



NH CHIS Data Dictionary – Consolidated Commercial Data Set

Prepared for the
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by the
Maine Health Information Center

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Table Descriptions

Table	Description
Admission Source	Dimension table holds all valid Admission Source values and descriptions, links to the Medical claims tables.
Admission Type	Dimension table holds all valid Admission Type values and descriptions, links to the Medical claims tables.
Age	Dimension table holds all Age demographic information, links to any data or dimension tables containing an AGE field.
Bill Type	Dimension table holds all valid Bill Type values and descriptions, links to the Medical claims tables.
Compound Drug Codes	Dimension table holds all valid Compound Drug Code values and descriptions, links to the Pharmacy claims tables.
Contract Type	Dimension table holds all valid Contract Type values and descriptions, links to the Membership tables.
CPT Codes	Dimension table holds all valid CPT & HCPCS Code values and descriptions, links to the Medical claims tables. This table also holds any Local payer defined diagnosis codes.
Date Codes	Dimension table holds Date demographic information, links to any data or dimension tables containing any type of DATE field.
Dispense as Written Codes	Dimension table holds all valid Dispense as Written Code values and descriptions, links to the Pharmacy claims tables.
Diagnosis Code	Dimension table holds all valid Diagnosis Code values and descriptions, links to the Medical claims tables. This table also holds any Local payer defined diagnosis codes.
Facility Type	Dimension table holds all valid Facility Type values and descriptions, links to the Medical claims tables.
Generic Drug Codes	Dimension table holds all valid Generic Drug Code values and descriptions, links to the Pharmacy claims tables.
Geography Codes	Dimension table holds all Geography demographic information, links to any data or dimension tables containing a ZIP CODE field.
Medical Claims	<p>The Medical Claims file contains one record for each service that was rendered and is organized by service year. All adjustments to the claims have been applied to the data. A full year of medical claims will contain 15-25 million records.</p> <p>For Medical Claims industry standard coding definitions please refer to the following web site:</p> <ul style="list-style-type: none"> • For level I HCPCS (CPT) codes see: http://www.ama-assn.org/ana/pub/category/3113.html • For level II HCPCS (non-CPT) codes see: http://www.cms.hhs.gov/MedHCPCSGenInfo/ • For ICD9CM codes see: http://www.cdc.gov/nchs/icd9.htm • For Revenue codes see: http://www.nubc.org/

Table	Description
Medical Membership	All membership records by month and payer where medical coverage = 'Y' and associated membership demographic information that can change, like Member Zip code, Age, Product, etc. This table contains duplicate and other non-useful membership records. Use the USEFLAG = 0 to obtain an accurate count of covered medical members by month.
Members	Detail non-changing membership demographic information. Contains fields like DOB, encrypted SSN, Gender, etc. Contains 1 record per unique member ID. Links to the Membership tables by MEMID.
CPT Modifier Code	Dimension table holds all valid CPT Modifier Code values and descriptions, links to the Medical claims tables.
New Prescription Codes	Dimension table holds all valid New Prescription Code values and descriptions, links to the Pharmacy claims tables.
Payers	Dimension table holds all Payer demographic information, links to any data or dimension tables containing a PAYER ID field.
Pharmacy Claims	The Pharmacy Claims file contains one record for each filled script and is organized by service year. All adjustments to the claims have been applied to the data. A full year of pharmacy claims will contain 5-10 million records.
Pharmacies	Detail Servicing Pharmacy information. Unique records by Payer and Provider information. Links to the Pharmacy claims table by PRVIDN.
Pharmacy Membership	All membership records by month and payer where RX coverage = 'Y' and associated membership demographic information that can change, like Member Zip code, Age, Product, etc. This table contains duplicate and other non-useful membership records. Use the USEFLAG = 0 to obtain an accurate count of covered RX members by month.
Product Codes	Dimension table holds all valid Product Codes and descriptive demographic information, links to any data tables containing a PRODUCT field.
Detailed Service Provider	Detail Servicing Provider Information. Unique records by Payer and Provider information. Links to the Medical claims table by PRVIDN.
Service Provider	Master Servicing Provider Information. Unique provider records constructed through provider linkage work within and across payers. Links to the Detailed Service Provider table by DPCID.
Specialty Codes from Payers	Payer supplied provider specialty codes and definitions used to assist in linkage of providers and correct identification of provider specialty codes. Links to the Detail and Master Service provider tables on payer Specialty code.
MHIC Specialty	MHIC defined specialty codes and definitions used during linkage process to create unique specialty grouping at the linked provider level. Links to the Detail and Master Service provider tables on Specialty code.
Patient Discharge	Dimension table holds all valid Patient Discharge values and descriptions, links to the Medical claims tables.
Member Relationship	Dimension table holds all valid Member Relationship codes and descriptions, links to any data or dimension tables containing a REL field.

Table	Description
Revenue Code	Dimension table holds all valid Revenue Code values and descriptions, links to the Medical claims tables.
Gender	Dimension table holds Gender demographic information, links to any data or dimension tables containing an GENDER field.
Claim Status Code	Dimension table holds all valid Claim Status Code values and descriptions, links to the Medical claims tables.
Use Flag	Dimension table holds all valid Use Flag codes and description, links to any data tables containing a USEFLAG field.
DRG Code	Dimension table holds all DRG values assigned to identified Inpatient Hospital Records, link to Medical claims table by IPDISCHARGE value.
DRG Label	Dimension table holds all DRG label descriptions as defined by 3M grouper software.
APC Code	Dimension table holds all APC values assigned to identified Outpatient Hospital Records, link to Medical claims using Claim Line IDN value.
APC Label	Dimension table holds all APC label descriptions as defined by 3M Core Grouping Software.
CRG Code	Dimension table holds all CRG values assigned to all Claims and Eligibility records, link to any data or dimension table by Member ID and Year value.
CRG Label	Dimension table holds all CRG label descriptions as defined by 3M Grouping Software.

Data Set for Admission Source Codes

Dimension table holds all valid Admission Source values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAS801 Admission Source Code CODE	CHAR (2)	This field is used to link to the Medical Claims data (MC021). It is the primary identification number for each Admission Source record. Values in this field are: 1 = Physician Referral 2 = Clinic Referral 3 = HMO Referral 4 = Transfer from Hospital 5 = Transfer from a Skilled Nursing Facility 6 = Transfer from another Health Care Facility 7 = Emergency Room 8 = Court-Law Enforcement 9 = Unknown A = Transfer from a Rural Primary Care Hospital -1 = Not Specified -2 = Not Valid	
DWAS802 Admission Source Code Description DESCRIPTION	CHAR (50)	This field contains the description of the Admission Source code.	

Data Set for Admission Type

Dimension table holds all valid Admission Type values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAT801 Admission Type Code CODE	CHAR (2)	This field is used to link to the Medical Claims data (MC020). It is the primary identification number for each Admission Type record. Values in this field are: 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information Not Available -1 = Not Specified -2 = Not Valid	
DWAT802 Admission Type Code Description DESCRIPTION	CHAR (30)	This field contains the description of the Admission Type code.	

Data Set for Age

Dimension table holds all Age demographic information, links to any data or dimension tables containing an AGE field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWA801 Identification Number ID	NUMBER (20)	This field is the primary Identification Number for each Age record.	
DWA802 Age AGE	NUMBER (3)	This field contains the Age of the member in years as of the from date of service (MC059) for medical claims or as of the date filled (PC032) for pharmacy claims. For eligibility data, the Age is calculated as of the last day of the eligible month. It is derived from the member's date of birth (DWMB805). Children under the age of 1 have an age of zero. If no date of birth is available, this field is null.	
DWA803 Age Category AGECAT	NUMBER (2)	This field is the primary identification number for each of the four commonly used Age Categories or age cohorts (0-17, 18-44, 45-64, 65+). Values in this field are: 1 = 0-17 2 = 18-44 3 = 45-64 4 = 65+ 99 = Unknown/Invalid	
DWA804 Age Category Description AGECAT_DESCRIPTION	CHAR (100)	This field contains the description of the Age Category code.	

Data Set for Bill Type

Dimension table holds all valid Bill Type values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWBT801 <i>Type of Bill - Institutional</i> CODE	NUMBER (5)	This field is used to link to the Medical Claims data (MC036). It is the primary identification number for each Bill Type record.	
DWBT802 <i>Description</i> DESCRIPTION	CHAR (75)	This field contains the Description of the Bill Type Code.	

Data Set for Compound Drug Codes

Dimension table holds all valid Compound Drug Code values and descriptions, links to the Pharmacy claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCD801 Compound Drug Code CODE	CHAR (2)	<p>This field is used to link to the Pharmacy Claims data field (PC031). It is the primary identification number for each Compound Drug record.</p> <p>Values in this field are: N = Non-Compound Drug U = Non-Specified Drug Compound Y = Compound Drug -1 = Not Specified -2 = Not Valid</p>	
DWCD802 Compound Drug Code Description DESCRIPTION	CHAR (30)	This field contains the description of the Compound Drug.	

Data Set for Contract Type

Dimension table holds all valid Contract Type values and descriptions, links to the Membership tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCT801 Contract/Coverage Type Code CODE	CHAR (3)	This field is used to link to the Eligibility Type of Coverage data (DWMM807, DWPM807). It is the primary identification number for each Type of Coverage record. Values in this field are: CHD = Children Only DEP = Dependents Only ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only -1 = Not Specified -2 = Not Valid	
DWCT802 Contract/Coverage Type Code Description DESCRIPTION	CHAR (25)	This field contains the description of the Contract or Coverage Type.	

Data Set for CPT Code

Dimension table holds all valid CPT & HCPCS Code values and descriptions, links to the Medical claims tables. This table also holds any Local payer defined diagnosis codes.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCPT801 Identification Number ID	CHAR (10)	This field uniquely identifies a CPT record and links to the CPT ID field in the Medical Claims file (MC849).	
DWCPT802 CPT Code CPT	CHAR (10)	This field contains the CPT Code and is used to link to the Medical Claims CPT field (MC055).	This field may not be unique if it contains the value of a local CPT code assigned by a payer. The Identification Number is a more appropriate link to the Medical Claims file. Only local codes are available from the limited data set.
DWCPT803 CPT Code Description DESCRIPTION	CHAR (500)	This field contains the Description of the local CPT Code associated with the claim. It is provided by the payer.	
DWCPT808 Code Class CODE_CLASS	CHAR (50)	This field classifies the code as a local code or a standard code. There are two values for this field. PAYER SUPPLIED indicates a code provided by a carrier. This field is null if no CPT code was submitted.	

