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for
Vermont Health Care Uniform Reporting and Evaluation
System (VHCURES)

The Green Mountain Care Board is the steward of the Vermont Healthcare Claims Uniform Reporting and Evaluation System (“VHCURES”) which contains information related to health care utilization, costs, and resources provided in Vermont and to Vermont residents in other states. Under the statutory authority to collect these data (18 V.S.A. § 9410), the Vermont Green Mountain Care Board (GMCB) administers the program.

Health insurers, health care providers, hospitals and other health care facilities, and governmental agencies must submit reports, data, schedules, statistics, and other information specified by the Board for inclusion in the health care database. This reporting manual, as a companion to Green Mountain Care Board Rule 8.000, specifies data submission requirements for the VHCURES data set, including the required data submission schedule, required fields, file layouts, file components, edit specifications, instructions, and other technical information.

Data Submission Schedule

The reporting period for submission of each specified file listed in this Manual shall be determined on a separate basis for Vermont members and non-resident members by the highest total number of Vermont resident members or non-resident members receiving covered services provided by Vermont providers or facilities for which claims are being paid for any one month of the calendar year. Data files are to be submitted in accordance with the following schedule:

| Total # of Members | Reporting Period | Reporting Schedule |
|---------------------------|-------------------------|--|
| ≥ 2,000 | Monthly | Prior to the end of the month following the month in which claims were paid |
| 500 – 1,999 | Quarterly | Prior to April 30, July 31, October 31, January 31 for each preceding calendar quarter in which claims were paid |
| 200 - 499 | Annually | Prior to April 30 of the following year for the preceding twelve months in which claims were paid |
| < 200 | N/A | |

Member Eligibility File Specifications

| Data Element # | Element | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|-----------------------|--------------------------------|----------------------------|-------------|-----------------------|----------------|---|
| ME001 | Submitter code | 1/31/2007 | Text | 8 | | Payer submitting payments |
| ME002 | National Plan ID | 1/31/2007 | Text | 30 | | CMS National Plan ID |
| ME003 | Insurance Type Code/Product | 1/31/2007 | Text | 2 | | 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 Medicare Secondary, No-fault insurance including Auto is primary 15 Medicare Secondary Worker's Compensation 16 Medicare Secondary Public Health Service or Other Federal Agency 41 Medicare Secondary Black Lung 42 Medicare Secondary Veteran's Administration 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 Medicare Secondary, Other Liability Insurance is Primary CP Medicare Conditionally Primary EP Exclusive Provider Organization HM Health Maintenance Organization (HMO) HN Health Maintenance Organization (HMO) Medicare Advantage HS Special Low Income Medicare Beneficiary IN Indemnity MA Medicare Part A MB Medicare Part B MD Medicare Part D MC Medicaid MH Medigap Part A MI Medigap Part B MP Medicare Primary PC Personal Care PE Property Insurance - Personal PR Preferred Provider Organization (PPO) PS Point of Service (POS) QM Qualified Medicare Beneficiary SP Supplemental Policy |
| ME003 (Cont'd.) | Insurance Type Code/Product | | | | | |
| ME004 | Year | 1/31/2007 | Integer | 4 | | Year for which eligibility is reported in this submission |
| ME005 | Month | 1/31/2007 | Text | 2 | | Month for which eligibility is reported in this submission |
| ME006 | Insured Group or Policy Number | 1/31/2007 | Text | 30 | | Group or policy number - not the number that uniquely identifies the subscriber |
| ME007 | Coverage Level Code | 1/31/2007 | Text | 3 | | Benefit coverage level CHD Children Only |

Member Eligibility File Specifications

| Data Element # | Element | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|---|---------------------|---------|----------------|---------|--|
| | | | | | | 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 |
| ME008 | Subscriber Unique Identification Number | 1/31/2007 | Text | 9 | Y | The subscriber's social security number; used to create unique member ID. Set as null if unavailable. |
| ME009 | Plan Specific Contract Number | 1/31/2007 | Text | 80 | Y | The plan assigned contract number. Set as null if contract number equals subscriber's social security number. |
| ME010 | Member Suffix or Sequence Number | 1/31/2007 | Integer | 20 | | Unique number of the member within the contract. |
| ME011 | Member Social Security Number | 1/31/2007 | Text | 9 | Y | Member's social security number; used to create unique member ID. Set as null if unavailable. |
| ME012 | Individual Relationship Code | 1/31/2007 | Text | 2 | | Member's relationship to insured as shown below: 01 Spouse 18 Self/Employee 19 Child 20 Employee 21 Unknown 39 Organ donor 40 Cadaver donor 53 Life Partner G8 Other Relationship |
| ME013 | Member Gender | 1/31/2007 | Text | 1 | | M Male F Female U Unknown |
| ME014 | Member Date of Birth | 1/31/2007 | Date | 8 | | YYYYMMDD |
| ME015 | Member City Name | 1/31/2007 | Text | 30 | | The city location of the member. |
| ME016 | Member State or Province | 1/31/2007 | Text | 2 | | As defined by the US Postal Service |
| ME017 | Member ZIP Code | 1/31/2007 | Text | 11 | | ZIP Code of member - may include non-US codes. Do not include dash |
| ME018 | Medical Coverage | 1/31/2007 | Text | 1 | | Y Yes – must be mutually exclusive with MC019 N No |

Member Eligibility File Specifications

| Data Element # | Element | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|-----------------------------|---------------------|------|----------------|---------|--|
| ME019 | Prescription Drug Coverage | 1/31/2007 | Text | 1 | | Y Yes – must be mutually exclusive with MC018 N No |
| ME020 | Dental Coverage Flag | 2019 | Text | 1 | | Use this field to report whether or not the member had dental coverage during the reported period. The only valid codes for this field are: Y = Yes N = No |
| ME021 | Placeholder | | Text | 6 | | Used and or proposed by other states for - Race 1. |
| ME022 | Placeholder | | Text | 6 | | Used and or proposed by other states for - Race 2. |
| ME023 | Placeholder | | Text | 15 | | Used and or proposed by other states for – Other Race. |
| ME024 | Placeholder | | Text | 1 | | Used and or proposed by other states for – Hispanic indicator. |
| ME025 | Placeholder | | Text | 6 | | Used and or proposed by other states for – Ethnicity 1. |
| ME026 | Placeholder | | Text | 6 | | Used and or proposed by other states for – Ethnicity 2. |
| ME027 | Placeholder | | Text | 20 | | Used and or proposed by other states for – Other Ethnicity. |
| ME028 | Primary Insurance Indicator | 1/31/2007 | Text | 1 | | 1 Yes, primary insurance 2 No, secondary or tertiary insurance |
| ME029 | Coverage Type | 1/31/2007 | Text | 3 | | ASW for self-funded plans that are administered by a third party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage ASO for self funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess insurance coverage STN for short-term non-renewable health insurance. UND for plans underwritten by the insurer OTH for any other plan. Insurers using this code shall obtain prior approval from BISHCA |
| ME030 | Market Category Code | 1/31/2007 | Text | 4 | | IND for policies sold and issued directly to individuals. (Non-group) FCH or policies sold and issued directly to individuals on a franchise basis. GCV for policies sold and issued directly to individuals as group conversion policies. GS1 for policies sold and issued directly to employers having exactly one employee |

