90-590   MAINE HEALTH DATA ORGANIZATION

Chapter 243:   UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS
                DATA SETS

SUMMARY: This Chapter contains the provisions for filing health care claims data sets from all third-party payers, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers.

The provisions include:

Identification of the organizations required to report;

Establishment of requirements for the content, form, medium, and time for filing health care claims data;

Establishment of standards for the data reported; and

Compliance provisions.

1.   Definitions.

Unless the context indicates otherwise, the following words and phrases shall have the following meanings:

A.   Billing Provider. "Billing provider" means a provider or other entity that submits claims to health care claims processors for health care services directly performed or provided to a subscriber or member by a service provider.

B.   Capitated Services. "Capitated services" means services rendered by a provider through a contract where payments are based upon a fixed dollar amount for each member on a monthly basis.

C.   Carrier. "Carrier" means an insurance company licensed in accordance with 24-A M.R.S.A., including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society, or a nonprofit hospital or medical service organization or health plan licensed pursuant to 24 M.R.S.A. An employer exempted from the applicability of 24-A M.R.S.A., chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.

D.   Co-Insurance. "Co-insurance" means the dollar amount a member pays as a pre-determined percentage of the cost of a covered service after the deductible has been paid.

E.   Co-Payment. "Co-payment" means the fixed dollar amount a member pays to a health care provider at the time a covered service is provided or the full cost of a service when that is less than the fixed dollar amount.

F.   Deductible. "Deductible" means the total dollar amount a member pays towards the cost of covered services over an established period of time before any payments are made by the contracted third-party payer.

G.   Dental Claims File. "Dental claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and current dental terminology codes from all non-denied adjudicated claims for each billed service.

H.   Designee. "Designee" means an entity, ~~including the Maine Health Data Processing Center,~~ with which the MHDO has entered into an arrangement under which the entity performs data <u>collection and</u> management functions for the MHDO and is strictly prohibited from releasing information obtained in such a capacity.

I.   Health Care Claims Processor. "Health care claims processor" means a third-party payer, third-party administrator, Medicare health plan sponsor, or pharmacy benefits manager.

J.   Hospital. "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.

K.   Medical Claims File. "Medical claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and clinical diagnosis/procedure codes from all non-denied adjudicated claims for each billed service.

L.   Medicare Health Plan Sponsor. "Medicare health plan sponsor" means a health insurance carrier or other private company authorized by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to administer Medicare Part C and Part D benefits under a health plan or prescription drug plan.

M.   Member. "Member" includes the subscriber and any spouse or dependent who is covered by the subscriber's policy.

N.   Member Eligibility File. "Member eligibility file" means a data file composed of demographic information for each individual member eligible for

medical, pharmacy, or dental insurance benefits for one or more days of coverage any time during the reporting month.

O.   MHDO. "MHDO" means the Maine Health Data Organization.

P.   M.R.S.A. "M.R.S.A." means Maine Revised Statutes Annotated.

Q.   Non-hospital Provider. "Non-hospital provider" means any provider of health care services other than a hospital.

R.   Pharmacy. "Pharmacy" means a drug outlet licensed under 32 M.R.S.A., chapter 117.

S.   Pharmacy Benefits Manager. "Pharmacy benefits manager" means an entity that performs pharmacy benefits management as defined in 22 M.R.S.A., section 2699, paragraph E.

T.   Pharmacy Claims File. "Pharmacy claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and national drug codes from all non-denied adjudicated claims for each prescription filled.

U.   Plan Sponsor. "Plan sponsor" means any person, other than an insurer, who establishes or maintains a plan covering residents of the State of Maine, including, but not limited to, plans established or maintained by two or more employers or jointly by one or more employers and one or more employee organizations, or the association, committee, joint board of trustees or other similar group of representatives of the parties that establish or maintain the plan.

V.   Prepaid Amount. "Prepaid amount" means the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated.

W.   Provider. "Provider" means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.

X.   Service Provider. "Service provider" means the provider who directly performed or provided a health care service to a subscriber or member.

Y.   Subscriber. "Subscriber" is the insured individual.

Z.   Third-party Administrator. "Third-party administrator" means any person licensed by the Maine Bureau of Insurance under 24-A M.R.S.A., chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer,

receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State.

AA.   Third-party Payer. "Third-party payer" means a state agency that pays for health care services or a health insurer, carrier, including a carrier that provides only administrative services for plan sponsors, nonprofit hospital, medical services organization, or managed care organization licensed in the State.

2.   Health Care Claims Data Set Filing Description.

Each health care claims processor shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file containing records associated with each of the claims files reported: a medical claims file, a pharmacy claims file, and/or a dental claims file. The data set shall also include supporting definition files for payer specific provider specialty codes.

A.   General Requirements.

(1)   Adjustment Records. Adjustment records shall be reported with the appropriate positive or negative fields with the medical, pharmacy, and dental claims file submissions. Negative values shall contain the negative sign before the value. No sign shall appear before a positive value.

(2)   Capitated Service Claims. Claims for capitated services shall be reported with all medical, pharmacy, and dental claims file submissions.

(3)   Claims Records. Records for the medical, pharmacy, and dental claims file submissions shall be reported at the visit, service, or prescription level. The submission of the medical, pharmacy, and dental claims is based upon the paid dates and not upon the dates of service associated with the claims.

(4)   Codes.

(a)   Code Sources. Unless otherwise specified, the code sources listed and described in Appendix A are to be utilized in association with the member eligibility file and medical, pharmacy, and dental claims file submissions.

(b)   Subscriber or Member Identification Codes.

~~(i)　Social Security Numbers.　Health care claims processors shall assign to each of their members a unique identification code that is the member's encrypted social security number.　If a health care claims processor does not collect the social security numbers for all members, the health care claims processor shall encrypt the social security number of the subscriber and then assign a discrete two digit suffix for each member under the subscriber's contract.~~

~~If the subscriber's social security number is not collected by the health care claims processor, an encrypted version of the subscriber's certificate or contract number shall be used in its place.　The discrete two digit suffix shall also be used with the encrypted certificate or contract number.　The encrypted certificate or contract number with the two digit suffix shall be at least eleven but not more than one hundred twenty-eight (128) characters in length.~~

~~For encrypting the social security number of the subscriber or member, the health care claims processor shall utilize a standard methodology provided by the MHDO.　The unique member identification code assigned by each health care claims processor shall remain with each subscriber or member for the entire period of coverage for that individual.~~

~~(ii)　Names.　Health care claims processors shall submit the complete names of all subscribers and members in an encrypted form utilizing a standard methodology provided by the MHDO.~~

(~~e~~b)　Specific/Unique Coding.　With the exception of provider, provider specialty, and individual, non-bundled procedure/diagnosis codes, specific or unique coding systems shall not be permitted as part of the health care claims data set submission.

(5)　Co-Insurance/Co-Payment.　Co-insurance and co-payment are to be reported in two separate fields in the medical, pharmacy, and dental claims file submissions.

(6)　Coordination of Benefits Claims.　Claims where multiple parties have financial responsibility shall be included with all medical, pharmacy, and dental claims file submissions.

(7)　Denied Claims.　Denied claims shall be excluded from all medical, pharmacy, and dental claims file submissions.　When a claim contains

both approved and denied service lines, only the approved service lines shall be included as part of the health care claims data set submittal.

(8)   Eligibility Records. Records for the member eligibility file submission shall be reported at the individual member level with one record submitted for each claim type if the product codes are different. If a member is covered as both a subscriber and a dependent on two different policies during the same month, two records must be submitted.

(9)   Exclusions.

(a)   Filing. Health care claims processors that have less than 200 Maine-resident members for any month during a calendar year or less than $500,000 of adjusted premiums or claims processed per calendar year are excluded from filing health care claim data sets ~~but shall comply with~~and from the annual registration requirements of Section 3(A).

(b)   Medical Claims File Exclusions. All claims related to health care policies issued for specific disease, accident, injury, hospital indemnity, disability, long-term care, student comprehensive health, or vision coverage of durable medical equipment are to be excluded from the medical claims file submission. Claims related to Medicare supplemental, Tricare supplemental, or other supplemental health insurance policies are to be excluded if the claims are not considered to be primary. If the policies cover health care services entirely excluded by the Medicare, Tricare, or other program, the claims must be submitted. Claims for dental services containing current dental terminology codes are to be excluded from the medical claims file.

(c)   Member Eligibility File Exclusions. Members without medical, pharmacy, and/or dental coverage during the month reported shall be excluded.

(d)   Pharmacy Claims File Exclusions. Pharmacy services claims generated from non-retail pharmacies that do not contain national drug codes are part of the medical claims file and not the pharmacy claims file.

(10)   File Format. Each data file submission shall be <u>encrypted according to an MHDO-specified, national standard methodology and shall be</u> an ASCII file, variable field length, and asterisk delimited. All non-numeric values shall be enclosed in double quotes.

(11)   Header and Trailer Records. Each member eligibility file and each medical, pharmacy, and dental claims file submission shall contain a header record and a trailer record. The header record is the first record of each separate file submission and the trailer record is the last. The header and trailer record formats are described in Appendices B-1 and B-2.

(12)   Prepaid Amount. Any prepaid amounts are to be reported in a separate field in the medical, pharmacy, and dental claims file submissions.

(13)   Subscriber or Member Identification.

(i)   Social Security Numbers. Health care claims processors shall assign to each of their members a unique identification code that is the member's social security number. If a health care claims processor does not collect the social security numbers for all members, the health care claims processor shall use the number of the subscriber and then assign a discrete two digit suffix for each member under the subscriber's contract.

(ii)   Contract Numbers. If the subscriber's social security number is not collected by the health care claims processor, the subscriber's certificate or contract number shall be used in its place. The discrete two digit suffix shall also be used with the certificate or contract number.

The unique member identification code assigned by each health care claims processor shall remain with each subscriber or member for the entire period of coverage for that individual.

(iii)   Names. Health care claims processors shall submit the complete names of all subscribers and members.

B.   Detailed File Specifications.

(1)   Filled Fields. All required fields shall be filled where applicable. Non-required text, date, and integer fields shall be set to null when

unavailable. Non-applicable decimal fields shall be filled with one zero and shall not include decimal points when unavailable.

(2)   Position. All text fields are to be left justified. All integer and decimal fields are to be right justified.

(3)   Signs. Positive values are assumed and need not be indicated as such. Negative values must be indicated with a minus sign and must appear in the left-most position of all integer and decimal fields. Over-punched signed integers or decimals are not to be utilized.

(4)   Individual Elements and Mapping. Individual data elements, data types, field lengths, field description/code assignments, and mapping locators (UB-04, CMS 1500, ANSI X12N 270/271, 835, 837) for each file type are presented in the following appendices:

(a)   (i)   Member Eligibility File Specifications – Appendix C-1

(ii)   Member Eligibility File Mapping to National Standard Formats – Appendix C-2

(b)   (i)   Medical Claims File Specifications – Appendix D-1

(ii)   Medical Claims File Mapping to National Standard Formats – Appendix D-2

(c)   (i)   Pharmacy Claims File Specifications – Appendix E-1

(ii)   Pharmacy Claims File Mapping to National Standard Formats – Appendix E-2

(d)   (i)   Dental Claims File Specifications – Appendix F-1

(ii)   Dental Claims File Mapping to National Standard Formats – Appendix F-2

3.   Submission Requirements.

A.   Registration/Contact and Enrollment Update Form. Each health care claims processor not excluded from submitting claims data under Sec 2(A)(9)(a) shall submitcomplete or update by December 31st of each year a contact and enrollmenta survey form indicating if health care claims are being paid for Maine-resident members who are Maine residents and, if applicable, the types of coverage and the current estimated enrollment for the following calendar year. It is the responsibility of the health care claims processor to resubmit or amend the forminformation whenever modifications occur relative to the data files, type(s) of

business conducted, or contact information. The ~~contact and enrollment update form~~survey is available online at ~~http://www.onpointcdm.org~~ https://mhdo.maine.gov/portal/.

B.   File Organization. The member eligibility file, medical claims file, pharmacy claims file, and the dental claims file are to be submitted to the MHDO or its designee as separate ASCII files. Each record shall be terminated with a carriage return (ASCII 13) or a carriage return line feed (ASCII 13, ASCII 10).

C.   Filing Media. Data files ~~may~~must be submitted ~~utilizing any of the following media: CD-ROM (650 MB), DVD or~~ via secure FTP~~SSL~~ or secure web upload interface or as otherwise specified by the MHDO. E-mail attachments shall not be accepted. ~~Space permitting, multiple data files may be submitted utilizing the same media. If this is the case, the external label must identify the multiple files.~~

~~D.   Transmittal Sheet. All data file submissions on physical media shall be accompanied by a hard copy transmittal sheet containing the following information: identification of the health care claims processor, file name, type of file, data period(s), date sent, record count(s) for the file(s), and a contact person with telephone number and E-mail address. The information on the transmittal sheet shall match the information on the header and trailer records. The transmittal sheet layout is presented as Appendix H.~~

~~E~~D.   Testing of Files. Within one hundred and eighty days of the adoption of any changes to the data element content of the files as described in Section 2 and ~~A~~at least sixty days prior to the initial submission of the files or whenever the data element content of the files as described in Section 2 is subsequently altered, each health care claims processor shall submit to the MHDO or its designee a data set for comparison to the standards listed in Section 4. The size, based upon a calendar period of one month or one quarter, of the data files submitted shall correspond to the filing period established for each health care claims processor under subsection ~~G~~F of this Section.