Data Set for Date Codes

Dimension table holds Date demographic information, links to any data or dimension tables containing any type of DATE field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments								
DWDT801 Identification Number ID	NUMBER (20)	This field uniquely identifies a date record. This field is used to link to all xxxDATEID fields included in the Medical Claims data (MC815), (MC817), (MC818), (MC820), (MC821), (MC823), and the Pharmacy Claims Data (PC810), (PC811), (PC813).									
DWDT802 Day DAY	DATE (10)	This field contains the date for a specific Day with a MM/DD/CCYY format.	Covers 10/10/0220 through 12/31/2020								
DWDT802 Month MONTH	NUMBER (2)	This field contains the Month as a number (MM) within a calendar year.									
DWDT803 Year YEAR	NUMBER (4)	This field contains the Year in CCYY format.									
DWDT804 Quarter of Year QUARTER	NUMBER (1)	<ul style="list-style-type: none"> 1 January through March 2 April through June 3 July through September 4 October through December 									
DWDT805 Day of Week Name DAY_OF_WEEK	CHAR (20)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Sunday</td> <td style="width: 50%;">Thursday</td> </tr> <tr> <td>Monday</td> <td>Friday</td> </tr> <tr> <td>Tuesday</td> <td>Saturday</td> </tr> <tr> <td>Wednesday</td> <td></td> </tr> </table>	Sunday	Thursday	Monday	Friday	Tuesday	Saturday	Wednesday		
Sunday	Thursday										
Monday	Friday										
Tuesday	Saturday										
Wednesday											

Data Set for Date Codes

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDT806 <i>Year and Month</i> YEARMO	NUMBER (6)	Ex: January 2006 = 200601	

Data Set for Dispense as Written Codes

Dimension table holds all valid Dispense as Written Code values and descriptions, links to the Pharmacy claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDAW801 Dispense as Written Code CODE	CHAR (5)	This field is used to link to the Pharmacy Claims data (PC030). It is the primary identification number for each DAW type record. Values in this field are: 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 7 = Substitution Not Allowed – Brand Drug Mandated by Law 8 = Substitution Allowed = Generic Drug Not Available in Marketplace 9 = Other -1 = Not Specified -2 = Not Valid	
DWDAW802 Dispense as Written Code Description DESCRIPTION	CHAR (75)	This field contains the description of the DAW code.	

Data Set for Diagnosis Code

Dimension table holds all valid Diagnosis Code values and descriptions, links to the Medical claims tables. This table also holds any Local payer defined diagnosis codes.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDX801 Identification Number ID	CHAR (10)	This field uniquely identifies a Diagnosis record and links to the Diagnosis ID fields in the Medical Claims file (MC834, MC835, MC836, MC837, MC838, MC839, MC840, MC841, MC842, MC843, MC844, MC845, MC846, MC847, MC848).	
DWDX802 Diagnosis Code CODE	CHAR (10)	This field contains the Diagnosis Code and is used to link to the Medical Claims Diagnosis fields (MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC046, MC048, MC049, MC050, MC051, MC052, MC053).	This field may not be unique if it contains the value of a local Diagnosis Code assigned by a payer. The Identification Number is a more appropriate link to the Medical Claims file. Only local codes are available from the limited data set.
DWDX803 Diagnosis Code Description DESCRIPTION	CHAR (100)	This field contains the description of the local CPT code associated with the claim. It is provided by the payer.	
DWDX811 Code Classification CODE_CLASS	CHAR (50)	This field is not used in the limited data set. There are two values for this field. PAYER SUPPLIED indicates a code provided by a carrier. This field is null if no diagnosis code was submitted.	

Data Set for Facility Type

Dimension table holds all valid Facility Type values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWFT801 Facility Code CODE	CHAR (2)	This field is used to link to the Medical Claims data (MC037). It is the primary identification number for each Facility Type record.	
DWFT802 Facility Code Description DESCRIPTION	CHAR (75)	This field contains the Description of the Facility Type code.	

Data Set for Generic Drug Codes

Dimension table holds all valid Generic Drug Code values and descriptions, links to the Pharmacy claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWGD801 Generic Drug Code CODE	CHAR (2)	<p>This field is used to link to the Pharmacy Claims data (PC029). It is the primary identification number for each Generic Drug Indicator record.</p> <p>Values in this field are: N = No - Brand Drug Y = Yes - Generic Drug U = Unknown -1 = Unspecified -2 = Incorrectly Coded</p>	
DWGD802 Generic Drug Indicator Description DESCRIPTION	CHAR (25)	This field contains the description of the Generic Drug Indicator code.	

Data Set for Geography Codes

Dimension table holds all Geography demographic information, links to any data or dimension tables containing a ZIP CODE field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWGEO801 Identification Number ID	NUMBER (20)	This field uniquely identifies a geographical record. This field is used to link to the xxxZIPID field in all tables including the Medical Claims data (MC813), the Pharmacy Claims data (PC807), the Pharmacy Membership data (DWPM813) and the Medical Membership data (DWMM814).	
DWGEO802 Zip Code ZIP	CHAR (5)	This field is used to link to the first five positions of the Zip Code field in Medical Claims data (MC016), Medical Eligibility data (DWMM813), Pharmacy Claims data (PC016), Pharmacy Eligibility data (DWPM812) and Detailed Service Provider data (DWDPS813).	
DWGEO803 City CITY	CHAR (100)	This field contains the City that the Zip Code represents.	
DWGEO804 State STATE	CHAR (2)	This field contains the State or Province that the Zip Code represents and contains the 2-character abbreviation code used by the US Postal Service.	
DWGEO820 New Hampshire HAA Number NH_HAA	NUMBER (2)	This field contains the 2006 New Hampshire Hospital Analysis Area identification number.	
DWGEO821 New Hampshire HAA Name NH_HAA_NAME	CHAR (100)	This field contains the 2006 New Hampshire Hospital Analysis Area name for the representative identification number.	

Data Set for Geography Codes

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWGEO822 <i>New Hampshire County Number</i> NH_COUNTY	NUMBER (3)	This field contains a number which represents a State of New Hampshire County.	
DWGEO823 <i>New Hampshire County Name</i> NH_COUNTY_NAME	CHAR (100)	This field contains the name of the county in which the New Hampshire county number represents.	

Data Set for Medical Claims

The Medical Claims file contains one record for each service that was rendered and is organized by service year. All adjustments to the claims have been applied to the data. A full year of medical claims will contain 15-25 million records.

For Medical Claims industry standard coding definitions please refer to the following web site:

- For level I HCPCS (CPT) codes see: <http://www.ama-assn.org/ana/pub/category/3113.html>
- For level II HCPCS (non-CPT) codes see: <http://www.cms.hhs.gov/MedHCPCSGenInfo/>
- For ICD9CM codes see: <http://www.cdc.gov/nchs/icd9.htm>
- For Revenue codes see: <http://www.nubc.org/>

