contained errors that were manually overridden during the claims resolution process to permit approval.
MARS Partial Months Eligibility	6801	The number of months that an individual was eligible, if the eligibility was for only a portion of the year.
MARS Participating Recipients by County and Category of Assistance	6311	An unduplicated count of the number of recipients in the county receiving one or more units of Medicaid Service during the month for the indicated Category of Assistance.
MARS Participating Recipients by County, Category of Assistance, and Category of Service	6313	An unduplicated count of the number of recipients receiving one or more units of Medicaid Service during the month for the indicated Category of Assistance and Category of Service (LIMITED).
MARS Participation During Fiscal Year by Type of Service or Category of Service	6208	This flag indicates by Federal Type of Service or Category of Service whether a recipient participated at any time during the fiscal year.
MARS Payment by Category of Assistance	6057	The total reimbursement amount paid during the MARS process month for medical services rendered to recipients by Category of Assistance.
MARS Payment by Category of Assistance/Category of Service	6331	The total reimbursement amount for all claims paid during the MARS process month by Category of Assistance and Category of Service (DE 6114).
MARS Payment by Category of Service	6234	The total by Category of Service of the reimbursement amount for all paid claims on the MARS Claims Extract File.
MARS Payment by County and Category of Assistance	6312	The total of all the payments made during the month for the indicated county and Category of Assistance.
MARS Payment by County, Category of Assistance and Category of Service (Limited)	6314	The total amount of the Medicaid payments during the month for the county, Category of Assistance, and Category of Service (Limited).
MARS Payment by Crossover Claims by Provider Type	6435	The summed amount of crossover cost reported by providers within Provider Type.
MARS Payment by Drug Code	6702	The total payment by Medicaid for each drug.
MARS Payment by Eligibility Code/Category of Service	6235	The total reimbursement amount for all claims paid during the MARS process month by Eligibility Code and Category of Service.
MARS Payment by Eligibility Code/Category of Service for Service Month	6236	This total reimbursement amount for all claims paid during the MARS service month by Eligibility Code and Category of Service.
MARS Payment by Therapeutic Class/MARS Aid Category	6709	The Medicaid expenditure by MARS Aid Category for the therapeutic class.
MARS Payment by Third Party for Cost Avoidance	6679	Third Party payment amounts for cost avoidance.
MARS Payment Date	6184	The day of the century on which a claim payment or financial transaction was made to a provider.
MARS Payment for Gross Adjustments by Provider Type	6436	This is the summed adjustments, reported by providers within Provider Type.
MARS Payment to Provider/Provider Type	6430	The total amount reimbursed to each provider for paid claims and financial transactions by Provider Type.
MARS Percent all Claims Suspended Multiple	6912	The percentage of claims that were suspended more than once during this month's processing.
MARS Percent Beginning of Month Claims Suspended Multiple Times	6911	The percentage of claims in a suspended status at the start of the month that were subsequently released and resuspended two or more times this month.
MARS Percent New Claims Suspended More than Once	6905	The percentage of new claims that were suspended, subsequently released for approval, and then suspended again during the first month the claim was in the system.
MARS Percent New Claims Suspended Then Released	6904	The percentage of new claims that were suspended and subsequently released for approval, rejection, or resuspension.
MARS Percent of Claims Approved within NN Days	6915	Percentages of claims approved for payment by elapsed days measured from the date the claim is received by the Fiscal Agent to the date the claim is approved for payment or denied.

Element Name	Element ID	Description
MARS Percent of Claims Denied by Provider	6222	The percentage of claims within a Provider Type which were denied.
MARS Percent of Claims Overridden by Provider Type	6419	The percentage of claims within a Provider Type which were paid after the errors were overridden.
MARS Percent of Claims Paid after correcting One or More Errors by Provider Type	6421	The percentage of claims which were paid after correcting one or more errors within a Provider Type.
MARS Percent of Claims Paid with No Errors by Provider Type	6414	The percentage of claims by Provider Type which were paid without an error.
MARS Percent of Claims with Error Code by Provider Type	6487	The percentage of claims with a Provider Type which had the associated error code on them.
MARS Percent of Claims with Third Party Payment by Provider Category of Service	6507	This field represents the percentage of claims with third party payment.
MARS Percent of Eligible Utilizing Benefits	6920	The number of recipients receiving benefits in each of the ranges shown above are accumulated.
MARS Percent of Error Code Occurrences by Provider Type	6489	The percentage, within a Provider Type, of the number of occurrences for the associated error code compared to the total number of errors encountered for the Provider Type.
MARS Percent Third Party Payment by Provider/Provider Type	6482	The percentage of claims for a provider which contain third party payments.
MARS Premium or Per-Capita Payment	6364	The amount of premium or per capita payments made on behalf of a recipient maintained by type of premium.
MARS Premium/Per Capita Payment Eligibility Indicator	6363	A one-digit counter used to indicate whether or not a recipient is eligible for the Medicaid Program to pay a premium or per capita fee on his or her behalf.
MARS Premiums Collected	6600	The total dollar amount of premiums collected.
MARS Prescription by Therapeutic Class	6710	The number of prescriptions by MARS Aid Category for the therapeutic class.
MARS Previous Cycle Month End Date	6351	The last day of the previous month's MARS cycle.
MARS Print Report Switch	6041	This switch is used to set which report needs to be printed.
MARS Prior Month End Date	6022	Month end date of the prior Mars Cycle.
MARS Prior Year Provider Enrollment Total	6258	The total provider enrollment for the prior fiscal year.
MARS Process Cycle Begin Date	6004	This date is the beginning year, month and day of the MARS process cycle.
MARS Process Cycle Begin Day of Century	6005	The MARS Process Cycle Begin Date expressed in terms of the Day of Century.
MARS Process Cycle End Date	6006	This date is the ending year (including century), month and day of the MARS process cycle.
MARS Process Cycle End Day of Century	6007	This latest payment date for claims and financial transactions processed during a MARS cycle is carried on all MARS files created and/or updated in the cycle.
MARS Process Date	6088	The month and year for which the data is processed.
MARS Processing Month	6973	It has the value of Processing month.
MARS Processing Year	6972	The Processing year.
MARS Provider Claims Paid During the Process Month Based on Payment Date	6518	The number of claims paid for a provider for provider type during the MARS process month based upon the Date of Payment.
MARS Provider Claims Paid During the Process Month Based on Service Date	6517	The number of claims paid for a provider for provider type during the MARS process month based upon the Date of Payment.
MARS Provider Current Fiscal Year End	6775	Provider Current Fiscal Year End Date
MARS Provider enrollment Indicator	6450	A one digit counter indicating whether or not a provider was eligible to render Medicaid services during a process month.

Element Name	Element ID	Description
MARS Provider History File Record Counts	6493	The number of records by record type contained on the MARS Provider History File.
MARS Provider History File Record Type	6491	This field establishes the primary sequence and the record format for the MARS Provider History File.
MARS Provider History Report File Record	6508	This field establishes the primary sequence and the record format for the MARS Provider History Report File. It contains the report number of the report that will be produced from the report record.
MARS Provider Participating by Provider Type	6062	The number of providers who rendered services for which payment was made during the MARS process month.
MARS Provider Prior Fiscal Year End	6785	Provider's Prior Fiscal Year End Date
MARS Provider Status	6780	Label indicating if the Provider is Active or Cancelled.
MARS Provider/Provider Type Record Type Modifier	6492	This field specifies the particular format of the Provider/Provider Type records.
MARS Provider/Provider Type YTD Invoice Count	6454	A count of the number of invoices received by a provider during the year.
MARS Providers Enrolled by Provider Type	6060	The number of providers enrolled for a month by Provider Type.
MARS Providers Enrolled by Provider Type	6451	The sum by Provider Type of the number of providers on the Provider Master File who were eligible to furnish services during the process month.
MARS Providers Enrolled Fiscal YTD by Provider Type	6061	The total by Provider Type of the number of providers eligible for the State fiscal year-to-date.
MARS Providers Enrolled Fiscal YTD by Provider Type	6453	The sum by Provider Type of the number of providers eligible for the fiscal year-to-date.
MARS Providers Participating Fiscal YTD by Provider Type	6063	The number of providers who have rendered services for which payment has been made during the State fiscal year-to-date by Provider Type.
MARS QTD Charge Amount	6046	The sum of all billed amounts for the quarter.
MARS QTD Copay Amount	6047	The sum of all co-pay amounts for the quarter.
MARS QTD County Expenditure by Category of Service	6381	This field contains current quarter expenditures. It is maintained by county/Category of Service sequence. This amount is maintained on a statewide basis.
MARS QTD TPL Payment Amount	6045	The sum of all TPL payment amounts for the quarter.
MARS QTD Units of Service on Claims	6727	The quarter-to-date accumulation of Units of Service billed on a claims line for a procedure.
MARS Quarter Begin Month	6016	The numeric month representing the first month of each quarter of the State and Federal fiscal years.
MARS Recipient Age	6602	The age of a recipient rounded to the nearest whole year and relative to the date specified below by MARS report number. Recipient Age is used in most cases to determine the correct age grouping. However, in some instances it is reported directly as ind
MARS Recipient Birth Day of Century	6185	The recipient's date of birth as recorded on a claim is stored on the MARS Claim Extract File in Day of Century format.
MARS Recipient Date Origin	6616	This field is used to indicate whether the recipient demographic data required for Federal reports was obtained from claims data or the recipient's eligibility record directly; the later has precedence.
MARS Recipient Eligibility - Current Year	6238	The current year recipient totals for the MR-O-088 DMAS 4.09 Recipient Eligibility Summary Report. This field occurs four times for each month.
MARS Recipient Eligibility - Prior Year	6194	The prior year recipient totals for the MR-O-088 DMAS 4.09 Recipient Eligibility Summary Report. This field occurs four times for each month.
MARS Recipient Eligibility Indicator	6358	This flag indicates whether the recipient was eligible for Medicaid service by Aid Category during a MARS process month. This may apply to either the State or Federal Service Month.

Element Name	Element ID	Description
MARS Recipient Eligibility YTD Indicator	6359	A one-digit counter set to "1" if a recipient was eligible for services at any time during the fiscal year. The fiscal year basis may be State or Federal, depending upon the file of origin.
MARS Recipient History File Key	6390	This field contains the data which establishes the sequence of the MARS Recipient History File. It is composed of Record Type and a variable portion dependent upon Record Type.
MARS Recipient History File Record Type	6391	This field designates the MARS Recipient History File record type and format.
MARS Recipient Medicare Eligibility Code	6361	This field indicates a recipient's status relative to Medicare eligibility.
MARS Recipient Medicare Eligibility Type	6357	This field indicates a recipient's status relative to Medicare eligibility.
MARS Recipient Medicare Eligible - State Buy-In	6356	This field indicates a recipient's status relative to Medicare State Buy-In.
MARS Recipient Participating by Provider Type YTD	6266	The year-to-date unduplicated number of recipients for whom medical services have been paid during the process month by provider type.
MARS Recipient Participating YTD by Provider Type	6272	The unduplicated number of recipients for whom medical services have been paid during the state fiscal year-to-state by Provider Type.
MARS Recipient Participation by Provider Type	6354	This field indicates a recipient's status relative to Provider Type.
MARS Recipient Participation by Type of Service	6365	This field contains a flag for each Type of Service. If the recipient has participated within the last year in any of the service areas, the respective flag is turned on.
MARS Recipient Reimbursement Amount YTD	6196	This field contains the YTD Reimbursement Amount for each recipient's transaction on the MARS Claims Extract File.
MARS Recipient Segment Count	6939	A count of the number of recipient segments needed to properly record Unduplicated Recipient Participation Counts.
MARS Recipient Served YTD Category of Service Indicator	6362	This field occurs once for each Category of Service and contains an indication whether the recipient has received service in the category during the State Fiscal Year-to-Date.
MARS Recipient Service Date History File Record Type	6199	This field designates the MARS Recipient Service Date History File record type.
MARS Recipient YTD Participation Counter	6360	A one-digit counter that is set to '1' if a recipient has had at least one Claim Record paid for services rendered on his or her behalf during the fiscal year.
MARS Recipients Certified by Category of Assistance	6053	The total unduplicated recipients certified by category of assistance.
MARS Recipients Eligible by Category of Assistance	6050	The unduplicated number of recipients eligible to receive medical assistance during a month by Category of Assistance.
MARS Recipients Eligible by Eligibility Classification	6076	The number of recipients eligible for Medicaid services in the current process for the associated eligibility Classification.
MARS Recipients Eligible Fiscal YTD by Category of Assistance	6051	The unduplicated number of recipients eligible to receive medical services during the state fiscal year-to-date by Category of Assistance.
MARS Recipients Eligible YTD by Eligibility Classification	6077	The number of recipients eligible year to date for Medicaid services for the associated eligibility classification.
MARS Recipients Participating by Category of Assistance	6055	The unduplicated number of recipients by Category of Assistance for whom medical services were paid during the month.
MARS Recipients Participating by Category of Assistance/Category of Service	6330	An unduplicated count of the number of recipients receiving on claims processed during the MARS process month by Category of Service and Category of Assistance.
MARS Recipients Participating by Eligibility Code and Category of Service	6264	An unduplicated count of the number of recipients receiving services on claims processed during the MARS process month by Category of Service and Eligibility Code.
MARS Recipients Participating by Eligibility Code and Category of Service - YTD	6271	An unduplicated count of the number of recipients receiving services for the State fiscal year-to-date by Eligibility Code and Category of Service.

Element Name	Element ID	Description
MARS Recipients Participating by Eligibility Code and Category of Service for Service Month	6263	An unduplicated count of the number of recipients receiving services on claims processed during the MARS process month by Category of Service and Eligibility Code.
MARS Recipients Participating by Provider Type	6265	The unduplicated number of recipients for whom medical services have been paid during the process month, by Provider Type.
MARS Recipients Participating Fiscal YTD by Category of Assistance	6056	The unduplicated number of recipients of medical services for which payment has been made during the State fiscal year-to-date by Category of Assistance.
MARS Recipients Served by Provider/Provider Type	6503	An unduplicated count of the number of recipients served by a provider for a provider type during the process month.
MARS Recipients Served by Therapeutic Class/MARS Aid Category	6711	An unduplicated count of recipients by MARS Aid Category that received one or more drugs in the therapeutic class.
MARS Record Number	6999	The unique number or code which identifies the record format, content and sequence to program processing.
MARS Record Type	6080	This code designates the type of record.
MARS Record Type Modifier	6995	MARS Record Type Modifier
MARS Reimbursed Days of Care	6613	The sum of the number of days of care reimbursed (paid for) by Medicaid for each recipient by type of facility for the time period indicated by HCFA-2082 File Type (DE 6601).
MARS Reimbursement Amount	6131	This field contains the total reimbursement amount for each transaction on the MARS Claims Extract File. The amount is appropriately signed according to the transaction type.
MARS Reimbursement Amount by Type of Service	6603	The accumulated reimbursement amount by Type of Service.
MARS Reimbursement Amount to Cost Settled Providers	6433	The total reimbursement amount paid to cost settled providers for the current fiscal year to date and the previous fiscal year.
MARS Reimbursement for Physician Surgical Procedures	6607	The YTD amount of reimbursement for physicians surgical services.
MARS Reimbursement for Rural Health Surgical Procedures	6611	The amount, by Recipient ID, of reimbursements for rural health surgical services.
MARS Rendering Provider	6125	This is the rendering provider number used in PCN processing.
MARS Report Date	6087	The date of the MARS process cycle which is printed on all reports.
MARS Report Record Type	6504	This code designates the type of MR-O-18 Record: Report Record or Error Record.
MARS Report Run Selection Flag	6091	An indicator that specifies whether or not a report is produced by the MAR Subsystem for the process cycle. This is an override used in connection with Report Production Frequency.
MARS Report Variance Dollars	6034	The difference as shown between budget figures and actual figures.
MARS Report Variance Percent	6035	The difference as shown in percentage figures between budget dollars and actual dollars.
MARS Run Type	6085	An indicator that specifies the type of MARS process cycle.
MARS SAS-665 Record Code	6574	Code used to distinguish between provider and recipient related records the SAS-665 Claims Detail File.
MARS SAS-665 Report Code	6592	Code used to distinguish the records associated with specific report types on the SAS-665 Summary File (MR-F-035).
MARS Service Amount Update File Record Type	6198	This field designates the MARS Service Amount Update File record type.
MARS Service Date Range - From Date	6000	The from date for the selected date range of the data presented on a report.
MARS Service Date Range - Thru Date	6012	The "thru" date for the selected date range of the data presented on a report

Element Name	Element ID	Description
MARS State Fiscal Year	6008	Buy-in eligible and premium data are stored on the MARS Control File by month for a fiscal year. Category of Assistance data are stored on the control file by month for 3 fiscal years.
MARS State Fiscal Year Begin Date	6002	The date representing the beginning year, month and day of the current State fiscal year.
MARS State Fiscal Year Begin Day of Century	6003	The State fiscal year begin date expressed in terms of the Day of Century.
MARS Sterilization Indicator	6149	This field indicates whether the claim represents a sterilization related to family planning, based on the diagnosis or procedure code. It also indicates whether the claim represents a non-sterilization related to family planning based on the diagnosis or procedure code.
MARS Submitted Charges by Category of Service	6241	The sum by Category of Service of the total claim charge for all claims on the MARS Claim Extract File.
MARS Submitted Charges by Provider/Provider Type	6441	The total charges submitted by a provider for services rendered by Provider Type.
MARS Subsidiary Report Code	6940	The MARS Report Code that ties the data on the selected record to the specific report on which it is accumulated and printed.
MARS Surgical Procedure Indicator	6152	This field indicates whether the associated procedure was a surgical procedure or a visit.
MARS System Startup Date	6082	The date in which the MARS Control File is initially created.
MARS Third Party Claims by Provider Type	6427	The sum by Provider Type of the number of adjudicated claims which included some payment from a Third Party.
MARS Third Party Liability Indicator	6107	Indicates whether third party payments were made on the claim.
MARS Third Party Payment Amount by Provider/Category of Service	6543	The amount of Third Parties on claims for each provider by Category of Service.
MARS Third Party Payment Amount by Provider/Provider Type	6428	The sum of the amount of Third Party Payments on all claims for each provider by Provider Type. Medicare Crossover claims and pended claims are excluded from this amount.
MARS Third Party Payment by Provider Type	6429	The total dollar figure by Provider Type of Third Party amounts for all claims. Medicare Crossover and pended claims are excluded from calculation of this amount.
MARS Third Party Payment by Source of Funds	6677	Third Party payment by Source of Funding and type of collection.
MARS Third Party Payments as a Percentage of Total Dollars by Provider/Category of Service	6505	This field contains the percentage of total dollars that third party payments represent.
MARS Total Add/Pay Financial Payment Amounts for Cost Settlement Providers	6218	The calculated total for add/pays transactions for Cost Settlement.
MARS Total Add/Pay Other Financial Payment Amounts	6217	The calculated total for add/pay, "other" financial transactions..
MARS Total Adjustment Amount	6606	The total amount of adjustments (credits, debits, and voids) of all claims for each recipient.
MARS Total Advanced Payment Amounts	6929	Sum of all financial payments with Disposition = "01" and Adjustment Reason = "9000".
MARS Total Claim Payment Amounts for Cash Receipt, Current Period	6937	MARS calculated Total Payment Amounts for Cash Receipt, Current Period, Claim or Financial or Non-Payee; transactions where MARS Element = 23.
MARS Total Claim Payment Amounts for Financial Offset, Debit or Credit	6935	MARS calculated Total Payment Amounts for Financial Offset, Debit or Credit; transactions where MARS Element = 22.
MARS Total Claim Payment Amounts for Voided Check, due to Claim Debit Reversal	6931	MARS calculated Total Claims Payment Amounts for Voided Checks due to Claim Debit Reversal; transactions where MARS Element = 25.
MARS Total Claim Payment Amounts for Voided Check, due to Financial Credit Reversal	6933	MARS calculated Total Claims Payment Amounts for Voided Checks due to Financial Credit Reversal; transactions where MARS Element = 24.

Element Name	Element ID	Description
MARS Total Claim Units for Advanced Payments	6916	MARS Sum of all financial transactions units with Disposition ="01" and Adjustment Reason = "9000"
MARS Total Claim Units for Cash Receipt, Current Period	6938	MARS Total Claim Units for Cash Receipt, Current Period, Claim or Financial or Non-Payee; transactions where MARS Element = 23.
MARS Total Claim Units for Claim Recoupments - Prior Period	6918	MARS Sum of all financial transaction units with Adjustment Reason = "9999" (Memo Transactions).
MARS Total Claim Units for Claim Recoupments - This Period	6917	MARS Sum of all financial transaction units with Adjustment Reason = "1000" - "1999" for financial recoupment setup.
MARS Total Claim Units for Enhanced DSH Claims	6887	MARS Sum of claim units for all claim and financial transactions with Object Code = "123310" and "123311".
MARS Total Claim Units for Financial Offset, Debit or Credit	6936	MARS Total Claims Units for Financial Offset, Debit or Credit; transactions where MARS Element = 22.
MARS Total Claim Units for HIPP Claims	6877	MARS Sum of claim units for Health Insurance Premium Payments with Disposition = "01" and Adjustment Reason = "9007".
MARS Total Claim Units for HMO Capitation Claims	6878	MARS Sum of claim units for Claim Type = "15" with Disposition = "01".
MARS Total Claim Units for Manual Checks	6923	MARS Sum of claim units for all manual checks issued
MARS Total Claim Units for Mass Adjustments - Net Negative	6859	MARS Sum of all claim units with Disposition = "03" or "04" and appropriate Reason Code.
MARS Total Claim Units for Mass Adjustments - Net Positive	6858	MARS Sum of all claim units with Disposition = "02"
MARS Total Claim Units for MCO Management Fees	6879	MARS Sum of all claim units for Claim Type = "16" or "17" with Disposition = "01"
MARS Total Claim Units for Negative Balances Carried Forward	6919	MARS Sum of all financial transaction units with Adjustment Reason Code = "9999".
MARS Total Claim Units for Other Adjustments - Net Negative	6849	MARS Sum of all claim and financial units with Disposition = "03" or "04" other than Mass Adjustments.
MARS Total Claim Units for Other Adjustments - Net Positive	6848	MARS Sum of all claim and financial units with Disposition = "02" other than Mass Adjustments.
MARS Total Claim Units for Paid Claims	6941	MARS Total Claim Units for Paid (Original) Claims
MARS Total Claim Units for Voided Check, due to Claim Debit Reversal	6932	MARS Total Claim Units for Voided Checks due to Claim Debit Reversal; transactions where MARS Element = 25.
MARS Total Claim Units for Voided Check, due to Financial Credit Reversal	6934	MARS Total Claim Units for Voided Checks due to Financial Credit Reversal; transactions where MARS Element = 24.
MARS Total Claim Units for Voided Claims	6926	MARS Total Claim Units for all claim and financial transactions with Adjustment Reason = "6000" through "6004", "6006" or "6007".
MARS Total Claim Units for Xover Claims	6857	MARS Total Claim Units of Service for Crossover claims (Medicare), Title XVIII.
MARS Total Claims Count	6279	MARS Total Claims Count.
MARS Total Claims Payment Amounts by Invoice/Claim Type	6277	MARS Total Payment Amount by Invoice/Claim Type.
MARS Total Claims Payment Amounts for Claims Pended in the Month by Claim Type	6945	Total of Claims Total Document Charge Amount (DE2017) for claims pended in the month.
MARS Total Copay	6692	The total dollar amount of all co-payments for the Category of Service.
MARS Total Cost Sharing Contribution	6617	The total dollar amount of all deductibles, co-payments, and coinsurance collected.
MARS Total Count of Claims by Invoice/Claim Type	6278	MARS Total Claim Count by Invoice/Claim Type.

Element Name	Element ID	Description
MARS Total Days Approval to Payment by Category of Service	6283	The sum by Category of Service Code of the number of days between claims approval and claims payment for all paid claims.
MARS Total Days Entry to Adjudication by Category of Service	6281	The total number of days for all adjudicated claims between the Date of Claim Receipt and the Date of Adjudication.
MARS Total Days Entry to Payment by Category of Service	6282	The sum, by Category of Service Code, of the number of days between claims system entry and payment for claims approved for payment.
MARS Total Days of Care by Facility Type	6612	The sum of the total number of days of care for each recipient by type of facility for the time period indicated by HCFA 2082 File Type (DE 6601).
MARS Total Days Service to Entry by Category of Service	6280	The total of the number of days between the Date to Service and the Date of Claim Receipt for all adjudicated claims.
MARS Total Deductible and Co-payments	6601	The total deductible co-payments and coinsurance amount, for both categorically and medically needy, contributed by the recipient.
MARS Total EMC Claim Counts	6225	The calculated count for all EMC claims.
MARS Total EMC Claim Payments	6119	Total EMC claim payment amount.
Mars Total Encounter Claims Count	6126	Mars total encounter claims count
MARS Total Enhanced DSH Claims Payment Amounts	6227	The calculated total for Enhanced DSH payments.
MARS Total Financial Transaction Amount	6622	The total amount of gross level adjustments which cannot be identified by Federal Type of Service and Category of Assistance.
MARS Total Financial Transaction Amount - Physician Visits	6643	The total amount of physician visits on gross level adjustments which cannot be identified by Federal Type of Service.
MARS Total HIPP Claims Payment Amounts	6073	The calculated total amount for Health Insurance Premium Payments.
MARS Total HMO Claims Capitation Payment Amounts	6074	The calculated total for HMO capitation payments.
MARS Total Manual Checks Payment Amounts	6928	Sum of all payment amounts for all manual checks issued.
MARS Total Mass Adjustment Amounts - Net Negative	6992	Sum of all claim payments with Disposition of "03" or "04" and appropriate Adjustment Reason.
MARS Total Mass Adjustment Amounts - Net Positive	6219	The calculated total for mass adjustment transactions with Disposition = "02"
MARS Total MCO Claims Management Fees	6075	The calculated total payments for MCO management fees.
MARS Total Medicare Claims Payment Amounts	6133	The calculated total amount which Medicare paid for services claimed on Title XVIII Crossover Claims.
MARS Total Negative Balance Claims Payment Amounts, Carried Forward	6927	Sum of all financial memo transaction (Adjustment Reason = "9999")
Mars Total Non-Recipient Transaction Payments	6129	Mars total non-recipient transaction payments.
MARS Total Original Claims Payment Amounts	6113	The MARS calculated total for accumulated Claims Payment Amounts for "Original" Claims.
MARS Total Other Adjustment Amounts - Net Negative	6760	Sum of all claims and financial payments with Disposition = "03" or "04" other than Mass Adjustments.
MARS Total Other Adjustment Amounts - Net Positive	6232	The calculated total for all other system payouts with Disposition = "02" other than Mass Adjustments.
MARS Total PAPER Claim Counts	6226	The calculated count for all PAPER claims.
MARS Total Paper Claim Payments	6316	Total paper claims payment amount
MARS Total Patient Pay Amount	6366	The total dollar amount of all patient payment amounts for the Category of Service.
MARS Total Payments Computable for Federal Funding of Sterilizations or Abortions	6686	Total of MRCX8-REIMB-AMT for all sterilizations or abortions performed.

Element Name	Element ID	Description
MARS Total Recoupment Amounts - Prior Period	6355	Sum of all financial payments with Adjustment Reason "9999" (memo transactions) which are internally built during the RA generation process for recouped amounts applied from prior periods during the weekly payment cycle.
MARS Total Recoupment Amounts - This Period	6231	The calculated total for recoupments processed with Adjustment Reason = "1000" - "1999".
MARS Total Unduplicated Count of Providers	6624	MARS Unduplicated Count of Medicaid Providers
MARS Total Unduplicated Count of Recipients	6964	An unduplicated count of eligible recipients who received selected services, of all types. These counts are accumulated by Monthly, Quarterly, Semi-annual, and Annual periods, for both the Prior and Current Year.
MARS Total Units for Add/Pay Financial Transactions for Cost Settlement Providers	6888	MARS Sum of all financial transactions units with Disposition = "01" and Adjustment Reason = "9009" through "9027".
MARS Total Units for Add/Pay Other Financial Transactions	6889	MARS Sum of all financial units with Disposition = "01" and Adjustment Reason = "9001" through "9006" and "9008".
MARS Total Void Adjustment Amounts	6228	The calculated total for adjustments processed (positive or negative) for claim voids.
MARS Trailer Record Counts	6998	The number of each type of record carried on a file which may be found in that file.
MARS Transportation Claim Trip Count	6930	Number of Trips
MARS Type of Service for Federal Reporting	6108	A Federally-defined code indicating the type of service being billed. This field is determined based on a combination of claim type, provider type, procedure codes, age and other claim data.
MARS Unduplicated Participation Indicator	6948	The MARS Unduplicated Participation Indicator is set for each monthly occurrence, up to two years (24 occurrences), for each month that a recipient receives services (or has a claim).
MARS Unduplicated Record Table Type	6993	The MARS Unduplicated Record Code identifies the record type of the records within the MARS Unduplicated Recipient Participation File (MR-F-053), as well as the MARS Unduplicated Recipient Counts Summary File (MR-F-061).
MARS Unduplicated Record Table Value	6994	The MARS Unduplicated Record Table Value contains the value of the 4 fields that are identified by the MARS Unduplicated Record Table Type.
MARS Units of Service	6252	Units of service count
MARS Units of Service by Category of Assistance	6058	The total of the Units of Service rendered to Medicaid recipients in each Category of Assistance.
MARS Units of Service by Category of Assistance/Category of Service	6332	The total of the Units of Service (DE 6147) rendered to Medicaid recipients by Category of Assistance and by Category of Service in each payment month.
MARS Units of Service by Category of Service	6249	The sum by Category of Service of the number of the Units of Service on each paid claim.
MARS Units of Service by Eligibility/Category of Service - Payment Month	6247	The total of the Units of Service rendered to Medicaid recipients by Eligibility Code (SCOA) and by Category of Service in each payment month.
MARS Units of Service by Eligibility/Category of Service for Service Month	6246	The total of the Units of Service rendered to Medicaid recipients by Eligibility Code and by Category of Service for each Service month.
MARS Units of Service by Provider Type	6250	The total units of service rendered to Medicaid recipients in each Provider Type.

Element Name	Element ID	Description
MARS Units of Service on Claim	6147	The number of units reported for each claim in MARS. Calculated as follows: Claim Type Units Calculation 01 EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS 02 EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS 03 EWR-N-UNITS-UB - EWR-N-UB-CBACK-UNITS 04 EWR-N-UNITS 05 EWR-N-UNITS 06 1 unit per claim 08 EWR-N-UNITS 09 XOVA: EWR-N-COVD-DAYS - EWR-N-NCOV-DAYS XOVB: EWR-N-UNITS 10 EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS 11 EWR-N-UNITS 13 1 unit per claim 15 1 unit per claim 16 1 unit per claim 17 1 unit per claim 96 1 unit per claim
MARS Units Per Eligible by Category of Service/Category of Assistance	6502	This field is computed as Units of Service divided by eligible recipients.
MARS Visit Other	6855	Visit Other field is used to group procedure codes together for reporting on MR-O-032 D Cost Settlement (FQHC & RHC) report.
MARS YTD Charge Amount	6096	YTD Charges submitted by the provider
MARS YTD Claims Paid by County and Category of Service	6375	The number of claims received for the associated Category of Service and county.
MARS YTD Copay Amount	6097	YTD Copay Amount.
MARS YTD County Expenditures by Category of Service	6382	This field contains annual expenditures. It is maintained by county/Category of Service sequence. This amount is maintained on a state-wide basis.
MARS YTD Drug Usage Drug Cost	6732	This field is a year-to-date accumulation of the Drug Code.
MARS YTD Payment by County and Category of Service	6374	The YTD claim payments made by Medicaid by Category of Service.
MARS YTD Recipient Cost Sharing Amount by Category of Service	6376	The YTD amount of deductible, co-payment or coinsurance money collected from the recipient for the category of service.
MARS YTD TPL Payment Amount	6048	The sum of all TPL payment amounts for the year.
MARS YTD Units of Service on Claim	6731	The year-to-date accumulation of Units of Service billed on a claims line for a procedure.
Medicaid Eligibility Status	7042	Medicaid Eligibility Status of the Recipient.
MMA File Creation Month	7040	The month in which the MMA extract file is created. This field is derived from DE 6088 (MRCTL-2-PROCESS-DATE-YM).
MMA File Creation Year	7041	The year in which the MMA extract file is created.
MMA Recipients HIC-RRB Indicator	7043	This field indicates if the number present in the HIC-NUMBER field is a Medicare Number or an RRB number.
MMA Record Identification Code	7037	The Medicare Modernization Act Record Identification Code. This field identifies the type of record that's being processed. For example if this field contains a value 'DET', then it indicates the record associated with this record identification code is a Detail record (created by FHSC).
MSIS-EL-ETHNICTY-CODE	7002	Indicates recipient is of Hispanic or Latino ethnicity
MSIS-EL-WAIVER-ID 1 thru 3	7004	Monthly Fields - Fields for specifying up to three waiver programs under which the eligible individual is covered during the month.
MSIS-EL-WAIVER-TYP 1 THRU 3	7003	Monthly Fields - Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
NORMAL-FMAP-MINUS-PCT	6021	The FMAP (Federal Medical Assistance Percentage) which corresponds to the Federal share of payments made on behalf of Title XIX eligible that are not refugees for services rendered other than family planning.

Element Name	Element ID	Description
Number of Recipient Records Present in the MMA file	7039	The total number of records present in the MMA extract file.
PART D Subsidy Approval Date	7049	PART D subsidy approval Date.
PARTD Percentage of FPL	7052	For those Individuals who apply for the low income subsidy, identify the specific percent income determination policy.
PARTD Subsidy Approved	7046	Identifies whether the PART D application was approved or not.
PARTD Subsidy End Date	7051	The Medicare Part D subsidy End Date.
PARTD Subsidy Level	7053	Identifies portion of Part D premium subsidized, based on sliding scale linked to %FPL.
PARTD Subsidy Start Date	7050	The Medicare Part D Subsidy Start Date
PRM-DATA-COL	7030	It has the column name from the table.
PRM-DATA-LEN	7034	This field contains the length of the data field
PRM-DATA-NDX	7032	This field contains the index value for the PRM-DATA table
PRM-DATA-OCC	7033	This field defines the number of occurrences within the table
PRM-DATA-TBL	7031	This field contains the table name form which the columns are being selected.
PRM-LIST-REC	7035	This field contains the listing of the record
Race code 1 thru 5	7001	Race code 1 thru 5 are defined to capture and report recipients who belong to multiple Race categories.
Resource Level	7056	Resource Level of the recipient.
Result of an Appeal	7058	Result of an Appeal, this field is only populated if an appeal is filed against the Part D denial.
State Code	7038	The State, that is submitting the data.

Element ID	Element Name	Description
2137	Claim Revenue Non-Covered Amount	The difference between what the provider billed and how much of the claim Medicaid would cover.
6000	MARS Service Date Range - From Date	The from date for the selected date range of the data presented on a report.
6001	MARS Fiscal Year Begin Month	The numeric month representing the first month of the agency and Federal fiscal years.
6002	MARS State Fiscal Year Begin Date	The date representing the beginning year, month and day of the current State fiscal year.
6003	MARS State Fiscal Year Begin Day of Century	The State fiscal year begin date expressed in terms of the Day of Century.
6004	MARS Process Cycle Begin Date	This date is the beginning year, month and day of the MARS process cycle.
6005	MARS Process Cycle Begin Day of Century	The MARS Process Cycle Begin Date expressed in terms of the Day of Century.
6006	MARS Process Cycle End Date	This date is the ending year (including century), month and day of the MARS process cycle.
6007	MARS Process Cycle End Day of Century	This latest payment date for claims and financial transactions processed during a MARS cycle is carried on all MARS files created and/or updated in the cycle.
6008	MARS State Fiscal Year	Buy-in eligible and premium data are stored on the MARS Control File by month for a fiscal year. Category of Assistance data are stored on the control file by month for 3 fiscal years.
6009	MARS HCFA 2082 Update File Discharge Flag	MARS HCFA 2082 Update File Discharge Flag
6010	MARS Federal Fiscal Year Begin Date	The date representing the beginning year (including century), month and day of a Federal fiscal year.
6011	MARS Federal Fiscal Year Begin Day of Century	The Federal Fiscal Year Begin Date expressed in terms of the Day of Century.
6012	MARS Service Date Range - Thru Date	The "thru" date for the selected date range of the data presented on a report
6013	MARS MR Days	Calculated numberof days of intermediate care for the mentally retarded that are paid for by Medicaid.
6014	MARS LEAVE DAYS	Number of days that the patient dod not reside in a Long Term Care facility.
6015	MARS NURSE FACILITY DAYS	
6016	MARS Quarter Begin Month	The numeric month representing the first month of each quarter of the State and Federal fiscal years.
6017	MARS Number of Days Stay	The number of days that a patented stayed in a facility.
6020	MARS Normal Federal Medical Assistance Percentage	The FMAP (Federal Medical Assistance Percentage) which corresponds to the Federal share of payments made on behalf of Title XIX eligible that are not refugees for services rendered other than family planning.
6021	NORMAL-FMAP-MINUS-PCT	The FMAP (Federal Medical Assistance Percentage) which corresponds to the Federal share of payments made on behalf of Title XIX eligible that are not refugees for services rendered other than family planning.
6022	MARS Prior Month End Date	Month end date of the prior Mars Cycle.

Element ID	Element Name	Description
6026	MARS Non-Recipient Financial Transactions	The total amount of non-claim related Financial expenditures reported on MR-O-067, the data accumulated includes the following financial transactions: Other Adjustments Insurance Premium Payments Capitation Payments Management and Admin Fees Enhanced DSH Add-Pay Cost Settlement Add-Pay other Advanced Payments Recoupments Negative Balance Carried Forward Manual issued Checks Voids Processed
6029	MARS Non-Recipient Financial Transactions by Eligibility Code Category of Service for Service Month	The total amount of non-claim related Financial expenditures, by Eligibility Code Category of Service for Service Month, reported on MR-O-067, the data accumulated includes the following financial transactions: Other Adjustments Insurance Premium Payments Capitation Payments Management and Admin Fees Enhanced DSH Add-Pay Cost Settlement Add-Pay other Advanced Payments Recoupments Negative Balance Carried Forward Manual issued Checks Voids Processed
6030	MARS Original Budget Amount by Category of Service	A budget amount that is initially derived to cover claim amounts during a month for a particular Category of Service Code.
6031	MARS Current Budget Amount by Category of Service	A budget amount that reflects revisions (if any) made to the Original Budget Amount. The current, or revised budget amount, more accurately covers the projected claim amounts during a month for a particular Category of Service.
6034	MARS Report Variance Dollars	The difference as shown between budget figures and actual figures.
6035	MARS Report Variance Percent	The difference as shown in percentage figures between budget dollars and actual dollars.
6037	MARS Medicare Buy-In Premium	The total premium amount paid during a month of the fiscal year for those recipients bought-in to Medicare Part B by other sources. This data includes State Buy-In Premiums also.
6038	MARS Medicare Buy-In Premium - State	The total premium amount paid during a month by the State, of the fiscal year, for Medicare Part B.
6039	MARS Number Recipients Bought-In for Medicare Part B	The number of Medicaid recipients whose Medicare Part B premiums are paid by Medicaid. (HCFA Buy-in Number not blank and Buy-In Dates show eligible for time period.)
6040	MARS HCFA MSIS Eligibility Group	The composite of eligibility mapping create the corresponding MAS and BOE values.
6041	MARS Print Report Switch	This switch is used to set which report needs to be printed.
6042	MARS HCFA MSIS Dual Eligible Flag	Indicates coverage for individuals entitled to Medicare for some category of Medicaid Benefits.
6043	MARS Cost Settlement Flag	Flag that indicates that this claim is cost settled.
6044	MARS File Type	Indicator for file type
6045	MARS QTD TPL Payment Amount	The sum of all TPL payment amounts for the quarter.
6046	MARS QTD Charge Amount	The sum of all billed amounts for the quarter.
6047	MARS QTD Copay Amount	The sum of all co-pay amounts for the quarter.

Element ID	Element Name	Description
6048	MARS YTD TPL Payment Amount	The sum of all TPL payment amounts for the year.
6049	MARS Average Units Per Recipient by Category of Assistance	Average Units is computed as number of units divided by number of recipients certified.
6050	MARS Recipients Eligible by Category of Assistance	The unduplicated number of recipients eligible to receive medical assistance during a month by Category of Assistance.
6051	MARS Recipients Eligible Fiscal YTD by Category of Assistance	The unduplicated number of recipients eligible to receive medical services during the state fiscal year-to-date by Category of Assistance.
6052	MARS Application to Certification Total Days by Category of Assistance	The sum of the number of days from application date to Medicaid certification date for these eligible certified (added) to the Recipient Eligibility History File during a MARS process month by Category of Assistance.
6053	MARS Recipients Certified by Category of Assistance	The total unduplicated recipients certified by category of assistance.
6054	MARS Average Days Certified by Category of Assistance	Average Days Certified is computed as number of days certified divided by number of recipients certified.
6055	MARS Recipients Participating by Category of Assistance	The unduplicated number of recipients by Category of Assistance for whom medical services were paid during the month.
6056	MARS Recipients Participating Fiscal YTD by Category of Assistance	The unduplicated number of recipients of medical services for which payment has been made during the State fiscal year-to-date by Category of Assistance.
6057	MARS Payment by Category of Assistance	The total reimbursement amount paid during the MARS process month for medical services rendered to recipients by Category of Assistance.
6058	MARS Units of Service by Category of Assistance	The total of the Units of Service rendered to Medicaid recipients in each Category of Assistance.
6060	MARS Providers Enrolled by Provider Type	The number of providers enrolled for a month by Provider Type.
6061	MARS Providers Enrolled Fiscal YTD by Provider Type	The total by Provider Type of the number of providers eligible for the State fiscal year-to-date.
6062	MARS Provider Participating by Provider Type	The number of providers who rendered services for which payment was made during the MARS process month.
6063	MARS Providers Participating Fiscal YTD by Provider Type	The number of providers who have rendered services for which payment has been made during the State fiscal year-to-date by Provider Type.
6068	MARS Managed Care Prior Year Enrollment Total	The current year Managed Care enrollment and payment totals for the MR-O-096 - DMAS 4.21 Managed Care Enrollment and Payment Report, Program Operations. This field occurs three times for each Managed Care program.
6073	MARS Total HIPP Claims Payment Amounts	The calculated total amount for Health Insurance Premium Payments.
6074	MARS Total HMO Claims Capitation Payment Amounts	The calculated total for HMO capitation payments.
6075	MARS Total MCO Claims Management Fees	The calculated total payments for MCO management fees.
6076	MARS Recipients Eligible by Eligibility Classification	The number of recipients eligible for Medicaid services in the current process for the associated eligibility Classification.
6077	MARS Recipients Eligible YTD by Eligibility Classification	The number of recipients eligible year to date for Medicaid services for the associated eligibility classification.
6080	MARS Record Type	This code designates the type of record.
6081	MARS Control File Update Date	The date on which a control record was most recently updated.
6082	MARS System Startup Date	The date in which the MARS Control File is initially created.
6085	MARS Run Type	An indicator that specifies the type of MARS process cycle.
6087	MARS Report Date	The date of the MARS process cycle which is printed on all reports.
6088	MARS Process Date	The month and year for which the data is processed.

Element ID	Element Name	Description
6091	MARS Report Run Selection Flag	An indicator that specifies whether or not a report is produced by the MAR Subsystem for the process cycle. This is an override used in connection with Report Production Frequency.
6092	MARS MSIS Procedure Code Flag	A flag that identifies the coding system used for the procedure code for MSIS reporting.
6094	MARS Federal Match Indicator	The MARS federal match indicator.
6095	MARS End of Month Pend Claim Count by Category of Service	Number of MARS claims to be processed in a pended status at month-end.
6096	MARS YTD Charge Amount	YTD Charges submitted by the provider
6097	MARS YTD Copay Amount	YTD Copay Amount.
6102	MARS Claim Count	Is a total count of the number of claims associate with this DRG Case.
6105	MARS Federal Basis of Eligibility	This code specifies the category or basis under which an individual qualifies for medical assistance as required for reporting on Federal filings.
6107	MARS Third Party Liability Indicator	Indicates whether third party payments were made on the claim.
6108	MARS Type of Service for Federal Reporting	A Federally-defined code indicating the type of service being billed. This field is determined based on a combination of claim type, provider type, procedure codes, age and other claim data.
6110	MARS Family Planning Indicator	Indicates whether a diagnosis or procedure code is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services.
6113	MARS Total Original Claims Payment Amounts	The MARS calculated total for accumulated Claims Payment Amounts for "Original" Claims.
6119	MARS Total EMC Claim Payments	Total EMC claim payment amount.
6121	MARS Claim Line Item Indicator	This one-digit number element is used to count lines and is set according to the claim type modifier.
6122	MARS Claim Invoice Indicator	This element is used to count invoices and is set according to the CCN and the claim type modifier.
6125	MARS Rendering Provider	This is the rendering provider number used in PCN processing.
6126	Mars Total Encounter Claims Count	Mars total encounter claims count
6129	Mars Total Non-Recipient Transaction Payments	Mars total non-recipient transaction payments.
6130	MARS Net Charge for Claim	The net charge for a claim line after TPL amounts have been subtracted from the billed charge.
6131	MARS Reimbursement Amount	This field contains the total reimbursement amount for each transaction on the MARS Claims Extract File. The amount is appropriately signed according to the transaction type.
6133	MARS Total Medicare Claims Payment Amounts	The calculated total amount which Medicare paid for services claimed on Title XVIII Crossover Claims.
6141	MARS Managed Care Prior Year Enrollment Total	The prior year Managed Care enrollment and payment totals for the MR-O-096 - DMAS 4.21 Managed Care Enrollment and Payment Report, Program Operations. This field occurs three times for each Managed Care program.
6143	MARS HCFA MSIS TANF Cash Flag	Monthly Field - A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.
6144	MARS HCFA MSIS Health Insurance	A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Enrollment in an HMO does not constitute health insurance for this DE
6145	MARS HCFA MSIS Plan Type	Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.
6146	MARS HCFA MSIS Patient Status	A code indicating the patient's status as of the ENDING-DATE-OF-SERVICE.

Element ID	Element Name	Description
6147	MARS Units of Service on Claim	The number of units reported for each claim in MARS. Calculated as follows: Claim Type Units Calculation 01 EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS 02 EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS 03 EWR-N-UNITS-UB - EWR-N-UB-CBACK-UNITS 04 EWR-N-UNITS 05 EWR-N-UNITS 06 1 unit per claim 08 EWR-N-UNITS 09 XOVA: EWR-N-COVD-DAYS - EWR-N-NCOV-DAYS XOVB: EWR-N-UNITS 10 EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS 11 EWR-N-UNITS 13 1 unit per claim 15 1 unit per claim 16 1 unit per claim 17 1 unit per claim 96 1 unit per claim
6148	MARS Claim Receipt Flag	This flag indicates whether the claim was received during the current process month or a prior month. In addition, claims received in the current month and adjudicated without being pended are indicated.
6149	MARS Sterilization Indicator	This field indicates whether the claim represents a sterilization related to family planning, based on the diagnosis or procedure code. It also indicates whether the claim represents a non-sterilization related to family planning based on the diagnosis or procedure code.
6150	MARS Number of Overrides on Claim	This field is the number of override codes encountered on a claim.
6151	MARS Abortion Indicator	This field indicates whether the claim represents an abortion procedure or diagnosis.
6152	MARS Surgical Procedure Indicator	This field indicates whether the associated procedure was a surgical procedure or a visit.
6153	MARS Error Type	This flag field indicates the type of error for each claim error code encountered during the processing of the Monthly Adjudicated and End of Month Pended Claim Files.
6154	MARS Number of Explanation of Benefits Codes on Claim	This field is the number of Explanation of Benefit codes encountered on a claim.
6155	MARS Net Financial Transaction Amount by Provider Type	The net amount reimbursed or withheld from a provider's payment due to financial transactions.
6159	MARS Other Procedures Counter	This field is used on the abortion/sterilization/hysterectomy claims to count the procedure codes related to this particular claim type.
6160	MARS Claims Pended and Rejected Total Amount by Category of Service	Sum of claims pended amount and claims rejected amount.
6161	MARS Claims Rejected Not Released by Category of Service	This monthly figure of claim lines is maintained on the Administrative and Operations History File for the most recent 24 months.
6162	MARS Claim Lines Rejected by Category of Service	The number of claim lines rejected during a month by Category of Service. This count is maintained for the most recent 24 months on the Administrative and Operations History File.
6163	MARS Amount of Claims Rejected by Category of Service	This monthly figure is maintained on the Administrative and Operations History File for the most recent 24 months.
6164	MARS End of Month Reject Claim Count by Category of Service	Number of MARS claims to be processed in a pended status at month end.
6169	MARS Claims In-Process by Category of Service	Sum of Claims Pended and Claims Rejected this month, plus Claims Rejected Not Released and Claims Pended Not Released, which should equal the sum of Claims in Pend Status at EOM (DE 6095) and Reject Status at EOM (DE 6164).
6170	MARS Claims Suspended this Month by Category of Service	Sum of claims pended and claims rejected this month.

Element ID	Element Name	Description
6178	MARS Count of New Claims Pended by Claim Type	The number of new claims pended. Claims suspended more than once are counted only once.
6179	MARS Count of New Claims Rejected by Claim Type	The number of new claims rejected. Claims rejected more than once are counted only once.
6180	MARS Claim Service From Day of Century	The date on which the first service covered by a claim was rendered to a recipient or the beginning service date covered by a financial transaction.
6181	MARS Claim Service To Day of Century	The last date on which the service covered by a claim was rendered to a recipient or the last service date covered by a financial transaction.
6182	MARS Date of Claims System Entry	The Day of the Century on which a claim enters the processing system.
6183	MARS Adjudication Date	The date of the century on which a claim was approved for payment or denied. If the claims is in process, this date represents the date of last transaction activity.
6184	MARS Payment Date	The day of the century on which a claim payment or financial transaction was made to a provider.
6185	MARS Recipient Birth Day of Century	The recipient's date of birth as recorded on a claim is stored on the MARS Claim Extract File in Day of Century format.
6186	MARS Date of Claim Receipt	The Day of Century on which a claim is received by the Fiscal Agent.
6191	MARS Claims Extract Record Number	The record number specifies the format and primary sequence of records on the MARS Claims Extract File and other Claims-based MARS Files. The MARS Record code must be examined for specific format of MARS Extract Records.
6192	MARS Claims Extract Record Code	This alphanumeric code defines each record type on the MARS Claims Extract File and occurs once on each record type. Additionally it specifies the format of each Claim Detail record.
6194	MARS Recipient Eligibility - Prior Year	The prior year recipient totals for the MR-O-088 DMAS 4.09 Recipient Eligibility Summary Report. This field occurs four times for each month.
6196	MARS Recipient Reimbursement Amount YTD	This field contains the YTD Reimbursement Amount for each recipient's transaction on the MARS Claims Extract File.
6198	MARS Service Amount Update File Record Type	This field designates the MARS Service Amount Update File record type.
6199	MARS Recipient Service Date History File Record Type	This field designates the MARS Recipient Service Date History File record type.
6201	MARS Claims Received by Category of Service	The total number of claims received for processing by the Fiscal Agent during the MARS process month by Category of Service.
6204	MARS Claims Processed Excluding Crossovers by Category of Service	The number of claims processed during a process month excluding Medicare Crossover Claims.
6205	MARS Crossover Claims Processed by Category of Service	The number of Medicare Crossover Claims processed for each Category of Service during a process month.
6207	MARS Number of Months Eligible for Fiscal Year	The number of months a recipient was eligible during the fiscal year.
6208	MARS Participation During Fiscal Year by Type of Service or Category of Service	This flag indicates by Federal Type of Service or Category of Service whether a recipient participated at any time during the fiscal year.
6209	MARS Claims Paid by Provider Type	The number of claim line items which have been paid summed by Provider Type.
6210	MARS Claims Paid by Category of Service	Number of Medicaid claims paid by Category of Service.
6211	MARS Claims Paid by Aid Category/Category of Service	The total number of claim line items approved for payment for each Category of Service within Category of Assistance.
6212	MARS Claims Paid by Eligibility Code Category of Service for Service Month	The total number of claim line items approved for payment for each Category of Service within Eligibility code for Service Month.
6213	MARS Claims Paid with No Errors by Category of Service	The number of claims approved for payment for which no error conditions were encountered during the adjudication process.

Element ID	Element Name	Description
6214	MARS Claims Rejected by Category of Service	Claims Rejected during the month by Benefit Program Code. This amount is maintained for the most recent 24 months on the Administration and Operations History File.
6215	MARS Claims Pended by Category of Service	Claims Pended during the month by Category of Service. This amount is maintained for the most recent 24 months on the Administration and Operations History File.
6216	MARS Claims Paid by Category of Service	Count of Claims Paid (Approved) during the month by Category of Service. This amount is maintained on the MARS Control File.
6217	MARS Total Add/Pay Other Financial Payment Amounts	The calculated total for add/pay, "other" financial transactions..
6218	MARS Total Add/Pay Financial Payment Amounts for Cost Settlement Providers	The calculated total for add/pays transactions for Cost Settlement.
6219	MARS Total Mass Adjustment Amounts - Net Positive	The calculated total for mass adjustment transactions with Disposition = "02"
6220	MARS Paid Adjustment Claims by Category of Service	The net number of claim items for which adjustment has been approved. Adjustments are identified as those transactions with a Claim Type Modifier of '2' (debit adjustment, '3' (credit adjustment), or '4' (void).
6221	MARS Claims Denied by Category of Service	The total number of claims denied for each Category of Service.
6222	MARS Percent of Claims Denied by Provider	The percentage of claims within a Provider Type which were denied.
6223	MARS Claims Pended in Month by Category of Service	The number of claims pended at the end of the process month by Benefit Program Code.
6224	MARS Claims Not Released from Suspense by Category of Service	The number of claims pended at the end of the process month which were not released from suspense for processing during the month by Category of Service.
6225	MARS Total EMC Claim Counts	The calculated count for all EMC claims.
6226	MARS Total PAPER Claim Counts	The calculated count for all PAPER claims.
6227	MARS Total Enhanced DSH Claims Payment Amounts	The calculated total for Enhanced DSH payments.
6228	MARS Total Void Adjustment Amounts	The calculated total for adjustments processed (positive or negative) for claim voids.
6230	MARS Claims Processed by Claim Type	This is a calculated field, which shows a count of the total claims processed in the selected time period by Claim Type.
6231	MARS Total Recoupment Amounts - This Period	The calculated total for recoupments processed with Adjustment Reason = "1000" - "1999".
6232	MARS Total Other Adjustment Amounts - Net Positive	The calculated total for all other system payouts with Disposition = "02" other than Mass Adjustments.
6234	MARS Payment by Category of Service	The total by Category of Service of the reimbursement amount for all paid claims on the MARS Claims Extract File.
6235	MARS Payment by Eligibility Code/Category of Service	The total reimbursement amount for all claims paid during the MARS process month by Eligibility Code and Category of Service.
6236	MARS Payment by Eligibility Code/Category of Service for Service Month	This total reimbursement amount for all claims paid during the MARS service month by Eligibility Code and Category of Service.
6237	MARS Lag Adjustment Factor	The percentage of claims approved for payment by Category of Service and elapsed days measured from the last date of service to the process cycle and date.
6238	MARS Recipient Eligibility - Current Year	The current year recipient totals for the MR-O-088 DMAS 4.09 Recipient Eligibility Summary Report. This field occurs four times for each month.
6241	MARS Submitted Charges by Category of Service	The sum by Category of Service of the total claim charge for all claims on the MARS Claim Extract File.
6242	MARS Claim or Encounter Flag	This field identifies MARS summary information from regular claims or encounter data.

Element ID	Element Name	Description
6244	MARS Claims Denied Amount by Category of Service	The sum of the Net Claim Charge (MARS Claims Extract File) for all claims with a status of 'denied'.
6245	MARS Amount Pended by Category of Service	The sum by Category of Service of the Net Claim Charge (MARS Claims Extract File) on all claims pended at the end of a process month.
6246	MARS Units of Service by Eligibility/Category of Service for Service Month	The total of the Units of Service rendered to Medicaid recipients by Eligibility Code and by Category of Service for each Service month.
6247	MARS Units of Service by Eligibility/Category of Service - Payment Month	The total of the Units of Service rendered to Medicaid recipients by Eligibility Code (SCOA) and by Category of Service in each payment month.
6249	MARS Units of Service by Category of Service	The sum by Category of Service of the number of the Units of Service on each paid claim.
6250	MARS Units of Service by Provider Type	The total units of service rendered to Medicaid recipients in each Provider Type.
6252	MARS Units of Service	Units of service count
6253	MARS Claims with no errors over 20 days	Number of claims with no errors with over 21 days from filing
6254	MARS Managed Care Enrollment - Prior Year	The prior year Managed Care enrollment totals for the MR-O-094 - DMAS 4.20 Managed Care Enrollment Summary Report. This field occurs six times for each month.
6255	MARS Managed Care Enrollment - Current Year	The current year Managed Care enrollment totals for the MR-O-094 - DMAS 4.20 Managed Care Enrollment Summary Report. This field occurs six times for each month.
6256	MARS HMO Enrollment - Prior Year	The prior year HMO enrollment totals for the MR-O-095 - DMAS 4.22 HMO Enrollment Summary Report. This field occurs eight times for each month.
6257	MARS HMO Enrollment - Current Year	The current year HMO enrollment totals for the MR-O-095 - DMAS 4.22 HMO Enrollment Summary Report. This field occurs eight times for each month.
6258	MARS Prior Year Provider Enrollment Total	The total provider enrollment for the prior fiscal year.
6259	MARS Current Year Provider Enrollment Total	The total provider enrollment for the current fiscal year.
6263	MARS Recipients Participating by Eligibility Code and Category of Service for Service Month	An unduplicated count of the number of recipients receiving services on claims processed during the MARS process month by Category of Service and Eligibility Code.
6264	MARS Recipients Participating by Eligibility Code and Category of Service	An unduplicated count of the number of recipients receiving services on claims processed during the MARS process month by Category of Service and Eligibility Code.
6265	MARS Recipients Participating by Provider Type	The unduplicated number of recipients for whom medical services have been paid during the process month, by Provider Type.
6266	MARS Recipient Participating by Provider Type YTD	The year-to-date unduplicated number of recipients for whom medical services have been paid during the process month by provider type.
6270	MARS Estimated Claims Amount for FY by Category of Service	Estimated amount of claims for Fiscal Year based on Category of Service.
6271	MARS Recipients Participating by Eligibility Code and Category of Service - YTD	An unduplicated count of the number of recipients receiving services for the State fiscal year-to-date by Eligibility Code and Category of Service.
6272	MARS Recipient Participating YTD by Provider Type	The unduplicated number of recipients for whom medical services have been paid during the state fiscal year-to-state by Provider Type.
6277	MARS Total Claims Payment Amounts by Invoice/Claim Type	MARS Total Payment Amount by Invoice/Claim Type.
6278	MARS Total Count of Claims by Invoice/Claim Type	MARS Total Claim Count by Invoice/Claim Type.
6279	MARS Total Claims Count	MARS Total Claims Count.
6280	MARS Total Days Service to Entry by Category of Service	The total of the number of days between the Date to Service and the Date of Claim Receipt for all adjudicated claims.

Element ID	Element Name	Description
6281	MARS Total Days Entry to Adjudication by Category of Service	The total number of days for all adjudicated claims between the Date of Claim Receipt and the Date of Adjudication.
6282	MARS Total Days Entry to Payment by Category of Service	The sum, by Category of Service Code, of the number of days between claims system entry and payment for claims approved for payment.
6283	MARS Total Days Approval to Payment by Category of Service	The sum by Category of Service Code of the number of days between claims approval and claims payment for all paid claims.
6284	MARS Average Days from Entry to Approval by Category of Service	This field shows average, on timely intervals, of the number of days from entry to approval, by Category of Service Code. It shows the sum of the time elapsed between claim entry to claim approval divided by the number of paid claims.
6285	MARS Committed Errors by Category of Service	A count of the number of error conditions that were encountered on claims processed during a month by Category of Service Code.
6286	MARS Number Recipients eligible for Medicare	An unduplicated count of those Medicaid recipients on the Recipient Eligibility History File who are eligible for Medicare services.
6287	MARS Number Recipients not Eligible for Part A	An unduplicated count of the number of recipients on the Recipient Eligibility History File that are age 65 or older and not eligible for Medicare Part A services.
6288	MARS Number Recipients not Accepted to Part B	An unduplicated count of the number of Medicaid recipients on the Recipient Eligibility History File 65 years of age or older that have not been accepted as eligible for Part B coverage by Medicare.
6290	MARS Crossover Part A Deductible and Coinsurance Payment	The total amount paid by Medicaid for Medicare Part A services rendered to Medicare-Medicaid eligible recipients.
6291	MARS Crossover Part B Deductible and Coinsurance Payment	The total amount paid by Medicaid for Medicare Part B services rendered to Medicare-Medicaid eligible recipients.
6293	MARS Crossover Part A Claims Received	A count of the number of Medicare Part A claims that were received during the current processing month.
6294	MARS Crossover Part B Claims Received	The total number of the Medicare Crossover claims indicating Part B services which were received for payment of the deductible and coinsurance charges during the current processing month.
6295	MARS Crossover Part A Claims Pending Amount	The total claim charge on all Medicare Part A claims which are being held in suspense.
6296	MARS Crossover Part B Claims Pending Amount	The total amount of deductible and coinsurance charges on Title XVIII Crossover claims which indicate ambulatory (Part B) services and have been processed but not adjudicated.
6297	MARS Medicare Part A Payment	The total payment amount made by Medicare for Title XVIII Crossover claims for Part A services.
6298	MARS Medicare Part B Payment	The dollar amount paid by Medicare for all Part B Crossover claims paid during the current process month.
6301	MARS Crossover Part A Claims Rejected Amount	The total claim charge on all Medicare Part A claims which have been rejected.
6302	MARS Crossover Part B Claims Rejected Amount	The total amount of deductible and coinsurance charges on Title XVIII Crossover claims which indicate ambulatory (Part B) services and have been rejected.
6310	MARS Eligible Recipients by County and Category of Assistance	An unduplicated count of the number of recipients in the county eligible for Medicaid during the month for the indicated Category of Assistance.
6311	MARS Participating Recipients by County and Category of Assistance	An unduplicated count of the number of recipients in the county receiving one or more units of Medicaid Service during the month for the indicated Category of Assistance.
6312	MARS Payment by County and Category of Assistance	The total of all the payments made during the month for the indicated county and Category of Assistance.
6313	MARS Participating Recipients by County, Category of Assistance, and Category of Service	An unduplicated count of the number of recipients receiving one or more units of Medicaid Service during the month for the indicated Category of Assistance and Category of Service (LIMITED).

Element ID	Element Name	Description
6314	MARS Payment by County, Category of Assistance and Category of Service (Limited)	The total amount of the Medicaid payments during the month for the county, Category of Assistance, and Category of Service (Limited).
6315	MARS Claims Paid by County, Category of Assistance and Category of Service (Limited)	The number of claims for which a Medicaid payment was made during the month for the indicated District, Category of Assistance, and Category of Service (Limited).
6316	MARS Total Paper Claim Payments	Total paper claims payment amount
6321	MARS Cost Settlement Request Period 1 Begin Date	Period 1 Begin Date from the Cost Settlement/DRG Request Screen.
6322	MARS Cost Settlement Request Period 1 End Date	Period 1 End Date from the Cost Settlement/DRG Request Screen.
6323	MARS Cost Settlement Request Period 2 Begin Date	Period 2 Begin Date from the Cost Settlement/DRG Request Screen.
6324	MARS Cost Settlement Request Period 2 End Date	Period 2 End Date from the Cost Settlement/DRG Request Screen.
6325	MARS Cost Settlement Request Period 3 Begin Date	Period 3 Begin Date from the Cost Settlement/DRG Request Screen.
6326	MARS Cost Settlement Request Period 3 End Date	Period 3 End Date from the Cost Settlement/DRG Request Screen.
6327	MARS Cost Settlement Request Period 4 Begin Date	Period 4 Begin Date from the Cost Settlement/DRG Request Screen.
6328	MARS Cost Settlement Request Period 4 End Date	Period 4 End Date from the Cost Settlement/DRG Request Screen.
6329	MARS Cost Settlement Request Report Type	The Report Type that the Cost Settlement/DRG request refers to
6330	MARS Recipients Participating by Category of Assistance/Category of Service	An unduplicated count of the number of recipients receiving on claims processed during the MARS process month by Category of Service and Category of Assistance.
6331	MARS Payment by Category of Assistance/Category of Service	The total reimbursement amount for all claims paid during the MARS process month by Category of Assistance and Category of Service (DE 6114).
6332	MARS Units of Service by Category of Assistance/Category of Service	The total of the Units of Service (DE 6147) rendered to Medicaid recipients by Category of Assistance and by Category of Service in each payment month.
6351	MARS Previous Cycle Month End Date	The last day of the previous month's MARS cycle.
6354	MARS Recipient Participation by Provider Type	This field indicates a recipient's status relative to Provider Type.
6355	MARS Total Recoupment Amounts - Prior Period	Sum of all financial payments with Adjustment Reason "9999" (memo transactions) which are internally built during the RA generation process for recouped amounts applied from prior periods during the weekly payment cycle.
6356	MARS Recipient Medicare Eligible - State Buy-In	This field indicates a recipient's status relative to Medicare State Buy-In.
6357	MARS Recipient Medicare Eligibility Type	This field indicates a recipient's status relative to Medicare eligibility.
6358	MARS Recipient Eligibility Indicator	This flag indicates whether the recipient was eligible for Medicaid service by Aid Category during a MARS process month. This may apply to either the State or Federal Service Month.
6359	MARS Recipient Eligibility YTD Indicator	A one-digit counter set to "1" if a recipient was eligible for services at any time during the fiscal year. The fiscal year basis may be State or Federal, depending upon the file of origin.
6360	MARS Recipient YTD Participation Counter	A one-digit counter that is set to '1' if a recipient has had at least one Claim Record paid for services rendered on his or her behalf during the fiscal year.
6361	MARS Recipient Medicare Eligibility Code	This field indicates a recipient's status relative to Medicare eligibility.
6362	MARS Recipient Served YTD Category of Service Indicator	This field occurs once for each Category of Service and contains an indication whether the recipient has received service in the category during the State Fiscal Year-to-Date.

Element ID	Element Name	Description
6363	MARS Premium/Per Capita Payment Eligibility Indicator	A one-digit counter used to indicate whether or not a recipient is eligible for the Medicaid Program to pay a premium or per capita fee on his or her behalf.
6364	MARS Premium or Per-Capita Payment	The amount of premium or per capita payments made on behalf of a recipient maintained by type of premium.
6365	MARS Recipient Participation by Type of Service	This field contains a flag for each Type of Service. If the recipient has participated within the last year in any of the service areas, the respective flag is turned on.
6366	MARS Total Patient Pay Amount	The total dollar amount of all patient payment amounts for the Category of Service.
6374	MARS YTD Payment by County and Category of Service	The YTD claim payments made by Medicaid by Category of Service.
6375	MARS YTD Claims Paid by County and Category of Service	The number of claims received for the associated Category of Service and county.
6376	MARS YTD Recipient Cost Sharing Amount by Category of Service	The YTD amount of deductible, co-payment or coinsurance money collected from the recipient for the category of service.
6381	MARS QTD County Expenditure by Category of Service	This field contains current quarter expenditures. It is maintained by county/Category of Service sequence. This amount is maintained on a statewide basis.
6382	MARS YTD County Expenditures by Category of Service	This field contains annual expenditures. It is maintained by county/Category of Service sequence. This amount is maintained on a state-wide basis.
6388	MARS Number of Recipients Eligible by Aid Category	This field contains the number of recipients eligible by aid category within district and money payment type.
6390	MARS Recipient History File Key	This field contains the data which establishes the sequence of the MARS Recipient History File. It is composed of Record Type and a variable portion dependent upon Record Type.
6391	MARS Recipient History File Record Type	This field designates the MARS Recipient History File record type and format.
6403	MARS Annual Budget Amount	Annual Budget Amount by Category of Service
6404	MARS Claims Processed Excluding Crossover by Provider Type	The number of claims submitted by Provider Type during a process month.
6405	MARS Crossover Claims Processed by Provider Type	The number of Crossover claims processed for each Provider Type during a process month.
6406	MARS Claims Processed Excluding Crossover by Provider/ Provider Type	The number of adjudicated claims submitted by each provider and Provider Type during a process month.
6407	MARS Crossover Claims Processed by Provider/Provider Type	The number of adjudicated Crossover claims submitted by a provider for a Provider Type during a process month.
6408	MARS Claims Paid by Provider/Provider Type	The number of claim line items which have been paid to a provider by claim Provider Type.
6409	MARS Number of Error Occurrences by Provider Type and Error Code	This is the total number of errors encountered for all claims. It is accumulated by the Provider Type, error code and status. It is not accumulated for pended claims.
6410	MARS Nines Complement of Error Occurrences by Provider Type and Error Code	This is the nines complement of the Number of Error Occurrences .
6411	MARS Number of Error Occurrences by Provider Type	This is the total number of errors encountered for all claims and all error codes by Provider Type and Status. This is not accumulated for pended claims.
6413	MARS Claims Paid with No Errors by Provider Type	The total number of claims paid by Provider Type for which no error correction/override was required during the adjudication process.
6414	MARS Percent of Claims Paid with No Errors by Provider Type	The percentage of claims by Provider Type which were paid without an error.
6415	MARS Claims Paid after Error Correct by Provider/Provider Type	The number of claims paid to a provider by Provider Type which required error correction to complete the adjudication process.