~~F~~E.   Rejection of Files. Failure to conform to the requirements subsections A, B, or C of this Section shall result in the rejection ~~and return~~of the applicable data file(s). All rejected ~~and returned~~files must be resubmitted in the appropriate, corrected form to the MHDO or its designee within ~~10~~15 days.

~~G~~F.   Filing Periods. The filing period for each applicable claims data file listed in Section 2 shall be determined by the minimum monthly total of Maine-resident members for whom claims are being paid by each health care claims processor. The data files are to be submitted in accordance with the following schedule:

Total # of Members	Filing Period	Filing Schedule

≥ 2,000	monthly	prior to the end of the month following the month in which claims were paid
200 – 1,999	quarterly	prior to April 30, July 31, October 31, January 31 for each preceding calendar quarter in which claims were paid
< 200	N/A	

If the data files submitted by an individual health care claims processor support or are related to the files submitted by another health care claims processor, the MHDO shall determine a filing period that is consistent for all parties involved.

HG.   Replacement of Data Files. No health care claims processor may replace a complete data file submission more than one year after the end of the month in which the file was submitted unless it can establish exceptional circumstances for the replacement. Any replacements after this period must be approved by the MHDO. Individual adjustment records may be submitted with any monthly data file submission.

IH.   Run-Out Period. Health care claims processors shall submit medical, pharmacy, and/or dental claims files for a six month period following the termination of coverage date for all members who are Maine residents.

4.   Standards for Data; Notification; Response.

A.   Standards. The MHDO or its designee shall evaluate each member eligibility file, medical claims file, pharmacy claims file, and dental claims file submission in accordance with the following standards:

(1)   The applicable code for each data element identified in Appendices C-1, D-1, E-1, and F-1 shall be included within eligible values for the element;

(2)   Coding values indicating "data not available", "data unknown", or the equivalent shall not be used for individual data elements unless specified as an eligible value for the element;

(3)   Member sex, diagnosis and procedure codes, and date of birth and all other date fields shall be consistent within an individual record; and

(4)   Member identifiers shall be consistent across files.

B.   Notification. Upon completion of this evaluation, the MHDO or its designee will promptly notify each health care claims processor whose data submissions do not satisfy the standards for any filing period. This notification will identify the specific file and the data elements within them that do not satisfy the standards.

C.   Response. Each health care claims processor notified under subsection 4. B, will respond within 60 days of the notification by making the changes necessary in order to satisfy the standards.

5.   Public Access.

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. Chapter 1683~~Sec. 8707~~ and Code of Maine Rules 90-590, Chapter 120~~: *Release of Information to the Public*~~, unless prohibited by state or federal law.

6.   Extensions or Waivers to Data Submission Requirements.

If a health care claims processor due to circumstances beyond its control is temporarily unable to meet the terms and conditions of this Chapter, a written request must be made to the Compliance Officer of the MHDO as soon as it is practicable after the health care claims processor has determined that an extension or waiver is required. The written request shall include: the specific requirement to be extended or waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the extension or waiver; and the time frame required to come into compliance. If the Compliance Officer does not approve the requested extension or waiver, the health claims processor making the request may submit a written request appealing the decision to the MHDO Board. The appeal shall be heard by the MHDO Board at the next regularly scheduled meeting following receipt of the request at the MHDO.

7.   Compliance.

The failure to file, report, or correct health care claims data sets in accordance with the provisions of this Chapter may be considered a violation under 22 M.R.S.A. Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: *Enforcement Procedures.*

STATUTORY AUTHORITY: 22 M.R.S.A. §§ 8703(1), 8704~~, sub-§(4)~~, ~~and~~

§8708~~, sub-§~~(6-A) and 8712(2)

EFFECTIVE DATE: July 29, 2002

AMENDED: June 3, 2003
                        February 28, 2006
                        April 15, 2009
                        October 31, 2012

Appendix A
Maine Health Data Organization
Source Codes

(with references to specific MHDO data elements by file type)

American Dental Association ~~Codes~~

Current Dental Terminology (CDT) Codes
(MHDO Data Element: DC032, MC055)

SOURCE: Current Dental Terminology (CDT) Manual

AVAILABLE FROM:
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678

ABSTRACT: The CDT contains the American Dental Association's codes for dental procedures and nomenclature and is the nationally accepted set of numeric codes and descriptive terms for reporting dental treatments.

American Medical Association ~~Current Procedural Terminology (CPT) Codes~~

Current Procedural Terminology (CPT) Codes
(MHDO Data Element: MC055)

SOURCE: Physicians' Current Procedural Terminology (CPT) Manual

AVAILABLE FROM:
American Medical Association
515 North State Street
Chicago, IL 60654

ABSTRACT: A listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians.

~~ANSI~~Accredited Standards Committee (ASC) ~~ASC X12 Directories~~

ASC X12 Directories
(MHDO Data Elements: DC003, DC011, DC012, DC021, DC031, MC003, MC011, MC012, MC027, MC038, ME003, ME007, ME012, ME013, PC003, PC025)

SOURCE: Complete ASC X12 005010 Standard

AVAILABLE FROM:
store.x12.org/store
Data Interchange Standards Association, Inc. (DISA)
7600 Leesburg Pike Ste 430
Falls Church, VA 22043

ABSTRACT: The complete standard includes design rules and guidelines, control standards, transaction set tables, data element dictionary, segment directory and code sources. The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions

Appendix A
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of the data segments used to construct X12 transaction sets.

Canada Post

Canadian Provinces
(MHDO Data Elements: DC015, DC028, MC015, MC083, MC090, ME016, PC015, PC023)
Cities and ZIP Code
(MHDO Data Elements: DC014, DC016, DC027, DC029, MC014, MC016, MC082, MC084, MC089, MC091, ME015, ME017, PC014, PC016, PC022, PC024)

SOURCE: Canada Post

AVAILABLE FROM:
http://www.canadapost.ca//

Centers for Medicare and Medicaid Services

Health Care Common Procedural Coding System
(MHDO Data Element: MC055)

SOURCE: Health Care Common Procedural Coding System

AVAILABLE FROM:
www.cms.gov/HCPCSReleaseCodeSets/
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: HCPCS is the Centers for Medicare and Medicaid Services (CMS) coding scheme to group procedures performed for payment to providers.

Health Insurance Prospective Payment System (HIPPS)
(MHDO Data Element: MC055)

SOURCE: Center for Medicare & Medicaid Services

AVAILABLE FROM:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes.html
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

ABSTRACT: Health Insurance Prospective Payment System (HIPPS) rate codes represent specific sets of patient characteristics (or case-mix groups) on which payment determinations are made under several prospective payment systems. Case-mix groups are developed based on research into utilization patterns among various provider types. For the payment systems that use HIPPS codes, clinical assessment data is the basic input used to determine which case-mix group applies to a particular patient. A standard patient assessment instrument is interpreted by case-mix grouping software algorithms, which assign the case mix group. For payment purposes, at least one HIPPS code is defined to represent each case-mix group. These HIPPS codes are reported on claims to insurers.

Medical Severity Diagnosis Related Group (MS-DRG) / Inpatient Prospective Payment System (IPPS)
(MHDO Data Element: MC071)

Appendix A
Maine Health Data Organization
Source Codes

SOURCE: Inpatient Prospective Payment System (IPPS)

AVAILABLE FROM:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteinpatientPPS/index.html
Inpatient Prospective Payment System (IPPS), List of final MS-DRGs (Table 5)
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

ABSTRACT: Section 1886(d) of the Social Security Act (the Act) sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates. This payment system is referred to as the inpatient prospective payment system (IPPS). Under the IPPS, each case is categorized into a diagnosis-related group (DRG). Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.

National Provider Identifier
(MHDO Data Elements: DC020, DC043, MC026, MC077, MC086, PC021, PC0487)

SOURCE: National Provider System

AVAILABLE FROM:
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: The Centers for Medicare and Medicaid Services developed the National Provider Identifier as the standard, unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.

Pass Through Payment Status and New Technology Ambulatory Payment Classification (APC) /
Outpatient Prospective Payment System (OPPS)
(MHDO Data Element: MC073)

SOURCE: Outpatient Prospective Payment System (OPPS), Addendum A

AVAILABLE FROM:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Complet-list-DeviceCats-OPPS-11-26-12.pdf
Outpatient Prospective Payment System (OPPS), Addendum A
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

ABSTRACT: The APC is the unit of payment under the Outpatient Prospective Payment System (OPPS), Individual services identified in the Healthcare Common Procedure Code System (HCPCS) are assigned codes based on similar clinical characteristics and similar costs.

Place of Service Codes for Professional Claims
(MHDO Data Element: DC030, MC037)

SOURCE: Place of Service Codes for Professional Claims

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AVAILABLE FROM:
www.cms.gov/physicianfeesched/downloads/Website_POS_database.pdf
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: The place of service code identifies the location where the healthcare service was rendered.

~~**International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure and Diagnosis**~~
~~**(MHDO Data Elements: MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047,**~~
~~**MC048, MC049, MC050, MC051, MC052, MC053, MC058)**~~

~~SOURCE: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)~~

~~AVAILABLE FROM:~~
~~www.cdc.gov/nchs/icd/icd10cm.htm#9update~~
~~WHO Publications Center AUS~~
~~49 Sheridan Avenue~~
~~Albany, NY 12210~~

~~ABSTRACT: The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.~~

National Council for Prescription Drug Programs

National Association of Boards of Pharmacy Number
(MHDO Data Element: PC018)

SOURCE: National Association of Boards of Pharmacy Database and Listings

AVAILABLE FROM:
www.ncpdp.org
National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, AZ 85260-7518

ABSTRACT: A unique number assigned in the U.S. and its territories to individual clinic, hospital, chain, and independent pharmacy locations that conduct business at retail by billing third-party drug benefit payers. The National Council for Prescription Drug Programs (NCPDP) maintains this database under contract from the National Association of Boards of Pharmacy. The National Association of Boards of Pharmacy is a seven-digit numeric number with the following format SSNNNNC, where SS=NCPDP assigned state code number, NNNN=NCPDP assigned pharmacy location number, and C=check digit calculated by algorithm from previous six digits.

Uniform Healthcare Payer Data
(MHDO Data Elements: PC011, PC012, PC030)

SOURCE: NCPDP Uniform Healthcare Payer Data Standard Implementation Guide

AVAILABLE FROM:
www.ncpdp.org
National Council for Prescription Drug Programs

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Source Codes

9240 East Raintree Drive
Scottsdale, AZ 85260

ABSTRACT: This standard is intended to meet an industry need to supply detailed drug or utilization claim information from adjudicated claims that processors/payers or their clients report to States or their Agents.

National Uniform Billing Committee (NUBC) ~~Codes~~

NUBC Codes
(MHDO Data Elements: MC020, MC021, MC023, MC036, MC054, MC201, MC207, MC209, MC211, MC213, MC215, MC217, MC219, MC221, MC223, MC225, MC227, MC229, MC231, MC233, MC235, MC237, MC239, MC241, MC243, MC245, MC247, MC249, MC251, MC255, MC257, MC259, MC261, MC263, MC265, MC267, MC269, MC271, MC273, MC275, MC277, MC279, MC281, MC283, MC285, MC287, MC289, MC291, MC293, MC295, MC297, MC299, MC301)

SOURCE: National Uniform Billing Committee Official Data Specifications Manual

AVAILABLE FROM:
National Uniform Billing Committee
American Hospital Association
155 N Wacker Drive
Chicago, IL 60606

ABSTRACT: This serves as the official source of information for institutional health care billing. It contains all billing conventions and codes, including form locators, data element descriptions, definitions, reporting requirements, field attributes, approval and effective dates, and revenue, condition, occurrence, and value codes.

National Uniform Claim Committee

Healthcare Provider Taxonomy Code Set
(MHDO Data Element: DC026, MC032)

SOURCE: Washington Publishing Company

MAINTAINED BY: National Uniform Claim Committee
http://www.cms.gov/Medicare/Provider-Enrollment-and
Certification/MedicareProviderSupEnroll/Taxonomy.html

AVAILABLE FROM: Washington Publishing Company
www.wpc-edi.com/products/code-lists/

ABSTRACT: The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions. Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of two sections: Individuals and Groups of Individuals, and Non-Individual.

United States Food and Drug Administration ~~National Drug Code~~

National Drug Codes
(MHDO Data Element: PC026, MC075)

SOURCE: National Drug Data File

Appendix A
Maine Health Data Organization
Source Codes

AVAILABLE FROM:
www.fda.gov or www.accessdata.fda.gov/scripts/order/ndc/default.cfm
U.S. Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services
10903 New Hampshire Avenue
Silver Spring, MD 20993

ABSTRACT: The National Drug Code is a coding convention established by the Food and Drug Administration to identify the labeler, product number, and package sizes of FDA-approved prescription drugs. There are over 170,000 National Drug Codes on file.