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC810 Payer Identification Number PAYERID	NUMBER (8)	This is the Payer Identification Number that links to the payer file using DWPAY801.	
MC809 Service Provider Identification Number PRVIDN	NUMBER (12)	This is the provider identification number that links to the Medical Service Provider file using DWDP801.	This field cannot be used to aggregate all claims associated with a provider.
MC811 Member Identification Number MEMBERID	NUMBER (20)	This field generally represents a unique individual and is linked to the Member file using DWMB802.	
MC059 Date of Service From FDATE	07/01/2005 DATE (8)	This field contains the first Date of Service for this service line in a CCYYMMDD format. This field links to the date file using DWDT802.	A valid first date of service is required on a minimum of 95% of the records submitted. Payers are required to verify submissions with more than 5% of the records having a Date of Service 2+ years before the date of payment.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC821 First Date of Service ID Number FDATEID	NUMBER (20)	This is the first Date of Service date identification number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC004 Payer Claim Control Number CLAIM	07/01/2005 NUMBER (35)	This field contains the claim number used by the payer to internally track the claim.	In general the claim number is associated with all service lines of the bill. Therefore, multiple medical records may share the same claim number. The Payer Claim Control Number should not be considered unique across payers. This field is not edited.
MC802 Standardized Insurance Type/Product Code PRODUCT	CHAR (2)	This is the product identification number that links to the Product file using DWPR801.	The values in this field have been standardized across all the NH CHIS claims databases. This field is required for 100% of all records and reported for 100% of 2005 records.
MC812 Claim Version HIGH_VERSION	07/01/2005 NUMBER (4)	This field indicates the Claim Version number.	
MC005 Line Counter LINE	07/01/2005 NUMBER (6)	This field contains the line number for this service. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.	This field is not edited.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC006 Insured Group or Policy Number IGROUP	07/01/2005 CHAR (50)	The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer.	The Group Number is required on a minimum of 99.9% of the records submitted. The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the group number. This is difficult to determine if this is happening inappropriately because of persons purchasing individual coverage. The group number does not uniquely identify the subscriber. The group number is a personal health identifier (PHI).
MC008 Plan Specific Contract Number CONTRACT	07/01/2005 CHAR (128)	This field contains the payer assigned contract number for the subscriber. If the Encrypted Social Security Number (DWMB803) is null, this field forms the core of the unique member number (MEMBERID).	This field is not released. This field is not edited. A minimum of 99.9% of each submission must have an entry in this field or in the encrypted Social Security Number field (DWMB803).
MC009 Sequence Number SEQNO	07/01/2005 CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the subscriber Encrypted Social Security Number or Contract.	This field is not edited. It is required, if available, from the payer. It is inconsistently populated.
MC011 Individual Relationship Code REL	07/01/2005 CHAR (2)	This is the Relationship Code identification number that links to the Relationship file using DWR801.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC012 Member Gender SEX	07/01/2005 CHAR (2)	This is the Member Gender code that links to the Gender file using DWG801.	No more than 3% of a submission may have an unknown gender. Payers must confirm any submission with more than 80% of the records associated with a single gender.
MC016 Member ZIP Code PATZIP	07/01/2005 CHAR (11)	This field contains the ZIP Code of the member. Payers are encouraged to provide a full 9 character zip code. This field links to the Geography file using DWGEO802.	A Zip Code must be reported for 97% of each submission.
MC813 Member ZIP Code Identification Number PATZIPID	07/01/2005 NUMBER (20)	This is the ZIP Code Identification Number that uniquely links to the Geography file using DWGEO801.	The Zip ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
MC814 Earliest Paid Date EARLIEST_PDATE	DATE (8)	This field contains the Earliest Paid Date associated with the claim. The field format is YYYYMMDD.	
MC815 Earliest Paid Date ID Number EARLIEST_PDATEID	NUMBER (20)	This is the Earliest Paid Date Identification number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC816 Latest Paid Date LATEST_PDATE	DATE (8)	This field contains the Latest Paid Date associated with the claim. The field format is YYYYMMDD.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC817 Latest Paid Date ID Number LATEST_PDATEID	NUMBER (20)	This is the Latest Paid Date Identification number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC018 Admission Date ADMDAT	07/01/2005 DATE (8)	This field contains the date of the inpatient Admission with a CCYYMMDD format.	This field is inconsistently reported across payers. It may be under reported on inpatient claims or over-reported on outpatient claims. At this point in time there is no clear way to accurately identify all inpatient claims in the Data Warehouse. Continuing efforts will improve the quality of this data element among payers.
MC818 Admission Date ID Number ADMDATID	NUMBER (20)	This is the Admission Date Identification Number that uniquely links to the date file for Admission Date using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC019 Admission Hour ADMHR	07/01/2005 NUMBER (4)	This field contains the hour the inpatient was admitted to the hospital in military time. The valid codes are: 0 - 23 00 Midnight 12 Noon	This field is not widely supported by the carriers. This field is required for 50% of all inpatient records.
MC020 Admission Type ADMTYPE	07/01/2005 NUMBER (2)	This field is used to record the type of admission for all inpatient hospital bills. This field links to the Admission Type file using DWAT801.	Many carriers do not capture this information. This field is required for 60% of all inpatient records.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC021 Admission Source ADMSR	07/01/2005 CHAR (2)	This field is required for inpatient hospital bills and records the source of admission. This field links the Admission Source file using DWAS801.	Many carriers do not capture this information.
MC022 Discharge Hour DISHR	07/01/2005 NUMBER (2)	This field contains the hour the inpatient was discharged from the hospital in military time. The valid codes are: 0 – 23 00 Midnight 12 Noon	This field is not widely supported by the carriers. The hour of discharge is required for 60% of all inpatient records.
M021 Discharge Date DISDAT	07/01/2005 DATE (8)	This field contains the date of the inpatient discharge with a CCYYMMDD format. This field links to the date file using DWDT802.	
MC820 Discharge Date ID DISDATID	NUMBER (20)	This is the Discharge Date Identification number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC023 Member Status PTDIS	07/01/2005 NUMBER (2)	This is the patient discharge code identification number that links to the patient discharge file using DWPD801.	This field is inconsistently reported across carriers. It may be under reported on inpatient records or unnecessarily reported on outpatient records. Continuing efforts will improve the quality of this data element among carriers. This field is required for 80% of all inpatient records.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC036 Type of Bill - Institutional BILLTYPE	07/01/2005 NUMBER (2)	This field contains the Bill Type code identification number that links to the bill type file using DWBT801.	This field is required for 90% of all institutional claims.
MC037 Facility Type - Professional FACTYPE	07/01/2005 CHAR (2)	For professional claims, this field records the type of facility where the service was performed. This is the Facility Type code identification number that links to the facility type file using DWFT801.	This field is required for 70% of all professional claims.
MC038 Claim Status STATUS	07/01/2005 NUMBER (2)	This field contains the status of the claim as reported by the payer. This field links to the Claim Status file using DWCS801.	<p>This field is required 90% of all records and reported for 100% of the 2005 records.</p> <p>Not all carriers are able to qualify the processing of the claim with the specificity of the available valid codes. The vast majority of all claims are coded as 01 – processed as primary. Claims processed as secondary may have dramatically lower payments for services rendered because another carrier had primary responsibility. A small number of carriers are unable to distinguish claims processed as primary from those processed as secondary.</p> <p>In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment.</p>

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC834 Admitting Diagnosis Identification Number ADMDXID	CHAR (10)	This field contains the ICD-9 Diagnosis code Identification number that links to the diagnosis file using DWDX801.	
MC039 Admitting Diagnosis ADMDX	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code indicating the reason for the inpatient admission.	This field is reported inconsistently across carriers. It is required for 50% of all inpatient records
MC040 E-Code ECODE	07/01/2005 CHAR (10)	This field describes an injury, poisoning or adverse effect using an ICD-9 E-Code diagnosis.	The user should search the Other Diagnosis fields to identify all E-Codes submitted. Note that the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the carrier. Less than 1% of all 2005 medical records had an E-Code in this field.
MC835 E-Code Identification Number ECODEID	CHAR (5)	This is the E- Code Identification number that links to the Diagnosis file using DWDX801.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC041 Principal Diagnosis DX1	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the Principal Diagnosis.	The field has been validated against the appropriate ICD-9 table for the date of service. This field is required for 90% of all records and was populated for 96% of the records in 2005. The editing system also flags submissions with more than 10% of the records having an invalid ICD-9 diagnosis code. Many carriers do not capture all 5 characters of the diagnosis code.
MC836 Principal Diagnosis Identification Number DX1ID	CHAR (10)	This field contains the Principal Diagnosis code Identification Number that links to the diagnosis file using DWDX801.	
MC042 Other Diagnosis 1 DX2	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the first secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code. In 2005, 42% of all records had Other Diagnosis 1 populated.
MC837 Other Diagnosis 1 Identification Number DX2ID	CHAR (10)	This field contains the Other Diagnosis code 1 Identification Number that links to the diagnosis file using DWDX801.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC043 Other Diagnosis 2 DX3	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the second secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code. In 2005, 20% of all records had Other Diagnosis 2 populated.
MC838 Other Diagnosis 2 Identification Number DX3ID	CHAR (10)	This field contains the Other Diagnosis code 2 Identification Number that links to the diagnosis file using DWDX801.	
MC044 Other Diagnosis 3 DX4	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the third secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code. In 2005, 6% of all records had Other Diagnosis 3 populated.
MC839 Other Diagnosis 3 Identification Number DX4ID	CHAR (10)	This field contains the Other Diagnosis code 3 Identification Number that links to the diagnosis file using DWDX801.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC045 Other Diagnosis 4 DX5	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the fourth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code. In 2005, 2% of all records had Other Diagnosis 4 populated.
<u>MC840</u> <u>Other Diagnosis 4</u> <u>Identification</u> <u>Number</u> <u>DX5ID</u>	CHAR (10)	This field contains the Other Diagnosis code 4 Identification Number that links to the diagnosis file using DWDX801.	
MC046 Other Diagnosis 5 DX6	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the fifth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code. In 2005, 1% of all records had Other Diagnosis 5 populated.
<u>MC841</u> <u>Other Diagnosis 5</u> <u>Identification</u> <u>Number</u> <u>DX6ID</u>	CHAR (10)	This field contains the Other Diagnosis code 5 Identification Number that links to the diagnosis file using DWDX801.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC047 Other Diagnosis 6 DX7	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the sixth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC842 Other Diagnosis 6 Identification Number DX7ID	CHAR (10)	This field contains the Other Diagnosis code 6 Identification Number that links to the diagnosis file using DWDX801.	
MC048 Other Diagnosis 7 DX8	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the seventh secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC843 Other Diagnosis 7 Identification Number DX8ID	CHAR (10)	This field contains the other diagnosis code 7 identification number that links to the diagnosis file using DWDX801.	
MC049 Other Diagnosis 8 DX9	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the eighth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC844 Other Diagnosis 8 Identification Number DX9ID	CHAR (10)	This field contains the Other Diagnosis code 8 Identification Number that links to the diagnosis file using DWDX801.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC050 Other Diagnosis 9 DX10	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the ninth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
<u>MC845</u> <u>Other Diagnosis 9</u> <u>Identification</u> <u>Number</u> <u>DX10ID</u>	CHAR (10)	This field contains the Other Diagnosis code 9 Identification Number that links to the diagnosis file using DWDX801.	
MC051 Other Diagnosis 10 DX11	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the tenth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
<u>MC846</u> <u>Other Diagnosis 10</u> <u>Identification</u> <u>Number</u> <u>DX11ID</u>	CHAR (10)	This field contains the Other Diagnosis code 10 Identification Number that links to the diagnosis file using DWDX801.	
MC052 Other Diagnosis 11 DX12	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the eleventh secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC847 Other Diagnosis 11 Identification Number DX12ID	CHAR (10)	This field contains the Other Diagnosis code 11 Identification Number that links to the diagnosis file using DWDX801.	
MC053 Other Diagnosis 12 DX13	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the twelfth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC848 Other Diagnosis 12 Identification Number DX13ID	CHAR (10)	This field contains the Other Diagnosis code 12 Identification Number that links to the diagnosis file using DWDX801.	
MC055 Procedure Code CPT	07/01/2005 CHAR (10)	<p>This field contains the HCPC or CPT code for the procedure performed.</p> <p>It is one of three fields used to report the service (See also Revenue Code – MC054 and ICD-9 Procedure Code – MC058).</p> <p>This field links to the procedure file using DWCPT802.</p>	<p>Many carriers continue to use local codes. A separate local Procedure Code table (CPT) contains the non-standard values that are reported by the carriers. These must be taken into consideration when selecting records for a specific type of procedure.</p> <p>99% of each submission must contain a CPT/HCPC code, a revenue code or an ICD-9 Procedure Code. 95% of all records containing a CPT/HCPC code must contain a valid code.</p> <p>In 2005, 90% of all records had a CPT/HCPC code reported.</p>