Element ID	Element Name	Description
6416	MARS Claims Paid after Correction of Errors by Provider Type	The sum by Provider Type of the number of claims which were paid after correction.
6417	MARS Paid Claims Overridden by Provider Type	The number of claims paid after error(s) were resolved by manual override summed by Provider Type.
6418	MARS Paid Claims Overridden by Provider/Provider Type	The sum for each provider of the number of line item claims which contained errors that were manually overridden during the claims resolution process to permit approval.
6419	MARS Percent of Claims Overridden by Provider Type	The percentage of claims within a Provider Type which were paid after the errors were overridden.
6421	MARS Percent of Claims Paid after correcting One or More Errors by Provider Type	The percentage of claims which were paid after correcting one or more errors within a Provider Type.
6423	MARS Claims Denied by Provider/Provider Type	For each Provider Type, the provider number is listed with the respective claims denied.
6424	MARS Claims Denied by Provider Type	The total number of claims denied for each Provider Type.
6425	MARS Number Claims Suspended by Provider/Provider Type	The total number by provider number of line item claims processed with a claim status code of '4' (suspended). Suspended claims are those claims in process (not adjudicated) at the end of the MARS current processing month.
6426	MARS Claims with Third Party by Provider/Provider Type	The total number of adjudicated claims for each provider by Provider Type with a value greater than zero in the Third Party Payment field.
6427	MARS Third Party Claims by Provider Type	The sum by Provider Type of the number of adjudicated claims which included some payment from a Third Party.
6428	MARS Third Party Payment Amount by Provider/Provider Type	The sum of the amount of Third Party Payments on all claims for each provider by Provider Type. Medicare Crossover claims and pended claims are excluded from this amount.
6429	MARS Third Party Payment by Provider Type	The total dollar figure by Provider Type of Third Party amounts for all claims. Medicare Crossover and pended claims are excluded from calculation of this amount.
6430	MARS Payment to Provider/Provider Type	The total amount reimbursed to each provider for paid claims and financial transactions by Provider Type.
6431	MARS Net Financial Transaction Amount by Provider/Provider Type	The net amount reimbursed or withheld from a provider's payment due to financial transactions.
6433	MARS Reimbursement Amount to Cost Settled Providers	The total reimbursement amount paid to cost settled providers for the current fiscal year to date and the previous fiscal year.
6434	MARS Claim Payment by Provider Type	The total amount, by Provider Type, paid by Medicaid for services rendered during a current process month.
6435	MARS Payment by Crossover Claims by Provider Type	The summed amount of crossover cost reported by providers within Provider Type.
6436	MARS Payment for Gross Adjustments by Provider Type	This is the summed adjustments, reported by providers within Provider Type.
6437	MARS Estimated Cost Settlement by Provider Type	The estimated fiscal year to date cost settlement adjustment amount.
6438	MARS Cost Settlement Reimbursement to Charges Percentage for Provider/Provider Type	The percentage of payments (or net reimbursement) within a Category of Service as compared to the charges submitted on the claims.
6441	MARS Submitted Charges by Provider/Provider Type	The total charges submitted by a provider for services rendered by Provider Type.
6442	MARS Charges Submitted by Cost Settled Providers	The total charges for services submitted by cost settled providers for the current fiscal year to date and the previous fiscal year to date.
6449	MARS Claim Former Payment Date - Day of Century	On an adjustment, the date of payment from the original claim.
6450	MARS Provider enrollment Indicator	A one digit counter indicating whether or not a provider was eligible to render Medicaid services during a process month.

Element ID	Element Name	Description
6451	MARS Providers Enrolled by Provider Type	The sum by Provider Type of the number of providers on the Provider Master File who were eligible to furnish services during the process month.
6452	MARS Number of Days to Payment	The number of elapsed days from Receipt Date to Payment Date.
6453	MARS Providers Enrolled Fiscal YTD by Provider Type	The sum by Provider Type of the number of providers eligible for the fiscal year-to-date.
6454	MARS Provider/Provider Type YTD Invoice Count	A count of the number of invoices received by a provider during the year.
6458	MARS Number of Days to File	The number of elapsed days from Last Date of Service to Receipt Date.
6459	MARS Number of Days to Adjudication	The number of elapsed days from Receipt Date to Adjudication Date.
6460	MARS Claims 1-30 Days to Filing by Provider/Provider Type	The number of original claims for each provider which were entered into the system between 1 and 30 days after the service date.
6461	MARS Claims 31-60 Days to Filing by Provider/Provider Type	The number of original claims for each provider which were received 31 to 60 days after service date.
6462	MARS Claims 61-90 Days to Filing by Provider/Provider Type	The number of claims for each provider which were received 61 to 90 days after the service date.
6463	MARS Claims 4-6 Months to Filing by Provider/Provider Type	The number of claims for each provider which were received 91 to 180 days after the service date.
6464	MARS Claims More than 6 Months to Filing by Provider/ Provider Type	The number of claims for each provider which were received more than 181 days after the service date.
6465	MARS Claims 1-30 Days to Filing by Provider Type	The number of original claims for each Provider Type which were received between 1 and 30 days after the service date.
6466	MARS Claims 31-60 Days to Filing by Provider Type	The number of original claims for each Provider Type which were received 31 to 60 days after the service date.
6467	MARS Claims 61-90 Days to Filing by Provider Type	The number of claims for each Provider Type which were received 61 to 90 days after the service date.
6468	MARS Claims 4-6 Months to Filing by Provider Type	The number of claims for each Provider Type which were received 91 to 180 days after the service date.
6469	MARS Claims More than Six Months to Filing by Provider Type	The number of claims for each Provider Type which were received more than 181 days after the service date.
6470	MARS Claims 1-30 Days to Filing Amount by Provider/Provider Type	The amount paid to a provider for original claims which were received 1 to 30 days after the service date.
6471	MARS Claims 31-60 Days to Filing Amount by Provider/Provider Type	The amount paid to a provider for original claims which were received 31 to 60 days after the service date.
6472	MARS Claims 61-90 Days to Filing Amount by Provider/Provider Type	The amount paid to a provider for original claims which were received 61 to 90 days after the service date.
6473	MARS Claims 4-6 Months to Filing Amount by Provider/Provider Type	The amount paid to a provider for original claims which were received 4 to 6 months after the service date.
6474	MARS Claims Over 6 Months to Filing Amount by Provider/Provider Type	The amount paid to a provider for original claims which were received over 6 months after the service date.
6475	MARS Claims Over 1-30 Days to Filing Amounts by Provider Type	The sum, by Provider Type, of the amount of paid original claims which were received 1-30 days after the service date.
6476	MARS Claims 31-60 Days to Filing Amount by Provider Type	The sum, by Provider Type, of the amount of paid original claims which were received 31-60 days after the service date.
6477	MARS Claims 61-90 Days to Filing Amount by Provider Type	The sum, by Provider Type, of the amount of paid original claims which were received 61-90 days after the service date.
6478	MARS Claims 4-6 Months to Filing Amount by Provider Type	The sum, by Provider Type, of the amount of paid original claims which were received 4-6 months after the service date.
6479	MARS Claims Over 6 Months to Filing Amount by Provider Type	The sum, by Provider Type, of the amount of paid original claims which were received over 6 months after the service date.

Element ID	Element Name	Description
6480	MARS Days to File by Provider/Provider Type	The sum for each provider of the number of days between the Service Date and Date of Claim Receipt for all original claims adjudicated during a current process month.
6481	MARS Days to Filing by Provider Type	The sum by Provider Type difference between the Service Date and the Date of Claim Receipt for adjudicated original claims.
6482	MARS Percent Third Party Payment by Provider/Provider Type	The percentage of claims for a provider which contain third party payments.
6483	MARS Average Errors Per 100 Paid Claims by Provider Type	The average number of errors that would appear if 100 claims were filed for a particular Provider Type.
6484	MARS Number of Errors by Provider/Provider Type	The sum of the number of errors committed on adjudicated claims by Provider and Provider Type.
6485	MARS Number of Errors by Provider Type	The sum, by Provider Type, of the number of errors committed on adjudicated claims by Provider Type.
6486	MARS Number of Errors Corrected on Paid Claims by Provider Type	The total number, by Provider Type, of errors requiring correction or override prior to claims approval.
6487	MARS Percent of Claims with Error Code by Provider Type	The percentage of claims with a Provider Type which had the associated error code on them.
6488	MARS Number of Error Code Occurrences by Provider Type	The number of times, within a Provider Type, this error code has been encountered.
6489	MARS Percent of Error Code Occurrences by Provider Type	The percentage, within a Provider Type, of the number of occurrences for the associated error code compared to the total number of errors encountered for the Provider Type.
6491	MARS Provider History File Record Type	This field establishes the primary sequence and the record format for the MARS Provider History File.
6492	MARS Provider/Provider Type Record Type Modifier	This field specifies the particular format of the Provider/Provider Type records.
6493	MARS Provider History File Record Counts	The number of records by record type contained on the MARS Provider History File.
6496	MARS MR-O-18 Number of Claims with Errors	The total number of claims within error type.
6497	MARS MR-O-18 Error Percent	The number of claims containing the associated error code as a percentage of the total number of claims having that type of error.
6498	MARS Average Number of Claim Errors Per 100 Paid	The average number of errors that would appear if 100 claims were filed for a particular provider.
6499	MARS MR-O-18 Error Rank	The error ranking shows how the error code compares with all error codes based upon the frequency.
6501	MARS Cost Per Eligible by Category of Service/Category of Assistance	This field is computed as claims paid amount divided by eligible recipients.
6502	MARS Units Per Eligible by Category of Service/Category of Assistance	This field is computed as Units of Service divided by eligible recipients.
6503	MARS Recipients Served by Provider/Provider Type	An unduplicated count of the number of recipients served by a provider for a provider type during the process month.
6504	MARS Report Record Type	This code designates the type of MR-O-18 Record: Report Record or Error Record.
6505	MARS Third Party Payments as a Percentage of Total Dollars by Provider/Category of Service	This field contains the percentage of total dollars that third party payments represent.
6507	MARS Percent of Claims with Third Party Payment by Provider Category of Service	This field represents the percentage of claims with third party payment.
6508	MARS Provider History Report File Record	This field establishes the primary sequence and the record format for the MARS Provider History Report File. It contains the report number of the report that will be produced from the report record.
6516	MARS Average Payment by Category of Service	Average payment per claim by Category of Service.

Element ID	Element Name	Description
6517	MARS Provider Claims Paid During the Process Month Based on Service Date	The number of claims paid for a provider for provider type during the MARS process month based upon the Date of Payment.
6518	MARS Provider Claims Paid During the Process Month Based on Payment Date	The number of claims paid for a provider for provider type during the MARS process month based upon the Date of Payment.
6519	MARS Amount Paid for a Provider during the Process Month Based on Service Date	The amount of claims paid for a provider for a provider type during the MARS process month based upon the Date of Service.
6520	MARS Amount Paid for a Provider During the Process Month Based on Payment Date	The amount of claims paid for a provider for a provider type during the MARS process month based upon the Date of Payment.
6532	MARS MTD Payment Amount	Total amount paid for a given month
6540	MARS Claims Paid by Provider/Category of Service	The number of claim line items which have been paid to a provider by claim Category of Service.
6541	MARS Claims Paid with Third Party by Provider/Category of Service	The total number of adjudicated claims for each provider by Category of Service with a value greater than zero in the Third Party Payment field.
6542	MARS Billed Amount by Provider/Category of Service	The total amount billed by each provider for claims by Category of Service.
6543	MARS Third Party Payment Amount by Provider/Category of Service	The amount of Third Parties on claims for each provider by Category of Service.
6553	MARS Number of Recipients Bought-in for Medicare Part B	An unduplicated count of the number of recipients on the Recipient Eligibility History File that are bought-in for Medicare Part B services.
6574	MARS SAS-665 Record Code	Code used to distinguish between provider and recipient related records the SAS-665 Claims Detail File.
6588	MARS All Spaces	This data element represents a constant value of all spaces.
6589	MARS Administrative and Operations Report File Record Type - Report File	This field establishes the primary sequence and report format for the Administrative and Operations Report file.
6591	MARS Administrative and Operations Record Type	This field establishes the primary sequence and record format for the Administrative and Operations History File.
6592	MARS SAS-665 Report Code	Code used to distinguish the records associated with specific report types on the SAS-665 Summary File (MR-F-035).
6594	MARS Lag cost factor	
6595	MARS MTD Charges	Total charges for a given month.
6600	MARS Premiums Collected	The total dollar amount of premiums collected.
6601	MARS Total Deductible and Co-payments	The total deductible co-payments and coinsurance amount, for both categorically and medically needy, contributed by the recipient.
6602	MARS Recipient Age	The age of a recipient rounded to the nearest whole year and relative to the date specified below by MARS report number. Recipient Age is used in most cases to determine the correct age grouping. However, in some instances it is reported directly as ind
6603	MARS Reimbursement Amount by Type of Service	The accumulated reimbursement amount by Type of Service.
6604	MARS Medicare Deductible Amount by Type of Service	The Medicare deductible amount accumulated by Type of Service.
6605	MARS Medicare Coinsurance Amount by Type of Service	The Medicare coinsurance amount accumulated by Type of Service.
6606	MARS Total Adjustment Amount	The total amount of adjustments (credits, debits, and voids) of all claims for each recipient.
6607	MARS Reimbursement for Physician Surgical Procedures	The YTD amount of reimbursement for physicians surgical services.
6608	MARS Claims Reimbursement Amount for Visits	The reimbursement amount for visits for selected Federal Types of Service and drug prescriptions. Detail data is carried at the individual recipient level and summed for presentation in HCFA-2082, Section M (MR-O-56).

Element ID	Element Name	Description
6609	MARS Number of Recipient Visits	The sum of the number of visits by selected Federal Types of Service and drug prescriptions and time period according to HCFA 2082 File Type (DE 6601). Detail data is carried at the individual recipient level and accumulated by Federal Category of Assist
6610	MARS Adjustment Amount for Physician Visits	The amount of adjustments for the selected Federal Types of Service reported in HCFA-2082, Section M (MR-O-56) and maintained by recipient.
6611	MARS Reimbursement for Rural Health Surgical Procedures	The amount, by Recipient ID, of reimbursements for rural health surgical services.
6612	MARS Total Days of Care by Facility Type	The sum of the total number of days of care for each recipient by type of facility for the time period indicated by HCFA 2082 File Type (DE 6601).
6613	MARS Reimbursed Days of Care	The sum of the number of days of care reimbursed (paid for) by Medicaid for each recipient by type of facility for the time period indicated by HCFA-2082 File Type (DE 6601).
6614	MARS Number of Inpatient Hospital General Number of Discharges	The number of claims with Federal Type of Service equal inpatient hospital when indicated a discharge during the Federal fiscal year-to-date (or some other period as indicated by HCFA-2082 File Type - DE 6601).
6615	MARS Medicare Payment by Type of Service	The payment made by Medicare for services rendered to the recipient and maintained by Federal Type of Service or Category of Service as determined by the HCFA File Type (DE 6601).
6616	MARS Recipient Date Origin	This field is used to indicate whether the recipient demographic data required for Federal reports was obtained from claims data or the recipient's eligibility record directly; the later has precedence.
6617	MARS Total Cost Sharing Contribution	The total dollar amount of all deductibles, co-payments, and coinsurance collected.
6621	MARS HCFA-2082 Master File Record Type	The field contains a code which specifies the format and primary sequence of records on the MARS HCFA-2082 File.
6622	MARS Total Financial Transaction Amount	The total amount of gross level adjustments which cannot be identified by Federal Type of Service and Category of Assistance.
6624	MARS Total Unduplicated Count of Providers	MARS Unduplicated Count of Medicaid Providers
6643	MARS Total Financial Transaction Amount - Physician Visits	The total amount of physician visits on gross level adjustments which cannot be identified by Federal Type of Service.
6653	MARS EPSDT Total Screening Services	The total number of claims with a category of service of 10,16,17, or 18 paid for active recipients under age 21.
6654	MARS EPSDT Eligible Referred	The number of active recipients under age 21 diagnosed for referral during an EPSDT screening.
6660	MARS HCFA MSIS Type of Record	Indicates the eligibility information is for the current or previous fiscal quarter.
6661	MARS HCFA MSIS Program Type	A code indicating the special Medicaid program under which the service was provided.
6662	MARS Average No. of Days from Last Date of Service to Date of Receipt	The average number of elapsed days for all adjudicated claims from the last date of service to date of receipt at the claims processing center.
6665	MARS Average No. of Days from Date of Receipt to Date of Adjudication	The average number of days for all adjudicated claims from Date of Claim Receipt to Adjudication Date.
6667	MARS Monthly HCFA File Key	This key contains the sequencing data for each record type in the Monthly HCFA File. It is composed of a record number and a variable field.
6668	MARS Monthly HCFA File Record Number	The record number specifies the format and primary sequence of records on the Monthly HCFA File.
6670	MARS HCFA MSIS File Name	MSIS File to be submitted to HCFA.
6671	MARS HCFA MSIS State Code	State Code for HCFA MSIS Tapes.
6672	MARS HCFA MSIS SSN Indicator	Indicates whether the state uses eligible' social security numbers (SSN) as MSIS-IDENTIFICATION- Numbers.

Element ID	Element Name	Description
6673	MARS HCFA MSIS Type of Claim	A code indicating what kind of payment is covered in this claim.
6674	MARS HCFA MSIS Adjustment Indicator	A code indicating the type of adjustment record that the claim/encounter represents.
6675	MARS Expenditure Amount	This is the payment amount accumulated from the MARS Claims Extract record by Source of Funding and Federal Type of Service (DE 6108).
6676	MARS Claims by Type Number of Third Party Collection	The number of claim lines accumulated for Third Party Collections by type of collection.
6677	MARS Third Party Payment by Source of Funds	Third Party payment by Source of Funding and type of collection.
6678	MARS Claim Count for Cost Avoidance	Number of claim lines accumulated by Medicare Parts A & B and coinsurance.
6679	MARS Payment by Third Party for Cost Avoidance	Third Party payment amounts for cost avoidance.
6680	MARS MSIS SCHIP Code	A code indicating the individual's inclusion in the SCHIP program for the month.
6681	MARS MSIS Income Code	A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligible below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligible reported by the State.
6686	MARS Total Payments Computable for Federal Funding of Sterilizations or Abortions	Total of MRCX8-REIMB-AMT for all sterilizations or abortions performed.
6692	MARS Total Copay	The total dollar amount of all co-payments for the Category of Service.
6696	MARS Abortion Type	This field determines the type of abortion performed.
6702	MARS Payment by Drug Code	The total payment by Medicaid for each drug.
6703	MARS Number of Prescriptions by Drug Code	The number of prescriptions filled for the drug.
6706	MARS Average Units per Prescription by Drug Code	The total quantity Units Dispensed divided by the Number of Prescriptions for the drug.
6707	MARS Average Dollars per Prescription by Therapeutic Class	This field contains the average dollar per filled prescription by therapeutic class.
6709	MARS Payment by Therapeutic Class/MARS Aid Category	The Medicaid expenditure by MARS Aid Category for the therapeutic class.
6710	MARS Prescription by Therapeutic Class	The number of prescriptions by MARS Aid Category for the therapeutic class.
6711	MARS Recipients Served by Therapeutic Class/MARS Aid Category	An unduplicated count of recipients by MARS Aid Category that received one or more drugs in the therapeutic class.
6716	MARS Drug Usage Date Record Indicator	This field indicates whether or not a date record (first record) has been read.
6717	MARS Drug Usage Summary Drug Count	This field is an accumulation of the number of drug records (type '02') processed during the current activity.
6720	MARS Drug Usage Quarterly Annual Indicator	This indicator designates whether the report is to be generated annually or quarterly.
6721	MARS Drug Usage Report Code	This field designates which report is to be generated during current processing.
6722	MARS Constant Zero	Remove. This field indicates the date record (first record of the Report File (MR-F-43).
6725	MARS Drug Usage Update Date	This field contains the date (Day of Century form) in which the program is run.
6727	MARS QTD Units of Service on Claims	The quarter-to-date accumulation of Units of Service billed on a claims line for a procedure.
6728	MARS Drug Usage Drug Cost QTD	This field is a quarter-to-date accumulation of the Drug Cost by Drug Code.
6729	MARS Drug Usage Payment Amount QTD	This field is a quarter-to-date accumulation of the prescription by Drug Code.
6730	MARS Drug Usage Claim Count QTD	This field is a quarter-to-date accumulation of the number of claims lines for all claims by Drug Code.

Element ID	Element Name	Description
6731	MARS YTD Units of Service on Claim	The year-to-date accumulation of Units of Service billed on a claims line for a procedure.
6732	MARS YTD Drug Usage Drug Cost	This field is a year-to-date accumulation of the Drug Code.
6733	MARS Drug Usage Payment Amount YTD	This field is a year-to-date accumulation of the Prescription Payment Amount by Drug Code.
6734	MARS Drug Usage Claim Count YTD	This field is a year-to-date accumulation of the number of claim lines for all claims by Drug Code.
6737	MARS Number of Units sold by Therapeutic Class	This field contains the number of units sold by therapeutic class.
6739	MARS Drug Usage Number of 1 Records	This is the total number of type '1' records processed during current activity.
6756	MARS Category Ranking	Mars Category Ranking, to list out high ranking provider payments
6760	MARS Total Other Adjustment Amounts - Net Negative	Sum of all claims and financial payments with Disposition = "03" or "04" other than Mass Adjustments.
6775	MARS Provider Current Fiscal Year End	Provider Current Fiscal Year End Date
6780	MARS Provider Status	Label indicating if the Provider is Active or Cancelled.
6781	MARS Cost Settlement Before Totals	Total Year To Date (YTD) figures for each category from the Cost Reimbursement File before the addition of this month's transactions.
6782	MARS Cost Settlement Added Totals	Total transaction counts for each category from this month's claim activity; to be added to the "Before" counts.
6783	MARS Cost Settlement After Totals	The sum of "Before" and "Added" entries is computed to produce the updated record counts.
6784	MARS Claim Type Name/Description	Claim Type Name/Description.
6785	MARS Provider Prior Fiscal Year End	Provider's Prior Fiscal Year End Date
6786	MARS Cost Settlement Group Code	Service code groupings used on the MARS cost settlement reports. Code values and descriptions are assigned by MARS based on the claim revenue code (DE2122) or the claim procedure code (DE2008). The MARS Cost Settlement Revenue Group Cross-Walk (Appendix G) provides complete details about the selection criteria used for cost settlement, including the following: claim type, provider type, report section, group, group description, and the specific revenue / procedure codes to be included.
6788	MARS Cost Settlement Summary-Detail Indicator	Indicator that controls the data that is displayed on the MARS Cost Settlement Report (MR-O-014).
6789	MARS Cost Settlement Report Type	This field indicates which cost settlement report type does this record belong. Nursing Home, Hospital or FQHC or RHC cost settled Providers.
6790	MARS Added Old Indicator	This indicator is used to identify records added this month (A) or old records (O).
6791	MARS Current Prior Indicator	This indicator is used to identify current Provider Fiscal Year records(C) and Prior Fiscal Year records (P).
6792	MARS DRG Claim Type	DMAS defined claim classification into four groups Med/Surg, Psychiatric, Rehab and NICU based on principal diagnosis code and revenue code.
6793	MARS DRG Claim Class Code	DMAS defined report classification to categories claims into 8 transition classifications according to type of reimbursement methodology and payable/non-payable days.
6794	MARS DRG Case Type	DMAS defined case classification into four groups Med/Surg, Psychiatric, Rehab and NICU based on principal diagnosis code and revenue code.
6795	MARS DRG Case Class Code	DMAS defined report classification to categories DRG Cases into 8 transition classifications according to type of reimbursement methodology and payable/non-payable days.
6796	MARS DRG Case Admission Date	The admission date of this case.

Element ID	Element Name	Description
6797	MARS DRG Case Admission Hour	The Hour the case was admitted.
6798	MARS DRG Case Discharge Date	The Discharge Date for this case.
6799	MARS DRG Case Discharge Status	The Discharge Status for this case weather discharged or still a patient.
6800	MARS DRG Case Admission Source	The Case Admission source if transferred from another hospital or Provider.
6801	MARS Partial Months Eligibility	The number of months that an individual was eligible, if the eligibility was for only a portion of the year.
6802	MARS DRG Activity Report Date	The date this claim was reported on the monthly T-report.
6803	MARS DRG Claims Last Class Code	The previous claim classification code.
6804	MARS DRG Original Bill Type	The original bill type for this case.
6805	MARS Average Payment by Provider Type	This average payment amounts for various periods for comparison analysis.
6806	MARS Average Payment by Provider Type YTD	This average payment amounts for various periods for comparison analysis.
6807	MARS Case DRG Code	The DRG Code for this case
6808	MARS DRG Activity Settled Date	The date when this claim was reported on the year end cost settlement report.
6809	MARS DRG Last Report Date	The previous date when this claim was reported.
6810	MARS DRG Sort Code	DRG Sort Code for the file.
6812	MARS DRG New Activity Class Code	Identifies the class of DRG new activity.
6824	MARS DRG Proc/Diag error flag	This indicates if the Procedure/Diagnosis codes are valid "V" or invalid "I"
6825	MARS DRG Activity void flag	This indicates if this claim record is void, value "V"
6826	MARS DRG Settlement Payment Amount	The calculated DRG Cost Settlement payment amount.
6827	MARS DRG Outlier Payment Amount	Extra amount paid to providers in addition to the calculated DRG Inlier payment amount.
6828	MARS DRG Transfer Payment Amount	Amount paid to providers for transfer cases.
6829	MARS DRG Blended Payment Amount	Amount paid to provider using a blend of DRG and per diem reimbursement methodology.
6830	MARS DRG Cost Settlement Date	The date that this case was cost settled.
6831	MARS DRG Invalid Diag-Proc Code	Indicates if this case contains invalid Diagnosis or Procedure Code.
6832	MARS DRG Mapped Diagnosis Code	MARS DRG Mapped Diagnosis Code
6833	MARS DRG Mapped Procedure Code	MARS DRG Mapped Procedure Code
6834	MARS DRG Nursery Indicator	MARS DRG Nursery Indicator
6835	MARS DRG Case Content	Indicates if this case contains original, adjustments, both or voids.
6836	MARS DRG Reference Count	The number of claims associated with this case.
6837	MARS DRG MDC Code	MARS DRG MDC Code
6838	MARS DRG Grouper Return Code	This is the return code from the grouper program.
6839	MARS DRG OR Procedure Code	MARS DRG OR Procedure Code
6840	MARS DRG Non-OR Procedure Code	MARS DRG Non-OR Procedure Code
6841	MARS DRG Diagnosis Code	MARS DRG Diagnosis Code
6842	MARS DRG Diagnosis Code for CC	MARS DRG Diagnosis Code for CC
6843	MARS DRG Major CC	MARS DRG Major CC
6844	MARS DRG Per Diem Amount	Per Diem Amount used for Psych/Rehab only

Element ID	Element Name	Description
6845	MARS DRG Rehab Rate	Rate used for Rehabilitation claims/cases
6846	MARS DRG error message	Describes the Mapper/Grouper errors and procedure/diagnosis code errors while processing the claims for DRG.
6847	MARS Fiscal Month	Fiscal Month - Data is accumulated by month
6848	MARS Total Claim Units for Other Adjustments - Net Positive	MARS Sum of all claim and financial units with Disposition = "02" other than Mass Adjustments.
6849	MARS Total Claim Units for Other Adjustments - Net Negative	MARS Sum of all claim and financial units with Disposition = "03" or "04" other than Mass Adjustments.
6850	MARS HCFA-372 Record Code	This code indicates type of HCFA-372 record.
6851	MARS HCFA-372 Record Frequency	This indicates the period of the report.
6853	MARS HCFA-372 Begin Date	The beginning date of the HCFA-372 reporting period.
6854	MARS HCFA-372 End Date	The ending date of the HCFA-372 reporting period.
6855	MARS Visit Other	Visit Other field is used to group procedure codes together for reporting on MR-O-032 D Cost Settlement (FQHC & RHC) report.
6856	MARS Encounters	Encounters is the number of face-to-face contacts between the provider and recipient. This is set based on Claim Type (DE 2002) and Procedure Code (2008).
6857	MARS Total Claim Units for Xover Claims	MARS Total Claim Units of Service for Crossover claims (Medicare), Title XVIII.
6858	MARS Total Claim Units for Mass Adjustments - Net Positive	MARS Sum of all claim units with Disposition = "02"
6859	MARS Total Claim Units for Mass Adjustments - Net Negative	MARS Sum of all claim units with Disposition = "03" or "04" and appropriate Reason Code.
6860	MARS HCFA-372 Type of Service	The type of service for the HCFA-372 reports.
6861	MARS HCFA-372 Wavered Switch	A switch indicating whether or not a service is for a wavered recipient.
6862	MARS HCFA-372 MCARE code	Determines whether the crossover claim is A or B (XOVA or XOVB).
6863	MARS HCFA-372 Diverted Deinstitutionalized Switch	A switch indicating whether or not a recipient had a Long Term Care segment within two months of becoming a wavered recipient.
6864	MARS HCFA-372 Non-Wavered Recipients	Total number of unduplicated non-wavered recipients.
6865	MARS HCFA-372 Wavered Recipients	Total number of unduplicated wavered recipients.
6866	MARS HCFA-372 Total Average	Average services expenditures for all recipients covered by the particular report.
6867	MARS HCFA-372 Non-Wavered Average	Average services expenditures for non-wavered recipients covered by the particular report.
6868	MARS HCFA-372 Wavered Average	Average services expenditures for wavered recipients covered by the particular report.
6869	MARS HCFA-372 Deinstitutionalized Recipients	The total number of deinstitutionalized recipients counted for a particular HCFA-372 report.
6870	MARS HCFA-372 Diverted Recipients	The total number of diverted recipients counted for a particular HCFA-372 report.
6871	MARS HCFA-372 Deinstitutionalized Average	The average per capita expenditures for deinstitutionalized recipients.
6872	MARS HCFA-372 Diverted Average	The average per capita expenditures for diverted recipients.
6873	MARS HCFA-372 Diverted Waiver Days	This is the total number of wavered days of coverage for diverted recipients.
6874	MARS HCFA-372 Deinstitutionalized Waiver Days	This is the total number of wavered days of coverage for deinstitutionalized recipients.

Element ID	Element Name	Description
6875	MARS HCFA-372 Long Term Care Non-Wavered Days	This is the total number of days spent in long term care facilities for non-wavered recipients.
6876	MARS HCFA-372 Long Term Care Wavered Days	This is the total number of days spent in long term care facilities for wavered recipients.
6877	MARS Total Claim Units for HIPP Claims	MARS Sum of claim units for Health Insurance Premium Payments with Disposition = "01" and Adjustment Reason = "9007".
6878	MARS Total Claim Units for HMO Capitation Claims	MARS Sum of claim units for Claim Type = "15" with Disposition = "01".
6879	MARS Total Claim Units for MCO Management Fees	MARS Sum of all claim units for Claim Type = "16" or "17" with Disposition = "01"
6882	MARS Occurrences per Procedure Code	This field contains a count of each time a claim processes for each Procedure Code.
6886	MARS Element	This field identifies the type of claim or financial transaction being processed.
6887	MARS Total Claim Units for Enhanced DSH Claims	MARS Sum of claim units for all claim and financial transactions with Object Code = "123310" and "123311".
6888	MARS Total Units for Add/Pay Financial Transactions for Cost Settlement Providers	MARS Sum of all financial transactions units with Disposition = "01" and Adjustment Reason = "9009" through "9027".
6889	MARS Total Units for Add/Pay Other Financial Transactions	MARS Sum of all financial units with Disposition = "01" and Adjustment Reason = "9001" through "9006" and "9008".
6900	MARS New Claims by Claim Type	The number of claims entering the computer system for the first time this month.
6901	MARS Count of New Claims Approved by Claim Type	Count of new claims approved for payment.
6902	MARS New Claims Denied by Claim Type	The number of new claims returned to providers.
6903	MARS New Claims Suspended by Claim Type	The number of new claims suspended.
6904	MARS Percent New Claims Suspended Then Released	The percentage of new claims that were suspended and subsequently released for approval, rejection, or resuspension.
6905	MARS Percent New Claims Suspended More than Once	The percentage of new claims that were suspended, subsequently released for approval, and then suspended again during the first month the claim was in the system.
6906	MARS Beginning of Month Suspended Claims Released by Claim Type	The number of claims that were in a suspended status at the start of this month but were subsequently released for processing.
6907	MARS Beginning of Month Suspended Claims approved by Claim Type	The number of claims that were in a suspended status at the start of this month and were approved for payment during the month.
6908	MARS Beginning of Month Claims Denied by Claim Type	The number of claims in a suspended status at the start of the month that were released for processing and subsequently rejected.
6909	MARS Beginning of Month Claims Resuspended by Claim Type	The number of claims in a suspended status at the start of the month that were released for processing and subsequently resuspended.
6910	MARS Beginning of Month Claims Not Released by Claim Type	The number of claims in a suspended status at the start of the month that had no change in status during the month.
6911	MARS Percent Beginning of Month Claims Suspended Multiple Times	The percentage of claims in a suspended status at the start of the month that were subsequently released and resuspended two or more times this month.
6912	MARS Percent all Claims Suspended Multiple	The percentage of claims that were suspended more than once during this month's processing.
6915	MARS Percent of Claims Approved within NN Days	Percentages of claims approved for payment by elapsed days measured from the date the claim is received by the Fiscal Agent to the date the claim is approved for payment or denied.
6916	MARS Total Claim Units for Advanced Payments	MARS Sum of all financial transactions units with Disposition ="01" and Adjustment Reason = "9000"

Element ID	Element Name	Description
6917	MARS Total Claim Units for Claim Recoupments - This Period	MARS Sum of all financial transaction units with Adjustment Reason = "1000" - "1999" for financial recoupment setup.
6918	MARS Total Claim Units for Claim Recoupments - Prior Period	MARS Sum of all financial transaction units with Adjustment Reason = "9999" (Memo Transactions).
6919	MARS Total Claim Units for Negative Balances Carried Forward	MARS Sum of all financial transaction units with Adjustment Reason Code = "9999".
6920	MARS Percent of Eligible Utilizing Benefits	The number of recipients receiving benefits in each of the ranges shown above are accumulated.
6921	MARS Claims Lines for Claim Payment Statistics	The number of claims lines for the month by transaction class of claim for all status as shown on report MR-O-60.
6923	MARS Total Claim Units for Manual Checks	MARS Sum of claim units for all manual checks issued
6926	MARS Total Claim Units for Voided Claims	MARS Total Claim Units for all claim and financial transactions with Adjustment Reason = "6000" through "6004", "6006" or "6007".
6927	MARS Total Negative Balance Claims Payment Amounts, Carried Forward	Sum of all financial memo transaction (Adjustment Reason = "9999")
6928	MARS Total Manual Checks Payment Amounts	Sum of all payment amounts for all manual checks issued.
6929	MARS Total Advanced Payment Amounts	Sum of all financial payments with Disposition = "01" and Adjustment Reason = "9000".
6930	MARS Transportation Claim Trip Count	Number of Trips
6931	MARS Total Claim Payment Amounts for Voided Check, due to Claim Debit Reversal	MARS calculated Total Claims Payment Amounts for Voided Checks due to Claim Debit Reversal; transactions where MARS Element = 25.
6932	MARS Total Claim Units for Voided Check, due to Claim Debit Reversal	MARS Total Claim Units for Voided Checks due to Claim Debit Reversal; transactions where MARS Element = 25.
6933	MARS Total Claim Payment Amounts for Voided Check, due to Financial Credit Reversal	MARS calculated Total Claims Payment Amounts for Voided Checks due to Financial Credit Reversal; transactions where MARS Element = 24.
6934	MARS Total Claim Units for Voided Check, due to Financial Credit Reversal	MARS Total Claim Units for Voided Checks due to Financial Credit Reversal; transactions where MARS Element = 24.
6935	MARS Total Claim Payment Amounts for Financial Offset, Debit or Credit	MARS calculated Total Payment Amounts for Financial Offset, Debit or Credit; transactions where MARS Element = 22.
6936	MARS Total Claim Units for Financial Offset, Debit or Credit	MARS Total Claims Units for Financial Offset, Debit or Credit; transactions where MARS Element = 22.
6937	MARS Total Claim Payment Amounts for Cash Receipt, Current Period	MARS calculated Total Payment Amounts for Cash Receipt, Current Period, Claim or Financial or Non-Payee; transactions where MARS Element = 23.
6938	MARS Total Claim Units for Cash Receipt, Current Period	MARS Total Claim Units for Cash Receipt, Current Period, Claim or Financial or Non-Payee; transactions where MARS Element = 23.
6939	MARS Recipient Segment Count	A count of the number of recipient segments needed to properly record Unduplicated Recipient Participation Counts.
6940	MARS Subsidiary Report Code	The MARS Report Code that ties the data on the selected record to the specific report on which it is accumulated and printed.
6941	MARS Total Claim Units for Paid Claims	MARS Total Claim Units for Paid (Original) Claims
6945	MARS Total Claims Payment Amounts for Claims Pended in the Month by Claim Type	Total of Claims Total Document Charge Amount (DE2017) for claims pended in the month.
6946	MARS Count of Claims Paid and Never Pended in the Month by Claim Type	A count of all of the Claims Paid during the month without being suspended (pended).
6948	MARS Unduplicated Participation Indicator	The MARS Unduplicated Participation Indicator is set for each monthly occurrence, up to two years (24 occurrences), for each month that a recipient receives services (or has a claim).
6950	MARS MRAOR Key	20 byte sort key used to sort records before being processed by Administration/ Operations Report Writer (MRM110) Program.

Element ID	Element Name	Description
6964	MARS Total Unduplicated Count of Recipients	An unduplicated count of eligible recipients who received selected services, of all types. These counts are accumulated by Monthly, Quarterly, Semi-annual, and Annual periods, for both the Prior and Current Year.
6970	MARS Enrollment Payment Benefit Program Code	It contains the Medicaid and Medicaid Expansion Benefit programs only.
6971	MARS Enrollment Payment Aid Category	The groups of aid categories i.e. TANF, ABD and Medicaid Expansion
6972	MARS Processing Year	The Processing year.
6973	MARS Processing Month	It has the value of Processing month.
6974	MARS Enrollment Payment Record Type	Contains values to indicate the particular record type.
6975	MARS Medallion Mgmt Fees Total	It contains values for the Management fees in the Medallion program under Managed Care.
6976	MARS Medallion-II Cap Fees	It contains values for the Capitation fees in the Medallion-II program under Managed Care.
6977	MARS Medallion Claims Amount	It contains values for the Claims in the Medallion program under Managed Care.
6978	MARS Medallion-II Claims	It contains values for the Claims in the Medallion-II program under Managed Care.
6979	MARS Medallion Enrollee Count	It contains the Enrollee count for the Medallion Program under Managed Care.
6980	MARS Medallion-II Enrollee Count	It contains the Enrollee count for the Medallion-II program under Managed Care.
6990	MARS MTD Units	Total units served for a given month.
6991	MARS Nursing Home Resident Indicator	Resident Indicator
6992	MARS Total Mass Adjustment Amounts - Net Negative	Sum of all claim payments with Disposition of "03" or "04" and appropriate Adjustment Reason.
6993	MARS Unduplicated Record Table Type	The MARS Unduplicated Record Code identifies the record type of the records within the MARS Unduplicated Recipient Participation File (MR-F-053), as well as the MARS Unduplicated Recipient Counts Summary File (MR-F-061).
6994	MARS Unduplicated Record Table Value	The MARS Unduplicated Record Table Value contains the value of the 4 fields that are identified by the MARS Unduplicated Record Table Type.
6995	MARS Record Type Modifier	MARS Record Type Modifier
6996	MARS Calculated Trend	The calculated trend over the most recent twelve months of data element described by 'xxx...x'.
6998	MARS Trailer Record Counts	The number of each type of record carried on a file which may be found in that file.
6999	MARS Record Number	The unique number or code which identifies the record format, content and sequence to program processing.
7000	MARS Enrollment Payment Benefit Program	Medicaid and Medicaid expansion benefit program for 1915b Waiver report
7001	Race code 1 thru 5	Race code 1 thru 5 are defined to capture and report recipients who belong to multiple Race categories.
7002	MSIS-EL-ETHNICTY-CODE	Indicates recipient is of Hispanic or Latino ethnicity
7003	MSIS-EL-WAIVER-TYP 1 THRU 3	Monthly Fields - Codes for specifying up to three waiver types under which the eligible individual is covered during the month.
7004	MSIS-EL-WAIVER-ID 1 thru 3	Monthly Fields - Fields for specifying up to three waiver programs under which the eligible individual is covered during the month.
7005	Dual Eligibility Sequence Number	A sequence number assigned to the dual eligibility code. The sequence number gets incremented for every new dual eligibility code entered into the system.

Element ID	Element Name	Description
7006	FPL Indicator Value	Federal Poverty Level Value assigned. The value present in this column indicates if the recipient is below the FPL or above the FPL, if the FPL of the recipient cannot be determined then '9' (Unknown) is assigned to this field.
7007	FPL Indicator Value	Federal Poverty Level Indicator. This field indicates the recipients Federal Poverty Level.
7008	Criteria Type Value	This field indicates if a criteria exists for the Aid Category. The criteria specifies the FPL value that will be assigned if a certain condition is met.
7009	Criteria Value	This field indicates the criteria for the Aid Category. The value present in this field is either numeric or alphanumeric. If the value present is alphanumeric then it will be validated to see if DE 3520 (C_SSI_STATUS) is equal to 'E'. If the value present in this field is numeric then DE 3005 (RS-BIRTH-DATE) is used to determine the age of the recipient as of the MMA extract run date. This field will be validated before assigning the FPL value.
7010	Criteria Evaluation	A Relational Operator that will be used for evaluating the criteria value (DE 7009).
7011	Dual Eligibility Aid Category Begin Date	The Dual Eligibility - Aid Category Begin Date.
7012	Dual Eligibility Aid Category End Date	The End Date for the Dual Eligibility corresponding to the aid category.
7013	Dual Eligibility FPL Sequence Number	A sequence number assigned to make the table row unique. The sequence number gets incremented for every new dual eligibility code and dual eligibility sequence number entered into the system.
7014	Dual Eligibility Description	Description of the Dual Eligibility Code.
7030	PRM-DATA-COL	It has the column name from the table.
7031	PRM-DATA-TBL	This field contains the table name form which the columns are being selected.
7032	PRM-DATA-NDX	This field contains the index value for the PRM-DATA table
7033	PRM-DATA-OCC	This field defines the number of occurrences within the table
7034	PRM-DATA-LEN	This field contains the length of the data field
7035	PRM-LIST-REC	This field contains the listing of the record
7036	CODE-TYPE	This field contains the definition of the elements being stored in the table. For e.g. 'PROC' means Procedure codes, 'REV' means Revenue codes
7037	MMA Record Identification Code	The Medicare Modernization Act Record Identification Code. This field identifies the type of record that's being processed. For example if this field contains a value 'DET', then it indicates the record associated with this record identification code is a Detail record (created by FHSC).
7038	State Code	The State, that is submitting the data.
7039	Number of Recipient Records Present in the MMA file	The total number of records present in the MMA extract file.
7040	MMA File Creation Month	The month in which the MMA extract file is created. This field is derived from DE 6088 (MRCTL-2-PROCESS-DATE-YM).
7041	MMA File Creation Year	The year in which the MMA extract file is created.
7042	Medicaid Eligibility Status	Medicaid Eligibility Status of the Recipient.
7043	MMA Recipients HIC-RRB Indicator	This field indicates if the number present in the HIC-NUMBER field is a Medicare Number or an RRB number.
7044	Drug Coverage Indicator	Drug Coverage Indicator.
7045	Institutional Status Indicator	Institutional Status Indicator.
7046	PARTD Subsidy Approved	Identifies whether the PART D application was approved or not.
7049	PART D Subsidy Approval Date	PART D subsidy approval Date.
7050	PARTD Subsidy Start Date	The Medicare Part D Subsidy Start Date

Element ID	Element Name	Description
7051	PARTD Subsidy End Date	The Medicare Part D subsidy End Date.
7052	PARTD Percentage of FPL	For those Individuals who apply for the low income subsidy, identify the specific percent income determination policy.
7053	PARTD Subsidy Level	Identifies portion of Part D premium subsidized, based on sliding scale linked to %FPL.
7054	Income Used for Determination	Income used for determining the FPL % of the recipient.
7056	Resource Level	Resource Level of the recipient.
7057	Basis of Part D subsidy denial	Basis of Part D Subsidy Denial.
7058	Result of an Appeal	Result of an Appeal, this field is only populated if an appeal is filed against the Part D denial.
7059	Change to previous determination	Change to previous determination indicator. This field contains a value 'Y' if this record changes a determination sent in previous transmission.
7060	Determination Cancelled	Part D determination Cancelled Indicator. This filed contains a value 'Y', if the previously sent record is cancelled.
7061	Fee For Service	
7062	MARS Fee For Service Claims Amount	MARS Fee For Service Claims Amount
7063	MARS Fee For Service Mgmt Fees	MARS Fee For Service Management Fees
7064	CMS Error code	Error code in the response file occurs 24 times.
7065	CMS record return code	CMS record return code
7066	CMS Part-D begin date	Beneficiary (Enrollee) Part-D begin date in CMS return file
7077	CMS Part-D affirm decline ind	Beneficiary (Enrollee) Part-D affirm-decline indicator

DATA ELEMENT: **Claim Revenue Non-Covered Amount (DE2137)**

The difference between what the provider billed and how much of the claim Medicaid would cover.

BUSINESS NAME: N/A

REFERENCE NAME: N_REV_NCVD_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Service Date Range - From Date (DE6000)**

The from date for the selected date range of the data presented on a report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Service Date Range - From Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Fiscal Year Begin Month (DE6001)**

The numeric month representing the first month of the agency and Federal fiscal years.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Fiscal Year Begin Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 01 - 12

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS State Fiscal Year Begin Date (DE6002)**

The date representing the beginning year, month and day of the current State fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS State Fiscal Year Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS State Fiscal Year Begin Day of Century (DE6003)**

The State fiscal year begin date expressed in terms of the Day of Century.

BUSINESS NAME: N/A

REFERENCE NAME: MARS State Fiscal Year Begin Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
Valid Values in	N Regular Run (default value

DATA ELEMENT: **MARS Process Cycle Begin Date (DE6004)**

This date is the beginning year, month and day of the MARS process cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Process Cycle Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Process Cycle Begin Day of Century (DE6005)**

The MARS Process Cycle Begin Date expressed in terms of the Day of Century.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Process Cycle Begin Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Process Cycle End Date (DE6006)**

This date is the ending year (including century), month and day of the MARS process cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Process Cycle End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Process Cycle End Day of Century (DE6007)**

This latest payment date for claims and financial transactions processed during a MARS cycle is carried on all MARS files created and/or updated in the cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Process Cycle End Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS State Fiscal Year (DE6008)

Buy-in eligible and premium data are stored on the MARS Control File by month for a fiscal year. Category of Assistance data are stored on the control file by month for 3 fiscal years.

BUSINESS NAME: N/A

REFERENCE NAME: MARS State Fiscal Year

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA 2082 Update File Discharge Flag (DE6009)**

MARS HCFA 2082 Update File Discharge Flag

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA 2082 Update File Discharge Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Federal Fiscal Year Begin Date (DE6010)**

The date representing the beginning year (including century), month and day of a Federal fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Federal Fiscal Year Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Federal Fiscal Year Begin Day of Century (DE6011)**

The Federal Fiscal Year Begin Date expressed in terms of the Day of Century.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Federal Fiscal Year Begin Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Service Date Range - Thru Date (DE6012)**

The "thru" date for the selected date range of the data presented on a report

BUSINESS NAME: N/A

REFERENCE NAME: MARS Service Date Range - Thru Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: 01-09

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	01 - MEDICAID 02 - TDO 03 -

DATA ELEMENT: **MARS MR Days (DE6013)**

Calculated numberof days of intermediate care for the mentally retarded that are paid for by Medicaid.

BUSINESS NAME: N/A

REFERENCE NAME: Calculated

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS LEAVE DAYS (DE6014)

Number of days that the patient dod not reside in a Long Term Care facility.

BUSINESS NAME: N/A

REFERENCE NAME: Calculated

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS NURSE FACILITY DAYS (DE6015)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Calculated

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Quarter Begin Month (DE6016)**

The numeric month representing the first month of each quarter of the State and Federal fiscal years.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Quarter Begin Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Days Stay (DE6017)**

The number of days that a patented stayed in a facility.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Days Stay

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Normal Federal Medical Assistance Percentage (DE6020)**

The FMAP (Federal Medical Assistance Percentage) which corresponds to the Federal share of payments made on behalf of Title XIX eligible that are not refugees for services rendered other than family planning.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Normal Federal Medical Assistance Percentage

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: NORMAL-FMAP-MINUS-PCT (DE6021)

The FMAP (Federal Medical Assistance Percentage) which corresponds to the Federal share of payments made on behalf of Title XIX eligible that are not refugees for services rendered other than family planning.

BUSINESS NAME: N/A

REFERENCE NAME: NORMAL-FMAP-MINUS-PCT

DEFAULT: N/A

COBOL PICTURE: S9(03)V99 COMP-3

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Prior Month End Date (DE6022)**

Month end date of the prior Mars Cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Prior Month End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Non-Recipient Financial Transactions (DE6026)

The total amount of non-claim related Financial expenditures reported on MR-O-067, the data accumulated includes the following financial transactions:

Other Adjustments
Insurance Premium Payments
Capitation Payments
Management and Admin Fees
Enhanced DSH
Add-Pay Cost Settlement
Add-Pay other
Advanced Payments
Recoupments
Negative Balance Carried Forward
Manual issued Checks
Voids Processed

BUSINESS NAME: N/A

REFERENCE NAME: MARS Non-Recipient Financial Transactions

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Non-Recipient Financial Transactions by Eligibility Code Category of Service for Service Month (DE6029)**

The total amount of non-claim related Financial expenditures, by Eligibility Code Category of Service for Service Month, reported on MR-O-067, the data accumulated includes the following financial transactions:

Other Adjustments
Insurance Premium Payments
Capitation Payments
Management and Admin Fees
Enhanced DSH
Add-Pay Cost Settlement
Add-Pay other
Advanced Payments
Recoupments
Negative Balance Carried Forward
Manual issued Checks
Voids Processed

BUSINESS NAME: N/A

REFERENCE NAME: MARS Non-Recipient Financial Transactions by Eligibility Code Category of Service for Service Month

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Original Budget Amount by Category of Service (DE6030)**

A budget amount that is initially derived to cover claim amounts during a month for a particular Category of Service Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Original Budget Amount by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Current Budget Amount by Category of Service (DE6031)

A budget amount that reflects revisions (if any) made to the Original Budget Amount. The current, or revised budget amount, more accurately covers the projected claim amounts during a month for a particular Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Current Budget Amount by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Report Variance Dollars (DE6034)**

The difference as shown between budget figures and actual figures.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Report Variance Dollars

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Report Variance Percent (DE6035)**

The difference as shown in percentage figures between budget dollars and actual dollars.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Report Variance Percent

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Buy-In Premium (DE6037)**

The total premium amount paid during a month of the fiscal year for those recipients bought-in to Medicare Part B by other sources. This data includes State Buy-In Premiums also.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Buy-In Premium

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Buy-In Premium - State (DE6038)**

The total premium amount paid during a month by the State, of the fiscal year, for Medicare Part B.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Buy-In Premium - State

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Number Recipients Bought-In for Medicare Part B (DE6039)

The number of Medicaid recipients whose Medicare Part B premiums are paid by Medicaid. (HCFA Buy-in Number not blank and Buy-In Dates show eligible for time period.)

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number Recipients Bought-In for Medicare Part B

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA MSIS Eligibility Group (DE6040)**

The composite of eligibility mapping create the corresponding MAS and BOE values.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Eligibility Group

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Positions 1-3 = Aid Category

DATA ELEMENT: MARS Print Report Switch (DE6041)

This switch is used to set which report needs to be printed.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Print Report Switch

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Eligible for Medicaid during the month
1	Eligible for Medicaid and entitled to the full scope of Medicaid benefits
2	Eligible for Medicaid but benefits restricted based on alien status
3	Eligible for Medicaid but benefits restricted based on QMB/SLMB status
4	Eligible for Medicaid but benefits restricted to pregnancy-related svcs
5	Eligible for Medicaid but benefits restricted for other reasons
9	Individuals benefit restrictions are unknown

DATA ELEMENT: MARS HCFA MSIS Dual Eligible Flag (DE6042)

Indicates coverage for individuals entitled to Medicare for some category of Medicaid Benefits.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Dual Eligible Flag

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Eligible is not a Medicare beneficiary
01	Eligible is entitled to Medicare-QMB only
02	Eligible is entitled to Medicare-QMB AND full Medicaid coverage
03	Eligible is entitled to Medicare-SLMB only
04	Eligible is entitled to Medicare-SLMB AND full Medicaid coverage
05	Eligible is entitled to Medicare-QDWI
06	Eligible is entitled to Medicare-Qualifying individuals (1)
07	Eligible is entitled to Medicare-Qualifying individuals (2)
08	Eligible is entitled to Medicare-Other Dual Eligible
09	Eligible is entitled to Medicare -Dual Eligibility Category unknown
99	Eligible Medicare status is unknown

DATA ELEMENT: **MARS Cost Settlement Flag (DE6043)**

Flag that indicates that this claim is cost settled.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS File Type (DE6044)**

Indicator for file type

BUSINESS NAME: N/A

REFERENCE NAME: MARS File Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS QTD TPL Payment Amount (DE6045)**

The sum of all TPL payment amounts for the quarter.

BUSINESS NAME: N/A

REFERENCE NAME: MARS QTD TPL Payment Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS QTD Charge Amount (DE6046)**

The sum of all billed amounts for the quarter.

BUSINESS NAME: N/A

REFERENCE NAME: MARS QTD Charge Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS QTD Copay Amount (DE6047)**

The sum of all co-pay amounts for the quarter.

BUSINESS NAME: N/A

REFERENCE NAME: MARS QTD Copay Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD TPL Payment Amount (DE6048)**

The sum of all TPL payment amounts for the year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD TPL Payment Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Units Per Recipient by Category of Assistance (DE6049)**

Average Units is computed as number of units divided by number of recipients certified.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Units Per Recipient by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Eligible by Category of Assistance (DE6050)**

The unduplicated number of recipients eligible to receive medical assistance during a month by Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Eligible by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Eligible Fiscal YTD by Category of Assistance (DE6051)**

The unduplicated number of recipients eligible to receive medical services during the state fiscal year-to-date by Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Eligible Fiscal YTD by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Application to Certification Total Days by Category of Assistance (DE6052)**

The sum of the number of days from application date to Medicaid certification date for these eligible certified (added) to the Recipient Eligibility History File during a MARS process month by Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Application to Certification Total Days by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Certified by Category of Assistance (DE6053)**

The total unduplicated recipients certified by category of assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Certified by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Days Certified by Category of Assistance (DE6054)**

Average Days Certified is computed as number of days certified divided by number of recipients certified.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Days Certified by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Participating by Category of Assistance (DE6055)**

The unduplicated number of recipients by Category of Assistance for whom medical services were paid during the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Participating Fiscal YTD by Category of Assistance (DE6056)**

The unduplicated number of recipients of medical services for which payment has been made during the State fiscal year-to-date by Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating Fiscal YTD by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Payment by Category of Assistance (DE6057)

The total reimbursement amount paid during the MARS process month for medical services rendered to recipients by Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service by Category of Assistance (DE6058)**

The total of the Units of Service rendered to Medicaid recipients in each Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service by Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(10)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Providers Enrolled by Provider Type (DE6060)**

The number of providers enrolled for a month by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Providers Enrolled by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Providers Enrolled Fiscal YTD by Provider Type (DE6061)**

The total by Provider Type of the number of providers eligible for the State fiscal year-to-date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Providers Enrolled Fiscal YTD by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider Participating by Provider Type (DE6062)**

The number of providers who rendered services for which payment was made during the MARS process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider Participating by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Providers Participating Fiscal YTD by Provider Type (DE6063)**

The number of providers who have rendered services for which payment has been made during the State fiscal year-to-date by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Providers Participating Fiscal YTD by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Managed Care Prior Year Enrollment Total (DE6068)

The current year Managed Care enrollment and payment totals for the MR-O-096 - DMAS 4.21 Managed Care Enrollment and Payment Report, Program Operations. This field occurs three times for each Managed Care program.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Managed Care Prior Year Enrollment Total

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Recipients Enrolled 2 - C

DATA ELEMENT: **MARS Total HIPP Claims Payment Amounts (DE6073)**

The calculated total amount for Health Insurance Premium Payments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total HIPP Claims Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total HMO Claims Capitation Payment Amounts (DE6074)**

The calculated total for HMO capitation payments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total HMO Claims Capitation Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total MCO Claims Management Fees (DE6075)**

The calculated total payments for MCO management fees.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total MCO Claims Management Fees

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Eligible by Eligibility Classification (DE6076)**

The number of recipients eligible for Medicaid services in the current process for the associated eligibility Classification.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Eligible by Eligibility Classification

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Eligible YTD by Eligibility Classification (DE6077)**

The number of recipients eligible year to date for Medicaid services for the associated eligibility classification.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Eligible YTD by Eligibility Classification

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Record Type (DE6080)

This code designates the type of record.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Record Type

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	System Parameter Record
02	Process Cycle Parameter Record
03	Category of Service Record
05	Budget Record
06	Buy-in Record
07	Category of Assistance Record
08	Eligibility Code Record
09	MRCTL-9-ELIG-CODE-REC
09	Provider Type Record
10	MRCTL-10-PROV-TYPE-REC
11	MRCTL-11-COS-TABLE

DATA ELEMENT: **MARS Control File Update Date (DE6081)**

The date on which a control record was most recently updated.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Control File Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS System Startup Date (DE6082)**

The date in which the MARS Control File is initially created.

BUSINESS NAME: N/A

REFERENCE NAME: MARS System Startup Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Run Type (DE6085)

An indicator that specifies the type of MARS process cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Run Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Regular Run (default value)
R	Rerun
S	Special Run
T	Test Run

DATA ELEMENT: **MARS Report Date (DE6087)**

The date of the MARS process cycle which is printed on all reports.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Report Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Process Date (DE6088)**

The month and year for which the data is processed.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Process Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Report Run Selection Flag (DE6091)

An indicator that specifies whether or not a report is produced by the MAR Subsystem for the process cycle. This is an override used in connection with Report Production Frequency.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Report Run Selection Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Report not produced
1	Print

DATA ELEMENT: **MARS MSIS Procedure Code Flag (DE6092)**

A flag that identifies the coding system used for the procedure code for MSIS reporting.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MSIS Procedure Code Flag

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	CPT-4
02	ICD-9-CM
06	HCPCS (Both National and Regional HCPCS)
07	ICD-10-CM (Not yet implemented. For future use)
10	Other Systems
88	Not Applicable
99	Unknown

DATA ELEMENT: MARS Federal Match Indicator (DE6094)

The MARS federal match indicator.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Federal Match Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS End of Month Pend Claim Count by Category of Service (DE6095)**

Number of MARS claims to be processed in a pended status at month-end.

BUSINESS NAME: N/A

REFERENCE NAME: MARS End of Month Pend Claim Count by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD Charge Amount (DE6096)**

YTD Charges submitted by the provider

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Charge Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)v99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	0 - Individual was not eligibl

DATA ELEMENT: **MARS YTD Copay Amount (DE6097)**

YTD Copay Amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Copay Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)v99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	0 - Individual was not eligibl

DATA ELEMENT: **MARS Claim Count (DE6102)**

Is a total count of the number of claims associate with this DRG Case.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Count

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 Aged 2 Blind/Disabled 3

DATA ELEMENT: MARS Federal Basis of Eligibility (DE6105)

This code specifies the category or basis under which an individual qualifies for medical assistance as required for reporting on Federal filings.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Federal Basis of Eligibility

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	'1' Aged
02	'2' Blind Disabled
03	'4' Child
04	'5' Adult
05	'6' Unemployed Parent - Child
06	'7' Unemployed Parent - Adult
07	'8' Foster Care
08	'A' Individual Coverage Under Breast and Cervical Cancer Prevention Act
09	'9' Unknown

DATA ELEMENT: MARS Third Party Liability Indicator (DE6107)

Indicates whether third party payments were made on the claim.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Liability Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	No
1	Yes

DATA ELEMENT: MARS Type of Service for Federal Reporting (DE6108)

A Federally-defined code indicating the type of service being billed. This field is determined based on a combination of claim type, provider type, procedure codes, age and other claim data.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Type of Service for Federal Reporting

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Inpatient Hospital
02	Mental Hospital Services for the Aged
04	Inpatient Psychiatric Facility - Age 21 Years and Under
05	ICF Services for the Mentally Retarded
07	NF'S -All Other
08	Physicians
09	Dental
10	Other Practitioners
11	Outpatient Hospital
12	Clinic
13	Home Health
15	Lab and X-Ray
16	Prescribed Drugs
19	Other Services
20	Capitated Payment s to HMO or HIO Plan
21	Capitated Payments to Prepaid Health Plans (PHPs)
22	Capitated Payments for Primary Care Case Management (PCCM)
24	Sterilizations
25	Abortions
26	Transportation Services
30	Personal Care Services
31	Targeted Case Management
33	Rehabilitation Services

DATA ELEMENT: MARS Type of Service for Federal Reporting (DE6108)

VALID VALUES:

Valid Value	Description
34	PT,OT,Speech,Hearing Language
35	Hospice Benefits
36	Nurse Midwife Services
37	Nurse Practitioner Services
38	Private Duty Nursing
39	Religious Non-Medical Health Care Institutions
99	Unknown

DATA ELEMENT: MARS Family Planning Indicator (DE6110)

Indicates whether a diagnosis or procedure code is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Family Planning Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not related to family planning
1	Related to family planning

DATA ELEMENT: **MARS Total Original Claims Payment Amounts (DE6113)**

The MARS calculated total for accumulated Claims Payment Amounts for "Original" Claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Original Claims Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total EMC Claim Payments (DE6119)**

Total EMC claim payment amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total EMC Claim Payments

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claim Line Item Indicator (DE6121)

This one-digit number element is used to count lines and is set according to the claim type modifier.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Line Item Indicator

DEFAULT: N/A

COBOL PICTURE: S9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Financial Transactions

DATA ELEMENT: **MARS Claim Invoice Indicator (DE6122)**

This element is used to count invoices and is set according to the CCN and the claim type modifier.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Invoice Indicator

DEFAULT: N/A

COBOL PICTURE: S9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Same CCN or Adjustment
1	Different CCN or Original Claim

DATA ELEMENT: **MARS Rendering Provider (DE6125)**

This is the rendering provider number used in PCN processing.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Rendering Provider

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Mars Total Encounter Claims Count (DE6126)**

Mars total encounter claims count

BUSINESS NAME: N/A

REFERENCE NAME: Mars Total Encounter Claims Count

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Mars Total Non-Recipient Transaction Payments (DE6129)

Mars total non-recipient transaction payments.

BUSINESS NAME: N/A

REFERENCE NAME: Mars Total Non-Recipient Transaction Payments

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Net Charge for Claim (DE6130)**

The net charge for a claim line after TPL amounts have been subtracted from the billed charge.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Net Charge for Claim

DEFAULT: N/A

COBOL PICTURE: S9(05)V9(2)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Reimbursement Amount (DE6131)**

This field contains the total reimbursement amount for each transaction on the MARS Claims Extract File. The amount is appropriately signed according to the transaction type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Reimbursement Amount

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Medicare Claims Payment Amounts (DE6133)**

The calculated total amount which Medicare paid for services claimed on Title XVIII Crossover Claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Medicare Claims Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Managed Care Prior Year Enrollment Total (DE6141)

The prior year Managed Care enrollment and payment totals for the MR-O-096 - DMAS 4.21 Managed Care Enrollment and Payment Report, Program Operations. This field occurs three times for each Managed Care program.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Managed Care Prior Year Enrollment Total

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Recipients Enrolled 2 - C

DATA ELEMENT: MARS HCFA MSIS TANF Cash Flag (DE6143)

Monthly Field - A flag that indicates whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS TANF Cash Flag

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Individual was not eligible for Medicaid at any time during the month
1	Individual did not receive TANF benefits during the month
2	Individual did receive TANF benefits during the month
9	Individuals TANF status unknown

DATA ELEMENT: **MARS HCFA MSIS Health Insurance (DE6144)**

A flag indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Enrollment in an HMO does not constitute health insurance for this DE

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Health Insurance

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not eligible for Medicaid during the month
1	Eligible did not have private insurance coverage
2	Eligible had private health insurance coverage purchased by a third party
3	Eligible had private health insurance coverage purchased by the State
4	Both #2 and #3 apply
9	State had only missing or invalid information

DATA ELEMENT: MARS HCFA MSIS Plan Type (DE6145)

Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Plan Type

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Not eligible for Medicaid
01	Eligible in a medical or comprehensive managed care plan
02	Enrolled in a dental managed care plan this month
03	Enrolled in a behavioral managed care plan this month
04	Enrolled in a prenatal/delivery managed care plan this month
05	Enrolled in a long-term care managed care plan this month
06	Program for All-Inclusive Care for the Elderly (PACE)
07	Enrolled in a primary care case management managed care plan
08	Enrolled in an other managed care plan
88	Not applicable
99	Unknown

DATA ELEMENT: MARS HCFA MSIS Patient Status (DE6146)

A code indicating the patient's status as of the ENDING-DATE-OF-SERVICE.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Patient Status

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to NF
04	Discharged/transferred to an ICF
05	Disch./transferred to another type of institution or referred for OP svcs
06	Disch./transferred to home under care of organized home health svc
07	Left against medical advise or discontinued care
08	Disch./transferred to home under care of a home IV drug therapy provider
09	Admitted as an inpatient to this hospital
20	Expired
30	Still a patient or expected to return for outpatient services
40	Expired at home (Hospice claims only)
41	Expired in a medical facility
42	Expired - Place unknown (Hospice claims only)
50	Hospice - Home
51	Hospice - Medical Facility
99	Unknown

DATA ELEMENT: MARS Units of Service on Claim (DE6147)

The number of units reported for each claim in MARS. Calculated as follows:

Claim Type	Units Calculation
01	EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS
02	EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS
03	EWR-N-UNITS-UB - EWR-N-UB-CBACK-UNITS
04	EWR-N-UNITS
05	EWR-N-UNITS
06	1 unit per claim
08	EWR-N-UNITS
09	XOVA: EWR-N-COVD-DAYS - EWR-N-NCOV-DAYS XOVB: EWR-N-UNITS
10	EWR-N-PMT-DAYS - EWR-N-CUTBACK-UNITS
11	EWR-N-UNITS
13	1 unit per claim
15	1 unit per claim
16	1 unit per claim
17	1 unit per claim
96	1 unit per claim

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service on Claim

DEFAULT: N/A

COBOL PICTURE: S9(04)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claim Receipt Flag (DE6148)

This flag indicates whether the claim was received during the current process month or a prior month. In addition, claims received in the current month and adjudicated without being pended are indicated.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Receipt Flag

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	new claim never pended
1	new claim pended in month
2	received prior month
3	rejected current month

DATA ELEMENT: MARS Sterilization Indicator (DE6149)

This field indicates whether the claim represents a sterilization related to family planning, based on the diagnosis or procedure code.