United States Postal Service

States and Outlying Areas of the U.S.
(MHDO Data Elements: DC015, DC028, MC015, ~~MC034~~, MC083, MC090, ME016, PC015, PC023)
ZIP Code
(MHDO Data Elements: DC016, DC029, MC016~~,~~ MC084, MC091, ME017, PC016, PC024)

SOURCE: ~~National Zip Code Directory~~ United States Postal Service

AVAILABLE FROM:
~~www.zip.ucg.com/index.html~~ https://www.usps.com
U.S. Postal Service
National Information Data Center
P.O. Box 9408
Gaithersburg, MD 20898-9408

Or

https://www.usps.com/business/address-information-systems.htm?
Address Information Systems Products
National Customer Support Center
U.S. Postal Service
6060 Primacy Pkwy Ste 231
Memphis, TN 38119-5772

ABSTRACT: Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. ~~The entities listed are considered to be the first order divisions of the U.S. The Canadian Post Office lists the following as "official" codes for Canadian Provinces:~~ The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two right-most digits identify a local delivery area. In the 9-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

~~AB - Alberta~~
~~BC - British Columbia~~
~~MB - Manitoba~~
~~NB - New Brunswick~~

Appendix A
Maine Health Data Organization
Source Codes

NF - Newfoundland
NS - Nova Scotia
NT - North West Territories
ON - Ontario
PE - Prince Edward Island
PQ - Quebec
SK - Saskatchewan
YT – Yukon

ZIP Code
(MHDO Data Elements: DC016, DC029, MC016, MC035, ME017, PC016, PC024)

SOURCE: National ZIP Code Directory

AVAILABLE FROM:
www.zip.ucg.com/index.html
U.S. Postal Service
National Information Data Center
P.O. Box 9408
Gaithersburg, MD 20898-9408

Or

https://www.usps.com/business/address-information-systems.htm?
Address Information Systems Products
National Customer Support Center
U.S. Postal Service
6060 Primacy Pkwy Ste 231
Memphis, TN 38119-5772

ABSTRACT: The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two right-most digits identify a local delivery area. In the 9-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

World Health Organization (WHO)

International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure and Diagnosis
(MHDO Data Elements: MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, MC053, MC058)

SOURCE: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

AVAILABLE FROM:
http://www.cdc.gov/nchs/icd/icd9cm.htm
WHO Publications Center AUS
49 Sheridan Avenue
Albany, NY 12210

ABSTRACT: The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of

Appendix A
Maine Health Data Organization
Source Codes

hospital records by disease and operations.

International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS)
(MHDO Data Elements: MC200, MC202, MC203, MC204, MC205, MC206, MC208, MC210, MC212, MC214, MC216, MC218, MC220, MC222, MC224, MC226, MC228, MC230, MC232, MC234, MC236, MC238, MC240, MC242, MC244. MC246, MC248, MC250, MC252, MC254, MC256, MC258, MC260, MC262, MC264, MC266, MC268, MC270, MC272, MC274, MC276, MC278, MC280, MC282, MC284, MC286, MC288, MC290, MC292, MC294, MC296, MC298, MC300, MC302, MC303, MC304, MC305, MC306, MC307, MC308, MC309, MC310, MC311, MC312, MC313, MC314, MC315, MC316, MC317, MC318, MC319, MC320, MC321, MC322, MC323, MC324, MC325, MC326

SOURCE: International Classification of Diseases, 10th Revision, (ICD-10-CM/PCS)

AVAILABLE FROM:
www.cdc.gov/nchs/icd/icd10cm.htm#9update
WHO Publications Center AUS
49 Sheridan Avenue
Albany, NY 12210

ABSTRACT: The International Classification of Diseases, 10th Revision, is used to report medical diagnosis and inpatient procedures. ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding. The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

Appendix B-1
Maine Health Data Organization
Header Record Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
HD001	Record Type	1/1/2003	Text	2	HD
HD002	Submitter	1/1/2003	Text	8	State-specified identifier of payer submitting claims data
HD003	Payer	7/1/2012	Text	8	State-specified code of the insurer/ underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage
HD004	Type of File	1/1/2003	Text	2	DC Dental Claims MC Medical Claims ME Member Eligibility PC Pharmacy Claims
HD005	Period Beginning Date	1/1/2003	Text	6	CCYYMM Beginning of paid period for Claims Beginning of month covered for Eligibility
HD006	Period Ending Date	1/1/2003	Text	6	CCYYMM End of paid period for Claims End of month covered for Eligibility
HD007	Record Count	1/1/2003	Number	10	Total number of records submitted in this file Exclude header and trailer record in count
HD008	Comments	1/1/2003	Text	80	Submitter may use to document this submission by assigning a filename, system source, etc.

Appendix B-2
Maine Health Data Organization
Trailer Record Specifications

Data Element #	Data Element Name	Date ~~Required~~ <u>Effective</u>	Type	Maximum Length	Description/Codes/Sources
TR001	Record Type	1/1/2003	Text	2	TR
TR002	Submitter	1/1/2003	Text	8	State-specified identifier of payer submitting claims data
TR003	Payer	7/1/2012	Text	8	State-specified code of the insurer/ underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage
TR004	Type of File	1/1/2003	Text	2	DC Dental Claims MC Medical Claims ME Member Eligibility PC Pharmacy Claims
TR005	Period Beginning Date	1/1/2003	Text	6	CCYYMM Beginning of paid period for Claims Beginning of month covered for Eligibility
TR006	Period Ending Date	1/1/2003	Text	6	CCYYMM End of paid period for Claims End of month covered for Eligibility
TR007	Date Processed	1/1/2003	Text	8	CCYYMMDD Date file was created

Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications

Data Element #	Data Element Name	Date ~~Required~~ Effective	Type	Maximum Length	Description/Codes/Sources
ME001	**Submitter**	1/1/2003	Text	8	State-specified identifier of payer submitting claims data.
ME002	**Payer**	7/1/2012	Text	8	State-specified code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage.
ME003	**Insurance Type/Product Code**	1/1/2003	Text	2	Code identifying the type of insurance policy within a specific insurance program. Refer to Appendix A HN Medicare Part C MD Medicare Part D
ME004	**Year**	1/1/2003	Number	4	Year for which eligibility is reported in this submission
ME005	**Month**	1/1/2003	Text	2	Month for which eligibility is reported in this submission
ME006	**Insured Group or Policy Number**	1/1/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber
ME007	**Coverage Level Code**	1/1/2003	Text	3	Benefit coverage level Refer to Appendix A
ME008	**~~Encrypted~~ Subscriber Social Security Number**	1/1/2003	Text	~~128~~9	~~Encrypted s~~Subscriber's social security number Set as null if unavailable
ME009	**Plan Specific Contract Number**	1/1/2003	Text	~~128~~80	~~Encrypted p~~Plan assigned subscriber's contract number Set as null if contract number = subscriber's social security number
ME010	**Member Suffix or Sequence Number**	1/1/2003	Text	20	Unique number of the member within the contract
ME011	**Member Identification Code**	1/1/2003	Text	~~128~~50	~~Encrypted m~~Member's social security number Set as null if unavailable

In order to ensure the security of personally identifiable information and personal health information that is submitted to the MHDO Data Warehouse and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files before uploading to the warehouse. This file-level encryption will ensure the confidentiality of all data that are submitted to the warehouse, not just individual fields.

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Maine Health Data Organization
Member Eligibility File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
ME012	Individual Relationship Code	1/1/2003	Text	2	Member's relationship to insured Refer to Appendix A
ME013	Member Gender	1/1/2003	Text	1	Refer to Appendix A
ME014	Member Date of Birth	1/1/2003	Text	8	CCYYMMDD
ME015	Member City Name	4/1/2004	Text	30	City name of member Refer to Appendix A
ME016	Member State or Province	4/1/2004	Text	2	As defined by the US Postal Service and Canada Post Refer to Appendix A
ME017	Member ZIP Code	1/1/2003	Text	11	ZIP Code of member - may include non-US codes. Do not include dash Refer to Appendix A
ME018	Medical Coverage	1/1/2003	Text	1	N No Y Yes
ME019	Prescription Drug Coverage	1/1/2003	Text	1	N No Y Yes
ME020	Dental Coverage	1/1/2003	Text	1	N No Y Yes
ME021	Race 1	N/A	Text	6	Leave blank
ME022	Race 2	N/A	Text	6	Leave blank
ME023	Other Race	N/A	Text	15	Leave blank
ME024	Hispanic Indicator	N/A	Text	1	Leave blank
ME025	Ethnicity 1	N/A	Text	6	Leave blank

Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
ME026	Ethnicity 2	N/A	Text	6	Leave blank
ME027	Other Ethnicity	N/A	Text	20	Leave blank
ME028	Primary Insurance Indicator	1/1/2010	Number	1	1 Yes – primary insurance 2 No – secondary, or tertiary insurance
ME029	Coverage Type	1/1/2010	Text	3	ASO – self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess, insurance coverage ASW – self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage OTH – any other plan. Insurers using this code shall obtain prior approval. STN – short-term, non-renewable health insurance UND – plans underwritten by the insurer
ME030	Market Category Code	1/1/2010	Text	4	IND – coverage sold and issued directly to individuals (non-group) FCH – coverage sold and issued directly to individuals on a franchise basis GCV – coverage sold and issued directly to individuals as group conversion policies GS1 – coverage sold and issued directly to employers having exactly one employee GS2 – coverage sold and issued directly to employers having between two and nine employees GS3 – coverage sold and issued directly to employers having between 10 and 25 employees GS4 – coverage sold and issued directly to employers having between 26 and 50 employees GLG1 – coverage sold and issued directly to employers having between 51 and 99 employees GLG2 – coverage sold and issued directly to employers having 100 or more employees GSA – coverage sold and issued directly to small employers through a qualified association trust

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Member Eligibility File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
					OTH – coverage sold to other types of entities. Insurers using this market code shall obtain prior approval.
ME031	Special Coverage	N/A	Number	3	State-specific assignment. Default value for Maine is "0".
ME032	Group Name	1/1/2010	Text	128	Group name or IND for individual policies, and BLANK if data is not available
ME101	~~Encrypted~~ Subscriber Last Name	1/1/2010	Text	~~128~~60	The ~~encrypted~~ subscriber last name
ME102	~~Encrypted~~ Subscriber First Name	1/1/2010	Text	~~128~~35	The ~~encrypted~~ subscriber first name
ME103	~~Encrypted~~ Subscriber Middle ~~Initial~~Name	1/1/2010	Text	~~128~~25	The ~~encrypted~~ subscriber middle <u>name or</u> initial
ME104	~~Encrypted~~ Member Last Name	1/1/2010	Text	~~128~~60	The ~~encrypted~~ member last name
ME105	~~Encrypted~~ Member First Name	1/1/2010	Text	~~128~~35	The ~~encrypted~~ member first name
ME106	~~Encrypted~~ Member Middle ~~Initial~~**Name**	1/1/2010	Text	~~128~~25	The ~~encrypted~~ member middle <u>name or</u> initial
ME899	Record Type	1/1/2003	Text	2	ME

Appendix C-2
Maine Health Data Organization
Member Eligibility File Mapping to National Standards

Data Element #	Data Element Name	HIPAA Reference ASC X12N/005010 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
ME001	Submitter	N/A
ME002	Payer	N/A
ME003	Insurance Type/Product Code	271/2110C/EB/ /04, 271/2110D/EB/ /04
ME004	Year	N/A
ME005	Month	N/A
ME006	Insured Group or Policy Number	271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02,
ME007	Coverage Level Code	271/2110C/EB/ /02, 271/2110D/EB/ /02
ME008	~~Encrypted~~ Subscriber Social Security Number	271/2100C/REF/SY/02
ME009	Plan Specific Contract Number	271/2100C/NM1/MI/09
ME010	Member Suffix or Sequence Number	271/2100C/REF/49/02, 271/2100D/REF/49/02
ME011	Member Identification Code	271/2100C/REF/SY/02, 271/2100D/REF/SY/02
ME012	Individual Relationship Code	271/2100C/INS/Y/02, 271/2100D/INS/N/02
ME013	Member Gender	271/2100C/DMG/ /03, 271/2100D/DMG/ /03
ME014	Member Date of Birth	271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02
ME015	Member City Name	271/2100C/N4/ /01, 271/2100D/N4/ /01
ME016	Member State or Province	271/2100C/N4/ /02, 271/2100D/N4/ /02
ME017	Member ZIP Code	271/2100C/N4/ /03, 271/2100D/N4/ /03
ME018	Medical Coverage	N/A
ME019	Prescription Drug Coverage	N/A
ME020	Dental Coverage	N/A
ME021	Race 1	N/A
ME022	Race 2	N/A
ME023	Other Race	N/A
ME024	Hispanic Indicator	N/A
ME025	Ethnicity 1	N/A
ME026	Ethnicity 2	N/A
ME027	Other Ethnicity	N/A

Appendix C-2
Maine Health Data Organization
Member Eligibility File Mapping to National Standards

Data Element #	Data Element Name	HIPAA Reference ASC X12N/005010 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
ME028	Primary Insurance Indicator	N/A
ME029	Coverage Type	N/A
ME030	Market Category Code	N/A
ME031	Special Coverage	N/A
ME032	Group Name	271/2100C/REF/18/03, 271/2100D/REF/28/03, 271/2100C/REF/6P/03, 271/2100D/REF/6P/03, 271/2100C/REF/N6/03, 271/2100D/REF/N6/03
ME101	~~Encrypted~~ Subscriber Last Name	271/2100C/NM1/ /03
ME102	~~Encrypted~~ Subscriber First Name	271/2100C/NM1/ /04
ME103	~~Encrypted~~ Subscriber Middle ~~Initial~~Name	271/2100C/NM1/ /05
ME104	~~Encrypted~~ Member Last Name	271/2100C/NM1/ /03, 271/2100D/NM1/ /03
ME105	~~Encrypted~~ Member First Name	271/2100C/NM1/ /04, 271/2100D/NM1/ /04
ME106	~~Encrypted~~ Member Middle ~~Initial~~Name	271/2100C/NM1/ /05, 271/2100D/NM1/ /05
ME899	Record Type	N/A

Appendix D-1
Maine Health Data Organization
Member Eligibility File Specifications

Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC001	Submitter	1/1/2003	Text	8	State-specified identifier of payer submitting claims data.
MC002	Payer	7/1/2012	Text	8	State-specified code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage.
MC003	Insurance Type/Product Code	1/1/2003	Text	2	Code identifying the type of insurance policy within a specific insurance program. Refer to Appendix A 16 Medicare Part C MD Medicare Part D SP Supplemental Policy
MC004	Payer Claim Control Number	1/1/2003	Text	35	Must apply to the entire claim and be unique within the payer's system
MC005	Line Counter	4/1/2004	Number	4	Line number for this service The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.
MC005A	Version Number	1/1/2010	Number	4	The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line.
MC006	Insured Group or Policy Number	1/1/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber.
MC007	~~Encrypted~~ Subscriber Social Security Number	1/1/2003	Text	~~12~~89	~~Encrypted s~~Subscriber's social security number Set as null if unavailable.
MC008	Plan Specific Contract Number	1/1/2003	Text	~~128~~80	~~Encrypted p~~Plan assigned contract number Set as null if contract number = subscriber's social security number.