Member Eligibility File Specifications

| Data Element # | Element | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|---|---------------------|------|----------------|---------|---|
| | | | | | | <p>GS2 for policies sold and issued directly to employers having between two and nine employees</p> <p>GS3 for policies sold and issued directly to employers having between 10 and 25 employees</p> <p>GS4 for policies sold and issued directly to employers having between 26 and 50 employees</p> <p>GLG1 for policies sold and issued directly to employers having between 51 and 99 employees</p> <p>GLG2 for policies sold and issued directly to employers having 100 or more employees</p> <p>GSA for policies sold and issued directly to small employers through a qualified association trust</p> <p>OTH For policies sold to other types of entities. Insurers using this market code shall obtain prior approval from BISHCA</p> |
| ME031 | Blueprint Medical Home (BPMH) Indicator / Vermont ACO Participation Indicator | 04/2018 | Text | 2 | | <p>Use this field to report both the Vermont Blueprint Medical Home (BPMH) Indicator and the Vermont ACO Participation Indicator. Use the first character in the field to report whether or not the member was a participant in the Vermont Blueprint for Health’s medical home initiative. Use the second character in the field to report whether or not the member was a participant in a Vermont accountable care organization (ACO).</p> <p>Submitters participating in the Blueprint medical home initiative should use the following codes for the first character in the field: 2 = Member attributed to a Blueprint medical home 1 = Member not attributed to a Blueprint medical home</p> <p>Non-participating submitters should use: 0 = Information not available due to non-participation in the Blueprint medical home initiative</p> <p>Only those submitters reporting participation in a Vermont ACO should use the following codes for the second character in the field: A = Not attributed to an ACO B = Attributed to the OneCare ACO C = Attributed to the CHAC ACO</p> |
| ME032 | Group Name | | Text | 100 | | <p>Use this field to report the name of the group that covers the member.</p> <p>Notes: If a policy is sold to an individual as a non-group policy, then both the “Insured Group or Policy Number” field (ME006) and this “Group Name” field (ME032) should be reported with a value of “IND”.</p> |
| ME101 | Subscriber Last Name | 1/31/2007 | Text | 60 | Y | The subscriber last name. |

Member Eligibility File Specifications

| Data Element # | Element | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|-----------------------|---------------------------|----------------------------|-------------|-----------------------|----------------|----------------------------------|
| ME102 | Subscriber First Name | 1/31/2007 | Text | 35 | Y | The subscriber first name. |
| ME103 | Subscriber Middle Initial | 1/31/2007 | Text | 1 | Y | The subscriber middle initial. |
| ME104 | Member Last Name | 1/31/2007 | Text | 60 | Y | The member last name. |
| ME105 | Member First Name | 1/31/2007 | Text | 35 | Y | The member first name. |
| ME106 | Member Middle Initial | 1/31/2007 | Text | 1 | Y | The member middle initial. |
| ME899 | Record Type | 1/31/2007 | Text | 2 | | Value = ME |