It also indicates whether the claim represents a non-sterilization related to family planning based on the diagnosis or procedure code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Sterilization Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 9

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	non sterilization - default value
1	sterilization related to family planning
2	non-sterilization related to family planning

DATA ELEMENT: **MARS Number of Overrides on Claim (DE6150)**

This field is the number of override codes encountered on a claim.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Overrides on Claim

DEFAULT: N/A

COBOL PICTURE: S9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Abortion Indicator (DE6151)**

This field indicates whether the claim represents an abortion procedure or diagnosis.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Abortion Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	non abortion - default value
1	danger to life abortion
2	danger to health abortion

DATA ELEMENT: MARS Surgical Procedure Indicator (DE6152)

This field indicates whether the associated procedure was a surgical procedure or a visit.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Surgical Procedure Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	n/a
1	surgical procedure
2	visit
3	surgical procedure and visit

DATA ELEMENT: **MARS Error Type (DE6153)**

This flag field indicates the type of error for each claim error code encountered during the processing of the Monthly Adjudicated and End of Month Pended Claim Files.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Error Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Error caused claim pend
2	Error was overridden
3	Error caused claim deny

DATA ELEMENT: **MARS Number of Explanation of Benefits Codes on Claim (DE6154)**

This field is the number of Explanation of Benefit codes encountered on a claim.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Explanation of Benefits Codes on Claim

DEFAULT: N/A

COBOL PICTURE: S9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Net Financial Transaction Amount by Provider Type (DE6155)**

The net amount reimbursed or withheld from a provider's payment due to financial transactions.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Net Financial Transaction Amount by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Other Procedures Counter (DE6159)**

This field is used on the abortion/sterilization/hysterectomy claims to count the procedure codes related to this particular claim type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Other Procedures Counter

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Pended and Rejected Total Amount by Category of Service (DE6160)**

Sum of claims pended amount and claims rejected amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Pended and Rejected Total Amount by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Rejected Not Released by Category of Service (DE6161)**

This monthly figure of claim lines is maintained on the Administrative and Operations History File for the most recent 24 months.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Rejected Not Released by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claim Lines Rejected by Category of Service (DE6162)

The number of claim lines rejected during a month by Category of Service. This count is maintained for the most recent 24 months on the Administrative and Operations History File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Lines Rejected by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Amount of Claims Rejected by Category of Service (DE6163)**

This monthly figure is maintained on the Administrative and Operations History File for the most recent 24 months.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Amount of Claims Rejected by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS End of Month Reject Claim Count by Category of Service (DE6164)**

Number of MARS claims to be processed in a pended status at month end.

BUSINESS NAME: N/A

REFERENCE NAME: MARS End of Month Reject Claim Count by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims In-Process by Category of Service (DE6169)**

Sum of Claims Pended and Claims Rejected this month, plus Claims Rejected Not Released and Claims Pended Not Released, which should equal the sum of Claims in Pend Status at EOM (DE 6095) and Reject Status at EOM (DE 6164).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims In-Process by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Suspended this Month by Category of Service (DE6170)**

Sum of claims pended and claims rejected this month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Suspended this Month by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Count of New Claims Pended by Claim Type (DE6178)**

The number of new claims pended. Claims suspended more than once are counted only once.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Count of New Claims Pended by Claim Type

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Count of New Claims Rejected by Claim Type (DE6179)**

The number of new claims rejected. Claims rejected more than once are counted only once.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Count of New Claims Rejected by Claim Type

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claim Service From Day of Century (DE6180)**

The date on which the first service covered by a claim was rendered to a recipient or the beginning service date covered by a financial transaction.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Service From Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claim Service To Day of Century (DE6181)

The last date on which the service covered by a claim was rendered to a recipient or the last service date covered by a financial transaction.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Service To Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Date of Claims System Entry (DE6182)**

The Day of the Century on which a claim enters the processing system.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Date of Claims System Entry

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Adjudication Date (DE6183)**

The date of the century on which a claim was approved for payment or denied. If the claims is in process, this date represents the date of last transaction activity.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Adjudication Date

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment Date (DE6184)**

The day of the century on which a claim payment or financial transaction was made to a provider.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment Date

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Birth Day of Century (DE6185)**

The recipient's date of birth as recorded on a claim is stored on the MARS Claim Extract File in Day of Century format.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Birth Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Date of Claim Receipt (DE6186)**

The Day of Century on which a claim is received by the Fiscal Agent.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Date of Claim Receipt

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claims Extract Record Number (DE6191)

The record number specifies the format and primary sequence of records on the MARS Claims Extract File and other Claims-based MARS Files. The MARS Record code must be examined for specific format of MARS Extract Records.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Extract Record Number

DEFAULT: 00

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	MRCX00-DATE-REC
01	MRCX1-CAT-ASST-COUNT-REC
02	MRCX2-COS-REC
03	MRCX3-ELIG-CAT-OF-SERV-REC
04	MRCX4-MCARE-CNT-REC
05	MRCX5-COS-COA-COUNT-REC
08	MRCX8-CLAIM-REC
99	MRCX99-TRLR-REC
Valid Values in	00 Date Record 01 Category

DATA ELEMENT: MARS Claims Extract Record Code (DE6192)

This alphanumeric code defines each record type on the MARS Claims Extract File and occurs once on each record type. Additionally it specifies the format of each Claim Detail record.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Extract Record Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Claim Detail Record Part A Crossover
B	Claim Detail Record Part B Crossover
blank	Regular Claim Detail Record or Date Record
D	Drug Claim Detail Record
G	Abortion / Sterilization Claim Detail Record
P	Financial Transaction Record
R	Category of Assistance Count Record
S	COS Count Record
T	COA/COS Count Record
V	Medicare Crossover Count Record
X	Error Code Summary Record
Z	Trailer Record Claim Error Record

DATA ELEMENT: MARS Recipient Eligibility - Prior Year (DE6194)

The prior year recipient totals for the MR-O-088 DMAS 4.09 Recipient Eligibility Summary Report. This field occurs four times for each month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Eligibility - Prior Year

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Certified - Beginning of M

DATA ELEMENT: **MARS Recipient Reimbursement Amount YTD (DE6196)**

This field contains the YTD Reimbursement Amount for each recipient's transaction on the MARS Claims Extract File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Reimbursement Amount YTD

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Service Amount Update File Record Type (DE6198)**

This field designates the MARS Service Amount Update File record type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Service Amount Update File Record Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Date record
1	Claim record
9	Trailer record

DATA ELEMENT: **MARS Recipient Service Date History File Record Type (DE6199)**

This field designates the MARS Recipient Service Date History File record type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Service Date History File Record Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Date record
1	Recipient record
9	Trailer record

DATA ELEMENT: **MARS Claims Received by Category of Service (DE6201)**

The total number of claims received for processing by the Fiscal Agent during the MARS process month by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Received by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Processed Excluding Crossovers by Category of Service (DE6204)**

The number of claims processed during a process month excluding Medicare Crossover Claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Processed Excluding Crossovers by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Claims Processed by Category of Service (DE6205)**

The number of Medicare Crossover Claims processed for each Category of Service during a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Claims Processed by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Months Eligible for Fiscal Year (DE6207)**

The number of months a recipient was eligible during the fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Months Eligible for Fiscal Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Participation During Fiscal Year by Type of Service or Category of Service (DE6208)**

This flag indicates by Federal Type of Service or Category of Service whether a recipient participated at any time during the fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Participation During Fiscal Year by Type of Service or Category of Service

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	No participation
1	Participation

DATA ELEMENT: **MARS Claims Paid by Provider Type (DE6209)**

The number of claim line items which have been paid summed by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid by Category of Service (DE6210)**

Number of Medicaid claims paid by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid by Aid Category/Category of Service (DE6211)**

The total number of claim line items approved for payment for each Category of Service within Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Aid Category/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid by Eligibility Code Category of Service for Service Month (DE6212)**

The total number of claim line items approved for payment for each Category of Service within Eligibility code for Service Month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Eligibility Code Category of Service for Service Month

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid with No Errors by Category of Service (DE6213)**

The number of claims approved for payment for which no error conditions were encountered during the adjudication process.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid with No Errors by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Rejected by Category of Service (DE6214)**

Claims Rejected during the month by Benefit Program Code. This amount is maintained for the most recent 24 months on the Administration and Operations History File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Rejected by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Pended by Category of Service (DE6215)**

Claims Pended during the month by Category of Service. This amount is maintained for the most recent 24 months on the Administration and Operations History File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Pended by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid by Category of Service (DE6216)**

Count of Claims Paid (Approved) during the month by Category of Service. This amount is maintained on the MARS Control File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Add/Pay Other Financial Payment Amounts (DE6217)**

The calculated total for add/pay, "other" financial transactions..

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Add/Pay Other Financial Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Add/Pay Financial Payment Amounts for Cost Settlement Providers (DE6218)**

The calculated total for add/pays transactions for Cost Settlement.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Add/Pay Financial Payment Amounts for Cost Settlement Providers

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Mass Adjustment Amounts - Net Positive (DE6219)**

The calculated total for mass adjustment transactions with Disposition = "02"

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Mass Adjustment Amounts - Net Positive

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Paid Adjustment Claims by Category of Service (DE6220)**

The net number of claim items for which adjustment has been approved. Adjustments are identified as those transactions with a Claim Type Modifier of '2' (debit adjustment, '3' (credit adjustment), or '4' (void).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Paid Adjustment Claims by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Denied by Category of Service (DE6221)**

The total number of claims denied for each Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Denied by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims Denied by Provider (DE6222)**

The percentage of claims within a Provider Type which were denied.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims Denied by Provider

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Pended in Month by Category of Service (DE6223)**

The number of claims pended at the end of the process month by Benefit Program Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Pended in Month by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Not Released from Suspense by Category of Service (DE6224)**

The number of claims pended at the end of the process month which were not released from suspense for processing during the month by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Not Released from Suspense by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total EMC Claim Counts (DE6225)**

The calculated count for all EMC claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total EMC Claim Counts

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total PAPER Claim Counts (DE6226)**

The calculated count for all PAPER claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total PAPER Claim Counts

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Enhanced DSH Claims Payment Amounts (DE6227)**

The calculated total for Enhanced DSH payments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Enhanced DSH Claims Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Void Adjustment Amounts (DE6228)**

The calculated total for adjustments processed (positive or negative) for claim voids.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Void Adjustment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Processed by Claim Type (DE6230)**

This is a calculated field, which shows a count of the total claims processed in the selected time period by Claim Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Processed by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Recoupment Amounts - This Period (DE6231)**

The calculated total for recoupments processed with Adjustment Reason = "1000" - "1999".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Recoupment Amounts - This Period

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Other Adjustment Amounts - Net Positive (DE6232)**

The calculated total for all other system payouts with Disposition = "02" other than Mass Adjustments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Other Adjustment Amounts - Net Positive

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by Category of Service (DE6234)**

The total by Category of Service of the reimbursement amount for all paid claims on the MARS Claims Extract File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by Eligibility Code/Category of Service (DE6235)**

The total reimbursement amount for all claims paid during the MARS process month by Eligibility Code and Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Eligibility Code/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by Eligibility Code/Category of Service for Service Month (DE6236)**

This total reimbursement amount for all claims paid during the MARS service month by Eligibility Code and Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Eligibility Code/Category of Service for Service Month

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Lag Adjustment Factor (DE6237)**

The percentage of claims approved for payment by Category of Service and elapsed days measured from the last date of service to the process cycle and date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Lag Adjustment Factor

DEFAULT: N/A

COBOL PICTURE: 9(03)V999

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Recipient Eligibility - Current Year (DE6238)

The current year recipient totals for the MR-O-088 DMAS 4.09 Recipient Eligibility Summary Report. This field occurs four times for each month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Eligibility - Current Year

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Certified - Beginning of M

DATA ELEMENT: **MARS Submitted Charges by Category of Service (DE6241)**

The sum by Category of Service of the total claim charge for all claims on the MARS Claim Extract File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Submitted Charges by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claim or Encounter Flag (DE6242)

This field identifies MARS summary information from regular claims or encounter data.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim or Encounter Flag

DEFAULT: 1

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: 1-3

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Regular Claims data
2	Encounter Claims data
3	Not used

DATA ELEMENT: **MARS Claims Denied Amount by Category of Service (DE6244)**

The sum of the Net Claim Charge (MARS Claims Extract File) for all claims with a status of 'denied'.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Denied Amount by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Amount Pended by Category of Service (DE6245)**

The sum by Category of Service of the Net Claim Charge (MARS Claims Extract File) on all claims pended at the end of a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Amount Pended by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service by Eligibility/Category of Service for Service Month (DE6246)**

The total of the Units of Service rendered to Medicaid recipients by Eligibility Code and by Category of Service for each Service month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service by Eligibility/Category of Service for Service Month

DEFAULT: N/A

COBOL PICTURE: S9(10)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service by Eligibility/Category of Service - Payment Month (DE6247)**

The total of the Units of Service rendered to Medicaid recipients by Eligibility Code (SCOA) and by Category of Service in each payment month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service by Eligibility/Category of Service - Payment Month

DEFAULT: N/A

COBOL PICTURE: S9(10)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service by Category of Service (DE6249)**

The sum by Category of Service of the number of the Units of Service on each paid claim.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(10)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service by Provider Type (DE6250)**

The total units of service rendered to Medicaid recipients in each Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service (DE6252)**

Units of service count

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims with no errors over 20 days (DE6253)**

Number of claims with no errors with over 21 days from filing

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims with no errors over 20 days

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Managed Care Enrollment - Prior Year (DE6254)

The prior year Managed Care enrollment totals for the MR-O-094 - DMAS 4.20 Managed Care Enrollment Summary Report. This field occurs six times for each month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Managed Care Enrollment - Prior Year

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Active Medicaid 2 - Manag

DATA ELEMENT: MARS Managed Care Enrollment - Current Year (DE6255)

The current year Managed Care enrollment totals for the MR-O-094 - DMAS 4.20 Managed Care Enrollment Summary Report. This field occurs six times for each month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Managed Care Enrollment - Current Year

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Active Medicaid 2 - Manag

DATA ELEMENT: MARS HMO Enrollment - Prior Year (DE6256)

The prior year HMO enrollment totals for the MR-O-095 - DMAS 4.22 HMO Enrollment Summary Report. This field occurs eight times for each month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HMO Enrollment - Prior Year

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Optimum Choice 2 - Penins

DATA ELEMENT: MARS HMO Enrollment - Current Year (DE6257)

The current year HMO enrollment totals for the MR-O-095 - DMAS 4.22 HMO Enrollment Summary Report. This field occurs eight times for each month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HMO Enrollment - Current Year

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - Optimum Choice 2 - Penins

DATA ELEMENT: **MARS Prior Year Provider Enrollment Total (DE6258)**

The total provider enrollment for the prior fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Prior Year Provider Enrollment Total

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Current Year Provider Enrollment Total (DE6259)**

The total provider enrollment for the current fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Current Year Provider Enrollment Total

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Participating by Eligibility Code and Category of Service for Service Month (DE6263)**

An unduplicated count of the number of recipients receiving services on claims processed during the MARS process month by Category of Service and Eligibility Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating by Eligibility Code and Category of Service for Service Month

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Recipients Participating by Eligibility Code and Category of Service (DE6264)

An unduplicated count of the number of recipients receiving services on claims processed during the MARS process month by Category of Service and Eligibility Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating by Eligibility Code and Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Participating by Provider Type (DE6265)**

The unduplicated number of recipients for whom medical services have been paid during the process month, by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Participating by Provider Type YTD (DE6266)**

The year-to-date unduplicated number of recipients for whom medical services have been paid during the process month by provider type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Participating by Provider Type YTD

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Estimated Claims Amount for FY by Category of Service (DE6270)**

Estimated amount of claims for Fiscal Year based on Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Estimated Claims Amount for FY by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Participating by Eligibility Code and Category of Service - YTD (DE6271)**

An unduplicated count of the number of recipients receiving services for the State fiscal year-to-date by Eligibility Code and Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating by Eligibility Code and Category of Service - YTD

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Participating YTD by Provider Type (DE6272)**

The unduplicated number of recipients for whom medical services have been paid during the state fiscal year-to-state by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Participating YTD by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claims Payment Amounts by Invoice/Claim Type (DE6277)**

MARS Total Payment Amount by Invoice/Claim Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claims Payment Amounts by Invoice/Claim Type

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Count of Claims by Invoice/Claim Type (DE6278)**

MARS Total Claim Count by Invoice/Claim Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Count of Claims by Invoice/Claim Type

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Total Claims Count (DE6279)

MARS Total Claims Count.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claims Count

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Days Service to Entry by Category of Service (DE6280)**

The total of the number of days between the Date to Service and the Date of Claim Receipt for all adjudicated claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Days Service to Entry by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Days Entry to Adjudication by Category of Service (DE6281)**

The total number of days for all adjudicated claims between the Date of Claim Receipt and the Date of Adjudication.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Days Entry to Adjudication by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Days Entry to Payment by Category of Service (DE6282)**

The sum, by Category of Service Code, of the number of days between claims system entry and payment for claims approved for payment.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Days Entry to Payment by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Days Approval to Payment by Category of Service (DE6283)**

The sum by Category of Service Code of the number of days between claims approval and claims payment for all paid claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Days Approval to Payment by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Days from Entry to Approval by Category of Service (DE6284)**

This field shows average, on timely intervals, of the number of days from entry to approval, by Category of Service Code. It shows the sum of the time elapsed between claim entry to claim approval divided by the number of paid claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Days from Entry to Approval by Category of Service

DEFAULT: N/A

COBOL PICTURE: 9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Committed Errors by Category of Service (DE6285)**

A count of the number of error conditions that were encountered on claims processed during a month by Category of Service Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Committed Errors by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number Recipients eligible for Medicare (DE6286)**

An unduplicated count of those Medicaid recipients on the Recipient Eligibility History File who are eligible for Medicare services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number Recipients eligible for Medicare

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number Recipients not Eligible for Part A (DE6287)**

An unduplicated count of the number of recipients on the Recipient Eligibility History File that are age 65 or older and not eligible for Medicare Part A services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number Recipients not Eligible for Part A

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number Recipients not Accepted to Part B (DE6288)**

An unduplicated count of the number of Medicaid recipients on the Recipient Eligibility History File 65 years of age or older that have not been accepted as eligible for Part B coverage by Medicare.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number Recipients not Accepted to Part B

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part A Deductible and Coinsurance Payment (DE6290)**

The total amount paid by Medicaid for Medicare Part A services rendered to Medicare-Medicaid eligible recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part A Deductible and Coinsurance Payment

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part B Deductible and Coinsurance Payment (DE6291)**

The total amount paid by Medicaid for Medicare Part B services rendered to Medicare-Medicaid eligible recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part B Deductible and Coinsurance Payment

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part A Claims Received (DE6293)**

A count of the number of Medicare Part A claims that were received during the current processing month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part A Claims Received

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part B Claims Received (DE6294)**

The total number of the Medicare Crossover claims indicating Part B services which were received for payment of the deductible and coinsurance charges during the current processing month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part B Claims Received

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part A Claims Pending Amount (DE6295)**

The total claim charge on all Medicare Part A claims which are being held in suspense.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part A Claims Pending Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Crossover Part B Claims Pending Amount (DE6296)

The total amount of deductible and coinsurance charges on Title XVIII Crossover claims which indicate ambulatory (Part B) services and have been processed but not adjudicated.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part B Claims Pending Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Part A Payment (DE6297)**

The total payment amount made by Medicare for Title XVIII Crossover claims for Part A services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Part A Payment

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Part B Payment (DE6298)**

The dollar amount paid by Medicare for all Part B Crossover claims paid during the current process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Part B Payment

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part A Claims Rejected Amount (DE6301)**

The total claim charge on all Medicare Part A claims which have been rejected.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part A Claims Rejected Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Part B Claims Rejected Amount (DE6302)**

The total amount of deductible and coinsurance charges on Title XVIII Crossover claims which indicate ambulatory (Part B) services and have been rejected.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Part B Claims Rejected Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Eligible Recipients by County and Category of Assistance (DE6310)**

An unduplicated count of the number of recipients in the county eligible for Medicaid during the month for the indicated Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Eligible Recipients by County and Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Participating Recipients by County and Category of Assistance (DE6311)**

An unduplicated count of the number of recipients in the county receiving one or more units of Medicaid Service during the month for the indicated Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Participating Recipients by County and Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by County and Category of Assistance (DE6312)**

The total of all the payments made during the month for the indicated county and Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by County and Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Participating Recipients by County, Category of Assistance, and Category of Service (DE6313)**

An unduplicated count of the number of recipients receiving one or more units of Medicaid Service during the month for the indicated Category of Assistance and Category of Service (LIMITED).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Participating Recipients by County, Category of Assistance, and Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	State Category of Service Inp

DATA ELEMENT: **MARS Payment by County, Category of Assistance and Category of Service (Limited) (DE6314)**

The total amount of the Medicaid payments during the month for the county, Category of Assistance, and Category of Service (Limited).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by County, Category of Assistance and Category of Service (Limited)

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	(See DE 6313 for code categori

DATA ELEMENT: **MARS Claims Paid by County, Category of Assistance and Category of Service (Limited) (DE6315)**

The number of claims for which a Medicaid payment was made during the month for the indicated District, Category of Assistance, and Category of Service (Limited).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by County, Category of Assistance and Category of Service (Limited)

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	(See DE 6313 for code categori

DATA ELEMENT: **MARS Total Paper Claim Payments (DE6316)**

Total paper claims payment amount

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Paper Claim Payments

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 1 Begin Date (DE6321)**

Period 1 Begin Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 1 Begin Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 1 End Date (DE6322)**

Period 1 End Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 1 End Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 2 Begin Date (DE6323)**

Period 2 Begin Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 2 Begin Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 2 End Date (DE6324)**

Period 2 End Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 2 End Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 3 Begin Date (DE6325)**

Period 3 Begin Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 3 Begin Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 3 End Date (DE6326)**

Period 3 End Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 3 End Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 4 Begin Date (DE6327)**

Period 4 Begin Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 4 Begin Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Period 4 End Date (DE6328)**

Period 4 End Date from the Cost Settlement/DRG Request Screen.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Period 4 End Date

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Request Report Type (DE6329)**

The Report Type that the Cost Settlement/DRG request refers to

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Request Report Type

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
CST	Cost Settlement Request
DET	Cost Settlement Detail Report Request
DRG	DRG Report Request
HH	Home Health Request

DATA ELEMENT: **MARS Recipients Participating by Category of Assistance/Category of Service (DE6330)**

An unduplicated count of the number of recipients receiving on claims processed during the MARS process month by Category of Service and Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Participating by Category of Assistance/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Payment by Category of Assistance/Category of Service (DE6331)

The total reimbursement amount for all claims paid during the MARS process month by Category of Assistance and Category of Service (DE 6114).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Category of Assistance/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units of Service by Category of Assistance/Category of Service (DE6332)**

The total of the Units of Service (DE 6147) rendered to Medicaid recipients by Category of Assistance and by Category of Service in each payment month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units of Service by Category of Assistance/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(10)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Previous Cycle Month End Date (DE6351)**

The last day of the previous month's MARS cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Previous Cycle Month End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Participation by Provider Type (DE6354)**

This field indicates a recipient's status relative to Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Participation by Provider Type

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not Participating by Provider Type
1	Participating by Provider Type

DATA ELEMENT: MARS Total Recoupment Amounts - Prior Period (DE6355)

Sum of all financial payments with Adjustment Reason "9999" (memo transactions) which are internally built during the RA generation process for recouped amounts applied from prior periods during the weekly payment cycle.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Recoupment Amounts - Prior Period

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	0 Not Participating in Categor

DATA ELEMENT: **MARS Recipient Medicare Eligible - State Buy-In (DE6356)**

This field indicates a recipient's status relative to Medicare State Buy-In.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Medicare Eligible - State Buy-In

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not bought in by State
1	Bought in by State

DATA ELEMENT: **MARS Recipient Medicare Eligibility Type (DE6357)**

This field indicates a recipient's status relative to Medicare eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Medicare Eligibility Type

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not a Medicare Eligible
1	Medicare Eligible

DATA ELEMENT: **MARS Recipient Eligibility Indicator (DE6358)**

This flag indicates whether the recipient was eligible for Medicaid service by Aid Category during a MARS process month. This may apply to either the State or Federal Service Month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Eligibility Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not eligible
1	Eligible

DATA ELEMENT: **MARS Recipient Eligibility YTD Indicator (DE6359)**

A one-digit counter set to "1" if a recipient was eligible for services at any time during the fiscal year. The fiscal year basis may be State or Federal, depending upon the file of origin.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Eligibility YTD Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Recipient was not eligible this year
1	Recipient was eligible this year

DATA ELEMENT: MARS Recipient YTD Participation Counter (DE6360)

A one-digit counter that is set to '1' if a recipient has had at least one Claim Record paid for services rendered on his or her behalf during the fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient YTD Participation Counter

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Recipient received no med svc during current fiscal YTD
1	Recipient received one or more med svcs during current fiscal YTD

DATA ELEMENT: **MARS Recipient Medicare Eligibility Code (DE6361)**

This field indicates a recipient's status relative to Medicare eligibility.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Medicare Eligibility Code

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not eligible
1	Eligible Part A only
2	Eligible Part A, not accreted B
3	Eligible Part B only
4	Eligible Part B only (Bought-In)
5	Eligible Part B only (State Bought-In)
6	Eligible Part A and B
7	Eligible Part A and B (Bought-In)
8	Eligible Part A and B (State Bought-In)

DATA ELEMENT: **MARS Recipient Served YTD Category of Service Indicator (DE6362)**

This field occurs once for each Category of Service and contains an indication whether the recipient has received service in the category during the State Fiscal Year-to-Date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Served YTD Category of Service Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not received service
1	Received service

DATA ELEMENT: **MARS Premium/Per Capita Payment Eligibility Indicator (DE6363)**

A one-digit counter used to indicate whether or not a recipient is eligible for the Medicaid Program to pay a premium or per capita fee on his or her behalf.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Premium/Per Capita Payment Eligibility Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not eligible for Medicaid to pay a premium or per capita fee
1	Eligible for Medicaid to pay a premium or per capita fee

DATA ELEMENT: **MARS Premium or Per-Capita Payment (DE6364)**

The amount of premium or per capita payments made on behalf of a recipient maintained by type of premium.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Premium or Per-Capita Payment

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Participation by Type of Service (DE6365)**

This field contains a flag for each Type of Service. If the recipient has participated within the last year in any of the service areas, the respective flag is turned on.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Participation by Type of Service

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Patient Pay Amount (DE6366)**

The total dollar amount of all patient payment amounts for the Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Patient Pay Amount

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD Payment by County and Category of Service (DE6374)**

The YTD claim payments made by Medicaid by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Payment by County and Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD Claims Paid by County and Category of Service (DE6375)**

The number of claims received for the associated Category of Service and county.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Claims Paid by County and Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD Recipient Cost Sharing Amount by Category of Service (DE6376)**

The YTD amount of deductible, co-payment or coinsurance money collected from the recipient for the category of service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Recipient Cost Sharing Amount by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS QTD County Expenditure by Category of Service (DE6381)

This field contains current quarter expenditures. It is maintained by county/Category of Service sequence. This amount is maintained on a statewide basis.

BUSINESS NAME: N/A

REFERENCE NAME: MARS QTD County Expenditure by Category of Service

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD County Expenditures by Category of Service (DE6382)**

This field contains annual expenditures. It is maintained by county/Category of Service sequence. This amount is maintained on a state-wide basis.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD County Expenditures by Category of Service

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Recipients Eligible by Aid Category (DE6388)**

This field contains the number of recipients eligible by aid category within district and money payment type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Recipients Eligible by Aid Category

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Recipient History File Key (DE6390)

This field contains the data which establishes the sequence of the MARS Recipient History File. It is composed of Record Type and a variable portion dependent upon Record Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient History File Key

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	Date: All zeros Client: Pe

DATA ELEMENT: MARS Recipient History File Record Type (DE6391)

This field designates the MARS Recipient History File record type and format.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient History File Record Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Date Record
2	Recipient Record
3	COS Record
4	Eligibility Record
5	TOS Record
9	Trailer Record

DATA ELEMENT: **MARS Annual Budget Amount (DE6403)**

Annual Budget Amount by Category of Service

BUSINESS NAME: N/A

REFERENCE NAME: MARS Annual Budget Amount

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Processed Excluding Crossover by Provider Type (DE6404)**

The number of claims submitted by Provider Type during a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Processed Excluding Crossover by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Claims Processed by Provider Type (DE6405)**

The number of Crossover claims processed for each Provider Type during a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Claims Processed by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Processed Excluding Crossover by Provider/ Provider Type (DE6406)**

The number of adjudicated claims submitted by each provider and Provider Type during a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Processed Excluding Crossover by Provider/ Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Crossover Claims Processed by Provider/Provider Type (DE6407)**

The number of adjudicated Crossover claims submitted by a provider for a Provider Type during a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Crossover Claims Processed by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid by Provider/Provider Type (DE6408)**

The number of claim line items which have been paid to a provider by claim Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Error Occurrences by Provider Type and Error Code (DE6409)**

This is the total number of errors encountered for all claims. It is accumulated by the Provider Type, error code and status. It is not accumulated for pended claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Error Occurrences by Provider Type and Error Code

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Nines Complement of Error Occurrences by Provider Type and Error Code (DE6410)**

This is the nines complement of the Number of Error Occurrences .

BUSINESS NAME: N/A

REFERENCE NAME: MARS Nines Complement of Error Occurrences by Provider Type and Error Code

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Error Occurrences by Provider Type (DE6411)**

This is the total number of errors encountered for all claims and all error codes by Provider Type and Status. This is not accumulated for pended claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Error Occurrences by Provider Type

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claims Paid with No Errors by Provider Type (DE6413)

The total number of claims paid by Provider Type for which no error correction/override was required during the adjudication process.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid with No Errors by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims Paid with No Errors by Provider Type (DE6414)**

The percentage of claims by Provider Type which were paid without an error.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims Paid with No Errors by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid after Error Correct by Provider/Provider Type (DE6415)**

The number of claims paid to a provider by Provider Type which required error correction to complete the adjudication process.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid after Error Correct by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid after Correction of Errors by Provider Type (DE6416)**

The sum by Provider Type of the number of claims which were paid after correction.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid after Correction of Errors by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Paid Claims Overridden by Provider Type (DE6417)**

The number of claims paid after error(s) were resolved by manual override summed by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Paid Claims Overridden by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Paid Claims Overridden by Provider/Provider Type (DE6418)**

The sum for each provider of the number of line item claims which contained errors that were manually overridden during the claims resolution process to permit approval.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Paid Claims Overridden by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims Overridden by Provider Type (DE6419)**

The percentage of claims within a Provider Type which were paid after the errors were overridden.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims Overridden by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims Paid after correcting One or More Errors by Provider Type (DE6421)**

The percentage of claims which were paid after correcting one or more errors within a Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims Paid after correcting One or More Errors by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Denied by Provider/Provider Type (DE6423)**

For each Provider Type, the provider number is listed with the respective claims denied.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Denied by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Denied by Provider Type (DE6424)**

The total number of claims denied for each Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Denied by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number Claims Suspended by Provider/Provider Type (DE6425)**

The total number by provider number of line item claims processed with a claim status code of '4' (suspended). Suspended claims are those claims in process (not adjudicated) at the end of the MARS current processing month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number Claims Suspended by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims with Third Party by Provider/Provider Type (DE6426)**

The total number of adjudicated claims for each provider by Provider Type with a value greater than zero in the Third Party Payment field.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims with Third Party by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Third Party Claims by Provider Type (DE6427)**

The sum by Provider Type of the number of adjudicated claims which included some payment from a Third Party.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Claims by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Third Party Payment Amount by Provider/Provider Type (DE6428)**

The sum of the amount of Third Party Payments on all claims for each provider by Provider Type. Medicare Crossover claims and pended claims are excluded from this amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Payment Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Third Party Payment by Provider Type (DE6429)**

The total dollar figure by Provider Type of Third Party amounts for all claims. Medicare Crossover and pended claims are excluded from calculation of this amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Payment by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment to Provider/Provider Type (DE6430)**

The total amount reimbursed to each provider for paid claims and financial transactions by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment to Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Net Financial Transaction Amount by Provider/Provider Type (DE6431)**

The net amount reimbursed or withheld from a provider's payment due to financial transactions.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Net Financial Transaction Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Reimbursement Amount to Cost Settled Providers (DE6433)**

The total reimbursement amount paid to cost settled providers for the current fiscal year to date and the previous fiscal year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Reimbursement Amount to Cost Settled Providers

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claim Payment by Provider Type (DE6434)**

The total amount, by Provider Type, paid by Medicaid for services rendered during a current process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Payment by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by Crossover Claims by Provider Type (DE6435)**

The summed amount of crossover cost reported by providers within Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Crossover Claims by Provider Type

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment for Gross Adjustments by Provider Type (DE6436)**

This is the summed adjustments, reported by providers within Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment for Gross Adjustments by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Estimated Cost Settlement by Provider Type (DE6437)**

The estimated fiscal year to date cost settlement adjustment amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Estimated Cost Settlement by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Reimbursement to Charges Percentage for Provider/Provider Type (DE6438)**

The percentage of payments (or net reimbursement) within a Category of Service as compared to the charges submitted on the claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Reimbursement to Charges Percentage for Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Submitted Charges by Provider/Provider Type (DE6441)**

The total charges submitted by a provider for services rendered by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Submitted Charges by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Charges Submitted by Cost Settled Providers (DE6442)**

The total charges for services submitted by cost settled providers for the current fiscal year to date and the previous fiscal year to date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Charges Submitted by Cost Settled Providers

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claim Former Payment Date - Day of Century (DE6449)**

On an adjustment, the date of payment from the original claim.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Former Payment Date - Day of Century

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider enrollment Indicator (DE6450)**

A one digit counter indicating whether or not a provider was eligible to render Medicaid services during a process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider enrollment Indicator

DEFAULT: N/A

COBOL PICTURE: S9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Provider not enrolled
1	Provider enrolled

DATA ELEMENT: **MARS Providers Enrolled by Provider Type (DE6451)**

The sum by Provider Type of the number of providers on the Provider Master File who were eligible to furnish services during the process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Providers Enrolled by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Days to Payment (DE6452)**

The number of elapsed days from Receipt Date to Payment Date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Days to Payment

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Providers Enrolled Fiscal YTD by Provider Type (DE6453)**

The sum by Provider Type of the number of providers eligible for the fiscal year-to-date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Providers Enrolled Fiscal YTD by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider/Provider Type YTD Invoice Count (DE6454)**

A count of the number of invoices received by a provider during the year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider/Provider Type YTD Invoice Count

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Days to File (DE6458)**

The number of elapsed days from Last Date of Service to Receipt Date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Days to File

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Days to Adjudication (DE6459)**

The number of elapsed days from Receipt Date to Adjudication Date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Days to Adjudication

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 1-30 Days to Filing by Provider/Provider Type (DE6460)**

The number of original claims for each provider which were entered into the system between 1 and 30 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 1-30 Days to Filing by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 31-60 Days to Filing by Provider/Provider Type (DE6461)**

The number of original claims for each provider which were received 31 to 60 days after service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 31-60 Days to Filing by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 61-90 Days to Filing by Provider/Provider Type (DE6462)**

The number of claims for each provider which were received 61 to 90 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 61-90 Days to Filing by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 4-6 Months to Filing by Provider/Provider Type (DE6463)**

The number of claims for each provider which were received 91 to 180 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 4-6 Months to Filing by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims More than 6 Months to Filing by Provider/ Provider Type (DE6464)**

The number of claims for each provider which were received more than 181 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims More than 6 Months to Filing by Provider/ Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 1-30 Days to Filing by Provider Type (DE6465)**

The number of original claims for each Provider Type which were received between 1 and 30 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 1-30 Days to Filing by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 31-60 Days to Filing by Provider Type (DE6466)**

The number of original claims for each Provider Type which were received 31 to 60 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 31-60 Days to Filing by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 61-90 Days to Filing by Provider Type (DE6467)**

The number of claims for each Provider Type which were received 61 to 90 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 61-90 Days to Filing by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 4-6 Months to Filing by Provider Type (DE6468)**

The number of claims for each Provider Type which were received 91 to 180 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 4-6 Months to Filing by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims More than Six Months to Filing by Provider Type (DE6469)**

The number of claims for each Provider Type which were received more than 181 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims More than Six Months to Filing by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 1-30 Days to Filing Amount by Provider/Provider Type (DE6470)**

The amount paid to a provider for original claims which were received 1 to 30 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 1-30 Days to Filing Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 31-60 Days to Filing Amount by Provider/Provider Type (DE6471)**

The amount paid to a provider for original claims which were received 31 to 60 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 31-60 Days to Filing Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 61-90 Days to Filing Amount by Provider/Provider Type (DE6472)**

The amount paid to a provider for original claims which were received 61 to 90 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 61-90 Days to Filing Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 4-6 Months to Filing Amount by Provider/Provider Type (DE6473)**

The amount paid to a provider for original claims which were received 4 to 6 months after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 4-6 Months to Filing Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Over 6 Months to Filing Amount by Provider/Provider Type (DE6474)**

The amount paid to a provider for original claims which were received over 6 months after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Over 6 Months to Filing Amount by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Over 1-30 Days to Filing Amounts by Provider Type (DE6475)**

The sum, by Provider Type, of the amount of paid original claims which were received 1-30 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Over 1-30 Days to Filing Amounts by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 31-60 Days to Filing Amount by Provider Type (DE6476)**

The sum, by Provider Type, of the amount of paid original claims which were received 31-60 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 31-60 Days to Filing Amount by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 61-90 Days to Filing Amount by Provider Type (DE6477)**

The sum, by Provider Type, of the amount of paid original claims which were received 61-90 days after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 61-90 Days to Filing Amount by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims 4-6 Months to Filing Amount by Provider Type (DE6478)**

The sum, by Provider Type, of the amount of paid original claims which were received 4-6 months after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims 4-6 Months to Filing Amount by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Over 6 Months to Filing Amount by Provider Type (DE6479)**

The sum, by Provider Type, of the amount of paid original claims which were received over 6 months after the service date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Over 6 Months to Filing Amount by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Days to File by Provider/Provider Type (DE6480)**

The sum for each provider of the number of days between the Service Date and Date of Claim Receipt for all original claims adjudicated during a current process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Days to File by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Days to Filing by Provider Type (DE6481)**

The sum by Provider Type difference between the Service Date and the Date of Claim Receipt for adjudicated original claims.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Days to Filing by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(11)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent Third Party Payment by Provider/Provider Type (DE6482)**

The percentage of claims for a provider which contain third party payments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent Third Party Payment by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Errors Per 100 Paid Claims by Provider Type (DE6483)**

The average number of errors that would appear if 100 claims were filed for a particular Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Errors Per 100 Paid Claims by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Errors by Provider/Provider Type (DE6484)**

The sum of the number of errors committed on adjudicated claims by Provider and Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Errors by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Errors by Provider Type (DE6485)**

The sum, by Provider Type, of the number of errors committed on adjudicated claims by Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Errors by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Errors Corrected on Paid Claims by Provider Type (DE6486)**

The total number, by Provider Type, of errors requiring correction or override prior to claims approval.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Errors Corrected on Paid Claims by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims with Error Code by Provider Type (DE6487)**

The percentage of claims with a Provider Type which had the associated error code on them.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims with Error Code by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Error Code Occurrences by Provider Type (DE6488)**

The number of times, within a Provider Type, this error code has been encountered.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Error Code Occurrences by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Error Code Occurrences by Provider Type (DE6489)**

The percentage, within a Provider Type, of the number of occurrences for the associated error code compared to the total number of errors encountered for the Provider Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Error Code Occurrences by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Provider History File Record Type (DE6491)

This field establishes the primary sequence and the record format for the MARS Provider History File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider History File Record Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Date Record
2	Provider/Provider Type Record
3	Provider Type Record
4	Process Summary Record
9	Trailer Record

DATA ELEMENT: **MARS Provider/Provider Type Record Type Modifier (DE6492)**

This field specifies the particular format of the Provider/Provider Type records.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider/Provider Type Record Type Modifier

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Cost Settled Provider Record
high values	Daily Record
R	Provider Type Ranking Record
space	Data record

DATA ELEMENT: **MARS Provider History File Record Counts (DE6493)**

The number of records by record type contained on the MARS Provider History File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider History File Record Counts

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS MR-O-18 Number of Claims with Errors (DE6496)**

The total number of claims within error type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MR-O-18 Number of Claims with Errors

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS MR-O-18 Error Percent (DE6497)**

The number of claims containing the associated error code as a percentage of the total number of claims having that type of error.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MR-O-18 Error Percent

DEFAULT: N/A

COBOL PICTURE: S999V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Number of Claim Errors Per 100 Paid (DE6498)**

The average number of errors that would appear if 100 claims were filed for a particular provider.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Number of Claim Errors Per 100 Paid

DEFAULT: N/A

COBOL PICTURE: S9(3)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS MR-O-18 Error Rank (DE6499)**

The error ranking shows how the error code compares with all error codes based upon the frequency.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MR-O-18 Error Rank

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Per Eligible by Category of Service/Category of Assistance (DE6501)**

This field is computed as claims paid amount divided by eligible recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Per Eligible by Category of Service/Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Units Per Eligible by Category of Service/Category of Assistance (DE6502)**

This field is computed as Units of Service divided by eligible recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Units Per Eligible by Category of Service/Category of Assistance

DEFAULT: N/A

COBOL PICTURE: S9(06)V999

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Served by Provider/Provider Type (DE6503)**

An unduplicated count of the number of recipients served by a provider for a provider type during the process month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Served by Provider/Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Report Record Type (DE6504)**

This code designates the type of MR-O-18 Record: Report Record or Error Record.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Report Record Type

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Report record
2	Error record

DATA ELEMENT: **MARS Third Party Payments as a Percentage of Total Dollars by Provider/Category of Service (DE6505)**

This field contains the percentage of total dollars that third party payments represent.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Payments as a Percentage of Total Dollars by Provider/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims with Third Party Payment by Provider Category of Service (DE6507)**

This field represents the percentage of claims with third party payment.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims with Third Party Payment by Provider Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(03)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider History Report File Record (DE6508)**

This field establishes the primary sequence and the record format for the MARS Provider History Report File. It contains the report number of the report that will be produced from the report record.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider History Report File Record

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Payment by Category of Service (DE6516)**

Average payment per claim by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Payment by Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider Claims Paid During the Process Month Based on Service Date (DE6517)**

The number of claims paid for a provider for provider type during the MARS process month based upon the Date of Payment.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider Claims Paid During the Process Month Based on Service Date

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider Claims Paid During the Process Month Based on Payment Date (DE6518)**

The number of claims paid for a provider for provider type during the MARS process month based upon the Date of Payment.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider Claims Paid During the Process Month Based on Payment Date

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Amount Paid for a Provider during the Process Month Based on Service Date (DE6519)**

The amount of claims paid for a provider for a provider type during the MARS process month based upon the Date of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Amount Paid for a Provider during the Process Month Based on Service Date

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Amount Paid for a Provider During the Process Month Based on Payment Date (DE6520)**

The amount of claims paid for a provider for a provider type during the MARS process month based upon the Date of Payment.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Amount Paid for a Provider During the Process Month Based on Payment Date

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS MTD Payment Amount (DE6532)**

Total amount paid for a given month

BUSINESS NAME: N/A

REFERENCE NAME: MARS MTD Payment Amount

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid by Provider/Category of Service (DE6540)**

The number of claim line items which have been paid to a provider by claim Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid by Provider/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Paid with Third Party by Provider/Category of Service (DE6541)**

The total number of adjudicated claims for each provider by Category of Service with a value greater than zero in the Third Party Payment field.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Paid with Third Party by Provider/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Billed Amount by Provider/Category of Service (DE6542)**

The total amount billed by each provider for claims by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Billed Amount by Provider/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Third Party Payment Amount by Provider/Category of Service (DE6543)**

The amount of Third Parties on claims for each provider by Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Payment Amount by Provider/Category of Service

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Recipients Bought-in for Medicare Part B (DE6553)**

An unduplicated count of the number of recipients on the Recipient Eligibility History File that are bought-in for Medicare Part B services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Recipients Bought-in for Medicare Part B

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS SAS-665 Record Code (DE6574)

Code used to distinguish between provider and recipient related records the SAS-665 Claims Detail File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS SAS-665 Record Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 1 - 12

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Provider Record
2	Recipient Record

DATA ELEMENT: **MARS All Spaces (DE6588)**

This data element represents a constant value of all spaces.

BUSINESS NAME: N/A

REFERENCE NAME: MARS All Spaces

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Administrative and Operations Report File Record Type - Report File (DE6589)**

This field establishes the primary sequence and report format for the Administrative and Operations Report file.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Administrative and Operations Report File Record Type - Report File

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	MRAOR1-DATE-REC
01	MRAOR2-MRO1-FIN-REC
02	MRAOR3-MRO2-PROG-STAT-REC
03	MRAOR4-MRO3-FIN-REC
04	MRAOR5-MRO4-EXPEND-REC
05	MRAOR6-MRO5-MCARE-REC
08	MRAOR7-MR08-PERFORMANCE-REC
22	MRAOR8-MR22-RECIP-PART-REC
91	MRAOR11-MR91-EXP-REC
99	MRAOR99-TRAILER-REC

DATA ELEMENT: **MARS Administrative and Operations Record Type (DE6591)**

This field establishes the primary sequence and record format for the Administrative and Operations History File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Administrative and Operations Record Type

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	Date Record
01	Category of Assistance
02	Category of Service
03	Eligibility Code/Collocation Code
04	Medicare Crossover Record
05	COS/COA Record
09	Trailer Record

DATA ELEMENT: MARS SAS-665 Report Code (DE6592)

Code used to distinguish the records associated with specific report types on the SAS-665 Summary File (MR-F-035).

BUSINESS NAME: N/A

REFERENCE NAME: MARS SAS-665 Report Code

DEFAULT: N/A

COBOL PICTURE: x(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Amount of Payments
02	Unduplicated Provider Counts
03	Unduplicated Recipient Counts
04	Number of Claims Processed
05	Units of Service
06	Amount of Co-Payments
07	Amount of 3rd Party Payments
08	Standard Deviation of Payments Per Claim
09	Standard Deviation of Units Per Claim
10	Standard Deviation of Claims Per Recipient
11	Unduplicated Provider Counts - YTD
12	Unduplicated Recipient Counts - YTD

DATA ELEMENT: **MARS Lag cost factor (DE6594)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: MARS Lag cost factor

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS MTD Charges (DE6595)**

Total charges for a given month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MTD Charges

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Premiums Collected (DE6600)**

The total dollar amount of premiums collected.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Premiums Collected

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Deductible and Co-payments (DE6601)**

The total deductible co-payments and coinsurance amount, for both categorically and medically needy, contributed by the recipient.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Deductible and Co-payments

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Recipient Age (DE6602)

The age of a recipient rounded to the nearest whole year and relative to the date specified below by MARS report number. Recipient Age is used in most cases to determine the correct age grouping. However, in some instances it is reported directly as ind

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Age

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Reimbursement Amount by Type of Service (DE6603)**

The accumulated reimbursement amount by Type of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Reimbursement Amount by Type of Service

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Deductible Amount by Type of Service (DE6604)**

The Medicare deductible amount accumulated by Type of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Deductible Amount by Type of Service

DEFAULT: N/A

COBOL PICTURE: S(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Coinsurance Amount by Type of Service (DE6605)**

The Medicare coinsurance amount accumulated by Type of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Coinsurance Amount by Type of Service

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Adjustment Amount (DE6606)**

The total amount of adjustments (credits, debits, and voids) of all claims for each recipient.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Adjustment Amount

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Reimbursement for Physician Surgical Procedures (DE6607)**

The YTD amount of reimbursement for physicians surgical services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Reimbursement for Physician Surgical Procedures

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Claims Reimbursement Amount for Visits (DE6608)

The reimbursement amount for visits for selected Federal Types of Service and drug prescriptions. Detail data is carried at the individual recipient level and summed for presentation in HCFA-2082, Section M (MR-O-56).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Reimbursement Amount for Visits

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Number of Recipient Visits (DE6609)

The sum of the number of visits by selected Federal Types of Service and drug prescriptions and time period according to HCFA 2082 File Type (DE 6601). Detail data is carried at the individual recipient level and accumulated by Federal Category of Assist

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Recipient Visits

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Adjustment Amount for Physician Visits (DE6610)**

The amount of adjustments for the selected Federal Types of Service reported in HCFA-2082, Section M (MR-O-56) and maintained by recipient.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Adjustment Amount for Physician Visits

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Reimbursement for Rural Health Surgical Procedures (DE6611)**

The amount, by Recipient ID, of reimbursements for rural health surgical services.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Reimbursement for Rural Health Surgical Procedures

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Days of Care by Facility Type (DE6612)**

The sum of the total number of days of care for each recipient by type of facility for the time period indicated by HCFA 2082 File Type (DE 6601).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Days of Care by Facility Type

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Reimbursed Days of Care (DE6613)**

The sum of the number of days of care reimbursed (paid for) by Medicaid for each recipient by type of facility for the time period indicated by HCFA-2082 File Type (DE 6601).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Reimbursed Days of Care

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Number of Inpatient Hospital General Number of Discharges (DE6614)

The number of claims with Federal Type of Service equal inpatient hospital when indicated a discharge during the Federal fiscal year-to-date (or some other period as indicated by HCFA-2082 File Type - DE 6601).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Inpatient Hospital General Number of Discharges

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medicare Payment by Type of Service (DE6615)**

The payment made by Medicare for services rendered to the recipient and maintained by Federal Type of Service or Category of Service as determined by the HCFA File Type (DE 6601).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medicare Payment by Type of Service

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Date Origin (DE6616)**

This field is used to indicate whether the recipient demographic data required for Federal reports was obtained from claims data or the recipient's eligibility record directly; the later has precedence.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Date Origin

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Data extracted from claims
2	Data extracted from eligibility
3	Data extracted from claims and eligibility

DATA ELEMENT: **MARS Total Cost Sharing Contribution (DE6617)**

The total dollar amount of all deductibles, co-payments, and coinsurance collected.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Cost Sharing Contribution

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-2082 Master File Record Type (DE6621)**

The field contains a code which specifies the format and primary sequence of records on the MARS HCFA-2082 File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-2082 Master File Record Type

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Date record
1	Recipient record
9	Trailer record

DATA ELEMENT: **MARS Total Financial Transaction Amount (DE6622)**

The total amount of gross level adjustments which cannot be identified by Federal Type of Service and Category of Assistance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Financial Transaction Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Unduplicated Count of Providers (DE6624)**

MARS Unduplicated Count of Medicaid Providers

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Unduplicated Count of Providers

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Financial Transaction Amount - Physician Visits (DE6643)**

The total amount of physician visits on gross level adjustments which cannot be identified by Federal Type of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Financial Transaction Amount - Physician Visits

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS EPSDT Total Screening Services (DE6653)**

The total number of claims with a category of service of 10,16,17, or 18 paid for active recipients under age 21.

BUSINESS NAME: N/A

REFERENCE NAME: MARS EPSDT Total Screening Services

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS EPSDT Eligible Referred (DE6654)**

The number of active recipients under age 21 diagnosed for referral during an EPSDT screening.

BUSINESS NAME: N/A

REFERENCE NAME: MARS EPSDT Eligible Referred

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS HCFA MSIS Type of Record (DE6660)

Indicates the eligibility information is for the current or previous fiscal quarter.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Type of Record

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Current Federal Fiscal Quarter
2	Retroactive Quarter of Eligibility
3	Corrections or Updates
9	Error

DATA ELEMENT: **MARS HCFA MSIS Program Type (DE6661)**

A code indicating the special Medicaid program under which the service was provided.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Program Type

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	No special program
1	EPSDT
2	Family Planning
3	Rural Health Clinic
4	Federally Qualified Health Clinics (FQHC)
5	Indian Health Services
6	Home & Community Based Care for Disabled Elderly and 65/older
7	Home and Community Based Care Waiver Services
9	Unknown

DATA ELEMENT: **MARS Average No. of Days from Last Date of Service to Date of Receipt (DE6662)**

The average number of elapsed days for all adjudicated claims from the last date of service to date of receipt at the claims processing center.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average No. of Days from Last Date of Service to Date of Receipt

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average No. of Days from Date of Receipt to Date of Adjudication (DE6665)**

The average number of days for all adjudicated claims from Date of Claim Receipt to Adjudication Date.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average No. of Days from Date of Receipt to Date of Adjudication

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Monthly HCFA File Key (DE6667)**

This key contains the sequencing data for each record type in the Monthly HCFA File. It is composed of a record number and a variable field.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Monthly HCFA File Key

DEFAULT: N/A

COBOL PICTURE: X(21)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Monthly HCFA File Record Number (DE6668)**

The record number specifies the format and primary sequence of records on the Monthly HCFA File.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Monthly HCFA File Record Number

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Valid Values in	00 Date Record 01 HCFA 120

DATA ELEMENT: MARS HCFA MSIS File Name (DE6670)

MSIS File to be submitted to HCFA.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS File Name

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS HCFA MSIS State Code (DE6671)

State Code for HCFA MSIS Tapes.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS State Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
VA	Virginia

DATA ELEMENT: MARS HCFA MSIS SSN Indicator (DE6672)

Indicates whether the state uses eligible' social security numbers (SSN) as MSIS-IDENTIFICATION-Numbers.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS SSN Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	State does not use SSN as MSIS-IDENTIFICATION-NUMBER
1	State uses SSN as MSIS-IDENTIFICATION-NUMBER

DATA ELEMENT: **MARS HCFA MSIS Type of Claim (DE6673)**

A code indicating what kind of payment is covered in this claim.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Type of Claim

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	A Current Fee-For-Service Claim for medical services
2	Capitated Payment
3	Encounter record
4	Gross Adjustment
5	Supplemental Payment
9	Unknown

DATA ELEMENT: **MARS HCFA MSIS Adjustment Indicator (DE6674)**

A code indicating the type of adjustment record that the claim/encounter represents.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA MSIS Adjustment Indicator

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Original Claim/Encounter
1	Void of a prior submission
2	Re-submittal
3	Credit Adjustment (negative supplemental)
4	Debit Adjustment (positive supplemental)
5	Gross Adjustment
9	Unknown

DATA ELEMENT: MARS Expenditure Amount (DE6675)

This is the payment amount accumulated from the MARS Claims Extract record by Source of Funding and Federal Type of Service (DE 6108).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Expenditure Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims by Type Number of Third Party Collection (DE6676)**

The number of claim lines accumulated for Third Party Collections by type of collection.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims by Type Number of Third Party Collection

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Third Party Payment by Source of Funds (DE6677)**

Third Party payment by Source of Funding and type of collection.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Third Party Payment by Source of Funds

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claim Count for Cost Avoidance (DE6678)**

Number of claim lines accumulated by Medicare Parts A & B and coinsurance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Count for Cost Avoidance

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by Third Party for Cost Avoidance (DE6679)**

Third Party payment amounts for cost avoidance.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Third Party for Cost Avoidance

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS MSIS SCHIP Code (DE6680)**

A code indicating the individual's inclusion in the SCHIP program for the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MSIS SCHIP Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Not a Medicaid eligible and not eligible for SCHIP for the month
1	Medicaid eligible, not Medicaid expansion SCHIP or title XXI SCHIP
2	In Medicaid expansion & subject to enhanced Federal match
3	Not Medicaid eligible, included in non-Medicaid expansion SCHIP
9	SCHIP status unknown

DATA ELEMENT: MARS MSIS Income Code (DE6681)

A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligible below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligible reported by the State.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MSIS Income Code

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	Not a Medicaid eligible and not eligible for SCHIP
01	State-defined family income is within level 01
02	State-defined family income is within level 02
03	State-defined family income is within level 03
04	State-defined family income is within level 04
05	State-defined family income is within level 05
06	State-defined family income is within level 06
07	State-defined family income is within level 07
09	State-defined family income is UNKNOWN for the month
88	Eligible for Medicaid, but above the age limit for SCHIP
blank	State has not opted to include this field for ANY Eligible-file records

DATA ELEMENT: **MARS Total Payments Computable for Federal Funding of Sterilizations or Abortions (DE6686)**

Total of MRCX8-REIMB-AMT for all sterilizations or abortions performed.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Payments Computable for Federal Funding of Sterilizations or Abortions

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Copay (DE6692)**

The total dollar amount of all co-payments for the Category of Service.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Copay

DEFAULT: N/A

COBOL PICTURE: 9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Abortion Type (DE6696)

This field determines the type of abortion performed.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Abortion Type

DEFAULT: N/A

COBOL PICTURE: S9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1,2 Therapeutic 1 Life Enda

DATA ELEMENT: **MARS Payment by Drug Code (DE6702)**

The total payment by Medicaid for each drug.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Drug Code

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Prescriptions by Drug Code (DE6703)**

The number of prescriptions filled for the drug.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Prescriptions by Drug Code

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Units per Prescription by Drug Code (DE6706)**

The total quantity Units Dispensed divided by the Number of Prescriptions for the drug.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Units per Prescription by Drug Code

DEFAULT: N/A

COBOL PICTURE: S9(09)V9(3)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Dollars per Prescription by Therapeutic Class (DE6707)**

This field contains the average dollar per filled prescription by therapeutic class.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Dollars per Prescription by Therapeutic Class

DEFAULT: N/A

COBOL PICTURE: S999V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Payment by Therapeutic Class/MARS Aid Category (DE6709)**

The Medicaid expenditure by MARS Aid Category for the therapeutic class.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Payment by Therapeutic Class/MARS Aid Category

DEFAULT: N/A

COBOL PICTURE: S9(09)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Prescription by Therapeutic Class (DE6710)**

The number of prescriptions by MARS Aid Category for the therapeutic class.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Prescription by Therapeutic Class

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipients Served by Therapeutic Class/MARS Aid Category (DE6711)**

An unduplicated count of recipients by MARS Aid Category that received one or more drugs in the therapeutic class.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipients Served by Therapeutic Class/MARS Aid Category

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Date Record Indicator (DE6716)**

This field indicates whether or not a date record (first record) has been read.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Date Record Indicator

DEFAULT: N/A

COBOL PICTURE: S9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Summary Drug Count (DE6717)**

This field is an accumulation of the number of drug records (type '02') processed during the current activity.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Summary Drug Count

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Quarterly Annual Indicator (DE6720)**

This indicator designates whether the report is to be generated annually or quarterly.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Quarterly Annual Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Annual
Q	Quarterly

DATA ELEMENT: **MARS Drug Usage Report Code (DE6721)**

This field designates which report is to be generated during current processing.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Report Code

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
21	Produce MR-O-21
26	Produce MR-O-26
29	Process Trailer Record

DATA ELEMENT: **MARS Constant Zero (DE6722)**

Remove. This field indicates the date record (first record of the Report File (MR-F-43).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Constant Zero

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Update Date (DE6725)**

This field contains the date (Day of Century form) in which the program is run.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Update Date

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS QTD Units of Service on Claims (DE6727)**

The quarter-to-date accumulation of Units of Service billed on a claims line for a procedure.

BUSINESS NAME: N/A

REFERENCE NAME: MARS QTD Units of Service on Claims

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Drug Usage Drug Cost QTD (DE6728)

This field is a quarter-to-date accumulation of the Drug Cost by Drug Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Drug Cost QTD

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Payment Amount QTD (DE6729)**

This field is a quarter-to-date accumulation of the prescription by Drug Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Payment Amount QTD

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Claim Count QTD (DE6730)**

This field is a quarter-to-date accumulation of the number of claims lines for all claims by Drug Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Claim Count QTD

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD Units of Service on Claim (DE6731)**

The year-to-date accumulation of Units of Service billed on a claims line for a procedure.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Units of Service on Claim

DEFAULT: N/A

COBOL PICTURE: S9(05)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS YTD Drug Usage Drug Cost (DE6732)**

This field is a year-to-date accumulation of the Drug Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS YTD Drug Usage Drug Cost

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Payment Amount YTD (DE6733)**

This field is a year-to-date accumulation of the Prescription Payment Amount by Drug Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Payment Amount YTD

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Claim Count YTD (DE6734)**

This field is a year-to-date accumulation of the number of claim lines for all claims by Drug Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Claim Count YTD

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Number of Units sold by Therapeutic Class (DE6737)**

This field contains the number of units sold by therapeutic class.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Number of Units sold by Therapeutic Class

DEFAULT: N/A

COBOL PICTURE: S9V(07)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Drug Usage Number of 1 Records (DE6739)**

This is the total number of type '1' records processed during current activity.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Drug Usage Number of 1 Records

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Category Ranking (DE6756)**

Mars Category Ranking, to list out high ranking provider payments

BUSINESS NAME: N/A

REFERENCE NAME: MARS Category Ranking

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Other Adjustment Amounts - Net Negative (DE6760)**

Sum of all claims and financial payments with Disposition = "03" or "04" other than Mass Adjustments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Other Adjustment Amounts - Net Negative

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	1 - A Current Fee-For-Service

DATA ELEMENT: **MARS Provider Current Fiscal Year End (DE6775)**

Provider Current Fiscal Year End Date

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider Current Fiscal Year End

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider Status (DE6780)**

Label indicating if the Provider is Active or Cancelled.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider Status

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Cost Settlement Before Totals (DE6781)

Total Year To Date (YTD) figures for each category from the Cost Reimbursement File before the addition of this month's transactions.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Before Totals

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement Added Totals (DE6782)**

Total transaction counts for each category from this month's claim activity; to be added to the "Before" counts.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Added Totals

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Cost Settlement After Totals (DE6783)**

The sum of "Before" and "Added" entries is computed to produce the updated record counts.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement After Totals

DEFAULT: N/A

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claim Type Name/Description (DE6784)**

Claim Type Name/Description.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claim Type Name/Description

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Provider Prior Fiscal Year End (DE6785)**

Provider's Prior Fiscal Year End Date

BUSINESS NAME: N/A

REFERENCE NAME: MARS Provider Prior Fiscal Year End

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Cost Settlement Group Code (DE6786)

Service code groupings used on the MARS cost settlement reports. Code values and descriptions are assigned by MARS based on the claim revenue code (DE2122) or the claim procedure code (DE2008). The MARS Cost Settlement Revenue Group Cross-Walk (Appendix G) provides complete details about the selection criteria used for cost settlement, including the following: claim type, provider type, report section, group, group description, and the specific revenue / procedure codes to be included.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Group Code

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Cost Settlement Summary-Detail Indicator (DE6788)

Indicator that controls the data that is displayed on the MARS Cost Settlement Report (MR-O-014).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Summary-Detail Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: S = Summary
D = Detail

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Produce the MR-O-014 with all detail lines and summary information.
S	Produce the MR-O-014 with summary information only.

DATA ELEMENT: MARS Cost Settlement Report Type (DE6789)

This field indicates which cost settlement report type does this record belong. Nursing Home, Hospital or FQHC or RHC cost settled Providers.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Cost Settlement Report Type

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
HO	Hospital-Provider
NH	Nursing-Home-Provider
RC	FQHC-RHC-Provider

DATA ELEMENT: MARS Added Old Indicator (DE6790)

This indicator is used to identify records added this month (A) or old records (O).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Added Old Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Added this month
O	Existing record

DATA ELEMENT: MARS Current Prior Indicator (DE6791)

This indicator is used to identify current Provider Fiscal Year records(C) and Prior Fiscal Year records (P).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Current Prior Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Current provider fiscal year
P	Prior provider fiscal year

DATA ELEMENT: MARS DRG Claim Type (DE6792)

DMAS defined claim classification into four groups Med/Surg, Psychiatric, Rehab and NICU based on principal diagnosis code and revenue code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Claim Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Med/Surg	All cases that do not fall into one of the following 3 categories.
NICU	Revenue Coe 175
Psychiatric	Principal diagnosis 290 through 319
Rehabilitation	Principal diagnosis of V528, V529, V571, V5721, V573, V5789, and V579

DATA ELEMENT: MARS DRG Claim Class Code (DE6793)

DMAS defined report classification to categories claims into 8 transition classifications according to type of reimbursement methodology and payable/non-payable days.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Claim Class Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
T1	Days prior to 7/1/96, cases admitted before 7/1/96, discharged or not
T2	Days after 6/30/96, cases admitted before 7/1/96, discharged or not
T3	Paid days cases admitted after 6/30/96, discharged during hospital FY
T4	Non-paid days cases admitted after 6/30/96, discharged during hospital FY
T5	Non-paid days cases admitted after 6/30/96 and not discharged
T6	Paid days cases admitted after 6/30/96 and not discharged
T7	Paid days cases admit after 6/30/96, discharge during hosp FY, failed DRG
T8	Non-paid days cases admit after 6/30/96, discharge during hosp FY, fail DRG

DATA ELEMENT: MARS DRG Case Type (DE6794)

DMAS defined case classification into four groups Med/Surg, Psychiatric, Rehab and NICU based on principal diagnosis code and revenue code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
Med/Surg	All cases that do not fall into one of the following 3 categories
NICU	Revenue Coe 175
Psychiatric	Principal diagnosis 290 through 319
Rehabilitation	Principal diagnosis of V528, V529, V571, V5721, V573, V5789, and V579

DATA ELEMENT: MARS DRG Case Class Code (DE6795)

DMAS defined report classification to categories DRG Cases into 8 transition classifications according to type of reimbursement methodology and payable/non-payable days.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Class Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
T1	Days prior to 7/1/96, cases admitted before 7/1/96, discharged or not
T2	Days after 6/30/96, cases admitted before 7/1/96, discharged or not
T3	Paid days cases admitted after 6/30/96, discharged during hospital FY
T4	Non-paid days cases admitted after 6/30/96, discharged during hospital FY
T5	Non-paid days cases admitted after 6/30/96 and not discharged
T6	Paid days cases admitted after 6/30/96 and not discharged
T7	Paid days cases admit after 6/30/96, discharge during hosp FY, failed DRG
T8	Non-paid days cases admit after 6/30/96, discharge during hosp FY, fail DRG

DATA ELEMENT: **MARS DRG Case Admission Date (DE6796)**

The admission date of this case.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Admission Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Case Admission Hour (DE6797)**

The Hour the case was admitted.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Admission Hour

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Case Discharge Date (DE6798)**

The Discharge Date for this case.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Discharge Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Case Discharge Status (DE6799)**

The Discharge Status for this case weather discharged or still a patient.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Discharge Status

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	Discharged
30	Still a patient

DATA ELEMENT: MARS DRG Case Admission Source (DE6800)

The Case Admission source if transferred from another hospital or Provider.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Admission Source

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Partial Months Eligibility (DE6801)**

The number of months that an individual was eligible, if the eligibility was for only a portion of the year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Partial Months Eligibility

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Activity Report Date (DE6802)**

The date this claim was reported on the monthly T-report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Activity Report Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Claims Last Class Code (DE6803)

The previous claim classification code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Claims Last Class Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Original Bill Type (DE6804)

The original bill type for this case.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Original Bill Type

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Payment by Provider Type (DE6805)**

This average payment amounts for various periods for comparison analysis.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Payment by Provider Type

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Average Payment by Provider Type YTD (DE6806)**

This average payment amounts for various periods for comparison analysis.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Average Payment by Provider Type YTD

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Case DRG Code (DE6807)

The DRG Code for this case

BUSINESS NAME: N/A

REFERENCE NAME: MARS Case DRG Code

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Activity Settled Date (DE6808)**

The date when this claim was reported on the year end cost settlement report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Activity Settled Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Last Report Date (DE6809)**

The previous date when this claim was reported.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Last Report Date

DEFAULT: N/A

COBOL PICTURE: S(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Sort Code (DE6810)

DRG Sort Code for the file.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Sort Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG New Activity Class Code (DE6812)**

Identifies the class of DRG new activity.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG New Activity Class Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Proc/Diag error flag (DE6824)

This indicates if the Procedure/Diagnosis codes are valid "V" or invalid "I"

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Proc/Diag error flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
I	Invalid
V	Valid

DATA ELEMENT: **MARS DRG Activity void flag (DE6825)**

This indicates if this claim record is void, value "V"

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Activity void flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Settlement Payment Amount (DE6826)**

The calculated DRG Cost Settlement payment amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Settlement Payment Amount

DEFAULT: N/A

COBOL PICTURE: S9(08)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Outlier Payment Amount (DE6827)**

Extra amount paid to providers in addition to the calculated DRG Inlier payment amount.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Outlier Payment Amount

DEFAULT: N/A

COBOL PICTURE: S9(08)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Transfer Payment Amount (DE6828)**

Amount paid to providers for transfer cases.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Transfer Payment Amount

DEFAULT: N/A

COBOL PICTURE: S9(08)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Blended Payment Amount (DE6829)**

Amount paid to provider using a blend of DRG and per diem reimbursement methodology.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Blended Payment Amount

DEFAULT: N/A

COBOL PICTURE: S9(08)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Cost Settlement Date (DE6830)**

The date that this case was cost settled.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Cost Settlement Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Invalid Diag-Proc Code (DE6831)

Indicates if this case contains invalid Diagnosis or Procedure Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Invalid Diag-Proc Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Mapped Diagnosis Code (DE6832)

MARS DRG Mapped Diagnosis Code

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Mapped Diagnosis Code

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Mapped Procedure Code (DE6833)

MARS DRG Mapped Procedure Code

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Mapped Procedure Code

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Nursery Indicator (DE6834)**

MARS DRG Nursery Indicator

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Nursery Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Case Content (DE6835)

Indicates if this case contains original, adjustments, both or voids.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Case Content

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
A	Adjustment claims
B	Both claims
spaces	Original claims
V	Void claims

DATA ELEMENT: **MARS DRG Reference Count (DE6836)**

The number of claims associated with this case.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Reference Count

DEFAULT: N/A

COBOL PICTURE: S9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG MDC Code (DE6837)

MARS DRG MDC Code

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG MDC Code

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Grouper Return Code (DE6838)**

This is the return code from the grouper program.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Grouper Return Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG OR Procedure Code (DE6839)

MARS DRG OR Procedure Code

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG OR Procedure Code

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Non-OR Procedure Code (DE6840)

MARS DRG Non-OR Procedure Code

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Non-OR Procedure Code

DEFAULT: N/A

COBOL PICTURE: X(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Diagnosis Code (DE6841)

MARS DRG Diagnosis Code

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Diagnosis Code

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Diagnosis Code for CC (DE6842)

MARS DRG Diagnosis Code for CC

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Diagnosis Code for CC

DEFAULT: N/A

COBOL PICTURE: X(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS DRG Major CC (DE6843)

MARS DRG Major CC

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Major CC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Per Diem Amount (DE6844)**

Per Diem Amount used for Psych/Rehab only

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Per Diem Amount

DEFAULT: N/A

COBOL PICTURE: S9(08)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG Rehab Rate (DE6845)**

Rate used for Rehabilitation claims/cases

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG Rehab Rate

DEFAULT: N/A

COBOL PICTURE: S9(05)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS DRG error message (DE6846)**

Describes the Mapper/Grouper errors and procedure/diagnosis code errors while processing the claims for DRG.