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC849 Procedure Code Identification Number CPTID	CHAR (10)	This field contains the Procedure Code Identification Number that links to the CPT file using DWCPT801.	
MC054 Revenue Code REV	07/01/2005 CHAR (10)	This field is used to report the Revenue Code for hospital claims. This field links to the Revenue file using DWREV801. It is one of three fields used to report type of service (See also CPT – MC055 and ICD-9 Procedure Code – MC058). National Uniform Billing Committee codes are used in this field.	99% of each submission must contain a Revenue Code, a CPT code or an ICD-9 Procedure Code. In 2005, 22% of all records had a Revenue Code reported.
MC058 ICD-9-CM Procedure Code OP	07/01/2005 CHAR (4)	This is used to report the ICD-9 Procedure Code. The decimal point is not coded. This is one of three fields used to report type of service (See also Revenue Code – MC054 and CPT – MC055).	This field is generally available only on inpatient hospital claims. It is not consistently reported by carriers. In 2005, 5% of the records had an ICD-9 Procedure Code reported.
MC056 Procedure Modifier 1 MOD1	07/01/2005 CHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate a service or procedure that has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A Procedure Modifier is required when a modifier clarifies/improves the reporting accuracy of the associated Procedure Code. This field links to the modifier file using DWMOD801.	In 2005, 10% of all records had a Procedure Modifier 1 reported.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC057 Procedure Modifier 2 MOD2	07/01/2005 CHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate a service or procedure that has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A Procedure Modifier is required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. This field links to the procedure file using DWMOD801.	In 2005, 10% of all records have a Procedure Modifier 2 reported.
M060 Last Date of Service LDATE	07/01/2005 DATE (8)	This field contains the Last Date of Service for this service line in a CCYYMMDD format. This field links to the date file using DWDT802.	A valid Last Date of Service (CCYYMMDD) is required on a minimum of 95% of the records submitted.
MC823 Last Date of Service ID Number LDATEID	NUMBER (20)	This is the Last Date of Service Identification Number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC061 Quantity QTY	07/01/2005 NUMBER (3)	This field contains a count of services performed. This field may be negative and should be set equal to 1 on all observation bed service lines for this field.	A minimum of 90% of records submitted must have a non-zero value in this field. This field must be used with caution because the type of units may vary based upon the service performed. For example, one anesthesia unit may equal 10 minutes, one ambulance transportation unit may equal 1 mile.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC062 Charge Amount CHG	07/01/2005 NUMBER (10)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	<p>A series of data quality checks are used to evaluate the quality of the data in this field. Carriers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences.</p> <p>The extreme variability in paid to charge ratios is directly related to plan benefits.</p> <p>Carriers must verify submissions with a plan paid to charge ratio of < .2 or >= .95 for medical claims. Carriers must verify submissions with a total paid (plan paid plus all member payment responsibilities) < .2 or > 1.</p>
MC063 Paid Amount TPAY	07/01/2005 NUMBER (10)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	<p>A series of data quality checks are used to evaluate the quality of the data in this field. Carriers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences.</p> <p>The extreme variability in paid to charge ratios is directly related to plan benefits.</p>

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC064 Prepaid Amount PREPAID	07/01/2005 NUMBER (10)	<p>This field contains 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. "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.</p> <p>This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.</p>	The provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database.
MC065 Copay Amount COPAY	07/01/2005 NUMBER (10)	This field contains the pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC046, MC047, MC048). Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, deductible amount, copay).
MC066 Coinsurance Amount COINS	07/01/2005 NUMBER (10)	This amount is paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses have been incurred. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	<p>Not all carriers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC046, MC047, MC048).</p> <p>Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, deductible amount, copay).</p>

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC067 Deductible Amount DED	07/01/2005 NUMBER (10)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC065, MC066, MC067). Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, deductible amount, copay).
MC824 Warehouse Effective Date EDATE	DATE (8)	This field contains the effective date for the consolidated data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.	
MC826 Age AGE	NUMBER (3)	This field contains the Age identification number which links to the age file using DWA801.	
MC801 Claim IDN IDN	NUMBER (12)	This field uniquely identifies the record within NH CHIS.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC807 Length of Stay LOS	NUMBER (4)	This field contains the Length of Stay for an inpatient stay in days. A 1 day length of stay is reported if the patient was admitted and discharged on the same day or if the patient was admitted on one day and discharged on the following day. This field is derived from the admit date (MC018) and the discharge date (MC022A). This field is populated on the first claim line. If a claim has multiple records, the length of stay will be zero on all but the first record for that stay.	
MC833 Inpatient Discharge Identifier IPDISCHARGE	NUMBER (20)	This field contains the value that links Inpatient Claims records to an associated HCFA DRG value via field DWDR802 in the DRG.DIM	This field is assigned as a value added field to associate all claim lines for a given Inpatient stay under one coded value.
MC834 Use Flag USEFLAG	NUMBER (3)	This field is used to identify records for reporting purposes. Values in this field are: 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-NH Zip 22 = Indicates adjustment/reversal claim only no other associated claim found	

Data Set for Medical Membership

All membership records by month and payer where medical coverage = 'Y' and associated membership demographic information that can change, like Member Zip code, Age, Product, etc. This table contains duplicate and other non-useful membership records. Use the USEFLAG = 0 to obtain an accurate count of covered medical members by month.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMM801 Identification Number ID	NUMBER (20)	This field is the primary identification number for each Medical Membership record.	
DWMM802 Payer Identification Number PAYERID	NUMBER (8)	This is the Payer Identification Number that links to the payer file using DWPAY801.	
DWMM803 Standardized Insurance Type/Product Code PRODUCT	CHAR (2)	This is the product identification number that links to the Product file using DWPR801.	
DWMM804 Eligibility Year and Month MTIME	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.	
DWMM805 Period Identification Number PERIODID	NUMBER (20)	This field links to the date file using DWDT801 for the member eligibility period.	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMM806 Insured Group or Policy Number IGROUP	CHAR (50)	The group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer.	The group number is required on a minimum of 99.9% of the records submitted. The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the group number. This is difficult to determine if this is happening inappropriately because of people purchasing individual coverage.
DWMM807 Coverage Level Code XPLAN	CHAR (3)	This field indicates the type of coverage and is linked to the Contract Type file using DWCT801.	Although there are several code values for distinguishing between the various coverage levels, some payers do not maintain a high level of specificity in their records. Some payers are only able to distinguish between single coverage and family coverage. Summarizing data by Coverage Level across payers could over estimate the amount of family coverage. A valid Coverage Level Code is required for a minimum of 99% of records submitted.
DWMM808 Plan Specific Contract Number CONTRACT	CHAR (128)	This field contains the payer assigned contract number for the subscriber. If the Encrypted Social Security Number is null, this field forms the core of the unique member number (Memberid).	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMM810 Member Suffix or Sequence Number SEQNO	CHAR (20)	This payer supplied code uniquely identifies the member within the context of the subscriber Encrypted Social Security Number or the Contract.	This field is not edited. It is required if available from the payer. It is inconsistently populated. It is not populated for approximately 35% of all Medical eligibility records, 50% of all Pharmacy eligibility records and 65% of all Dental eligibility records. This field is not used in creating a unique member number because it is not uniformly assigned across payers. For example, some payers automatically assign a Member Sequence Number of 00 to the employee while others assign 01.
DWMM811 Individual Relationship Code REL	CHAR (2)	This is the relationship code identification number that links to the Relationship file using DWR801.	
DWMM812 Member Gender SEX	CHAR (1)	This is the Member Gender code that links to the gender file using DWG801.	No more than 3% of a submission may have an unknown gender. Payers must confirm any submission with more than 80% of the records associated with a single gender.
DWMM813 Member ZIP Code PATZIP	CHAR (11)	This field contains the ZIP Code of the member. Payers are urged to provide a full 9-character zip code. The first five characters of this field link to the geography file using DWGEO802.	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMM814 Member Zip Code Identification Number PATZIPID	NUMBER (20)	This is the ZIP Code Identification Number that uniquely links to the geography file using DWGEO801.	The Zip ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
DWMM815 Warehouse Effective Date EDATE	DATE (8)	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.	
DWMM817 Age AGE	NUMBER (3)	This field contains the Age of the member as of the last day of the eligibility month. This field links to the age file using DWA801.	
DWMM818 Member Identification Number MEMBERID	NUMBER (20)	This field generally represents a unique individual and is linked to the Member file using DWMB802.	
DWMM821 Medical Coverage Flag HAS_MEDICAL_COVERAGE	CHAR (1)	This field indicates Medical Coverage. Y = Yes N = No	
DWMM822 Pharmacy Coverage Flag HAS_PHARMACY_COVERAGE	CHAR (1)	This field indicates Pharmacy Coverage. Y = Yes N = No	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMM823 Use Flag USEFLAG	NUMBER (3)	<p>This field indicates the relationship of this membership record to other membership records for the same member and time period.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-NH Zip 22 = Indicates adjustment/reversal claim only no other associated claim found 	<p>If two records have the same member identifiers, the same payer and the same year and month of eligibility, one record will be flagged as an intra-payer duplicate and should not be used in counting member months.</p> <p>If a member has a membership record for full medical coverage and a membership record for a specific area of coverage (e.g. mental health and substance abuse), the specific coverage area record will be flagged as an inter-payer duplicate. In general the inter-payer record should not be used when counting member months.</p>

Data Set for Members

Detail non-changing membership demographic information. Contains fields like DOB, encrypted SSN, Gender, etc. Contains 1 record per unique member ID. Links to the Membership tables by MEMID.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMB801 Identification # ID	NUMBER (20)	This field is the primary Identification Number for each member and links to the Medical Claims file using (MC811), the Pharmacy Claims file (PC809), the Pharmacy Membership file (DWPM816) and the Medical Membership file (DWMM818).	Each member has one ID.
DWMB802 Member ID # MEMID	CHAR (500)	The MEMBERID is a combination of fields that generally identifies a unique individual. For those members with a value in the Encrypted Subscriber Social Security Number, the Memberid is comprised of Encrypted Subscriber Social Security Number + Year and Month of Birth + Gender + Individual Relationship Code. If the Encrypted Subscriber Social Security Number is blank, the Memberid is comprised of the Plan Specific Contract Number + Year and Month of Birth + Gender + Individual Relationship Code.	
DWMB803 Encrypted Social Security Number ESSN	CHAR (200)	This field contains the Encrypted Social Security Number of the subscriber. If the social security number was not available from the payer this field will be null and the Contract field will be populated. This field has been encrypted using the same algorithm across all payers. If this field is populated, it forms the core of the unique member identification code (MEMBERID).	NHCIS cannot guarantee that all values in the encrypted Social Security Number field are valid social security numbers. A minimum of 99.9% of each submission must have an entry in this field or in the Contract Field (MC008).