Member Eligibility File Mapping to National Standards

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

Member Eligibility File Mapping to National Standards

| Data Element # | Element | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator |
|-----------------------|---|--|
| ME028 | Primary Insurance Indicator | N/A |
| ME029 | Coverage Type | N/A |
| ME030 | Market Category Code | N/A |
| ME031 | Blueprint Medical Home (BPMH) Indicator / Vermont ACO Participation Indicator | N/A |
| ME032 | Group Name | 834/2100D/NM1/36/03 |
| ME101 | Subscriber Last Name | 271/2100C/NM1/ /03 |
| ME102 | Subscriber First Name | 271/2100C/NM1/ /04 |
| ME103 | Subscriber Middle Initial | 271/2100C/NM1/ / 05 |
| ME104 | Member Last Name | 271/2100C/NM1/ /03, 271/2100D/NM1/ /03 |
| ME105 | Member First Name | 271/2100C/NM1/ /04, 271/2100D/NM1/ /04 |
| ME106 | Member Middle Initial | 271/2100C/NM1/ /05, 271/2100D/NM1/ /05 |
| ME899 | Record Type | N/A |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|-----------------------|---|----------------------------|-------------|-----------------------|----------------|---|
| MC001 | Submitter Code | 1/31/2007 | Text | 8 | | Payer submitting payments |
| MC002 | National Plan ID | 1/31/2007 | Text | 30 | | CMS National Plan ID |
| MC003 | Insurance Type/Product Code | 1/31/2007 | Text | 2 | | 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Advantage HM Health Maintenance Organization MA Medicare Part A MB Medicare Part B MC Medicaid OF Other Federal Program (e.g. Black Lung) SP Medicare Supplemental TV Title V VA Veteran Administration Plan |
| MC004 | Payer Claim Control Number | 1/31/2007 | Text | 35 | | Must apply to the entire claim and be unique within the payer's system. |
| MC005 | Line Counter | 1/31/2007 | Integer | 4 | | The line number for this service. The line counter begins with 1 and is incremented by 1 for each additional additional service line of a claim. |
| MC005A | Version Number | 1/31/2007 | Integer | 4 | | The version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line. |
| MC006 | Insured Group or Policy Number | 1/31/2007 | Text | 30 | | Group or policy number - not the number that uniquely identifies the subscriber. |
| MC007 | Subscriber Unique Identification Number | 1/31/2007 | Text | 9 | Y | The subscriber's social security number; used to create unique member ID. Set as null if unavailable. |
| MC008 | Plan Specific Contract Number | 1/31/2007 | Text | 80 | Y | The plan assigned contract number. Set as null if contract number equals subscriber's social security number. |
| MC009 | Member Suffix or Sequence Number | 1/31/2007 | Integer | 20 | | The unique number of the member within the contract. |
| MC010 | Member Social Security Number | 1/31/2007 | Text | 9 | Y | The member's social security number; used to create unique member ID. Set as null if unavailable. |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|--|---------------------|---------|----------------|---------|--|
| MC011 | Individual Relationship Code | 1/31/2007 | Text | 2 | | Member's relationship to insured as shown below: 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ donor 40 Cadaver donor 53 Life partner G8 Other Relationship |
| MC012 | Member Gender | 1/31/2007 | Text | 1 | | M Male F Female U Unknown |
| MC013 | Member Date of Birth | 1/31/2007 | Date | 8 | | YYYYMMDD |
| MC014 | Member City Name | 1/31/2007 | Text | 30 | | The city name of the member. |
| MC015 | Member State or Province | 1/31/2007 | Text | 2 | | As defined by the US Postal Service |
| MC016 | Member ZIP Code | 1/31/2007 | Text | 11 | | ZIP Code of member - may include non-US codes. Do not include dash. |
| MC017 | Date Service Approved/Accounts Payable Date/Actual Paid Date | 1/31/2007 | Date | 8 | | YYYYMMDD |
| MC018 | Admission Date | 1/31/2007 | Date | 8 | | Required for all inpatient claims. YYYYMMDD |
| MC019 | Admission Hour | 1/31/2007 | Text | 4 | | Required for all inpatient claims. Time is expressed in military time – HHMM |
| MC020 | Admission Type | 1/31/2007 | Integer | 1 | | Required for all inpatient claims. Refer to Appendix A. |
| MC021 | Admission Point of Origin | 1/31/2007 | Text | 1 | | Required for all inpatient claims. Refer to Appendix A. |
| MC022 | Discharge Hour | 1/31/2007 | Text | 4 | | Hour in military time - HHMM |
| MC023 | Discharge Status | 1/31/2007 | Text | 2 | | Required for all inpatient claims. 01 Discharged to home or self care 02 Discharged/transferred to another short term general hospital for inpatient care 03 Discharged/transferred to skilled nursing facility (SNF) |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|--------------------|----------------------------------|---------------------|------|---|---------|---|
| MC023 (Cont'd.) | Discharge Status | | | | | 04 Discharged/transferred to nursing facility (NF) |
| | | | | | | 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution |
| | | | | | | 06 Discharged/transferred to home under care of organized home health service organization |
| | | | | | | 07 Left against medical advice or discontinued care |
| | | | | | | 08 Discharged/transferred to home under care of a Home IV provider |
| | | | | | | 09 Admitted as an inpatient to this hospital |
| | | | | | | 20 Expired |
| | | | | | | 30 Still patient or expected to return for outpatient services |
| | | | | | | 40 Expired at home |
| | | | | | | 41 Expired in a medical facility |
| | | | | | | 42 Expired, place unknown |
| | | | | | | 43 Discharged/transferred to a Federal Hospital |
| | | | | | | 50 Hospice – home |
| | | | | | | 51 Hospice – medical facility |
| | | | | 61 Discharged/transferred within this institution to a hospital -based Medicare-approved swing bed | | |
| | | | | 62 Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital | | |
| | | | | 63 Discharged/transferred to a long term care hospital | | |
| | | | | 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare | | |
| MC024 | Rendering Provider Number | 1/31/2007 | Text | 30 | | Payer assigned provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change. In many cases, it will be the provider Medicare number. |
| MC025 | Rendering Provider Tax ID Number | 1/31/2007 | Text | 9 | | Federal taxpayer's identification number. |
| MC026 | National Rendering Provider NPI | 1/31/2007 | Text | 10 | | National Provider Identifier (NPI) for the rendering provider or entity. For the billing provider, see MC077. |
| MC027 | Rendering Provider Entity Type | 1/31/2007 | Text | 1 | | HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person. Insurers and health care processors shall code according to: 1 Person 2 Non-Person Entity |
| MC028 | Rendering Provider First Name | 1/31/2007 | Text | 25 | | Individual first name. Set to null if provider is a facility or organization. |
| MC029 | Rendering Provider Middle Name | 1/31/2007 | Text | 25 | | Individual middle name or initial. |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|--|---------------------|---------|----------------|---------|--|
| | | | | | | Set to null if provider is a facility or organization. |
| MC030 | Rendering Provider Last Name or | 1/31/2007 | Text | 60 | | Full name of provider organization or last name of individual provider. |
| MC031 | Rendering Provider Suffix | 1/31/2007 | Text | 10 | | Suffix to individual name. Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (Jr., Sr., III.), if applicable, rather than the clinician's degree (MD, LCSW). |
| MC032 | Rendering Provider Specialty | 1/31/2007 | Text | 50 | | Rendering provider's taxonomy or payer-assigned speciality code Dictionary for specialty code values must be supplied during testing. |
| MC033 | Rendering Provider City Name | 1/31/2007 | Text | 30 | | City name of where the service was rendered. When not available (e.g. ambulance services), report the organization or provider's location city. |
| MC034 | Rendering Provider State or | 1/31/2007 | Text | 2 | | As defined by the US Postal Service. |
| MC035 | Rendering Provider ZIP Code | 1/31/2007 | Text | 11 | | ZIP Code of provider - may include non-US codes. Do not include dash. |
| MC036 | Type of Bill - Institutional/ Facility Claims, such as those submitted using on UB04 forms | 1/31/2007 | Integer | 2 | | Required for institutional claims. Not to be used for professional claims. Type of Facility - First Digit 1 Hospital 2 Skilled Nursing 3 Home Health 4 Christian Science Hospital 5 Christian Science Extended Care 6 Intermediate Care 7 Clinic 8 Special Facility Bill Classification - Second Digit if First Digit = 1-6 1 Inpatient (Including Medicare Part A) 2 Inpatient (Medicare Part B Only) 3 Outpatient 4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5 Nursing Facility Level I 6 Nursing Facility Level II 7 Intermediate Care - Level III Nursing Facility 8 Swing Beds Bill Classification - Second Digit if First Digit = 7 1 Rural Health 2 Hospital Based or Independent Renal Dialysis Center 3 Free Standing Outpatient Rehabilitation Facility (ORF) |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|--------------------|--|---------------------|------|----------------|---------|---|
| MC036 (Cont'd.) | Type of Bill - | | | | | 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs) 6 Community Mental Health Center 9 Other Bill Classification - Second Digit if First Digit = 8 1 Hospice (Non Hospital Based) 2 Hospice (Hospital-Based) 3 Ambulatory Surgery Center 4 Free Standing Birthing Center 9 Other |
| MC037 | Place of Service Code CMS 1500 Claims | 1/31/2007 | Text | 2 | | Required for professional claims Not to be used for institutional claims 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgery Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 35 Boarding Home 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility |
| MC037 (Cont'd.) | Site of Service - | | | | | 81 Independent Laboratory 99 Other Unlisted Facility |
| MC038 | Claim Status | 1/31/2007 | Text | 2 | | 01 Processed as primary 02 Processed as secondary |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|---|---------------------|------|----------------|---------|--|
| | | | | | | 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment 23 Not Our Claim, Forwarded to Additional Payer(s) 25 Predetermination Pricing Only - No Payment |
| MC039 | Admitting Diagnosis | 1/31/2007 | Text | 7 | | Required on all inpatient admission claims and encounters using the ICD-10-CM. Do not code decimal point |
| MC040 | External Cause of Injury Code | 1/31/2007 | Text | 7 | | Describes an injury, poisoning or adverse effect ICD-10-CM. Do not include decimal |
| MC041 | Principal Diagnosis ICD Version Indicator | 7/1/2015 | Text | 9 | | <p>ICD diagnosis for the Principal Diagnosis and the ICD Version Indicator separated by the pipe character. For example, ICD diagnosis code V30.00 (i.e., single liveborn, born in hospital, delivered without mention of cesarean section) would be reported in the asterisk-delimited file as *V3000 9*. Note that the ICD Version Indicator should declare the version of ICD reported on this service line. The only valid codes for this field are:</p> <p>9 = ICD-9 0 = ICD-10</p> <p>Notes: Do not include the decimal point when coding the diagnosis field.</p> <p>The ICD Version Indicator reported here should pertain to the entire claim and to all of its ICD diagnosis and procedure codes. It is not to be reported redundantly with the other diagnosis and procedure codes.</p> |
| MC042 | Other Diagnosis – 1 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC043 | Other Diagnosis – 2 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC044 | Other Diagnosis – 3 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC045 | Other Diagnosis – 4 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC046 | Other Diagnosis – 5 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC047 | Other Diagnosis – 6 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|--|---------------------|------|----------------|---------|---|
| MC048 | Other Diagnosis – 7 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC049 | Other Diagnosis – 8 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC050 | Other Diagnosis – 9 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC051 | Other Diagnosis – 10 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC052 | Other Diagnosis – 11 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC053 | Other Diagnosis – 12 | 1/31/2007 | Text | 7 | | ICD-10-CM. Do not code decimal point |
| MC054 | Revenue Code | 1/31/2007 | Text | 4 | | National Uniform Billing Committee Codes Code using leading zeros, left justified and four digits. |
| MC055 | Procedure Code Vermont ACO Payment Arrangement Indicator | 4/1/2018 | Text | 7 | | <div style="border: 1px solid black; padding: 5px;"> <p>HCPCS, CPT, or HIPPS code for the service rendered and the ACO Payment Arrangement Indicator, if applicable.</p> <p>Only those submitters requested to report participation in a Vermont ACO should use the following codes for the ACO Payment Arrangement Indicator component of this field:</p> <p>0 = Not paid under ACO capitation 1 = Paid under ACO capitation</p> <p>Examples of combined Procedure Code and ACO Payment Arrangement Indicator separated by pipe character reported in an asterisk-delimited file:</p> <p>*99211 1* = Procedure Code and paid under ACO capitation * 0* = No Procedure Code and Not paid under ACO capitation</p> <p>Notes: There are no spaces between the Procedure Code and the pipe character and between the pipe character and the ACO Payment Arrangement Indicator.</p> <p>This includes the CPT codes of the American Medical Association.</p> </div> |
| MC056 | Procedure 1 Modifier – 1 | 1/31/2007 | Text | 2 | | Procedure modifier required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. When the insurer utilizes a local code system for modifiers, a reference table shall be submitted. |
| MC057 | Procedure 1 Modifier – 2 | 1/31/2007 | Text | 2 | | Procedure modifier required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. When the insurer utilizes a local code system for modifiers, a reference table shall be submitted. |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|-------------------------------|---------------------|---------|----------------|---------|--|
| MC058 | ICD-10-CM Procedure Code | 1/31/2007 | Text | 4 | | Primary ICD-10-CM code for this line of service. Do not code decimal point. |
| MC059 | Date of Service – From | 1/31/2007 | Date | 8 | | First date of service for this service line YYYYMMDD |
| MC060 | Date of Service – Thru | 1/31/2007 | Date | 8 | | Last date of service for this service line YYYYMMDD |
| MC061 | Quantity | 1/31/2007 | Integer | 3 | | Count of services performed, which shall be set equal to one on all observation bed service lines and should be set equal to zero on all other room and board service lines, regardless of the length of stay. |
| MC062 | Charge Amount | 1/31/2007 | Decimal | 10,2 | | Do not code decimal point. |
| MC063 | Paid Amount | 1/31/2007 | Decimal | 10,2 | | Includes any withhold amounts. Do not code decimal point This element includes all payments made by the insurer except capitation. |
| MC064 | Prepaid Amount | 1/31/2007 | Decimal | 10,2 | | For capitated services - the fee for service equivalent amount. Do not code decimal point. |
| MC065 | Copay Amount | 1/31/2007 | Decimal | 10,2 | | The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point |
| MC066 | Coinsurance Amount | 1/31/2007 | Decimal | 10,2 | | The dollar amount an individual is responsible for – not the percentage. Do not code decimal point |
| MC067 | Deductible Amount | 1/31/2007 | Decimal | 10,2 | | The dollar amount of the deductible. Do not code decimal point. |
| MC068 | Medical Record Number | 1/31/2007 | Text | 20 | | Number assigned by hospital. |
| MC069 | Discharge Date | 1/31/2007 | Date | 8 | | Date patient discharged. Required for all inpatient claims. YYYYMMDD |
| MC070 | Service Provider Country Name | 1/31/2007 | Text | 30 | | Code US for United States. |
| MC071 | DRG | 1/31/2007 | Text | 7 | | Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the All Payer DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an "A" prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX) |
| MC072 | DRG Version | 1/31/2007 | Text | 2 | | Version number of the grouper used. |