In order to ensure the security of personally identifiable information and personal health information that is submitted to the MHDO Data Warehouse and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files before uploading to the warehouse. This file-level encryption will ensure the confidentiality of all data that are submitted to the warehouse, not just individual fields.

Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~<u>Effective</u>	Type	Maximum Length	Description/Codes/Sources
MC009	Member Suffix or Sequence Number	1/1/2003	Text	20	Uniquely numbers the member within the contract.
MC010	Member Identification Code	1/1/2003	Text	~~128~~<u>50</u>	~~Encrypted m~~<u>M</u>ember's social security number Set as null if unavailable.
MC011	Individual Relationship Code	1/1/2003	Text	2	Member's relationship to insured Refer to Appendix A
MC012	Member Gender	1/1/2003	Text	1	Refer to Appendix A
MC013	Member Date of Birth	1/1/2003	Text	8	CCYYMMDD
MC014	Member City Name	4/1/2004	Text	30	City name of member <u>Refer to Appendix A</u>
MC015	Member State or Province	4/1/2004	Text	2	As defined by the US Postal Service <u>and Canada Post</u> <u>Refer to Appendix A</u>
MC016	Member ZIP Code	1/1/2003	Text	11	ZIP Code of member - may include non-US codes <u>Refer to Appendix A</u>
MC017	Date Service Approved (AP Date)	1/1/2003	Text	8	CCYYMMDD
MC018	Admission Date	1/1/2003	Text	8	Required for all inpatient claims CCYYMMDD
MC019	Admission Hour	4/1/2004	Text	2	Required for all inpatient claims Time is expressed in military time - HH
MC020	~~Admission Type~~<u>Priority (Type) of Admission or</u>	4/1/2004	Number	1	Required for all inpatient claims Refer to Appendix A

Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
	Visit				
MC021	**~~Admission Source~~Point of Origin for Admission or Visit**	4/1/2004	Text	1	Required for all inpatient claims Refer to Appendix A
MC022	**Discharge Hour**	4/1/2004	Text	2	Time expressed in military time – HH
MC023	**Patient Discharge Status**	1/1/2003	Text	2	Required for all inpatient claims Refer to Appendix A
MC024	**Service Provider Number**	1/1/2003	Text	30	Payer assigned service provider number
MC025	**Service Provider Tax ID Number**	1/1/2003	Text	10	Federal taxpayer's identification number
MC026	**National Service Provider ID**	4/1/2004	Text	20	National Provider ID This data element pertains to the entity or individual directly providing the service. Refer to Appendix A
MC027	**Service Provider Entity Type Qualifier**	4/1/2004	Number	1	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person. ~~Health care claims processors shall code according to:~~ ~~1 Person~~ ~~2 Non-Person Entity~~ Refer to Appendix A
MC028	**Service Provider First Name**	1/1/2003	Text	40	Individual first name Set to null if provider is a facility or organization.

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Medical Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC029	**Service Provider Middle Name**	1/1/2003	Text	25	Individual middle name or initial Set to null if provider is a facility or organization.
MC030	**Service Provider Last Name or Organization Name**	1/1/2003	Text	60	Full name of provider organization or last name of individual provider
MC031	**Service Provider Suffix**	1/1/2003	Text	10	Suffix to individual name Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician's degree (e.g., MD, LCSW).
MC032	**Service Provider Specialty**	1/1/2003	Text	10	Refer to Appendix A ~~As~~If defined by payer, then ~~D~~dictionary for specialty code values must be supplied during testing.
MC033	**~~Service Provider City Name~~Placeholder**	~~4/1/2004~~10/1/2014	~~Text~~N/A	30	~~City name of provider - preferably practice location~~Service Provider City Name retired; refer to MC089 - Service Facility Location City Name
MC034	**~~Service Provider State or Province~~Placeholder**	~~4/1/2004~~10/1/2014	~~Text~~N/A	20	~~As defined by the US Postal Service~~Service Provider State or Province retired; refer to MC090 - Service Facility Location Address State or Province
MC035	**~~Service Provider ZIP Code~~Placeholder**	~~4/1/2004~~10/1/2014	~~Text~~N/A	~~11~~0	~~ZIP Code of provider - may include non-US codes~~ ~~Do not include dash~~Service Provider ZIP Code retired; refer to MC091 - Service Facility Location Address State or Province
MC036	**Type of Bill – Institutional**	4/1/2004	Number	2	Required for institutional claims Not to be used for professional claims Refer to Appendix A
MC037	**Place of Service – Professional**	4/1/2004	Number	2	Required for professional claims Not to be used for institutional claims Refer to Appendix A

Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC038	Claim Status	1/1/2003	Text	2	Refer to Appendix A
MC039	Admitting Diagnosis	4/1/2004	Text	5	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point. Refer to Appendix A
MC040	E-Code	4/1/2004	Text	5	Describes an injury, poisoning or adverse effect ICD-9-CM Do not code decimal point. Refer to Appendix A
MC041	Principal Diagnosis	1/1/2003	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC042	Other Diagnosis – 1	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC043	Other Diagnosis – 2	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC044	Other Diagnosis – 3	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC045	Other Diagnosis – 4	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC046	Other Diagnosis – 5	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC047	Other Diagnosis – 6	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A
MC048	Other Diagnosis – 7	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. Refer to Appendix A

Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC049	Other Diagnosis – 8	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. <u>Refer to Appendix A</u>
MC050	Other Diagnosis – 9	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. <u>Refer to Appendix A</u>
MC051	Other Diagnosis – 10	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. <u>Refer to Appendix A</u>
MC052	Other Diagnosis – 11	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. <u>Refer to Appendix A</u>
MC053	Other Diagnosis – 12	4/1/2004	Text	5	ICD-9-CM Do not code decimal point. <u>Refer to Appendix A</u>
MC054	Revenue Code	1/1/2003	Text	4	National Uniform Billing Committee Codes Code using leading zeroes, left justified, and four digits. <u>Refer to Appendix A</u>
MC055	Procedure Code	1/1/2003	Text	10	Health Care Common Procedural Coding System (HCPCS)<u>, the CPT codes of the American Medical Association, the CDT from the American Dental Association, and the HIPPS codes from the Health Insurance Prospective Payment System.</u> ~~This includes the CPT codes of the American Medical Association.~~ <u>Refer to Appendix A</u>
MC056	Procedure Modifier – 1	1/1/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
MC057	Procedure Modifier – 2	1/1/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
<u>MC057A</u>	<u>Procedure Modifier – 3</u>	<u>10/1/2014</u>	<u>Text</u>	<u>2</u>	<u>Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</u>

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC057B	**Procedure Modifier – 4**	10/1/2014	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
MC058	**ICD-9-CM Procedure Code**	1/1/2003	Text	4	Primary procedure code for this line of service Do not code decimal point. Refer to Appendix A
MC059	**Date of Service – From**	1/1/2003	Text	8	First date of service for this service line CCYYMMDD
MC060	**Date of Service – Thru**	1/1/2003	Text	8	Last date of service for this service line CCYYMMDD
MC061	**Quantity**	1/1/2003	Number	10	Count of services performed, which shall be set equal to one on all observation bed service lines and should be set equal to zero on all other room and board service lines, regardless of the length of stay.
MC062	**Charge Amount**	1/1/2003	Number	10	Do not code decimal point.
MC063	**Paid Amount**	1/1/2003	Number	10	Includes any withhold amounts Do not code decimal point.
MC064	**Prepaid Amount**	1/1/2003	Number	10	For capitated services, the fee for service equivalent amount Do not code decimal point.
MC065	**Co-pay Amount**	1/1/2003	Number	10	The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point.
MC066	**Coinsurance Amount**	1/1/2003	Number	10	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.
MC067	**Deductible Amount**	1/1/2003	Number	10	Do not code decimal point.

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC068	Patient Account/Control Number	7/1/2006	Text	20	Identifier assigned by hospital
MC069	Discharge Date	7/1/2006	Text	8	Date patient discharged Required for all inpatient claims. CCYYMMDD
MC070	Service Provider Country Name	1/1/2010	Text	30	Code US for United States.
MC071	DRG	1/1/2010	Text	10	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the All Payer DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an "A" prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX). Refer to Appendix A
MC072	DRG Version	1/1/2010	Text	2	Version number of the grouper used
MC073	APC	1/1/2010	Text	5	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to APCs transmitted from the health care provider. Refer to Appendix A
MC074	APC Version	1/1/2010	Text	2	Version number of the grouper used
MC075	Drug Code	1/1/2010	Text	11	An NDC code used only when a medication is paid for as part of a medical claim. Refer to Appendix A
MC076	Billing Provider Number	1/1/2010	Text	30	Payer assigned billing provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC077	National Billing Provider ID	1/1/2010	Text	20	National Provider ID Refer to Appendix A
MC078	Billing Provider Last Name or Organization Name	1/1/2010	Text	60	Full name of provider billing organization or last name of individual billing provider.
MC079	Billing Provider Tax ID	10/1/2014	Text	10	Federal taxpayer's identification number
MC080	Billing Provider Address Line 1	10/1/2014	Text	55	Address information for billing provider
MC081	Billing Provider Address Line 2	10/1/2014	Text	55	Address information for billing provider
MC082	Billing Provider City Name	10/1/2014	Text	30	City name of billing provider Refer to Appendix A
MC083	Billing Provider State or Province	10/1/2014	Text	2	As defined by the US Postal Service and Canada Post Refer to Appendix A
MC084	Billing Provider Zip Code	10/1/2014	Text	11	ZIP Code of billing provider - may include non-US codes Do not include dash Refer to Appendix A
MC085	Service Facility Location Name	10/1/2014	Text	60	Laboratory or service facility name.
MC086	Service Facility National Provider Identifier	10/1/2014	Text	20	National Provider ID for service facility Refer to Appendix A
MC087	Service Facility Location Address Line 1	10/1/2014	Text	55	Address information for laboratory or service facility