Data Set for Members

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMB804 Member Social Security Number MEMSSN	CHAR (200)	This field is used to record the Member's Social Security Number when available. If the member is the subscriber, this field should contain the same value as the Encrypted Social Security Number. If the member is not the subscriber, this field will not equal the Encrypted Social Security Number.	This field is required if available from the payer. It is inconsistently populated. Approximately 75% of all medical claims have this field populated.
DWMB805 Date of Birth DOB	DATE (8)	This field contains the member's Date of Birth with a format of CCYYMMDD. This field is used to calculate age.	
DWMB806 Member Gender SEX	CHAR (1)	This is the Member Gender code that links to the gender file using DWG802.	No more than 3% of a submission may have an unknown gender. Payers must confirm any submission with more than 80% of the records associated with a single gender.

Data Set for CPT Modifier Code

Dimension table holds all valid CPT Modifier Code values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMOD801 CPT Modifier Code CODE	NUMBER (2)	This field is used to link to the Medical Claims CPT Modifier field (MC056, MC057). It is the primary identification number for each modifier record.	
DWMOD802 CPT Modifier Code Description DESCRIPTION	CHAR (600)	This field contains the description of the CPT Modifier Code associated with the claim.	

Data Set for New Prescription Codes

Dimension table holds all valid New Prescription Code values and descriptions, links to the Pharmacy claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWNP801 New Prescription Code CODE	CHAR (2)	This field is used to link to the Pharmacy Claims data (PC028). It is the primary identification number for each New Prescription type record. Values in this field are: N = New Prescription R = Refill Prescription -1 = Not Specified -2 = Not Valid	
DWNP802 New Prescription Code Description DESCRIPTION	CHAR (25)	This field contains the description of the New Prescription Code.	

Data Set for Payers

Dimension table holds all Payer demographic information, links to any data or dimension tables containing a PAYER ID field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPAY801 <i>Identification Number ID</i>	NUMBER (8)	This field is used to link to the Data Warehouse Medical Claims data (MC810), Medical Membership (DWMM802), Pharmacy Claims data (PC807) and Pharmacy Membership (DWPM802). It is the primary Identification Number for each Medical, Pharmacy and Eligibility Service Payer system record.	

Data Set for Payers

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPAY802 Payer PAYERCODE	CHAR (20)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>NHC = Commercial Carrier NHT = Third Party Administrator NHU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the Data Bank may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with the letter U. If the submitter does become licensed in New Hampshire, the first letter of the payer code will be changed to the appropriate value of NHC or NHT and the trailing four characters will remain unchanged. Therefore, a payer code of NHU0756 may become NHT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWPAY803 Company COMPANY	CHAR (100)	This field contains the Company name of the payer.	

Data Set for Payers

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPAY804 Company Address ADDRESS	CHAR (255)	This field contains the Company Address of the payer.	
DWPAY805 Company City CITY	CHAR (100)	This field contains the city portion of the company address.	
DWPAY806 Company State STATE	CHAR (100)	The State or Province contains the 2-character abbreviation code used by the US Postal Service.	
DWPAY807 Company Zip Code ZIP	CHAR (100)	This field contains ZIP Code of the payer address. Payers are encouraged to provide a full 9-character zip code.	
DWPAY808 File Types FILETYPES	CHAR (10)	This field contains the type of data submitted by the payer. E Eligibility M Medical P Pharmacy C CAHPS H HEDIS	When a payer submits more than one type, the types are concatenated. E.g., 'emphc' means the carrier submits all file types.

Data Set for Pharmacy Claims

The Pharmacy Claims file contains one record for each filled script and is organized by service year. All adjustments to the claims have been applied to the data. A full year of pharmacy claims will contain 5-10 million records.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC807 Payer ID Number PAYERID	NUMBER (8)	This is the Payer Identification Number that links to the payer file using DWPAY801.	
PC002 National Plan ID NPLAN	07/01/2005 CHAR (30)	This field will contain the CMS National Plan ID.	The National Plan ID has not yet been established by CMS. For payer specific identifiers, use the Payer Field (PC807)
PC802 Standardized Insurance Type/Product Code PRODUCT	CHAR (2)	This is the product identification number that links to the Product file using DWPR801.	The values in this field have been standardized across all the NH CHIS claims databases. This field is required for 100% of all records and reported for 100% of 2005 records.
PC809 Member ID Number MEMBERID	NUMBER (20)	This field generally represents a unique individual and is linked to the Member file using DWMB802.	
PC004 Payer Claim Control Number CLAIM	07/01/2005 CHAR (35)	This field contains the claim number used by the payer to internally track the claim. In general the claim number is associated with all service lines of the bill. Therefore, multiple medical records may share the same claim number. This must apply to the entire claim and be unique within the payer's system.	The payer claim control number should not be considered unique across payers. This field is not edited.
PC005 Line Counter LINE	07/01/2005 NUMBER (5)	This field contains the line number for this service. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.	This field is required for 70% of all submissions. In 2005, 100% of all submissions contained the line number.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC806 Insured Group or Policy Number IGROUP	07/01/2005 CHAR (50)	The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer.	The Group Number is required on a minimum of 99.9% of the records submitted. The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the group number. This is difficult to determine if this is happening inappropriately because of persons purchasing individual coverage. The Group Number does not uniquely identify the subscriber. The Group Number is a personal health identifier (PHI).
PC008 Plan Specific Contract Number CONTRACT	07/01/2005 CHAR (128)	This field contains the payer assigned Contract Number for the subscriber. If the Encrypted Social Security Number (DWMB803) is null, this field forms the core of the unique member number (MEMBERID).	This field is not released. This field is not edited. A minimum of 99.9% of each submission must have an entry in this field or in the encrypted Social Security Number field (DWMB803).
PC009 Member Suffix or Sequence Number SEQNO	07/01/2005 CHAR (20)	This payer supplied code uniquely identifies the member within the context of the subscriber Encrypted Social Security Number or the Contract.	This field is not edited. Although it is required if available from the payer, it is inconsistently populated.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC011 Individual Relationship Code REL	07/01/2005 CHAR (2)	This field contains the member's relationship to the subscriber or the insured. This field links to the Relationship file using DWR801.	<p>Although there are several code values for distinguishing between the various relationships, some payers do not maintain this level of specificity in their systems. Some payers are only able to distinguish between the subscriber/employee and the dependent. Summarizing the data across payers by the individual relationship to the subscriber may cause an under reporting of spouse records.</p> <p>A valid relationship code is required for a minimum of 97% of records submitted. Payers must verify submissions with more than 80% of the records associated with a relationship of subscriber.</p>
PC012 Member Gender SEX	07/01/2005 CHAR (2)	This is the Member Gender code that links to the gender file using DWG801.	<p>No more than 3% of a submission may have an unknown gender. In 2005, this field is populated 100% of the time.</p> <p>Payers must confirm any submission with more than 80% of the records associated with a single gender.</p>
PC016 Member ZIP Code PATZIP	07/01/2005 CHAR (11)	This field contains ZIP Code of the member. Payers are encouraged to provide a full 9-character zip code. This field links to the geography file using DWGEO802.	
PC807 Member ZIP Code ID Number PATZIPID	07/01/2005 NUMBER (20)	This is the Zip Code Identification number that uniquely links to the geography file using DWGEO801.	The Zip ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC808 Earliest Paid Date EARLIEST_PDATE	DATE (8)	Multiple paid dates may occur for the same claim as part of the adjudication process. This field contains the Earliest Paid Date associated with the claim. The field format is YYYYMMDD.	
PC809 Latest Paid Date LATEST_PDATE	DATE (8)	Multiple paid dates may occur for the same claim as part of the adjudication process. This field contains the Latest Paid Date associated with the claim. The field format is YYYYMMDD.	
PC810 Earliest Entry Date ID Number EARLIEST_PDATEID	NUMBER (20)	This is the Earliest Paid Date Identification Number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
PC811 Latest Entry Date ID Number LATEST_PDATEID	NUMBER (2)	This is the Latest Paid Date identification number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
PC812 Pharmacy ID Number PHARMID	NUMBER (20)	This is the provider identification number that links to the Pharmacy Name File using DWPID801.	This field cannot be used to aggregate all claims associated with a pharmacy.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC025 Claim Status STATUS	07/01/2005 NUMBER (2)	This field contains the status of the claim as reported by the payer. This field links to the Claim Status file using DWCS801.	A minimum of 97% of all records submitted must have a valid Claim Status code. Not all payers are able to qualify the processing the claim with the specificity of the available valid codes. The vast majority of all claims are coded as 01 – processed as primary. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary.
PC026 Drug Code NDC	07/01/2005 CHAR (11)	Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, 3-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the FDA. A labeler is any firm that manufactures, re-packs or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1.	This field is verified against an NDC reference file. This field must be populated for a minimum of 99.9% of records submitted.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC027 Drug Name DRUGNM	07/01/2005 CHAR (80)	This field contains the text name of drug as supplied by the payer.	This field must be populated for a minimum of 90% of records submitted. In 2005, this field is populated 100% of the time.
PC028 New Prescription NEWPR	07/01/2005 CHAR (2)	This field can be used to determine if this is a New Prescription. This field links to the New Prescription Code file using DWNP801.	This field must be populated for a minimum of 95% of records submitted.
PC028A Refill Number REFILL	07/01/2005 NUMBER (2)	0-99 Number of refill. '1' should be used for all refills, if the specific number of the prescription refill is not available. If the New Prescription Code field is 'N', the Refill Number is '0'.	In 2005, this field is populated 91% of the time.
PC029 Generic Drug Indicator GENRX	07/01/2005 CHAR (2)	This field indicates whether the drug is a branded drug or a generic drug. This field links to the Generic Drug file using DWGD801.	In 2005, this field is populated 100% of the time.
PC030 Dispensed as Written Code DAW	07/01/2005 NUMBER (5)	This field indicates the instructions given to the pharmacist for filling the prescription. For example, a prescription for a brand name drug that also has a generic equivalent may not have the generic equivalent substituted. In this case, the code is 1 – physician requires the script be filled as written. This field links to the DAW file using DWD801.	In 2005, this field is populated 100% of the time.
PC031 Compound Drug Indicator COMPOUND	07/01/2005 CHAR (2)	This field indicates if this is a compound drug or not. N is Non-compound drug. This field links to the Compound file using DWCD801.	As of 2005 this field is populated approximately 85% of the time.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC032 Date Prescription Filled FDATE	07/01/2005 DATE (8)	This field contains the first date of service for this service line in a CCYYMMDD format. This field links to the date file using DWDT802.	A valid date filled is required on a minimum of 90% for the records submitted. Payers are required to verify submissions with more than 5% of the records having a date filled 2+ years before the date of payment. In 2005, this field is populated 100% of the time.
PC813 Date Filled ID Number FDATEID	NUMBER (20)	This is the first date of service identification number that uniquely links to the date file using DWDT801.	The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
PC033 Quantity Dispensed QTY	07/01/2005 NUMBER (5)	This field contains the total unit dosage in metric units. This field may be negative.	A minimum of 85% of the records submitted must have a non-zero value in this field. In 2005, this field is populated 100% of the time.
PC034 Days Supply DAYS	07/01/2005 NUMBER (3)	This field contains the actual Days Supply for the prescription based on the metric quantity dispensed. This field may contain a negative value.	A minimum of 90% of records submitted must have a Days Supply value other than zero. In 2005, this field is populated 100% of the time.
PC035 Charge Amount CHG	07/01/2005 NUMBER (10)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	A series of data quality checks are used to evaluate the quality of the data in this field. Payers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC036 Paid Amount TPAY	07/01/2005 NUMBER (10)	This field includes all health plan payments and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	A series of data quality checks are used to evaluate the quality of the data in this field. Payers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences.
PC037 Ingredient Cost/List Price INGRED	07/01/2005 NUMBER (10)	This field contains the cost of the drug that was dispensed as reported by the payer. This is a money field containing dollars and cents with an implied decimal point.	
PC038 Postage Amount Claimed POSTAGE	07/01/2005 NUMBER (10)	This field contains the Postage Amount included in the charges. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value	The postage amount is zero for almost all records.
PC039 Dispensing Fee DISPFEE	07/01/2005 NUMBER (10)	This field contains the amount charged for dispensing. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Generally a non-zero dispensing fee is reported for over 95% of the records
PC040 Copay Amount COPAY	07/01/2005 NUMBER (10)	This field contains the pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all payers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. (PC040, PC041, PC042)