Medical Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|-----------------------|----------------------------|----------------------------|-------------|-----------------------|----------------|--|
| MC073 | APC | 1/31/2007 | Text | 4 | | Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to APCs transmitted from the health care provider. |
| MC074 | APC Version | 1/31/2007 | Text | 2 | | Version number of the grouper used. |
| MC075 | Drug Code | 1/31/2007 | Text | 11 | | Insurers and health care claims processors shall code according to NDC . code. |
| MC076 | Billing Provider Number | 1/31/2007 | Text | 30 | | Payer assigned provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change. |
| MC077 | Billing Provider NPI | 1/31/2007 | Text | 10 | | National Provider Identifier (NPI) mandated for use under HIPAA. |
| MC078 | Billing Provider Last Name | 1/31/2007 | Text | 60 | | Full name of billing organization or last name of individual billing or Organization Name. |
| MC101 | Subscriber Last Name | 1/31/2007 | Text | 60 | | The subscriber last name. |
| MC102 | Subscriber First Name | 1/31/2007 | Text | 35 | | The subscriber first name. |
| MC103 | Subscriber Middle Initial | 1/31/2007 | Text | 1 | | The subscriber middle initial. |
| MC104 | Member Last Name | 1/31/2007 | Text | 60 | | The member last name. |
| MC105 | Member First Name | 1/31/2007 | Text | 35 | | The member first name. |
| MC106 | Member Middle Initial | 1/31/2007 | Text | 1 | | The member middle initial. |
| MC899 | Record Type | 1/31/2007 | Text | 2 | | Value = MC |