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC088	**Service Facility Location Address Line 2**	10/1/2014	Text	55	Address information for laboratory or service facility
MC089	**Service Facility Location City Name**	10/1/2014	Text	30	City name of laboratory or service facility Refer to Appendix A
MC090	**Service Facility Location Address State or Province**	10/1/2014	Text	2	As defined by the US Postal Service and Canada Post Refer to Appendix A
MC091	**Service Facility Location Address Zip Code**	10/1/2014	Text	11	ZIP Code of service facility - may include non-US codes Do not include dash Refer to Appendix A
MC101	~~Encrypted~~ Subscriber Last Name	1/1/2010	Text	~~128~~60	The ~~encrypted~~ subscriber last name
MC102	~~Encrypted~~ Subscriber First Name	1/1/2010	Text	~~128~~35	The ~~encrypted~~ subscriber first name
MC103	~~Encrypted~~ Subscriber Middle ~~Initial~~Name	1/1/2010	Text	~~128~~25	The ~~encrypted~~ subscriber middle name or initial
MC104	~~Encrypted~~ Member Last Name	1/1/2010	Text	~~128~~60	The ~~encrypted~~ member last name
MC105	~~Encrypted~~ Member First Name	1/1/2010	Text	~~128~~35	The ~~encrypted~~ member first name
MC106	~~Encrypted~~ Member Middle ~~Initial~~Name	1/1/2010	Text	~~128~~25	The ~~encrypted~~ member middle name or initial
MC200	**Principal Diagnosis**	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC201	**Present On Admission Indicator**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC202	**Admitting Diagnosis**	10/1/2004	Text	7	Required on all inpatient admission claims and encounters ICD-10-CM Do not code decimal point. Refer to Appendix A
MC203	**Reason for Visit Diagnosis - 1**	10/1/2014	Text	7	ICD-10 CM Do not code decimal point. Refer to Appendix A
MC204	**Reason for Visit Diagnosis - 2**	10/1/2014	Text	7	ICD-10 CM Do not code decimal point. Refer to Appendix A
MC205	**Reason for Visit Diagnosis - 3**	10/1/2014	Text	7	ICD-10 CM Do not code decimal point. Refer to Appendix A
MC206	**External Cause of Injury - 1**	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC207	**Present On Admission Indicator - 1**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC208	**External Cause of Injury - 2**	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC209	**Present On Admission Indicator - 2**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC210	**External Cause of Injury - 3**	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC211	**Present On Admission Indicator - 3**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC212	External Cause of Injury - 4	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC213	Present On Admission Indicator - 4	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC214	External Cause of Injury - 5	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC215	Present On Admission Indicator - 5	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC216	External Cause of Injury - 6	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC217	Present On Admission Indicator - 6	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC218	External Cause of Injury - 7	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC219	Present On Admission Indicator - 7	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC220	External Cause of Injury - 8	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC221	Present On Admission Indicator - 8	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC222	External Cause of Injury - 9	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC223	Present On Admission Indicator - 9	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC224	External Cause of Injury - 10	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC225	Present On Admission Indicator - 10	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC226	External Cause of Injury - 11	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC227	Present On Admission Indicator - 11	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC228	External Cause of Injury - 12	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC229	Present On Admission Indicator - 12	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC230	External Cause of Injury - 13	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC231	Present On Admission Indicator - 13	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC232	External Cause of Injury - 14	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC233	Present On Admission Indicator - 14	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC234	External Cause of Injury - 15	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC235	Present On Admission Indicator - 15	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC236	External Cause of Injury - 16	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC237	Present On Admission Indicator - 16	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC238	External Cause of Injury - 17	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC239	Present On Admission Indicator - 17	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC240	External Cause of Injury - 18	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC241	Present On Admission Indicator - 18	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC242	External Cause of Injury - 19	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC243	Present On Admission Indicator - 19	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC244	External Cause of Injury - 20	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC245	Present On Admission Indicator - 20	10/1/2014	Text	1	Standard POA code set Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC246	External Cause of Injury - 21	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC247	Present On Admission Indicator - 21	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC248	External Cause of Injury - 22	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC249	Present On Admission Indicator - 22	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC250	External Cause of Injury - 23	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC251	Present On Admission Indicator - 23	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC252	External Cause of Injury - 24	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC253	Present On Admission Indicator - 24	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC254	Other Diagnosis – 1	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC255	Present On Admission Indicator – 1	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC256	Other Diagnosis – 2	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC257	Present On Admission Indicator – 2	10/1/2014	Text	1	Standard POA code set Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC258	Other Diagnosis – 3	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC259	Present On Admission Indicator – 3	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC260	Other Diagnosis – 4	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC261	Present On Admission Indicator – 4	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC262	Other Diagnosis – 5	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC263	Present On Admission Indicator – 5	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC264	Other Diagnosis – 6	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC265	Present On Admission Indicator – 6	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC266	Other Diagnosis – 7	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC267	Present On Admission Indicator – 7	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC268	Other Diagnosis – 8	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC269	Present On Admission Indicator – 8	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC270	Other Diagnosis – 9	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC271	Present On Admission Indicator – 9	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC272	Other Diagnosis – 10	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC273	Present On Admission Indicator – 10	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC274	Other Diagnosis – 11	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC275	Present On Admission Indicator – 11	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC276	Other Diagnosis – 12	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC277	Present On Admission Indicator – 12	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC278	Other Diagnosis – 13	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC279	Present On Admission Indicator – 13	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC280	Other Diagnosis – 14	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC281	**Present On Admission Indicator – 14**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC282	**Other Diagnosis – 15**	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC283	**Present On Admission Indicator – 15**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC284	**Other Diagnosis – 16**	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC285	**Present On Admission Indicator – 16**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC286	**Other Diagnosis – 17**	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC287	**Present On Admission Indicator – 17**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC288	**Other Diagnosis – 18**	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC289	**Present On Admission Indicator – 18**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC290	**Other Diagnosis – 19**	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC291	**Present On Admission Indicator – 19**	10/1/2014	Text	1	Standard POA code set Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC292	Other Diagnosis – 20	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC293	Present On Admission Indicator – 20	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC294	Other Diagnosis – 21	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC295	Present On Admission Indicator – 21	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC296	Other Diagnosis – 22	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC297	Present On Admission Indicator – 22	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC298	Other Diagnosis – 23	10/1/2004	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC299	Present On Admission Indicator – 23	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC300	Other Diagnosis – 24	10/1/2014	Text	7	ICD-10-CM Do not code decimal point. Refer to Appendix A
MC301	Present On Admission Indicator – 24	10/1/2014	Text	1	Standard POA code set Refer to Appendix A
MC302	Principal Procedure Code	10/1/2014	Text	7	IDC-10-CM Primary procedure code for this line of service Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC303	Other Procedure Code - 1	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC304	Other Procedure Code - 2	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC305	Other Procedure Code - 3	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC306	Other Procedure Code - 4	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC307	Other Procedure Code - 5	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC308	Other Procedure Code - 6	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC309	Other Procedure Code - 7	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC310	Other Procedure Code - 8	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC311	Other Procedure Code - 9	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC312	Other Procedure Code - 10	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC313	Other Procedure Code - 11	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC314	Other Procedure Code - 12	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A

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Data Element #	Data Element Name	Date ~~Required~~Effective	Type	Maximum Length	Description/Codes/Sources
MC315	Other Procedure Code - 13	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC316	Other Procedure Code - 14	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC317	Other Procedure Code - 15	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC318	Other Procedure Code - 16	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC319	Other Procedure Code - 17	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC320	Other Procedure Code - 18	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC321	Other Procedure Code - 19	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC322	Other Procedure Code - 20	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC323	Other Procedure Code - 21	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC324	Other Procedure Code - 22	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC325	Other Procedure Code - 23	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A
MC326	Other Procedure Code - 24	10/1/2014	Text	7	ICD-10 PCS Do not code decimal point. Refer to Appendix A

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Medical Claims Mapping to National Standards

Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC001	Submitter	N/A	N/A	N/A
MC002	Payer	N/A	N/A	N/A
MC003	Insurance Type/Product Code	N/A	N/A	835/2100/CLP/ /06
MC004	Payer Claim Control Number	N/A	N/A	835/2100/CLP/ /07
MC005	Line Counter	N/A	N/A	837/2400/LX/ /01
MC005A	Version Number	N/A	N/A	N/A
MC006	Insured Group or Policy Number	62 (A-C)	11	837/2000B/SBR/ /03
MC007	~~Encrypted~~ Subscriber Social Security Number	N/A	N/A	835/2100/NM1/FI/09
MC008	Plan Specific Contract Number	60 (A-C)	1a	835/2100/NM1/MI/09
MC009	Member Suffix or Sequence Number	N/A	N/A	N/A
MC010	Member Identification Code	N/A	N/A	835/2100/NM1/34/09
MC011	Individual Relationship Code	59 (A-C)	6	837/2000B/SBR/ /02, 837/2000C/PAT/ /01
MC012	Member Gender	11	3	837/2010BA/DMG/ /03, 837/2010CA/DMG/ /03
MC013	Member Date of Birth	10	3	837/2010BA/DMG/D8/02, 837/2010CA/DMG/D8/02
MC014	Member City Name	9b	5	837/2010BA/N4/ /01, 837/2010CA/N4/ /01
MC015	Member State or Province	9c	5	837/2010BA/N4/ /02, 837/2010CA/N4/ /02
MC016	Member ZIP Code	9d	5	837/2010BA/N4/ /03, 837/2010CA/N4/ /03
MC017	Date Service Approved	N/A	N/A	835/Header Financial Information/BPR/ /16
MC018	Admission Date	12	18	837/2300/DTP/435/03
MC019	Admission Hour	13	N/A	837/2300/DTP/435/03
MC020	~~Admission Type~~ Priority (Type) of Admission or Visit	14	N/A	837/2300/CL1/ /01
MC021	~~Admission Source~~ Point of Origin for Admission or Visit	15	N/A	837/2300/CL1/ /02
MC022	Discharge Hour	16	N/A	837/2300/DTP/096/03
MC023	Patient Discharge Status	17	N/A	837/2300/CL1/ /03
MC024	Service Provider Number	57	N/A	835/2100/REF/1A/02, 835/2100/REF/1B/02, 835/2100/REF/1C/02, 835/2100/REF/1D/02, 835/2100/REF/G2/02, 835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09,

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Medical Claims Mapping to National Standards

Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
				835/2100/NM1/PC/09
MC025	Service Provider Tax ID Number	5	25 (only if EIN)	835/2100/NM1/FI/09
MC026	National Service Provider ID	56	24J	professional: 837/2420A/NM1/XX/09; 837/2310B/NM1/XX/09; institutional: 837/2010AA/NM1/XX/09
MC027	Service Provider Entity Type Qualifier	N/A	N/A	professional: 837/2420A/NM1/82/02; 837/2310B/NM1/82/02; institutional: 837/2010AA/NM1/85/02
MC028	Service Provider First Name	N/A	31	professional: 837/2420A/NM1/82/04; 837/2310B/NM1/82/04; institutional: N/A
MC029	Service Provider Middle Name	N/A	31	professional: 837/2420A/NM1/82/05; 837/2310B/NM1/82/05; institutional: N/A
MC030	Service Provider Last Name or Organization Name	1	31	professional: 837/2420A/NM1/82/1/03; 837/2310B/NM1/82/1/03; institutional: 837/2010AA/NM1/85/2/03
MC031	Service Provider Suffix	N/A	31	professional: 837/2420A/NM1/82/07; 837/2310B/NM1/82/07; institutional: N/A
MC032	Service Provider Specialty	N/A	N/A	professional: 837/2420A/PRV/PXC/03; 837/2310B/PRV/PXC /03; institutional: 837/2000A/PRV/PXC/03
MC033	~~Service Provider City Name~~Placeholder	~~1~~ N/A	~~32~~ N/A	~~professional:~~

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
				837/2310C/N4/ /01; institutional: 837/2010AA/N4/ /01 N/A
MC034	~~Service Provider State or Province~~ Placeholder	~~1~~ N/A	~~32~~ N/A	professional: 837/2310C/N4/ /02; institutional: 837/2010AA/N4/ /02 N/A
MC035	~~Service Provider ZIP Code~~ Placeholder	~~1~~ N/A	~~32~~ N/A	professional: 837/2310C/N4/ /03; institutional: 837/2010AA/N4/ /03 N/A
MC036	Type of Bill – Institutional	4	N/A	837/2300/CLM/ /05-1
MC037	Place of Service - Professional	N/A	24B	837/2300/CLM/ /05-1
MC038	Claim Status	N/A	N/A	835/2100/CLP/ /02
MC039	Admitting Diagnosis	69	N/A	837/2300/HI/BJ/01-2, 837/2300/HI/ABJ/01-2
MC040	E-Code	72	N/A	837/2300/HI/BN/01-2, 837/2300/HI/ABN/01-2
MC041	Principal Diagnosis	67	21.1	837/2300/HI/BK/01-2, 837/2300/HI/ABK/01-2
MC042	Other Diagnosis – 1	67A	21.2	837/2300/HI/BF/01-2, 837/2300/HI/ABF/01-2
MC043	Other Diagnosis - 2	67B	21.3	837/2300/HI/BF/02-2, 837/2300/HI/ABF/02-2
MC044	Other Diagnosis - 3	67C	21.4	837/2300/HI/BF/03-2, 837/2300/HI/ABF/03-2
MC045	Other Diagnosis - 4	67D	N/A	837/2300/HI/BF/04-2, 837/2300/HI/ABF/04-2
MC046	Other Diagnosis - 5	67E	N/A	837/2300/HI/BF/05-2, 837/2300/HI/ABF/05-2
MC047	Other Diagnosis - 6	67F	N/A	837/2300/HI/BF/06-2, 837/2300/HI/ABF/06-2
MC048	Other Diagnosis - 7	67G	N/A	837/2300/HI/BF/07-2, 837/2300/HI/ABF/07-2
MC049	Other Diagnosis - 8	67H	N/A	837/2300/HI/BF/08-2, 837/2300/HI/ABF/08-2
MC050	Other Diagnosis - 9	67I	N/A	837/2300/HI/BF/09-2, 837/2300/HI/ABF/09-2
MC051	Other Diagnosis -10	67J	N/A	837/2300/HI/BF/10-2, 837/2300/HI/ABF/10-2
MC052	Other Diagnosis -11	67K	N/A	837/2300/HI/BF/11-2, 837/2300/HI/ABF/11-2
MC053	Other Diagnosis -12	67L	N/A	837/2300/HI/BF/12-2, 837/2300/HI/ABF/12-2
MC054	Revenue Code	42	N/A	835/2110/SVC/NU/01-2, 835/2110/SVC/ /04
MC055	Procedure Code	44	24D	835/2110/SVC/HC/01-2, 835/2110/SVC/HP/01-2
MC056	Procedure Modifier - 1	44	24D	835/2110/SVC/HC/01-3