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC041 Coinsurance Amount COINS	07/01/2005 NUMBER (10)	This amount is paid by the member and reflects the percentage a member must pay toward the cost of a covered service. In many health insurance plans the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses have been incurred. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all payers can distinguish between the mutually exclusive fields of copay, Coinsurance Amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. (PC040, PC041, PC042) Payers must verify submissions with less than 25% of the records containing a member payment (Coinsurance Amount, deductible amount, copay).
PC042 Deductible Amount DED	07/01/2005 NUMBER (10)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all payers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. (PC040, PC041, PC042) Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, Deductible Amount, copay).
PC814 Date of Entry EDATE	DATE (8)	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.	
PC815 Member Age AGE	07/01/2005 NUMBER (3)	This field contains the age of the member in years as of the date the prescription was filled. Children under the age of 1 have an age of zero. If no date of birth is available, this field is null.	
PC821 Identification Number IDN	NUMBER (12)	This field uniquely identifies the record and is created for NH CHIS.	

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC822 Use Flag USEFLAG	NUMBER (3)	<p>This field is used to identify records for reporting purposes.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-NH Zip 22 = Indicates adjustment/reversal claim only no other associated claim found 	

Data Set for Pharmacies

Detail Servicing Pharmacy information. Unique records by Payer and Provider information. Links to the Pharmacy claims table by PRVIDN.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPID801 Pharmacy ID Number PHARMID	NUMBER (20)	This field is used to link to the Pharmacy Claims data (PC812). It is the primary identification number for each Pharmacy ID type record.	
DWPID802 Payer Code PAYERCODE	CHAR (8)	This field is used to link to the Payer data using DWPAY802.	
DWPID803 Provider ID # DPCID	NUMBER (12)	This field contains the unique Provider Identifier that crosses all payers. This field is the link to the Service Provider file (DWRS801).	
DWPID804 Pharmacy Number PHARM	CHAR (40)	This field is the payer-assigned pharmacy number that is derived from the Pharmacy Claims data field PC018.	
DWPID805 Pharmacy Tax ID Number PHARMTAX	CHAR (100)	This field is the federal taxpayer's identification number from the Pharmacy Claims data field PC019. If the individual retail Pharmacy Tax ID number is not available, this field contains the pharmacy chain's tax ID number.	This field is not well populated. In 2005, 70% of all records had the Pharmacy Tax ID reported.
DWPID806 Pharmacy Name PHARMNM	CHAR (100)	This field contains the name of the pharmacy from the Pharmacy Claims field PC020.	In 2005, this field is populated for 96% of all records.

Data Set for Pharmacies

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPID807 National Pharmacy ID Number NPHARM	CHAR (20)	This field is derived from the Pharmacy Claims field PC021. This ID is required if National Provider ID is mandated for use under HIPAA.	
DWPID808 Pharmacy City PHARMCITY	CHAR (30)	This field is the name of the city in which the pharmacy is located from the Pharmacy Claims field PC022.	In 2005, this field is populated for 96% of all records.
DWPID809 Pharmacy State PHARMST	CHAR (2)	This field is the name of the state in which the pharmacy is located as defined by the US Postal Service. It is derived from the Pharmacy Claims field PC023.	In 2005, this field is populated for 96% of all records.
DWPID810 Pharmacy ZIP Code PHARMZIP	CHAR (11)	This is the ZIP Code of the pharmacy location and may include non-US codes. This field is derived from the Pharmacy Claims field PC024.	In 2005, this field is populated for 94% of all records.

Data Set for Pharmacy Membership

All membership records by month and payer where RX coverage = 'Y' and associated membership demographic information that can change, like Member Zip code, Age, Product, etc. This table contains duplicate and other non-useful membership records. Use the USEFLAG = 0 to obtain an accurate count of covered RX members by month.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPM801 Identification Number ID	NUMBER (20)	This field is the primary Identification Number for each Pharmacy Membership type record.	
DWPM802 Payer Identification Number PAYERID	NUMBER (8)	This is the Payer Identification Number that links to the payer file using DWPAY801.	
DWPM803 Standardized Insurance Type/Product Code PRODUCT	CHAR (2)	This is the product identification number that links to the Product file using DWPR801.	
DWPM804 Eligibility Year and Month MTIME	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.	
DWPM805 Period Identification Number PERIODID	NUMBER (20)	This field links to the date file using DWDT801 for the member eligibility period.	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPM806 Insured Group or Policy Number IGROUP	CHAR (50)	The group or policy number is associated with the entity that has purchased the insurance. For self-insured individuals, this relates to the purchaser. For the majority of eligibility and claims data, the group relates to the employer.	The group number is required on a minimum of 99.9% of the records submitted. The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the group number. This is difficult to determine if this is happening inappropriately because of persons purchasing individual coverage.
DWPM807 Coverage Level Code XPLAN	CHAR (3)	This field indicates the type of coverage and is linked to the Contract/CoverageType file using DWCT801.	Although there are several code values for distinguishing between the various coverage levels, some payers do not maintain a high level of specificity in their records. Some payers are only able to distinguish between single coverage and family coverage. Summarizing data by Coverage Level across payers could over estimate the amount of family coverage. A valid Coverage Level Code is required for a minimum of 99% of records submitted.
DWPM808 Plan Specific Contract Number CONTRACT	CHAR (128)	This field contains the payer assigned contract number for the subscriber. If the Encrypted Social Security Number is null, this field forms the core of the unique member number (Memberid).	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPM809 Member Suffix or Sequence Number SEQNO	CHAR (20)	This payer supplied code uniquely identifies the member within the context of the subscriber Encrypted Social Security Number or the Contract.	This field is not edited. It is required if available from the payer. It is inconsistently populated. It is not populated for approximately 35% of all Medical eligibility records, 50% of all Pharmacy eligibility records. This field is not used in creating a unique member number because it is not uniformly assigned across payers. For example, some payers automatically assign a member sequence number of 00 to the employee while others assign 01.
DWPM810 Individual Relationship Code REL	CHAR (2)	This is the relationship code identification number that links to the Relationship file using DWR801.	
DWPM811 Member Gender SEX	CHAR (1)	This is the Member Gender code that links to the gender file using DWG801.	No more than 3% of a submission may have an unknown gender. Payers must confirm any submission with more than 80% of the records associated with a single gender.
DWPM812 Member ZIP Code PATZIP	CHAR (11)	This field contains ZIP Code of the member. Payers are encouraged to provide a full 9-character zip code. This field links to the geography file using DWGEO802.	A Zip Code must be reported for 97% of each submission.
DWPM813 Member ZIP Code Identification Number PATZIPID	NUMBER (20)	This is the ZIP Code Identification Number that uniquely links to the geography file using DWGEO801.	The Zip ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPM814 Warehouse Effective Date EDATE	DATE (8)	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.	
DWPM815 Age AGE	NUMBER (3)	This field contains the Age identification number which links to the age file using DWA801.	
DWPM816 Member Identification Number MEMBERID	NUMBER (20)	This field generally represents a unique individual and is linked to the Member file using DWMB802.	
DWPM817 Medical Coverage Flag HAS_MEDICAL_COVERAGE	CHAR (1)	This field indicates Medical Coverage. Y = Yes N = No	
DWPM818 Pharmacy Coverage Flag HAS_PHARMACY_COVERAGE	CHAR (1)	This field indicates Pharmacy Coverage. Y = Yes N = No	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPM821 Use Flag USEFLAG	NUMBER (3)	<p>This field indicates the relationship of this membership record to other membership records for the same member and time period.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-NH Zip 22 = Indicates adjustment/reversal claim only no other associated claim found 	