BUSINESS NAME: N/A

REFERENCE NAME: MARS DRG error message

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Fiscal Month (DE6847)**

Fiscal Month - Data is accumulated by month

BUSINESS NAME: N/A

REFERENCE NAME: MARS Fiscal Month

DEFAULT: N/A

COBOL PICTURE: S9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Other Adjustments - Net Positive (DE6848)**

MARS Sum of all claim and financial units with Disposition = "02" other than Mass Adjustments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Other Adjustments - Net Positive

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Other Adjustments - Net Negative (DE6849)**

MARS Sum of all claim and financial units with Disposition = "03" or "04" other than Mass Adjustments.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Other Adjustments - Net Negative

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS HCFA-372 Record Code (DE6850)

This code indicates type of HCFA-372 record.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Record Code

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	H372-DATE-RECORD
01	H372-REPORT-1-2
03	H372-REPORT-3-4
05	H372-REPORT-5-6
07	H372-REPORT-7-8
99	H372-B-TOTALS

DATA ELEMENT: **MARS HCFA-372 Record Frequency (DE6851)**

This indicates the period of the report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Record Frequency

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Annual
M	Monthly
Q	Quarterly
R	As required

DATA ELEMENT: **MARS HCFA-372 Begin Date (DE6853)**

The beginning date of the HCFA-372 reporting period.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 End Date (DE6854)**

The ending date of the HCFA-372 reporting period.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 End Date

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Visit Other (DE6855)**

Visit Other field is used to group procedure codes together for reporting on MR-O-032 D Cost Settlement (FQHC & RHC) report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Visit Other

DEFAULT: N/A

COBOL PICTURE: PIC X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Encounters (DE6856)

Encounters is the number of face-to-face contacts between the provider and recipient. This is set based on Claim Type (DE 2002) and Procedure Code (2008).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Encounters

DEFAULT: N/A

COBOL PICTURE: S9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Xover Claims (DE6857)**

MARS Total Claim Units of Service for Crossover claims (Medicare), Title XVIII.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Xover Claims

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Mass Adjustments - Net Positive (DE6858)**

MARS Sum of all claim units with Disposition = "02"

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Mass Adjustments - Net Positive

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Mass Adjustments - Net Negative (DE6859)**

MARS Sum of all claim units with Disposition = "03" or "04" and appropriate Reason Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Mass Adjustments - Net Negative

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Type of Service (DE6860)**

The type of service for the HCFA-372 reports.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Type of Service

DEFAULT: N/A

COBOL PICTURE: S9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS HCFA-372 Wavered Switch (DE6861)

A switch indicating whether or not a service is for a wavered recipient.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Wavered Switch

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Non-wavered
2	Wavered

DATA ELEMENT: **MARS HCFA-372 MCARE code (DE6862)**

Determines whether the crossover claim is A or B (XOVA or XOVB).

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 MCARE code

DEFAULT: N/A

COBOL PICTURE: x(1)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Diverted Deinstitutionalized Switch (DE6863)**

A switch indicating whether or not a recipient had a Long Term Care segment within two months of becoming a wavered recipient.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Diverted Deinstitutionalized Switch

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Recipient was deinstitutionalized
2	Recipient was diverted

DATA ELEMENT: **MARS HCFA-372 Non-Wavered Recipients (DE6864)**

Total number of unduplicated non-wavered recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Non-Wavered Recipients

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Wavered Recipients (DE6865)**

Total number of unduplicated wavered recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Wavered Recipients

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Total Average (DE6866)**

Average services expenditures for all recipients covered by the particular report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Total Average

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Non-Wavered Average (DE6867)**

Average services expenditures for non-wavered recipients covered by the particular report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Non-Wavered Average

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Wavered Average (DE6868)**

Average services expenditures for wavered recipients covered by the particular report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Wavered Average

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Deinstitutionalized Recipients (DE6869)**

The total number of deinstitutionalized recipients counted for a particular HCFA-372 report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Deinstitutionalized Recipients

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Diverted Recipients (DE6870)**

The total number of diverted recipients counted for a particular HCFA-372 report.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Diverted Recipients

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Deinstitutionalized Average (DE6871)**

The average per capita expenditures for deinstitutionalized recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Deinstitutionalized Average

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS HCFA-372 Diverted Average (DE6872)

The average per capita expenditures for diverted recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Diverted Average

DEFAULT: N/A

COBOL PICTURE: S9(07)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Diverted Waiver Days (DE6873)**

This is the total number of wavered days of coverage for diverted recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Diverted Waiver Days

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Deinstitutionalized Waiver Days (DE6874)**

This is the total number of wavered days of coverage for deinstitutionalized recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Deinstitutionalized Waiver Days

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Long Term Care Non-Wavered Days (DE6875)**

This is the total number of days spent in long term care facilities for non-wavered recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Long Term Care Non-Wavered Days

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS HCFA-372 Long Term Care Wavered Days (DE6876)**

This is the total number of days spent in long term care facilities for wavered recipients.

BUSINESS NAME: N/A

REFERENCE NAME: MARS HCFA-372 Long Term Care Wavered Days

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for HIPP Claims (DE6877)**

MARS Sum of claim units for Health Insurance Premium Payments with Disposition = "01" and Adjustment Reason = "9007".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for HIPP Claims

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for HMO Capitation Claims (DE6878)**

MARS Sum of claim units for Claim Type = "15" with Disposition = "01".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for HMO Capitation Claims

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for MCO Management Fees (DE6879)**

MARS Sum of all claim units for Claim Type = "16" or "17" with Disposition = "01"

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for MCO Management Fees

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Occurrences per Procedure Code (DE6882)**

This field contains a count of each time a claim processes for each Procedure Code.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Occurrences per Procedure Code

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Element (DE6886)

This field identifies the type of claim or financial transaction being processed.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Element

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00, 01 - 13, 15,17,19, 20, 22 - 25

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
00	Undetermined
01	Original Claims Payment -- Regular Claims
02	Original Claims Payment -- Medicare Crossover (Title 18)
03	Mass Adjustments -- Net Positive (Debit)
04	Mass Adjustments -- Net Negative (Credit or Void)
05	Other Adjustments -- Net Positive (Debit)
06	Other Adjustments -- Net Negative (Credit or Void)
07	Health Insurance Premium Payments (HIPP)
08	Capitation Payments
09	Management Fees or Administrative Fees
10	Enhanced DSH Hospital
11	Add-Pay Cost Settlement
12	Add-Pay Other
13	Advanced Payments
14	Recoupments This Period [No longer used]
15	Recoupments
16	Net System Payout [Calculated]
17	Negative Balance Increase (Carried Forward)
18	Remittance Amount [Calculated]
19	Manual Issued Checks
20	Voids Processed (Stop Pay Approval)
21	Net Expenditures [Calculated]
22	Financial Offset – Debit or Credit
23	Cash Receipt, Current Period – Claim or Financial or Non-Payee

DATA ELEMENT: **MARS Element (DE6886)**

VALID VALUES:

Valid Value	Description
24	Voided Check – Financial Credit Reversal
25	Voided Check – Claim Debit Reversal
26	Not Used
27	Not Used
28	Not Used
29	Not Used
30	Not Used

DATA ELEMENT: **MARS Total Claim Units for Enhanced DSH Claims (DE6887)**

MARS Sum of claim units for all claim and financial transactions with Object Code = "123310" and "123311".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Enhanced DSH Claims

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Units for Add/Pay Financial Transactions for Cost Settlement Providers (DE6888)**

MARS Sum of all financial transactions units with Disposition = "01" and Adjustment Reason = "9009" through "9027".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Units for Add/Pay Financial Transactions for Cost Settlement Providers

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Units for Add/Pay Other Financial Transactions (DE6889)**

MARS Sum of all financial units with Disposition = "01" and Adjustment Reason = "9001" through "9006" and "9008".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Units for Add/Pay Other Financial Transactions

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS New Claims by Claim Type (DE6900)**

The number of claims entering the computer system for the first time this month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS New Claims by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Count of New Claims Approved by Claim Type (DE6901)**

Count of new claims approved for payment.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Count of New Claims Approved by Claim Type

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS New Claims Denied by Claim Type (DE6902)**

The number of new claims returned to providers.

BUSINESS NAME: N/A

REFERENCE NAME: MARS New Claims Denied by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS New Claims Suspended by Claim Type (DE6903)**

The number of new claims suspended.

BUSINESS NAME: N/A

REFERENCE NAME: MARS New Claims Suspended by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent New Claims Suspended Then Released (DE6904)**

The percentage of new claims that were suspended and subsequently released for approval, rejection, or resuspension.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent New Claims Suspended Then Released

DEFAULT: N/A

COBOL PICTURE: S999V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent New Claims Suspended More than Once (DE6905)**

The percentage of new claims that were suspended, subsequently released for approval, and then suspended again during the first month the claim was in the system.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent New Claims Suspended More than Once

DEFAULT: N/A

COBOL PICTURE: S9(03)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Beginning of Month Suspended Claims Released by Claim Type (DE6906)**

The number of claims that were in a suspended status at the start of this month but were subsequently released for processing.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Beginning of Month Suspended Claims Released by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Beginning of Month Suspended Claims approved by Claim Type (DE6907)**

The number of claims that were in a suspended status at the start of this month and were approved for payment during the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Beginning of Month Suspended Claims approved by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Beginning of Month Claims Denied by Claim Type (DE6908)**

The number of claims in a suspended status at the start of the month that were released for processing and subsequently rejected.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Beginning of Month Claims Denied by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Beginning of Month Claims Resuspended by Claim Type (DE6909)**

The number of claims in a suspended status at the start of the month that were released for processing and subsequently resuspended.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Beginning of Month Claims Resuspended by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Beginning of Month Claims Not Released by Claim Type (DE6910)**

The number of claims in a suspended status at the start of the month that had no change in status during the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Beginning of Month Claims Not Released by Claim Type

DEFAULT: N/A

COBOL PICTURE: S9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent Beginning of Month Claims Suspended Multiple Times (DE6911)**

The percentage of claims in a suspended status at the start of the month that were subsequently released and resuspended two or more times this month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent Beginning of Month Claims Suspended Multiple Times

DEFAULT: N/A

COBOL PICTURE: S9(03)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent all Claims Suspended Multiple (DE6912)**

The percentage of claims that were suspended more than once during this month's processing.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent all Claims Suspended Multiple

DEFAULT: N/A

COBOL PICTURE: S9(03)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Claims Approved within NN Days (DE6915)**

Percentages of claims approved for payment by elapsed days measured from the date the claim is received by the Fiscal Agent to the date the claim is approved for payment or denied.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Claims Approved within NN Days

DEFAULT: N/A

COBOL PICTURE: S9(03)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Advanced Payments (DE6916)**

MARS Sum of all financial transactions units with Disposition ="01" and Adjustment Reason = "9000"

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Advanced Payments

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Claim Recoupments - This Period (DE6917)**

MARS Sum of all financial transaction units with Adjustment Reason = "1000" - "1999" for financial recoupment setup.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Claim Recoupments - This Period

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Claim Recoupments - Prior Period (DE6918)**

MARS Sum of all financial transaction units with Adjustment Reason = "9999" (Memo Transactions).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Claim Recoupments - Prior Period

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Negative Balances Carried Forward (DE6919)**

MARS Sum of all financial transaction units with Adjustment Reason Code = "9999".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Negative Balances Carried Forward

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Percent of Eligible Utilizing Benefits (DE6920)**

The number of recipients receiving benefits in each of the ranges shown above are accumulated.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Percent of Eligible Utilizing Benefits

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Claims Lines for Claim Payment Statistics (DE6921)**

The number of claims lines for the month by transaction class of claim for all status as shown on report MR-O-60.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Claims Lines for Claim Payment Statistics

DEFAULT: N/A

COBOL PICTURE: S9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Manual Checks (DE6923)**

MARS Sum of claim units for all manual checks issued

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Manual Checks

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Voided Claims (DE6926)**

MARS Total Claim Units for all claim and financial transactions with Adjustment Reason = "6000" through "6004", "6006" or "6007".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Voided Claims

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Negative Balance Claims Payment Amounts, Carried Forward (DE6927)**

Sum of all financial memo transaction (Adjustment Reason = "9999")

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Negative Balance Claims Payment Amounts, Carried Forward

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Manual Checks Payment Amounts (DE6928)**

Sum of all payment amounts for all manual checks issued.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Manual Checks Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Advanced Payment Amounts (DE6929)**

Sum of all financial payments with Disposition = "01" and Adjustment Reason = "9000".

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Advanced Payment Amounts

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Transportation Claim Trip Count (DE6930)**

Number of Trips

BUSINESS NAME: N/A

REFERENCE NAME: MARS Transportation Claim Trip Count

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Payment Amounts for Voided Check, due to Claim Debit Reversal (DE6931)**

MARS calculated Total Claims Payment Amounts for Voided Checks due to Claim Debit Reversal; transactions where MARS Element = 25.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Payment Amounts for Voided Check, due to Claim Debit Reversal

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Voided Check, due to Claim Debit Reversal (DE6932)**

MARS Total Claim Units for Voided Checks due to Claim Debit Reversal; transactions where MARS Element = 25.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Voided Check, due to Claim Debit Reversal

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Payment Amounts for Voided Check, due to Financial Credit Reversal (DE6933)**

MARS calculated Total Claims Payment Amounts for Voided Checks due to Financial Credit Reversal; transactions where MARS Element = 24.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Payment Amounts for Voided Check, due to Financial Credit Reversal

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Voided Check, due to Financial Credit Reversal (DE6934)**

MARS Total Claim Units for Voided Checks due to Financial Credit Reversal; transactions where MARS Element = 24.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Voided Check, due to Financial Credit Reversal

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Payment Amounts for Financial Offset, Debit or Credit (DE6935)**

MARS calculated Total Payment Amounts for Financial Offset, Debit or Credit; transactions where MARS Element = 22.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Payment Amounts for Financial Offset, Debit or Credit

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Financial Offset, Debit or Credit (DE6936)**

MARS Total Claims Units for Financial Offset, Debit or Credit; transactions where MARS Element = 22.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Financial Offset, Debit or Credit

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Payment Amounts for Cash Receipt, Current Period (DE6937)**

MARS calculated Total Payment Amounts for Cash Receipt, Current Period, Claim or Financial or Non-Payee; transactions where MARS Element = 23.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Payment Amounts for Cash Receipt, Current Period

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claim Units for Cash Receipt, Current Period (DE6938)**

MARS Total Claim Units for Cash Receipt, Current Period, Claim or Financial or Non-Payee; transactions where MARS Element = 23.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Cash Receipt, Current Period

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Recipient Segment Count (DE6939)**

A count of the number of recipient segments needed to properly record Unduplicated Recipient Participation Counts.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Recipient Segment Count

DEFAULT: N/A

COBOL PICTURE: S9(03)

DB2 TYPE:

RANGE: 1 - 818

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Subsidiary Report Code (DE6940)

The MARS Report Code that ties the data on the selected record to the specific report on which it is accumulated and printed.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Subsidiary Report Code

DEFAULT: Blank

COBOL PICTURE: X(03)

DB2 TYPE:

RANGE: 72A - 72F, 74A - 74E; 84, 86, 87, 92

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
72A	MR-O-072A: Subsidiary Balancing - Aids Waiver Recipients
72B	MR-O-072B: Subsidiary Balancing - MR Mental Health Waiver Recipients
72C	MR-O-072C: Subsidiary Balancing - Technology Assisted Waiver Recipients
72D	MR-O-072D: Subsidiary Balancing - IFDDS Waiver Recipients
72E	MR-O-072E: Subsidiary Balancing - Elderly & Disabled Waiver Recipients
72F	MR-O-072F: Subsidiary Balancing - CDPAS Waiver Recipients
74A	MR-O-074A: Subsidiary Balancing - Nursing Facility Recipients
74B	MR-O-074B: Subsidiary Balancing - ICF/MR Services
74C	MR-O-074C: Subsidiary Balancing - MEDALLION Recipients
74D	MR-O-074D: Subsidiary Balancing - MEDALLION II Recipients
74E	MR-O-074E: Subsidiary Balancing - MEDALLION III Recipients
84	MR-O-084: DMAS 4.01 Claims Statistical Report
86	MR-O-086: DMAS 4.03 Pre-Authorization Savings Report
87	MR-O-087: DMAS 4.07 Operational Performance Report
92	MR-O-092: DMAS 4.11 Transportation Report

DATA ELEMENT: **MARS Total Claim Units for Paid Claims (DE6941)**

MARS Total Claim Units for Paid (Original) Claims

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claim Units for Paid Claims

DEFAULT: 0

COBOL PICTURE: S9(09)V9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Claims Payment Amounts for Claims Pended in the Month by Claim Type (DE6945)**

Total of Claims Total Document Charge Amount (DE2017) for claims pended in the month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Claims Payment Amounts for Claims Pended in the Month by Claim Type

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Count of Claims Paid and Never Pended in the Month by Claim Type (DE6946)**

A count of all of the Claims Paid during the month without being suspended (pended).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Count of Claims Paid and Never Pended in the Month by Claim Type

DEFAULT: 0

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Unduplicated Participation Indicator (DE6948)

The MARS Unduplicated Participation Indicator is set for each monthly occurrence, up to two years (24 occurrences), for each month that a recipient receives services (or has a claim).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Unduplicated Participation Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 0-1

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	No participation
1	Participation

DATA ELEMENT: MARS MRAOR Key (DE6950)

20 byte sort key used to sort records before being processed by Administration/ Operations Report Writer (MRM110) Program.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MRAOR Key

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Unduplicated Count of Recipients (DE6964)**

An unduplicated count of eligible recipients who received selected services, of all types. These counts are accumulated by Monthly, Quarterly, Semi-annual, and Annual periods, for both the Prior and Current Year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Unduplicated Count of Recipients

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: 0 to 999,999,999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Enrollment Payment Benefit Program Code (DE6970)**

It contains the Medicaid and Medicaid Expansion Benefit programs only.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Enrollment Payment Benefit Program Code

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Medicaid
09	Medicaid Expansion

DATA ELEMENT: **MARS Enrollment Payment Aid Category (DE6971)**

The groups of aid categories i.e. TANF, ABD and Medicaid Expansion

BUSINESS NAME: N/A

REFERENCE NAME: MARS Enrollment Payment Aid Category

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	MRREH- TANF (CHILD)
2	MRREH-TANF (ADULT)
3	MRREH-ABD
4	MRREH-EXPANSION

DATA ELEMENT: **MARS Processing Year (DE6972)**

The Processing year.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Processing Year

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Processing Month (DE6973)**

It has the value of Processing month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Processing Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Enrollment Payment Record Type (DE6974)**

Contains values to indicate the particular record type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Enrollment Payment Record Type

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Claim-record
2	Total claims at Aid- Catg level
3	Total Enrollees at Aid-Catg level.
4	Total Claims at Ben Pgm Level
5	Total Enrollees at Ben Pgm Level

DATA ELEMENT: **MARS Medallion Mgmt Fees Total (DE6975)**

It contains values for the Management fees in the Medallion program under Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medallion Mgmt Fees Total

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medallion-II Cap Fees (DE6976)**

It contains values for the Capitation fees in the Medallion-II program under Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medallion-II Cap Fees

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medallion Claims Amount (DE6977)**

It contains values for the Claims in the Medallion program under Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medallion Claims Amount

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medallion-II Claims (DE6978)**

It contains values for the Claims in the Medallion-II program under Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medallion-II Claims

DEFAULT: N/A

COBOL PICTURE: S9(09)V99 COMP-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medallion Enrollee Count (DE6979)**

It contains the Enrollee count for the Medallion Program under Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medallion Enrollee Count

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Medallion-II Enrollee Count (DE6980)**

It contains the Enrollee count for the Medallion-II program under Managed Care.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Medallion-II Enrollee Count

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS MTD Units (DE6990)

Total units served for a given month.

BUSINESS NAME: N/A

REFERENCE NAME: MARS MTD Units

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Nursing Home Resident Indicator (DE6991)**

Resident Indicator

BUSINESS NAME: N/A

REFERENCE NAME: MARS Nursing Home Resident Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Total Mass Adjustment Amounts - Net Negative (DE6992)**

Sum of all claim payments with Disposition of "03" or "04" and appropriate Adjustment Reason.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Total Mass Adjustment Amounts - Net Negative

DEFAULT: 0

COBOL PICTURE: S9(11)V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Unduplicated Record Table Type (DE6993)

The MARS Unduplicated Record Code identifies the record type of the records within the MARS Unduplicated Recipient Participation File (MR-F-053), as well as the MARS Unduplicated Recipient Counts Summary File (MR-F-061).

BUSINESS NAME: N/A

REFERENCE NAME: MARS Unduplicated Record Table Type

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: Decimal(1)

RANGE: 1-7

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Benefit Program Code
2	Benefit Program Code, Provider Type
3	Benefit Program Code, Basis of Eligibility
4	Benefit Program Code, County, Maint. Assist. Code, Basis of Elig.
5	BAC Program Code, BAC Sub-Program Code, BAC Object Code
6	Benefit Program Code, Benefit Sub-Program Code, Age Code
7	Benefit Program Code, Benefit Sub-Program Code, Age Code, Recip. Aid. Cat.

DATA ELEMENT: MARS Unduplicated Record Table Value (DE6994)

The MARS Unduplicated Record Table Value contains the value of the 4 fields that are identified by the MARS Unduplicated Record Table Type.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Unduplicated Record Table Value

DEFAULT: N/A

COBOL PICTURE: X(3),X(3),X(6),X(2)

DB2 TYPE:

RANGE:
-TV1: Benefit Program Code or BAC Program Code
-TV2: Provider Type, Basis of Eligibility or County Code or BAC Sub-Program Code or Benefit Sub-Program Code
-TV3: Maintenance Assistance Code or BAC Object Code or Age Code
-TV4: Basis of Eligibility or Recipient Aid Category

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MARS Record Type Modifier (DE6995)

MARS Record Type Modifier

BUSINESS NAME: N/A

REFERENCE NAME: MARS Record Type Modifier

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Fee For Service
2	Encounter
3	Total
A	Add Pay Extract CR File
B	Claims File Extract CR File
C	Previous CR File

DATA ELEMENT: **MARS Calculated Trend (DE6996)**

The calculated trend over the most recent twelve months of data element described by 'xxx...x'.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Calculated Trend

DEFAULT: N/A

COBOL PICTURE: SV999

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Trailer Record Counts (DE6998)**

The number of each type of record carried on a file which may be found in that file.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Trailer Record Counts

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Record Number (DE6999)**

The unique number or code which identifies the record format, content and sequence to program processing.

BUSINESS NAME: N/A

REFERENCE NAME: MARS Record Number

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Enrollment Payment Benefit Program (DE7000)**

Medicaid and Medicaid expansion benefit program for 1915b Waiver report

BUSINESS NAME: N/A

REFERENCE NAME: MARS Enrollment Payment Benefit Program

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Race code 1 thru 5 (DE7001)

Race code 1 thru 5 are defined to capture and report recipients who belong to multiple Race categories.

BUSINESS NAME: Race Code

REFERENCE NAME: MSIS-EL-RACE-CODE

DEFAULT: 0

COBOL PICTURE: 9(01)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Non-White or Race Unknown/Non-Black or African American or Race Unknown/Non-American Indian or Alaska Native or Race Unknown/Non-asian or Race Unknown/Non-Native Hawaiian or Other Pacific Islander or
1	White/Black or African American/American Indian or Alaska Native/Asian/Native Hawaiin or Pacific Islander
9	Ethnicity Unknown

DATA ELEMENT: **MSIS-EL-ETHNICTY-CODE (DE7002)**

Indicates recipient is of Hispanic or Latino ethnicity

BUSINESS NAME: Ethnicity Code

REFERENCE NAME: MSIS-EL-ETHNICITY-CODE

DEFAULT: 0

COBOL PICTURE: 9(01)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Not Hispanic or Latino
1	Hispanic or Latino
9	Ethnicity Unknown

DATA ELEMENT: MSIS-EL-WAIVER-TYP 1 THRU 3 (DE7003)

Monthly Fields - Codes for specifying up to three waiver types under which the eligible individual is covered during the month.

BUSINESS NAME: Waiver Type

REFERENCE NAME: MSIS-EL-WAIVER-TYP

DEFAULT: 8

COBOL PICTURE: X(01)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	Individual is not eligible for Medicaid this month
1	The associated Waiver-ID-Number is for an 1115 waiver this month.
2	The associated Waiver-ID-Number is for a 1915(b) waiver this month.
3	The associated Waiver-ID-Number is for a 1915© waiver this month.
4	The associated Waiver-ID-Number is a combined 1915(b)(c) waiver this month.
5	The associated Waiver-ID-Number is for a HIFA(Health Insurance and Flexibility and Accountability) waiver this month.
6	The associated Waiver-ID-Number is for Pharmacy waiver coverage this month.
7	The associated Waiver-ID-Number is for another type of waiver.
8	Not applicable, individual is eligible for Medicaid, but is NOT enrolled in a waiver this month.
9	The associated Waiver-ID-Number is for an unknown type of waiver.
A	The associated Waiver-ID-Number is for an Emergency Evacuee.

DATA ELEMENT: MSIS-EL-WAIVER-ID 1 thru 3 (DE7004)

Monthly Fields - Fields for specifying up to three waiver programs under which the eligible individual is covered during the month.

BUSINESS NAME: Waiver ID

REFERENCE NAME: MSIS-EL-WAIVER-ID

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
A3	Aged and Disabled - Enrolle has an exception indicator 9
B1	Enrollee enrolled into benefit plan 01-01-3002 (Medicaid Buy-In)
C3	Consumer-Directed personal attendant services - Enrollee has an exception indicator Q
D3	Developmental Disorders - Enrolle has an exception indicator R
EA	Enrollee enrolled in Aid Categories 919 or 920(Emergency Evacuee)
F1	Enrollee enrolled into benefit plan 01-01-3002(Family Planning)
H3	HIV/AIDS - Enrollee has an exception indicator E
H5	Enrollee enrolled into benefit plan 06-00-0000 (Health Insurance Demonstration Program)
M1	Enrollee enrolled into benefit plan 01-02-0600 (Medallion)
M2	Enrollee enrolled into benefit plan 01-03-0801, 01-03-0803, 01-03-0805, 01-03-0807 (Medallion II)
M3	Enrollee enrolled into benefit plan 01-04-0702, 01-04-0704, 01-04-0706, 01-07-0600 (Medallion III)
N0	Not Applicable
N8	Not enrolled in any Waiver - Not Applicable
R3	Mental Retardation and Developmental Disabilities - Enrollee has an exception indicator Y
S3	Day Support Waiver for Individuals with Mental Retardation
T3	Technology Assisted Waiver - Enrollee has an exception indicator A

DATA ELEMENT: Dual Eligibility Sequence Number (DE7005)

A sequence number assigned to the dual eligibility code. The sequence number gets incremented for every new dual eligibility code entered into the system.

BUSINESS NAME: Dual Eligibility Sequence Number

REFERENCE NAME: I_DUAL_ELIG_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: SMALL INT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **FPL Indicator Value (DE7006)**

Federal Poverty Level Value assigned. The value present in this column indicates if the recipient is below the FPL or above the FPL, if the FPL of the recipient cannot be determined then '9' (Unknown) is assigned to this field.

BUSINESS NAME: FPL Indicator Value

REFERENCE NAME: C_FPL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	<= 100% FPL
2	> 100% FPL
9	Unknown

DATA ELEMENT: **FPL Indicator Value (DE7007)**

Federal Poverty Level Indicator. This field indicates the recipients Federal Poverty Level.

BUSINESS NAME: FPL Indicator Value

REFERENCE NAME: C_FPL

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	<= 100% FPL
2	> 100% FPL
9	Unknown

DATA ELEMENT: Criteria Type Value (DE7008)

This field indicates if a criteria exists for the Aid Category. The criteria specifies the FPL value that will be assigned if a certain condition is met.

BUSINESS NAME: Criteria Type Value

REFERENCE NAME: C_CRTRIA_TYP_CVAL

DEFAULT: N

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No Criteria Exists
Y	Criteria Exists

DATA ELEMENT: Criteria Value (DE7009)

This field indicates the criteria for the Aid Category. The value present in this field is either numeric or alphanumeric. If the value present is alphanumeric then it will be validated to see if DE 3520 (C_SSI_STATUS) is equal to 'E'. If the value present in this field is numeric then DE 3005 (RS-BIRTH-DATE) is used to determine the age of the recipient as of the MMA extract run date. This field will be validated before assigning the FPL value.

BUSINESS NAME: C_CRTRIA_VAL_CVAL

REFERENCE NAME: C_CRTRIA_VAL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Criteria Evaluation (DE7010)**

A Relational Operator that will be used for evaluating the criteria value (DE 7009).

BUSINESS NAME: Criteria Evaluation

REFERENCE NAME: C_CRTRIA_EVAL

DEFAULT: N/A

COBOL PICTURE: X(2)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
EQ	Equal to
GT	Greaterthan
LE	Lessthan or Equal to
LT	Lesserthan
NE	Not Equal to

DATA ELEMENT: **Dual Eligibility Aid Category Begin Date (DE7011)**

The Dual Eligibility - Aid Category Begin Date.

BUSINESS NAME: Dual Eligibility Aid Category Begin Date

REFERENCE NAME: D_DUAL_AC_BEG

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Dual Eligibility Aid Category End Date (DE7012)

The End Date for the Dual Eligibility corresponding to the aid category.

BUSINESS NAME: Dual Eligibility Aid Category End Date

REFERENCE NAME: D_DUAL_AC_END

DEFAULT: NULL

COBOL PICTURE: X(10)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Dual Eligibility FPL Sequence Number (DE7013)**

A sequence number assigned to make the table row unique. The sequence number gets incremented for every new dual eligibility code and dual eligibility sequence number entered into the system.

BUSINESS NAME: Dual Eligibility FPL Sequence Number

REFERENCE NAME: I_DUAL_FPL_SEQ_NO

DEFAULT: N/A

COBOL PICTURE: S9(4)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Dual Eligibility Description (DE7014)

Description of the Dual Eligibility Code.

BUSINESS NAME: Dual Eligibiliby Description

REFERENCE NAME: T_DUAL_ELIG_DESC

DEFAULT: N/A

COBOL PICTURE: X(100)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Eligible is entitled to Medicare-QMB only
02	Eligible is entitled to Medicare-QMB AND full Medicaid coverage
03	Eligible is entitled to Medicare-SLMB only
05	Eligible is entitled to Medicare-QDWI
06	Eligible is entitled to Medicare-Qualifying individuals (1)
07	Eligible is entitled to Medicare-Qualifying individuals (2)
08	Eligible is entitled to Medicare-Other Dual Eligibles
09	Eligible is entitled to Medicare -Dual Eligibility Category unknown (Used only when removing the coverage)

DATA ELEMENT: **PRM-DATA-COL (DE7030)**

It has the column name from the table.

BUSINESS NAME: Column Name

REFERENCE NAME: PRM-DATA-COL

DEFAULT: N/A

COBOL PICTURE: x(18)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PRM-DATA-TBL (DE7031)**

This field contains the table name form which the columns are being selected.

BUSINESS NAME: PRM-DATA-TBL

REFERENCE NAME: PRM-DATA-TBL

DEFAULT: N/A

COBOL PICTURE: X(18)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PRM-DATA-NDX (DE7032)**

This field contains the index value for the PRM-DATA table

BUSINESS NAME: PRM-DATA-NDX

REFERENCE NAME: PRM-DATA-NDX

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PRM-DATA-OCC (DE7033)**

This field defines the number of occurrences within the table

BUSINESS NAME: PRM-DATA-OCC

REFERENCE NAME: PRM-DATA-OCC

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PRM-DATA-LEN (DE7034)**

This field contains the length of the data field

BUSINESS NAME: PRM-DATA-LEN

REFERENCE NAME: PRM-DATA-LEN

DEFAULT: N/A

COBOL PICTURE: S9(04) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PRM-LIST-REC (DE7035)**

This field contains the listing of the record

BUSINESS NAME: PRM-LIST-REC

REFERENCE NAME: PRM-LIST-REC

DEFAULT: N/A

COBOL PICTURE: x(07)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CODE-TYPE (DE7036)**

This field contains the definition of the elements being stored in the table. For e.g. 'PROC' means Procedure codes, 'REV' means Revenue codes

BUSINESS NAME: CODE-TYPE

REFERENCE NAME: CODE-TYPE

DEFAULT: N/A

COBOL PICTURE: x(04)

DB2 TYPE: Char

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MMA Record Identification Code (DE7037)**

The Medicare Modernization Act Record Identification Code. This field identifies the type of record that's being processed. For example if this field contains a value 'DET', then it indicates the record associated with this record identification code is a Detail record (created by FHSC).

BUSINESS NAME: RCRD-IDNTCD

REFERENCE NAME: RCRD-IDNTCD

DEFAULT: N/A

COBOL PICTURE: CHAR(3)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
DET	Detail Record (Applicable to Detail Records Created by FHSC)
LIS	Low Income Subsidy Record (Applicable to Detail Records Created by DSS)
MMA	Medicare Modernization Act (Applicable to Header Record)
TRL	Trailer Record

DATA ELEMENT: **State Code (DE7038)**

The State, that is submitting the data.

BUSINESS NAME: STATE-CODE

REFERENCE NAME: STATE-CODE

DEFAULT: VA

COBOL PICTURE: CHAR(2)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
VA	Virginia

DATA ELEMENT: **Number of Recipient Records Present in the MMA file (DE7039)**

The total number of records present in the MMA extract file.

BUSINESS NAME: BENE-RCRD-COUNT

REFERENCE NAME: BENE-RCRD-COUNT

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MMA File Creation Month (DE7040)**

The month in which the MMA extract file is created. This field is derived from DE 6088 (MRCTL-2-PROCESS-DATE-YM).

BUSINESS NAME: CREATE-MM

REFERENCE NAME: CREATE-MM

DEFAULT: N/A

COBOL PICTURE: 9(2)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

DATA ELEMENT: **MMA File Creation Year (DE7041)**

The year in which the MMA extract file is created.

BUSINESS NAME: CREATE-CCYY

REFERENCE NAME: CREATE-CCYY

DEFAULT: N/A

COBOL PICTURE: 9(4)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Medicaid Eligibility Status (DE7042)**

Medicaid Eligibility Status of the Recipient.

BUSINESS NAME: MMA-EL-STATUS

REFERENCE NAME: MMA-EL-STATUS

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Eligible for Medicaid
Y	Eligible for Medicaid

DATA ELEMENT: MMA Recipients HIC-RRB Indicator (DE7043)

This field indicates if the number present in the HIC-NUMBER field is a Medicare Number or an RRB number.

BUSINESS NAME: MMA-EL-HIC-RRB-IND

REFERENCE NAME: MMA-EL-HIC-RRB-IND

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
H	HIC Number (Medicare Number)
R	RRB Number

DATA ELEMENT: **Drug Coverage Indicator (DE7044)**

Drug Coverage Indicator.

BUSINESS NAME: DRG-CVRG-IND

REFERENCE NAME: DRG-CVRG-IND

DEFAULT: N/A

COBOL PICTURE: 9(1)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
0	No Drug Coverage
1	Medicaid Drug Coverage
9	Unknown

DATA ELEMENT: **Institutional Status Indicator (DE7045)**

Institutional Status Indicator.

BUSINESS NAME: INST-STATS-IND

REFERENCE NAME: INST-STATS-IND

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
9	Unknown
N	Recipient is not Institutionalized for the reporting Month
Y	Recipient is Institutionalized for the reporting Month

DATA ELEMENT: **PARTD Subsidy Approved (DE7046)**

Identifies whether the PART D application was approved or not.

BUSINESS NAME: PRTD-SBCD-APRVD

REFERENCE NAME: PRTD-SBCD-APRVD

DEFAULT: N/A

COBOL PICTURE: CHAR(1)_

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	Not Applicable
N	PART D Subsidy Not Approved
Y	PART D Subsidy Approved

DATA ELEMENT: **PART D Subsidy Approval Date (DE7049)**

PART D subsidy approval Date.

BUSINESS NAME: PRTD-SBCD-APRDT

REFERENCE NAME: PRTD-SBCD-APRDT

DEFAULT: N/A

COBOL PICTURE: DATE

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PARTD Subsidy Start Date (DE7050)**

The Medicare Part D Subsidy Start Date

BUSINESS NAME: PRTD-SBCD-STDT

REFERENCE NAME: PRTD-SBCD-STDT

DEFAULT: N/A

COBOL PICTURE: DATE

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PARTD Subsidy End Date (DE7051)**

The Medicare Part D subsidy End Date.

BUSINESS NAME: PRTD-SBCD-ENDDT

REFERENCE NAME: PRTD-SBCD-ENDDT

DEFAULT: N/A

COBOL PICTURE: DATE

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PARTD Percentage of FPL (DE7052)**

For those Individuals who apply for the low income subsidy, identify the specific percent income determination policy.

BUSINESS NAME: PRTD-FPL-PCT

REFERENCE NAME: PRTD-FPL-PCT

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PARTD Subsidy Level (DE7053)**

Identifies portion of Part D premium subsidized, based on sliding scale linked to %FPL.

BUSINESS NAME: PRTD-SBCD-LVL

REFERENCE NAME: PRTD-SBCD-LVL

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Income Used for Determination (DE7054)**

Income used for determining the FPL % of the recipient.

BUSINESS NAME: INCM-USD-TDTRMN

REFERENCE NAME: INCM-USD-TDTRMN

DEFAULT: N/A

COBOL PICTURE: CHAR(1)_

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Individual
2	Couple
9	Not Applicable

DATA ELEMENT: **Resource Level (DE7056)**

Resource Level of the recipient.

BUSINESS NAME: RSRC-LVL-PRTD

REFERENCE NAME: RSRC-LVL-PRTD

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Over Limit
2	Under Limit
9	Not Applicable

DATA ELEMENT: **Basis of Part D subsidy denial (DE7057)**

Basis of Part D Subsidy Denial.

BUSINESS NAME: SBCD-DNL

REFERENCE NAME: SBCD-DNL

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Income
2	Resources
9	Not Applicable

DATA ELEMENT: **Result of an Appeal (DE7058)**

Result of an Appeal, this field is only populated if an appeal is filed against the Part D denial.

BUSINESS NAME: RSLT-APPEAL

REFERENCE NAME: RSLT-APPEAL

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	Not Applicable
N	No
Y	Yes

DATA ELEMENT: Change to previous determination (DE7059)

Change to previous determination indicator. This field contains a value 'Y' if this record changes a determination sent in previous transmission.

BUSINESS NAME: CHNG-PRV-DTRMN

REFERENCE NAME: CHNG-PRV-DTRMN

DEFAULT: N/A

COBOL PICTURE: CHAR(9)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	Not Applicable
N	No (Default value)
Y	Yes

DATA ELEMENT: **Determination Cancelled (DE7060)**

Part D determination Cancelled Indicator. This filed contains a value 'Y', if the previously sent record is cancelled.

BUSINESS NAME: DTRMN-CNCLD

REFERENCE NAME: DTRMN-CNCLD

DEFAULT: N/A

COBOL PICTURE: CHAR(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
9	Not Applicable
N	No
Y	Yes

DATA ELEMENT: **Fee For Service (DE7061)**

N/A

BUSINESS NAME: N/A

REFERENCE NAME: Fee For Service

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Fee For Service Claims Amount (DE7062)**

MARS Fee For Service Claims Amount

BUSINESS NAME: MRREH-FFS-CLAIMS

REFERENCE NAME: MRREH-FFS-CLAIMS

DEFAULT: N/A

COBOL PICTURE: S9(9)V99

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MARS Fee For Service Mgmt Fees (DE7063)**

MARS Fee For Service Management Fees

BUSINESS NAME: MRREH-FFS-MGMT

REFERENCE NAME: MRREH-FFS-MGMT

DEFAULT: N/A

COBOL PICTURE: s9(9)v99

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CMS Error code (DE7064)**

Error code in the response file occurs 24 times.

BUSINESS NAME: Error code

REFERENCE NAME: ERROR-CODE

DEFAULT: spaces

COBOL PICTURE: X(2)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CMS record return code (DE7065)**

CMS record return code

BUSINESS NAME: REC-RET-CODE

REFERENCE NAME: REC-RET-CODE

DEFAULT: N/A

COBOL PICTURE: X(6)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
000001	Other Error
000003	Fatal Error

DATA ELEMENT: **CMS Part-D begin date (DE7066)**

Beneficiary (Enrollee) Part-D begin date in CMS return file

BUSINESS NAME: BNFC-FIRST-ELG-PARTD-DATE

REFERENCE NAME: BNFC-FIRST-ELG-PARTD-DATE

DEFAULT: N/A

COBOL PICTURE: 9(8)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CMS Part-D affirm decline ind (DE7077)**

Beneficiary (Enrollee) Part-D affirm-decline indicator

BUSINESS NAME: BNFC-AFFIRM-DECLINE-IND

REFERENCE NAME: BNFC-AFFIRM-DECLINE-IND

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: Character

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
Audit Number	7399	Audit number assigned during the sampling process. Formatted as ccyymmdd-999 Where ccyymmdd = current date 999 = next review number. DE 7398
Audit Number	7661	Audit number is combination of System date and Audit number. Every run it gets the audit number from the Program Control Table and writes to the file.
Billed Sample Amount	7475	Total of billed amount on claims selected in the sample.
Count of ALOS within age within program	7688	Count of ALOS within age within program. Currently not used.
Count of ALOS within age/ gender/ program	7677	Count of ALOS within age/ gender/ program. Currently not used.
Count of births within age within program	7685	Count of live births within age within program
Count of Dental claims within program	7672	Count of Dental claims within program
Count of discharges within age within program	7686	Count of discharges for live births within age within program
Count of DME claims within program	7673	Count of DME (Durable Medical Equipment) claims within program
Count of Enrollees for Pharmacy Claims within program	7684	Count of Enrollees for Pharmacy Claims within program
Count of Enrollees within age / gender / program	7690	Count of Enrollees within age within gender within program
Count of Enrollees within age within program	7693	Count of Enrollees within age within program
Count of Enrollees within gender / race / age / program	7691	Count of Enrollees within gender within race within age within program
Count of Enrollees within gender / race / age / program	7692	Count of Enrollees within gender within race within age within program for the last 6 months
Count of Enrollees within program	7689	Count of Enrollees within program
Count of ER Inpatient visits within program	7682	Count of ER Inpatient visits within program
Count of ER Outpatient visits within program	7681	Count of ER Outpatient visits within program
Count of ER visits within program	7680	Count of Emergency Room visits within program
Count of Home Health claims within program	7670	Count of Home Health claims within program
Count of Inpatient Admissions within age/ gender/ program	7675	Count of Inpatient Admissions within age within gender within program
Count of inpatient admissions within program	7665	Count of inpatient admissions within program
Count of Lab/Rad claims within program	7668	Count of Lab/Rad claims within program
Count of non-surgical physicians within program	7663	Count of non-surgical physicians within program.
Count of Outpatient Encounters within program	7667	Count of Outpatient Encounters within program
Count of Outpatient Mental Health claims within program	7671	Count of Outpatient Mental Health claims within program
Count of Pharmacy claims within age/ gender/ program	7679	Count of Pharmacy claims within age within gender within program
Count of Pharmacy claims within program	7669	Count of Pharmacy claims within program
Count of prescriptions within program	7683	Count of prescriptions within program for Pharmacy Claims
Count of surgical physicians within program	7664	Count of surgical physicians within program
Count of Transportation claims within program	7674	Count of Transportation claims within program
CPAS Claim Type	7332	Criteria values for the selection of particular claim types within CPAS.
CPAS Review Date Assigned	7330	CPAS Audit Review date assigned.

Element Name	Element ID	Description
CPAS Review Date Completed	7331	The date on which the CPAS Audit Review was completed.
CPAS Review Disposition Status	7321	A code indicating the disposition of the CPAS Audit Review.
CPAS Review Document Control Number	7312	A unique sequential key which identifies a CPAS Audit Review.
CPAS Review Dollar Error Amount	7326	CPAS Audit Review Dollar Error Amount.
CPAS Review Dollar Error Nature	7325	Code indicating the nature of the error for CPAS Audit Review Dollar amount.
CPAS Review Finding Status	7322	CPAS Audit Review Finding Status.
CPAS Review Net Error Amount	7327	CPAS Audit Review Net Error Amount.
CPAS Review Net Error Type	7328	CPAS Audit Review Net Error Type.
CPAS Review Procedure Error Nature	7323	Code indicating the nature of the error for the CPAS Audit Review Procedure.
CPAS Review Procedure Error Type	7324	CPAS Audit Review Procedure Error Type.
CPAS Review Reviewer Number	7329	CPAS Audit Review Reviewer Number.
CPAS Review Sample Month Year	7313	CPAS Audit Review Sample Month Year in the format MMCCYY.
CPAS Service Type	7333	Criteria values for the selection of particular services types within CPAS.
Default Full Sample Flag	7385	Contains 'F' if sample defaulted to full.
Enrollee Utilization Inquiry Category Description	7023	The user-specified description for a utilization tracking inquiry category.
Enrollee Utilization Inquiry Category ID	7022	The unique identifier for a set of criteria values that defines an enrollee utilization tracking inquiry category.
EOMB Connector	7482	Connector character linking a beginning and ending range on and EOMB criterion record.
EOMB Control File Print Flag	7097	Flag indicating that a user-submitted request to print the full EOMB control file is pending.
EOMB Date Received	7191	The date a returned EOMB is received and/or entered into the Returned EOMB Tracking System.
EOMB Delivery Instructions	7460	The forwarding instructions of the requestor specified on SU-S-052.
EOMB Enrollee Age	7480	The enrollee's age on the claim date of service.
EOMB Fee for Service/Managed Care Indicator	7193	A code that indicates the type of claims/encounters to be included on the EOMB.
EOMB Non-Selectable Service Description	7157	The description for a set of criteria values that defines services that are not to print on the EOMB.
EOMB Non-Selectable Service ID	7156	The unique identifier for a set of criteria values that defines services that are not to be printed on the EOMB.
EOMB Number Mailings	7190	The number of EOMBs generated in a run. Applies to both special and monthly EOMB runs.
EOMB Percent	7186	The percentage of the total universe of enrollees to be sampled.
EOMB Production Date	7189	Date the EOMB was generated. Applies to both special and monthly EOMB runs.
EOMB Record Type	7199	Code indicating the record type on the EOMB Control File.
EOMB Requestor First Name	7208	User-supplied first name of the DMAS user authorized to submit special EOMB run requests.
EOMB Requestor Identification	7187	A unique identifier for a user authorized to request special EOMB request runs.
EOMB Requestor Last Name	7206	User-supplied last name of the DMAS user authorized to submit special EOMB run requests.

Element Name	Element ID	Description
EOMB Requestor Middle Initial	7209	User-supplied middle initial of the DMAS user authorized to submit special EOMB run requests.
EOMB Resolution Date	7183	Date that the returned EOMB review was resolved.
EOMB Resolution Status	7182	Code identifying the resolution of a returned EOMB review.
EOMB Run Request Number	7196	A system-assigned number used to identify an EOMB run. This field is calculated at the time of the request using the system date and time in the format: CCYYMMDDHHMMSS. Assigned for both production and special runs.
EOMB Run Type	7192	Code indicating the type of EOMB run.
EOMB Service Code Indicator	7210	Code indicating the type of service code to be used as selection criteria.
EOMB Service Description	7048	The user-specified EOMB service description associated with a set of criteria values. EOMB service descriptions are displayed for selected services on EOMBs in place of the description on the reference file.
EOMB Service Description ID	7047	The unique identifier for set of criteria values that defines an EOMB service description.
EOMB Status	7181	Code identifying the status of a returned EOMB.
EOMB Tracking Number	7180	The unique identifier assigned to each EOMB.
Federal Fund Participation Indicator	7470	Parameter which determines the selection criteria for claims based on the level of federal funding of the claim payment.
MEQC DSS Cases	7363	MEQC DSS cases.
MEQC Review Number	7351	MEQC review number.
MEQC Sample Size	7362	MEQC sample size.
MEQC Stratum Description	7343	MEQC strata description for the sample.
MEQC Stratum Sample Cases	7355	Total cases for MEQC sample.
MEQC Stratum Sample Enrollees	7356	Total enrollees for MEQC sample.
MEQC Stratum Universe Cases	7353	Total cases for MEQC universe.
MEQC Stratum Universe Enrollees	7354	Total enrollees for MEQC universe.
MEQC Update Type	7352	A code indicating the type of MEQC update.
Number of covered days for births within age / program	7687	Number of covered days for live births within age within program
Number of inpatient admission days within program	7666	Number of covered inpatient admission days within program
Number of Inpatient days within age/ gender/ program	7676	Number of covered Inpatient days within age within gender within program
Number of Physician visits within age/ gender/ program	7678	Number of Physician visits within age within gender within program
PA Sample Stratum Description	7401	Prior Authorization sample stratum description.
PA Sample Stratum Number	7400	The unique identifier for a set of criteria values that defines a Prior Authorization sample stratum.
Paid Sample Amount	7476	Total of paid amount on claims selected in the sample.
Provider Audit Requestor	7420	Name of the person requesting the audit report.
Provider Cross-Reference Claim Type Exclude/Include Indicator	7471	Flag which determines how to use the claim type values specified by the user for provider sampling. This field indicates whether to select claims based on the claim type values or to exclude claims based on the specified claim type values.

Element Name	Element ID	Description
Provider Cross-Reference Date Selection Parameter	7424	Date Selection Parameter.
Provider Cross-Reference Print All Parameter	7423	Print All Parameter. If set to "Y", prints the report in enrollee sequence.
Provider Cross-Reference Procedure Selection Parameter	7425	Indicates the procedure selection parameter.
Provider Cross-Reference Provider Selection Parameter	7426	Indicates the provider selection parameter.
Provider Sample Claim Sample Size	7376	The size of the provider claims sample.
Provider Sample Claim Universe Size	7375	The size of the provider claims universe.
Provider Sample Claims Universe Billed	7379	Sum of the billed amounts of all claims in the universe.
Provider Sample Claims Universe Paid	7380	Sum of the paid amounts of all claims in the universe.
Provider Sample Enrollee From Age	7394	Enrollee FROM Age.
Provider Sample Enrollee Sample Size	7378	The size of the provider enrollee sample.
Provider Sample Enrollee To Age	7395	Enrollee TO Age.
Provider Sample Enrollee Universe Size	7377	The size of the provider enrollee universe.
Provider Sample Factor	7372	The number of claims/recipients to be sampled.
Provider Sample Rendering Providers	7381	Number of rendering providers in the sample.
Provider Sample Requestor	7396	Provider sample requestor ID.
Provider Sample Stratum 1 Amount	7373	Stratum 1 ceiling amount.
Provider Sample Stratum 3 Amount	7374	Stratum 3 beginning amount.
Provider Sample Type	7371	The type of sample methodology to be used.
Provider Sample Universe Stratum 1	7382	Number of claims in the stratum 1 universe.
Provider Sample Universe Stratum 2	7383	Number of claims in the stratum 2 universe.
Provider Sample Universe Stratum 3	7384	Number of claims in the stratum 3 universe.
Provider Sample Variable	7370	The variable on which the sample is to be performed.
Record ID	7466	Unique record ID.
Sample From Selection Date	7360	Parameter value which specifies the beginning selection date for the sample.
Sample Interval	7473	The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / requested sample size of 25 = 24.8, rounded down = interval of 24.
Sample Seed Timestamp	7386	Contains the system timestamp used to compute the sample seed.
Sample Start Displacement	7474	The start point = the remainder (whole number, not decimal value) of the system clock and date value combined / interval. Example: Date value = 19991021 (ccyy mm dd) Time value = 08332388 (hh mm ss hh) Interval = 24 1999102108332388 / 24 = 83295921180516 remainder 4. Seed = 4 If the remainder = zero, then the seed = interval.
Sample To Selection Date	7361	Parameter value which specifies the ending selection date for the sample.
Service Code Type	7415	Indicates the type of service code entered as selection criteria.
Service Limit Inquiry - Anniversary Date	7653	Date on which a service was first paid in this service limit category. This date defines the time period for determination of certain service limit edits.

Element Name	Element ID	Description
Service Limit Inquiry - Category	7651	Unique identifier for service limit inquiry category.
Service Limit Inquiry - Category Description	7652	Description of service limit inquiry category.
Service Limit Inquiry - Effective Date	7650	Inquiry date supplied by user in online service limit inquiry program. If provided, the service (unit) balances are calculated as of this date. The system defaults to the current date if a date is not supplied by the user.
Service Limit Inquiry - Limit Units	7655	The maximum units allowed without a PA in the specified service limit category.
Service Limit Inquiry - PA Indicator	7658	Indicates that a prior authorization exists for one or more services in the specified service limit inquiry category.
Service Limit Inquiry - Rolling Period Begin Date	7654	Beginning date of the rolling period that is in effect for this service limit category as of the inquiry effective date.
Service Limit Inquiry - Units Remaining	7657	Number of units still available to be used (without PA) within the specified service limit category as of the inquiry effective date.
Service Limit Inquiry - Units Used	7656	The number of units used in the specified service limit category as of the inquiry effective date.
Servicing Providers in Sample	7472	Number of unique rendering providers in the provider sample.
Stratum 1 Sample Count	7477	Number of claims in stratum 1 of the sample.
Stratum 2 Sample Count	7478	Number of claims in stratum 2 of the sample.
Stratum 3 Sample Count	7479	Number of claims in stratum 3 of the sample.
Stratum Number	7342	The unique identifier for a set of criteria / parameter values that defines a sample stratum.
Stratum Sample From Date	7340	MEQC strata sample begin (FROM) date.
Stratum Sample Percent	7406	Prior Authorization sample percentage.
Stratum Sample Size	7304	Number of claims to sample this stratum.
Stratum Sample To Date	7341	MEQC strata sample end (TO) date.
SURS Monthly Cycle Date	7662	Cycle date from the Monthly Claims Extract File. Other Cobol names are SUF061-CYCLE-DATE, SUF062-CYCLE-DATE, SUF063-CYCLE-DATE, SUF064-CYCLE-DATE, SUF065-CYCLE-DATE, SUF066-CYCLE-DATE, SUF067-CYCLE-DATE, SUF068-CYCLE-DATE, and SUF069-CYCLE-DATE.
Universe Size	7467	The size of the sample universe.
Utilization Tracking Sort Order	7465	Code identifying the report sort order.

Element ID	Element Name	Description
7022	Enrollee Utilization Inquiry Category ID	The unique identifier for a set of criteria values that defines an enrollee utilization tracking inquiry category.
7023	Enrollee Utilization Inquiry Category Description	The user-specified description for a utilization tracking inquiry category.
7047	EOMB Service Description ID	The unique identifier for set of criteria values that defines an EOMB service description.
7048	EOMB Service Description	The user-specified EOMB service description associated with a set of criteria values. EOMB service descriptions are displayed for selected services on EOMBs in place of the description on the reference file.
7097	EOMB Control File Print Flag	Flag indicating that a user-submitted request to print the full EOMB control file is pending.
7156	EOMB Non-Selectable Service ID	The unique identifier for a set of criteria values that defines services that are not to be printed on the EOMB.
7157	EOMB Non-Selectable Service Description	The description for a set of criteria values that defines services that are not to print on the EOMB.
7180	EOMB Tracking Number	The unique identifier assigned to each EOMB.
7181	EOMB Status	Code identifying the status of a returned EOMB.
7182	EOMB Resolution Status	Code identifying the resolution of a returned EOMB review.
7183	EOMB Resolution Date	Date that the returned EOMB review was resolved.
7186	EOMB Percent	The percentage of the total universe of enrollees to be sampled.
7187	EOMB Requestor Identification	A unique identifier for a user authorized to request special EOMB request runs.
7189	EOMB Production Date	Date the EOMB was generated. Applies to both special and monthly EOMB runs.
7190	EOMB Number Mailings	The number of EOMBs generated in a run. Applies to both special and monthly EOMB runs.
7191	EOMB Date Received	The date a returned EOMB is received and/or entered into the Returned EOMB Tracking System.
7192	EOMB Run Type	Code indicating the type of EOMB run.
7193	EOMB Fee for Service/Managed Care Indicator	A code that indicates the type of claims/encounters to be included on the EOMB.
7196	EOMB Run Request Number	A system-assigned number used to identify an EOMB run. This field is calculated at the time of the request using the system date and time in the format: CCYYMMDDHHMMSS. Assigned for both production and special runs.
7199	EOMB Record Type	Code indicating the record type on the EOMB Control File.
7206	EOMB Requestor Last Name	User-supplied last name of the DMAS user authorized to submit special EOMB run requests.
7208	EOMB Requestor First Name	User-supplied first name of the DMAS user authorized to submit special EOMB run requests.
7209	EOMB Requestor Middle Initial	User-supplied middle initial of the DMAS user authorized to submit special EOMB run requests.
7210	EOMB Service Code Indicator	Code indicating the type of service code to be used as selection criteria.
7304	Stratum Sample Size	Number of claims to sample this stratum.
7312	CPAS Review Document Control Number	A unique sequential key which identifies a CPAS Audit Review.
7313	CPAS Review Sample Month Year	CPAS Audit Review Sample Month Year in the format MMCCYY.
7321	CPAS Review Disposition Status	A code indicating the disposition of the CPAS Audit Review.
7322	CPAS Review Finding Status	CPAS Audit Review Finding Status.

Element ID	Element Name	Description
7323	CPAS Review Procedure Error Nature	Code indicating the nature of the error for the CPAS Audit Review Procedure.
7324	CPAS Review Procedure Error Type	CPAS Audit Review Procedure Error Type.
7325	CPAS Review Dollar Error Nature	Code indicating the nature of the error for CPAS Audit Review Dollar amount.
7326	CPAS Review Dollar Error Amount	CPAS Audit Review Dollar Error Amount.
7327	CPAS Review Net Error Amount	CPAS Audit Review Net Error Amount.
7328	CPAS Review Net Error Type	CPAS Audit Review Net Error Type.
7329	CPAS Review Reviewer Number	CPAS Audit Review Reviewer Number.
7330	CPAS Review Date Assigned	CPAS Audit Review date assigned.
7331	CPAS Review Date Completed	The date on which the CPAS Audit Review was completed.
7332	CPAS Claim Type	Criteria values for the selection of particular claim types within CPAS.
7333	CPAS Service Type	Criteria values for the selection of particular services types within CPAS.
7340	Stratum Sample From Date	MEQC strata sample begin (FROM) date.
7341	Stratum Sample To Date	MEQC strata sample end (TO) date.
7342	Stratum Number	The unique identifier for a set of criteria / parameter values that defines a sample stratum.
7343	MEQC Stratum Description	MEQC strata description for the sample.
7351	MEQC Review Number	MEQC review number.
7352	MEQC Update Type	A code indicating the type of MEQC update.
7353	MEQC Stratum Universe Cases	Total cases for MEQC universe.
7354	MEQC Stratum Universe Enrollees	Total enrollees for MEQC universe.
7355	MEQC Stratum Sample Cases	Total cases for MEQC sample.
7356	MEQC Stratum Sample Enrollees	Total enrollees for MEQC sample.
7360	Sample From Selection Date	Parameter value which specifies the beginning selection date for the sample.
7361	Sample To Selection Date	Parameter value which specifies the ending selection date for the sample.
7362	MEQC Sample Size	MEQC sample size.
7363	MEQC DSS Cases	MEQC DSS cases.
7370	Provider Sample Variable	The variable on which the sample is to be performed.
7371	Provider Sample Type	The type of sample methodology to be used.
7372	Provider Sample Factor	The number of claims/recipients to be sampled.
7373	Provider Sample Stratum 1 Amount	Stratum 1 ceiling amount.
7374	Provider Sample Stratum 3 Amount	Stratum 3 beginning amount.
7375	Provider Sample Claim Universe Size	The size of the provider claims universe.
7376	Provider Sample Claim Sample Size	The size of the provider claims sample.
7377	Provider Sample Enrollee Universe Size	The size of the provider enrollee universe.
7378	Provider Sample Enrollee Sample Size	The size of the provider enrollee sample.
7379	Provider Sample Claims Universe Billed	Sum of the billed amounts of all claims in the universe.
7380	Provider Sample Claims Universe Paid	Sum of the paid amounts of all claims in the universe.
7381	Provider Sample Rendering Providers	Number of rendering providers in the sample.

Element ID	Element Name	Description
7382	Provider Sample Universe Stratum 1	Number of claims in the stratum 1 universe.
7383	Provider Sample Universe Stratum 2	Number of claims in the stratum 2 universe.
7384	Provider Sample Universe Stratum 3	Number of claims in the stratum 3 universe.
7385	Default Full Sample Flag	Contains 'F' if sample defaulted to full.
7386	Sample Seed Timestamp	Contains the system timestamp used to compute the sample seed.
7394	Provider Sample Enrollee From Age	Enrollee FROM Age.
7395	Provider Sample Enrollee To Age	Enrollee TO Age.
7396	Provider Sample Requestor	Provider sample requestor ID.
7399	Audit Number	Audit number assigned during the sampling process. Formatted as ccyymmdd-999 Where ccyymmdd = current date 999 = next review number. DE 7398
7400	PA Sample Stratum Number	The unique identifier for a set of criteria values that defines a Prior Authorization sample stratum.
7401	PA Sample Stratum Description	Prior Authorization sample stratum description.
7406	Stratum Sample Percent	Prior Authorization sample percentage.
7415	Service Code Type	Indicates the type of service code entered as selection criteria.
7420	Provider Audit Requestor	Name of the person requesting the audit report.
7423	Provider Cross-Reference Print All Parameter	Print All Parameter. If set to "Y", prints the report in enrollee sequence.
7424	Provider Cross-Reference Date Selection Parameter	Date Selection Parameter.
7425	Provider Cross-Reference Procedure Selection Parameter	Indicates the procedure selection parameter.
7426	Provider Cross-Reference Provider Selection Parameter	Indicates the provider selection parameter.
7460	EOMB Delivery Instructions	The forwarding instructions of the requestor specified on SU-S-052.
7465	Utilization Tracking Sort Order	Code identifying the report sort order.
7466	Record ID	Unique record ID.
7467	Universe Size	The size of the sample universe.
7470	Federal Fund Participation Indicator	Parameter which determines the selection criteria for claims based on the level of federal funding of the claim payment.
7471	Provider Cross-Reference Claim Type Exclude/Include Indicator	Flag which determines how to use the claim type values specified by the user for provider sampling. This field indicates whether to select claims based on the claim type values or to exclude claims based on the specified claim type values.
7472	Servicing Providers in Sample	Number of unique rendering providers in the provider sample.
7473	Sample Interval	The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / requested sample size of 25 = 24.8, rounded down = interval of 24.

Element ID	Element Name	Description
7474	Sample Start Displacement	The start point = the remainder (whole number, not decimal value) of the system clock and date value combined / interval. Example: Date value = 19991021 (ccyy mm dd) Time value = 08332388 (hh mm ss hh) Interval = 24 1999102108332388 / 24 = 83295921180516 remainder 4. Seed = 4 If the remainder = zero, then the seed = interval.
7475	Billed Sample Amount	Total of billed amount on claims selected in the sample.
7476	Paid Sample Amount	Total of paid amount on claims selected in the sample.
7477	Stratum 1 Sample Count	Number of claims in stratum 1 of the sample.
7478	Stratum 2 Sample Count	Number of claims in stratum 2 of the sample.
7479	Stratum 3 Sample Count	Number of claims in stratum 3 of the sample.
7480	EOMB Enrollee Age	The enrollee's age on the claim date of service.
7482	EOMB Connector	Connector character linking a beginning and ending range on and EOMB criterion record.
7650	Service Limit Inquiry - Effective Date	Inquiry date supplied by user in online service limit inquiry program. If provided, the service (unit) balances are calculated as of this date. The system defaults to the current date if a date is not supplied by the user.
7651	Service Limit Inquiry - Category	Unique identifier for service limit inquiry category.
7652	Service Limit Inquiry - Category Description	Description of service limit inquiry category.
7653	Service Limit Inquiry - Anniversary Date	Date on which a service was first paid in this service limit category. This date defines the time period for determination of certain service limit edits.
7654	Service Limit Inquiry - Rolling Period Begin Date	Beginning date of the rolling period that is in effect for this service limit category as of the inquiry effective date.
7655	Service Limit Inquiry - Limit Units	The maximum units allowed without a PA in the specified service limit category.
7656	Service Limit Inquiry - Units Used	The number of units used in the specified service limit category as of the inquiry effective date.
7657	Service Limit Inquiry - Units Remaining	Number of units still available to be used (without PA) within the specified service limit category as of the inquiry effective date.
7658	Service Limit Inquiry - PA Indicator	Indicates that a prior authorization exists for one or more services in the specified service limit inquiry category.
7661	Audit Number	Audit number is combination of System date and Audit number. Every run it gets the audit number from the Program Control Table and writes to the file.
7662	SURS Monthly Cycle Date	Cycle date from the Monthly Claims Extract File. Other Cobol names are SUF061-CYCLE-DATE, SUF062-CYCLE-DATE, SUF063-CYCLE-DATE, SUF064-CYCLE-DATE, SUF065-CYCLE-DATE, SUF066-CYCLE-DATE, SUF067-CYCLE-DATE, SUF068-CYCLE-DATE, and SUF069-CYCLE-DATE.
7663	Count of non-surgical physicians within program	Count of non-surgical physicians within program.
7664	Count of surgical physicians within program	Count of surgical physicians within program
7665	Count of inpatient admissions within program	Count of inpatient admissions within program
7666	Number of inpatient admission days within program	Number of covered inpatient admission days within program
7667	Count of Outpatient Encounters within program	Count of Outpatient Encounters within program
7668	Count of Lab/Rad claims within program	Count of Lab/Rad claims within program
7669	Count of Pharmacy claims within program	Count of Pharmacy claims within program
7670	Count of Home Health claims within program	Count of Home Health claims within program

Element ID	Element Name	Description
7671	Count of Outpatient Mental Health claims within program	Count of Outpatient Mental Health claims within program
7672	Count of Dental claims within program	Count of Dental claims within program
7673	Count of DME claims within program	Count of DME (Durable Medical Equipment) claims within program
7674	Count of Transportation claims within program	Count of Transportation claims within program
7675	Count of Inpatient Admissions within age/ gender/ program	Count of Inpatient Admissions within age within gender within program
7676	Number of Inpatient days within age/ gender/ program	Number of covered Inpatient days within age within gender within program
7677	Count of ALOS within age/ gender/ program	Count of ALOS within age/ gender/ program. Currently not used.
7678	Number of Physician visits within age/ gender/ program	Number of Physician visits within age within gender within program
7679	Count of Pharmacy claims within age/ gender/ program	Count of Pharmacy claims within age within gender within program
7680	Count of ER visits within program	Count of Emergency Room visits within program
7681	Count of ER Outpatient visits within program	Count of ER Outpatient visits within program
7682	Count of ER Inpatient visits within program	Count of ER Inpatient visits within program
7683	Count of prescriptions within program	Count of prescriptions within program for Pharmacy Claims
7684	Count of Enrollees for Pharmacy Claims within program	Count of Enrollees for Pharmacy Claims within program
7685	Count of births within age within program	Count of live births within age within program
7686	Count of discharges within age within program	Count of discharges for live births within age within program
7687	Number of covered days for births within age / program	Number of covered days for live births within age within program
7688	Count of ALOS within age within program	Count of ALOS within age within program. Currently not used.
7689	Count of Enrollees within program	Count of Enrollees within program
7690	Count of Enrollees within age / gender / program	Count of Enrollees within age within gender within program
7691	Count of Enrollees within gender / race / age / program	Count of Enrollees within gender within race within age within program
7692	Count of Enrollees within gender / race / age / program	Count of Enrollees within gender within race within age within program for the last 6 months
7693	Count of Enrollees within age within program	Count of Enrollees within age within program

DATA ELEMENT: **Enrollee Utilization Inquiry Category ID (DE7022)**

The unique identifier for a set of criteria values that defines an enrollee utilization tracking inquiry category.