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC057	Procedure Modifier - 2	44	24D	835/2110/SVC/HC/01-4
MC057A	Procedure Modifier - 3	44	24D	835/2110/SVC/HC/01-5
MC057B	Procedure Modifier - 4	44	24D	835/2110/SVC/HC/01-6
MC058	ICD-9-CM Procedure Code	74	N/A	837/2300/HI/BR/01-2, 837/2300/HI/BBR/01-2
MC059	Date of Service – From	45	24A	835/2110/DTM/472/02, 835/2110/DTM/150/02
MC060	Date of Service – Thru	N/A	24A	835/2110/DTM/472/02, 835/2110/DTM/151/02
MC061	Quantity	46	24G	835/2110/SVC/ /05
MC062	Charge Amount	47	24F	835/2110/SVC/ /02
MC063	Paid Amount	N/A	N/A	835/2110/SVC/ /03
MC064	Prepaid Amount	N/A	N/A	835/2110/CAS/CO/03
MC065	Co-pay Amount	N/A	N/A	835/2110/CAS/PR/3-03
MC066	Coinsurance Amount	N/A	N/A	835/2110/CAS/PR/2-03
MC067	Deductible Amount	N/A	N/A	835/2110/CAS/PR/1-03
MC068	Patient Account/Control Number	3a	26	837/2300/CLM/ /01
MC069	Discharge Date	6	18	837/2300/DTP/434/03
MC070	Service Provider Country Name	1	32	N/A
MC071	DRG	N/A	N/A	837/2300/HI/DR/01-2
MC072	DRG Version	N/A	N/A	N/A
MC073	APC	N/A	N/A	835/2110/REF/APC/02
MC074	APC Version	N/A	N/A	N/A
MC075	Drug Code	N/A	N/A	837/2410/LIN/N4/03
MC076	Billing Provider Number	57	33b	837/2010BB/REF/G2/02
MC077	National Billing Provider ID	56	33a	837/2010AA/NM1/XX/09
MC078	Billing Provider Last Name	1	33	837/2010AA/NM1/ /03
MC079	Billing Provider Tax ID Number	NA	NA	837/2010AA/REF/EI/02
MC080	Billing Provider Address Line 1	1	33	837/2010AA/N3/01
MC081	Billing Provider Address Line 2	1	33	837/2010AA/N3/02
MC082	Billing Provider City Name	1	33	837/2010AA/N4/01
MC083	Billing Provider State or Province	1	33	837/2010AA/N4/02
MC084	Billing Provider Zip Code	1	33	837/2010AA/N4/03
MC085	Service Facility Location Name	1	32	professional:

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
				837/2310C/NM1/ /03; institutional: 837/2310E/NM1/ /03
MC086	Service Facility National Provider Identifier	56	32a	professional: 837/2310C/NM1XX/09; institutional: 837/2310E/NM1XX/09
MC087	Service Facility Location Address Line 1	1	32	professional: 837/2310C/N3/ /01; institutional: 837/2310E/N3/ /01
MC088	Service Facility Location Address Line 2	1	32	professional: 837/2310C/N3/ /02; institutional: 837/2310E/N3/ /02
MC089	Service Facility Location City Name	1	32	professional: 837/2310C/N4/ /01; institutional: 837/2010AA/N4/ /01
MC090	Service Facility Location Address State or Province	1	32	professional: 837/2310C/N4/ /02; institutional: 837/2010AA/N4/ /02
MC091	Service Facility Location Address Zip Code	1	32	professional: 837/2310C/N4/ /03; institutional: 837/2010AA/N4/ /03
MC101	~~Encrypted~~ Subscriber Last Name	58(A-C)	4	837/2010BA/NM1/ /03
MC102	~~Encrypted~~ Subscriber First Name	58(A-C)	4	837/2010BA/NM1/ /04
MC103	~~Encrypted~~ Subscriber Middle ~~Initial~~Name	N/A	4	837/2010BA/NM1/ /05
MC104	~~Encrypted~~ Member Last Name	8b	2	837/2010CA/NM1/ /03, 837/2010BA/NM1/ /03

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC105	~~Encrypted~~ Member First Name	8b	2	837/2010CA/NM1/ /04, 837/2010BA/NM1/ /04
MC106	~~Encrypted~~ Member Middle ~~Initial~~Name	8b	2	837/2010CA/NM1/ /05, 837/2010BA/NM1/ /05
MC200	Principal Diagnosis	67	N/A	837/2300/HI/ABK/01-2
MC201	Present On Admission Indicator	67 (pos 8)	N/A	837/2300/HI//01-9
MC202	Admitting Diagnosis	69	N/A	837/2300/HI/ABJ/01-2
MC203	Reason for Visit Diagnosis - 1	70A	N/A	837/2300/HI/APR/01-2
MC204	Reason for Visit Diagnosis - 2	70B	N/A	837/2300/HI/APR/02-2
MC205	Reason for Visit Diagnosis - 3	70C	N/A	837/2300/HI/APR/03-2
MC206	External Cause of Injury - 1	72A	N/A	837/2300/HI/ABN/01-2
MC207	Present On Admission Indicator - 1	72A (pos 8)	N/A	837/2300/HI//01-9
MC208	External Cause of Injury - 2	72B	N/A	837/2300/HI/ABN/02-2
MC209	Present On Admission Indicator - 2	72B (pos 8)	N/A	837/2300/HI//02-9
MC210	External Cause of Injury - 3	72C	N/A	837/2300/HI/ABN/03-2
MC211	Present On Admission Indicator - 3	72C (pos 8)	N/A	837/2300/HI//03-9
MC212	External Cause of Injury - 4	N/A	N/A	837/2300/HI/ABN/04-2
MC213	Present On Admission Indicator - 4	N/A	N/A	837/2300/HI//04-9
MC214	External Cause of Injury - 5	N/A	N/A	837/2300/HI/ABN/05-2
MC215	Present On Admission Indicator - 5	N/A	N/A	837/2300/HI//05-9
MC216	External Cause of Injury - 6	N/A	N/A	837/2300/HI/ABN/06-2
MC217	Present On Admission Indicator - 6	N/A	N/A	837/2300/HI//06-9
MC218	External Cause of Injury - 7	N/A	N/A	837/2300/HI/ABN/07-2
MC219	Present On Admission Indicator - 7	N/A	N/A	837/2300/HI//07-9
MC220	External Cause of Injury - 8	N/A	N/A	837/2300/HI/ABN/08-2
MC221	Present On Admission Indicator - 8	N/A	N/A	837/2300/HI//08-9
MC222	External Cause of Injury - 9	N/A	N/A	837/2300/HI/ABN/09-2
MC223	Present On Admission Indicator - 9	N/A	N/A	837/2300/HI//09-9
MC224	External Cause of Injury - 10	N/A	N/A	837/2300/HI/ABN/10-2
MC225	Present On Admission Indicator - 10	N/A	N/A	837/2300/HI//10-9
MC226	External Cause of Injury - 11	N/A	N/A	837/2300/HI/ABN/11-2
MC227	Present On Admission Indicator - 11	N/A	N/A	837/2300/HI//11-9
MC228	External Cause of Injury - 12	N/A	N/A	837/2300/HI/ABN/12-2
MC229	Present On Admission Indicator - 12	N/A	N/A	837/2300/HI//12-9

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC230	External Cause of Injury - 13	N/A	N/A	837/2300/HI/ABN/01-2
MC231	Present On Admission Indicator - 13	N/A	N/A	837/2300/HI//01-9
MC232	External Cause of Injury - 14	N/A	N/A	837/2300/HI/ABN/02-2
MC233	Present On Admission Indicator - 14	N/A	N/A	837/2300/HI//02-9
MC234	External Cause of Injury - 15	N/A	N/A	837/2300/HI/ABN/03-2
MC235	Present On Admission Indicator - 15	N/A	N/A	837/2300/HI//03-9
MC236	External Cause of Injury - 16	N/A	N/A	837/2300/HI/ABN/04-2
MC237	Present On Admission Indicator - 16	N/A	N/A	837/2300/HI//04-9
MC238	External Cause of Injury - 17	N/A	N/A	837/2300/HI/ABN/05-2
MC239	Present On Admission Indicator - 17	N/A	N/A	837/2300/HI//05-9
MC240	External Cause of Injury - 18	N/A	N/A	837/2300/HI/ABN/06-2
MC241	Present On Admission Indicator - 18	N/A	N/A	837/2300/HI//06-9
MC242	External Cause of Injury - 19	N/A	N/A	837/2300/HI/ABN/07-2
MC243	Present On Admission Indicator - 19	N/A	N/A	837/2300/HI//07-9
MC244	External Cause of Injury - 20	N/A	N/A	837/2300/HI/ABN/08-2
MC245	Present On Admission Indicator - 20	N/A	N/A	837/2300/HI//08-9
MC246	External Cause of Injury - 21	N/A	N/A	837/2300/HI/ABN/09-2
MC247	Present On Admission Indicator - 21	N/A	N/A	837/2300/HI//09-9
MC248	External Cause of Injury - 22	N/A	N/A	837/2300/HI/ABN/10-2
MC249	Present On Admission Indicator - 22	N/A	N/A	837/2300/HI//10-9
MC250	External Cause of Injury - 23	N/A	N/A	837/2300/HI/ABN/11-2
MC251	Present On Admission Indicator - 23	N/A	N/A	837/2300/HI//11-9
MC252	External Cause of Injury - 24	N/A	N/A	837/2300/HI/ABN/12-2
MC253	Present On Admission Indicator - 24	N/A	N/A	837/2300/HI//12-9
MC254	Other Diagnosis – 1	67A	N/A	837/2300/HI/ABF/01-2
MC255	Present On Admission Indicator – 1	67A (pos 8)	N/A	837/2300/HI//01-9
MC256	Other Diagnosis – 2	67B	N/A	837/2300/HI/ABF/02-2
MC257	Present On Admission Indicator – 2	67B (pos 8)	N/A	837/2300/HI//02-9
MC258	Other Diagnosis – 3	67C	N/A	837/2300/HI/ABF/03-2
MC259	Present On Admission Indicator – 3	67C (pos 8)	N/A	837/2300/HI//03-9
MC260	Other Diagnosis – 4	67D	N/A	837/2300/HI/ABF/04-2
MC261	Present On Admission Indicator – 4	67D (pos 8)	N/A	837/2300/HI//04-9

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC262	Other Diagnosis – 5	67E	N/A	837/2300/HI/ABF/05-2
MC263	Present On Admission Indicator – 5	67E (pos 8)	N/A	837/2300/HI//05-9
MC264	Other Diagnosis – 6	67F	N/A	837/2300/HI/ABF/06-2
MC265	Present On Admission Indicator – 6	67F (pos 8)	N/A	837/2300/HI//06-9
MC266	Other Diagnosis – 7	67G	N/A	837/2300/HI/ABF/07-2
MC267	Present On Admission Indicator – 7	67G (pos 8)	N/A	837/2300/HI//07-9
MC268	Other Diagnosis – 8	67H	N/A	837/2300/HI/ABF/08-2
MC269	Present On Admission Indicator – 8	67H (pos 8)	N/A	837/2300/HI//08-9
MC270	Other Diagnosis – 9	67I	N/A	837/2300/HI/ABF/09-2
MC271	Present On Admission Indicator – 9	67I (pos 8)	N/A	837/2300/HI//09-9
MC272	Other Diagnosis – 10	67J	N/A	837/2300/HI/ABF/10-2
MC273	Present On Admission Indicator – 10	67J (pos 8)	N/A	837/2300/HI//10-9
MC274	Other Diagnosis – 11	67K	N/A	837/2300/HI/ABF/11-2
MC275	Present On Admission Indicator – 11	67K (pos 8)	N/A	837/2300/HI//11-9
MC276	Other Diagnosis – 12	67L	N/A	837/2300/HI/ABF/12-2
MC277	Present On Admission Indicator – 12	67L (pos 8)	N/A	837/2300/HI//12-9
MC278	Other Diagnosis – 13	N/A	N/A	837/2300/HI/ABF/01-2
MC279	Present On Admission Indicator – 13	N/A	N/A	837/2300/HI//01-9
MC280	Other Diagnosis – 14	N/A	N/A	837/2300/HI/ABF/02-2
MC281	Present On Admission Indicator – 14	N/A	N/A	837/2300/HI//02-9
MC282	Other Diagnosis – 15	N/A	N/A	837/2300/HI/ABF/03-2
MC283	Present On Admission Indicator – 15	N/A	N/A	837/2300/HI//03-9
MC284	Other Diagnosis – 16	N/A	N/A	837/2300/HI/ABF/04-2
MC285	Present On Admission Indicator – 16	N/A	N/A	837/2300/HI//04-9
MC286	Other Diagnosis – 17	N/A	N/A	837/2300/HI/ABF/05-2
MC287	Present On Admission Indicator – 17	N/A	N/A	837/2300/HI//05-9
MC288	Other Diagnosis – 18	N/A	N/A	837/2300/HI/ABF/06-2
MC289	Present On Admission Indicator – 18	N/A	N/A	837/2300/HI//06-9
MC290	Other Diagnosis – 19	N/A	N/A	837/2300/HI/ABF/07-2
MC291	Present On Admission Indicator – 19	N/A	N/A	837/2300/HI//07-9
MC292	Other Diagnosis – 20	N/A	N/A	837/2300/HI/ABF/08-2
MC293	Present On Admission Indicator – 20	N/A	N/A	837/2300/HI//08-9