Data Set for Product Codes

Dimension table holds all valid Product Codes and descriptive demographic information, links to any data tables containing a PRODUCT field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPR801 Product ID ID	CHAR (2)	This field is used to link to the Medical Claims data (MC802), Medical Eligibility data (DWMM803) Pharmacy Claims data (PC802) and Pharmacy Eligibility data (DWPM803). It is the primary identification number for each Product record.	
DWPR802 Product Code Long Description LONG_DESCRIPTION	CHAR (100)	This field contains the description of the product code.	
DWPR803 Product Code Short Description SHORT_DESCRIPTION	CHAR (10)	This field contains a short description of the product code.	
DWPR804 Product Grouping for Standard Reports STANDARD_GROUP	CHAR (2)	This field contains the standard grouping that is used for the summarization of data by product in the standard reports.	
DWPR805 Description of Product Grouping STANDARD_GROUP_DESCRIPTION	CHAR (100)	This field contains the label associated with STANDARD_GROUP.	

Data Set for Detailed Service Provider

Detail Servicing Provider Information. Unique records by Payer and Provider information. Links to the Medical claims table by PRVIDN.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS801 Provider ID Number PRVIDN	NUMBER (12)	This field is used to link to the Medical Claims data (MC809). It is the primary identification number for each Detailed Service Provider record.	
DWDPS802 Payer PAYERCODE	CHAR (8)	This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter. NHC = Commercial Carrier NHT = Third Party Administrator NHU – Unlicensed Entity This field is primarily used for tracking compliance by Payer.	
DWDPS803 Service Provider Number PRV	CHAR (30)	This is the Provider Number assigned by the payer. This field is derived from MC024 in the medical claims data.	
DWDPS804 Provider Tax ID PRVTAXID	CHAR (100)	This field should contain the provider's Tax Identification number. For an individual this code is often the social security number. This field is derived from MC025 in the medical claims data.	This field is edited for its presence - not for content. Several payers have repeated the payer specific provider number in this field rather than supplying the Tax ID number. It is a key variable in the linkage process that associates all identifiers for a single provider.

Data Set for Detailed Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS805 Service Provider Entity Type Qualifier PRVTYPE	CHAR (1)	This field is used to distinguish an individual Practitioner from a business entity. 1 Person 2 Non-Person Entity This field is derived from MC027 in the medical claims data.	This field is poorly populated and contains inconsistent data. It is not edited.
DWDPS806 Provider First Name PRVFNAM	CHAR (25)	This field contains the first name of the practitioner. If the provider is a facility, this field will be blank. This field is derived from MC028 in the medical claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the provider last name field.
DWDPS807 Provider Middle Name PRVMNAM	CHAR (25)	This field contains the practitioner's middle name or initial. This field is derived from MC029 in the medical claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the provider last name field.
DWDPS808 Provider Last Name PRVLNAM	CHAR (100)	This field contains the full name of provider organization or last name of individual provider. This field is derived from MC030 in the medical claims data.	Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within this field. For facility records, this field will be blank.

Data Set for Detailed Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS809 Provider Suffix PRVSUFFIX	CHAR (10)	This field contains the generational suffix for the individual. This field is derived from MC031 in the medical claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the provider last name field. When populated this field often contains the generational identifier (JR, SR, III), the credentials (MD, DO, DC) or the suffix to the tax ID.
DWDPS810 Provider Specialty PRVSPEC	CHAR (10)	This is the Provider Specialty code that is submitted by the payer. This field links to DWSP802 in the Payer Specialty Code table. However, when linking to the table you must also link on PAYERID because two payers may use the same specialty code with different meanings.	
DWDPS811 Provider City PRVCITY	CHAR (30)	This field contains the city name of provider - preferably practice location. This field is derived from MC033 in the medical claims data.	Although the provider location is requested, this field can be populated with the billing location.
DWDPS812 Provider State PRVST	CHAR (2)	This is the two-character abbreviation for city as defined by the US Postal Service. This field is derived from MC034 in the medical claims data.	Although the provider location is requested, this field can be populated with the billing location.
DWDPS813 Provider ZIP Code PRVZIP	CHAR (5)	This field contains the Zip Code of provider practice location. It may contain non-US codes. This field links to the Geography file using DWGEO802. This field is derived from MC035 in the medical claims data.	Although the provider location is requested, this field can be populated with the billing location. Payers were asked to verify submissions with more than 45% of the medical claims being treated by out of state providers.

Data Set for Detailed Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS814 Provider ID Number DPCID	NUMBER (12)	This field is used to link to the Service Provider (Master) data (DWPRS801). It is the primary identification number for each Medical Service Provider record.	This field will change frequently for existing records as the linkage process matures and more provider records are linked. This field is the key to summarizing all claims for a single provider regardless of the payer code.
DWDPS815 MHIC Specialty Code MHICSP	CHAR (4)	This field is used to standardize the specialty coding of the provider records. It is based upon the service provider specialty code (MC032) and the linkage activity. A single DPCID will have only one MHIC Specialty code. This field links to DWMSPP801 in the MHIC Specialty table.	This field will be changing with each release of the medical service provider file as the linkage of provider records offers more detailed information.
DWDPS816 Individual Practitioner Flag INDIVIDUAL	NUMBER (1)	This field is used to determine if this is the name of an individual or the name of a group or facility. 0 = Group or Facility 1 = Individual	

Data Set for Service Provider

Master Servicing Provider Information. Unique provider records constructed through provider linkage work within and across payers. Links to the Detailed Service Provider table by DPCID.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPRS801 Provider ID Number DPCID	NUMBER (12)	This field is used to link to the Medical Claims data (MC809) and to the Detailed Service Provider Data (DWDP814). It is the primary identification number for each Medical Service Provider record.	
DWPRS802 Provider Tax ID PRVTAXID	CHAR (255)	This field should contain the Provider's Tax Identification Number. For an individual this code is often the social security number. This field is derived from MC025 in the medical claims data.	This field is edited for its presence - not for content. Several payers have repeated the payer specific provider number in this field rather than supplying the Tax ID number. It is a key variable in the linkage process that associates all identifiers for a single provider.
DWPS803 Service Provider Facility Name FACILITY_NAME	CHAR (255)	This field contains the Servicing Provider's Facility Name if the Provider has been identified as a non-person entity.	
DWPRO804 Facility Code FACILITY_CODE	CHAR (255)	This field contains the identified Hospital Facility Code if the Provider has been identified as a Hospital.	
DWPRS805 Provider First Name PRVFNAME	CHAR (255)	This field contains the first name of the practitioner. If the provider is a facility, this field will be blank. This field is derived from MC028 in the medical claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the provider last name field.

Data Set for Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPRS806 Provider Middle Name PRVMNAME	CHAR (255)	This field contains the practitioner's middle name or initial. This field is derived from MC029 in the medical claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the provider last name field.
DWPRS807 Provider Last Name PRVLNAME	CHAR (255)	This field contains the full name of provider organization or last name of individual provider. This field is derived from MC030 in the medical claims data.	Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within this field. For facility records, this field will be blank.
DWPRS808 Provider Suffix PRVSUFFIX	CHAR (255)	This field contains the generational suffix for the individual. This field is derived from MC031 in the medical claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the provider last name field. When populated this field often contains the generational identifier (JR, SR, III), the credentials (MD, DO, DC) or the suffix to the tax ID.
DWPRS809 Provider Title PRVTITLE	CHAR (255)	This field contains the professional title of the individual.	
DWPRS810 Provider State PRVST	CHAR (255)	This is the two-character abbreviation for city as defined by the US Postal Service. This field is derived from MC034 in the medical claims data.	This field is not edited. Although the provider location is requested, this field can be populated with the billing location.

Data Set for Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPRS811 MHIC Specialty Code MHICSP	CHAR (4)	<p>This field is used to standardize the specialty coding of the provider records. It is based upon the service provider specialty code (MC032) and the linkage activity.</p> <p>A single DPCID will have only one MHIC Specialty code. This field links to DWMSPP801 in the MHIC Specialty table.</p>	This field will be changing with each release of the medical service provider file as the linkage of provider records offers more detailed information.
DWPRO813 National Provider ID NPI	CHAR (100)	This field contains the National Provider Identification Number used by CMS.	This field will be required in May 2007. Some Payers are beginning to use it in December 2006.

Data Set for Specialty Codes from Payers

Payer supplied provider specialty codes and definitions used to assist in linkage of providers and correct identification of provider specialty codes. Links to the Detail and Master Service provider tables on payer Specialty code.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWSP801 Payer PAYERCODE	CHAR (20)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>NHC = Commercial Carrier NHT = Third Party Administrator NHU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer.</p>	
DWSP802 Provider Specialty Code PRVSPEC	CHAR (50)	This field contains the specialty code submitted by the Payer. It is derived from MC032.	
DWSP803 Description DESCRIPTION	CHAR (100)	This field contains the description of the provider specialty code as submitted by the Payer.	

Data Set for MHIC Specialty

MHIC defined specialty codes and definitions used during linkage process to create unique specialty grouping at the linked provider level. Links to the Detail and Master Service provider tables on Specialty code.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMSPP801 MHIC Specialty Code MHICSP	CHAR (4)	This field contains the MHIC specialty code assigned through the provider linkage process. It is derived from the service provider specialty code (MC032) submitted by the payer. This field links to the MHIC specialty code in the detailed service provider table (DWDPS815) and in the master service provider table (DWPRS811).	
DWMSPP802 Description DESCRIPTION	CHAR (41)	This field contains the description of the MHIC specialty code.	