BUSINESS NAME: N/A

REFERENCE NAME: I_CATEGORY

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: 00-99

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Enrollee Utilization Inquiry Category Description (DE7023)

The user-specified description for a utilization tracking inquiry category.

BUSINESS NAME: N/A

REFERENCE NAME: T_CATEGORY_NAME

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: CHAR(30)

RANGE: N/A

BUSINESS RULES:

Rule Name Not Space

Description Field may not be space.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EOMB Service Description ID (DE7047)

The unique identifier for set of criteria values that defines an EOMB service description.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: N/A

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Service Description (DE7048)**

The user-specified EOMB service description associated with a set of criteria values. EOMB service descriptions are displayed for selected services on EOMBs in place of the description on the reference file.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Control File Print Flag (DE7097)**

Flag indicating that a user-submitted request to print the full EOMB control file is pending.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: space

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
space	Do not print full control file report.
Y	Print full control file report.

DATA ELEMENT: **EOMB Non-Selectable Service ID (DE7156)**

The unique identifier for a set of criteria values that defines services that are not to be printed on the EOMB.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: N/A

RANGE: 01 - 99

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Non-Selectable Service Description (DE7157)**

The description for a set of criteria values that defines services that are not to print on the EOMB.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(30)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Tracking Number (DE7180)**

The unique identifier assigned to each EOMB.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name User ID / Spaces
Description
Local Def N/A

Rule Name System Generated Field
Description
Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EOMB Status (DE7181)

Code identifying the status of a returned EOMB.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: SPACE

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Claim questioned
2	Returned with correspondence
3	Returned with funds
4	Blank return (Nothing questioned, no funds, no correspondence)
5	Reopened (Not used upon intial entry)

DATA ELEMENT: EOMB Resolution Status (DE7182)

Code identifying the resolution of a returned EOMB review.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: SPACE

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Claims Researched, Letter Issued to Enrollee
2	Claims Researched, Phone Contact with Enrollee, Verified Services
3	Phone Contact, Claims Still in Dispute, Further Research Required
4	Additional Information Reviewed, Issues Resolved
5	Additional Information Reviewed, Continues Unresolved.
6	Referred to Correspondence Unit
7	Referred to Fiscal Unit
8	Returned EOMB Was Blank
blank	To be resolved by Provider Post Payment Review Unit

DATA ELEMENT: **EOMB Resolution Date (DE7183)**

Date that the returned EOMB review was resolved.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Percent (DE7186)**

The percentage of the total universe of enrollees to be sampled.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(01)V99

DB2 TYPE: N/A

RANGE: 1% - 100%

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Domain Value
Description	Must be one of the valid values defined for this data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Requestor Identification (DE7187)**

A unique identifier for a user authorized to request special EOMB request runs.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE: N/A

RANGE: 0000 - 9999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Production Date (DE7189)**

Date the EOMB was generated. Applies to both special and monthly EOMB runs.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: N/A

RANGE: 01/01/2000 - current

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Number Mailings (DE7190)**

The number of EOMBs generated in a run. Applies to both special and monthly EOMB runs.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: N/A

RANGE: 0 - 99,999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Date Received (DE7191)**

The date a returned EOMB is received and/or entered into the Returned EOMB Tracking System.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: N/A

RANGE: 01/01/2000 - current

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Run Type (DE7192)**

Code indicating the type of EOMB run.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
R	Regular monthly run
S	Special request run

DATA ELEMENT: EOMB Fee for Service/Managed Care Indicator (DE7193)

A code that indicates the type of claims/encounters to be included on the EOMB.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: Blank

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Select both fee for service and managed care claims
F	Select only fee for service claims
M	Select only managed care claims

DATA ELEMENT: EOMB Run Request Number (DE7196)

A system-assigned number used to identify an EOMB run. This field is calculated at the time of the request using the system date and time in the format: CCYYMMDDHHMMSS. Assigned for both production and special runs.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(14)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	User ID / Spaces
Description	
Local Def	N/A

Rule Name	Format Definition
Description	Format as defined.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EOMB Record Type (DE7199)

Code indicating the record type on the EOMB Control File.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Tracking
2	Sampling Criteria
3	Requestor ID
4	Service Description
5	Non-Selectable Service Criteria
6	Production Statistics

DATA ELEMENT: **EOMB Requestor Last Name (DE7206)**

User-supplied last name of the DMAS user authorized to submit special EOMB run requests.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(19)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Requestor First Name (DE7208)**

User-supplied first name of the DMAS user authorized to submit special EOMB run requests.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Requestor Middle Initial (DE7209)**

User-supplied middle initial of the DMAS user authorized to submit special EOMB run requests.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Service Code Indicator (DE7210)**

Code indicating the type of service code to be used as selection criteria.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
H	HCPCS
I	ICD9
N	NDC

DATA ELEMENT: **Stratum Sample Size (DE7304)**

Number of claims to sample this stratum.

BUSINESS NAME: N/A

REFERENCE NAME: N_SAMPLE_SIZE

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 1-999

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Domain Value
Description	Must be one of the valid values defined for this data element.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CPAS Review Document Control Number (DE7312)**

A unique sequential key which identifies a CPAS Audit Review.

BUSINESS NAME: N/A

REFERENCE NAME: I_CPAS_REVIEW_NUM

DEFAULT: N/A

COBOL PICTURE: X(5)

DB2 TYPE: CHAR(05)

RANGE: 00000 - ZZZZZ

BUSINESS RULES:

Rule Name	User ID / Spaces
Description	
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CPAS Review Sample Month Year (DE7313)**

CPAS Audit Review Sample Month Year in the format MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: D_CPAS_SAMPLE

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE: DATE

RANGE: 012000 - current

BUSINESS RULES:

Rule Name	Valid Year-Month
Description	Field must be a valid year and month.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CPAS Review Disposition Status (DE7321)

A code indicating the disposition of the CPAS Audit Review.

BUSINESS NAME: N/A

REFERENCE NAME: C_CPAS_DSPSTA_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	Review Complete
02	Listed in Error
03	Review Incomplete

DATA ELEMENT: CPAS Review Finding Status (DE7322)

CPAS Audit Review Finding Status.

BUSINESS NAME: N/A

REFERENCE NAME: C_CPAS_FNDSTA_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	No Procedural or Dollar Error
02	Procedural Error only
03	Procedural Error resulting in Dollar Error

DATA ELEMENT: CPAS Review Procedure Error Nature (DE7323)

Code indicating the nature of the error for the CPAS Audit Review Procedure.

BUSINESS NAME: N/A

REFERENCE NAME: C_CPAS_ERRNAT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
001	No Evidence of Claim Submittal
002	Physician.Provider Signature omitted
003	Recipient signature Mired or questionable
004	Required Recipient Identification missing or questionable
005	Required Physician/Provider identification missing or questionable
006	Referring Physician identification missing or unclear
007	Prior Authorization missing or unclear
008	Level of care certification missing or unclear
009	Date(s) of service missing or questionable
010	Diagnosis, procedure codes, and/or narrative description missing or question
011	Number of services missing or unclear
012	Drug type not specified or questionable
014	Dollar amount of claim missing, unclear, or questionable
015	Unauthorized force coding to bypass reasonable charge, fee schedule, or other
019	Other required information/documentation missing, incomplete, or unclear.
020	State entered incorrect code to identify noncoded recipient invoice data
021	State entered incorrect code to identify noncoded provider invoice data
022	State entered incorrect code to describe noncoded service data
023	State made keypunch error when transcribing coded data.
029	Other coding/data entry error not identified above.

DATA ELEMENT: CPAS Review Procedure Error Type (DE7324)

CPAS Audit Review Procedure Error Type.

BUSINESS NAME: N/A

REFERENCE NAME: I_CPAS_ERRTYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	No Dollar Error
02	Total Dollar Error
03	Overpayment
04	Underpayment
05	TPL Procedural Error
06	Nondeveloped Procedural Error

DATA ELEMENT: CPAS Review Dollar Error Nature (DE7325)

Code indicating the nature of the error for CPAS Audit Review Dollar amount.

BUSINESS NAME: N/A

REFERENCE NAME: C_CPAS_ERRDOL_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
040	Eligibility - The provider is not certified as eligible
041	Eligibility - The recipient is not certified as eligible
050	Coverage - Service not covered under the permissible State practice
051	Coverage - Service exceeded the frequency limitation
052	Coverage - No required physician certification
053	Coverage - No required prior authorization
054	Coverage - Claim processed although the filing deadline had expired.
055	Coverage - Additional EPSDT screening within prohibited time period
056	Coverage - EPSDT screening for a recipient age 21 or over
057	Coverage-Inpatient charge includes both day of admission & day of discharge
058	Coverage - Setup charges allowed although surgery was cancelled
060	Coverage - Other coverage errors
070	Payment - Unable to verify that service was rendered
071	Payment - Duplicate payment authorized
072	Payment - Incorrect provider paid
073	Payment - Copayment amount was incorrectly applied
074	Payment-Mathematical error resulted in incorrect payment authorized amount
075	Payment - Other payment error
080	Charge - Incorrect reimbursement rate
081	Charge - New patient code used but claims history shows previous bill
082	Charge - Billed charges improperly combined into service coverage package
083	Charge - More than one dispensing fee paid when a prescription was split.
084	Charge - Drug quantity prescribed is greater than the maximum allowed.

DATA ELEMENT: CPAS Review Dollar Error Nature (DE7325)

VALID VALUES:

Valid Value	Description
085	Charge - Quantity is less than the minimum allowed for a maintenance drug.
089	Charge - Other reasonable charge errors.

DATA ELEMENT: CPAS Review Dollar Error Amount (DE7326)

CPAS Audit Review Dollar Error Amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_CPAS_ERR_DOL_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: 0 - 9,999,999.99

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CPAS Review Net Error Amount (DE7327)

CPAS Audit Review Net Error Amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_CPAS_NET_FND_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: 0 - 9,999,999

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: CPAS Review Net Error Type (DE7328)

CPAS Audit Review Net Error Type.

BUSINESS NAME: N/A

REFERENCE NAME: I_CPAS_NETFND_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	No net Dollar Error
02	Total Dollar Error
03	Overpayment
04	Underpayment

DATA ELEMENT: **CPAS Review Reviewer Number (DE7329)**

CPAS Audit Review Reviewer Number.

BUSINESS NAME: N/A

REFERENCE NAME: I_CPAS_REVIEWER_NUM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: 1

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CPAS Review Date Assigned (DE7330)**

CPAS Audit Review date assigned.

BUSINESS NAME: N/A

REFERENCE NAME: D_CPAS_ASSIGNED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: 01012000 - current

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CPAS Review Date Completed (DE7331)**

The date on which the CPAS Audit Review was completed.

BUSINESS NAME: N/A

REFERENCE NAME: D_CPAS_COMPLETED

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: 01012000 - current

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **CPAS Claim Type (DE7332)**

Criteria values for the selection of particular claim types within CPAS.

BUSINESS NAME: N/A

REFERENCE NAME: C_CPAS_CLMTYP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Original claim
02	Adjustment to increase. Original authorization correct
03	Adjustment to increase. Original authorization incorrect
04	Adjustment to decrease. Original authorization correct.
05	Adjustment to decrease. Original authorization incorrect.

DATA ELEMENT: CPAS Service Type (DE7333)

Criteria values for the selection of particular services types within CPAS.

BUSINESS NAME: N/A

REFERENCE NAME: C_CPAS_TYPSVC_CVAL

DEFAULT: N/A

COBOL PICTURE: X(03)

DB2 TYPE: CHAR(03)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
101	Inpatient Hospital Services except TB or Mental diseases
201	Skilled nursing facility for individuals age 21 or older .
202	Inpatient hospital - age 65 or older in TB or Mental institutions
203	Skilled nursing facility - age 65 or older in TB or mental institutions
204	Intermediate care facility - age 65 or older in TB or mental institutions
205	Intermediate care facility services except TB or mental Institutions
206	Inpatient psychiatric services for individuals under age
207	Services in Christian Science sanatoriums-
208	Skilled nursing facility services for individuals under age
209	Services during the month in a public, TB or mental institution.
301	Outpatient hospital services
302	rural health clinic services
303	physicians' services
304	medical or other remedial care provided by licensed practitioners
305	clinic services
306	EPSDT
307	other laboratory and X-ray services
308	home health services
309	private duty nursing services
310	dentures, prosthetic devices, and eyeglasses
311	diagnostic services
312	screening services
314	rehabilitation services

DATA ELEMENT: CPAS Service Type (DE7333)

VALID VALUES:

Valid Value	Description
315	transportation-440.170(a);
316	services of Christian Science nurses
317	personal care services in a recipient's home
318	PT, OT, and other individual services
319	dental services-440.100;
320	emergency hospital services
321	other care.
401	Separately Billed Prescribed Drugs

DATA ELEMENT: **Stratum Sample From Date (DE7340)**

MEQC strata sample begin (FROM) date.

BUSINESS NAME: N/A

REFERENCE NAME: D_MEQC_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Stratum Sample To Date (DE7341)**

MEQC strata sample end (TO) date.

BUSINESS NAME: N/A

REFERENCE NAME: D_MEQC_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Stratum Number (DE7342)**

The unique identifier for a set of criteria / parameter values that defines a sample stratum.

BUSINESS NAME: N/A

REFERENCE NAME: N_STRATUM

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: 01-99

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MEQC Stratum Description (DE7343)**

MEQC strata description for the sample.

BUSINESS NAME: N/A

REFERENCE NAME: T_STRATUM_DESC

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: CHAR(20)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MEQC Review Number (DE7351)**

MEQC review number.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: 1

RANGE: Must be in the range of 60000 thru 79999

BUSINESS RULES:

Rule Name User ID / Spaces

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MEQC Update Type (DE7352)

A code indicating the type of MEQC update.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: 10

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add case to sample
D	Delete case from sample

DATA ELEMENT: MEQC Stratum Universe Cases (DE7353)

Total cases for MEQC universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_UNIVRS_CASES

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MEQC Stratum Universe Enrollees (DE7354)

Total enrollees for MEQC universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_UNIVRS_ENROLLEE

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MEQC Stratum Sample Cases (DE7355)**

Total cases for MEQC sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_SAMPLE_CASES

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: MEQC Stratum Sample Enrollees (DE7356)

Total enrollees for MEQC sample.

BUSINESS NAME: N/A

REFERENCE NAME: I_SAMPLE_ENROLLEE

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sample From Selection Date (DE7360)**

Parameter value which specifies the beginning selection date for the sample.

BUSINESS NAME: N/A

REFERENCE NAME: D_BEGIN

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sample To Selection Date (DE7361)**

Parameter value which specifies the ending selection date for the sample.

BUSINESS NAME: N/A

REFERENCE NAME: D_END

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE: DATE

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MEQC Sample Size (DE7362)**

MEQC sample size.

BUSINESS NAME: N/A

REFERENCE NAME: N_MEQC_SAMPLE_SIZE

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MEQC DSS Cases (DE7363)**

MEQC DSS cases.

BUSINESS NAME: N/A

REFERENCE NAME: N_MEQC_CASES

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Variable (DE7370)**

The variable on which the sample is to be performed.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_VAR_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
F	Full Universe
R	Sample by Recipient
S	Sample by Claim

DATA ELEMENT: Provider Sample Type (DE7371)

The type of sample methodology to be used.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_SAMPLE_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
I	Interval
R	Random
S	Stratified

DATA ELEMENT: **Provider Sample Factor (DE7372)**

The number of claims/recipients to be sampled.

BUSINESS NAME: N/A

REFERENCE NAME: N_SAMPLE_FACTOR

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Stratum 1 Amount (DE7373)**

Stratum 1 ceiling amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_STRATUM_1_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Stratum 3 Amount (DE7374)**

Stratum 3 beginning amount.

BUSINESS NAME: N/A

REFERENCE NAME: N_STRATUM_3_AMT

DEFAULT: N/A

COBOL PICTURE: 9(07)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Claim Universe Size (DE7375)**

The size of the provider claims universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_CLAIM_UNIV

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Claim Sample Size (DE7376)**

The size of the provider claims sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_CLAIM_SAMP

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Enrollee Universe Size (DE7377)**

The size of the provider enrollee universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_ENROL_UNIV

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Enrollee Sample Size (DE7378)**

The size of the provider enrollee sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_ENROL_SAMP

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Claims Universe Billed (DE7379)**

Sum of the billed amounts of all claims in the universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_UNIV_BILL

DEFAULT: N/A

COBOL PICTURE: 9(10)V99

DB2 TYPE: DECIMAL(12,2)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Claims Universe Paid (DE7380)**

Sum of the paid amounts of all claims in the universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_UNIV_PAID

DEFAULT: N/A

COBOL PICTURE: 9(10)V99

DB2 TYPE: DECIMAL(12,2)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Rendering Providers (DE7381)**

Number of rendering providers in the sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_UNIV_REND

DEFAULT: N/A

COBOL PICTURE: 9(6)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Universe Stratum 1 (DE7382)**

Number of claims in the stratum 1 universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_STRAT_1

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Universe Stratum 2 (DE7383)**

Number of claims in the stratum 2 universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_STRAT_2

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Universe Stratum 3 (DE7384)**

Number of claims in the stratum 3 universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_STRAT_3

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Default Full Sample Flag (DE7385)**

Contains 'F' if sample defaulted to full.

BUSINESS NAME: N/A

REFERENCE NAME: F_DEFAULT_FULL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Do not default to full sample - Use specified sample size
Y	Default to full sample

DATA ELEMENT: **Sample Seed Timestamp (DE7386)**

Contains the system timestamp used to compute the sample seed.

BUSINESS NAME: N/A

REFERENCE NAME: H_SEED

DEFAULT: N/A

COBOL PICTURE: X(20)

DB2 TYPE: TIMESTAMP

RANGE: N/A

BUSINESS RULES:

Rule Name	Update PGM Name
Description	
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Enrollee From Age (DE7394)**

Enrollee FROM Age.

BUSINESS NAME: N/A

REFERENCE NAME: N_SAMPLE_FROM_AGE

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Enrollee To Age (DE7395)**

Enrollee TO Age.

BUSINESS NAME: N/A

REFERENCE NAME: N_SAMPLE_TO_AGE

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Provider Sample Requestor (DE7396)**

Provider sample requestor ID.

BUSINESS NAME: N/A

REFERENCE NAME: I_REQUESTOR_ID

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE: CHAR(04)

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Audit Number (DE7399)

Audit number assigned during the sampling process.
Formatted as ccyymmdd-999
Where
ccyymmdd = current date
999 = next review number. DE 7398

BUSINESS NAME: N/A

REFERENCE NAME: I_AUDIT_NUMBER

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: CHAR(12)

RANGE: N/A

BUSINESS RULES:

Rule Name User ID / Spaces
Description
Local Def N/A

Rule Name System Generated Field
Description
Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Sample Stratum Number (DE7400)**

The unique identifier for a set of criteria values that defines a Prior Authorization sample stratum.

BUSINESS NAME: N/A

REFERENCE NAME: N_STRATUM

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **PA Sample Stratum Description (DE7401)**

Prior Authorization sample stratum description.

BUSINESS NAME: N/A

REFERENCE NAME: T_PA_SAMPLE_DESC

DEFAULT: N/A

COBOL PICTURE: X(15)

DB2 TYPE: CHAR(15)

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Stratum Sample Percent (DE7406)**

Prior Authorization sample percentage.

BUSINESS NAME: N/A

REFERENCE NAME: N_SAMPLE_PERCENT

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: SMALLINT

RANGE: 1 thru 100

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Code Type (DE7415)**

Indicates the type of service code entered as selection criteria.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROC_TYPE_CVAL

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	NDC Code Selection
P	Procedure Code Selection
R	Revenue Code Selection

DATA ELEMENT: **Provider Audit Requestor (DE7420)**

Name of the person requesting the audit report.

BUSINESS NAME: N/A

REFERENCE NAME: T_AUDIT_REQUESTOR

DEFAULT: N/A

COBOL PICTURE: X(25)

DB2 TYPE: CHAR(25)

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Provider Cross-Reference Print All Parameter (DE7423)

Print All Parameter.
If set to "Y", prints the report in enrollee sequence.

BUSINESS NAME: N/A

REFERENCE NAME: I_PRINT_ALL_PARM

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank/null	
Y	Print reports in enrollee sequence

DATA ELEMENT: **Provider Cross-Reference Date Selection Parameter (DE7424)**

Date Selection Parameter.

BUSINESS NAME: N/A

REFERENCE NAME: I_DATE_SELECT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
null	Claims can be any date within the date selection parameters
O	Claims can have overlapping dates
S	Claims must be on the same date

DATA ELEMENT: **Provider Cross-Reference Procedure Selection Parameter (DE7425)**

Indicates the procedure selection parameter.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROC_SELECT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Code
Description	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Claims must contain different procedures
null	Claims can contain any procedure
S	Claims must contain the same procedure

DATA ELEMENT: Provider Cross-Reference Provider Selection Parameter (DE7426)

Indicates the provider selection parameter.

BUSINESS NAME: N/A

REFERENCE NAME: I_PROV_SELECT_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
D	Primary provider claims are compared to each secondary provider's claims
null	Claims from all providers are compared to each other
S	Claims are compared within the same providers

DATA ELEMENT: **EOMB Delivery Instructions (DE7460)**

The forwarding instructions of the requestor specified on SU-S-052.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Not Space
Description	Field may not be space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Utilization Tracking Sort Order (DE7465)

Code identifying the report sort order.

BUSINESS NAME: N/A

REFERENCE NAME: C_SORT_ORDER_CVAL

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Code

Description The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Report sort order #1
2	Report sort order #2
3	Report sort order #3

DATA ELEMENT: **Record ID (DE7466)**

Unique record ID.

BUSINESS NAME: N/A

REFERENCE NAME: I_RECORD_ID

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	User ID / Spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Universe Size (DE7467)**

The size of the sample universe.

BUSINESS NAME: N/A

REFERENCE NAME: N_UNIVERSE_SIZE

DEFAULT: N/A

COBOL PICTURE: 9(10)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name	Domain Value
Description	Must be one of the valid values defined for this data element.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Federal Fund Participation Indicator (DE7470)

Parameter which determines the selection criteria for claims based on the level of federal funding of the claim payment.

BUSINESS NAME: N/A

REFERENCE NAME: C_FED_PARTICP_CVAL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Do not use Federal Funding as selection Criteria
F	100% Federal Funds
N	0% Federal Funds
P	Less than 100%, but more than 0% Federal Funds

DATA ELEMENT: Provider Cross-Reference Claim Type Exclude/Include Indicator (DE7471)

Flag which determines how to use the claim type values specified by the user for provider sampling. This field indicates whether to select claims based on the claim type values or to exclude claims based on the specified claim type values.

BUSINESS NAME: N/A

REFERENCE NAME: C_PROV_INCL_EXCL

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: CHAR(01)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
Blanks/Spaces	Claim type not used as a selection criteria
E	Select claims where the value is not equal to the specified claim type
I	Select claims where the value is equal to the specified claim type

DATA ELEMENT: Servicing Providers in Sample (DE7472)

Number of unique rendering providers in the provider sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_SAMP_REND

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Sample Interval (DE7473)

The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / requested sample size of 25 = 24.8, rounded down = interval of 24.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_INTERVAL

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Sample Start Displacement (DE7474)**

The start point = the remainder (whole number, not decimal value) of the system clock and date value combined / interval.
Example:
Date value = 19991021 (ccyy mm dd)
Time value = 08332388 (hh mm ss hh)
Interval = 24
1999102108332388 / 24 = 83295921180516 remainder 4.
Seed = 4
If the remainder = zero, then the seed = interval.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_START

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: SMALLINT

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Billed Sample Amount (DE7475)**

Total of billed amount on claims selected in the sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_SAMP_BILL

DEFAULT: N/A

COBOL PICTURE: 9(11)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Paid Sample Amount (DE7476)**

Total of paid amount on claims selected in the sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROV_SAMP_PAID

DEFAULT: N/A

COBOL PICTURE: 9(11)V99

DB2 TYPE: DECIMAL(11,2)

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Stratum 1 Sample Count (DE7477)**

Number of claims in stratum 1 of the sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_SAMP_CNT_1

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Stratum 2 Sample Count (DE7478)**

Number of claims in stratum 2 of the sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_SAMP_CNT_2

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Stratum 3 Sample Count (DE7479)**

Number of claims in stratum 3 of the sample.

BUSINESS NAME: N/A

REFERENCE NAME: N_PROC_SAMP_CNT_3

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE: INTEGER

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Enrollee Age (DE7480)**

The enrollee's age on the claim date of service.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EOMB Connector (DE7482)**

Connector character linking a beginning and ending range on and EOMB criterion record.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(1)

DB2 TYPE: CHAR

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Limit Inquiry - Effective Date (DE7650)**

Inquiry date supplied by user in online service limit inquiry program. If provided, the service (unit) balances are calculated as of this date. The system defaults to the current date if a date is not supplied by the user.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: Current Date

COBOL PICTURE: X(10)

DB2 TYPE: CHAR(02)

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Service Limit Inquiry - Category (DE7651)

Unique identifier for service limit inquiry category.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: N/A

RANGE: 01-17

BUSINESS RULES:

Rule Name Unique Number

Description Must not be previously used as a provider number.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	OUTPATIENT PSYCH
02	HOME HEALTH SKILLED NURSING VISITS
03	HOME HEALTH AIDE
04	OCCUPATIONAL THERAPY - SCHOOL BASED
05	OCCUPATIONAL THERAPY - NON-SCHOOL BASED
06	PHYSICAL THERAPY - SCHOOL BASED
07	PHYSICAL THERAPY - NON-SCHOOL BASED
08	SPEECH THERAPY - SCHOOL BASED
09	SPEECH THERAPY - NON-SCHOOL BASED
10	SUBSTANCE ABUSE - CMSIP/FAMIS
11	WHEELCHAIR PURCHASE
12	WHEELCHAIR RENTAL
13	EQUIPMENT REPAIR
14	SUCTION PURCHASE
15	NUBULIZER PURCHASE
16	INTENSIVE IN-HOME SERVICES
17	INTENSIVE IN-HOME ASSESSMENT

DATA ELEMENT: Service Limit Inquiry - Category Description (DE7652)

Description of service limit inquiry category.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name System Generated Field

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
01	OUTPATIENT PSYCH
02	HOME HEALTH SKILLED NURSING VISITS
03	HOME HEALTH AIDE
04	OCCUPATIONAL THERAPY - SCHOOL BASED
05	OCCUPATIONAL THERAPY - NON-SCHOOL BASED
06	PHYSICAL THERAPY - SCHOOL BASED
07	PHYSICAL THERAPY - NON-SCHOOL BASED
08	SPEECH THERAPY - SCHOOL BASED
09	SPEECH THERAPY - NON-SCHOOL BASED
10	SUBSTANCE ABUSE - CMSIP/FAMIS
11	WHEELCHAIR PURCHASE
12	WHEELCHAIR RENTAL
13	EQUIPMENT REPAIR
14	SUCTION PURCHASE
15	NUBULIZER PURCHASE

DATA ELEMENT: **Service Limit Inquiry - Anniversary Date (DE7653)**

Date on which a service was first paid in this service limit category. This date defines the time period for determination of certain service limit edits.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Limit Inquiry - Rolling Period Begin Date (DE7654)**

Beginning date of the rolling period that is in effect for this service limit category as of the inquiry effective date.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Limit Inquiry - Limit Units (DE7655)**

The maximum units allowed without a PA in the specified service limit category.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(12)V99

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Limit Inquiry - Units Used (DE7656)**

The number of units used in the specified service limit category as of the inquiry effective date.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(12)V999

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Limit Inquiry - Units Remaining (DE7657)**

Number of units still available to be used (without PA) within the specified service limit category as of the inquiry effective date.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(12)V999

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Service Limit Inquiry - PA Indicator (DE7658)**

Indicates that a prior authorization exists for one or more services in the specified service limit inquiry category.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No PA exists for any services in this service limit category
Y	PA exists for one or more services in this service limit category

DATA ELEMENT: **Audit Number (DE7661)**

Audit number is combination of System date and Audit number. Every run it gets the audit number from the Program Control Table and writes to the file.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(12)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Monthly Cycle Date (DE7662)**

Cycle date from the Monthly Claims Extract File. Other Cobol names are SUF061-CYCLE-DATE, SUF062-CYCLE-DATE, SUF063-CYCLE-DATE, SUF064-CYCLE-DATE, SUF065-CYCLE-DATE, SUF066-CYCLE-DATE, SUF067-CYCLE-DATE, SUF068-CYCLE-DATE, and SUF069-CYCLE-DATE.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of non-surgical physicians within program (DE7663)**

Count of non-surgical physicians within program.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of surgical physicians within program (DE7664)**

Count of surgical physicians within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(09) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of inpatient admissions within program (DE7665)**

Count of inpatient admissions within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Number of inpatient admission days within program (DE7666)**

Number of covered inpatient admission days within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Outpatient Encounters within program (DE7667)**

Count of Outpatient Encounters within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Lab/Rad claims within program (DE7668)**

Count of Lab/Rad claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: N/A

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Pharmacy claims within program (DE7669)**

Count of Pharmacy claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Home Health claims within program (DE7670)**

Count of Home Health claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Outpatient Mental Health claims within program (DE7671)**

Count of Outpatient Mental Health claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Dental claims within program (DE7672)**

Count of Dental claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of DME claims within program (DE7673)**

Count of DME (Durable Medical Equipment) claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Transportation claims within program (DE7674)**

Count of Transportation claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Inpatient Admissions within age/ gender/ program (DE7675)**

Count of Inpatient Admissions within age within gender within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Number of Inpatient days within age/ gender/ program (DE7676)**

Number of covered Inpatient days within age within gender within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of ALOS within age/ gender/ program (DE7677)**

Count of ALOS within age/ gender/ program. Currently not used.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Number of Physician visits within age/ gender/ program (DE7678)**

Number of Physician visits within age within gender within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Pharmacy claims within age/ gender/ program (DE7679)**

Count of Pharmacy claims within age within gender within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of ER visits within program (DE7680)**

Count of Emergency Room visits within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of ER Outpatient visits within program (DE7681)**

Count of ER Outpatient visits within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of ER Inpatient visits within program (DE7682)**

Count of ER Inpatient visits within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of prescriptions within program (DE7683)**

Count of prescriptions within program for Pharmacy Claims

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Enrollees for Pharmacy Claims within program (DE7684)**

Count of Enrollees for Pharmacy Claims within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of births within age within program (DE7685)**

Count of live births within age within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of discharges within age within program (DE7686)**

Count of discharges for live births within age within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Number of covered days for births within age / program (DE7687)**

Number of covered days for live births within age within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of ALOS within age within program (DE7688)**

Count of ALOS within age within program. Currently not used.

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Enrollees within program (DE7689)**

Count of Enrollees within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Enrollees within age / gender / program (DE7690)**

Count of Enrollees within age within gender within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Enrollees within gender / race / age / program (DE7691)**

Count of Enrollees within gender within race within age within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Enrollees within gender / race / age / program (DE7692)**

Count of Enrollees within gender within race within age within program for the last 6 months

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Count of Enrollees within age within program (DE7693)**

Count of Enrollees within age within program

BUSINESS NAME: N/A

REFERENCE NAME: N/A

DEFAULT: N/A

COBOL PICTURE: S9(9) COMP

DB2 TYPE: Numeric

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

Element Name	Element ID	Description
SURS Back out Indicator	7500	Used by CS-SURS claim history update process. This field tells the CS-SURS update process if the claim record is to be added (originals and debits) or deleted (credits and voids).
SURS Category of Service	7055	A code used for the high-level classification of providers and enrollees. Assignment of this value is based on the criteria established in the old Virginia MMIS.
SURS Converted Claim Flag	7502	Indicates whether claim was converted from old MMIS or adjudicated through new MMIS.
SURS Day of Admission	7536	Code indicating the day of the week of the UB admit date.
SURS Day of Discharge	7537	Code indicating the day of the week of the UB discharge date.
SURS Day of Service	7506	Code indicating the day of the week of the from service date.
SURS Days on UB	7533	Number of days on UB claim (thru date minus from date).
SURS Document Type	7501	Field that identifies the invoice / claim type, and allows users to group similar claim types together.
SURS Enrollee Age (Days)	7511	The age of the enrollee in days on the date of service. Enrollees over 365 days (1 year) are shown as '999'. Enrollees where the date of birth and the date of service are the same are shown as '1'.
SURS Enrollee Age (Months)	7510	The age of the enrollee in months on the date of service. Enrollees over 72 months (6 years) are shown as '999'. Infants under one year of age are shown as zero (0).
SURS Enrollee Age (Years)	7509	The age of the enrollee in years on the date of service. Infants under one year of age are shown as zero (0).
SURS Enrollee Days in Mngd Care in Current Month	7519	The number of days enrolled in the month for the cap record.
SURS Enrollee Death Code	7508	CS-SURS code indicating whether the enrollee is deceased, and if so, the relationship of that date to the date of service.
SURS Enrollee Eligible as of Extract Indicator	7516	Indicates whether the enrollee is eligible on the date of the extract. Users can use this to selectively bypass claims for enrollees who are no longer eligible.
SURS Enrollee Managed Care Enrollment Date	7518	The initial enrollment date for the current managed care continuous enrollment period.
SURS Enrollee Months in Managed Care	7517	The number of months a enrollee has been enrolled continuously in managed care. A break of a month or less is considered continuous enrollment.
SURS Enrollee Multiple Eligibility Flag	7545	Indicates that the enrollee is eligible in more than one benefit package at the time of the extract.
SURS Enrollee Multiple Enrollment Flag	7547	Indicates that the enrollee is enrolled in more than one benefit package at the time of the extract.
SURS Enrollee Number of Months Eligible	7515	The number of months of continuous Medicaid eligibility from the date of service to the first beginning date of eligibility. A break of a month or less is considered continuous enrollment.
SURS Enrollee Pregnancy Indicator	7513	Code indicating presence of pregnancy date for enrollee and relationship to service date.
SURS Expected Delivery Date	7512	This is the MICC Expected Delivery Date (DE#8739) or Enrollee Expected Delivery Date (DE#3402) when present. (The MICC date is primary.) If there is no pregnancy date available, this field contains spaces.
SURS Medicare Coverage Code	7507	Code indicating the type of Medicare coverage for this enrollee based on their TPL data.
SURS MICC Indicator	7514	Flag indicating whether enrollee is enrolled in MICC on date of service.
SURS Multiple Provider Type Indicator	7520	For the servicing provider ID, indicates if the provider has more than one provider type during on the claim service date.

Element Name	Element ID	Description
SURS Nbr Different Surgical Codes on Claim	7538	The number of different surgical codes on the UB claim. This is an unduplicated count of the surgery codes billed, e.g., if the same code is on the claim twice on two different dates, the count is one.
SURS Nbr Different Surgical Dates on Claim	7539	The number of different surgical dates on the UB claim. This is an unduplicated count of the surgery dates billed, e.g., if two different surgery codes are billed with the same date, the count for the date is one.
SURS NPI Bill Kind	7548	Field used to distinguish between an Individual and Group billing
SURS Number of Days Before Payment	7505	The number of days between the service date and the payment date. This allows the CS-SURS user to look at late claims that might be missed in review because of late billing. e.g., User could request to look at claims where service to payment date was greater than 6 months.
SURS Number of NDCs on Claim	7543	The number of NDCs on a drug claim.
SURS Number of Surgical Codes on Claim	7540	The number of different surgical codes on the UB claim. This is a duplicating count of the surgery codes billed. If a code and date are an exact dupe, do not count.
SURS Number of Tooth Surfaces	7542	Count of the number of tooth surfaces billed on the claim.
SURS Number of UB Lines	7541	The number of revenue lines on the UB claim.
SURS Post-Op Days	7535	Discharge date minus surgical date minus one.
SURS Pre-Op Days	7534	UB surgery date minus admission date minus one.
SURS Prior Authorization Indicator	7504	Indicates if a PA was required to pay this claim. Assigned to the claim during the adjudication process.
SURS Provider Group Code	7521	Code indicating the relationship between the billing provider and servicing provider on the claim. This data element is equivalent to the Provider Group Indicator field from the old VMAP system.
SURS Provider Length of Enrollment (Months)	7523	The number of months the servicing provider has been enrolled in the Medicaid program up to 24, i.e., 2 years. For greater than 2 years fill with 999.
SURS Provider Length of Enrollment (Years)	7524	The number of years the servicing provider has been enrolled in the Medicaid program. If less than one year, this is zero.
SURS Provider Vendor Type	7522	Provider type associated with servicing vendor. Required for CS-SURS Fast-Trac processing. A default value of 'VEN' is assigned to all servicing vendor provider types.
SURS Record Type	7503	Indicator that identifies SURS history records as encounters, fee-for-service claims, or capitation payments.
SURS Referring / Managed Care Provider Code	7527	Code indicating the eligibility of the referring / attending / prescribing provider and their relationship to the managed care provider.
SURS Referring / Managed Care Provider Code	7529	Code indicating the relationship between managed care provider and referring / attending / prescribing provider.
SURS Referring / Servicing Provider Code	7525	Code indicating the relationship between the servicing, referring, and managed care providers on the claim.
SURS Referring Provider Eligibility Indicator	7526	Indicates whether the referring / attending / prescribing provider is eligible on the date of service.
SURS Referring Provider Restriction Indicator	7531	Indicates whether the attending / referring / prescribing provider is under restriction on the date of service.
SURS Servicing / Managed Care Provider Code	7528	Code indicating the relationship between the servicing provider and managed care provider on the claim.
SURS Servicing / Managed Care Provider Code	7530	Code indicating the relationship between the servicing provider and managed care provider on the claim.
SURS UB Length of Stay	7532	Calculated from the UB claim. (Admit date minus discharge date minus one.) For same day admissions/ discharges, calculate length of stay as one day. Calculate where UB-BILL-FREQUENCY equals: 1 (admission through final bill) or 4 (final claim).

Element ID	Element Name	Description
7055	SURS Category of Service	A code used for the high-level classification of providers and enrollees. Assignment of this value is based on the criteria established in the old Virginia MMIS.
7500	SURS Back out Indicator	Used by CS-SURS claim history update process. This field tells the CS-SURS update process if the claim record is to be added (originals and debits) or deleted (credits and voids).
7501	SURS Document Type	Field that identifies the invoice / claim type, and allows users to group similar claim types together.
7502	SURS Converted Claim Flag	Indicates whether claim was converted from old MMIS or adjudicated through new MMIS.
7503	SURS Record Type	Indicator that identifies SURS history records as encounters, fee-for-service claims, or capitation payments.
7504	SURS Prior Authorization Indicator	Indicates if a PA was required to pay this claim. Assigned to the claim during the adjudication process.
7505	SURS Number of Days Before Payment	The number of days between the service date and the payment date. This allows the CS-SURS user to look at late claims that might be missed in review because of late billing. e.g., User could request to look at claims where service to payment date was greater than 6 months.
7506	SURS Day of Service	Code indicating the day of the week of the from service date.
7507	SURS Medicare Coverage Code	Code indicating the type of Medicare coverage for this enrollee based on their TPL data.
7508	SURS Enrollee Death Code	CS-SURS code indicating whether the enrollee is deceased, and if so, the relationship of that date to the date of service.
7509	SURS Enrollee Age (Years)	The age of the enrollee in years on the date of service. Infants under one year of age are shown as zero (0).
7510	SURS Enrollee Age (Months)	The age of the enrollee in months on the date of service. Enrollees over 72 months (6 years) are shown as '999'. Infants under one year of age are shown as zero (0).
7511	SURS Enrollee Age (Days)	The age of the enrollee in days on the date of service. Enrollees over 365 days (1 year) are shown as '999'. Enrollees where the date of birth and the date of service are the same are shown as '1'.
7512	SURS Expected Delivery Date	This is the MICC Expected Delivery Date (DE#8739) or Enrollee Expected Delivery Date (DE#3402) when present. (The MICC date is primary.) If there is no pregnancy date available, this field contains spaces.
7513	SURS Enrollee Pregnancy Indicator	Code indicating presence of pregnancy date for enrollee and relationship to service date.
7514	SURS MICC Indicator	Flag indicating whether enrollee is enrolled in MICC on date of service.
7515	SURS Enrollee Number of Months Eligible	The number of months of continuous Medicaid eligibility from the date of service to the first beginning date of eligibility. A break of a month or less is considered continuous enrollment.
7516	SURS Enrollee Eligible as of Extract Indicator	Indicates whether the enrollee is eligible on the date of the extract. Users can use this to selectively bypass claims for enrollees who are no longer eligible.
7517	SURS Enrollee Months in Managed Care	The number of months a enrollee has been enrolled continuously in managed care. A break of a month or less is considered continuous enrollment.
7518	SURS Enrollee Managed Care Enrollment Date	The initial enrollment date for the current managed care continuous enrollment period.
7519	SURS Enrollee Days in Mngd Care in Current Month	The number of days enrolled in the month for the cap record.
7520	SURS Multiple Provider Type Indicator	For the servicing provider ID, indicates if the provider has more than one provider type during on the claim service date.
7521	SURS Provider Group Code	Code indicating the relationship between the billing provider and servicing provider on the claim. This data element is equivalent to the Provider Group Indicator field from the old VMAP system.

Element ID	Element Name	Description
7522	SURS Provider Vendor Type	Provider type associated with servicing vendor. Required for CS-SURS Fast-Trac processing. A default value of 'VEN' is assigned to all servicing vendor provider types.
7523	SURS Provider Length of Enrollment (Months)	The number of months the servicing provider has been enrolled in the Medicaid program up to 24, i.e., 2 years. For greater than 2 years fill with 999.
7524	SURS Provider Length of Enrollment (Years)	The number of years the servicing provider has been enrolled in the Medicaid program. If less than one year, this is zero.
7525	SURS Referring / Servicing Provider Code	Code indicating the relationship between the servicing, referring, and managed care providers on the claim.
7526	SURS Referring Provider Eligibility Indicator	Indicates whether the referring / attending / prescribing provider is eligible on the date of service.
7527	SURS Referring / Managed Care Provider Code	Code indicating the eligibility of the referring / attending / prescribing provider and their relationship to the managed care provider.
7528	SURS Servicing / Managed Care Provider Code	Code indicating the relationship between the servicing provider and managed care provider on the claim.
7529	SURS Referring / Managed Care Provider Code	Code indicating the relationship between managed care provider and referring / attending / prescribing provider.
7530	SURS Servicing / Managed Care Provider Code	Code indicating the relationship between the servicing provider and managed care provider on the claim.
7531	SURS Referring Provider Restriction Indicator	Indicates whether the attending / referring / prescribing provider is under restriction on the date of service.
7532	SURS UB Length of Stay	Calculated from the UB claim. (Admit date minus discharge date minus one.) For same day admissions/ discharges, calculate length of stay as one day. Calculate where UB-BILL-FREQUENCY equals: 1 (admission through final bill) or 4 (final claim).
7533	SURS Days on UB	Number of days on UB claim (thru date minus from date).
7534	SURS Pre-Op Days	UB surgery date minus admission date minus one.
7535	SURS Post-Op Days	Discharge date minus surgical date minus one.
7536	SURS Day of Admission	Code indicating the day of the week of the UB admit date.
7537	SURS Day of Discharge	Code indicating the day of the week of the UB discharge date.
7538	SURS Nbr Different Surgical Codes on Claim	The number of different surgical codes on the UB claim. This is an unduplicated count of the surgery codes billed, e.g., if the same code is on the claim twice on two different dates, the count is one.
7539	SURS Nbr Different Surgical Dates on Claim	The number of different surgical dates on the UB claim. This is an unduplicated count of the surgery dates billed, e.g., if two different surgery codes are billed with the same date, the count for the date is one.
7540	SURS Number of Surgical Codes on Claim	The number of different surgical codes on the UB claim. This is a duplicating count of the surgery codes billed. If a code and date are an exact dupe, do not count.
7541	SURS Number of UB Lines	The number of revenue lines on the UB claim.
7542	SURS Number of Tooth Surfaces	Count of the number of tooth surfaces billed on the claim.
7543	SURS Number of NDCs on Claim	The number of NDCs on a drug claim.
7545	SURS Enrollee Multiple Eligibility Flag	Indicates that the enrollee is eligible in more than one benefit package at the time of the extract.
7547	SURS Enrollee Multiple Enrollment Flag	Indicates that the enrollee is enrolled in more than one benefit package at the time of the extract.
7548	SURS NPI Bill Kind	Field used to distinguish between an Individual and Group billing

DATA ELEMENT: SURS Category of Service (DE7055)

A code used for the high-level classification of providers and enrollees. Assignment of this value is based on the criteria established in the old Virginia MMIS.

BUSINESS NAME: COS-SURS

REFERENCE NAME: SURS Category of Service

DEFAULT: 99

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
01	Inpatient Hospital
02	SNF Services
03	Outpatient Services
04	Home Health
05	Practitioner Services
06	Pharmacy Services
07	Special Services
08	Laboratory Services
10	ICF Services
11	Dental Services
13	Transportation
20	Physician Services
99	Default

DATA ELEMENT: SURS Back out Indicator (DE7500)

Used by CS-SURS claim history update process. This field tells the CS-SURS update process if the claim record is to be added (originals and debits) or deleted (credits and voids).

BUSINESS NAME: BACKOUT-IND

REFERENCE NAME: SURS Back out Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Add
9	Delete

DATA ELEMENT: SURS Document Type (DE7501)

Field that identifies the invoice / claim type, and allows users to group similar claim types together.

BUSINESS NAME: DOC-TYPE-SURS

REFERENCE NAME: SURS Document Type

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name Required Field

Description This field must be present. May not be null.

Local Def N/A

VALID VALUES:

Valid Value	Description
01	HCFA 1500
02	Drug
03	UB92
04	Capitation Payment

DATA ELEMENT: **SURS Converted Claim Flag (DE7502)**

Indicates whether claim was converted from old MMIS or adjudicated through new MMIS.

BUSINESS NAME: CONVERT-CLM-CD

REFERENCE NAME: SURS Converted Claim Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Converted claim
N	New claim

DATA ELEMENT: SURS Record Type (DE7503)

Indicator that identifies SURS history records as encounters, fee-for-service claims, or capitation payments.

BUSINESS NAME: RECORD-TYPE

REFERENCE NAME: SURS Record Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Capitation Payment
E	Encounter
F	FFS Claim

DATA ELEMENT: **SURS Prior Authorization Indicator (DE7504)**

Indicates if a PA was required to pay this claim. Assigned to the claim during the adjudication process.

BUSINESS NAME: PA-IND

REFERENCE NAME: SURS Prior Authorization Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	PA not required
Y	PA required

DATA ELEMENT: **SURS Number of Days Before Payment (DE7505)**

The number of days between the service date and the payment date. This allows the CS-SURS user to look at late claims that might be missed in review because of late billing. e.g., User could request to look at claims where service to payment date was greater than 6 months.

BUSINESS NAME: DAYS-TO-PMT

REFERENCE NAME: SURS Number of Days Before Payment

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Day of Service (DE7506)**

Code indicating the day of the week of the from service date.

BUSINESS NAME: DAY-OF-SVC

REFERENCE NAME: SURS Day of Service

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

DATA ELEMENT: **SURS Medicare Coverage Code (DE7507)**

Code indicating the type of Medicare coverage for this enrollee based on their TPL data.

BUSINESS NAME: T18-COV-CODE

REFERENCE NAME: SURS Medicare Coverage Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Medicare Part A
B	Medicare Part B

DATA ELEMENT: **SURS Enrollee Death Code (DE7508)**

CS-SURS code indicating whether the enrollee is deceased, and if so, the relationship of that date to the date of service.

BUSINESS NAME: DEATH-CD

REFERENCE NAME: SURS Enrollee Death Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Enrollee date of death => service date
2	Enrollee date of death < service date
3	Enrollee date of death date not present

DATA ELEMENT: **SURS Enrollee Age (Years) (DE7509)**

The age of the enrollee in years on the date of service. Infants under one year of age are shown as zero (0).

BUSINESS NAME: AGE-IN-YRS

REFERENCE NAME: SURS Enrollee Age (Years)

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: SURS Enrollee Age (Months) (DE7510)

The age of the enrollee in months on the date of service. Enrollees over 72 months (6 years) are shown as '999'. Infants under one year of age are shown as zero (0).

BUSINESS NAME: AGE-IN-MOS

REFERENCE NAME: SURS Enrollee Age (Months)

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: SURS Enrollee Age (Days) (DE7511)

The age of the enrollee in days on the date of service. Enrollees over 365 days (1 year) are shown as '999'. Enrollees where the date of birth and the date of service are the same are shown as '1'.

BUSINESS NAME: AGE-IN-DAYS

REFERENCE NAME: SURS Enrollee Age (Days)

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Expected Delivery Date (DE7512)**

This is the MICC Expected Delivery Date (DE#8739) or Enrollee Expected Delivery Date (DE#3402) when present. (The MICC date is primary.)
If there is no pregnancy date available, this field contains spaces.

BUSINESS NAME: DT-EXPECT-DELIV

REFERENCE NAME: SURS Expected Delivery Date

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Enrollee Pregnancy Indicator (DE7513)**

Code indicating presence of pregnancy date for enrollee and relationship to service date.

BUSINESS NAME: PREGNANT-IND

REFERENCE NAME: SURS Enrollee Pregnancy Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Pregnancy date > service date.
2	Pregnancy date = service date.
3	Pregnancy date < service date.
4	Pregnancy date not present.
space	Enrollee is male or age < 7.

DATA ELEMENT: SURS MICC Indicator (DE7514)

Flag indicating whether enrollee is enrolled in MICC on date of service.

BUSINESS NAME: ENROLLEE-MICC

REFERENCE NAME: SURS MICC Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Enrollee not in MICC on date of service
Y	Enrollee in MICC on date of service

DATA ELEMENT: SURS Enrollee Number of Months Eligible (DE7515)

The number of months of continuous Medicaid eligibility from the date of service to the first beginning date of eligibility. A break of a month or less is considered continuous enrollment.

BUSINESS NAME: MONTHS-OF-ELIG

REFERENCE NAME: SURS Enrollee Number of Months Eligible

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: SURS Enrollee Eligible as of Extract Indicator (DE7516)

Indicates whether the enrollee is eligible on the date of the extract. Users can use this to selectively bypass claims for enrollees who are no longer eligible.

BUSINESS NAME: ELIG-AS-OF-EXTRAC

REFERENCE NAME: SURS Enrollee Eligible as of Extract Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Enrollee not eligible as of extract
Y	Enrollee eligible as of extract

DATA ELEMENT: SURS Enrollee Months in Managed Care (DE7517)

The number of months a enrollee has been enrolled continuously in managed care. A break of a month or less is considered continuous enrollment.

BUSINESS NAME: MC-MOS-ENROLLED

REFERENCE NAME: SURS Enrollee Months in Managed Care

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Enrollee Managed Care Enrollment Date (DE7518)**

The initial enrollment date for the current managed care continuous enrollment period.

BUSINESS NAME: MC-ENROLL-DT

REFERENCE NAME: SURS Enrollee Managed Care Enrollment Date

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Enrollee Days in Mngd Care in Current Month (DE7519)**

The number of days enrolled in the month for the cap record.

BUSINESS NAME: MC-DY-ENR-IN-MO

REFERENCE NAME: SURS Enrollee Days in Mngd Care in Current Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Multiple Provider Type Indicator (DE7520)**

For the servicing provider ID, indicates if the provider has more than one provider type during on the claim service date.

BUSINESS NAME: PROV-OTH-PR-TYP

REFERENCE NAME: SURS Multiple Provider Type Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Servicing provider does not have other types on date of service
Y	Servicing provider has other types on date of service

DATA ELEMENT: SURS Provider Group Code (DE7521)

Code indicating the relationship between the billing provider and servicing provider on the claim. This data element is equivalent to the Provider Group Indicator field from the old VMAP system.

BUSINESS NAME: PROV-GRP-CD

REFERENCE NAME: SURS Provider Group Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Billing ID is the same as the Servicing Provider ID
B	Billing ID is different from the Servicing Provider ID

DATA ELEMENT: SURS Provider Vendor Type (DE7522)

Provider type associated with servicing vendor. Required for CS-SURS Fast-Trac processing. A default value of 'VEN' is assigned to all servicing vendor provider types.

BUSINESS NAME: TYPE-VENDOR-PROV

REFERENCE NAME: SURS Provider Vendor Type

DEFAULT: VEN

COBOL PICTURE: X(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: SURS Provider Length of Enrollment (Months) (DE7523)

The number of months the servicing provider has been enrolled in the Medicaid program up to 24, i.e., 2 years. For greater than 2 years fill with 999.

BUSINESS NAME: PROV-ENROLL-MO

REFERENCE NAME: SURS Provider Length of Enrollment (Months)

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Provider Length of Enrollment (Years) (DE7524)**

The number of years the servicing provider has been enrolled in the Medicaid program. If less than one year, this is zero.

BUSINESS NAME: PROV-ENROLL-YRS

REFERENCE NAME: SURS Provider Length of Enrollment (Years)

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Referring / Servicing Provider Code (DE7525)**

Code indicating the relationship between the servicing, referring, and managed care providers on the claim.

BUSINESS NAME: SVC-SAME-AS-REF

REFERENCE NAME: SURS Referring / Servicing Provider Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Servicing provider = Referring provider
2	1 is true AND Servicing provider = Managed Care Provider
3	(Srvc Prov NOT= Mngd Care Prov or Ref Prov) AND Ref Prov = Mngd Care Prov
4	Srvc prov NOT= Refer prov AND Srvc prov = Mngd Care prov
5	Srvc prov NOT= Refer prov OR Srvc prov NOT= Mngd Care prov

DATA ELEMENT: SURS Referring Provider Eligibility Indicator (DE7526)

Indicates whether the referring / attending / prescribing provider is eligible on the date of service.

BUSINESS NAME: REF-IS-MEDICAID

REFERENCE NAME: SURS Referring Provider Eligibility Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	A/R/P provider is not eligible
Y	A/R/P provider is eligible

DATA ELEMENT: **SURS Referring / Managed Care Provider Code (DE7527)**

Code indicating the eligibility of the referring / attending / prescribing provider and their relationship to the managed care provider.

BUSINESS NAME: PCCM-IS-REF

REFERENCE NAME: SURS Referring / Managed Care Provider Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	A/R/P prov is eligible AND A/R/P prov NOT= Mngd Care prov
X	A/R/P prov is not eligible
Y	A/R/P prov is eligible AND A/R/P prov = Mngd Care prov

DATA ELEMENT: **SURS Servicing / Managed Care Provider Code (DE7528)**

Code indicating the relationship between the servicing provider and managed care provider on the claim.

BUSINESS NAME: PCCM-IS-SVC

REFERENCE NAME: SURS Servicing / Managed Care Provider Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Managed Care provider NOT= Servicing provider
Y	Managed Care provider = Servicing provider

DATA ELEMENT: **SURS Referring / Managed Care Provider Code (DE7529)**

Code indicating the relationship between managed care provider and referring / attending / prescribing provider.

BUSINESS NAME: CMM-IS-REF

REFERENCE NAME: SURS Referring / Managed Care Provider Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	Managed Care NOT= Referring provider
X	Referring provider ID on claim is not valid
Y	Managed Care = Referring provider

DATA ELEMENT: **SURS Servicing / Managed Care Provider Code (DE7530)**

Code indicating the relationship between the servicing provider and managed care provider on the claim.

BUSINESS NAME: CMM-IS-SVC

REFERENCE NAME: SURS Servicing / Managed Care Provider Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Managed Care provider NOT= Servicing provider
Y	Managed Care provider = Servicing provider

DATA ELEMENT: SURS Referring Provider Restriction Indicator (DE7531)

Indicates whether the attending / referring / prescribing provider is under restriction on the date of service.

BUSINESS NAME: REF-PRV-RESTRICT

REFERENCE NAME: SURS Referring Provider Restriction Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N	A/R/P provider is not restricted
Y	A/R/P provider is restricted

DATA ELEMENT: SURS UB Length of Stay (DE7532)

Calculated from the UB claim. (Admit date minus discharge date minus one.) For same day admissions/ discharges, calculate length of stay as one day.
Calculate where UB-BILL-FREQUENCY equals: 1 (admission through final bill) or 4 (final claim).

BUSINESS NAME: UB-CALC-LOS

REFERENCE NAME: SURS UB Length of Stay

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Days on UB (DE7533)**

Number of days on UB claim (thru date minus from date).

BUSINESS NAME: UB-DAYS-BILLED

REFERENCE NAME: SURS Days on UB

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Pre-Op Days (DE7534)**

UB surgery date minus admission date minus one.

BUSINESS NAME: UB-DAYS-PREOP

REFERENCE NAME: SURS Pre-Op Days

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Post-Op Days (DE7535)**

Discharge date minus surgical date minus one.

BUSINESS NAME: UB-DAYS-POSTOP

REFERENCE NAME: SURS Post-Op Days

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Day of Admission (DE7536)**

Code indicating the day of the week of the UB admit date.

BUSINESS NAME: UB-ADMIT-DAY

REFERENCE NAME: SURS Day of Admission

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

DATA ELEMENT: **SURS Day of Discharge (DE7537)**

Code indicating the day of the week of the UB discharge date.

BUSINESS NAME: UB-DISCH-DAY

REFERENCE NAME: SURS Day of Discharge

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

DATA ELEMENT: **SURS Nbr Different Surgical Codes on Claim (DE7538)**

The number of different surgical codes on the UB claim. This is an unduplicated count of the surgery codes billed, e.g., if the same code is on the claim twice on two different dates, the count is one.

BUSINESS NAME: UB-#-DIFF-SURGCD

REFERENCE NAME: SURS Nbr Different Surgical Codes on Claim

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: SURS Nbr Different Surgical Dates on Claim (DE7539)

The number of different surgical dates on the UB claim. This is an unduplicated count of the surgery dates billed, e.g., if two different surgery codes are billed with the same date, the count for the date is one.

BUSINESS NAME: UB-#-DIFF-SURGDT

REFERENCE NAME: SURS Nbr Different Surgical Dates on Claim

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: SURS Number of Surgical Codes on Claim (DE7540)

The number of different surgical codes on the UB claim. This is a duplicating count of the surgery codes billed. If a code and date are an exact dupe, do not count.

BUSINESS NAME: UB-#-SURG-BILLED

REFERENCE NAME: SURS Number of Surgical Codes on Claim

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Number of UB Lines (DE7541)**

The number of revenue lines on the UB claim.

BUSINESS NAME: N/A

REFERENCE NAME: SURS Number of UB Lines

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Number of Tooth Surfaces (DE7542)**

Count of the number of tooth surfaces billed on the claim.

BUSINESS NAME: NO-TOOTH-SURFS

REFERENCE NAME: SURS Number of Tooth Surfaces

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Number of NDCs on Claim (DE7543)**

The number of NDCs on a drug claim.

BUSINESS NAME: RX-NO-OF-NDC

REFERENCE NAME: SURS Number of NDCs on Claim

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE: N/A

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS Enrollee Multiple Eligibility Flag (DE7545)**

Indicates that the enrollee is eligible in more than one benefit package at the time of the extract.

BUSINESS NAME: N/A

REFERENCE NAME: SURS Enrollee Multiple Eligibility Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Enrollee has only one eligibility or no eligibility
Y	Enrollee has multiple active eligibilities

DATA ELEMENT: **SURS Enrollee Multiple Enrollment Flag (DE7547)**

Indicates that the enrollee is enrolled in more than one benefit package at the time of the extract.

BUSINESS NAME: N/A

REFERENCE NAME: SURS Enrollee Multiple Enrollment Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **SURS NPI Bill Kind (DE7548)**

Field used to distinguish between an Individual and Group billing

BUSINESS NAME: N/A

REFERENCE NAME: SURS NPI Bill Kind

DEFAULT: N/A

COBOL PICTURE: PIC X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
G	NPI Group Bill Type
I	NPI Individual Bill Type
space	Default

Element Name	Element ID	Description
Calculated	0002	Valid values are 'N' (Notification) and 'Y' (Follow-up). Value 'N' means the enrollee is 09 or 21 months. Value 'Y' means the enrollee Is 15 or 27 months.
Case Management (MICC) Begin Date	8403	The date on which the recipient began receiving case management (MICC) services.
Case Management (MICC) Cancel Date	8498	This is the Baby Care or MICC cancellation date.
Case Management (MICC) Cancel Reason	8486	This field indicates the reason the enrollee was cancelled from the program.
Case Management (MICC) End Date	8489	The date the enrollee is no longer a participant in Baby Care or MICC.
Case Management (MICC) Enrollee ID	8407	The key of the MICC file. Corresponds to the Enrollee ID on the Eligibility File.
Case Management (MICC) Expected Delivery Date	8739	This is the Case Management Expected Delivery Date.
Case Management (MICC) Level of Risk	8484	Indicates the level of risk whether high, medium or low.
Case Management (MICC) Maternal Consent Date	8402	The date the mother signed the Consent Form, indicating her and/or her infant(s) participation in the Baby Care program.
Case Management (MICC) Maternal Consent Signature Indicator	8382	Indicates whether or not the mother signed the Consent Form to participate in the Baby Care program.
Case Management (MICC) Outcome Report Received	8404	Indicates whether or not the MICC provider has sent the outcome report on the enrollee to DMAS. In this case the field must be 'Y' or 'N'. It also indicates whether the MICC segment is pending closure or has been closed by the system.
Case Management (MICC) Type	8401	Indicates whether the recipient receiving case management services is an infant or a mother.
Case Management Pending Enrollment Indicator	8406	Identifies whether or not the eligible has been enrolled in MICC or Baby Care.
EPDST Referral Reappointment Review Date	8234	The date by which a missed referral appointment should be rescheduled. Format is CCYYMMDD.
EPSDT 1st Outreach Date	8027	This numeric data field contains the date on which the first outreach attempt was made.
EPSDT 1st Outreach Type	8029	This one character field indicates the method used to contact an eligible recipient on the first outreach attempt.
EPSDT 2nd Outreach Date	8028	This numeric data field contains the date on which the second, or most recent, attempt was made.
EPSDT 2nd Outreach Type	8030	This one character field indicates the method used to contact an eligible enrollee on the second, or most recent, outreach attempt.
EPSDT Accumulated Screening Cost To Date	8032	This field represents the total cost of screening for the enrollee since becoming an EPSDT participant.
EPSDT Accumulated Treatment Cost To Date	8033	This field represents the total cost of treatments for the enrollee since becoming an EPSDT participant.
EPSDT Appointment Due Date	8203	For EPSDT recipients, this is the date a screening should be performed.
EPSDT Appointment Last Update Date	8250	This date is the latest date that appointment information was updated. Format is CCYYMMDD.
EPSDT Appointment Last Update ID	8253	This is the logon identification of the last operator to update appointment information on-line.
EPSDT Appointment Last Update Source	8254	This field contains the name of the program that performed the update on appointment information.
EPSDT Appointment Last Update Time	8251	The time of the last update to appointment information.
EPSDT Appointment Last Update Type	8252	The type of update that occurred to appointment data, represented by 'B' for Batch and 'O' for an on-line update.

Element Name	Element ID	Description
EPSDT Appt Letter Indicator	8036	This one position field indicates whether or not an appointment letter for an enrollee's due screening and/or immunization was generated. This field occurs 4 times on file for each screening type: Medical, Hearing, Vision and Dental. Only one letter per enrollee will be generated.
EPSDT Case Comments	8015	This thirty character field occurs 4 times. It is used for any comments about the enrollee or other information on the EPSDT Master File.
EPSDT Case Last Update Action	8025	This indicator reflects the action performed on the record during the Case Management processing cycle.
EPSDT Case Last Update Date	8016	This is the date of the last update performed on EPSDT case information by the Case Management Module.
EPSDT Case Last Update Time	8017	This is the time of the last update performed on EPSDT case information by the Case Management Module.
EPSDT Case Status	8014	This one character field indicates the current status of an EPSDT recipient with regard to this program.
EPSDT Cost of Screens YTD	8021	This is field summarizes the cost of screenings for the calendar year.
EPSDT Cost of Treatments YTD	8023	This field summarizes all costs associated with all treatments administered to the enrollee for the calendar year .
EPSDT Current 6 Digit Date	8350	The current date on the control file. This element contains the YYMMDD portion of the current date.
EPSDT Current Century	8349	The current date on the control file. This element is the beginning of the current date and contains the century number.
EPSDT Current Date	8348	The current date on the control file. It is this date that will appear as the cycle date on the daily reports.
EPSDT Current Julian Date	8351	The current date in Julian format. This is created for ease of calculations in determining a person's age. Format is CCYYDDD.
EPSDT Current Julian Date Century	8352	The current date in Julian format. This element is the first two positions of this field containing the century.
EPSDT Current Julian Date Year and Day	8353	The current date in Julian format. This is the YYDDD part of the field.
EPSDT Current Month Begin Date	8308	The beginning date for the current month. This date is used for calculations in reporting.
EPSDT Current Month Begin Date Century	8379	The beginning date of the current month. This element is the first two positions. It contains the century number.
EPSDT Current Month Begin Date YYMMDD	8378	The beginning date of the current month. This date is used for calculations in reporting.
EPSDT Current Month End Date	8309	The ending date of the current month. This date is used for calculations in reporting.
EPSDT Current Month End Date Century	8310	The ending date of the current month. This element is the first two positions. It contains the century number.
EPSDT Current Month End Date YYMMDD	8311	The ending date of the current month. This element is the last six positions. It contains the date (YYMMDD).
EPSDT Current Week End Date	8366	The ending date of the current week. (Represents a Saturday)
EPSDT Current Week End Date Century	8367	The ending date of the current week. This element is the first two positions. It is the century number.
EPSDT Current Week End Date YYMMDD	8368	The ending date of the current week. This element is the last six positions. It contains YYMMDD.
EPSDT Date Case Closed	8018	This is the date the enrollee's case was closed to EPSDT Services.
EPSDT Date Case Opened	8008	This is the date the Enrollee's Case Information was added to the EPSDT Master File.
EPSDT Date Case Reinstated	8010	This numeric field contains the date on which a recipient's eligibility was reinstated for EPSDT services.