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC294	Other Diagnosis – 21	N/A	N/A	837/2300/HI/ABF/09-2
MC295	Present On Admission Indicator – 21	N/A	N/A	837/2300/HI//09-9
MC296	Other Diagnosis – 22	N/A	N/A	837/2300/HI/ABF/10-2
MC297	Present On Admission Indicator – 22	N/A	N/A	837/2300/HI//10-9
MC298	Other Diagnosis – 23	N/A	N/A	837/2300/HI/ABF/11-2
MC299	Present On Admission Indicator – 23	N/A	N/A	837/2300/HI//11-9
MC300	Other Diagnosis – 24	N/A	N/A	837/2300/HI/ABF/12-2
MC301	Present On Admission Indicator – 24	N/A	N/A	837/2300/HI//12-9
MC302	Principal Procedure Code	74	N/A	837/2300/HI/BBR/01-2
MC303	Other Procedure Code - 1	74A	N/A	837/2300/HI/BBQ/01-2
MC304	Other Procedure Code - 2	74B	N/A	837/2300/HI/BBQ/02-2
MC305	Other Procedure Code - 3	74C	N/A	837/2300/HI/BBQ/03-2
MC306	Other Procedure Code - 4	74D	N/A	837/2300/HI/BBQ/04-2
MC307	Other Procedure Code - 5	74E	N/A	837/2300/HI/BBQ/05-2
MC308	Other Procedure Code - 6	N/A	N/A	837/2300/HI/BBQ/06-2
MC309	Other Procedure Code - 7	N/A	N/A	837/2300/HI/BBQ/07-2
MC310	Other Procedure Code - 8	N/A	N/A	837/2300/HI/BBQ/08-2
MC311	Other Procedure Code - 9	N/A	N/A	837/2300/HI/BBQ/09-2
MC312	Other Procedure Code - 10	N/A	N/A	837/2300/HI/BBQ/10-2
MC313	Other Procedure Code - 11	N/A	N/A	837/2300/HI/BBQ/11-2
MC314	Other Procedure Code - 12	N/A	N/A	837/2300/HI/BBQ/12-2
MC315	Other Procedure Code - 13	N/A	N/A	837/2300/HI/BBQ/01-2
MC316	Other Procedure Code - 14	N/A	N/A	837/2300/HI/BBQ/02-2
MC317	Other Procedure Code - 15	N/A	N/A	837/2300/HI/BBQ/03-2
MC318	Other Procedure Code - 16	N/A	N/A	837/2300/HI/BBQ/04-2
MC319	Other Procedure Code - 17	N/A	N/A	837/2300/HI/BBQ/05-2
MC320	Other Procedure Code - 18	N/A	N/A	837/2300/HI/BBQ/06-2
MC321	Other Procedure Code - 19	N/A	N/A	837/2300/HI/BBQ/07-2
MC322	Other Procedure Code - 20	N/A	N/A	837/2300/HI/BBQ/08-2
MC323	Other Procedure Code - 21	N/A	N/A	837/2300/HI/BBQ/09-2
MC324	Other Procedure Code - 22	N/A	N/A	837/2300/HI/BBQ/10-2
MC325	Other Procedure Code - 23	N/A	N/A	837/2300/HI/BBQ/11-2

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Data Element #	Data Element Name	UB-04 Form Locator	CMS 1500 #	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC326	Other Procedure Code - 24	N/A	N/A	837/2300/HI/BBQ/12-2
MC899	Record Type	N/A	N/A	N/A

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Member Eligibility File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
PC001	Submitter	1/1/2003	Text	8	State-specified identifier of payer submitting claims data.
PC002	Payer	7/1/2012	Text	8	State-specified code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage.
PC003	Insurance Type/Product Code	1/1/2003	Text	2	Code identifying the type of insurance policy within a specific insurance program. Refer to Appendix A 16 Medicare Part C MD Medicare Part D SP Supplemental Policy
PC004	Payer Claim Control Number	1/1/2003	Text	35	Must apply to the entire claim and be unique within the payer's system.
PC005	Line Counter	4/1/2004	Number	4	Line number for this service The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.
PC006	Insured Group or Policy Number	1/1/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber
PC007	~~Encrypted~~ Subscriber Social Security Number	1/1/2003	Text	~~128~~9	~~Encrypted s~~Subscriber's social security number Set as null if unavailable.
PC008	Plan Specific Contract Number	1/1/2003	Text	~~128~~80	~~Encrypted p~~Plan assigned contract number Set as null if contract number = subscriber's social security number.
PC009	Member Suffix or Sequence Number	1/1/2003	Text	20	Uniquely numbers the member within the contract
PC010	Member Identification Code	1/1/2003	Text	~~128~~50	~~Encrypted m~~Member's social security number Set as null if unavailable

In order to ensure the security of personally identifiable information and personal health information that is submitted to the MHDO Data Warehouse and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files before uploading to the warehouse. This file-level encryption will ensure the confidentiality of all data that are submitted to the warehouse, not just individual fields.

Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~ <u>Effective</u>	Type	Maximum Length	Description/Codes/Sources
PC011	**Individual Relationship Code**	1/1/2003	Text	2	Member's relationship to insured Refer to Appendix A
PC012	**Member Gender**	1/1/2003	Number	1	~~1 Male~~ ~~2 Female~~ ~~3 Unknown~~ <u>Refer to Appendix A</u>
PC013	**Member Date of Birth**	1/1/2003	Text	8	CCYYMMDD
PC014	**Member City Name**	4/1/2004	Text	30	City name of member <u>Refer to Appendix A</u>
PC015	**Member State or Province**	4/1/2004	Text	2	As defined by the US Postal Service <u>and Canada Post</u> <u>Refer to Appendix A</u>
PC016	**Member ZIP Code**	1/1/2003	Text	11	ZIP Code of member - may include non-US codes Do not include dash <u>Refer to Appendix A</u>
PC017	**Date Service Approved (AP Date)**	1/1/2003	Text	8	CCYYMMDD
PC018	**Pharmacy Number**	1/1/2003	Text	30	Payer assigned pharmacy number AHFS number is acceptable.
PC019	**Pharmacy Tax ID Number**	1/1/2003	Text	10	Federal taxpayer's identification number
PC020	**Pharmacy Name**	1/1/2003	Text	100	Name of pharmacy
PC021	**National Pharmacy ID Number**	4/1/2004	Text	20	National Provider ID This data element pertains to the entity or individual directly providing the service.

Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~ <u>Effective</u>	Type	Maximum Length	Description/Codes/Sources
					<u>Refer to Appendix A</u>
PC022	Pharmacy Location City	4/1/2004	Text	30	City name of pharmacy - preferably pharmacy location <u>Refer to Appendix A</u>
PC023	Pharmacy Location State	4/1/2004	Text	2	As defined by the US Postal Service<u> and Canada Post</u> <u>Refer to Appendix A</u>
PC024	Pharmacy ZIP Code	1/1/2003	Text	11	ZIP Code of pharmacy - may include non-US codes Do not include dash. <u>Refer to Appendix A</u>
PC024A	Pharmacy Country Name	1/1/2010	Text	30	Code US for United States
PC025	Claim Status	1/1/2003	Text	2	Refer to Appendix A
PC026	Drug Code	1/1/2003	Text	11	NDC Code <u>Refer to Appendix A</u>
PC027	Drug Name	1/1/2003	Text	80	Text name of drug
PC028	New Prescription or Refill	1/1/2003	Text	2	00 New prescription 01-99 Number of refill
PC029	Generic Drug Indicator	1/1/2003	Text	1	N No, branded drug Y Yes, generic drug
PC030	Dispense as Written Code	1/1/2003	Text	1	~~0 Not dispensed as written~~ ~~1 Physician dispense as written~~ ~~2 Member dispense as written~~ ~~3 Pharmacy dispense as written~~ ~~4 No generic available~~ ~~5 Brand dispensed as generic~~ ~~6 Override~~

Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
					7 Substitution not allowed - brand drug mandated by law
					8 Substitution allowed - generic drug not available in marketplace
					9 Other
					Refer to Appendix A
PC031	Compound Drug Indicator	4/1/2004	Text	1	N Non-compound drug U Non-specified drug compound Y Compound drug
PC032	Date Prescription Filled	1/1/2003	Text	8	CCYYMMDD
PC033	Quantity Dispensed	1/1/2003	Number	10	Number of metric units of medication dispensed
PC034	Days Supply	1/1/2003	Number	3	Estimated number of days the prescription will last
PC035	Charge Amount	1/1/2003	Number	10	Do not code decimal point.
PC036	Paid Amount	1/1/2003	Number	10	Includes all health plan payments and excludes all member payments Do not code decimal point.
PC037	Ingredient Cost/List Price	1/1/2003	Number	10	Cost of the drug dispensed Do not code decimal point.
PC038	Postage Amount Claimed	4/1/2004	Number	10	Do not code decimal point.
PC039	Dispensing Fee	1/1/2003	Number	10	Do not code decimal point.
PC040	Co-pay Amount	1/1/2003	Number	10	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point.
PC041	Coinsurance Amount	1/1/2003	Number	10	The dollar amount an individual is responsible for – not the percentage Do not code decimal point.

Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~ <u>Effective</u>	Type	Maximum Length	Description/Codes/Sources
PC042	Deductible Amount	1/1/2003	Number	10	Do not code decimal point.
PC043	Patient Pay Amount	1/1/2013	Number	10	Amount that is calculated by the payer and returned to the pharmacy as the total amount to be paid by the patient to the pharmacy. $0 is acceptable; code "data not available" as null. <u>Do not include decimal point.</u>
PC044	Prescribing Physician First Name	7/1/2006	Text	40	Physician first name Optional if PC047 is filled~~with DEA number~~.
PC045	Prescribing Physician Middle Name	7/1/2006	Text	25	Physician middle name or initial Optional if PC047 is filled~~with DEA number~~.
PC046	Prescribing Physician Last Name	7/1/2006	Text	60	Physician last name. Optional if PC047 is filled~~with DEA number; required if PC047 is not filled or is filled with NPI~~.
PC047	Prescribing Physician ~~Number~~<u>DEA</u>	7/1/2006	Text	20	DEA ~~or NPI~~ for prescribing physician
<u>PC048</u>	<u>Prescribing Physician NPI</u>	<u>10/1/2014</u>	<u>Text</u>	<u>20</u>	<u>NPI for prescribing physician</u> <u>Refer to Appendix A</u>
PC101	~~Encrypted~~ Subscriber Last Name	1/1/2010	Text	~~128~~<u>60</u>	The ~~encrypted~~ subscriber last name
PC102	~~Encrypted~~ Subscriber First Name	1/1/2010	Text	~~128~~<u>35</u>	The ~~encrypted~~ subscriber first name
PC103	~~Encrypted~~ Subscriber Middle ~~Initial~~<u>Name</u>	1/1/2010	Text	~~128~~<u>25</u>	The ~~encrypted~~ subscriber middle <u>name or</u> initial
PC104	~~Encrypted~~ Member Last Name	1/1/2010	Text	~~128~~<u>60</u>	The ~~encrypted~~ member last name
PC105	~~Encrypted~~ Member First Name	1/1/2010	Text	~~128~~<u>35</u>	The ~~encrypted~~ member first name
PC106	~~Encrypted~~ Member Middle	1/1/2010	Text	~~128~~<u>25</u>	The ~~encrypted~~ member middle <u>name or</u> initial

Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
	~~Initial~~Name				
PC899	Record Type	1/1/2003	Text	2	PC

Appendix E-2
Maine Health Data Organization
Pharmacy Claims File Mapping to National Standards

Data Element #	Data Element Name	National Council for Prescription Drug Programs Field #
PC001	Submitter	879
PC002	Payer	879
PC003	Insurance Type/Product Code	N/A
PC004	Payer Claim Control Number	993-A7
PC005	Line Counter	N/A
PC006	Insured Group or Policy Number	246
PC007	Encrypted Subscriber Social Security Number	N/A
PC008	Plan Specific Contract Number	302-C2
PC009	Member Suffix or Sequence Number	303-C3
PC010	Member Identification Code	332-CY
PC011	Individual Relationship Code	247
PC012	Member Gender	305-C5
PC013	Member Date of Birth	304-C4
PC014	Member City Name	728
PC015	Member State or Province	729
PC016	Member ZIP Code	730
PC017	Date Service Approved (AP Date)	578
PC018	Pharmacy Number	201-B1
PC019	Pharmacy Tax ID Number	N/A
PC020	Pharmacy Name	833-5P
PC021	National Pharmacy ID Number	201-B1
PC022	Pharmacy Location City	728
PC023	Pharmacy Location State	729
PC024	Pharmacy ZIP Code	730
PC024A	Pharmacy Country Name	887
PC025	Claim Status	N/A
PC026	Drug Code	407-D7
PC027	Drug Name	397
PC028	New Prescription	254

Appendix E-2
Maine Health Data Organization
Pharmacy Claims File Mapping to National Standards