Data Set for Patient Discharge

Dimension table holds all valid Patient Discharge values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPD801 <i>Patient Discharge Code</i> CODE	NUMBER (2)	This field is used to link to the Medical Claims data (MC023). It is the patient discharge for each inpatient record.	
DWPD802 <i>Discharge Code Description</i> DESCRIPTION	CHAR (75)	This field contains the description of the Discharge Code.	

Data Set for Member Relationship

Dimension table holds all valid Member Relationship codes and descriptions, links to any data or dimension tables containing a REL field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWR801 <i>Individual Relationship Code</i> CODE	CHAR (2)	This field is used to link to the Medical Claims data (MC011), Pharmacy Claims data (PC011), the Medical Eligibility data (DWMM811) and the Pharmacy Eligibility data (DWPM810). It is the primary identification number for each Individual Relationship record.	
DWR802 <i>Relationship Code Description</i> DESCRIPTION	CHAR (50)	This field contains the description of the member's relationship to the subscriber or the insured.	

Data Set for Revenue Code

Dimension table holds all valid Revenue Code values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWREV801 Revenue Code CODE	CHAR (4)	This field is used to link to the Medical Claims Revenue Code field (MC054). It is the primary identification number for each UB revenue record.	
DWREV802 Revenue Code Description DESCRIPTION	CHAR (37)	This field contains the description of the Revenue Code associated with the claim.	

Data Set for Gender

Dimension table holds Gender demographic information, links to any data or dimension tables containing an GENDER field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWG801 <i>Individual Gender Code</i> CODE	CHAR (2)	<p>This field is used to link to the Medical Claims data (MC012), in Medical Eligibility (DWMM812), in Pharmacy Claims (PC012), in Pharmacy Eligibility (DWPM811), and in Members (DWMB806) It is the primary identification number for each Gender Code.</p> <p>Values in this field are: F = Female M = Male U = Unknown -1 = Not Specif -2 = Not Valid</p>	
DWG802 <i>Gender Code Description</i> DESCRIPTION	CHAR (10)	<p>This field contains the description of the code.</p> <p>This field was derived from the Data Warehouse Member Dictionary (DWMB806).</p>	

Data Set for Claim Status Code

Dimension table holds all valid Claim Status Code values and descriptions, links to the Medical claims tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCS801 Claim Status Code CODE	NUMBER (2)	<p>This field is used to link to the Medical Claims Status Code field (MC038). It is the primary identification number for each status record.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 1 = Processed as Primary 2 = Processed as Secondary 3 = Processed as Tertiary 4 = Denied 19 = Processed as Primary – Forwarded to Additional Payers 20 = Processed as Secondary – Forwarded to Additional Payers 21 = Processed as Tertiary – Forwarded to Additional Payers 22 = Reversal or Previous Payment -1 = Not Specified -2 = Not Valid 	
DWCS802 Claim Status Code Description DESCRIPTION	CHAR (75)	This field contains the description of the Claim Status Code associated with the claim.	

Data Set for Use Flag Code

Dimension table holds all valid Use Flag codes and description, links to any data tables containing a USEFLAG field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWUSE801 Code Number CODE	CHAR (2)	<p>This field is used to link to the Medical Claims (MC020), Medical Membership (DWMM823), Pharmacy Claims (PC822) and Pharmacy Membership (DWPM821). It is the primary identification number for each USEFLAG record.</p> <p>Values in this field are: 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-NH Zip 22 = Indicates adjustment/reversal claim only no other associated claim found</p>	
DWUSE802 Use Flag Description DESCRIPTION	CHAR (100)	This field contains the description of the Use Flag.	
DWUSE803 Use in Standard Reports STD_REPORT	CHAR (3)	<p>This field indicates if the record is to be used in the creation of standard reports.</p> <p>Values in this field are: YES NO</p>	

Data Set for Use Flag Code

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWUSE804 <i>Use in Full New Hampshire Reporting</i> FULL_NH	CHAR (3)	This field indicates if the record is to be used when reporting on the full New Hampshire database. Values in this field are: YES NO	

Data Set for DRG Code

Dimension table holds all DRG values assigned to identified Inpatient Hospital Records, link to Medical claims table by IPDISCHARGE value.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDR801 Discharge Year YR	NUMBER (4)	This is the incurred year of the associated IPDISCHARGE	
DWDR802 Inpatient Discharge Identifier IPDISCHARGE	NUMBER (22)	This field links to MEDICAL_DETAIL. IPDISCHARGE MC833	This field is assigned as a value added field to associate all claim lines for a given Inpatient stay under one coded value.
DWDR803 Diagnosis Related Group Code DRG	NUMBER (3)	This field contains the HCFA Diagnosis Related Group assigned to the inpatient stay for NH CHIS. It is <u>not</u> reported by the carrier.	Replaces the DRG field formerly in the MEDICAL_DETAIL_YYYY tables as: MC833 This field is assigned by the claims records for the inpatient stay through the 3M DRG grouper software. In general a DRG assigned using only claims data is a medical DRG because ICD-9 procedures codes are required for the assignment of a surgical code. The data in this field should be viewed with extreme caution.

Data Set for DRG Label

Dimension table holds all DRG label descriptions as defined by 3M grouper software.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDL801 Diagnosis Related Group Code DRG	NUMBER (3)	Diagnosis Related Group Code links to DWDR803	
DWDL802 Diagnosis Related Group Code Description DESCRIPTION	CHAR (255)	Diagnosis Related Group Code description as supplied with the 3M DRG Grouper software	

Data Set for APC Code

Dimension table holds all APC values assigned to identified Outpatient Hospital Records, link to Medical claims using Claim Line IDN value.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAP801 APC ID Number IDN	NUMBER (22)	This field links an APC record to an associated Outpatient Hospital claim in the MEDICAL CLAIM table on the IDN field MC801	
DWAP802 APC Service Year YR	NUMBER (4)	This is the incurred year of the associated APC	
DWAP803 Claim Processed Flag CLAIM_FLAG	NUMBER (22)	Claim processed flag Values in this field are: 0 = Claim processed 1 = Claim could not be processed (invalid dates or type of Bill, or conflicting condition code/type of bill) 2 = Claim could not be processed (claim has no line items or all line items have been excluded due to professional service) 3 = Claim could not be processed (oce/apc edit 0010 - condition code 21) 9 = System error	
DWAP804 Procedure APC PAPC1	CHAR (5)	Procedure (HCPCS) APC assigned for each procedure code, right-justified, zero filled. Blank if no PAPC assigned. Also includes 3M-Created APCs for Packaged, Fee Schedule and Error Procedure APCs.	APC values over 19900 are 3M-created APCs

Data Set for APC Code

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAP805 Payment APC PAY_PAPC1	CHAR (5)	Payment APC, right-justified, zero filled. APC used to determine payment. If no APC assigned to the line item, the value 00000 is assigned. For partial hospitalization and some inpatient only, wound care, or observation services the payment APC may be different than the APC assigned to the HCPCS code.	
DWAP806 Procedure APC Status Indicator PAPCTYPE1	CHAR (2)	<p>Procedure (HCPCS) APC status indicator. Blank if no PAPC assigned, Right-justified, blank filled.</p> <p>Values in this field are: A = Services not paid under OPPS B = Non-allowed item or service for OPPS C = Inpatient procedure E = Non-allowed item of service F = Corneal tissue acquisition, certain CRNA services and Hepatitis B vaccines G = Drug/biological pass-through H = Pass-through device categories K = Non pass-through drugs and biologicals L = Flu/PPV vaccines M = Service not billable to the FI N = Packaged incidental service P = Partial hospitalization service Q = Packaged services subject to separate payment based on criteria S = Significant procedure not subject to multiple procedure discounting T = Significant procedure subject to multiple procedure discounting V = Medical visit to clinic or emergency department W = Invalid HCPCS or Invalid revenue code with blank HCPCS X = Ancillary service Y = Non-implantable DME, Therapeutic Shoes Z = Valid revenue code with blank HCPCS and no other SI assigned</p>	

Data Set for APC Code

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAP807 <i>Procedure APC payment Indicator</i> PPAYST1	CHAR (2)	Procedure (HCPCS) APC payment indicator assigned. Blank if no PAPC is present. Values in this field are: 01 = Paid standard hospital OPPS amount 02 = Services no paid under OPPS 03 = Not paid 04 = Paid at reasonable cost 05 = Paid standard amount for pass-through drug or biological 06 = Payment based on charge adjusted to cost 07 = Additional payment for new drug or now biological 08 = Paid partial hospitalization per diem 09 = No additional payment, payment included in line items with APCs	

Data Set for APC Code

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAP808 Line Item Payment Indicator PAYIND1	CHAR (1)	Describes the type of line item payment for this APC, blank if no APC present or not used in calculation. Values in this field are: A = APC Payment B = Ambulance Service C = ASC screening colonoscopy payment D = DME payment E = (do not reuse) F = Emergency EPO G = Transitional pass-through for drugs and biologicals H = Transitional pass-through for medical devices K = Telehealth L = Clinical diagnostic laboratory payment M = Mammography N = Reasonable cost O = Other patient responsibility amount P = Professional Service Flag S = Diabetic education T = Physical, occupational, speech therapy U = Medical Nutrition V = Vaccine	Since no payment calculations were performed no APC weights were assigned.
DWAP809 APC Weight PAPCWT1	CHAR (9)	APC weight assigned during the payment calculations.	Since no payment calculations were performed no APC weights were assigned.

Data Set for APC Label

Dimension table holds all APC label descriptions as defined by 3M Core Grouping Software.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAL801 Procedure APC APC	CHAR (5)	Procedure (HCPCS) APC assigned for each procedure code, right-justified, zero filled. Blank if no P APC assigned. Also includes 3M-Created APCs for Packaged, Fee Schedule and Error Procedure APCs. Links to the Procedure APC field - DWAP804 in table APC_DIM.	APC values over 19900 are 3M-created APCs
DWAL802 Procedure APC Description DESCRIPTION	CHAR (255)	Procedure (HCPCS) APC description as supplied with the 3M Core Grouping Software	