| Data Element # | UB-04 Data Element Name | CMS 1500 # | HIPAA Reference Transaction Set/Loop/Segment ID/Code Value/ |
|----------------|-------------------------|------------|---|
| | | | Reference Designator |
| MC001 | N/A | N/A | N/A |
| MC002 | N/A | N/A | 835/1000A/N1/XV/04 |
| MC003 | N/A | N/A | 835/2100/CLP/ /06 |
| MC004 | N/A | N/A | 835/2100/CLP/ /07 |
| MC005 | N/A | N/A | 837/2400/LX/ /01 |
| MC005A | N/A | N/A | N/A |
| MC006 | 62 (A-C) | 11C | 837/2000B/SBR/ /03 |
| MC007 | N/A | N/A | 835/2100/NM1/FI/09 |
| MC008 | 60 (A-C) | 1a | 835/2100/NM1/MI/09 |
| MC009 | N/A | N/A | N/A |
| MC010 | N/A | N/A | 835/2100/NM1/34/09 |
| MC011 | 59 (A-C) | 6 | 837/2000B/SBR/ /02, 837/2000C/PAT/ /01 |
| MC012 | 11 | 3 | 837/2010BA/DMG/ /03, 837/2010CA/DMG/ /03 |
| MC013 | 10 | 3 | 837/2010BA/DMG/D8/02, 837/2010CA/DMG/D8/02 |
| MC014 | 09 (b) | 5 | 837/2010BA/N4/ /01, 837/2010CA/N4/ /01, |
| MC015 | 09 (c) | 5 | 837/2010BA/N4/ /02 837/2010CA/N4/ /02 |
| MC016 | 09 (d) | 5 | 837/2010BA/N4/ /03, 837/2010CA/N4/ /03 |
| MC017 | N/A | N/A | 835/Header Financial Information/BPR/ /16 |
| MC018 | 12 | 18 | 837/2300/DTP/435/DT/03 |
| MC019 | 13 | N/A | Institutional 837/2300/DTP/435/03 |
| MC020 | 14 | N/A | Institutional 837/2300/CL1/ /01 |
| MC021 | 15 | N/A | Institutional 837/2300/CL1/ /02 |
| MC022 | 16 | N/A | Institutional 837/2300/DTP/096/03 |
| MC023 | 17 | N/A | Institutional 837/2300/CL1/ /03 |

| Data Element # | UB-04 Data Element Name | CMS 1500 # | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator |
|-------------------|----------------------------|------------------------|--|
| MC024 | 57 | 24J | 835/2100/REF/1A/02, 835/2100/REF/1B/02, 835/2100/REF/1C/02, 835/2100/REF/1D/02, 835/2100/REF/G2/02, 835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09 |
| | | | |
| MC025 | 835/2100/NM1/FI/09 | 25 | 835/2100/NM1/FI/09 |
| MC026 | 835/2100/NM1/XX/09 | N/A | 835/2100/NM1/XX/09 |
| MC027 | 835/2100/NM1/82/02 | N/A | 835/2100/NM1/82/02 |
| MC028 | 835/2100/NM1/82/04 | 33 | 835/2100/NM1/82/04 |
| MC029 | 835/2100/NM1/82/05 | 33 | 835/2100/NM1/82/05 |
| MC030 | 835/2100/NM1/82/03 | 33 | 835/2100/NM1/82/03 |
| MC031 | N/A | 31 | Professional 837/2420A/NM1/82/07, 837/2310B/NM1/82/07, 835/2100/NM1/82/03 |
| MC032 | N/A | 24J Qualifier ZZ | Institutional 837/2000A/PRV/PXC/03 Professional 837/2310B/PRV/PXC/03 |
| MC033 | 1 | 32 | Institutional 837/2010AA/N4/ /01 Professional 837/2420C/N4/ /01, 837/2310C/N4/ /01 |
| MC034 | 1 | 32 | Institutional 837/2010AA/N4/ /02 Professional 837/2420C/N4//02, 837/2310C/N4/ /02 |