Element Name	Element ID	Description
EPSDT Date of Age Under 13	8319	The date in Julian format of a person's age under 13. This is created for ease of calculations. (CCYYDDD)
EPSDT Date of Age Under 13 Century	8320	The date in Julian format of a person's age under 13. This element is the first two positions. It contains the century.
EPSDT Date of Age Under 13 YYDDD	8321	The date in Julian format of a person's age under 13. This element is the last five positions. It contains the year and day (YYDDD).
EPSDT Date of Age Under 2	8357	The date in Julian format of a person's age under 2. This is created for ease of calculations.
EPSDT Date of Age Under 2 Century	8358	The date in Julian format of a person's age under 2. This element is the first two positions and is the century.
EPSDT Date of Age Under 2 YYDDD	8359	The date in Julian format of a person's age under 2. This element is the last five positions. It consists of YYDDD.
EPSDT Date of Age Under 21	8354	The date in Julian format of a person's age under 21. This is created for ease of calculations. Format is CCYYDDD.
EPSDT Date of Age Under 21 Century	8355	The date in Julian format of a person's age under 21. This element is the first two positions and is the century.
EPSDT Date of Age Under 21 YYDDD	8356	The date in Julian format of a person's age under 21. This element is the last five positions. It consists of YYDDD.
EPSDT Date of Age Under 6	8315	The date in Julian format of a person's age under 6. This is created for ease of calculations.
EPSDT Date of Age Under 6 Century	8317	The date in Julian format of a person's age under 6. This element is the first two positions. It contains the century.
EPSDT Date of Age Under 6 YYDDD	8318	The date in Julian format of a person's age under 6. This element is the last five positions. It contains the year and day (YYDDD).
EPSDT Date of Birth	8020	Enrollee date of birth in Julian Format. (CCYYDDD)
EPSDT Date of Last Screen	8006	This date reflects the last performed screening date. It occurs four times on file to represent the last screening date for each of the four screen types. This date is stored in CCYYMMDD format.
EPSDT Date of Next Screen	8007	The numeric data field contains the date that a recipient is due for screening. It occurs four times on the file to represent each of the four screen types: Medical, Hearing, Vision and Dental. It is stored in CCYYMM format,
EPSDT Date of Treatment - Day	8143	This is the day of the date treatment of an abnormal condition was performed.
EPSDT Date of Treatment - Year	8145	This is the year of the date treatment of an abnormal condition was performed.
EPSDT Date of Treatment - Century	8146	This is the century of the date treatment of an abnormal condition was performed.
EPSDT Date of Treatment - Month	8144	This is the month of the date treatment of an abnormal condition was performed.
EPSDT Date Screen Appointment Made	8204	This is the date that a screening appointment was made with the provider . Format is CCYYMMDD
EPSDT Delete Record Indicator	8112	The one byte field indicates that the record is to be removed or deleted from the file. This indicator can represent an erroroneous screening that has been adjusted during claims processing, a missed or erroroneous screening appointment or a missed or erroroneous referral appointment.
EPSDT Enrollee Age at Screening or Immunization	8102	The recipient's age at the time a screening was performed. May be represented in months or years.
EPSDT Enrollee Age Type	8103	Enrollee's age is expressed in months or years.
EPSDT Enrollee Screening Status	8013	This one character field indicates the current status of an enrollee's screening status. This field occurs four times on the Master File for each of the screening types: Medical, Heading, Vision and Dental.
EPSDT Immunization Complete Indicator	8019	This one byte field indicates whether or not a recipient's immunizations are complete and/or up-to-date.

Element Name	Element ID	Description
EPSDT Immunization Due	8170	This one position field determines when the immunization is due.
EPSDT Immunization Table Last Update Date	8157	This fields reflects the last date a record on this table was updated.
EPSDT Immunization Table Last Update ID	8158	This is the user ID who updated or program ID that processed the last update to a record on the immunization table.
EPSDT Immunization Type	8156	Refers to the immunization type administered to an EPSDT enrollee.
EPSDT Last Month Begin Date	8375	The beginning date of the previous month. This date is used for calculations in reporting.
EPSDT Last Month Begin Date Century	8376	The beginning date of the previous month. This element is the first two positions. It contains the century number.
EPSDT Last Month Begin Date YYMMDD	8377	The beginning date of the previous month. This element is the last six positions. It contains the date (YYMMDD).
EPSDT Last Update Date	8046	The date the Master record was last updated, on-line.
EPSDT Last Update Operator Identification	8009	This is the on-line logon identification of the last user who updated the record on the EPSDT Master File.
EPSDT Last Update Source	8045	The on-line program by which the EPSDT Master record was last updated.
EPSDT Last Update Terminal Identification	8011	This alphanumeric data field contains the terminal identification on which an enrollee's EPSDT Master File record was changed.
EPSDT Last Update Time	8047	This field reflects the time of the last on-line update to the EPSDT Master File.
EPSDT Last Update Type	8012	This one character field indicates the action mode taken to alter the enrollee's EPSDT Master File Record, indicating that the update was performed on-line or in batch processing.
EPSDT Letter Text	8199	This field will contain the body of letters that are generated in the EPSDT Subsystem.
EPSDT Master Record Add Date	8038	This date reflects the date the EPSDT Master record was added to the file by the Case Management Module.
EPSDT Next Immunization Date	8142	This field represents the next date the enrollee is due for an immunization. Represented by MMCCYY.
EPSDT Next Month End Date	8312	The ending date of the next month. This date is used for calculations in reporting.
EPSDT Next Month End Date Century	8313	The ending date of the next month. This element is the first two positions. It contains the century number.
EPSDT Next Month End Date YYMMDD	8314	The ending date of the next month. This element is the last six positions. It contains the month (YYMMDD).
EPSDT Next Screen Date Indicator	8104	This Indicator is used by the EPSDT Case Management Module to determine if an enrollee's next screen date should be calculated.
EPSDT Next Week End Date	8369	The ending date of the next reporting week. This date is used for an on-line edit in the provider appointment scheduling system.
EPSDT Next Week End Date Century	8370	The ending date of the next reporting week. This element is the first two positions. It has the century number.
EPSDT Next Week End Date YYMMDD	8371	The ending date of the next reporting week. This element is the last six positions. It contains the YYMMDD.
EPSDT Number of Immunizations To Date	8051	This field represents the total number of immunizations that an enrollee has administered.
EPSDT Number of Screens YTD	8024	This is the number of screens performed on the enrollee for the calendar year.
EPSDT Number of Treatments YTD	8022	This is the total number of treatments performed on an enrollee for the calendar year.
EPSDT Periodicity Table Last Update Date	8160	The date of the last update performed on the EPSDT Periodicity Table.

Element Name	Element ID	Description
EPSDT Periodicity Table Last Update ID	8161	The ID of the operator or program that entered the last update to the Periodicity Table.
EPSDT Referral Appointment Date	8240	Date of the referral appointment. Format is CCYYMMDD.
EPSDT Referral Appointment Due Date	8231	The date by which a referral appointment should be set up. Format is in format CCYYMMDD.
EPSDT Referral Appointment Time	8241	Time of the referral appointment. Format is HHMM.
EPSDT Referral Reappointment Date	8235	The rescheduled appointment date for a missed referral appointment. Format is CCYYMMDD.
EPSDT Referral Reappointment Time	8236	The time of the rescheduled appointment for a missed referral appointment. HHMM
EPSDT Referral Reappointment Verification Code	8245	A code which identifies whether or not a rescheduled referral appointment was kept. If the appointment was missed, the code indicates the reason.
EPSDT Referral Reappointment Verification Date	8238	The date that a rescheduled referral appointment was verified as kept or missed. Format is CCYYMMDD.
EPSDT Referral Verification Code	8233	A code which identifies whether or not a screening appointment was kept. If the appointment was missed, the code indicates the reason.
EPSDT Referral Verification Date	8232	The date that a referral appointment was verified as having been kept or missed.
EPSDT Report Week Begin Date	8360	The beginning date of the reporting week. This date is used for calculations in reporting. This is the week which just ended.
EPSDT Report Week Begin Date Century	8361	The beginning date of the reporting week. This date is used for calculations in reporting. This is the week which just ended. These two positions represent the century.
EPSDT Report Week Begin Date YYMMDD	8362	The beginning date of the reporting week. This element is the last six positions. It contains YYMMDD
EPSDT Report Week End Date	8363	The ending date of the reporting week. This date is used for calculations in reporting. This is the week that just ended. (Sun - Sat) This is the cycle date that will appear on the weekly reports.
EPSDT Report Week End Date Century	8364	The ending date of the reporting week. This element is the first two positions. It contains the century.
EPSDT Report Week End Date YYMMDD	8365	The ending date of the reporting week. This element is the last six positions of the date. It contains YYMMDD.
EPSDT Reporting Last Month Date	8372	The month last used in reporting. This date is used for calculations in reporting. This is the date that is used as the cycle date on the monthly and quarterly reports.
EPSDT Reporting Month Century	8373	The month last used in reporting. This element is the first two positions. It contains the century number.
EPSDT Reporting Month YYMM	8374	The month last used in reporting. This element is the last four positions. It contains the year and month.
EPSDT Re-screen Appointment Time	8226	The time a rescheduled screening appointment will occur.
EPSDT Re-screen Verification Code	8243	A code which identifies whether or not a rescheduled appointment was kept. If the appointment was missed, the code indicates the reason.
EPSDT Re-screen Verification Source	8242	Indicates how a re-scheduled appointment was verified as having been kept or missed.
EPSDT Re-screening Appointment Century	8249	This field represents the century of the date of the rescheduled appointment.
EPSDT Re-Screening Appointment Date	8222	The date that a missed screening appointment has been rescheduled. Format is CCYYMMDD.
EPSDT Re-Screening Appointment Day	8225	The day of the month in which a rescheduled screening appointment will occur.
EPSDT Re-screening Appointment Hour	8227	The hour at which a rescheduled screening appointment will occur.

Element Name	Element ID	Description
EPSDT Re-screening Appointment Minutes	8228	The minute portion of the hour at which a rescheduled screening appointment will occur.
EPSDT Re-Screening Appointment Month	8224	The month in which a rescheduled screening appointment will occur.
EPSDT Re-screening Appointment Override Flag	8237	Indicates if the rescheduled appointment was overridden.
EPSDT Re-screening Appointment Source	8256	Identifies who set up the screening appointment. E (Enrollee), D (DMAS), P (Provider), or U (Unable to contact.
EPSDT Re-Screening Appointment Year	8223	The year in which a rescheduled screening appointment will occur.
EPSDT Re-Screening Due Date	8218	The date by which a missed screening appointment should be rescheduled.
EPSDT Re-Screening Due Date Century	8247	This field represents the century of the rescheduled due date.
EPSDT Re-Screening Due Date Day	8221	The day in which a missed screening appointment should be rescheduled.
EPSDT Re-Screening Due Date Month	8220	The month in which a missed screening appointment should be rescheduled.
EPSDT Re-Screening Due Date Year	8219	The year in which a missed screening appointment should be rescheduled.
EPSDT Re-screening Verification Date	8230	The date that a rescheduled screening appointment was verified as having been kept or missed. Format is CCYYMMDD
EPSDT Re-screening Verification Due Date	8229	The date by which a rescheduled screening appointment should be verified. Format is CCYYMMDD
EPSDT Screen Added Indicator	8037	This indicator reflects whether or not the enrollee has a screening record on file.
EPSDT Screen Sequence Number	8100	A two byte field that indicates the sequence number of the screen record for the recipient within screen type.
EPSDT Screen Type	8101	This one-character field identifies the type of screening as D (Dental Screening), H (Hearing Screening), M (Medical Screening), or V (Vision Screening).
EPSDT Screen Type Number	8113	This field represents the Screening Type with a numerical value.
EPSDT Screen Verification Code	8215	A code which identifies whether or not a screening appointment was kept. If the appointment was missed, the code indicates the reason.
EPSDT Screen Verification Date	8214	The date a screening was verified.
EPSDT Screen Verification Due Date	8213	The date by which a screening appointment should be verified. Format is CCYYMMDD.
EPSDT Screen Verification Source	8216	Indicates how a screening appointment was verified as having been kept or missed.
EPSDT Screen Verified by Claim	8217	Indicates whether or not the screening has been verified by a claim.
EPSDT Screening Appointment Century	8246	The century of the date that the screening should be performed.
EPSDT Screening Appointment Date	8205	The date a screening should be performed. Format is CCYYMMDD.
EPSDT Screening Appointment Day	8208	The day of the month in which a screening should be performed.
EPSDT Screening Appointment Hour	8210	The hour at which a screening appointment has been scheduled.
EPSDT Screening Appointment Minutes	8211	The minutes within the hour at which a screening has been scheduled.
EPSDT Screening Appointment Month	8207	The month in which a screening should be performed.
EPSDT Screening Appointment Source	8212	Identifies who set up the screening appointment. E (Enrollee), P (Provider), D(DMAS) , B(DMAS BACKOUT) or U (Unable to contact)
EPSDT Screening Appointment Year	8206	The century in which a screening should be performed.
EPSDT Screening Comments	8125	This field contains any comments about the performed screening.
EPSDT Screening Compliance Rate	8380	Reflects the provider's success in getting enrollees screened within the required time.

Element Name	Element ID	Description
EPSDT Screening Due	8162	This field represents whether or not a Screening (Medical, Vision, Hearing or Dental) is due at a particular age.
EPSDT Screening Last Update Date	8121	This field indicates the date of the last update to the Screening segment.
EPSDT Screening Last Update Source	8119	This is the source (PROGRAM) of the last update that occurred to the EPSDT Screening Segment.
EPSDT Screening Last Update Time	8122	This field indicates the time of the last update to the EPSDT Screening Segment.
EPSDT Screening Last Update Type	8120	This one character field indicates the last type of update that occurred on the Screening Segment.
EPSDT Screening Schedule Override Flag	8239	Indicates that a provider has authorized an appointment outside the hours routinely used to schedule appointments for that provider.
EPSDT Screening Status Before Close	8035	This one byte field represents the status of an enrollee's screenings at the time the Case was closed.
EPSDT Screening Type Name	8185	This field represents a textual description of the screening.
EPSDT Total Number of Screens	8004	This field represents the total number of screenings to-date performed on the enrollee. This field occurs four times on the file for each screening type: Medical, Hearing, Vision and Dental.
EPSDT Transportation Assistance Indicator	8244	This one-position field indicates whether or not transportation assistance is required .
EPSDT Treatment Comments	8126	This field contains comments relating to a treatment resulting from an abnormal screening. DMAS will has access to this field.
EPSDT Treatment Completion Date EPSDT Treatment Completion Date	8135	This is the date treatment of an abnormal condition detected during a screening was complete.
EPSDT Treatment Completion Date - Century EPSDT Treatment Completion Date - Century	8136	This is the century of the date treatment of an abnormal condition detected during a screening was complete.
EPSDT Treatment Completion Date - Day EPSDT Treatment Completion Date - Day	8139	This is the day of the date treatment of an abnormal condition detected during a screening was complete.
EPSDT Treatment Completion Date - Month EPSDT Treatment Completion Date - Month	8138	This is the month of the date treatment of an abnormal condition detected during a screening was complete.
EPSDT Treatment Completion Date - Year EPSDT Treatment Completion Date - Year	8137	This is the year of the date treatment of an abnormal condition detected during a screening was complete.
EPSDT Treatment Indicator	8107	This one position field indicates whether or not a treatment referral, recommended during screening was initiated, complete or not initiated.
EPSDT Treatment Initiation Date	8130	This is the date of the first treatment of an abnormal condition detected during a screening.
EPSDT Treatment Initiation Date Century	8131	This is the century of the first treatment of an abnormal condition detected during a screening.
EPSDT Treatment Initiation Date Day EPSDT Treatment Initiation Date Day	8134	This is the day of the first treatment of an abnormal condition detected during a screening.
EPSDT Treatment Initiation Date Month EPSDT Treatment Initiation Date Month	8133	This is the month of the first treatment of an abnormal condition detected during a screening.
EPSDT Treatment Initiation Date Year	8132	This is the year of the first treatment of an abnormal condition detected during a screening.
Infant MICC Caretaker Education	8460	The education level of the caretaker.
Infant MICC Caretaker Marital	8461	The marital status of the caretaker.
Infant MICC Caretaker Occupation	8500	This one position field indicates the occupation type of the Infant's Caretaker.
Infant MICC Caretaker Relationship	8462	The relationship of the caretaker to the infant.
Infant MICC Coordinator Signature Indicator	8384	Reflects whether or not the MICC Coordinator's Signature was present on the Care Coordination Assessment Form.

Element Name	Element ID	Description
Infant MICC Last Update Code	8091	The last update type performed on the Infant MICC Segment.
Infant MICC Last Update Date	8090	The last date the Infant MICC Segment was updated.
Infant MICC Medical Assessment - Apnea	8682	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Chronic Illness	8685	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Developmentally Delayed	8689	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Drug Exposure in Utero	8687	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Genetic Disorder	8684	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Infant Morbidity	8683	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Lack of Risk Knowledge	8686	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Limited Access to Care	8688	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Low Birth Weight	8692	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Medical Assessment - Medical Condition	8488	This field indicates the infant's MICC medical condition assessment.
Infant MICC Medical/Psycho Assessment - Poor Previous Parenting Experience	8659	Reflects whether or not the infant has an assessment in this medical category.
Infant MICC Nutritional Assessment - Acute Illness	8699	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Anemia	8623	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Breast Feeding Problems	8695	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Diet Modification	8697	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Excessive Weight Gain	8622	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Inadequate Cooking Facility	8492	This field indicates the infant's MICC Nutritional Cooking Facility Assessment.
Infant MICC Nutritional Assessment - Inadequate Sucking	8698	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Inadequate Weight Gain	8450	This field indicates whether or not the infant has a Nutritional Assessment for this category.
Infant MICC Nutritional Assessment - Medical Condition	8494	This field indicates whether or not the infant has a MICC Nutritional Assessment for a Medical Condition that affects diet.
Infant MICC Nutritional Assessment - Poor Diet Information	8694	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Poor Use of Formula	8696	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Poor Use of WIC Benefits	8693	Reflects whether or not the infant has an assessment in this nutritional category.
Infant MICC Nutritional Assessment - Special Formula Prescribed	8636	This field indicates the infant's nutritional assessment for a special formula..

Element Name	Element ID	Description
Infant MICC Nutritional Assessment - Teenage Mother	8493	This field indicates whether or not the infant has a MICC nutritional assessment for a Teenage Mother.
Infant MICC Nutritional Assessments - Inadq/Excess Wght	8086	Indicates whether or not an assessment is indicated in this category for the infant.
Infant MICC Provider Identification	8457	The ID Number of the Medicaid provider who provided the Infant MICC Report on the enrollee.
Infant MICC Psychosocial Assessment - Alcohol Usage	8663	This field indicates the infant's psychosocial assessment.
Infant MICC Psychosocial Assessment - Anxiety	8661	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Care Needs	8674	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Caregiver Handicap	8690	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Conflict	8666	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Difficulty Obtaining Food Stamps	8669	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Drug Usage	8662	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Health Needs	8667	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Homeless	8678	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Housing Needs	8675	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Insufficient Funds for Food	8668	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Maternal Absence	8670	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Mentally Retarded	8673	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Multiple Providers	8691	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Neglect	8679	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Poor Emotional Bonding	8672	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Poor Planning by Caregiver	8635	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Poor Support System	8660	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Protective Services	8671	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Religious	8665	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - School Needs	8677	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Tobacco Usage	8664	Reflects whether or not the infant has an assessment in this psychosocial category.

Element Name	Element ID	Description
Infant MICC Psychosocial Assessment - Transportation Needs	8676	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Psychosocial Assessment - Unmotivated Caregiver	8681	Reflects whether or not the infant has an assessment in this psychosocial category.
Infant MICC Report Date	8458	The date the Infant MICC Report on the enrollee was completed.
Infant MICC Significant Findings	8732	Reflects any significant findings that have been entered on the Infant Care Coordination Record.
Infant Outcome Age at Death	8472	The date of the infant's death. High-order two positions record age in months; low order two positions record number of weeks in last month for age.
Infant Outcome APGAR 1 Minute	8469	The APGAR 1 Minute score for the infant.
Infant Outcome APGAR 5 Minute	8470	The APGAR 5 Minute score for the infant.
Infant Outcome Birth Weight	8468	The birth weight of the infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
Infant Outcome Care Began	8475	The week of gestation when the mother began receiving prenatal care.
Infant Outcome Cause of Death	8473	The cause of the infant's death.
Infant Outcome Client Needs - Child Care	8624	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Counseling	8632	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Employment	8631	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Food Stamps	8625	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Home Health Services	8630	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Housing	8627	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Job Training	8634	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Nutrition Counseling	8628	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Parenting Education	8629	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - School Enrollment	8633	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Client Needs - Transportation	8712	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
Infant Outcome Coordinator Signature Indicator	8389	This field indicates whether or not the MICC's Coordinator signature was present on the Infant Outcome Report.
Infant Outcome EPSDT Visits	8479	The total number of EPSDT visits during the first two years.
Infant Outcome Health Status	8477	Indicates the infant's health status at age two years.
Infant Outcome Height at Age 2	8481	The height of the infant at the age of two years. High order two positions are feet; low order two positions are inches.
Infant Outcome Last Update Code	8093	The last type update performed on the Infant Outcome Segment.
Infant Outcome Last Update Date	8092	The date of the last update performed on the Infant Outcome Segment.
Infant Outcome Living Situation	8478	Indicates the infant's living situation at age two years.
Infant Outcome Mother Received MICC	8476	Indicates if the mother received MICC services during pregnancy.

Element Name	Element ID	Description
Infant Outcome Provider Identification	8466	The ID Number of the Medicaid provider who provided the Infant Outcome Report on the enrollee.
Infant Outcome Reason	8626	This field represents the Infant Outcome Reason.
Infant Outcome Receiving MICC	8471	Indicates the reason that the infant is no longer receiving MICC.
Infant Outcome Receiving WIC	8480	Indicates if the infant is receiving WIC benefits.
Infant Outcome Report Date	8467	The date the Infant Outcome Report on the recipient was completed.
Infant Outcome Total Visits	8474	The total number of prenatal visits by the mother during the pregnancy.
Infant Outcome Weight at Age 2	8482	The weight of the infant at the age of two years. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
Infant Risk Last Update Code	8089	This field represents the last type of update performed on the Infant Risk Segment.
Infant Risk Last Update Date	8088	This is the date of the last update to the Infant Risk segment.
Infant Risk Medical Condition - Birth Weight	8639	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Care Coordination	8643	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Chronic Illness	8640	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Developmentally Delayed	8637	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Failure to Thrive	8645	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Fetal Alcohol Syndrome	8641	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Genetic	8638	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - High Risk	8642	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition - Illegal Drug Exposure in Utero	8644	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Medical Condition Comment	8496	This field contains comments about medical conditions detected during the Infant Risk Screen.
Infant Risk Nutritional Condition - Congenital Abnormalities	8655	Reflects whether or not the infant has an assessment in this nutritional category.
Infant Risk Nutritional Condition - Inadequate Diet	8656	Reflects whether or not the infant has an assessment in this Medical Risk category.
Infant Risk Provider Identification	8451	The ID Number of the Medicaid provider who provided the infant Risk Report on the enrollee.
Infant Risk Referral Condition - Care Coordination	8657	Reflects whether or not the infant has an assessment in this Referral category.
Infant Risk Referral Condition - No Care Coordination	8658	Reflects whether or not the infant has an assessment in this Referral category.
Infant Risk Referral Condition - No Care Coordination Description	8499	This text field indicates the infant's No Care Coordination Description that was determined during the Infant Risk Screen.
Infant Risk Report Date	8452	The date the Infant Risk Report on the recipient was completed.
Infant Risk Screen Provider Signature Indicator	8411	Indicates whether or not the Infant Risk Screen was signed by the screening provider .
Infant Risk Social Condition - Homeless	8651	Reflects whether or not the infant has an assessment in this Social category.

Element Name	Element ID	Description
Infant Risk Social Condition - Language Barrier	8646	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Maternal Absence	8647	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Mentally Handicapped Caregiver	8650	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Non Compliant	8654	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Paternal Substance Abuse	8648	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Physically Handicapped Caregiver	8649	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Suspected Abuse	8653	Reflects whether or not the infant has an assessment in this Social category.
Infant Risk Social Condition - Under 18	8652	Reflects whether or not the infant has an assessment in this Social category.
Maternal MICC Abortions	8422	The number of prior pregnancies that were aborted.
Maternal MICC Coordinator Signature Indicator	8383	Reflects whether or not the MICC Coordinator's Signature was present on the Care Coordination Assessment Form.
Maternal MICC Current Alcohol Abuse Daily Frequency	8536	Indicates the number of times per day Alcohol is currently abused by the mother.
Maternal MICC Current Alcohol Abuse Weekly Frequency	8527	Indicates the number of times per week Alcohol is currently abused by the mother.
Maternal MICC Current Amphetamines Abuse Daily Frequency	8541	Indicates the number of times per day Amphetamines are currently used by the mother
Maternal MICC Current Amphetamines Abuse Weekly Frequency	8532	This is the number of times per week Amphetamines is currently used by the mother.
Maternal MICC Current Cocaine Abuse Daily Frequency	8537	Indicates the number of times per day Cocaine is currently used by the mother.
Maternal MICC Current Cocaine Abuse Weekly Frequency	8528	Indicates the number of times per week Cocaine is currently used by the mother.
Maternal MICC Current Daily Substance Abuse Type Description	8735	This field contains the name of other substance(s) that are currently abused by the mother on a daily basis. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
Maternal MICC Current Inhalants Abuse Daily Frequency	8542	Indicates the number of times per day Inhalants are currently abused by the mother.
Maternal MICC Current Inhalants Abuse Weekly Frequency	8533	Indicates the number of times per week Inhalants is currently used by the mother.
Maternal MICC Current Marijuana Abuse Daily Frequency	8539	Indicates the number of times per day Marijuana is currently used by the mother.
Maternal MICC Current Marijuana Abuse Weekly Frequency	8530	Indicates the number of times per week Marijuana is currently used by the mother.
Maternal MICC Current Narcotics Abuse Daily Frequency	8538	Indicates the number of times per day Narcotics is currently used by the mother.
Maternal MICC Current Narcotics Abuse Weekly Frequency	8529	Indicates the number of times per week Narcotics is currently used by the mother.
Maternal MICC Current Other Substance Abuse Daily Frequency	8544	Indicates the number of times per day Other Substances are currently used by the mother.
Maternal MICC Current Other Substance Abuse Weekly Frequency	8535	Indicates the number of times per week some other substance is currently used by the mother.
Maternal MICC Current Sedatives Abuse Daily Frequency	8540	Indicates the number of times per day Sedatives are currently abused by the mother
Maternal MICC Current Sedatives Abuse Weekly Frequency	8531	Indicates the number of times per week Sedatives is currently used by the mother.

Element Name	Element ID	Description
Maternal MICC Current Tobacco Abuse Daily Frequency	8543	Indicates the number of times per day Tobacco is currently used by the mother.
Maternal MICC Current Tobacco Abuse Weekly Frequency	8534	Indicates the number of times per week Tobacco is currently used by the mother.
Maternal MICC Current Weekly Substance Abuse Type Description	8736	This field contains the name of other substance(s) that are currently abused by the mother on a weekly basis. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
Maternal MICC Education Level	8419	The education level of the mother.
Maternal MICC Expected Delivery Date	8495	The enrollee's expected delivery date from the Maternal Care Coordination form.
Maternal MICC Last Update Code	8097	The last type of update performed on the Maternal MICC Segment.
Maternal MICC Last Update Date	8096	The date of the last update applied to the Maternal MICC Segment.
Maternal MICC Live Births	8421	The number of prior pregnancies resulting in live births.
Maternal MICC Marital Status	8418	The marital status of the recipient.
Maternal MICC Medical Assessment - Advanced Maternal Age	8608	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Genetic	8603	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Lack of Knowledge	8605	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Limited Access to Care	8607	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Medical Condition	8604	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Multiple Gestations	8601	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Previous Fetal Death	8606	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Previous Poor Pregnancy	8580	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Medical Assessment - Prior Pre-term Birth Weight	8602	Reflects whether or not the mother has an assessment in this Medical category.
Maternal MICC Miscarriages	8490	This is the number of pregnancies that resulted in miscarriage.
Maternal MICC Nutritional Assessment - Anemia	8621	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Cravings	8617	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Excessive Weight Gain	8613	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Inadequate Cooking Facilities	8619	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Inadequate Weight Gain	8612	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Medical Diet Condition	8614	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Nausea	8616	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Poor Diet	8618	Reflects whether or not the mother has an assessment in this nutritional category.

Element Name	Element ID	Description
Maternal MICC Nutritional Assessment - Pre-pregnancy Overweight	8610	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Pre-pregnancy Underweight	8611	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Special Diet	8615	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Nutritional Assessment - Teenager	8620	Reflects whether or not the mother has an assessment in this nutritional category.
Maternal MICC Occupation	8420	The occupation of the mother.
Maternal MICC Prior Alcohol Abuse Daily Frequency	8545	Indicates the number of times per day Alcohol was abused by the mother, prior to pregnancy.
Maternal MICC Prior Alcohol Abuse Weekly Frequency	8554	Indicates the number of times per week Alcohol was abused by the mother, prior to pregnancy.
Maternal MICC Prior Amphetamines Abuse Daily Frequency	8550	Indicates the number of times per day Amphetamines were abused by the mother, prior to pregnancy.
Maternal MICC Prior Amphetamines Abuse Weekly Frequency	8559	Indicates the number of times per week Amphetamines were abused by the mother, prior to pregnancy.
Maternal MICC Prior Cocaine Abuse Daily Frequency	8546	Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.
Maternal MICC Prior Cocaine Abuse Weekly Frequency	8555	Indicates the number of times per week Cocaine was abused by the mother, prior to pregnancy.
Maternal MICC Prior Daily Substance Abuse Type Description	8737	This field contains the name of other substance(s) that were abused by the mother on a daily basis, prior to pregnancy. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
Maternal MICC Prior Inhalants Abuse Daily Frequency	8551	Indicates the number of times per day Inhalants were abused by the mother, prior to pregnancy.
Maternal MICC Prior Inhalants Abuse Weekly Frequency	8560	Indicates the number of times per week Inhalants were abused by the mother, prior to pregnancy.
Maternal MICC Prior Marijuana Abuse Daily Frequency	8548	Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.
Maternal MICC Prior Marijuana Abuse Weekly Frequency	8557	Indicates the number of times per week Marijuana was abused by the mother, prior to pregnancy.
Maternal MICC Prior Narcotic Abuse Daily Frequency	8547	Indicates the number of times per day Narcotics were abused by the mother, prior to pregnancy.
Maternal MICC Prior Narcotics Abuse Weekly Frequency	8556	Indicates the number of times per week Narcotics were abused by the mother, prior to pregnancy.
Maternal MICC Prior Other Substance Abuse Daily Frequency	8553	Indicates the number of times per day Other Substances were abused by the mother, prior to pregnancy.
Maternal MICC Prior Other Substance Abuse Weekly Frequency	8562	Indicates the number of times per week Other Substances were abused by the mother, prior to pregnancy.
Maternal MICC Prior Sedatives Abuse Daily Frequency	8549	Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.
Maternal MICC Prior Sedatives Abuse Weekly Frequency	8558	Indicates the number of times per week Sedatives were abused by the mother, prior to pregnancy.
Maternal MICC Prior Tobacco Abuse Daily Frequency	8552	Indicates the number of times per day Tobacco was abused by the mother, prior to pregnancy.
Maternal MICC Prior Tobacco Abuse Weekly Frequency	8561	Indicates the number of times per week Tobacco was abused by the mother, prior to pregnancy.
Maternal MICC Prior Weekly Substance Abuse Type Description	8738	This field contains the name of other substance(s) that were abused by the mother on a weekly basis, prior to pregnancy. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.

Element Name	Element ID	Description
Maternal MICC Provider Identification	8416	The ID Number of the Medicaid provider who provided the Maternal MICC Report on the enrollee.
Maternal MICC Psychosocial Assessment - Alcohol Usage	8584	Reflects whether or not the mother has an assessment in this psychosocial category. This field will be Converted from the Current VAMMIS, but will not be used in the new VAMMIS.
Maternal MICC Psychosocial Assessment - Anxiety	8582	Reflects whether or not the mother has an assessment in this psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the New VAMMIS.
Maternal MICC Psychosocial Assessment - Child Care	8593	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Conflict	8587	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Drug Usage	8583	Reflects whether or not the mother has an assessment in this Psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the New VAMMIS.
Maternal MICC Psychosocial Assessment - Employment Needs	8597	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Food Funds	8589	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Food Stamps	8590	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Health Needs	8588	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Homeless	8598	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Housing Needs	8594	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Mental Retardation	8600	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Multiple Providers	8609	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Neglect	8599	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Poor Motivation	8592	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Poor Planning	8591	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Poor Support System	8581	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Religious	8586	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - School Needs	8596	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Psychosocial Assessment - Tobacco Usage	8585	Reflects whether or not the mother has an assessment in this Psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the new VAMMIS.
Maternal MICC Psychosocial Assessment - Transport Needs	8595	Reflects whether or not the mother has an assessment in this Psychosocial category.
Maternal MICC Report Date	8417	The date the Maternal MICC Report on the recipient was completed.
Maternal MICC Significant Findings	8731	Reflects any significant findings that have been entered on the Infant Care Coordination Record.

Element Name	Element ID	Description
Maternal MICC Stillbirths	8423	The number of pregnancies that resulted in stillbirths.
Maternal MICC Weeks Gestation	8424	The week of gestation that the mother began prenatal care.
Maternal Outcome Client Needs - Child Care	8413	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Employment	8453	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Food Stamps	8414	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Glucose Monitoring	8483	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Home Health Services	8427	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Homemaker Services	8426	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Housing	8415	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Job Training	8456	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Nutrition Services	8425	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Parenting	8485	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Psychological Counseling	8455	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - School Enrollment	8454	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Smoking Cessation	8465	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Substance Abuse Treatment	8464	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Client Needs - Transportation	8463	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
Maternal Outcome Coordinator Signature Indicator	8388	This field indicates whether or not the Pregnancy Outcome Report was signed by the MICC Coordinator.
Maternal Outcome Daily Alcohol Abuse Frequency at Delivery	8501	Indicates the number of times per day alcohol was abused by the mother during delivery.
Maternal Outcome Daily Amphetamines Abuse Frequency at Delivery	8506	Indicates the number of times per day Amphetamines were abused by the mother during delivery.
Maternal Outcome Daily Cocaine Abuse Frequency at Delivery	8502	Indicates the number of times per day Cocaine was abused by the mother during delivery.
Maternal Outcome Daily Inhalants Abuse Frequency at Delivery	8507	Indicates the number of times per day Inhalants were abused by the mother during delivery.
Maternal Outcome Daily Marijuana Abuse Frequency at Delivery	8504	Indicates the number of times per day Marijuana was abused by the mother during delivery.
Maternal Outcome Daily Narcotic Abuse Frequency at Delivery	8503	Indicates the number of times per day Narcotics was abused by the mother during delivery.
Maternal Outcome Daily Other Substance Abuse Frequency at Delivery	8509	Indicates the number of times per day Other Substances were abused by the mother during delivery.
Maternal Outcome Daily Sedatives Abuse Frequency at Delivery	8505	Indicates the number of times per day Sedatives was abused by the mother during delivery.

Element Name	Element ID	Description
Maternal Outcome Daily Substance Abuse Type Description	8386	This field contains the description or name of the Substance used by the mother on a daily basis and is entered into the MICC Master File from the Pregnancy Outcome Report.
Maternal Outcome Daily Tobacco Abuse Frequency at Delivery	8508	Indicates the number of times per day Tobacco was abused by the mother during delivery.
Maternal Outcome Family Planning	8449	Indicates whether or not the mother received a family planning or a postpartum examination.
Maternal Outcome Infant # 3 APGAR 1 Minute	8392	The APGAR 1 Minute score for the third infant.
Maternal Outcome Infant # 3 APGAR 5 Minute	8393	The APGAR 5 Minute score for the third infant.
Maternal Outcome Infant # 3 Birth Date	8391	The birth date of the third infant.
Maternal Outcome Infant # 3 Birth Weight	8390	The birth weight of the third infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
Maternal Outcome Infant #1 APGAR 1 Minute	8434	The APGAR 1 Minute score for the first infant.
Maternal Outcome Infant #1 APGAR 5 Minute	8435	The APGAR 5 Minute score for the first infant.
Maternal Outcome Infant #1 Birth Date	8433	The birth date of the first infant.
Maternal Outcome Infant #1 Birth Weight	8432	The birth weight of the first infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
Maternal Outcome Infant #2 APGAR 1 Minute	8438	The APGAR 1 Minute score for the second infant.
Maternal Outcome Infant #2 APGAR 5 Minute	8439	The APGAR 5 Minute score for the second infant.
Maternal Outcome Infant #2 Birth Date	8437	The birth date of the second infant.
Maternal Outcome Infant #2 Birth Weight	8436	The birth weight of the second infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
Maternal Outcome Infant at Risk	8442	Indicates whether or not the infant was classified as "at risk".
Maternal Outcome Infant EPSDT	8444	Indicates whether or not the infant in receiving EPSDT services.
Maternal Outcome Infant Morbidity	8497	This field reflects whether or not the mother's infant thrived after birth..
Maternal Outcome Infant Referred to MICC	8443	Indicates whether or not the infant was referred to care coordination.
Maternal Outcome Infant WIC	8445	Indicates whether or not the infant is receiving WIC services.
Maternal Outcome Last Update Code	8099	This is the type of update last performed on the Maternal Outcome Segment.
Maternal Outcome Last Update Date	8098	The date of the last update applied to the Maternal Outcome Segment.
Maternal Outcome Pregnancy Outcome	8431	The outcome of the mother's pregnancy.
Maternal Outcome Prenatal Visits	8447	The total number of prenatal visits by the mother during the pregnancy.
Maternal Outcome Provider Identification	8428	The ID Number of the Medicaid provider who provided the Maternal Outcome Report on the enrollee.
Maternal Outcome Reason Code	8430	The reason that the mother is no longer receiving care coordination services.
Maternal Outcome Report Date	8429	The date the Maternal Outcome Report on the recipient was completed.
Maternal Outcome Risk Completed	8441	Indicates whether or not the physician has completed a Risk Screen Report.
Maternal Outcome Weekly Alcohol Abuse Frequency at Delivery	8510	Indicates the number of times per week Alcohol was abused by the mother during delivery.
Maternal Outcome Weekly Amphetamines Abuse Frequency at Delivery	8515	Indicates the number of times per week Amphetamines were abused by the mother during delivery.
Maternal Outcome Weekly Cocaine Abuse Frequency at Delivery	8511	Indicates the number of times per week Cocaine was abused by the mother during delivery.

Element Name	Element ID	Description
Maternal Outcome Weekly Inhalants Abuse Frequency at Delivery	8516	Indicates the number of times per week Inhalants were abused by the mother during delivery.
Maternal Outcome Weekly Marijuana Abuse Frequency at Delivery	8513	Indicates the number of times per week Marijuana was abused by the mother during delivery.
Maternal Outcome Weekly Narcotics Abuse Frequency at Delivery	8512	Indicates the number of times per week Narcotics was abused by the mother during delivery.
Maternal Outcome Weekly Other Substance Abuse Frequency at Delivery	8518	Indicates the number of times per week Other Substances were abused by the mother during delivery.
Maternal Outcome Weekly Sedatives Abuse Frequency at Delivery	8514	Indicates the number of times per week Sedatives were abused by the mother during delivery.
Maternal Outcome Weekly Substance Abuse Type Description	8387	This field contains the name of the Substance used by the mother on a weekly basis and is added to the MICC Master File from the Pregnancy Outcome Report.
Maternal Outcome Weekly Tobacco Abuse Frequency at Delivery	8517	Indicates the number of times per week Tobacco was abused by the mother during delivery.
Maternal Outcome Weeks Care Began	8446	The weeks of gestation when the mother began receiving prenatal care.
Maternal Outcome Weeks Gestation	8440	The number of weeks of gestation at the time of birth.
Maternal Outcome WIC	8448	Indicates whether or not the mother received WIC supplemental food during pregnancy.
Maternal Risk Daily Substance Abuse Type Description	8733	This field contains the name of other substance(s) that are abused by the mother on a daily basis. This information is entered into the MICC Master File from the Maternal Risk Form or DMAS-16.
Maternal Risk Expected Delivery Date	8412	The recipient's expected date of confinement (delivery date) that was entered on the Maternal Risk Screen.
Maternal Risk Last Update Code	8095	The last type of update applied to the Maternal Risk Segment.
Maternal Risk Last Update Date	8094	The last date the Maternal Risk Segment was updated.
Maternal Risk Medical Condition - Advanced Age	8567	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition - Case Coordination	8568	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition - Diabetes	8564	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition - Fetal Death	8569	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition - Hypertension	8563	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition - Multiple Gestations	8565	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition - Previous Low Weight	8566	Reflects whether or not the mother has an assessment in this Medical Risk category.
Maternal Risk Medical Condition Comment	8487	This field contains comments about medical conditions detected during the Maternity Risk Screen.
Maternal Risk Nutritional Condition - Diet Modification	8577	Reflects whether or not the mother has an assessment in this Nutritional category.
Maternal Risk Nutritional Condition - Poor Diet	8578	Reflects whether or not the mother has an assessment in this Nutritional category.
Maternal Risk Nutritional Condition - Teenager	8579	Reflects whether or not the mother has an assessment in this Nutritional category.
Maternal Risk Nutritional Condition - Weight	8576	Reflects whether or not the mother has an assessment in this Nutritional category.

Element Name	Element ID	Description
Maternal Risk Provider Identification	8408	The ID Number of the Medicaid provider who provided the Maternal Risk Report on the enrollee.
Maternal Risk Referral - Care Coordination Services	8519	This field indicates whether a not a referral for Care Coordination Services is needed.
Maternal Risk Referral - Glucose Monitoring	8523	This field indicates whether a not a referral for Glucose Monitoring is needed.
Maternal Risk Referral - Homemaker Services	8521	This field indicates whether a not a referral for Homemaker Services is needed.
Maternal Risk Referral - No Care Coordination	8526	This field indicates whether a not a referral for Care Coordination Services is indicated.
Maternal Risk Referral - Nutrition Services	8520	This field indicates whether a not a referral for Nutrition Services is needed.
Maternal Risk Referral - Parent Class	8522	This field indicates whether a not a referral for parenting classes is needed.
Maternal Risk Referral - Smoking	8524	This field indicates whether a not a referral for Smoking Cessation is needed.
Maternal Risk Referral - Substance Abuse	8525	This field indicates whether a not a referral for Substance Abuse is indicated.
Maternal Risk Referral Condition Comment	8394	This field contains any comments about Referral Risk conditions that were present on the Maternal and/or Infant Risk screen.
Maternal Risk Report Date	8409	The date that the Maternal Risk Report on the recipient was completed.
Maternal Risk Screen Provider Signature Indicator	8410	Indicates whether or not the risk screen was signed by the screening provider.
Maternal Risk Social Condition - Abuse	8574	Reflects whether or not the mother has an assessment in this Social category.
Maternal Risk Social Condition - Mental Retardation	8573	Reflects whether or not the mother has an assessment in this Social category.
Maternal Risk Social Condition - Non Compliant	8572	Reflects whether or not the mother has an assessment in this Social category.
Maternal Risk Social Condition - Shelter or Homeless	8575	Reflects whether or not the mother has an assessment in this Social category.
Maternal Risk Social Condition - Teenager	8571	Reflects whether or not the mother has an assessment in this Social category.
Maternal Risk Substance Abuse Daily Frequency - Alcohol	8713	Indicates the number of times per day Alcohol is abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Amphetamines	8718	Indicates the number of times per day Amphetamines are abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Cocaine	8714	Indicates the number of times per day Cocaine is abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Inhalants	8719	Indicates the number of times per day Inhalants are abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Marijuana	8716	Indicates the number of times per day Marijuana is abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Narcotics	8715	Indicates the number of times per day Narcotics are abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Other	8721	Indicates the number of times per day other substances are abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Sedatives	8717	Indicates the number of times per day Sedatives are abused by the mother.
Maternal Risk Substance Abuse Daily Frequency - Tobacco	8720	Indicates the number of times per day Tobacco is abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Alcohol	8722	Indicates the number of times per week Alcohol is abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Amphetamines	8727	Indicates the number of times per week Amphetamines are abused by the mother.

Element Name	Element ID	Description
Maternal Risk Substance Abuse Weekly Frequency - Cocaine	8723	Indicates the number of times per week Cocaine is abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Inhalants	8728	Indicates the number of times per week Inhalants are abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Marijuana	8725	Indicates the number of times per week Marijuana is abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Narcotics	8724	Indicates the number of times per week Narcotics are abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Other	8730	Indicates the number of times per week other substances are abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Sedatives	8726	Indicates the number of times per week Sedatives are abused by the mother.
Maternal Risk Substance Abuse Weekly Frequency - Tobacco	8729	Indicates the number of times per week Tobacco is abused by the mother.
Maternal Risk Weekly Substance Abuse Type Description	8734	This field contains the name of other substance(s) that are abused by the mother on a weekly basis. This information is entered into the MICC Master File from the Maternal Risk Form or DMAS-16.
MICC Last Update Segment Type	8087	This field represents the last segment that was updated or added on the MICC Master File.
MICC New Pregnancy Indicator	8405	Indicates whether of not the Risk or Care Coordination Information entered is for a new pregnancy or an existing pregnancy.
MICC New Risk Indicator	8385	Indicates whether or not the assessment is for a new infant case.
MICC Purge Date	8396	The date the record will be removed from the MICC Master File and archived to tape.
MICC Risk Segment Counter	8398	The number of Risk Screens that have been entered on the MICC Master File for a specific MICC enrollment.
MICC Segment Counter	8399	The number of Care Coordination Screens that have been entered on the MICC Master File for a specific MICC enrollment.
MICC Sequence Number	8397	This field represents the number of MICC or Baby Care enrollments on file under this enrollment number.

Element ID	Element Name	Description
0002	Calculated	Valid values are 'N' (Notification) and 'Y' (Follow-up). Value 'N' means the enrollee is 09 or 21 months. Value 'Y' means the enrollee Is 15 or 27 months.
8004	EPSDT Total Number of Screens	This field represents the total number of screenings to-date performed on the enrollee. This field occurs four times on the file for each screening type: Medical, Hearing, Vision and Dental.
8006	EPSDT Date of Last Screen	This date reflects the last performed screening date. It occurs four times on file to represent the last screening date for each of the four screen types. This date is stored in CCYYMMDD format.
8007	EPSDT Date of Next Screen	The numeric data field contains the date that a recipient is due for screening. It occurs four times on the file to represent each of the four screen types: Medical, Hearing, Vision and Dental. It is stored in CCYYMM format,
8008	EPSDT Date Case Opened	This is the date the Enrollee's Case Information was added to the EPSDT Master File.
8009	EPSDT Last Update Operator Identification	This is the on-line logon identification of the last user who updated the record on the EPSDT Master File.
8010	EPSDT Date Case Reinstated	This numeric field contains the date on which a recipient's eligibility was reinstated for EPSDT services.
8011	EPSDT Last Update Terminal Identification	This alphanumeric data field contains the terminal identification on which an enrollee's EPSDT Master File record was changed.
8012	EPSDT Last Update Type	This one character field indicates the action mode taken to alter the enrollee's EPSDT Master File Record, indicating that the update was performed on-line or in batch processing.
8013	EPSDT Enrollee Screening Status	This one character field indicates the current status of an enrollee's screening status. This field occurs four times on the Master File for each of the screening types: Medical, Heading, Vision and Dental.
8014	EPSDT Case Status	This one character field indicates the current status of an EPSDT recipient with regard to this program.
8015	EPSDT Case Comments	This thirty character field occurs 4 times. It is used for any comments about the enrollee or other information on the EPSDT Master File.
8016	EPSDT Case Last Update Date	This is the date of the last update performed on EPSDT case information by the Case Management Module.
8017	EPSDT Case Last Update Time	This is the time of the last update performed on EPSDT case information by the Case Management Module.
8018	EPSDT Date Case Closed	This is the date the enrollee's case was closed to EPSDT Services.
8019	EPSDT Immunization Complete Indicator	This one byte field indicates whether or not a recipient's immunizations are complete and/or up-to-date.
8020	EPSDT Date of Birth	Enrollee date of birth in Julian Format. (CCYYDDD)
8021	EPSDT Cost of Screens YTD	This is field summarizes the cost of screenings for the calendar year.
8022	EPSDT Number of Treatments YTD	This is the total number of treatments performed on an enrollee for the calendar year.
8023	EPSDT Cost of Treatments YTD	This field summarizes all costs associated with all treatments administered to the enrollee for the calendar year .
8024	EPSDT Number of Screens YTD	This is the number of screens performed on the enrollee for the calendar year.
8025	EPSDT Case Last Update Action	This indicator reflects the action performed on the record during the Case Management processing cycle.
8027	EPSDT 1st Outreach Date	This numeric data field contains the date on which the first outreach attempt was made.
8028	EPSDT 2nd Outreach Date	This numeric data field contains the date on which the second, or most recent, attempt was made.
8029	EPSDT 1st Outreach Type	This one character field indicates the method used to contact an eligible recipient on the first outreach attempt.

Element ID	Element Name	Description
8030	EPSDT 2nd Outreach Type	This one character field indicates the method used to contact an eligible enrollee on the second, or most recent, outreach attempt.
8032	EPSDT Accumulated Screening Cost To Date	This field represents the total cost of screening for the enrollee since becoming an EPSDT participant.
8033	EPSDT Accumulated Treatment Cost To Date	This field represents the total cost of treatments for the enrollee since becoming an EPSDT participant.
8035	EPSDT Screening Status Before Close	This one byte field represents the status of an enrollee's screenings at the time the Case was closed.
8036	EPSDT Appt Letter Indicator	This one position field indicates whether or not an appointment letter for an enrollee's due screening and/or immunization was generated. This field occurs 4 times on file for each screening type: Medical, Hearing, Vision and Dental. Only one letter per enrollee will be generated.
8037	EPSDT Screen Added Indicator	This indicator reflects whether or not the enrollee has a screening record on file.
8038	EPSDT Master Record Add Date	This date reflects the date the EPSDT Master record was added to the file by the Case Management Module.
8045	EPSDT Last Update Source	The on-line program by which the EPSDT Master record was last updated.
8046	EPSDT Last Update Date	The date the Master record was last updated, on-line.
8047	EPSDT Last Update Time	This field reflects the time of the last on-line update to the EPSDT Master File.
8051	EPSDT Number of Immunizations To Date	This field represents the total number of immunizations that an enrollee has administered.
8086	Infant MICC Nutritional Assessments - Inadq/Excess Wght	Indicates whether or not an assessment is indicated in this category for the infant.
8087	MICC Last Update Segment Type	This field represents the last segment that was updated or added on the MICC Master File.
8088	Infant Risk Last Update Date	This is the date of the last update to the Infant Risk segment.
8089	Infant Risk Last Update Code	This field represents the last type of update performed on the Infant Risk Segment.
8090	Infant MICC Last Update Date	The last date the Infant MICC Segment was updated.
8091	Infant MICC Last Update Code	The last update type performed on the Infant MICC Segment.
8092	Infant Outcome Last Update Date	The date of the last update performed on the Infant Outcome Segment.
8093	Infant Outcome Last Update Code	The last type update performed on the Infant Outcome Segment.
8094	Maternal Risk Last Update Date	The last date the Maternal Risk Segment was updated.
8095	Maternal Risk Last Update Code	The last type of update applied to the Maternal Risk Segment.
8096	Maternal MICC Last Update Date	The date of the last update applied to the Maternal MICC Segment.
8097	Maternal MICC Last Update Code	The last type of update performed on the Maternal MICC Segment.
8098	Maternal Outcome Last Update Date	The date of the last update applied to the Maternal Outcome Segment.
8099	Maternal Outcome Last Update Code	This is the type of update last performed on the Maternal Outcome Segment.
8100	EPSDT Screen Sequence Number	A two byte field that indicates the sequence number of the screen record for the recipient within screen type.
8101	EPSDT Screen Type	This one-character field identifies the type of screening as D (Dental Screening), H (Hearing Screening), M (Medical Screening), or V (Vision Screening).
8102	EPSDT Enrollee Age at Screening or Immunization	The recipient's age at the time a screening was performed. May be represented in months or years.
8103	EPSDT Enrollee Age Type	Enrollee's age is expressed in months or years.

Element ID	Element Name	Description
8104	EPSDT Next Screen Date Indicator	This Indicator is used by the EPSDT Case Management Module to determine if an enrollee's next screen date should be calculated.
8107	EPSDT Treatment Indicator	This one position field indicates whether or not a treatment referral, recommended during screening was initiated, complete or not initiated.
8112	EPSDT Delete Record Indicator	The one byte field indicates that the record is to be removed or deleted from the file. This indicator can represent an erroroneous screening that has been adjusted during claims processing, a missed or erroroneous screening appointment or a missed or erroroneous referral appointment.
8113	EPSDT Screen Type Number	This field represents the Screening Type with a numerical value.
8119	EPSDT Screening Last Update Source	This is the source (PROGRAM) of the last update that occurred to the EPSDT Screening Segment.
8120	EPSDT Screening Last Update Type	This one character field indicates the last type of update that occurred on the Screening Segment.
8121	EPSDT Screening Last Update Date	This field indicates the date of the last update to the Screening segment.
8122	EPSDT Screening Last Update Time	This field indicates the time of the last update to the EPSDT Screening Segment.
8125	EPSDT Screening Comments	This field contains any comments about the performed screening.
8126	EPSDT Treatment Comments	This field contains comments relating to a treatment resulting from an abnormal screening. DMAS will has access to this field.
8130	EPSDT Treatment Initiation Date	This is the date of the first treatment of an abnormal condition detected during a screening.
8131	EPSDT Treatment Initiation Date Century	This is the century of the first treatment of an abnormal condition detected during a screening.
8132	EPSDT Treatment Initiation Date Year	This is the year of the first treatment of an abnormal condition detected during a screening.
8133	EPSDT Treatment Initiation Date Month EPSDT Treatment Initiation Date Month	This is the month of the first treatment of an abnormal condition detected during a screening.
8134	EPSDT Treatment Initiation Date Day EPSDT Treatment Initiation Date Day	This is the day of the first treatment of an abnormal condition detected during a screening.
8135	EPSDT Treatment Completion Date EPSDT Treatment Completion Date	This is the date treatment of an abnormal condition detected during a screening was complete.
8136	EPSDT Treatment Completion Date - Century EPSDT Treatment Completion Date - Century	This is the century of the date treatment of an abnormal condition detected during a screening was complete.
8137	EPSDT Treatment Completion Date - Year EPSDT Treatment Completion Date - Year	This is the year of the date treatment of an abnormal condition detected during a screening was complete.
8138	EPSDT Treatment Completion Date - Month EPSDT Treatment Completion Date - Month	This is the month of the date treatment of an abnormal condition detected during a screening was complete.
8139	EPSDT Treatment Completion Date - Day EPSDT Treatment Completion Date - Day	This is the day of the date treatment of an abnormal condition detected during a screening was complete.
8142	EPSDT Next Immunization Date	This field represents the next date the enrollee is due for an immunization. Represented by MMCCYY.
8143	EPSDT Date of Treatment - Day	This is the day of the date treatment of an abnormal condition was performed.
8144	EPSDT Date of Treatment - Month	This is the month of the date treatment of an abnormal condition was performed.
8145	EPSDT Date of Treatment - Year	This is the year of the date treatment of an abnormal condition was performed.
8146	EPSDT Date of Treatment - Century	This is the century of the date treatment of an abnormal condition was performed.
8156	EPSDT Immunization Type	Refers to the immunization type administered to an EPSDT enrollee.
8157	EPSDT Immunization Table Last Update Date	This fields reflects the last date a record on this table was updated.

Element ID	Element Name	Description
8158	EPSDT Immunization Table Last Update ID	This is the user ID who updated or program ID that processed the last update to a record on the immunization table.
8160	EPSDT Periodicity Table Last Update Date	The date of the last update performed on the EPSDT Periodicity Table.
8161	EPSDT Periodicity Table Last Update ID	The ID of the operator or program that entered the last update to the Periodicity Table.
8162	EPSDT Screening Due	This field represents whether or not a Screening (Medical, Vision, Hearing or Dental) is due at a particular age.
8170	EPSDT Immunization Due	This one position field determines when the immunization is due.
8185	EPSDT Screening Type Name	This field represents a textual description of the screening.
8199	EPSDT Letter Text	This field will contain the body of letters that are generated in the EPSDT Subsystem.
8203	EPSDT Appointment Due Date	For EPSDT recipients, this is the date a screening should be performed.
8204	EPSDT Date Screen Appointment Made	This is the date that a screening appointment was made with the provider . Format is CCYYMMDD
8205	EPSDT Screening Appointment Date	The date a screening should be performed. Format is CCYYMMDD.
8206	EPSDT Screening Appointment Year	The century in which a screening should be performed.
8207	EPSDT Screening Appointment Month	The month in which a screening should be performed.
8208	EPSDT Screening Appointment Day	The day of the month in which a screening should be performed.
8210	EPSDT Screening Appointment Hour	The hour at which a screening appointment has been scheduled.
8211	EPSDT Screening Appointment Minutes	The minutes within the hour at which a screening has been scheduled.
8212	EPSDT Screening Appointment Source	Identifies who set up the screening appointment. E (Enrollee), P (Provider), D(DMAS) , B(DMAS BACKOUT) or U (Unable to contact)
8213	EPSDT Screen Verification Due Date	The date by which a screening appointment should be verified. Format is CCYYMMDD.
8214	EPSDT Screen Verification Date	The date a screening was verified.
8215	EPSDT Screen Verification Code	A code which identifies whether or not a screening appointment was kept. If the appointment was missed, the code indicates the reason.
8216	EPSDT Screen Verification Source	Indicates how a screening appointment was verified as having been kept or missed.
8217	EPSDT Screen Verified by Claim	Indicates whether or not the screening has been verified by a claim.
8218	EPSDT Re-Screening Due Date	The date by which a missed screening appointment should be rescheduled.
8219	EPSDT Re-Screening Due Date Year	The year in which a missed screening appointment should be rescheduled.
8220	EPSDT Re-Screening Due Date Month	The month in which a missed screening appointment should be rescheduled.
8221	EPSDT Re-Screening Due Date Day	The day in which a missed screening appointment should be rescheduled.
8222	EPSDT Re-Screening Appointment Date	The date that a missed screening appointment has been rescheduled. Format is CCYYMMDD.
8223	EPSDT Re-Screening Appointment Year	The year in which a rescheduled screening appointment will occur.
8224	EPSDT Re-Screening Appointment Month	The month in which a rescheduled screening appointment will occur.
8225	EPSDT Re-Screening Appointment Day	The day of the month in which a rescheduled screening appointment will occur.
8226	EPSDT Re-screen Appointment Time	The time a rescheduled screening appointment will occur.
8227	EPSDT Re-screening Appointment Hour	The hour at which a rescheduled screening appointment will occur.
8228	EPSDT Re-screening Appointment Minutes	The minute portion of the hour at which a rescheduled screening appointment will occur.

Element ID	Element Name	Description
8229	EPSDT Re-screening Verification Due Date	The date by which a rescheduled screening appointment should be verified. Format is CCYYMMDD
8230	EPSDT Re-screening Verification Date	The date that a rescheduled screening appointment was verified as having been kept or missed. Format is CCYYMMDD
8231	EPSDT Referral Appointment Due Date	The date by which a referral appointment should be set up. Format is in format CCYYMMDD.
8232	EPSDT Referral Verification Date	The date that a referral appointment was verified as having been kept or missed.
8233	EPSDT Referral Verification Code	A code which identifies whether or not a screening appointment was kept. If the appointment was missed, the code indicates the reason.
8234	EPDST Referral Reappointment Review Date	The date by which a missed referral appointment should be rescheduled. Format is CCYYMMDD.
8235	EPSDT Referral Reappointment Date	The rescheduled appointment date for a missed referral appointment. Format is CCYYMMDD.
8236	EPSDT Referral Reappointment Time	The time of the rescheduled appointment for a missed referral appointment. HHMM
8237	EPSDT Re-screening Appointment Override Flag	Indicates if the rescheduled appointment was overridden.
8238	EPSDT Referral Reappointment Verification Date	The date that a rescheduled referral appointment was verified as kept or missed. Format is CCYYMMDD.
8239	EPSDT Screening Schedule Override Flag	Indicates that a provider has authorized an appointment outside the hours routinely used to schedule appointments for that provider.
8240	EPSDT Referral Appointment Date	Date of the referral appointment. Format is CCYYMMDD.
8241	EPSDT Referral Appointment Time	Time of the referral appointment. Format is HHMM.
8242	EPSDT Re-screen Verification Source	Indicates how a re-scheduled appointment was verified as having been kept or missed.
8243	EPSDT Re-screen Verification Code	A code which identifies whether or not a rescheduled appointment was kept. If the appointment was missed, the code indicates the reason.
8244	EPSDT Transportation Assistance Indicator	This one-position field indicates whether or not transportation assistance is required .
8245	EPSDT Referral Reappointment Verification Code	A code which identifies whether or not a rescheduled referral appointment was kept. If the appointment was missed, the code indicates the reason.
8246	EPSDT Screening Appointment Century	The century of the date that the screening should be performed.
8247	EPSDT Re-Screening Due Date Century	This field represents the century of the rescheduled due date.
8249	EPSDT Re-screening Appointment Century	This field represents the century of the date of the rescheduled appointment.
8250	EPSDT Appointment Last Update Date	This date is the latest date that appointment information was updated. Format is CCYYMMDD.
8251	EPSDT Appointment Last Update Time	The time of the last update to appointment information.
8252	EPSDT Appointment Last Update Type	The type of update that occurred to appointment data, represented by 'B' for Batch and 'O' for an on-line update.
8253	EPSDT Appointment Last Update ID	This is the logon identification of the last operator to update appointment information on-line.
8254	EPSDT Appointment Last Update Source	This field contains the name of the program that performed the update on appointment information.
8256	EPSDT Re-screening Appointment Source	Identifies who set up the screening appointment. E (Enrollee), D (DMAS), P (Provider), or U (Unable to contact.
8308	EPSDT Current Month Begin Date	The beginning date for the current month. This date is used for calculations in reporting.

Element ID	Element Name	Description
8309	EPSDT Current Month End Date	The ending date of the current month. This date is used for calculations in reporting.
8310	EPSDT Current Month End Date Century	The ending date of the current month. This element is the first two positions. It contains the century number.
8311	EPSDT Current Month End Date YYMMDD	The ending date of the current month. This element is the last six positions. It contains the date (YYMMDD).
8312	EPSDT Next Month End Date	The ending date of the next month. This date is used for calculations in reporting.
8313	EPSDT Next Month End Date Century	The ending date of the next month. This element is the first two positions. It contains the century number.
8314	EPSDT Next Month End Date YYMMDD	The ending date of the next month. This element is the last six positions. It contains the month (YYMMDD).
8315	EPSDT Date of Age Under 6	The date in Julian format of a person's age under 6. This is created for ease of calculations.
8317	EPSDT Date of Age Under 6 Century	The date in Julian format of a person's age under 6. This element is the first two positions. It contains the century.
8318	EPSDT Date of Age Under 6 YYDDD	The date in Julian format of a person's age under 6. This element is the last five positions. It contains the year and day (YYDDD).
8319	EPSDT Date of Age Under 13	The date in Julian format of a person's age under 13. This is created for ease of calculations. (CCYYDDD)
8320	EPSDT Date of Age Under 13 Century	The date in Julian format of a person's age under 13. This element is the first two positions. It contains the century.
8321	EPSDT Date of Age Under 13 YYDDD	The date in Julian format of a person's age under 13. This element is the last five positions. It contains the year and day (YYDDD).
8348	EPSDT Current Date	The current date on the control file. It is this date that will appear as the cycle date on the daily reports.
8349	EPSDT Current Century	The current date on the control file. This element is the beginning of the current date and contains the century number.
8350	EPSDT Current 6 Digit Date	The current date on the control file. This element contains the YYMMDD portion of the current date.
8351	EPSDT Current Julian Date	The current date in Julian format. This is created for ease of calculations in determining a person's age. Format is CCYYDDD.
8352	EPSDT Current Julian Date Century	The current date in Julian format. This element is the first two positions of this field containing the century.
8353	EPSDT Current Julian Date Year and Day	The current date in Julian format. This is the YYDDD part of the field.
8354	EPSDT Date of Age Under 21	The date in Julian format of a person's age under 21. This is created for ease of calculations. Format is CCYYDDD.
8355	EPSDT Date of Age Under 21 Century	The date in Julian format of a person's age under 21. This element is the first two positions and is the century.
8356	EPSDT Date of Age Under 21 YYDDD	The date in Julian format of a person's age under 21. This element is the last five positions. It consists of YYDDD.
8357	EPSDT Date of Age Under 2	The date in Julian format of a person's age under 2. This is created for ease of calculations.
8358	EPSDT Date of Age Under 2 Century	The date in Julian format of a person's age under 2. This element is the first two positions and is the century.
8359	EPSDT Date of Age Under 2 YYDDD	The date in Julian format of a person's age under 2. This element is the last five positions. It consists of YYDDD.
8360	EPSDT Report Week Begin Date	The beginning date of the reporting week. This date is used for calculations in reporting. This is the week which just ended.

Element ID	Element Name	Description
8361	EPSDT Report Week Begin Date Century	The beginning date of the reporting week. This date is used for calculations in reporting. This is the week which just ended. These two positions represent the century.
8362	EPSDT Report Week Begin Date YYMMDD	The beginning date of the reporting week. This element is the last six positions. It contains YYMMDD
8363	EPSDT Report Week End Date	The ending date of the reporting week. This date is used for calculations in reporting. This is the week that just ended. (Sun - Sat) This is the cycle date that will appear on the weekly reports.
8364	EPSDT Report Week End Date Century	The ending date of the reporting week. This element is the first two positions. It contains the century.
8365	EPSDT Report Week End Date YYMMDD	The ending date of the reporting week. This element is the last six positions of the date. It contains YYMMDD.
8366	EPSDT Current Week End Date	The ending date of the current week. (Represents a Saturday)
8367	EPSDT Current Week End Date Century	The ending date of the current week. This element is the first two positions. It is the century number.
8368	EPSDT Current Week End Date YYMMDD	The ending date of the current week. This element is the last six positions. It contains YYMMDD.
8369	EPSDT Next Week End Date	The ending date of the next reporting week. This date is used for an on-line edit in the provider appointment scheduling system.
8370	EPSDT Next Week End Date Century	The ending date of the next reporting week. This element is the first two positions. It has the century number.
8371	EPSDT Next Week End Date YYMMDD	The ending date of the next reporting week. This element is the last six positions. It contains the YYMMDD.
8372	EPSDT Reporting Last Month Date	The month last used in reporting. This date is used for calculations in reporting. This is the date that is used as the cycle date on the monthly and quarterly reports.
8373	EPSDT Reporting Month Century	The month last used in reporting. This element is the first two positions. It contains the century number.
8374	EPSDT Reporting Month YYMM	The month last used in reporting. This element is the last four positions. It contains the year and month.
8375	EPSDT Last Month Begin Date	The beginning date of the previous month. This date is used for calculations in reporting.
8376	EPSDT Last Month Begin Date Century	The beginning date of the previous month. This element is the first two positions. It contains the century number.
8377	EPSDT Last Month Begin Date YYMMDD	The beginning date of the previous month. This element is the last six positions. It contains the date (YYMMDD).
8378	EPSDT Current Month Begin Date YYMMDD	The beginning date of the current month. This date is used for calculations in reporting.
8379	EPSDT Current Month Begin Date Century	The beginning date of the current month. This element is the first two positions. It contains the century number.
8380	EPSDT Screening Compliance Rate	Reflects the provider's success in getting enrollees screened within the required time.
8382	Case Management (MICC) Maternal Consent Signature Indicator	Indicates whether or not the mother signed the Consent Form to participate in the Baby Care program.
8383	Maternal MICC Coordinator Signature Indicator	Reflects whether or not the MICC Coordinator's Signature was present on the Care Coordination Assessment Form.
8384	Infant MICC Coordinator Signature Indicator	Reflects whether or not the MICC Coordinator's Signature was present on the Care Coordination Assessment Form.
8385	MICC New Risk Indicator	Indicates whether or not the assessment is for a new infant case.