Data Element #	Data Element Name	National Council for Prescription Drug Programs Field #
PC029	Generic Drug Indicator	425-DP
PC030	Dispense as Written Code	408-D8
PC031	Compound Drug Indicator	406-D6
PC032	Date Prescription Filled	401-D1
PC033	Quantity Dispensed	442-E7
PC034	Days Supply	405-D5
PC035	Charge Amount	430-DU
PC036	Paid Amount	281
PC037	Ingredient Cost/List Price	506-F6
PC038	Postage Amount Claimed	N/A
PC039	Dispensing Fee	507-F7
PC040	Co-pay Amount	518-FI
PC041	Coinsurance Amount	572-4U
PC042	Deductible Amount	517-FH
PC043	Patient Pay Amount	505-F5
PC044	Prescribing Physician First Name	717
PC045	Prescribing Physician Middle Name	N/A
PC046	Prescribing Physician Last Name	716
PC047	Prescribing Physician ~~Number~~DEA	411-DB
PC048	Prescribing Physician NPI	411-DB
PC101	~~Encrypted~~ Subscriber Last Name	716
PC102	~~Encrypted~~ Subscriber First Name	717
PC103	~~Encrypted~~ Subscriber Middle ~~Initial~~Name	718
PC104	~~Encrypted~~ Member Last Name	716
PC105	~~Encrypted~~ Member First Name	717
PC106	~~Encrypted~~ Member Middle ~~Initial~~Name	718
PC899	Record Type	N/A

Appendix F-1
Maine Health Data Organization
Member Eligibility File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
DC001	Submitter	1/1/2003	Text	8	State-specified identifier of payer submitting claims data.
DC002	Payer	7/1/2012	Text	8	State-specified code of the insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage.
DC003	Insurance Type/Product Code	1/1/2003	Text	2	Code identifying the type of insurance policy within a specific insurance program. Refer to Appendix A
DC004	Payer Claim Control Number	1/1/2003	Text	35	Must apply to entire claim and be unique within the payer's system
DC005	Line Counter	4/1/2004	Number	4	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.
DC006	Insured Group or Policy Number	1/1/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber
DC007	~~Encrypted~~ Subscriber Social Security Number	1/1/2003	Text	~~12~~89	~~Encrypted s~~Subscriber's social security number. Set as null if unavailable.
DC008	Plan Specific Contract Number	1/1/2003	Text	~~128~~80	~~Encrypted p~~Plan assigned contract number. Set as null if contract number = subscriber's social security number.
DC009	Member Suffix or Sequence Number	1/1/2003	Text	20	Uniquely numbers the member within the contract
DC010	Member Identification Code	1/1/2003	Text	~~128~~50	~~Encrypted m~~Member's social security number. Set as null if unavailable.
DC011	Individual Relationship Code	1/1/2003	Text	2	Member's relationship to insured. Refer to Appendix A

In order to ensure the security of personally identifiable information and personal health information that is submitted to the MHDO Data Warehouse and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files before uploading to the warehouse. This file-level encryption will ensure the confidentiality of all data that are submitted to the warehouse, not just individual fields.

Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~ Effective	Type	Maximum Length	Description/Codes/Sources
DC012	Member Gender	1/1/2003	Text	1	~~F Female~~ ~~M Male~~ ~~U Unknown~~ Refer to Appendix A
DC013	Member Date of Birth	1/1/2003	Text	8	CCYYMMDD
DC014	Member City Name	4/1/2004	Text	30	City name of member Refer to Appendix A
DC015	Member State or Province	4/1/2004	Text	2	As defined by the US Postal Service and Canada Post Refer to Appendix A
DC016	Member ZIP Code	1/1/2003	Text	11	ZIP Code of member - may include non-US codes Do not include dash. Refer to Appendix A
DC017	Date Service Approved (AP Date)	1/1/2003	Text	8	CCYYMMDD
DC018	Service Provider Number	1/1/2003	Text	30	Payer assigned provider number
DC019	Service Provider Tax ID Number	1/1/2003	Text	10	Federal taxpayer's identification number
DC020	National Service Provider ID	4/1/2004	Text	20	National Provider ID This data element pertains to the entity or individual directly providing the service. Refer to Appendix A
DC021	Service Provider Entity Type Qualifier	4/1/2004	Number	1	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person. ~~Health care claims~~

Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
					processors shall code according to: 1 Person 2 Non-Person Entity Refer to Appendix A
DC022	Service Provider First Name	1/1/2003	Text	40	Individual first name Set as null if provider is a facility or organization.
DC023	Service Provider Middle Name	1/1/2003	Text	25	Individual middle name or initial Set as null if provider is a facility or organization.
DC024	Service Provider Last Name or Organization Name	1/1/2003	Text	60	Full name of provider organization or last name of individual provider
DC025	Service Provider Suffix	1/1/2003	Text	10	Suffix to individual name Set as null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician's degree (e.g., MD, LCSW).
DC026	Service Provider Specialty	1/1/2003	Text	10	As defined by payer Refer to Appendix A If defined by payer, then dictionary for specialty code values must be supplied during testing.
DC027	Service Provider City Name	4/1/2004	Text	30	City name of provider - preferably practice location Refer to Appendix A
DC028	Service Provider State or Province	4/1/2004	Text	2	As defined by the US Postal Service and Canada Post
DC029	Service Provider ZIP Code	1/1/2003	Text	11	ZIP Code of provider - may include non-US codes Do not include dash. Refer to Appendix A

Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications

Data Element #	Data Element Name	Date Required Effective	Type	Maximum Length	Description/Codes/Sources
DC030	Place of Service - Professional	4/1/2004	Text	2	Refer to Appendix A
DC031	Claim Status	1/1/2003	Text	2	Refer to Appendix A
DC032	CDT Code	1/1/2003	Text	5	Common Dental Terminology code Refer to Appendix A
DC033	Procedure Modifier - 1	1/1/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
DC034	Procedure Modifier - 2	1/1/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
DC035	Date of Service - From	1/1/2003	Text	8	First date of service for this service line CCYYMMDD
DC036	Date of Service - Thru	1/1/2003	Text	8	Last date of service for this service line CCYYMMDD
DC037	Charge Amount	1/1/2003	Number	10	Do not code decimal point.
DC038	Paid Amount	1/1/2003	Number	10	Do not code decimal point.
DC039	Co-pay Amount	1/1/2003	Number	10	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point.
DC040	Coinsurance Amount	1/1/2003	Number	10	The dollar amount an individual is responsible for – not the percentage Do not code decimal point.
DC041	Deductible Amount	1/1/2003	Number	10	Do not code decimal point.

Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications

Data Element #	Data Element Name	Date ~~Required~~ Effective	Type	Maximum Length	Description/Codes/Sources
DC042	**Billing Provider Number**	1/1/2010	Text	30	Payer assigned billing provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.
DC043	**National Billing Provider ID**	1/1/2010	Text	20	National Provider ID Refer to Appendix A
DC044	**Billing Provider Last Name or Organization Name**	1/1/2010	Text	60	Full name of provider billing organization or last name of individual billing provider.
DC101	**~~Encrypted~~ Subscriber Last Name**	1/1/2010	Text	~~128~~60	The ~~encrypted~~ subscriber last name
DC102	**~~Encrypted~~ Subscriber First Name**	1/1/2010	Text	~~128~~35	The ~~encrypted~~ subscriber first name
DC103	**~~Encrypted~~ Subscriber Middle ~~Initial~~Name**	1/1/2010	Text	~~128~~25	The ~~encrypted~~ subscriber middle name or initial
DC104	**~~Encrypted~~ Member Last Name**	1/1/2010	Text	~~128~~60	The ~~encrypted~~ member last name
DC105	**~~Encrypted~~ Member First Name**	1/1/2010	Text	~~128~~35	The ~~encrypted~~ member first name
DC106	**~~Encrypted~~ Member Middle ~~Initial~~Name**	1/1/2010	Text	~~128~~25	The ~~encrypted~~ member middle name or initial
DC899	**Record Type**	1/1/2003	Text	2	DC

Appendix F-2
Maine Health Data Organization
Dental Claims Mapping to National Standards

Data Element #	Data Element Name	ADA J400 Form Locator	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
DC001	Submitter	N/A	N/A
DC002	Payer	N/A	N/A
DC003	Insurance Type/Product Code	N/A	835/2100/CLP/ /06
DC004	Payer Claim Control Number	N/A	835/2100/CLP/ /07
DC005	Line Counter	N/A	837/2400/LX/ /01
DC006	Insured Group or Policy Number	16	837/2000B/SBR/ /03
DC007	~~Encrypted~~ Subscriber Social Security Number	15	837/2010BA/REF/SY/02
DC008	Plan Specific Contract Number	N/A	835/2100/NM1/MI/08
DC009	Member Suffix or Sequence Number	N/A	N/A
DC010	Member Identification Code	N/A	835/2100/NM1/34/09
DC011	Individual Relationship Code	18	837/2000B/SBR/ /02, 837/2000C/PAT/ /01
DC012	Member Gender	22	837/2010BA/DMG/ /03, 837/2010CA/DMG/ /03
DC013	Member Date of Birth	21	837/2010BA/DMG/D8/02, 837/2010CA/DMG/D8/02
DC014	Member City Name	20	837/2010BA/N4/ /01, 837/2010CA/N4/ /01
DC015	Member State or Province	20	837/2010BA/N4/ /02, 837/2010CA/N4/ /02
DC016	Member ZIP Code of Residence	20	837/2010BA/N4/ /03, 837/2010CA/N4/ /03
DC017	Date Service Approved	N/A	835/Header Financial Information/BPR/ /16
DC018	Service Provider Number	58	835/2100/REF/1A/02, 835/2100/REF/1B/02, 835/2100/REF/1C/02, 835/2100/REF/1D/02, 835/2100/REF/G2/02, 835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09
DC019	Service Provider Tax ID Number	51	835/2100/NM1/FI/09
DC020	National Service Provider ID	54	837/2310B/NM1/XX/09
DC021	Service Provider Entity Type Qualifier	N/A	837/2310B/NM1/82/02
DC022	Service Provider First Name	N/A	837/2310B/NM1/82/04
DC023	Service Provider Middle Name	N/A	837/2310B/NM1/82/05
DC024	Service Provider Last Name or Organization Name	N/A	837/2310B/NM1/82/03
DC025	Service Provider Suffix	N/A	837/2310B/NM1/82/07
DC026	Service Provider Specialty	56A	837/2310B/PRV/PXC/03
DC027	Service Provider City Name	56	837/2310C/N4/ /01
DC028	Service Provider State or Province	56	837/2310C /N4/ /02

Appendix F-2
Maine Health Data Organization
Dental Claims Mapping to National Standards

Data Element #	Data Element Name	ADA J400 Form Locator	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
DC029	Service Provider ZIP Code	56	837/2310C /N4/ /03
DC030	Place of Service - Professional	38	837/2300/CLM/05-1
DC031	Claim Status	N/A	835/2100/CLP/ /02
DC032	CDT Code	29	837/2400/SV3/AD/01-2
DC033	Procedure Modifier - 1	N/A	837/2400/SV3/AD/01-3
DC034	Procedure Modifier - 2	N/A	837/2400/SV3/AD/01-4
DC035	Date of Service - From	24	837/2400/DTP/472/D8/03, 837/2300/DTP/472/D8/03
DC036	Date of Service - Thru	24	837/2400/DTP/472/D8/03, 837/2300/DTP/472/D8/03
DC037	Charge Amount	31	837/2400/SV3/ /02
DC038	Paid Amount	N/A	835/2110/SVC/ /03
DC039	Co-pay Amount	N/A	835/2110/CAS/PR/3-03
DC040	Coinsurance Amount	N/A	835/2110/CAS/PR/2-03
DC041	Deductible Amount	N/A	835/2110/CAS/PR/1-03
DC042	Billing Provider Number	52A	837/2010BB/REF/G2/02
DC043	Billing Provider NPI	49	837/2010AA/NM1/XX/09
DC044	Billing Provider Last Name	48	837/2010AA/NM1/ /03
DC101	~~Encrypted~~ Subscriber Last Name	12	837/2010BA/NM1/ /03
DC102	~~Encrypted~~ Subscriber First Name	12	837/2010BA/NM1/ /04
DC103	~~Encrypted~~ Subscriber Middle ~~Initial~~Name	12	837/2010BA/NM1/ /05
DC104	~~Encrypted~~ Member Last Name	20	837/2010BA/NM1/ /03, 837/2010CA/NM1/ /03
DC105	~~Encrypted~~ Member First Name	20	837/2010BA/NM1/ /04, 837/2010CA/NM1/ /04
DC106	~~Encrypted~~ Member Middle ~~Initial~~Name	20	837/2010BA/NM1/ /05, 837/2010CA/NM1/ /05
DC899	Record Type	N/A	N/A

Appendix G
Maine Health Data Organization
Submission Form

Ship to:

Data Manager
Maine Health Data Processing Center
P.O. Box 360
16 Association Drive
Manchester, ME 04351

Maine Health Data Organization
Claims Data Submission Form

Payer Name: _____

MHDO Submitter Code: _____

Contact Person

    Name: _____

    Address: _____

    City, State, Postal Code: _____

    Phone: _____

    E-mail: _____

	Eligibility	Medical	Prescription Drugs	Dental
File Name				
Period Beginning Date				
Period Ending Date				
Record Count[†]				
Date Processed				
Original Submission				
Resubmission				

[†] *Excluding header and trailer record*

Media: _____ CD ROM 650 MB   _____ FTP   _____ DVD

- -

MHDO Use Only

Date Received: _____   Date Loaded: _____

Comments: _____

_____

In order to ensure the security of personally identifiable information and personal health information that is submitted to the MHDO Data Warehouse and to reduce file transmission times, MHDO requires submitters to compress and encrypt all files before uploading to the warehouse. This file-level encryption will ensure the confidentiality of all data that are submitted to the warehouse, not just individual fields.