| Data Element # | UB-04 Data Element Name | CMS 1500 # | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator |
|----------------|-------------------------|--|---|
| MC035 | 1 | 32 | Institutional 837/2010AA/N4/ /03 Professional 837/e2420C/N4/ /03, 837/2310C/N4/ /03 |
| MC036 | 4 | N/A | Institutional 837/2300/CLM/ /05-1 |
| MC037 | N/A | 24B | Professional 837/2300/CLM/ /05-1 |
| MC038 | N/A | N/A | 835/2100/CLP/ /02 |
| MC039 | 69 | N/A | Institutional 837/2300/HI/BJ/01-2, 837/2300/HI/ABJ/01-2 |
| MC040 | 72a | N/A | Institutional 837/2300/HI/BN/01-2, 837/2300/HI/ABN/01-2 |
| MC041 | 67/66 | 21.1 | Principal Diagnosis: 837/2300/HI/BK/01-2, 837/2300/HI/ABK/01-2 |
| MC042 | 67A | CMS 1500 Version 08/05 21.2, CMS 1500 Version 02/12 21.B | Institutional 837/2300/HI/BF/01-2, 837/2300/HI/ABF/01-2 Professional 837/2300/HI/BF/02-2, 837/2300/HI/ABF/02-2 |

| Data Element | UB-04 | CMS 1500 | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ |
|--------------|-------------------|---|---|
| # | Data Element Name | # | Reference Designator |
| MC043 | 67B | CMS 1500 Version 08/05 21.3, CMS 1500 Version 02/12 21.C | Institutional 837/2300/HI/BF/02-2, 837/2300/HI/ABF/02-2 Professional 837/2300/HI/BF/03-2, 837/2300/HI/ABF/03-2 |
| MC044 | 67C | CMS 1500 Version 08/05, 21.4 CMS D500 Version 02/12 21.D | Institutional 837/2300/HI/BF/03-2, 837/2300/HI/ABF/03-2 Professional 837/2300/HI/BF/04-2, 837/2300/HI/ABF/04-2 |
| MC045 | 67D | CMS 1500 Version 02/12 21.E | Institutional 837/2300/HI/BF/04-2, 837/2300/HI/ABF/04-2 Professional 837/2300/HI/BF/05-2, 837/2300/HI/ABF/05-2 |
| MC046 | 67E | CMS 1500 Version 02/12 21.F | Institutional 837/2300/HI/BF/05-2, 837/2300/HI/ABF/05-2 Professional 837/2300/HI/BF/06-2, 837/2300/HI/ABF/06-2 |

| Data Element | UB-04 | CMS 1500 | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ |
|--------------|-------------------|---|---|
| # | Data Element Name | # | Reference Designator |
| MC047 | 67F | CMS 1500 Version 02/12 21.G | Institutional 837/2300/HI/BF/06-2, 837/2300/HI/ABF/06-2 Professional 837/2300/HI/BF/07-2, 837/2300/HI/ABF/07-2 |
| MC048 | 67G | CMS 1500 Version 02/12 21.H | Institutional 837/2300/HI/BF/07-2, 837/2300/HI/ABF/07-2 Professional 837/2300/HI/BF/08-2, 837/2300/HI/ABF/08-2 |
| MC049 | 67H | CMS 1500 Version 02/12 21.I | Institutional 837/2300/HI/BF/08-2, 837/2300/HI/ABF/08-2 Professional 837/2300/HI/BF/09-2, 837/2300/HI/ABF/09-2 |
| MC050 | 67I | CMS 1500 Version 02/12 21.J | Institutional 837/2300/HI/BF/09-2, 837/2300/HI/ABF/09-2 Professional 837/2300/HI/BF/10-2, 837/2300/HI/ABF/10-2 |
| MC051 | 67J | CMS 1500 Version 02/12 21.K | Institutional 837/2300/HI/BF/10-2, 837/2300/HI/ABF/10-2 Professional 837/2300/HI/BF/11-2, 837/2300/HI/ABF/11-2 |
| MC052 | 67K | CMS 1500 Version 02/12 21.L | Institutional 837/2300/HI/BF/11-2, 837/2300/HI/ABF/11-2 Professional 837/2300/HI/BF/12-2, 837/2300/HI/ABF/12-2 |

| Data Element # | UB-04 Data Element Name | CMS 1500 | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator |
|-------------------|----------------------------|-------------|---|
| MC053 | 67L | N/A | Institutional 837/2300/HI/BF/12-2, 837/2300/HI/ABF/12-2 |
| MC054 | 42 | N/A | 835/2110/SVC/NU/01-2 835/2110/SVC/ /04 |
| MC055 | 44 | 24.D | 835/2110/SVC/HC/01-2, 835/2110/SVC/HP/01-2 |
| MC056 | 44 | 24.D | 835/2110/SVC/HC/01-3 |
| MC057 | 44 | 24.D | 835/2110/SVC/HC/01-4 |
| MC058 | 74 | N/A | Institutional 837/2300/HI/BR/01-2 837/2300/HI/BBR/01-2 |
| MC059 | 45 | 24 A | 835/2110/DTM/472/02, 835/2110/DTM/150/02 |
| MC060 | N/A | 24 A | 835/2110/DTM/472/02, 835/2110/DTM/151/02 |
| MC061 | 46 | 24 G | 835/2110/SVC/ /05 |
| MC062 | 46 | 24 G | 835/2110/SVC/ /05 |
| MC063 | N/A | N/A | 835/2110/SVC/ /03 |
| MC064 | N/A | N/A | N/A |
| MC065 | N/A | N/A | 835/2110/CAS/PR/3-03 |
| MC066 | N/A | N/A | 835/2110/CAS/PR/2-03 |
| MC067 | N/A | N/A | 835/2110/CAS/PR/1-03 |
| MC068 | 3B | N/A | 837/2300/REF/EA/02 |
| MC069 | 6 | 18 | Institutional 837/2300/DTP/RD8/04 Professional 837/2300/DTP/D8/03 |
| MC070 | N/A | N/A | 837/2310C/N4/07 |
| MC071 | N/A | N/A | Institutional 837/2300/HI/DR/01-2 |
| MC072 | N/A | N/A | N/A |
| MC073 | N/A | N/A | 835/2110/REF/APC/02 |
| MC074 | N/A | N/A | N/A |
| MC075 | 43 | 24 | 837/2410/LIN/N4/03 |
| MC076 | 57 | 33b | 837/2010BB/REF/G2/02 |
| MC077 | 56 | 33a | 837/2010AA/NM1/XX/09 |

| Data Element # | UB-04 Data Element Name | CMS 1500 # | HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator |
|-------------------|----------------------------|------------------|---|
| MC078 | 1 | 33 | 837/2010AA/NM1/ /03 |
| MC101 | 58(A-C) | 4 | 837/2010BA/NM1/ /03 |
| MC102 | 58(A-C) | 4 | 837/2010BA/NM1/ /04 |
| MC103 | 58(A-C) | 4 | 837/2010BA/NM1/ /05 |
| MC104 | 8a | 2 | 837/2010CA/NM1/ /03, 837/2010BA/NM1/ /03 |
| MC105 | 8a | 2 | 837/2010CA/NM1/ /04, 837/2010BA/NM1/ /04 |
| MC106 | 8a | 2 | 837/2010CA/NM1/ /05, 837/2010BA/NM1/ /05 |
| MC899 | N/A | N/A | N/A |