Element ID	Element Name	Description
8386	Maternal Outcome Daily Substance Abuse Type Description	This field contains the description or name of the Substance used by the mother on a daily basis and is entered into the MICC Master File from the Pregnancy Outcome Report.
8387	Maternal Outcome Weekly Substance Abuse Type Description	This field contains the name of the Substance used by the mother on a weekly basis and is added to the MICC Master File from the Pregnancy Outcome Report.
8388	Maternal Outcome Coordinator Signature Indicator	This field indicates whether or not the Pregnancy Outcome Report was signed by the MICC Coordinator.
8389	Infant Outcome Coordinator Signature Indicator	This field indicates whether or not the MICC's Coordinator signature was present on the Infant Outcome Report.
8390	Maternal Outcome Infant # 3 Birth Weight	The birth weight of the third infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
8391	Maternal Outcome Infant # 3 Birth Date	The birth date of the third infant.
8392	Maternal Outcome Infant # 3 APGAR 1 Minute	The APGAR 1 Minute score for the third infant.
8393	Maternal Outcome Infant # 3 APGAR 5 Minute	The APGAR 5 Minute score for the third infant.
8394	Maternal Risk Referral Condition Comment	This field contains any comments about Referral Risk conditions that were present on the Maternal and/or Infant Risk screen.
8396	MICC Purge Date	The date the record will be removed from the MICC Master File and archived to tape.
8397	MICC Sequence Number	This field represents the number of MICC or Baby Care enrollments on file under this enrollment number.
8398	MICC Risk Segment Counter	The number of Risk Screens that have been entered on the MICC Master File for a specific MICC enrollment.
8399	MICC Segment Counter	The number of Care Coordination Screens that have been entered on the MICC Master File for a specific MICC enrollment.
8401	Case Management (MICC) Type	Indicates whether the recipient receiving case management services is an infant or a mother.
8402	Case Management (MICC) Maternal Consent Date	The date the mother signed the Consent Form, indicating her and/or her infant(s) participation in the Baby Care program.
8403	Case Management (MICC) Begin Date	The date on which the recipient began receiving case management (MICC) services.
8404	Case Management (MICC) Outcome Report Received	Indicates whether or not the MICC provider has sent the outcome report on the enrollee to DMAS. In this case the field must be 'Y' or 'N'. It also indicates whether the MICC segment is pending closure or has been closed by the system.
8405	MICC New Pregnancy Indicator	Indicates whether of not the Risk or Care Coordination Information entered is for a new pregnancy or an existing pregnancy.
8406	Case Management Pending Enrollment Indicator	Identifies whether or not the eligible has been enrolled in MICC or Baby Care.
8407	Case Management (MICC) Enrollee ID	The key of the MICC file. Corresponds to the Enrollee ID on the Eligibility File.
8408	Maternal Risk Provider Identification	The ID Number of the Medicaid provider who provided the Maternal Risk Report on the enrollee.
8409	Maternal Risk Report Date	The date that the Maternal Risk Report on the recipient was completed.
8410	Maternal Risk Screen Provider Signature Indicator	Indicates whether or not the risk screen was signed by the screening provider.
8411	Infant Risk Screen Provider Signature Indicator	Indicates whether or not the Infant Risk Screen was signed by the screening provider .
8412	Maternal Risk Expected Delivery Date	The recipient's expected date of confinement (delivery date) that was entered on the Maternal Risk Screen.
8413	Maternal Outcome Client Needs - Child Care	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

Element ID	Element Name	Description
8414	Maternal Outcome Client Needs - Food Stamps	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8415	Maternal Outcome Client Needs - Housing	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8416	Maternal MICC Provider Identification	The ID Number of the Medicaid provider who provided the Maternal MICC Report on the enrollee.
8417	Maternal MICC Report Date	The date the Maternal MICC Report on the recipient was completed.
8418	Maternal MICC Marital Status	The marital status of the recipient.
8419	Maternal MICC Education Level	The education level of the mother.
8420	Maternal MICC Occupation	The occupation of the mother.
8421	Maternal MICC Live Births	The number of prior pregnancies resulting in live births.
8422	Maternal MICC Abortions	The number of prior pregnancies that were aborted.
8423	Maternal MICC Stillbirths	The number of pregnancies that resulted in stillbirths.
8424	Maternal MICC Weeks Gestation	The week of gestation that the mother began prenatal care.
8425	Maternal Outcome Client Needs - Nutrition Services	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8426	Maternal Outcome Client Needs - Homemaker Services	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8427	Maternal Outcome Client Needs - Home Health Services	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8428	Maternal Outcome Provider Identification	The ID Number of the Medicaid provider who provided the Maternal Outcome Report on the enrollee.
8429	Maternal Outcome Report Date	The date the Maternal Outcome Report on the recipient was completed.
8430	Maternal Outcome Reason Code	The reason that the mother is no longer receiving care coordination services.
8431	Maternal Outcome Pregnancy Outcome	The outcome of the mother's pregnancy.
8432	Maternal Outcome Infant #1 Birth Weight	The birth weight of the first infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
8433	Maternal Outcome Infant #1 Birth Date	The birth date of the first infant.
8434	Maternal Outcome Infant #1 APGAR 1 Minute	The APGAR 1 Minute score for the first infant.
8435	Maternal Outcome Infant #1 APGAR 5 Minute	The APGAR 5 Minute score for the first infant.
8436	Maternal Outcome Infant #2 Birth Weight	The birth weight of the second infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
8437	Maternal Outcome Infant #2 Birth Date	The birth date of the second infant.
8438	Maternal Outcome Infant #2 APGAR 1 Minute	The APGAR 1 Minute score for the second infant.
8439	Maternal Outcome Infant #2 APGAR 5 Minute	The APGAR 5 Minute score for the second infant.
8440	Maternal Outcome Weeks Gestation	The number of weeks of gestation at the time of birth.
8441	Maternal Outcome Risk Completed	Indicates whether or not the physician has completed a Risk Screen Report.
8442	Maternal Outcome Infant at Risk	Indicates whether or not the infant was classified as "at risk".
8443	Maternal Outcome Infant Referred to MICC	Indicates whether or not the infant was referred to care coordination.
8444	Maternal Outcome Infant EPSDT	Indicates whether or not the infant in receiving EPSDT services.
8445	Maternal Outcome Infant WIC	Indicates whether or not the infant is receiving WIC services.
8446	Maternal Outcome Weeks Care Began	The weeks of gestation when the mother began receiving prenatal care.

Element ID	Element Name	Description
8447	Maternal Outcome Prenatal Visits	The total number of prenatal visits by the mother during the pregnancy.
8448	Maternal Outcome WIC	Indicates whether or not the mother received WIC supplemental food during pregnancy.
8449	Maternal Outcome Family Planning	Indicates whether or not the mother received a family planning or a postpartum examination.
8450	Infant MICC Nutritional Assessment - Inadequate Weight Gain	This field indicates whether or not the infant has a Nutritional Assessment for this category.
8451	Infant Risk Provider Identification	The ID Number of the Medicaid provider who provided the infant Risk Report on the enrollee.
8452	Infant Risk Report Date	The date the Infant Risk Report on the recipient was completed.
8453	Maternal Outcome Client Needs - Employment	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8454	Maternal Outcome Client Needs - School Enrollment	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8455	Maternal Outcome Client Needs - Psychological Counseling	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8456	Maternal Outcome Client Needs - Job Training	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8457	Infant MICC Provider Identification	The ID Number of the Medicaid provider who provided the Infant MICC Report on the enrollee.
8458	Infant MICC Report Date	The date the Infant MICC Report on the enrollee was completed.
8460	Infant MICC Caretaker Education	The education level of the caretaker.
8461	Infant MICC Caretaker Marital	The marital status of the caretaker.
8462	Infant MICC Caretaker Relationship	The relationship of the caretaker to the infant.
8463	Maternal Outcome Client Needs - Transportation	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8464	Maternal Outcome Client Needs - Substance Abuse Treatment	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8465	Maternal Outcome Client Needs - Smoking Cessation	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8466	Infant Outcome Provider Identification	The ID Number of the Medicaid provider who provided the Infant Outcome Report on the enrollee.
8467	Infant Outcome Report Date	The date the Infant Outcome Report on the recipient was completed.
8468	Infant Outcome Birth Weight	The birth weight of the infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
8469	Infant Outcome APGAR 1 Minute	The APGAR 1 Minute score for the infant.
8470	Infant Outcome APGAR 5 Minute	The APGAR 5 Minute score for the infant.
8471	Infant Outcome Receiving MICC	Indicates the reason that the infant is no longer receiving MICC.
8472	Infant Outcome Age at Death	The date of the infant's death. High-order two positions record age in months; low order two positions record number of weeks in last month for age.
8473	Infant Outcome Cause of Death	The cause of the infant's death.
8474	Infant Outcome Total Visits	The total number of prenatal visits by the mother during the pregnancy.
8475	Infant Outcome Care Began	The week of gestation when the mother began receiving prenatal care.
8476	Infant Outcome Mother Received MICC	Indicates if the mother received MICC services during pregnancy.
8477	Infant Outcome Health Status	Indicates the infant's health status at age two years.

Element ID	Element Name	Description
8478	Infant Outcome Living Situation	Indicates the infant's living situation at age two years.
8479	Infant Outcome EPSDT Visits	The total number of EPSDT visits during the first two years.
8480	Infant Outcome Receiving WIC	Indicates if the infant is receiving WIC benefits.
8481	Infant Outcome Height at Age 2	The height of the infant at the age of two years. High order two positions are feet; low order two positions are inches.
8482	Infant Outcome Weight at Age 2	The weight of the infant at the age of two years. High-order two (2) positions are pounds and low-order two (2) positions are ounces.
8483	Maternal Outcome Client Needs - Glucose Monitoring	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8484	Case Management (MICC) Level of Risk	Indicates the level of risk whether high, medium or low.
8485	Maternal Outcome Client Needs - Parenting	This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.
8486	Case Management (MICC) Cancel Reason	This field indicates the reason the enrollee was cancelled from the program.
8487	Maternal Risk Medical Condition Comment	This field contains comments about medical conditions detected during the Maternity Risk Screen.
8488	Infant MICC Medical Assessment - Medical Condition	This field indicates the infant's MICC medical condition assessment.
8489	Case Management (MICC) End Date	The date the enrollee is no longer a participant in Baby Care or MICC.
8490	Maternal MICC Miscarriages	This is the number of pregnancies that resulted in miscarriage.
8492	Infant MICC Nutritional Assessment - Inadequate Cooking Facility	This field indicates the infant's MICC Nutritional Cooking Facility Assessment.
8493	Infant MICC Nutritional Assessment - Teenage Mother	This field indicates whether or not the infant has a MICC nutritional assessment for a Teenage Mother.
8494	Infant MICC Nutritional Assessment - Medical Condition	This field indicates whether or not the infant has a MICC Nutritional Assessment for a Medical Condition that affects diet.
8495	Maternal MICC Expected Delivery Date	The enrollee's expected delivery date from the Maternal Care Coordination form.
8496	Infant Risk Medical Condition Comment	This field contains comments about medical conditions detected during the Infant Risk Screen.
8497	Maternal Outcome Infant Morbidity	This field reflects whether or not the mother's infant thrived after birth..
8498	Case Management (MICC) Cancel Date	This is the Baby Care or MICC cancellation date.
8499	Infant Risk Referral Condition - No Care Coordination Description	This text field indicates the infant's No Care Coordination Description that was determined during the Infant Risk Screen.
8500	Infant MICC Caretaker Occupation	This one position field indicates the occupation type of the Infant's Caretaker.
8501	Maternal Outcome Daily Alcohol Abuse Frequency at Delivery	Indicates the number of times per day alcohol was abused by the mother during delivery.
8502	Maternal Outcome Daily Cocaine Abuse Frequency at Delivery	Indicates the number of times per day Cocaine was abused by the mother during delivery.
8503	Maternal Outcome Daily Narcotic Abuse Frequency at Delivery	Indicates the number of times per day Narcotics was abused by the mother during delivery.
8504	Maternal Outcome Daily Marijuana Abuse Frequency at Delivery	Indicates the number of times per day Marijuana was abused by the mother during delivery.
8505	Maternal Outcome Daily Sedatives Abuse Frequency at Delivery	Indicates the number of times per day Sedatives was abused by the mother during delivery.
8506	Maternal Outcome Daily Amphetamines Abuse Frequency at Delivery	Indicates the number of times per day Amphetamines were abused by the mother during delivery.

Element ID	Element Name	Description
8507	Maternal Outcome Daily Inhalants Abuse Frequency at Delivery	Indicates the number of times per day Inhalants were abused by the mother during delivery.
8508	Maternal Outcome Daily Tobacco Abuse Frequency at Delivery	Indicates the number of times per day Tobacco was abused by the mother during delivery.
8509	Maternal Outcome Daily Other Substance Abuse Frequency at Delivery	Indicates the number of times per day Other Substances were abused by the mother during delivery.
8510	Maternal Outcome Weekly Alcohol Abuse Frequency at Delivery	Indicates the number of times per week Alcohol was abused by the mother during delivery.
8511	Maternal Outcome Weekly Cocaine Abuse Frequency at Delivery	Indicates the number of times per week Cocaine was abused by the mother during delivery.
8512	Maternal Outcome Weekly Narcotics Abuse Frequency at Delivery	Indicates the number of times per week Narcotics was abused by the mother during delivery.
8513	Maternal Outcome Weekly Marijuana Abuse Frequency at Delivery	Indicates the number of times per week Marijuana was abused by the mother during delivery.
8514	Maternal Outcome Weekly Sedatives Abuse Frequency at Delivery	Indicates the number of times per week Sedatives were abused by the mother during delivery.
8515	Maternal Outcome Weekly Amphetamines Abuse Frequency at Delivery	Indicates the number of times per week Amphetamines were abused by the mother during delivery.
8516	Maternal Outcome Weekly Inhalants Abuse Frequency at Delivery	Indicates the number of times per week Inhalants were abused by the mother during delivery.
8517	Maternal Outcome Weekly Tobacco Abuse Frequency at Delivery	Indicates the number of times per week Tobacco was abused by the mother during delivery.
8518	Maternal Outcome Weekly Other Substance Abuse Frequency at Delivery	Indicates the number of times per week Other Substances were abused by the mother during delivery.
8519	Maternal Risk Referral - Care Coordination Services	This field indicates whether a not a referral for Care Coordination Services is needed.
8520	Maternal Risk Referral - Nutrition Services	This field indicates whether a not a referral for Nutrition Services is needed.
8521	Maternal Risk Referral - Homemaker Services	This field indicates whether a not a referral for Homemaker Services is needed.
8522	Maternal Risk Referral - Parent Class	This field indicates whether a not a referral for parenting classes is needed.
8523	Maternal Risk Referral - Glucose Monitoring	This field indicates whether a not a referral for Glucose Monitoring is needed.
8524	Maternal Risk Referral - Smoking	This field indicates whether a not a referral for Smoking Cessation is needed.
8525	Maternal Risk Referral - Substance Abuse	This field indicates whether a not a referral for Substance Abuse is indicated.
8526	Maternal Risk Referral - No Care Coordination	This field indicates whether a not a referral for Care Coordination Services is indicated.
8527	Maternal MICC Current Alcohol Abuse Weekly Frequency	Indicates the number of times per week Alcohol is currently abused by the mother.
8528	Maternal MICC Current Cocaine Abuse Weekly Frequency	Indicates the number of times per week Cocaine is currently used by the mother.
8529	Maternal MICC Current Narcotics Abuse Weekly Frequency	Indicates the number of times per week Narcotics is currently used by the mother.
8530	Maternal MICC Current Marijuana Abuse Weekly Frequency	Indicates the number of times per week Marijuana is currently used by the mother.
8531	Maternal MICC Current Sedatives Abuse Weekly Frequency	Indicates the number of times per week Sedatives is currently used by the mother.
8532	Maternal MICC Current Amphetamines Abuse Weekly Frequency	This is the number of times per week Amphetamines is currently used by the mother.
8533	Maternal MICC Current Inhalants Abuse Weekly Frequency	Indicates the number of times per week Inhalants is currently used by the mother.

Element ID	Element Name	Description
8534	Maternal MICC Current Tobacco Abuse Weekly Frequency	Indicates the number of times per week Tobacco is currently used by the mother.
8535	Maternal MICC Current Other Substance Abuse Weekly Frequency	Indicates the number of times per week some other substance is currently used by the mother.
8536	Maternal MICC Current Alcohol Abuse Daily Frequency	Indicates the number of times per day Alcohol is currently abused by the mother.
8537	Maternal MICC Current Cocaine Abuse Daily Frequency	Indicates the number of times per day Cocaine is currently used by the mother.
8538	Maternal MICC Current Narcotics Abuse Daily Frequency	Indicates the number of times per day Narcotics is currently used by the mother.
8539	Maternal MICC Current Marijuana Abuse Daily Frequency	Indicates the number of times per day Marijuana is currently used by the mother.
8540	Maternal MICC Current Sedatives Abuse Daily Frequency	Indicates the number of times per day Sedatives are currently abused by the mother
8541	Maternal MICC Current Amphetamines Abuse Daily Frequency	Indicates the number of times per day Amphetamines are currently used by the mother
8542	Maternal MICC Current Inhalants Abuse Daily Frequency	Indicates the number of times per day Inhalants are currently abused by the mother.
8543	Maternal MICC Current Tobacco Abuse Daily Frequency	Indicates the number of times per day Tobacco is currently used by the mother.
8544	Maternal MICC Current Other Substance Abuse Daily Frequency	Indicates the number of times per day Other Substances are currently used by the mother.
8545	Maternal MICC Prior Alcohol Abuse Daily Frequency	Indicates the number of times per day Alcohol was abused by the mother, prior to pregnancy.
8546	Maternal MICC Prior Cocaine Abuse Daily Frequency	Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.
8547	Maternal MICC Prior Narcotic Abuse Daily Frequency	Indicates the number of times per day Narcotics were abused by the mother, prior to pregnancy.
8548	Maternal MICC Prior Marijuana Abuse Daily Frequency	Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.
8549	Maternal MICC Prior Sedatives Abuse Daily Frequency	Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.
8550	Maternal MICC Prior Amphetamines Abuse Daily Frequency	Indicates the number of times per day Amphetamines were abused by the mother, prior to pregnancy.
8551	Maternal MICC Prior Inhalants Abuse Daily Frequency	Indicates the number of times per day Inhalants were abused by the mother, prior to pregnancy.
8552	Maternal MICC Prior Tobacco Abuse Daily Frequency	Indicates the number of times per day Tobacco was abused by the mother, prior to pregnancy.
8553	Maternal MICC Prior Other Substance Abuse Daily Frequency	Indicates the number of times per day Other Substances were abused by the mother, prior to pregnancy.
8554	Maternal MICC Prior Alcohol Abuse Weekly Frequency	Indicates the number of times per week Alcohol was abused by the mother, prior to pregnancy.
8555	Maternal MICC Prior Cocaine Abuse Weekly Frequency	Indicates the number of times per week Cocaine was abused by the mother, prior to pregnancy.
8556	Maternal MICC Prior Narcotics Abuse Weekly Frequency	Indicates the number of times per week Narcotics were abused by the mother, prior to pregnancy.
8557	Maternal MICC Prior Marijuana Abuse Weekly Frequency	Indicates the number of times per week Marijuana was abused by the mother, prior to pregnancy.
8558	Maternal MICC Prior Sedatives Abuse Weekly Frequency	Indicates the number of times per week Sedatives were abused by the mother, prior to pregnancy.

Element ID	Element Name	Description
8559	Maternal MICC Prior Amphetamines Abuse Weekly Frequency	Indicates the number of times per week Amphetamines were abused by the mother, prior to pregnancy.
8560	Maternal MICC Prior Inhalants Abuse Weekly Frequency	Indicates the number of times per week Inhalants were abused by the mother, prior to pregnancy.
8561	Maternal MICC Prior Tobacco Abuse Weekly Frequency	Indicates the number of times per week Tobacco was abused by the mother, prior to pregnancy.
8562	Maternal MICC Prior Other Substance Abuse Weekly Frequency	Indicates the number of times per week Other Substances were abused by the mother, prior to pregnancy.
8563	Maternal Risk Medical Condition - Hypertension	Reflects whether or not the mother has an assessment in this Medical Risk category.
8564	Maternal Risk Medical Condition - Diabetes	Reflects whether or not the mother has an assessment in this Medical Risk category.
8565	Maternal Risk Medical Condition - Multiple Gestations	Reflects whether or not the mother has an assessment in this Medical Risk category.
8566	Maternal Risk Medical Condition - Previous Low Weight	Reflects whether or not the mother has an assessment in this Medical Risk category.
8567	Maternal Risk Medical Condition - Advanced Age	Reflects whether or not the mother has an assessment in this Medical Risk category.
8568	Maternal Risk Medical Condition - Case Coordination	Reflects whether or not the mother has an assessment in this Medical Risk category.
8569	Maternal Risk Medical Condition - Fetal Death	Reflects whether or not the mother has an assessment in this Medical Risk category.
8571	Maternal Risk Social Condition - Teenager	Reflects whether or not the mother has an assessment in this Social category.
8572	Maternal Risk Social Condition - Non Compliant	Reflects whether or not the mother has an assessment in this Social category.
8573	Maternal Risk Social Condition - Mental Retardation	Reflects whether or not the mother has an assessment in this Social category.
8574	Maternal Risk Social Condition - Abuse	Reflects whether or not the mother has an assessment in this Social category.
8575	Maternal Risk Social Condition - Shelter or Homeless	Reflects whether or not the mother has an assessment in this Social category.
8576	Maternal Risk Nutritional Condition - Weight	Reflects whether or not the mother has an assessment in this Nutritional category.
8577	Maternal Risk Nutritional Condition - Diet Modification	Reflects whether or not the mother has an assessment in this Nutritional category.
8578	Maternal Risk Nutritional Condition - Poor Diet	Reflects whether or not the mother has an assessment in this Nutritional category.
8579	Maternal Risk Nutritional Condition - Teenager	Reflects whether or not the mother has an assessment in this Nutritional category.
8580	Maternal MICC Medical Assessment - Previous Poor Pregnancy	Reflects whether or not the mother has an assessment in this Medical category.
8581	Maternal MICC Psychosocial Assessment - Poor Support System	Reflects whether or not the mother has an assessment in this Psychosocial category.
8582	Maternal MICC Psychosocial Assessment - Anxiety	Reflects whether or not the mother has an assessment in this psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the New VAMMIS.
8583	Maternal MICC Psychosocial Assessment - Drug Usage	Reflects whether or not the mother has an assessment in this Psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the New VAMMIS.
8584	Maternal MICC Psychosocial Assessment - Alcohol Usage	Reflects whether or not the mother has an assessment in this psychosocial category. This field will be Converted from the Current VAMMIS, but will not be used in the new VAMMIS.

Element ID	Element Name	Description
8585	Maternal MICC Psychosocial Assessment - Tobacco Usage	Reflects whether or not the mother has an assessment in this Psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the new VAMMIS.
8586	Maternal MICC Psychosocial Assessment - Religious	Reflects whether or not the mother has an assessment in this Psychosocial category.
8587	Maternal MICC Psychosocial Assessment - Conflict	Reflects whether or not the mother has an assessment in this Psychosocial category.
8588	Maternal MICC Psychosocial Assessment - Health Needs	Reflects whether or not the mother has an assessment in this Psychosocial category.
8589	Maternal MICC Psychosocial Assessment - Food Funds	Reflects whether or not the mother has an assessment in this Psychosocial category.
8590	Maternal MICC Psychosocial Assessment - Food Stamps	Reflects whether or not the mother has an assessment in this Psychosocial category.
8591	Maternal MICC Psychosocial Assessment - Poor Planning	Reflects whether or not the mother has an assessment in this Psychosocial category.
8592	Maternal MICC Psychosocial Assessment - Poor Motivation	Reflects whether or not the mother has an assessment in this Psychosocial category.
8593	Maternal MICC Psychosocial Assessment - Child Care	Reflects whether or not the mother has an assessment in this Psychosocial category.
8594	Maternal MICC Psychosocial Assessment - Housing Needs	Reflects whether or not the mother has an assessment in this Psychosocial category.
8595	Maternal MICC Psychosocial Assessment - Transport Needs	Reflects whether or not the mother has an assessment in this Psychosocial category.
8596	Maternal MICC Psychosocial Assessment - School Needs	Reflects whether or not the mother has an assessment in this Psychosocial category.
8597	Maternal MICC Psychosocial Assessment - Employment Needs	Reflects whether or not the mother has an assessment in this Psychosocial category.
8598	Maternal MICC Psychosocial Assessment - Homeless	Reflects whether or not the mother has an assessment in this Psychosocial category.
8599	Maternal MICC Psychosocial Assessment - Neglect	Reflects whether or not the mother has an assessment in this Psychosocial category.
8600	Maternal MICC Psychosocial Assessment - Mental Retardation	Reflects whether or not the mother has an assessment in this Psychosocial category.
8601	Maternal MICC Medical Assessment - Multiple Gestations	Reflects whether or not the mother has an assessment in this Medical category.
8602	Maternal MICC Medical Assessment - Prior Pre-term Birth Weight	Reflects whether or not the mother has an assessment in this Medical category.
8603	Maternal MICC Medical Assessment - Genetic	Reflects whether or not the mother has an assessment in this Medical category.
8604	Maternal MICC Medical Assessment - Medical Condition	Reflects whether or not the mother has an assessment in this Medical category.
8605	Maternal MICC Medical Assessment - Lack of Knowledge	Reflects whether or not the mother has an assessment in this Medical category.
8606	Maternal MICC Medical Assessment - Previous Fetal Death	Reflects whether or not the mother has an assessment in this Medical category.
8607	Maternal MICC Medical Assessment - Limited Access to Care	Reflects whether or not the mother has an assessment in this Medical category.
8608	Maternal MICC Medical Assessment - Advanced Maternal Age	Reflects whether or not the mother has an assessment in this Medical category.
8609	Maternal MICC Psychosocial Assessment - Multiple Providers	Reflects whether or not the mother has an assessment in this Psychosocial category.

Element ID	Element Name	Description
8610	Maternal MICC Nutritional Assessment - Pre-pregnancy Overweight	Reflects whether or not the mother has an assessment in this nutritional category.
8611	Maternal MICC Nutritional Assessment - Pre-pregnancy Underweight	Reflects whether or not the mother has an assessment in this nutritional category.
8612	Maternal MICC Nutritional Assessment - Inadequate Weight Gain	Reflects whether or not the mother has an assessment in this nutritional category.
8613	Maternal MICC Nutritional Assessment - Excessive Weight Gain	Reflects whether or not the mother has an assessment in this nutritional category.
8614	Maternal MICC Nutritional Assessment - Medical Diet Condition	Reflects whether or not the mother has an assessment in this nutritional category.
8615	Maternal MICC Nutritional Assessment - Special Diet	Reflects whether or not the mother has an assessment in this nutritional category.
8616	Maternal MICC Nutritional Assessment - Nausea	Reflects whether or not the mother has an assessment in this nutritional category.
8617	Maternal MICC Nutritional Assessment - Cravings	Reflects whether or not the mother has an assessment in this nutritional category.
8618	Maternal MICC Nutritional Assessment - Poor Diet	Reflects whether or not the mother has an assessment in this nutritional category.
8619	Maternal MICC Nutritional Assessment - Inadequate Cooking Facilities	Reflects whether or not the mother has an assessment in this nutritional category.
8620	Maternal MICC Nutritional Assessment - Teenager	Reflects whether or not the mother has an assessment in this nutritional category.
8621	Maternal MICC Nutritional Assessment - Anemia	Reflects whether or not the mother has an assessment in this nutritional category.
8622	Infant MICC Nutritional Assessment - Excessive Weight Gain	Reflects whether or not the infant has an assessment in this nutritional category.
8623	Infant MICC Nutritional Assessment - Anemia	Reflects whether or not the infant has an assessment in this nutritional category.
8624	Infant Outcome Client Needs - Child Care	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8625	Infant Outcome Client Needs - Food Stamps	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8626	Infant Outcome Reason	This field represents the Infant Outcome Reason.
8627	Infant Outcome Client Needs - Housing	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8628	Infant Outcome Client Needs - Nutrition Counseling	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8629	Infant Outcome Client Needs - Parenting Education	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8630	Infant Outcome Client Needs - Home Health Services	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8631	Infant Outcome Client Needs - Employment	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8632	Infant Outcome Client Needs - Counseling	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8633	Infant Outcome Client Needs - School Enrollment	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8634	Infant Outcome Client Needs - Job Training	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

Element ID	Element Name	Description
8635	Infant MICC Psychosocial Assessment - Poor Planning by Caregiver	Reflects whether or not the infant has an assessment in this psychosocial category.
8636	Infant MICC Nutritional Assessment - Special Formula Prescribed	This field indicates the infant's nutritional assessment for a special formula..
8637	Infant Risk Medical Condition - Developmentally Delayed	Reflects whether or not the infant has an assessment in this Medical Risk category.
8638	Infant Risk Medical Condition - Genetic	Reflects whether or not the infant has an assessment in this Medical Risk category.
8639	Infant Risk Medical Condition - Birth Weight	Reflects whether or not the infant has an assessment in this Medical Risk category.
8640	Infant Risk Medical Condition - Chronic Illness	Reflects whether or not the infant has an assessment in this Medical Risk category.
8641	Infant Risk Medical Condition - Fetal Alcohol Syndrome	Reflects whether or not the infant has an assessment in this Medical Risk category.
8642	Infant Risk Medical Condition - High Risk	Reflects whether or not the infant has an assessment in this Medical Risk category.
8643	Infant Risk Medical Condition - Care Coordination	Reflects whether or not the infant has an assessment in this Medical Risk category.
8644	Infant Risk Medical Condition - Illegal Drug Exposure in Utero	Reflects whether or not the infant has an assessment in this Medical Risk category.
8645	Infant Risk Medical Condition - Failure to Thrive	Reflects whether or not the infant has an assessment in this Medical Risk category.
8646	Infant Risk Social Condition - Language Barrier	Reflects whether or not the infant has an assessment in this Social category.
8647	Infant Risk Social Condition - Maternal Absence	Reflects whether or not the infant has an assessment in this Social category.
8648	Infant Risk Social Condition - Paternal Substance Abuse	Reflects whether or not the infant has an assessment in this Social category.
8649	Infant Risk Social Condition - Physically Handicapped Caregiver	Reflects whether or not the infant has an assessment in this Social category.
8650	Infant Risk Social Condition - Mentally Handicapped Caregiver	Reflects whether or not the infant has an assessment in this Social category.
8651	Infant Risk Social Condition - Homeless	Reflects whether or not the infant has an assessment in this Social category.
8652	Infant Risk Social Condition - Under 18	Reflects whether or not the infant has an assessment in this Social category.
8653	Infant Risk Social Condition - Suspected Abuse	Reflects whether or not the infant has an assessment in this Social category.
8654	Infant Risk Social Condition - Non Compliant	Reflects whether or not the infant has an assessment in this Social category.
8655	Infant Risk Nutritional Condition - Congenital Abnormalities	Reflects whether or not the infant has an assessment in this nutritional category.
8656	Infant Risk Nutritional Condition - Inadequate Diet	Reflects whether or not the infant has an assessment in this Medical Risk category.
8657	Infant Risk Referral Condition - Care Coordination	Reflects whether or not the infant has an assessment in this Referral category.
8658	Infant Risk Referral Condition - No Care Coordination	Reflects whether or not the infant has an assessment in this Referral category.
8659	Infant MICC Medical/Psycho Assessment - Poor Previous Parenting Experience	Reflects whether or not the infant has an assessment in this medical category.
8660	Infant MICC Psychosocial Assessment - Poor Support System	Reflects whether or not the infant has an assessment in this psychosocial category.
8661	Infant MICC Psychosocial Assessment - Anxiety	Reflects whether or not the infant has an assessment in this psychosocial category.

Element ID	Element Name	Description
8662	Infant MICC Psychosocial Assessment - Drug Usage	Reflects whether or not the infant has an assessment in this psychosocial category.
8663	Infant MICC Psychosocial Assessment - Alcohol Usage	This field indicates the infant's psychosocial assessment.
8664	Infant MICC Psychosocial Assessment - Tobacco Usage	Reflects whether or not the infant has an assessment in this psychosocial category.
8665	Infant MICC Psychosocial Assessment - Religious	Reflects whether or not the infant has an assessment in this psychosocial category.
8666	Infant MICC Psychosocial Assessment - Conflict	Reflects whether or not the infant has an assessment in this psychosocial category.
8667	Infant MICC Psychosocial Assessment - Health Needs	Reflects whether or not the infant has an assessment in this psychosocial category.
8668	Infant MICC Psychosocial Assessment - Insufficient Funds for Food	Reflects whether or not the infant has an assessment in this psychosocial category.
8669	Infant MICC Psychosocial Assessment - Difficulty Obtaining Food Stamps	Reflects whether or not the infant has an assessment in this psychosocial category.
8670	Infant MICC Psychosocial Assessment - Maternal Absence	Reflects whether or not the infant has an assessment in this psychosocial category.
8671	Infant MICC Psychosocial Assessment - Protective Services	Reflects whether or not the infant has an assessment in this psychosocial category.
8672	Infant MICC Psychosocial Assessment - Poor Emotional Bonding	Reflects whether or not the infant has an assessment in this psychosocial category.
8673	Infant MICC Psychosocial Assessment - Mentally Retarded	Reflects whether or not the infant has an assessment in this psychosocial category.
8674	Infant MICC Psychosocial Assessment - Care Needs	Reflects whether or not the infant has an assessment in this psychosocial category.
8675	Infant MICC Psychosocial Assessment - Housing Needs	Reflects whether or not the infant has an assessment in this psychosocial category.
8676	Infant MICC Psychosocial Assessment - Transportation Needs	Reflects whether or not the infant has an assessment in this psychosocial category.
8677	Infant MICC Psychosocial Assessment - School Needs	Reflects whether or not the infant has an assessment in this psychosocial category.
8678	Infant MICC Psychosocial Assessment - Homeless	Reflects whether or not the infant has an assessment in this psychosocial category.
8679	Infant MICC Psychosocial Assessment - Neglect	Reflects whether or not the infant has an assessment in this psychosocial category.
8681	Infant MICC Psychosocial Assessment - Unmotivated Caregiver	Reflects whether or not the infant has an assessment in this psychosocial category.
8682	Infant MICC Medical Assessment - Apnea	Reflects whether or not the infant has an assessment in this medical category.
8683	Infant MICC Medical Assessment - Infant Morbidity	Reflects whether or not the infant has an assessment in this medical category.
8684	Infant MICC Medical Assessment - Genetic Disorder	Reflects whether or not the infant has an assessment in this medical category.
8685	Infant MICC Medical Assessment - Chronic Illness	Reflects whether or not the infant has an assessment in this medical category.
8686	Infant MICC Medical Assessment - Lack of Risk Knowledge	Reflects whether or not the infant has an assessment in this medical category.
8687	Infant MICC Medical Assessment - Drug Exposure in Utero	Reflects whether or not the infant has an assessment in this medical category.

Element ID	Element Name	Description
8688	Infant MICC Medical Assessment - Limited Access to Care	Reflects whether or not the infant has an assessment in this medical category.
8689	Infant MICC Medical Assessment - Developmentally Delayed	Reflects whether or not the infant has an assessment in this medical category.
8690	Infant MICC Psychosocial Assessment - Caregiver Handicap	Reflects whether or not the infant has an assessment in this psychosocial category.
8691	Infant MICC Psychosocial Assessment - Multiple Providers	Reflects whether or not the infant has an assessment in this psychosocial category.
8692	Infant MICC Medical Assessment - Low Birth Weight	Reflects whether or not the infant has an assessment in this medical category.
8693	Infant MICC Nutritional Assessment - Poor Use of WIC Benefits	Reflects whether or not the infant has an assessment in this nutritional category.
8694	Infant MICC Nutritional Assessment - Poor Diet Information	Reflects whether or not the infant has an assessment in this nutritional category.
8695	Infant MICC Nutritional Assessment - Breast Feeding Problems	Reflects whether or not the infant has an assessment in this nutritional category.
8696	Infant MICC Nutritional Assessment - Poor Use of Formula	Reflects whether or not the infant has an assessment in this nutritional category.
8697	Infant MICC Nutritional Assessment - Diet Modification	Reflects whether or not the infant has an assessment in this nutritional category.
8698	Infant MICC Nutritional Assessment - Inadequate Sucking	Reflects whether or not the infant has an assessment in this nutritional category.
8699	Infant MICC Nutritional Assessment - Acute Illness	Reflects whether or not the infant has an assessment in this nutritional category.
8712	Infant Outcome Client Needs - Transportation	This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.
8713	Maternal Risk Substance Abuse Daily Frequency - Alcohol	Indicates the number of times per day Alcohol is abused by the mother.
8714	Maternal Risk Substance Abuse Daily Frequency - Cocaine	Indicates the number of times per day Cocaine is abused by the mother.
8715	Maternal Risk Substance Abuse Daily Frequency - Narcotics	Indicates the number of times per day Narcotics are abused by the mother.
8716	Maternal Risk Substance Abuse Daily Frequency - Marijuana	Indicates the number of times per day Marijuana is abused by the mother.
8717	Maternal Risk Substance Abuse Daily Frequency - Sedatives	Indicates the number of times per day Sedatives are abused by the mother.
8718	Maternal Risk Substance Abuse Daily Frequency - Amphetamines	Indicates the number of times per day Amphetamines are abused by the mother.
8719	Maternal Risk Substance Abuse Daily Frequency - Inhalants	Indicates the number of times per day Inhalants are abused by the mother.
8720	Maternal Risk Substance Abuse Daily Frequency - Tobacco	Indicates the number of times per day Tobacco is abused by the mother.
8721	Maternal Risk Substance Abuse Daily Frequency - Other	Indicates the number of times per day other substances are abused by the mother.
8722	Maternal Risk Substance Abuse Weekly Frequency - Alcohol	Indicates the number of times per week Alcohol is abused by the mother.
8723	Maternal Risk Substance Abuse Weekly Frequency - Cocaine	Indicates the number of times per week Cocaine is abused by the mother.
8724	Maternal Risk Substance Abuse Weekly Frequency - Narcotics	Indicates the number of times per week Narcotics are abused by the mother.

Element ID	Element Name	Description
8725	Maternal Risk Substance Abuse Weekly Frequency - Marijuana	Indicates the number of times per week Marijuana is abused by the mother.
8726	Maternal Risk Substance Abuse Weekly Frequency - Sedatives	Indicates the number of times per week Sedatives are abused by the mother.
8727	Maternal Risk Substance Abuse Weekly Frequency - Amphetamines	Indicates the number of times per week Amphetamines are abused by the mother.
8728	Maternal Risk Substance Abuse Weekly Frequency - Inhalants	Indicates the number of times per week Inhalants are abused by the mother.
8729	Maternal Risk Substance Abuse Weekly Frequency - Tobacco	Indicates the number of times per week Tobacco is abused by the mother.
8730	Maternal Risk Substance Abuse Weekly Frequency - Other	Indicates the number of times per week other substances are abused by the mother.
8731	Maternal MICC Significant Findings	Reflects any significant findings that have been entered on the Infant Care Coordination Record.
8732	Infant MICC Significant Findings	Reflects any significant findings that have been entered on the Infant Care Coordination Record.
8733	Maternal Risk Daily Substance Abuse Type Description	This field contains the name of other substance(s) that are abused by the mother on a daily basis. This information is entered into the MICC Master File from the Maternal Risk Form or DMAS-16.
8734	Maternal Risk Weekly Substance Abuse Type Description	This field contains the name of other substance(s) that are abused by the mother on a weekly basis. This information is entered into the MICC Master File from the Maternal Risk Form or DMAS-16.
8735	Maternal MICC Current Daily Substance Abuse Type Description	This field contains the name of other substance(s) that are currently abused by the mother on a daily basis. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
8736	Maternal MICC Current Weekly Substance Abuse Type Description	This field contains the name of other substance(s) that are currently abused by the mother on a weekly basis. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
8737	Maternal MICC Prior Daily Substance Abuse Type Description	This field contains the name of other substance(s) that were abused by the mother on a daily basis, prior to pregnancy. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
8738	Maternal MICC Prior Weekly Substance Abuse Type Description	This field contains the name of other substance(s) that were abused by the mother on a weekly basis, prior to pregnancy. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.
8739	Case Management (MICC) Expected Delivery Date	This is the Case Management Expected Delivery Date.

DATA ELEMENT: **Calculated (DE0002)**

Valid values are 'N' (Notification) and 'Y' (Follow-up). Value 'N' means the enrollee is 09 or 21 months. Value 'Y' means the enrollee Is 15 or 27 months.

BUSINESS NAME: N/A

REFERENCE NAME: Calculated

DEFAULT: N/A

COBOL PICTURE: x(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Total Number of Screens (DE8004)

This field represents the total number of screenings to-date performed on the enrollee. This field occurs four times on the file for each screening type: Medical, Hearing, Vision and Dental.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Total Number of Screens

DEFAULT: 0

COBOL PICTURE: S9(02) comp-3

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Last Screen (DE8006)

This date reflects the last performed screening date. It occurs four times on file to represent the last screening date for each of the four screen types. This date is stored in CCYYMMDD format.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Last Screen

DEFAULT: 0

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Multiple Occurrences
Description	Must accommodate multiple occurrences of data element.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Next Screen (DE8007)

The numeric data field contains the date that a recipient is due for screening. It occurs four times on the file to represent each of the four screen types: Medical, Hearing, Vision and Dental. It is stored in CCYYMM format,

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Next Screen

DEFAULT: 0

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Locality Code

Description

Local Def N/A

Rule Name Valid Date or Zero

Description Must be a numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date Case Opened (DE8008)

This is the date the Enrollee's Case Information was added to the EPSDT Master File.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date Case Opened

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Last Update Operator Identification (DE8009)

This is the on-line logon identification of the last user who updated the record on the EPSDT Master File.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Update Operator Identification

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	End/Thru Dt GE Begin/From Dt
Description	End/Thru/Effective Date must be greater than or equal to the corresponding Begin/From/Effective Date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date Case Reinstated (DE8010)**

This numeric field contains the date on which a recipient's eligibility was reinstated for EPSDT services.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date Case Reinstated

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Last Update Terminal Identification (DE8011)

This alphanumeric data field contains the terminal identification on which an enrollee's EPSDT Master File record was changed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Update Terminal Identification

DEFAULT: N/A

COBOL PICTURE: X(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Update Type (DE8012)**

This one character field indicates the action mode taken to alter the enrollee's EPSDT Master File Record, indicating that the update was performed on-line or in batch processing.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Update Type

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Batch Update
O	Online Update

DATA ELEMENT: EPSDT Enrollee Screening Status (DE8013)

This one character field indicates the current status of an enrollee's screening status. This field occurs four times on the Master File for each of the screening types: Medical, Heading, Vision and Dental.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Enrollee Screening Status

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
?	Unknown
C	Closed
D	Due
P	Past Due
R	Prior Due
T	To be due
U	Up to date
X	Critical

DATA ELEMENT: **EPSDT Case Status (DE8014)**

This one character field indicates the current status of an EPSDT recipient with regard to this program.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Case Status

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
?	Unknown
C	Closed - Age 21
D	Open - Recipient Modification
I	Closed - Ineligible
L	Open - Late Eligibility Update
M	Open
N	Open - New
P	Open
R	Open - Reinstated
U	Open - Implementation
X	Closed - Deceased

DATA ELEMENT: EPSDT Case Comments (DE8015)

This thirty character field occurs 4 times. It is used for any comments about the enrollee or other information on the EPSDT Master File.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Case Comments

DEFAULT: N/A

COBOL PICTURE: X(120)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Case Last Update Date (DE8016)

This is the date of the last update performed on EPSDT case information by the Case Management Module.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Case Last Update Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Case Last Update Time (DE8017)**

This is the time of the last update performed on EPSDT case information by the Case Management Module.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Case Last Update Time

DEFAULT: N/A

COBOL PICTURE: S9(04) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Time
Description	Must be valid time and formatted HHMMSS.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date Case Closed (DE8018)**

This is the date the enrollee's case was closed to EPSDT Services.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date Case Closed

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Immunization Complete Indicator (DE8019)

This one byte field indicates whether or not a recipient's immunizations are complete and/or up-to-date.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Immunization Complete Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Conditionally Required
Description	The field is required under the following condition(s):
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
?	Immunization Status unknown
D	Immunization Due
N	Immunizations are incomplete/Not Up-to-date
Y	Immunizations Complete/Up-to-date

DATA ELEMENT: **EPSDT Date of Birth (DE8020)**

Enrollee date of birth in Julian Format. (CCYYDDD)

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Birth

DEFAULT: 0

COBOL PICTURE: 9(5) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Cost of Screens YTD (DE8021)**

This is field summarizes the cost of screenings for the calendar year.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Cost of Screens YTD

DEFAULT: 0

COBOL PICTURE: S9(05)V99 comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Number of Treatments YTD (DE8022)**

This is the total number of treatments performed on an enrollee for the calendar year.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Number of Treatments YTD

DEFAULT: 0

COBOL PICTURE: S9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Cost of Treatments YTD (DE8023)**

This field summarizes all costs associated with all treatments administered to the enrollee for the calendar year .

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Cost of Treatments YTD

DEFAULT: N/A

COBOL PICTURE: S9(07)v99 comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Number of Screens YTD (DE8024)**

This is the number of screens performed on the enrollee for the calendar year.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Number of Screens YTD

DEFAULT: N/A

COBOL PICTURE: S9(4)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Case Last Update Action (DE8025)**

This indicator reflects the action performed on the record during the Case Management processing cycle.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Case Last Update Action

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Closed
E	Enter Screen Date
K	Unlinked
L	Linked
R	Reinstate
U	Update
X	Conversion/Create

DATA ELEMENT: **EPSDT 1st Outreach Date (DE8027)**

This numeric data field contains the date on which the first outreach attempt was made.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT 1st Outreach Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT 2nd Outreach Date (DE8028)**

This numeric data field contains the date on which the second, or most recent, attempt was made.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT 2nd Outreach Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT 1st Outreach Type (DE8029)**

This one character field indicates the method used to contact an eligible recipient on the first outreach attempt.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT 1st Outreach Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
L	Letter
P	Phone

DATA ELEMENT: **EPSDT 2nd Outreach Type (DE8030)**

This one character field indicates the method used to contact an eligible enrollee on the second, or most recent, outreach attempt.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT 2nd Outreach Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
L	Letter
P	Phone

DATA ELEMENT: **EPSDT Accumulated Screening Cost To Date (DE8032)**

This field represents the total cost of screening for the enrollee since becoming an EPSDT participant.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Accumulated Screening Cost To Date

DEFAULT: N/A

COBOL PICTURE: S9(07) V99

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Accumulated Treatment Cost To Date (DE8033)**

This field represents the total cost of treatments for the enrollee since becoming an EPSDT participant.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Accumulated Treatment Cost To Date

DEFAULT: N/A

COBOL PICTURE: S9(07) V99 comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Status Before Close (DE8035)**

This one byte field represents the status of an enrollee's screenings at the time the Case was closed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Status Before Close

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
?	Unknown
C	Closed
D	Due
P	Past Due
R	Prior Due
T	To Be Due
U	Up to Date
X	Critical

DATA ELEMENT: EPSDT Appt Letter Indicator (DE8036)

This one position field indicates whether or not an appointment letter for an enrollee's due screening and/or immunization was generated. This field occurs 4 times on file for each screening type: Medical, Hearing, Vision and Dental. Only one letter per enrollee will be generated.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appt Letter Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Appointment Reminder
I	Immunization Reminder Notice
M	Missed Appointment Reminder
N	No letter generated, HMO enrolled or Ineligible
N or space	None
S	Screening Reminder Notice

DATA ELEMENT: **EPSDT Screen Added Indicator (DE8037)**

This indicator reflects whether or not the enrollee has a screening record on file.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Added Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: EPSDT Master Record Add Date (DE8038)

This date reflects the date the EPSDT Master record was added to the file by the Case Management Module.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Master Record Add Date

DEFAULT: 0

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Update Source (DE8045)**

The on-line program by which the EPSDT Master record was last updated.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Update Source

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Update Date (DE8046)**

The date the Master record was last updated, on-line.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Update Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Update Time (DE8047)**

This field reflects the time of the last on-line update to the EPSDT Master File.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Update Time

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Time
Description	Must be valid time and formatted HHMMSS.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Number of Immunizations To Date (DE8051)

This field represents the total number of immunizations that an enrollee has administered.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Number of Immunizations To Date

DEFAULT: N/A

COBOL PICTURE: 9 (02) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Infant MICC Nutritional Assessments - Inadq/Excess Wght (DE8086)

Indicates whether or not an assessment is indicated in this category for the infant.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessments - Inadq/Excess Wght

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	NO
1	YES
9	UNKNOWN
N	NO
space	No Entry
U	UNKNOWN
Y	YES

DATA ELEMENT: **MICC Last Update Segment Type (DE8087)**

This field represents the last segment that was updated or added on the MICC Master File.

BUSINESS NAME: N/A

REFERENCE NAME: MICC Last Update Segment Type

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
C	Case Management
M	Care Coordination
O	Outcome
R	Risk

DATA ELEMENT: **Infant Risk Last Update Date (DE8088)**

This is the date of the last update to the Infant Risk segment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Last Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant Risk Last Update Code (DE8089)**

This field represents the last type of update performed on the Infant Risk Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Last Update Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: **Infant MICC Last Update Date (DE8090)**

The last date the Infant MICC Segment was updated.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Last Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant MICC Last Update Code (DE8091)**

The last update type performed on the Infant MICC Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Last Update Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: **Infant Outcome Last Update Date (DE8092)**

The date of the last update performed on the Infant Outcome Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Last Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08) Comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant Outcome Last Update Code (DE8093)**

The last type update performed on the Infant Outcome Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Last Update Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: **Maternal Risk Last Update Date (DE8094)**

The last date the Maternal Risk Segment was updated.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Last Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Risk Last Update Code (DE8095)**

The last type of update applied to the Maternal Risk Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Last Update Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: **Maternal MICC Last Update Date (DE8096)**

The date of the last update applied to the Maternal MICC Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Last Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal MICC Last Update Code (DE8097)**

The last type of update performed on the Maternal MICC Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Last Update Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: **Maternal Outcome Last Update Date (DE8098)**

The date of the last update applied to the Maternal Outcome Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Last Update Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Outcome Last Update Code (DE8099)**

This is the type of update last performed on the Maternal Outcome Segment.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Last Update Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
A	Add
C	Change
D	Delete

DATA ELEMENT: EPSDT Screen Sequence Number (DE8100)

A two byte field that indicates the sequence number of the screen record for the recipient within screen type.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Sequence Number

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Screen Type (DE8101)

This one-character field identifies the type of screening as D (Dental Screening), H (Hearing Screening), M (Medical Screening), or V (Vision Screening).

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	N/A

Rule Name	Valid EPSDT Immunization
Description	Represents the valid immunization types that are administered to EPSDT recipients.
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Dental
H	Hearing
M	Medical
V	Vision

DATA ELEMENT: **EPSDT Enrollee Age at Screening or Immunization (DE8102)**

The recipient's age at the time a screening was performed. May be represented in months or years.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Enrollee Age at Screening or Immunization

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Enrollee Age Type (DE8103)**

Enrollee's age is expressed in months or years.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Enrollee Age Type

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Century
Description	This field, if valued, must be a valid Century.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
M	Months
Y	Years

DATA ELEMENT: EPSDT Next Screen Date Indicator (DE8104)

This Indicator is used by the EPSDT Case Management Module to determine if an enrollee's next screen date should be calculated.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Screen Date Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No, Do not re-calculate an enrollee's next screen date
N	No, Do not re-calculate an enrollee's next screen date
Y	Yes, Re-calculate an enrollee's next screen date

DATA ELEMENT: EPSDT Treatment Indicator (DE8107)

This one position field indicates whether or not a treatment referral, recommended during screening was initiated, complete or not initiated.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
BLANK	NOT INITIATED
C	COMPLETE
I	INITIATED
R	REFERRED
T	TREATED

DATA ELEMENT: **EPSDT Delete Record Indicator (DE8112)**

The one byte field indicates that the record is to be removed or deleted from the file. This indicator can represent an erroroneous screening that has been adjusted during claims processing, a missed or erroroneous screening appointment or a missed or erroroneous referral appointment.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Delete Record Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Do Not Delete
D	Delete
N	Do Not Delete
Y	Delete

DATA ELEMENT: **EPSDT Screen Type Number (DE8113)**

This field represents the Screening Type with a numerical value.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Type Number

DEFAULT: N/A

COBOL PICTURE: 9

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Medical
2	Vision
3	Hearing
4	Dental

DATA ELEMENT: **EPSDT Screening Last Update Source (DE8119)**

This is the source (PROGRAM) of the last update that occurred to the EPSDT Screening Segment.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Last Update Source

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	End/Thru Dt GE Begin/From Dt
Description	End/Thru/Effective Date must be greater than or equal to the corresponding Begin/From/Effective Date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Last Update Type (DE8120)**

This one character field indicates the last type of update that occurred on the Screening Segment.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Last Update Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Batch
O	Online

DATA ELEMENT: **EPSDT Screening Last Update Date (DE8121)**

This field indicates the date of the last update to the Screening segment.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Last Update Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Screening Last Update Time (DE8122)

This field indicates the time of the last update to the EPSDT Screening Segment.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Last Update Time

DEFAULT: N/A

COBOL PICTURE: S9(05) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Time
Description	Must be valid time and formatted HHMMSS.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Comments (DE8125)**

This field contains any comments about the performed screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Comments

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Comments (DE8126)**

This field contains comments relating to a treatment resulting from an abnormal screening. DMAS will has access to this field.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Comments

DEFAULT: N/A

COBOL PICTURE: X(40)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Initiation Date (DE8130)**

This is the date of the first treatment of an abnormal condition detected during a screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Initiation Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Initiation Date Century (DE8131)**

This is the century of the first treatment of an abnormal condition detected during a screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Initiation Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Initiation Date Year (DE8132)**

This is the year of the first treatment of an abnormal condition detected during a screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Initiation Date Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Greater Than Zero
Description	A number greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Initiation Date Month**
EPSDT Treatment Initiation Date Month (DE8133)

This is the month of the first treatment of an abnormal condition detected during a screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Initiation Date Month
EPSDT Treatment Initiation Date Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Initiation Date Day**
EPSDT Treatment Initiation Date Day (DE8134)

This is the day of the first treatment of an abnormal condition detected during a screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Initiation Date Day
EPSDT Treatment Initiation Date Day

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Minutes or Zero
Description	Valid Minutes within the hour. 00 - 59
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Completion Date**
EPSDT Treatment Completion Date (DE8135)

This is the date treatment of an abnormal condition detected during a screening was complete.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Completion Date
EPSDT Treatment Completion Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Completion Date - Century**
EPSDT Treatment Completion Date - Century (DE8136)

This is the century of the date treatment of an abnormal condition detected during a screening was complete.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Completion Date - Century
EPSDT Treatment Completion Date - Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Completion Date - Year**
EPSDT Treatment Completion Date - Year (DE8137)

This is the year of the date treatment of an abnormal condition detected during a screening was complete.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Completion Date - Year
EPSDT Treatment Completion Date - Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Greater Than Zero
Description	A number greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Completion Date - Month**
EPSDT Treatment Completion Date - Month (DE8138)

This is the month of the date treatment of an abnormal condition detected during a screening was complete.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Completion Date - Month
EPSDT Treatment Completion Date - Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Treatment Completion Date - Day**
EPSDT Treatment Completion Date - Day (DE8139)

This is the day of the date treatment of an abnormal condition detected during a screening was complete.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Treatment Completion Date - Day
EPSDT Treatment Completion Date - Day

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Minutes or Zero
Description	Valid Minutes within the hour. 00 - 59
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Next Immunization Date (DE8142)**

This field represents the next date the enrollee is due for an immunization. Represented by MMCCYY.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Immunization Date

DEFAULT: N/A

COBOL PICTURE: S9(07) COMP-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Locality Code
Description	
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Treatment - Day (DE8143)**

This is the day of the date treatment of an abnormal condition was performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Treatment - Day

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Minutes or Zero
Description	Valid Minutes within the hour. 00 - 59
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Treatment - Month (DE8144)**

This is the month of the date treatment of an abnormal condition was performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Treatment - Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Treatment - Year (DE8145)**

This is the year of the date treatment of an abnormal condition was performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Treatment - Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Greater Than Zero
Description	A number greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Treatment - Century (DE8146)**

This is the century of the date treatment of an abnormal condition was performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Treatment - Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Immunization Type (DE8156)**

Refers to the immunization type administered to an EPSDT enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Immunization Type

DEFAULT: N/A

COBOL PICTURE: X(10)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Day
Description	A valid day 01 thru 31
Local Def	N/A

VALID VALUES:

Valid Value	Description
DTAP	Diphtheria, Tetanus and Pertussis
DTP	Diphtheria, Tetanus, Pertussis
DTP4	Diphtheria, Tetanus, Pertussis 4
HEPB1	Hepatitis B1
HEPB2	Hepatitis B2
HEPB3	Hepatitis B3
HIB	H. influenzae type b 5
MMR	Measles, Mumps, Rubella
MMR7	Measles, Mumps, Rubella 7
POLIO	Polio
POLIO6	Polio 6
Td	Diphtheria and Tetanus
VAR	Varicella
VAR8	Varicella 8

DATA ELEMENT: **EPSDT Immunization Table Last Update Date (DE8157)**

This fields reflects the last date a record on this table was updated.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Immunization Table Last Update Date

DEFAULT: N/A

COBOL PICTURE: S9(07) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Immunization Table Last Update ID (DE8158)

This is the user ID who updated or program ID that processed the last update to a record on the immunization table.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Immunization Table Last Update ID

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Periodicity Table Last Update Date (DE8160)**

The date of the last update performed on the EPSDT Periodicity Table.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Periodicity Table Last Update Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Update PGM Name

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Periodicity Table Last Update ID (DE8161)**

The ID of the operator or program that entered the last update to the Periodicity Table.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Periodicity Table Last Update ID

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	End/Thru Dt GE Begin/From Dt
Description	End/Thru/Effective Date must be greater than or equal to the corresponding Begin/From/Effective Date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Due (DE8162)**

This field represents whether or not a Screening (Medical, Vision, Hearing or Dental) is due at a particular age.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Due

DEFAULT: N/A

COBOL PICTURE: X occurs 25 times.

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Screening Not Due
X	Screening Due

DATA ELEMENT: **EPSDT Immunization Due (DE8170)**

This one position field determines when the immunization is due.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Immunization Due

DEFAULT: N/A

COBOL PICTURE: X(01) occurs 20 times.

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Immunization Not Due
X	Immunization Due

DATA ELEMENT: **EPSDT Screening Type Name (DE8185)**

This field represents a textual description of the screening.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Type Name

DEFAULT: N/A

COBOL PICTURE: X(4)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid EPSDT Immunization
Description	Represents the valid immunization types that are administered to EPSDT recipients.
Local Def	N/A

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Dent	Dental
Hear	Hearing
Med	Medical
Vis	Vision

DATA ELEMENT: **EPSDT Letter Text (DE8199)**

This field will contain the body of letters that are generated in the EPSDT Subsystem.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Letter Text

DEFAULT: N/A

COBOL PICTURE: X (80) occurs 25

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Appointment Due Date (DE8203)**

For EPSDT recipients, this is the date a screening should be performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appointment Due Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date Screen Appointment Made (DE8204)**

This is the date that a screening appointment was made with the provider . Format is CCYYMMDD

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date Screen Appointment Made

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Appointment Date (DE8205)**

The date a screening should be performed. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Date

DEFAULT: N/A

COBOL PICTURE: 8(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Appointment Year (DE8206)**

The century in which a screening should be performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Time or Zero
Description	
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Screening Appointment Month (DE8207)

The month in which a screening should be performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

DATA ELEMENT: **EPSDT Screening Appointment Day (DE8208)**

The day of the month in which a screening should be performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Day

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Minutes or Zero
Description	Valid Minutes within the hour. 00 - 59
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Appointment Hour (DE8210)**

The hour at which a screening appointment has been scheduled.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Hour

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 - 24

BUSINESS RULES:

Rule Name Cannot be greater than the current date

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Appointment Minutes (DE8211)**

The minutes within the hour at which a screening has been scheduled.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Minutes

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Cannot be less than 19890701

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screening Appointment Source (DE8212)**

Identifies who set up the screening appointment. E (Enrollee), P (Provider), D(DMAS) , B(DMAS BACKOUT) or U (Unable to contact)

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Source

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Backed out by DMAS
blank	Unknown
D	DMAS made the appointment
E	Enrollee made the appointment
P	Provider made the appointment
U	Unable to contact

DATA ELEMENT: **EPSDT Screen Verification Due Date (DE8213)**

The date by which a screening appointment should be verified. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Verification Due Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3.

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Screen Verification Date (DE8214)**

The date a screening was verified.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Verification Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Screen Verification Code (DE8215)

A code which identifies whether or not a screening appointment was kept. If the appointment was missed, the code indicates the reason.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Verification Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name N/A

Description N/A

Local Def N/A

VALID VALUES:

Valid Value	Description
B	Backed Out
blank	Pending
C	Cancelled
D	Provider Dropped
F	Forgot
K	Kept Appointment
O	Missed Other
R	Refused
S	Sick
T	No Transportation Available
U	Unable to Find
X	Failed to Show

DATA ELEMENT: EPSDT Screen Verification Source (DE8216)

Indicates how a screening appointment was verified as having been kept or missed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Verification Source

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Backed out by DMAS
blank	Not Verified Yet
C	Verified by Claim
D	Verified by DMAS
E	Verified by EPSDT
P	Verified by Provider

DATA ELEMENT: EPSDT Screen Verified by Claim (DE8217)

Indicates whether or not the screening has been verified by a claim.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screen Verified by Claim

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Screening Type
Description	Must be a valid EPSDT screen type: M, V, H or D for Medical, Vision, Hearing or Dental, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Not verified by a Claim
N	Not verified by a Claim
Y	Verified by a Claim

DATA ELEMENT: **EPSDT Re-Screening Due Date (DE8218)**

The date by which a missed screening appointment should be rescheduled.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Due Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-Screening Due Date Year (DE8219)**

The year in which a missed screening appointment should be rescheduled.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Due Date Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Greater Than Zero
Description	A number greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-Screening Due Date Month (DE8220)

The month in which a missed screening appointment should be rescheduled.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Due Date Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Month

Description Entered value must be 01-12 (valid monmth).

Local Def N/A

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-Screening Due Date Day (DE8221)**

The day in which a missed screening appointment should be rescheduled.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Due Date Day

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Minutes or Zero
Description	Valid Minutes within the hour. 00 - 59
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-Screening Appointment Date (DE8222)**

The date that a missed screening appointment has been rescheduled. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Appointment Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-Screening Appointment Year (DE8223)

The year in which a rescheduled screening appointment will occur.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Appointment Year

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Greater Than Zero
Description	A number greater than zero.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-Screening Appointment Month (DE8224)

The month in which a rescheduled screening appointment will occur.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Appointment Month

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-Screening Appointment Day (DE8225)**

The day of the month in which a rescheduled screening appointment will occur.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Appointment Day

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Minutes or Zero
Description	Valid Minutes within the hour. 00 - 59
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-screen Appointment Time (DE8226)**

The time a rescheduled screening appointment will occur.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screen Appointment Time

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Cannot be greater than the current date

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-screening Appointment Hour (DE8227)**

The hour at which a rescheduled screening appointment will occur.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Appointment Hour

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Cannot be greater than the current date

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-screening Appointment Minutes (DE8228)**

The minute portion of the hour at which a rescheduled screening appointment will occur.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Appointment Minutes

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Cannot be less than 19890701

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-screening Verification Due Date (DE8229)

The date by which a rescheduled screening appointment should be verified. Format is CCYYMMDD

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Verification Due Date

DEFAULT: N/A

COBOL PICTURE: S9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Re-screening Verification Date (DE8230)**

The date that a rescheduled screening appointment was verified as having been kept or missed. Format is CCYYMMDD

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Verification Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Referral Appointment Due Date (DE8231)**

The date by which a referral appointment should be set up. Format is in format CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Appointment Due Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Referral Verification Date (DE8232)**

The date that a referral appointment was verified as having been kept or missed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Verification Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Referral Verification Code (DE8233)

A code which identifies whether or not a screening appointment was kept. If the appointment was missed, the code indicates the reason.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Verification Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
D	Provider Dropped
F	Forgot
K	Kept Appt
O	Missed Other
R	Refused Service
S	Sick
T	No Transportation
U	Unable to find
X	Failed to show

DATA ELEMENT: **EPDST Referral Reappointment Review Date (DE8234)**

The date by which a missed referral appointment should be rescheduled. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPDST Referral Reappointment Review Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Referral Reappointment Date (DE8235)**

The rescheduled appointment date for a missed referral appointment. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Reappointment Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Referral Reappointment Time (DE8236)**

The time of the rescheduled appointment for a missed referral appointment. HHMM

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Reappointment Time

DEFAULT: N/A

COBOL PICTURE: S9(05) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Cannot be greater than the current date

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-screening Appointment Override Flag (DE8237)

Indicates if the rescheduled appointment was overridden.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Appointment Override Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Rescheduled Appointment Not overridden
Y	Rescheduled Appointment Overridden

DATA ELEMENT: **EPSDT Referral Reappointment Verification Date (DE8238)**

The date that a rescheduled referral appointment was verified as kept or missed. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Reappointment Verification Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Screening Schedule Override Flag (DE8239)

Indicates that a provider has authorized an appointment outside the hours routinely used to schedule appointments for that provider.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Schedule Override Flag

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Override or override unauthorized
Y	Override was authorized

DATA ELEMENT: **EPSDT Referral Appointment Date (DE8240)**

Date of the referral appointment. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Appointment Date

DEFAULT: N/A

COBOL PICTURE: S9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Referral Appointment Time (DE8241)**

Time of the referral appointment. Format is HHMM.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Appointment Time

DEFAULT: N/A

COBOL PICTURE: 9(03) comp

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Cannot be greater than the current date

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-screen Verification Source (DE8242)

Indicates how a re-scheduled appointment was verified as having been kept or missed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screen Verification Source

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Backed Out by DMAS
blank	Not Verfied
C	Verified by Claim
D	Verified by DMAS
E	Verified by EPSDT
P	Verified by Provider
T	Verified by Phone

DATA ELEMENT: EPSDT Re-screen Verification Code (DE8243)

A code which identifies whether or not a rescheduled appointment was kept. If the appointment was missed, the code indicates the reason.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screen Verification Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Backed Out
blank	Pending
C	Cancelled
D	Dropped
F	Forgot
K	Kept Appt
O	Missed Other
R	Refused Service
S	Sick
T	Transportation
U	Unable to find
X	Failed to show

DATA ELEMENT: **EPSDT Transportation Assistance Indicator (DE8244)**

This one-position field indicates whether or not transportation assistance is required .

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Transportation Assistance Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Assistance Needed
N	No Assistance Needed
Y	Assistance Needed

DATA ELEMENT: **EPSDT Referral Reappointment Verification Code (DE8245)**

A code which identifies whether or not a rescheduled referral appointment was kept. If the appointment was missed, the code indicates the reason.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Referral Reappointment Verification Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
D	Provider Dropped
F	Forgot Appt
K	Kept Appt
O	Missed Other
R	Refused Service
S	Sick
T	No Transportation
U	Unable to Find
X	Failed to show

DATA ELEMENT: **EPSDT Screening Appointment Century (DE8246)**

The century of the date that the screening should be performed.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Appointment Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-Screening Due Date Century (DE8247)

This field represents the century of the rescheduled due date.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-Screening Due Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Re-screening Appointment Century (DE8249)

This field represents the century of the date of the rescheduled appointment.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Appointment Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Time or Zero
Description	
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Appointment Last Update Date (DE8250)**

This date is the latest date that appointment information was updated. Format is CCYYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appointment Last Update Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Appointment Last Update Time (DE8251)**

The time of the last update to appointment information.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appointment Last Update Time

DEFAULT: N/A

COBOL PICTURE: S9(05) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Cannot be greater than the current date
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Appointment Last Update Type (DE8252)**

The type of update that occurred to appointment data, represented by 'B' for Batch and 'O' for an on-line update.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appointment Last Update Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
B	Batch
O	Online

DATA ELEMENT: **EPSDT Appointment Last Update ID (DE8253)**

This is the logon identification of the last operator to update appointment information on-line.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appointment Last Update ID

DEFAULT: N/A

COBOL PICTURE: X(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Spaces
Description	The field is optional.
Local Def	N/A

VALID VALUES:

Valid Value	Description
May be Spaces	

DATA ELEMENT: **EPSDT Appointment Last Update Source (DE8254)**

This field contains the name of the program that performed the update on appointment information.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Appointment Last Update Source

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	This field will contain the name of the update program.

DATA ELEMENT: **EPSDT Re-screening Appointment Source (DE8256)**

Identifies who set up the screening appointment. E (Enrollee), D (DMAS), P (Provider), or U (Unable to contact.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Re-screening Appointment Source

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
D	DMAS
E	Enrollee
P	Provider
U	Unable to Contact

DATA ELEMENT: **EPSDT Current Month Begin Date (DE8308)**

The beginning date for the current month. This date is used for calculations in reporting.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Month Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Month End Date (DE8309)**

The ending date of the current month. This date is used for calculations in reporting.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Month End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Current Month End Date Century (DE8310)

The ending date of the current month. This element is the first two positions. It contains the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Month End Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Current Month End Date YYMMDD (DE8311)

The ending date of the current month. This element is the last six positions. It contains the date (YYMMDD).

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Month End Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

Rule Name Required Field

Description This field must be present. May not be null.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Next Month End Date (DE8312)**

The ending date of the next month. This date is used for calculations in reporting.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Month End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Next Month End Date Century (DE8313)**

The ending date of the next month. This element is the first two positions. It contains the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Month End Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Time or Zero
Description	
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Next Month End Date YYMMDD (DE8314)**

The ending date of the next month. This element is the last six positions. It contains the month (YYMMDD).

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Month End Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Age Under 6 (DE8315)**

The date in Julian format of a person's age under 6. This is created for ease of calculations.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 6

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Age Under 6 Century (DE8317)**

The date in Julian format of a person's age under 6. This element is the first two positions. It contains the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 6 Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

Rule Name Required Field

Description This field must be present. May not be null.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Age Under 6 YYDDD (DE8318)

The date in Julian format of a person's age under 6. This element is the last five positions. It contains the year and day (YYDDD).

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 6 YYDDD

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Julian Date
Description	Must be a valid Julian date and formatted YYDDD.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Age Under 13 (DE8319)**

The date in Julian format of a person's age under 13. This is created for ease of calculations. (CCYYDDD)

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 13

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Age Under 13 Century (DE8320)**

The date in Julian format of a person's age under 13. This element is the first two positions. It contains the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 13 Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Time or Zero
Description	
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Age Under 13 YYDDD (DE8321)

The date in Julian format of a person's age under 13. This element is the last five positions. It contains the year and day (YYDDD).

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 13 YYDDD

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Date (DE8348)**

The current date on the control file. It is this date that will appear as the cycle date on the daily reports.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Century (DE8349)**

The current date on the control file. This element is the beginning of the current date and contains the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current 6 Digit Date (DE8350)**

The current date on the control file. This element contains the YYMMDD portion of the current date.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current 6 Digit Date

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Current Julian Date (DE8351)

The current date in Julian format. This is created for ease of calculations in determining a person's age. Format is CCYYDDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Julian Date

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Julian Date Century (DE8352)**

The current date in Julian format. This element is the first two positions of this field containing the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Julian Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Julian Date Year and Day (DE8353)**

The current date in Julian format. This is the YYDDD part of the field.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Julian Date Year and Day

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Age Under 21 (DE8354)

The date in Julian format of a person's age under 21. This is created for ease of calculations. Format is CCYYDDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 21

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Age Under 21 Century (DE8355)**

The date in Julian format of a person's age under 21. This element is the first two positions and is the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 21 Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Age Under 21 YYDDD (DE8356)

The date in Julian format of a person's age under 21. This element is the last five positions. It consists of YYDDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 21 YYDDD

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Julian Date
Description	Must be a valid Julian date and formatted YYDDD.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Age Under 2 (DE8357)

The date in Julian format of a person's age under 2. This is created for ease of calculations.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 2

DEFAULT: N/A

COBOL PICTURE: 9(07)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Valid Age Type
Description	Valid age type is represented by M or Y, for months or years, respectively.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Date of Age Under 2 Century (DE8358)**

The date in Julian format of a person's age under 2. This element is the first two positions and is the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 2 Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Date of Age Under 2 YYDDD (DE8359)

The date in Julian format of a person's age under 2. This element is the last five positions. It consists of YYDDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Date of Age Under 2 YYDDD

DEFAULT: N/A

COBOL PICTURE: 9(05)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Julian Date
Description	Must be a valid Julian date and formatted YYDDD.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Report Week Begin Date (DE8360)**

The beginning date of the reporting week. This date is used for calculations in reporting. This is the week which just ended.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Report Week Begin Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Report Week Begin Date Century (DE8361)

The beginning date of the reporting week. This date is used for calculations in reporting. This is the week which just ended. These two positions represent the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Report Week Begin Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Report Week Begin Date YYMMDD (DE8362)

The beginning date of the reporting week. This element is the last six positions. It contains YYMMDD

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Report Week Begin Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Report Week End Date (DE8363)

The ending date of the reporting week. This date is used for calculations in reporting. This is the week that just ended. (Sun - Sat) This is the cycle date that will appear on the weekly reports.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Report Week End Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Report Week End Date Century (DE8364)**

The ending date of the reporting week. This element is the first two positions. It contains the century.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Report Week End Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Report Week End Date YYMMDD (DE8365)**

The ending date of the reporting week. This element is the last six positions of the date. It contains YYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Report Week End Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: S9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Week End Date (DE8366)**

The ending date of the current week. (Represents a Saturday)

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Week End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Week End Date Century (DE8367)**

The ending date of the current week. This element is the first two positions. It is the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Week End Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Week End Date YYMMDD (DE8368)**

The ending date of the current week. This element is the last six positions. It contains YYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Week End Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Next Week End Date (DE8369)**

The ending date of the next reporting week. This date is used for an on-line edit in the provider appointment scheduling system.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Week End Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Next Week End Date Century (DE8370)**

The ending date of the next reporting week. This element is the first two positions. It has the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Week End Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Next Week End Date YYMMDD (DE8371)

The ending date of the next reporting week. This element is the last six positions. It contains the YYMMDD.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Next Week End Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Reporting Last Month Date (DE8372)

The month last used in reporting. This date is used for calculations in reporting. This is the date that is used as the cycle date on the monthly and quarterly reports.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Reporting Last Month Date

DEFAULT: N/A

COBOL PICTURE: S9(09) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Reporting Month Century (DE8373)**

The month last used in reporting. This element is the first two positions. It contains the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Reporting Month Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Reporting Month YYMM (DE8374)**

The month last used in reporting. This element is the last four positions. It contains the year and month.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Reporting Month YYMM

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Month
Description	Entered value must be 01-12 (valid monmth).
Local Def	N/A

Rule Name	Greater Than Zero
Description	A number greater than zero.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Month Begin Date (DE8375)**

The beginning date of the previous month. This date is used for calculations in reporting.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Month Begin Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Month Begin Date Century (DE8376)**

The beginning date of the previous month. This element is the first two positions. It contains the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Month Begin Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Last Month Begin Date YYMMDD (DE8377)**

The beginning date of the previous month. This element is the last six positions. It contains the date (YYMMDD).

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Last Month Begin Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: 9(06)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Date YYMMDD Format
Description	Must be formatted year-month-day (YYMMDD).
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Month Begin Date YYMMDD (DE8378)**

The beginning date of the current month. This date is used for calculations in reporting.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Month Begin Date YYMMDD

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **EPSDT Current Month Begin Date Century (DE8379)**

The beginning date of the current month. This element is the first two positions. It contains the century number.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Current Month Begin Date Century

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name Valid Time or Zero

Description

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: EPSDT Screening Compliance Rate (DE8380)

Reflects the provider's success in getting enrollees screened within the required time.

BUSINESS NAME: N/A

REFERENCE NAME: EPSDT Screening Compliance Rate

DEFAULT: N/A

COBOL PICTURE: 9(3)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Management (MICC) Maternal Consent Signature Indicator (DE8382)**

Indicates whether or not the mother signed the Consent Form to participate in the Baby Care program.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Maternal Consent Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Coordinator Signature Indicator (DE8383)**

Reflects whether or not the MICC Coordinator's Signature was present on the Care Coordination Assessment Form.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Coordinator Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Coordinator Signature Indicator (DE8384)**

Reflects whether or not the MICC Coordinator's Signature was present on the Care Coordination Assessment Form.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Coordinator Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **MICC New Risk Indicator (DE8385)**

Indicates whether or not the assessment is for a new infant case.

BUSINESS NAME: N/A

REFERENCE NAME: MICC New Risk Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Not a new risk
N	Not a new risk
Y	New Risk

DATA ELEMENT: Maternal Outcome Daily Substance Abuse Type Description (DE8386)

This field contains the description or name of the Substance used by the mother on a daily basis and is entered into the MICC Master File from the Pregnancy Outcome Report.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Outcome Weekly Substance Abuse Type Description (DE8387)

This field contains the name of the Substance used by the mother on a weekly basis and is added to the MICC Master File from the Pregnancy Outcome Report.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Outcome Coordinator Signature Indicator (DE8388)**

This field indicates whether or not the Pregnancy Outcome Report was signed by the MICC Coordinator.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Coordinator Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Outcome Coordinator Signature Indicator (DE8389)

This field indicates whether or not the MICC's Coordinator signature was present on the Infant Outcome Report.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Coordinator Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Unknown
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Outcome Infant # 3 Birth Weight (DE8390)

The birth weight of the third infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant # 3 Birth Weight

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 16	ozs
00 - 17	lbs

DATA ELEMENT: Maternal Outcome Infant # 3 Birth Date (DE8391)

The birth date of the third infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant # 3 Birth Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Outcome Infant # 3 APGAR 1 Minute (DE8392)

The APGAR 1 Minute score for the third infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant # 3 APGAR 1 Minute

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 10	Score
99	Unknown

DATA ELEMENT: Maternal Outcome Infant # 3 APGAR 5 Minute (DE8393)

The APGAR 5 Minute score for the third infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant # 3 APGAR 5 Minute

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 10	Score
99	Unknown

DATA ELEMENT: **Maternal Risk Referral Condition Comment (DE8394)**

This field contains any comments about Referral Risk conditions that were present on the Maternal and/or Infant Risk screen.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral Condition Comment

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MICC Purge Date (DE8396)**

The date the record will be removed from the MICC Master File and archived to tape.

BUSINESS NAME: N/A

REFERENCE NAME: MICC Purge Date

DEFAULT: N/A

COBOL PICTURE: X(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	May Not Be Modified
Description	The subject field may not be modified
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Unique
Description	Must be a unique value which identifies the row/record within the table/file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MICC Sequence Number (DE8397)**

This field represents the number of MICC or Baby Care enrollments on file under this enrollment number.

BUSINESS NAME: N/A

REFERENCE NAME: MICC Sequence Number

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 thru 10

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MICC Risk Segment Counter (DE8398)**

The number of Risk Screens that have been entered on the MICC Master File for a specific MICC enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: MICC Risk Segment Counter

DEFAULT: 0

COBOL PICTURE: S9(04) COMP

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **MICC Segment Counter (DE8399)**

The number of Care Coordination Screens that have been entered on the MICC Master File for a specific MICC enrollment.

BUSINESS NAME: N/A

REFERENCE NAME: MICC Segment Counter

DEFAULT: 0

COBOL PICTURE: S9(04) COMP

DB2 TYPE:

RANGE: 00 thru 99

BUSINESS RULES:

Rule Name	System Generated Field
Description	
Local Def	N/A

Rule Name	May Be Null or Numeric
Description	May be null or numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Management (MICC) Type (DE8401)

Indicates whether the recipient receiving case management services is an infant or a mother.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Type

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Mother/Maternal, enrollee is 10 years or older
2	Infant, enrollee is less than 7 years old
I	Infant
M	Mother/Maternal

DATA ELEMENT: Case Management (MICC) Maternal Consent Date (DE8402)

The date the mother signed the Consent Form, indicating her and/or her infant(s) participation in the Baby Care program.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Maternal Consent Date

DEFAULT: N/A

COBOL PICTURE: S9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Case Management (MICC) Begin Date (DE8403)**

The date on which the recipient began receiving case management (MICC) services.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Begin Date

DEFAULT: N/A

COBOL PICTURE: S9(08) Comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Management (MICC) Outcome Report Received (DE8404)

Indicates whether or not the MICC provider has sent the outcome report on the enrollee to DMAS. In this case the field must be 'Y' or 'N'. It also indicates whether the MICC segment is pending closure or has been closed by the system.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Outcome Report Received

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Unique
Description	Must be a unique value which identifies the row/record within the table/file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry, Default
N	No
P	Pending Closure, System Generated Ending, Outcome Rpt is not required.
S	System Generated Ending, Outcome Rpt is not required.
U	Unknown (Conversion)
Y	Yes

DATA ELEMENT: **MICC New Pregnancy Indicator (DE8405)**

Indicates whether of not the Risk or Care Coordination Information entered is for a new pregnancy or an existing pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: MICC New Pregnancy Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 00-08,88,98,99

BUSINESS RULES:

Rule Name	Unique
Description	Must be a unique value which identifies the row/record within the table/file.
Local Def	N/A

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No, same pregnancy
U	Unknown
Y	Yes, new pregnancy

DATA ELEMENT: **Case Management Pending Enrollment Indicator (DE8406)**

Identifies whether or not the eligible has been enrolled in MICC or Baby Care.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management Pending Enrollment Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	Undetermined
E	Enrolled in MICC
P	Enrollment is pending
U	Unknown (Conversion)

DATA ELEMENT: **Case Management (MICC) Enrollee ID (DE8407)**

The key of the MICC file. Corresponds to the Enrollee ID on the Eligibility File.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Enrollee ID

DEFAULT: N/A

COBOL PICTURE: 9(12)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Enrollee ID
Description	Must be a valid Enrollee ID as carried on the Eligibility Master data store.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Risk Provider Identification (DE8408)

The ID Number of the Medicaid provider who provided the Maternal Risk Report on the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Provider Identification

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider ID
Description	Must be a valid provider identification number as carried on the provider master file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Risk Report Date (DE8409)**

The date that the Maternal Risk Report on the recipient was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Report Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Risk Screen Provider Signature Indicator (DE8410)**

Indicates whether or not the risk screen was signed by the screening provider.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Screen Provider Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Provider did not sign the risk screen
Y	Provider signed the risk screen

DATA ELEMENT: Infant Risk Screen Provider Signature Indicator (DE8411)

Indicates whether or not the Infant Risk Screen was signed by the screening provider .

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Screen Provider Signature Indicator

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No, not signed by the Risk Screen Provider
Y	Yes, signed by the Risk Screen Provider

DATA ELEMENT: Maternal Risk Expected Delivery Date (DE8412)

The recipient's expected date of confinement (delivery date) that was entered on the Maternal Risk Screen.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Expected Delivery Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Outcome Client Needs - Child Care (DE8413)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Child Care

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No, need was not met
U	Unknown, if need was met
Y	Yes, need was met

DATA ELEMENT: Maternal Outcome Client Needs - Food Stamps (DE8414)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Food Stamps

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Unique
Description	Must be a unique value which identifies the row/record within the table/file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	Need not met
U	Unknown if need was met
Y	Need met

DATA ELEMENT: Maternal Outcome Client Needs - Housing (DE8415)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Housing

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Unique
Description	Must be a unique value which identifies the row/record within the table/file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	Need was not met
U	Unknown if need was met
Y	Need was met

DATA ELEMENT: **Maternal MICC Provider Identification (DE8416)**

The ID Number of the Medicaid provider who provided the Maternal MICC Report on the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Provider Identification

DEFAULT: N/A

COBOL PICTURE: 9(09) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider ID
Description	Must be a valid provider identification number as carried on the provider master file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal MICC Report Date (DE8417)

The date the Maternal MICC Report on the recipient was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Report Date

DEFAULT: N/A

COBOL PICTURE: 9(08) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Field Required
Description	This field is required, may not be null and must be populated with a valid value. All edit failures will be reported as exceptions. The following edit rule(s) will be applied:
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal MICC Marital Status (DE8418)**

The marital status of the recipient.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Marital Status

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
M	Married
S	Unmarried
U	Unknown

DATA ELEMENT: Maternal MICC Education Level (DE8419)

The education level of the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Education Level

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 0 - 2, 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	High School graduate or higher
1	9th to 12th grade
2	8th grade or less
9	Unknown

DATA ELEMENT: Maternal MICC Occupation (DE8420)

The occupation of the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Occupation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 0-2, 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	None
1	Not Heavy Work
2	Heavy Work
9	Unknown

DATA ELEMENT: Maternal MICC Live Births (DE8421)

The number of prior pregnancies resulting in live births.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Live Births

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-98, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 thru 98	Number of livebirths
99	Unknown

DATA ELEMENT: Maternal MICC Abortions (DE8422)

The number of prior pregnancies that were aborted.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Abortions

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 0-8, 9

BUSINESS RULES:

Rule Name	Valid Year
Description	This data element must contain a valid time format (CCYY).
Local Def	N/A

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1 thru 8	Number of abortions
9	Unknown

DATA ELEMENT: **Maternal MICC Stillbirths (DE8423)**

The number of pregnancies that resulted in stillbirths.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Stillbirths

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 0-8 , 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0 thru 8	Number of stillbirths
9	Unknown
blank	No Entry

DATA ELEMENT: Maternal MICC Weeks Gestation (DE8424)

The week of gestation that the mother began prenatal care.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Weeks Gestation

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00-52, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 thru 52	Number of weeks
99	Unknown

DATA ELEMENT: Maternal Outcome Client Needs - Nutrition Services (DE8425)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Nutrition Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	Need was not met
U	Unknown if need was met
Y	Need was met

DATA ELEMENT: Maternal Outcome Client Needs - Homemaker Services (DE8426)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Homemaker Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Outcome Client Needs - Home Health Services (DE8427)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Home Health Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	No, need not met
U	Unknown if need was met
Y	Yes, need was met

DATA ELEMENT: **Maternal Outcome Provider Identification (DE8428)**

The ID Number of the Medicaid provider who provided the Maternal Outcome Report on the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Provider Identification

DEFAULT: N/A

COBOL PICTURE: 9(09) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider or Zero
Description	A non-zero entry in this field must be a valid provider identification number.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Outcome Report Date (DE8429)**

The date the Maternal Outcome Report on the recipient was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Report Date

DEFAULT: N/A

COBOL PICTURE: 9(08) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Outcome Reason Code (DE8430)

The reason that the mother is no longer receiving care coordination services.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Reason Code

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 1-9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Pregnancy ended
2	Dropped Out of Prenatal Care
3	Transferred to another MICC Agency
4	Lost to follow-up
5	Eligibility cancelled
6	Problem Resolved
7	Died
8	Moved
9	Other

DATA ELEMENT: **Maternal Outcome Pregnancy Outcome (DE8431)**

The outcome of the mother's pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Pregnancy Outcome

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 1-5

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Live Birth
2	Spontaneous Abortion
3	Therapeutic Abortion
4	Elective Abortion
5	Fetal Death
blank	No entry, valid if MI_MOS-RSNCODE = '1'

DATA ELEMENT: Maternal Outcome Infant #1 Birth Weight (DE8432)

The birth weight of the first infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #1 Birth Weight

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: 00 - 16 ounces
00 - 17 pounds

BUSINESS RULES:

Rule Name Numeric

Description Data element must be numeric.

Local Def N/A

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

VALID VALUES:

Valid Value	Description
00 - 16	ozs
00 - 17	lbs

DATA ELEMENT: **Maternal Outcome Infant #1 Birth Date (DE8433)**

The birth date of the first infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #1 Birth Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Outcome Infant #1 APGAR 1 Minute (DE8434)

The APGAR 1 Minute score for the first infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #1 APGAR 1 Minute

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 10, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Unique
Description	Must be a unique value which identifies the row/record within the table/file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 10	Actual score
99	Unknown
blank	No entry

DATA ELEMENT: Maternal Outcome Infant #1 APGAR 5 Minute (DE8435)

The APGAR 5 Minute score for the first infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #1 APGAR 5 Minute

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 10, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 thru 10	Actual Score
99	Unknown
blank	No entry

DATA ELEMENT: Maternal Outcome Infant #2 Birth Weight (DE8436)

The birth weight of the second infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #2 Birth Weight

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: 00 - 17 pounds
00 - 16 pounds

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 thru 16	ozs
00 thru 17	lbs

DATA ELEMENT: Maternal Outcome Infant #2 Birth Date (DE8437)

The birth date of the second infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #2 Birth Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Outcome Infant #2 APGAR 1 Minute (DE8438)

The APGAR 1 Minute score for the second infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #2 APGAR 1 Minute

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 - 10,
99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 thru 10	Actual score
99	Unknown

DATA ELEMENT: Maternal Outcome Infant #2 APGAR 5 Minute (DE8439)

The APGAR 5 Minute score for the second infant.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant #2 APGAR 5 Minute

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 - 10,
99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 thru 10	Actual score
99	Unknown

DATA ELEMENT: Maternal Outcome Weeks Gestation (DE8440)

The number of weeks of gestation at the time of birth.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weeks Gestation

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00-52, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 52	Number of weeks gestation
99	Unknown

DATA ELEMENT: **Maternal Outcome Risk Completed (DE8441)**

Indicates whether or not the physician has completed a Risk Screen Report.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Risk Completed

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Outcome Infant at Risk (DE8442)

Indicates whether or not the infant was classified as "at risk".

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant at Risk

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No, not at risk
U	Unknown
Y	Yes, at risk

DATA ELEMENT: **Maternal Outcome Infant Referred to MICC (DE8443)**

Indicates whether or not the infant was referred to care coordination.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant Referred to MICC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Outcome Infant EPSDT (DE8444)

Indicates whether or not the infant in receiving EPSDT services.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant EPSDT

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Outcome Infant WIC (DE8445)**

Indicates whether or not the infant is receiving WIC services.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant WIC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Outcome Weeks Care Began (DE8446)**

The weeks of gestation when the mother began receiving prenatal care.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weeks Care Began

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00-52, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 52	Number of weeks
99	Unknown

DATA ELEMENT: Maternal Outcome Prenatal Visits (DE8447)

The total number of prenatal visits by the mother during the pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Prenatal Visits

DEFAULT: N/A

COBOL PICTURE: 9(03)

DB2 TYPE:

RANGE: 000-999

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

VALID VALUES:

Valid Value	Description
000 - 998	Number of visits
999	Unknown

DATA ELEMENT: **Maternal Outcome WIC (DE8448)**

Indicates whether or not the mother received WIC supplemental food during pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome WIC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Outcome Family Planning (DE8449)**

Indicates whether or not the mother received a family planning or a postpartum examination.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Family Planning

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Nutritional Assessment - Inadequate Weight Gain (DE8450)

This field indicates whether or not the infant has a Nutritional Assessment for this category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Inadequate Weight Gain

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Provider Identification (DE8451)**

The ID Number of the Medicaid provider who provided the infant Risk Report on the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Provider Identification

DEFAULT: N/A

COBOL PICTURE: 9(09)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider or Zero
Description	A non-zero entry in this field must be a valid provider identification number.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant Risk Report Date (DE8452)**

The date the Infant Risk Report on the recipient was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Report Date

DEFAULT: N/A

COBOL PICTURE: 9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Outcome Client Needs - Employment (DE8453)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Employment

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Maternal Outcome Client Needs - School Enrollment (DE8454)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - School Enrollment

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Outcome Client Needs - Psychological Counseling (DE8455)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Psychological Counseling

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: Maternal Outcome Client Needs - Job Training (DE8456)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Job Training

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: Infant MICC Provider Identification (DE8457)

The ID Number of the Medicaid provider who provided the Infant MICC Report on the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Provider Identification

DEFAULT: N/A

COBOL PICTURE: 9(09) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider or Zero
Description	A non-zero entry in this field must be a valid provider identification number.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant MICC Report Date (DE8458)**

The date the Infant MICC Report on the enrollee was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Report Date

DEFAULT: N/A

COBOL PICTURE: 9(08) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant MICC Caretaker Education (DE8460)**

The education level of the caretaker.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Caretaker Education

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: 0 -2, 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	Required Field
Description	This field must be present. May not be null.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	High School Graduate or Higher
1	9th to 12th grade
2	8th grade or less
9	Unknown

DATA ELEMENT: **Infant MICC Caretaker Marital (DE8461)**

The marital status of the caretaker.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Caretaker Marital

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
M	Married
S	Unmarried
U	Unknown

DATA ELEMENT: **Infant MICC Caretaker Relationship (DE8462)**

The relationship of the caretaker to the infant.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Caretaker Relationship

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: 1 - 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Mother
2	Father
3	Grandparents
4	Other Family Member/ Guardian
5	Adoptive Parent
6	Foster Caretaker
7	Infant presently in a long term care
9	Unknown

DATA ELEMENT: **Maternal Outcome Client Needs - Transportation (DE8463)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Transportation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Outcome Client Needs - Substance Abuse Treatment (DE8464)

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Substance Abuse Treatment

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No enrty
N	Needs Not Met
U	Unknown, if needs were met
Y	Needs Met

DATA ELEMENT: **Maternal Outcome Client Needs - Smoking Cessation (DE8465)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Smoking Cessation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No, needs not met
U	Unknown, if needs met
Y	Yes, needs met

DATA ELEMENT: **Infant Outcome Provider Identification (DE8466)**

The ID Number of the Medicaid provider who provided the Infant Outcome Report on the enrollee.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Provider Identification

DEFAULT: N/A

COBOL PICTURE: 9(09) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Provider ID
Description	Must be a valid provider identification number as carried on the provider master file.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant Outcome Report Date (DE8467)**

The date the Infant Outcome Report on the recipient was completed.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Report Date

DEFAULT: N/A

COBOL PICTURE: 9(08) Occurs 3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Default to spaces
Description	
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant Outcome Birth Weight (DE8468)**

The birth weight of the infant. High-order two (2) positions are pounds and low-order two (2) positions are ounces.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Birth Weight

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: 00 - 17 for pounds
00 - 16 for ounces

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 16	ozs
00 - 17	lbs

DATA ELEMENT: Infant Outcome APGAR 1 Minute (DE8469)

The APGAR 1 Minute score for the infant.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome APGAR 1 Minute

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 10	Actual Score
99	Unknown

DATA ELEMENT: Infant Outcome APGAR 5 Minute (DE8470)

The APGAR 5 Minute score for the infant.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome APGAR 5 Minute

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 10	Actual Score
99	Unknown

DATA ELEMENT: Infant Outcome Receiving MICC (DE8471)

Indicates the reason that the infant is no longer receiving MICC.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Receiving MICC

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: 1-8,9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Reached age two
2	Dropped out of well-child care
3	Transfer to other MICC Agency
4	Lost to follow-up
5	Eligibility cancelled
6	Problem Resolved
7	Died
8	Moved
9	Other

DATA ELEMENT: Infant Outcome Age at Death (DE8472)

The date of the infant's death. High-order two positions record age in months; low order two positions record number of weeks in last month for age.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Age at Death

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 24	Months
00 - 52	Weeks

DATA ELEMENT: **Infant Outcome Cause of Death (DE8473)**

The cause of the infant's death.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Cause of Death

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: 1-5, 9

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Accident
2	Congenital abnormality
3	Birth trauma
4	Noncongential illness
5	Other
9	Unknown

DATA ELEMENT: **Infant Outcome Total Visits (DE8474)**

The total number of prenatal visits by the mother during the pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Total Visits

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 98	Visits
99	Unknown

DATA ELEMENT: Infant Outcome Care Began (DE8475)

The week of gestation when the mother began receiving prenatal care.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Care Began

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 - 52, 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 52	Weeks
99	Unknown

DATA ELEMENT: **Infant Outcome Mother Received MICC (DE8476)**

Indicates if the mother received MICC services during pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Mother Received MICC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Unknown	Unknown
Y	Yes

DATA ELEMENT: Infant Outcome Health Status (DE8477)

Indicates the infant's health status at age two years.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Health Status

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 1-4, 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Normal Health and Develpoment
2	Developmentally Delay
3	Congenital abnormality
4	Noncongential disease
9	Unknown

DATA ELEMENT: **Infant Outcome Living Situation (DE8478)**

Indicates the infant's living situation at age two years.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Living Situation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: 1-3, 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	With parent or guardian
2	Foster Care Placement
3	Long term care facility
9	Unknown

DATA ELEMENT: Infant Outcome EPSDT Visits (DE8479)

The total number of EPSDT visits during the first two years.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome EPSDT Visits

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00-98,
99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 98	Number of visits
99	Unknown

DATA ELEMENT: **Infant Outcome Receiving WIC (DE8480)**

Indicates if the infant is receiving WIC benefits.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Receiving WIC

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Outcome Height at Age 2 (DE8481)

The height of the infant at the age of two years. High order two positions are feet; low order two positions are inches.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Height at Age 2

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: 0 - 4 Feet
00 - 12 Inches

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0 thru 4	Feet
00 thru 12	Inches

DATA ELEMENT: Infant Outcome Weight at Age 2 (DE8482)

The weight of the infant at the age of two years. High-order two (2) positions are pounds and low-order two (2) positions are ounces.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Weight at Age 2

DEFAULT: N/A

COBOL PICTURE: 9(04)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 16	ozs
00 - 17	lbs

DATA ELEMENT: **Maternal Outcome Client Needs - Glucose Monitoring (DE8483)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Glucose Monitoring

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	Not Met
U	Unknown
Y	Was Met

DATA ELEMENT: Case Management (MICC) Level of Risk (DE8484)

Indicates the level of risk whether high, medium or low.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Level of Risk

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: blank and 0-2

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

Rule Name	System Generated Field
Description	
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	Low Risk
1	Med Risk
2	High Risk
blank	Undetermined
U	Unknown (Conversion)

DATA ELEMENT: **Maternal Outcome Client Needs - Parenting (DE8485)**

This field indicates whether or not the mother's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Client Needs - Parenting

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: Case Management (MICC) Cancel Reason (DE8486)

This field indicates the reason the enrollee was cancelled from the program.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Cancel Reason

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	MICC COVERAGE IN EFFECT
01	DESIGNATED FOR FUTURE CANCEL REASON
02	LOST TO FOLLOW-UP
03	ENROLLEE MOVED
04	ENROLLEE DIED
05	DROPPED OUT OF PRENATAL OR CHILD CARE
06	TRANSFER TO OTHER MICC AGENCY/PROVIDER
07	ELIGIBILITY CANCELLED
08	OTHER
09	TO BE DETERMINED
10	REASON CODE TO BE DETERMINED
77	OUTCOME RPT RECEIVED
88	COMPUTER GENERATED END DATE
99	MATERNAL ENROLLEE'S ELIGIBILITY GETS CANCELLED FOR PAST DATE OF DELIVERY > 60 DAYS, OR IF ENROLLEE IS ENROLLED IN HMO, OR INFANT ENROLLEES AGE > 2 YEARS
blanks	MICC COVERAGE IN EFFECT

DATA ELEMENT: **Maternal Risk Medical Condition Comment (DE8487)**

This field contains comments about medical conditions detected during the Maternity Risk Screen.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition Comment

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant MICC Medical Assessment - Medical Condition (DE8488)**

This field indicates the infant's MICC medical condition assessment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Medical Condition

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
N/A	N/A
U	Unknown
Y	Yes

DATA ELEMENT: **Case Management (MICC) End Date (DE8489)**

The date the enrollee is no longer a participant in Baby Care or MICC.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) End Date

DEFAULT: N/A

COBOL PICTURE: 9(08) Comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal MICC Miscarriages (DE8490)

This is the number of pregnancies that resulted in miscarriage.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Miscarriages

DEFAULT: N/A

COBOL PICTURE: 9(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Numeric
Description	Data element must be numeric.
Local Def	N/A

Rule Name	HIC Number Rules
Description	If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following: SSN Claim Number: Positions 1-9 must be numeric, non-zero. Positions 1-3 cannot be 000, 888, or 999. Positions 4-5 cannot be zero. Positions 6-9 cannot be zero. Positions 1-3 must be 001-728, or 750-763. Position 10 must be alphabetic, non-space. Position 12 must be a space. Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail. Railroad Retirement Claim Number: Please see subprogram RSX300 for this detail.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00 - 98	The number of miscarriages
99	Unknown

DATA ELEMENT: **Infant MICC Nutritional Assessment - Inadequate Cooking Facility (DE8492)**

This field indicates the infant's MICC Nutritional Cooking Facility Assessment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Inadequate Cooking Facility

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic and Not Space
Description	The field may not be numeric and may not be all spaces.
Local Def	N/A

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Teenage Mother (DE8493)**

This field indicates whether or not the infant has a MICC nutritional assessment for a Teenage Mother.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Teenage Mother

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Medical Condition (DE8494)**

This field indicates whether or not the infant has a MICC Nutritional Assessment for a Medical Condition that affects diet.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Medical Condition

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Expected Delivery Date (DE8495)

The enrollee's expected delivery date from the Maternal Care Coordination form.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Expected Delivery Date

DEFAULT: N/A

COBOL PICTURE: S9(08)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name HIC Number Rules

Description If the first position of the HIC Number is numeric, then it is considered to be an SSN Claim Number. For the purpose of editing the HIC Number, use the following:

SSN Claim Number:
Positions 1-9 must be numeric, non-zero.
Positions 1-3 cannot be 000, 888, or 999.
Positions 4-5 cannot be zero.
Positions 6-9 cannot be zero.
Positions 1-3 must be 001-728, or 750-763.
Position 10 must be alphabetic, non-space.
Position 12 must be a space.
Based upon the alphabetic value of Position 10, many other detail edits exist. Please see subprogram RSX300 for this detail.

Railroad Retirement Claim Number:
Please see subprogram RSX300 for this detail.

Local Def N/A

Rule Name Alphanumeric

Description Field may contain alphabetic and/or numeric charcters.

Local Def N/A

Rule Name Valid Date

Description Must be numeric and a valid date.

Local Def N/A

Rule Name Y/N/U

Description Yes, No or Unknown

Local Def N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant Risk Medical Condition Comment (DE8496)**

This field contains comments about medical conditions detected during the Infant Risk Screen.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition Comment

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal Outcome Infant Morbidity (DE8497)**

This field reflects whether or not the mother's infant thrived after birth..

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Infant Morbidity

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
blank	No Entry
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Case Management (MICC) Cancel Date (DE8498)**

This is the Baby Care or MICC cancellation date.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Cancel Date

DEFAULT: N/A

COBOL PICTURE: 9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Y/N/U
Description	Yes, No or Unknown
Local Def	N/A

Rule Name	Valid Date or Zero
Description	Must be a numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Infant Risk Referral Condition - No Care Coordination Description (DE8499)

This text field indicates the infant's No Care Coordination Description that was determined during the Infant Risk Screen.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Referral Condition - No Care Coordination Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant MICC Caretaker Occupation (DE8500)**

This one position field indicates the occupation type of the Infant's Caretaker.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Caretaker Occupation

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: 0-2, 9

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
0	None
1	Not Heavy Work
2	Heavy Work
9	Unknown

DATA ELEMENT: Maternal Outcome Daily Alcohol Abuse Frequency at Delivery (DE8501)

Indicates the number of times per day alcohol was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Alcohol Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Number of times per day
99	Unknown
blank	No Usage

DATA ELEMENT: Maternal Outcome Daily Cocaine Abuse Frequency at Delivery (DE8502)

Indicates the number of times per day Cocaine was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Cocaine Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Substance Abuse Daily Frequency
99	Unknown
blanks	No Usage

DATA ELEMENT: Maternal Outcome Daily Narcotic Abuse Frequency at Delivery (DE8503)

Indicates the number of times per day Narcotics was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Narcotic Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Substance Abuse Frequency
99	Frequency Unknown
blanks	No Usage

DATA ELEMENT: Maternal Outcome Daily Marijuana Abuse Frequency at Delivery (DE8504)

Indicates the number of times per day Marijuana was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Marijuana Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Substance Abuse Frequency
99	Unknown
blank	No Usage

DATA ELEMENT: Maternal Outcome Daily Sedatives Abuse Frequency at Delivery (DE8505)

Indicates the number of times per day Sedatives was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Sedatives Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Substance Abuse Frequency
99	Unknown
blank	No Usage

DATA ELEMENT: **Maternal Outcome Daily Amphetamines Abuse Frequency at Delivery (DE8506)**

Indicates the number of times per day Amphetamines were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Amphetamines Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Frequency Usage
99	Usage Unknown
blank	No Usage

DATA ELEMENT: **Maternal Outcome Daily Inhalants Abuse Frequency at Delivery (DE8507)**

Indicates the number of times per day Inhalants were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Inhalants Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily usage frequency
99	Usage Unknown
blank	No Usage

DATA ELEMENT: Maternal Outcome Daily Tobacco Abuse Frequency at Delivery (DE8508)

Indicates the number of times per day Tobacco was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Tobacco Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily usage frequency
99	Usage is Unknown
blank	No Usage

DATA ELEMENT: **Maternal Outcome Daily Other Substance Abuse Frequency at Delivery (DE8509)**

Indicates the number of times per day Other Substances were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Daily Other Substance Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Usage Frequency
99	Usage Unknown
blank	No Abuse

DATA ELEMENT: Maternal Outcome Weekly Alcohol Abuse Frequency at Delivery (DE8510)

Indicates the number of times per week Alcohol was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Alcohol Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Usage Unknown
blank	No Usage

DATA ELEMENT: Maternal Outcome Weekly Cocaine Abuse Frequency at Delivery (DE8511)

Indicates the number of times per week Cocaine was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Cocaine Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-98,
99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Usage Unknown
blanks	No Usage

DATA ELEMENT: Maternal Outcome Weekly Narcotics Abuse Frequency at Delivery (DE8512)

Indicates the number of times per week Narcotics was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Narcotics Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Usage Unknown
blank	No Usage

DATA ELEMENT: Maternal Outcome Weekly Marijuana Abuse Frequency at Delivery (DE8513)

Indicates the number of times per week Marijuana was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Marijuana Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Usage Unknown
blank	No Usage

DATA ELEMENT: **Maternal Outcome Weekly Sedatives Abuse Frequency at Delivery (DE8514)**

Indicates the number of times per week Sedatives were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Sedatives Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Frequency Usage
99	Usage Unknown
blank	No Abuse

DATA ELEMENT: Maternal Outcome Weekly Amphetamines Abuse Frequency at Delivery (DE8515)

Indicates the number of times per week Amphetamines were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Amphetamines Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00-99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Frequency
99	Usage Frequency Unknown
blank	No Usage

DATA ELEMENT: Maternal Outcome Weekly Inhalants Abuse Frequency at Delivery (DE8516)

Indicates the number of times per week Inhalants were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Inhalants Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Frequency of Usage
99	Usage Unknown
blank	No Abuse or Usage

DATA ELEMENT: Maternal Outcome Weekly Tobacco Abuse Frequency at Delivery (DE8517)

Indicates the number of times per week Tobacco was abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Tobacco Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Substance Abuse Frequency
99	Usage unknown
blank	No usage

DATA ELEMENT: **Maternal Outcome Weekly Other Substance Abuse Frequency at Delivery (DE8518)**

Indicates the number of times per week Other Substances were abused by the mother during delivery.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Outcome Weekly Other Substance Abuse Frequency at Delivery

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Usage frequency
99	Usage unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Referral - Care Coordination Services (DE8519)

This field indicates whether a not a referral for Care Coordination Services is needed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Care Coordination Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - Nutrition Services (DE8520)**

This field indicates whether a not a referral for Nutrition Services is needed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Nutrition Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - Homemaker Services (DE8521)**

This field indicates whether a not a referral for Homemaker Services is needed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Homemaker Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - Parent Class (DE8522)**

This field indicates whether a not a referral for parenting classes is needed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Parent Class

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - Glucose Monitoring (DE8523)**

This field indicates whether a not a referral for Glucose Monitoring is needed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Glucose Monitoring

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - Smoking (DE8524)**

This field indicates whether a not a referral for Smoking Cessation is needed.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Smoking

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - Substance Abuse (DE8525)**

This field indicates whether a not a referral for Substance Abuse is indicated.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - Substance Abuse

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Referral - No Care Coordination (DE8526)**

This field indicates whether a not a referral for Care Coordination Services is indicated.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Referral - No Care Coordination

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Current Alcohol Abuse Weekly Frequency (DE8527)

Indicates the number of times per week Alcohol is currently abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Alcohol Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry (Conversion)
01 - 98	Substance Abuse Frequency
99	Usage is unknown
blank	No Usage

DATA ELEMENT: Maternal MICC Current Cocaine Abuse Weekly Frequency (DE8528)

Indicates the number of times per week Cocaine is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Cocaine Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Current Weekly Frequency
99	Unknown
blanks	No Usage, No Abuse

DATA ELEMENT: Maternal MICC Current Narcotics Abuse Weekly Frequency (DE8529)

Indicates the number of times per week Narcotics is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Narcotics Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry (conversion)
01 - 98	Weekly usage frequency
99	Unknown abuse
blank	No usage

DATA ELEMENT: Maternal MICC Current Marijuana Abuse Weekly Frequency (DE8530)

Indicates the number of times per week Marijuana is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Marijuana Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Current weekly usage frequency
99	Abuse unknown
blank	No abuse or usage

DATA ELEMENT: **Maternal MICC Current Sedatives Abuse Weekly Frequency (DE8531)**

Indicates the number of times per week Sedatives is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Sedatives Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Substance Abuse Weekly Frequency
99	Unknown Abuse
blank	No Abuse

DATA ELEMENT: Maternal MICC Current Amphetamines Abuse Weekly Frequency (DE8532)

This is the number of times per week Amphetamines is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Amphetamines Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Substance Abuse Frequency
99	Unknown Weekly Substance Abuse Frequency
blank	No Usage or Abuse indicated

DATA ELEMENT: **Maternal MICC Current Inhalants Abuse Weekly Frequency (DE8533)**

Indicates the number of times per week Inhalants is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Inhalants Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry (conversion)
01 - 98	Weekly usage frequency
99	Weekly usage frequency unknown
blank	No abuse or usage is indicated

DATA ELEMENT: Maternal MICC Current Tobacco Abuse Weekly Frequency (DE8534)

Indicates the number of times per week Tobacco is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Tobacco Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Current weekly frequency
99	Usage frequency is unknown
blank	No abuse or usage is indicated

DATA ELEMENT: Maternal MICC Current Other Substance Abuse Weekly Frequency (DE8535)

Indicates the number of times per week some other substance is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Other Substance Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Substance Abuse Frequency
99	Frequency is Unknown
blank	No usage is indicated

DATA ELEMENT: Maternal MICC Current Alcohol Abuse Daily Frequency (DE8536)

Indicates the number of times per day Alcohol is currently abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Alcohol Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Substance Abuse Frequency
99	Substance Abuse Frequency is unknown
blank	No usage or abuse is indicated

DATA ELEMENT: Maternal MICC Current Cocaine Abuse Daily Frequency (DE8537)

Indicates the number of times per day Cocaine is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Cocaine Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily Abuse Frequency
99	Daily Abuse Frequency is unknown
blank	No usage is indicated

DATA ELEMENT: Maternal MICC Current Narcotics Abuse Daily Frequency (DE8538)

Indicates the number of times per day Narcotics is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Narcotics Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Abuse Frequency
99	Daily Abuse Frequency Unknown
blank	No usage is indicated

DATA ELEMENT: Maternal MICC Current Marijuana Abuse Daily Frequency (DE8539)

Indicates the number of times per day Marijuana is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Marijuana Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Abuse Frequency
99	Daily Abuse Frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: **Maternal MICC Current Sedatives Abuse Daily Frequency (DE8540)**

Indicates the number of times per day Sedatives are currently abused by the mother

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Sedatives Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Abuse Frequency
99	No Abuse
blank	No abuse is indicated

DATA ELEMENT: **Maternal MICC Current Amphetamines Abuse Daily Frequency (DE8541)**

Indicates the number of times per day Amphetamines are currently used by the mother

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Amphetamines Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry (conversion)
01 - 98	Daily abuse frequency
99	Abuse frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: **Maternal MICC Current Inhalants Abuse Daily Frequency (DE8542)**

Indicates the number of times per day Inhalants are currently abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Inhalants Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily Abuse Frequency
99	Usage frequency is unknown
blank	No usage is indicated

DATA ELEMENT: **Maternal MICC Current Tobacco Abuse Daily Frequency (DE8543)**

Indicates the number of times per day Tobacco is currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Tobacco Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily usage frequency
99	Daily usage frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: Maternal MICC Current Other Substance Abuse Daily Frequency (DE8544)

Indicates the number of times per day Other Substances are currently used by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Other Substance Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry (conversion)
01 - 98	Daily abuse frequency
99	Abuse frequency is unknown
blank	No abuse or usage is indicated

DATA ELEMENT: Maternal MICC Prior Alcohol Abuse Daily Frequency (DE8545)

Indicates the number of times per day Alcohol was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Alcohol Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Prior daily usage frequency
99	Unknown
blank	No usage is indicated

DATA ELEMENT: **Maternal MICC Prior Cocaine Abuse Daily Frequency (DE8546)**

Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Cocaine Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily abuse frequency
99	Daily abuse frequency is unknown
blank	No usage is indicated

DATA ELEMENT: Maternal MICC Prior Narcotic Abuse Daily Frequency (DE8547)

Indicates the number of times per day Narcotics were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Narcotic Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily substance abuse frequency
99	abuse frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: **Maternal MICC Prior Marijuana Abuse Daily Frequency (DE8548)**

Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Marijuana Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily abuse frequency
99	Daily abuse frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: **Maternal MICC Prior Sedatives Abuse Daily Frequency (DE8549)**

Indicates the number of times per day Cocaine was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Sedatives Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily Abuse Frequency
99	Usage is unknown
blank	No usage is indicated

DATA ELEMENT: Maternal MICC Prior Amphetamines Abuse Daily Frequency (DE8550)

Indicates the number of times per day Amphetamines were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Amphetamines Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily abuse frequency
99	Daily abuse frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: Maternal MICC Prior Inhalants Abuse Daily Frequency (DE8551)

Indicates the number of times per day Inhalants were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Inhalants Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily abuse frequency
99	Daily abuse frequency is unknown
blank	No abuse or usage is indicated

DATA ELEMENT: **Maternal MICC Prior Tobacco Abuse Daily Frequency (DE8552)**

Indicates the number of times per day Tobacco was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Tobacco Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Daily Abuse Frequency
99	Daily Abuse Frequency is unknown
blank	No abuse or usage is indicated

DATA ELEMENT: Maternal MICC Prior Other Substance Abuse Daily Frequency (DE8553)

Indicates the number of times per day Other Substances were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Other Substance Abuse Daily Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry (conversion)
01 - 98	Daily usage frequency
99	Daily usage frequency is unknown
blank	No usage is indicated

DATA ELEMENT: Maternal MICC Prior Alcohol Abuse Weekly Frequency (DE8554)

Indicates the number of times per week Alcohol was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Alcohol Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly usage frequency
99	Weekly abuse frequency is unknown
blank	No usage or abuse is indicated

DATA ELEMENT: Maternal MICC Prior Cocaine Abuse Weekly Frequency (DE8555)

Indicates the number of times per week Cocaine was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Cocaine Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Weeky abuse frequency
99	Weekly abuse frequency is unknown
blank	No abuse or usage is indicated

DATA ELEMENT: Maternal MICC Prior Narcotics Abuse Weekly Frequency (DE8556)

Indicates the number of times per week Narcotics were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Narcotics Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly abuse frequency
99	Weekly abuse frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: Maternal MICC Prior Marijuana Abuse Weekly Frequency (DE8557)

Indicates the number of times per week Marijuana was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Marijuana Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry (conversion)
01 - 98	Weekly Abuse Frequency
99	Weekly Abuse Frequency is unknown
blank	No abuse is indicated

DATA ELEMENT: Maternal MICC Prior Sedatives Abuse Weekly Frequency (DE8558)

Indicates the number of times per week Sedatives were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Sedatives Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Weekly Usage Frequency is Unknown
blank	No usage or abuse is indicated

DATA ELEMENT: Maternal MICC Prior Amphetamines Abuse Weekly Frequency (DE8559)

Indicates the number of times per week Amphetamines were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Amphetamines Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Weekly abuse frequency
99	Weekly abuse frequency is unknown
blank	No usage or abuse is indicated

DATA ELEMENT: Maternal MICC Prior Inhalants Abuse Weekly Frequency (DE8560)

Indicates the number of times per week Inhalants were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Inhalants Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Weekly abuse frequency
99	
blank	No usage or abuse is indicated

DATA ELEMENT: Maternal MICC Prior Tobacco Abuse Weekly Frequency (DE8561)

Indicates the number of times per week Tobacco was abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Tobacco Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Weekly Usage Frequency
99	Weekly Usage Frequency is unknown
blank	No usage or abuse is indicated

DATA ELEMENT: Maternal MICC Prior Other Substance Abuse Weekly Frequency (DE8562)

Indicates the number of times per week Other Substances were abused by the mother, prior to pregnancy.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Other Substance Abuse Weekly Frequency

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry (conversion)
01 - 98	Weekly usage frequency
99	Weekly usage frequency is unknown
blank	No usage is indicated

DATA ELEMENT: Maternal Risk Medical Condition - Hypertension (DE8563)

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Hypertension

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Medical Condition - Diabetes (DE8564)

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Diabetes

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Medical Condition - Multiple Gestations (DE8565)

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Multiple Gestations

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Medical Condition - Previous Low Weight (DE8566)**

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Previous Low Weight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Medical Condition - Advanced Age (DE8567)

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Advanced Age

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Medical Condition - Case Coordination (DE8568)**

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Case Coordination

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
Y	Yes

DATA ELEMENT: **Maternal Risk Medical Condition - Fetal Death (DE8569)**

Reflects whether or not the mother has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Medical Condition - Fetal Death

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Social Condition - Teenager (DE8571)**

Reflects whether or not the mother has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Social Condition - Teenager

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Social Condition - Non Compliant (DE8572)**

Reflects whether or not the mother has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Social Condition - Non Compliant

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Social Condition - Mental Retardation (DE8573)

Reflects whether or not the mother has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Social Condition - Mental Retardation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Social Condition - Abuse (DE8574)**

Reflects whether or not the mother has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Social Condition - Abuse

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Social Condition - Shelter or Homeless (DE8575)**

Reflects whether or not the mother has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Social Condition - Shelter or Homeless

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Nutritional Condition - Weight (DE8576)

Reflects whether or not the mother has an assessment in this Nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Nutritional Condition - Weight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Nutritional Condition - Diet Modification (DE8577)**

Reflects whether or not the mother has an assessment in this Nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Nutritional Condition - Diet Modification

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal Risk Nutritional Condition - Poor Diet (DE8578)**

Reflects whether or not the mother has an assessment in this Nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Nutritional Condition - Poor Diet

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Nutritional Condition - Teenager (DE8579)

Reflects whether or not the mother has an assessment in this Nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Nutritional Condition - Teenager

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Medical Assessment - Previous Poor Pregnancy (DE8580)

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Previous Poor Pregnancy

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Poor Support System (DE8581)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Poor Support System

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Anxiety (DE8582)**

Reflects whether or not the mother has an assessment in this psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the New VAMMIS.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Anxiety

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Drug Usage (DE8583)

Reflects whether or not the mother has an assessment in this Psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the New VAMMIS.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Drug Usage

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Alcohol Usage (DE8584)

Reflects whether or not the mother has an assessment in this psychosocial category. This field will be Converted from the Current VAMMIS, but will not be used in the new VAMMIS.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Alcohol Usage

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Tobacco Usage (DE8585)**

Reflects whether or not the mother has an assessment in this Psychosocial category. This field will be converted from the Current VAMMIS, but will not be used in the new VAMMIS.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Tobacco Usage

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Religious (DE8586)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Religious

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Conflict (DE8587)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Conflict

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Health Needs (DE8588)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Health Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Food Funds (DE8589)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Food Funds

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Food Stamps (DE8590)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Food Stamps

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Poor Planning (DE8591)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Poor Planning

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Poor Motivation (DE8592)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Poor Motivation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	N - No Y - Yes U - Unknown

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Child Care (DE8593)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Child Care

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	N - No Y - Yes U - Unknown

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Housing Needs (DE8594)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Housing Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Transport Needs (DE8595)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Transport Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - School Needs (DE8596)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - School Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	N - No Y - Yes U - Unknown

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Employment Needs (DE8597)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Employment Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Psychosocial Assessment - Homeless (DE8598)

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Homeless

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Neglect (DE8599)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Neglect

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Mental Retardation (DE8600)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Mental Retardation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Medical Assessment - Multiple Gestations (DE8601)

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Multiple Gestations

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Medical Assessment - Prior Pre-term Birth Weight (DE8602)**

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Prior Pre-term Birth Weight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Medical Assessment - Genetic (DE8603)

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Genetic

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Medical Assessment - Medical Condition (DE8604)

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Medical Condition

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Medical Assessment - Lack of Knowledge (DE8605)**

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Lack of Knowledge

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Medical Assessment - Previous Fetal Death (DE8606)**

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Previous Fetal Death

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Medical Assessment - Limited Access to Care (DE8607)**

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Limited Access to Care

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Medical Assessment - Advanced Maternal Age (DE8608)

Reflects whether or not the mother has an assessment in this Medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Medical Assessment - Advanced Maternal Age

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Psychosocial Assessment - Multiple Providers (DE8609)**

Reflects whether or not the mother has an assessment in this Psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Psychosocial Assessment - Multiple Providers

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Pre-pregnancy Overweight (DE8610)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Pre-pregnancy Overweight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Pre-pregnancy Underweight (DE8611)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Pre-pregnancy Underweight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Inadequate Weight Gain (DE8612)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Inadequate Weight Gain

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Nutritional Assessment - Excessive Weight Gain (DE8613)

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Excessive Weight Gain

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Nutritional Assessment - Medical Diet Condition (DE8614)

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Medical Diet Condition

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Special Diet (DE8615)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Special Diet

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Nutritional Assessment - Nausea (DE8616)

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Nausea

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Cravings (DE8617)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Cravings

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Poor Diet (DE8618)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Poor Diet

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Nutritional Assessment - Inadequate Cooking Facilities (DE8619)

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Inadequate Cooking Facilities

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Maternal MICC Nutritional Assessment - Teenager (DE8620)**

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Teenager

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal MICC Nutritional Assessment - Anemia (DE8621)

Reflects whether or not the mother has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Nutritional Assessment - Anemia

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Nutritional Assessment - Excessive Weight Gain (DE8622)

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Excessive Weight Gain

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Anemia (DE8623)**

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Anemia

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Outcome Client Needs - Child Care (DE8624)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Child Care

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - Food Stamps (DE8625)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Food Stamps

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: Infant Outcome Reason (DE8626)

This field represents the Infant Outcome Reason.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Reason

DEFAULT: N/A

COBOL PICTURE: 9(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
1	Reached age 2
2	Dropped out of well-child care
3	Transfer to other MICC agency
4	Lost to follow-up
5	Eligibility Cancelled
6	Problem Resolved
7	Died
8	Moved
9	Other
blank	No entry (conversion)

DATA ELEMENT: **Infant Outcome Client Needs - Housing (DE8627)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Housing

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - Nutrition Counseling (DE8628)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Nutrition Counseling

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - Parenting Education (DE8629)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Parenting Education

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - Home Health Services (DE8630)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Home Health Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - Employment (DE8631)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Employment

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Outcome Client Needs - Counseling (DE8632)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Counseling

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - School Enrollment (DE8633)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - School Enrollment

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant Outcome Client Needs - Job Training (DE8634)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Job Training

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Poor Planning by Caregiver (DE8635)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Poor Planning by Caregiver

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Special Formula Prescribed (DE8636)**

This field indicates the infant's nutritional assessment for a special formula..

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Special Formula Prescribed

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Medical Condition - Developmentally Delayed (DE8637)**

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Developmentally Delayed

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	Not Met
U	Unknown
Y	Met

DATA ELEMENT: Infant Risk Medical Condition - Genetic (DE8638)

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Genetic

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Medical Condition - Birth Weight (DE8639)**

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Birth Weight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Risk Medical Condition - Chronic Illness (DE8640)

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Chronic Illness

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Medical Condition - Fetal Alcohol Syndrome (DE8641)**

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Fetal Alcohol Syndrome

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Risk Medical Condition - High Risk (DE8642)

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - High Risk

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Medical Condition - Care Coordination (DE8643)**

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Care Coordination

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Medical Condition - Illegal Drug Exposure in Utero (DE8644)**

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Illegal Drug Exposure in Utero

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Medical Condition - Failure to Thrive (DE8645)**

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Medical Condition - Failure to Thrive

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Social Condition - Language Barrier (DE8646)**

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Language Barrier

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Social Condition - Maternal Absence (DE8647)**

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Maternal Absence

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Risk Social Condition - Paternal Substance Abuse (DE8648)

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Paternal Substance Abuse

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Social Condition - Physically Handicapped Caregiver (DE8649)**

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Physically Handicapped Caregiver

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Social Condition - Mentally Handicapped Caregiver (DE8650)**

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Mentally Handicapped Caregiver

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Social Condition - Homeless (DE8651)**

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Homeless

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Risk Social Condition - Under 18 (DE8652)

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Under 18

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Risk Social Condition - Suspected Abuse (DE8653)

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Suspected Abuse

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Social Condition - Non Compliant (DE8654)**

Reflects whether or not the infant has an assessment in this Social category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Social Condition - Non Compliant

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Nutritional Condition - Congenital Abnormalities (DE8655)**

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Nutritional Condition - Congenital Abnormalities

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant Risk Nutritional Condition - Inadequate Diet (DE8656)

Reflects whether or not the infant has an assessment in this Medical Risk category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Nutritional Condition - Inadequate Diet

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Referral Condition - Care Coordination (DE8657)**

Reflects whether or not the infant has an assessment in this Referral category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Referral Condition - Care Coordination

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Risk Referral Condition - No Care Coordination (DE8658)**

Reflects whether or not the infant has an assessment in this Referral category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Risk Referral Condition - No Care Coordination

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical/Psycho Assessment - Poor Previous Parenting Experience (DE8659)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical/Psycho Assessment - Poor Previous Parenting Experience

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Poor Support System (DE8660)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Poor Support System

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Anxiety (DE8661)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Anxiety

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Drug Usage (DE8662)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Drug Usage

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Alcohol Usage (DE8663)**

This field indicates the infant's psychosocial assessment.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Alcohol Usage

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Tobacco Usage (DE8664)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Tobacco Usage

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Religious (DE8665)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Religious

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Conflict (DE8666)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Conflict

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - Health Needs (DE8667)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Health Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - Insufficient Funds for Food (DE8668)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Insufficient Funds for Food

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Difficulty Obtaining Food Stamps (DE8669)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Difficulty Obtaining Food Stamps

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Maternal Absence (DE8670)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Maternal Absence

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Protective Services (DE8671)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Protective Services

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Poor Emotional Bonding (DE8672)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Poor Emotional Bonding

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - Mentally Retarded (DE8673)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Mentally Retarded

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Care Needs (DE8674)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Care Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Housing Needs (DE8675)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Housing Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - Transportation Needs (DE8676)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Transportation Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - School Needs (DE8677)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - School Needs

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Homeless (DE8678)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Homeless

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - Neglect (DE8679)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Neglect

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Psychosocial Assessment - Unmotivated Caregiver (DE8681)

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Unmotivated Caregiver

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical Assessment - Apnea (DE8682)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Apnea

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Medical Assessment - Infant Morbidity (DE8683)

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Infant Morbidity

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical Assessment - Genetic Disorder (DE8684)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Genetic Disorder

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Medical Assessment - Chronic Illness (DE8685)

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Chronic Illness

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical Assessment - Lack of Risk Knowledge (DE8686)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Lack of Risk Knowledge

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Medical Assessment - Drug Exposure in Utero (DE8687)

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Drug Exposure in Utero

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical Assessment - Limited Access to Care (DE8688)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Limited Access to Care

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical Assessment - Developmentally Delayed (DE8689)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Developmentally Delayed

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Caregiver Handicap (DE8690)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Caregiver Handicap

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Psychosocial Assessment - Multiple Providers (DE8691)**

Reflects whether or not the infant has an assessment in this psychosocial category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Psychosocial Assessment - Multiple Providers

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Medical Assessment - Low Birth Weight (DE8692)**

Reflects whether or not the infant has an assessment in this medical category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Medical Assessment - Low Birth Weight

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Poor Use of WIC Benefits (DE8693)**

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Poor Use of WIC Benefits

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Nutritional Assessment - Poor Diet Information (DE8694)

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Poor Diet Information

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Nutritional Assessment - Breast Feeding Problems (DE8695)

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Breast Feeding Problems

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Poor Use of Formula (DE8696)**

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Poor Use of Formula

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant MICC Nutritional Assessment - Diet Modification (DE8697)**

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Diet Modification

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Nutritional Assessment - Inadequate Sucking (DE8698)

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Inadequate Sucking

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Infant MICC Nutritional Assessment - Acute Illness (DE8699)

Reflects whether or not the infant has an assessment in this nutritional category.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Nutritional Assessment - Acute Illness

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: **Infant Outcome Client Needs - Transportation (DE8712)**

This field indicates whether or not the infant's need for this type of Care Coordination assistance was met.

BUSINESS NAME: N/A

REFERENCE NAME: Infant Outcome Client Needs - Transportation

DEFAULT: N/A

COBOL PICTURE: X(01)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N	No
U	Unknown
Y	Yes

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Alcohol (DE8713)

Indicates the number of times per day Alcohol is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Alcohol

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Substance Abuse Frequency
99	Unknown
blanks	No Abuse

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Cocaine (DE8714)

Indicates the number of times per day Cocaine is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Cocaine

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Usage frequency
99	Usage is unknown
blank	No usage

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Narcotics (DE8715)

Indicates the number of times per day Narcotics are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Narcotics

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Usage Frequency
99	Usage Frequency is Unknown
blank	No Usage

DATA ELEMENT: **Maternal Risk Substance Abuse Daily Frequency - Marijuana (DE8716)**

Indicates the number of times per day Marijuana is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Marijuana

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Usage Frequency
99	Usage frequency is unknown
blank	No Abuse Entered

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Sedatives (DE8717)

Indicates the number of times per day Sedatives are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Sedatives

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Usage Frequency
99	Daily Usage is unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Amphetamines (DE8718)

Indicates the number of times per day Amphetamines are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Amphetamines

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily usage frequency
99	Daily usage is unknown
blank	No usage

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Inhalants (DE8719)

Indicates the number of times per day Inhalants are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Inhalants

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry (Conversion)
01 - 98	Daily Usage Frequency
99	Daily Usage is Unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Daily Frequency - Tobacco (DE8720)

Indicates the number of times per day Tobacco is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Tobacco

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Daily Substance Abuse Frequency
99	Daily Substance Abuse is Unknown
blank	No Usage

DATA ELEMENT: **Maternal Risk Substance Abuse Daily Frequency - Other (DE8721)**

Indicates the number of times per day other substances are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Daily Frequency - Other

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
Valid Values in	00 - No Entry (Conversi

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Alcohol (DE8722)

Indicates the number of times per week Alcohol is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Alcohol

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Weekly Usage Frequency is unknown
blank	No Usage

DATA ELEMENT: **Maternal Risk Substance Abuse Weekly Frequency - Cocaine (DE8723)**

Indicates the number of times per week Cocaine is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Cocaine

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Number of Times per Week Cocaine is used
99	Usage frequency is unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Narcotics (DE8724)

Indicates the number of times per week Narcotics are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Narcotics

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Weekly Usage Frequency is Unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Marijuana (DE8725)

Indicates the number of times per week Marijuana is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Marijuana

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry (Conversion)
01 - 98	Weekly Usage Frequency
99	Usage Frequency is Unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Sedatives (DE8726)

Indicates the number of times per week Sedatives are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Sedatives

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No entry
01 - 98	Usage frequency
99	Usage frequency is unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Amphetamines (DE8727)

Indicates the number of times per week Amphetamines are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Amphetamines

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Usage Frequency
99	Weekly Usage Frequency is Unknown
blank	No usage frequency

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Inhalants (DE8728)

Indicates the number of times per week Inhalants are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Inhalants

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Usage Frequency
99	Usage Frequency is unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Tobacco (DE8729)

Indicates the number of times per week Tobacco is abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Tobacco

DEFAULT: N/A

COBOL PICTURE: X(02)

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Abuse Frequency
99	Weekly Abuse Frequency is unknown
blank	No Usage

DATA ELEMENT: Maternal Risk Substance Abuse Weekly Frequency - Other (DE8730)

Indicates the number of times per week other substances are abused by the mother.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Substance Abuse Weekly Frequency - Other

DEFAULT: N/A

COBOL PICTURE: X

DB2 TYPE:

RANGE: 00 - 99, blanks

BUSINESS RULES:

Rule Name	Aid category Edit
Description	If entered, it must be a valid Aid Category from the Recipient Aid Category Table.
Local Def	N/A

VALID VALUES:

Valid Value	Description
00	No Entry
01 - 98	Weekly Abuse Frequency
99	Weekly Abuse Frequency is unknown
blank	No Usage

DATA ELEMENT: **Maternal MICC Significant Findings (DE8731)**

Reflects any significant findings that have been entered on the Infant Care Coordination Record.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Significant Findings

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

Rule Name	May Be Spaces
Description	The field is optional.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Infant MICC Significant Findings (DE8732)**

Reflects any significant findings that have been entered on the Infant Care Coordination Record.

BUSINESS NAME: N/A

REFERENCE NAME: Infant MICC Significant Findings

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	N/A
Description	N/A
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Risk Daily Substance Abuse Type Description (DE8733)

This field contains the name of other substance(s) that are abused by the mother on a daily basis. This information is entered into the MICC Master File from the Maternal Risk Form or DMAS-16.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Daily Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal Risk Weekly Substance Abuse Type Description (DE8734)

This field contains the name of other substance(s) that are abused by the mother on a weekly basis. This information is entered into the MICC Master File from the Maternal Risk Form or DMAS-16.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal Risk Weekly Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal MICC Current Daily Substance Abuse Type Description (DE8735)

This field contains the name of other substance(s) that are currently abused by the mother on a daily basis. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Daily Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal MICC Current Weekly Substance Abuse Type Description (DE8736)

This field contains the name of other substance(s) that are currently abused by the mother on a weekly basis. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Current Weekly Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: **Maternal MICC Prior Daily Substance Abuse Type Description (DE8737)**

This field contains the name of other substance(s) that were abused by the mother on a daily basis, prior to pregnancy. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Daily Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Maternal MICC Prior Weekly Substance Abuse Type Description (DE8738)

This field contains the name of other substance(s) that were abused by the mother on a weekly basis, prior to pregnancy. This information is entered into the MICC Master File from the Maternal Care Coordination Form or DMAS-50.

BUSINESS NAME: N/A

REFERENCE NAME: Maternal MICC Prior Weekly Substance Abuse Type Description

DEFAULT: N/A

COBOL PICTURE: X(50)

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphabetic or Space
Description	Field must be alphabetic or space.
Local Def	N/A

Rule Name	Free Form Text
Description	This data element is formatted as free form text.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A

DATA ELEMENT: Case Management (MICC) Expected Delivery Date (DE8739)

This is the Case Management Expected Delivery Date.

BUSINESS NAME: N/A

REFERENCE NAME: Case Management (MICC) Expected Delivery Date

DEFAULT: N/A

COBOL PICTURE: S9(08) comp-3

DB2 TYPE:

RANGE: N/A

BUSINESS RULES:

Rule Name	Alphanumeric
Description	Field may contain alphabetic and/or numeric charcters.
Local Def	N/A

Rule Name	Valid Date
Description	Must be numeric and a valid date.
Local Def	N/A

VALID VALUES:

Valid Value	Description
N/A	N/A