Pharmacy Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|---|---------------------|---------|----------------|---------|---|
| PC001 | Submitter Code | 1/31/2007 | Text | 8 | | Payer submitting payments BISHCA Submitter Code |
| PC002 | National Plan ID | 1/31/2007 | Text | 30 | | CMS National Plan ID |
| PC003 | Insurance Type/Product Code | 1/31/2007 | Text | 2 | | 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Advantage HM Health Maintenance Organization MD Medicare Part D MC Medicaid OF Other Federal Program (e.g. Black Lung) TV Title V |
| PC004 | Payer Claim Control Number | 1/31/2007 | Text | 35 | | Must apply to the entire claim and be unique within the payer's system. |
| PC005 | Line Counter | 1/31/2007 | Integer | 4 | | Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. |
| PC006 | Insured Group Number | 1/31/2007 | Text | 50 | | The group or policy number – not the number that uniquely identifies the subscriber. |
| PC007 | Subscriber Unique Identification Number | 1/31/2007 | Text | 9 | Y | The subscriber's social security number; used to create unique member ID. Set as null if unavailable. |
| PC008 | Plan Specific Contract Number | 1/31/2007 | Text | 80 | Y | The plan assigned contract number. Set as null if contract number equals subscriber's social security number. |
| PC009 | Member Suffix or Sequence Number | 1/31/2007 | Integer | 20 | | The unique number that identifies the member within the contract. |
| PC010 | Member Identification Code | 1/31/2007 | Text | 9 | Y | The member's social security number; used to create unique member ID. Set as null if unavailable. |
| PC011 | Individual Relationship Code | 1/31/2007 | Text | 2 | | Member's relationship to insured 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ donor 40 Cadaver donor |

Pharmacy Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|---------------------------------|---------------------|---------|----------------|---------|--|
| | | | | | | 53 Life partner G8 Other relationship |
| PC012 | Member Gender | 1/31/2007 | Integer | 1 | | 1 Male 2 Female 3 Unknown |
| PC013 | Member Date of Birth | 1/31/2007 | Date | 8 | | YYYYMMDD |
| PC014 | Member City Name of Residence | 1/31/2007 | Text | 30 | | The city name of member. |
| PC015 | Member State or Province | 1/31/2007 | Text | 2 | | As defined by the US Postal Service |
| PC016 | Member ZIP Code | 1/31/2007 | Text | 9 | | ZIP Code of member – may include non-US codes. Do not include dash. |
| PC017 | Date Service Approved (AP Date) | 1/31/2007 | Date | 8 | | YYYYMMDD This date is generally the same date as the paid date or the pharmacy benefits manager's billing date. |
| PC018 | Pharmacy Number | 1/31/2007 | Text | 30 | | The payer assigned pharmacy number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change. An AHFS number is acceptable. |
| PC019 | Pharmacy Tax ID Number | 1/31/2007 | Text | 10 | | Insurers and health care claims processors shall provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available. |
| PC020 | Pharmacy Name | 1/31/2007 | Text | 30 | | The name of pharmacy |
| PC021 | National Pharmacy NPI | 1/31/2007 | Text | 10 | | National Provider Identifier (NPI) |
| PC022 | Pharmacy Location City | 1/31/2007 | Text | 30 | | The city name of pharmacy, preferably pharmacy location. |
| PC023 | Pharmacy Location State | 1/31/2007 | Text | 2 | | As defined by the US Postal Service |
| PC024 | Pharmacy ZIP Code | 1/31/2007 | Text | 10 | | ZIP Code of pharmacy – may include non-US codes. Do not include dash. |
| PC024A | Pharmacy Country Name | 1/31/2007 | Text | 30 | | Code US for United States |
| PC025 | Claim Status | 1/31/2007 | Text | 2 | | 01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) |

Pharmacy Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|----------------|----------------------------|---------------------|---------|----------------|---------|---|
| | | | | | | 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment 23 Not Our Claim, Forwarded to Additional Payer(s) 25 Predetermination Pricing Only - No Payment |
| PC026 | National Drug Code | 1/31/2007 | Text | 11 | | NDC Code |
| PC027 | Drug Name | 1/31/2007 | Text | 80 | | Text name of drug |
| PC028 | New Prescription | 1/31/2007 | Text | 2 | | 00 New prescription 01-99 Number of refill |
| PC029 | Generic Drug Indicator | 1/31/2007 | Text | 1 | | N No, branded drug Y Yes, generic drug |
| PC030 | Dispense as Written Code | 1/31/2007 | Integer | 1 | | 0 Not dispensed as written 1 Physician dispense as written 2 Member dispense as written 3 Pharmacy dispense as written 4 No generic available 5 Brand dispensed as generic 6 Override 7 Substitution not allowed - brand drug mandated by law 8 Substitution allowed - generic drug not available in marketplace 9 Other |
| PC031 | Compound Drug Indicator | 1/31/2007 | Text | 1 | | N Non-compound drug Y Compound drug U Non-specified drug compound |
| PC032 | Date Prescription Filled | 1/31/2007 | Date | 8 | | YYYYMMDD |
| PC033 | Quantity Dispensed | 1/31/2007 | Integer | 5 | | Number of metric units of medication dispensed |
| PC034 | Days Supply | 1/31/2007 | Integer | 3 | | Estimated number of days the prescription will last |
| PC035 | Charge Amount | 1/31/2007 | Decimal | 10,2 | | |
| PC036 | Paid Amount | 1/31/2007 | Decimal | 10,2 | | Includes all health plan payments and excludes all member payments. |
| PC037 | Ingredient Cost/List Price | 1/31/2007 | Decimal | 10,2 | | Cost of the drug dispensed. Do not code decimal point |

Pharmacy Claims File Specifications

| Data Element # | Data Element Name | Required Start Date | Type | Maximum Length | Hashed? | Description/Codes/Sources |
|-----------------------|-----------------------------------|----------------------------|-------------|-----------------------|----------------|--|
| PC038 | Postage Amount Claimed | 1/31/2007 | Decimal | 10,2 | | |
| PC039 | Dispensing Fee | 1/31/2007 | Decimal | 10,2 | | |
| PC040 | Copay Amount | 1/31/2007 | Decimal | 10,2 | | The preset, fixed dollar amount for which the individual is responsible. |
| PC041 | Coinsurance Amount | 1/31/2007 | Decimal | 10,2 | | The dollar amount an individual is responsible for – not the percentage. |
| PC042 | Deductible Amount | 1/31/2007 | Decimal | 10,2 | | |
| PC043 | Placeholder | 1/31/2017 | N/A | N/A | | N/A |
| PC044 | Prescribing Physician First Name | 1/31/2007 | Text | 25 | | Physician first name Required if PC047 is not filled. |
| PC045 | Prescribing Physician Middle Name | 1/31/2007 | Text | 25 | | Physician middle name or initial Required if PC047 is not filled. |
| PC046 | Prescribing Physician Last Name | 1/31/2007 | Text | 60 | | Physician last name Required if PC047 is not filled. |
| PC047 | Prescribing Physician Number | 1/31/2007 | Text | 9 | | DEA or NPI number for prescribing physician. |
| PC101 | Subscriber Last Name | 1/31/2007 | Text | 60 | Y | The subscriber last name. |
| PC102 | Subscriber First Name | 1/31/2007 | Text | 35 | Y | The subscriber first name. |
| PC103 | Subscriber Middle Initial | 1/31/2007 | Text | 1 | Y | The subscriber middle initial. |
| PC104 | Member Last Name | 1/31/2007 | Text | 60 | Y | The member last name. |
| PC105 | Member First Name | 1/31/2007 | Text | 35 | Y | The member first name. |
| PC106 | Member Middle Initial | 1/31/2007 | Text | 1 | Y | The member middle initial. |
| PC899 | Record Type | 1/31/2007 | Text | 2 | | Value = PC |

Pharmacy Claims File Mapping to National Standards

| Data Element # | Data Element Name | National Council for Prescription Drug Programs Field # | NCPDP mapping |
|----------------|---|---|---------------|
| PC001 | Payer | N/A | N/A |
| PC002 | Plan ID | N/A | N/A |
| PC003 | Insurance Type/Product Code | N/A | N/A |
| PC004 | Payer Claim Control Number | N/A | 993-A7 |
| PC005 | Line Counter | N/A | N/A |
| PC006 | Insured Group Number | 301-C1 | 301-C1 |
| PC007 | Encrypted Subscriber Unique Identification Number | 302-C2 | N/A |
| PC008 | Plan Specific Contract Number | N/A | 302-C2 |
| PC009 | Member Suffix or Sequence Number | N/A | N/A |
| PC010 | Member Identification Code | 302-CY | N/A |
| PC011 | Individual Relationship Code | 306-C6 | N/A |
| PC012 | Member Gender | 305-C5 | 305-C5 |
| PC013 | Member Date of Birth | 304-C4 | 304-C4 |
| PC014 | Member City Name of Residence | 323-CN | 323-CN |
| PC015 | Member State or Province | 324-CO | 324-CO |
| PC016 | Member ZIP Code | 325-CP | 325-CP |
| PC017 | Date Service Approved (AP Date) | N/A | 216 |
| PC018 | Pharmacy Number | 202-B2 | 201-B1 |
| PC019 | Pharmacy Tax ID Number | N/A | N/A |
| PC020 | Pharmacy Name | 833-5P | 833-5P |
| PC021 | National Pharmacy ID Number | N/A | 201-B1 |
| PC022 | Pharmacy Location City | 831-5N | 728 |
| PC023 | Pharmacy Location State | 832-6F | 729 |
| PC024 | Pharmacy ZIP Code | 835-5R | 730 |
| PC024A | Pharmacy Country Name | N/A | N/A |
| PC025 | Claim Status | N/A | N/A |
| PC026 | Drug Code | 407-D7 | 407-D7 |
| PC027 | Drug Name | 516-FG | 516-FG |
| PC028 | New Prescription or Refill | 403-D3 | 403-D3 |
| PC029 | Generic Drug Indicator | N/A | 425-DP |
| PC030 | Dispense as Written Code | 408-D8 | 408-D8 |
| PC031 | Compound Drug Indicator | 406-D6 | N/A |
| PC032 | Date Prescription Filled | 401-D1 | 401-D1 |

Pharmacy Claims File Mapping to National Standards

| Data Element # | Data Element Name | National Council for Prescription Drug Programs | |
|----------------|-------------------------------------|---|---------------|
| | | Field # | NCPDP mapping |
| PC033 | Quantity Dispensed | 442-E7 | 442-E7 |
| PC034 | Days Supply | 405-D5 | 405-D5 |
| PC035 | Charge Amount | 804-5B | 430-DU |
| PC036 | Paid Amount | 509-F9 | 509-F9 |
| PC037 | Ingredient Cost/List Price | 506-F6 | 506-F6 |
| PC038 | Postage Amount Claimed | 428-DS | N/A |
| PC039 | Dispensing Fee | 507-F7 | 507-F7 |
| PC040 | Co-pay Amount | 518-FI | 518-FI |
| PC041 | Coinsurance Amount | 518-FI | 572-4U |
| PC042 | Deductible Amount | 505-F5 | 517-FH |
| PC044 | Prescribing Physician First Name | N/A | N/A |
| PC045 | Prescribing Physician Middle Name | N/A | N/A |
| PC046 | Prescribing Physician Last Name | N/A | 427-DR |
| PC047 | Prescribing Physician Number | N/A | 421-DL |
| PC101 | Encrypted Subscriber Last Name | N/A | 313-CD |
| PC102 | Encrypted Subscriber First Name | N/A | 312-CC |
| PC103 | Encrypted Subscriber Middle Initial | N/A | N/A |
| PC104 | Encrypted Member Last Name | N/A | 311-CB |
| PC105 | Encrypted Member First Name | N/A | 310-CA |
| PC106 | Encrypted Member Middle Initial | N/A | N/A |
| PC899 | Record Type | N/A | N/A |