



144 State Street  
Montpelier, VT 05603  
802-828-2177

**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:

<b>Total # of Members</b>	<b>Reporting Period</b>	<b>Reporting Schedule</b>
≥ 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	✘	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	✘	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	✘	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 Race 1		Text	6 2		<del>Used and or proposed by other states for – Race 1.</del> Use this field to report the member’s primary race. If data has not been collected, report as null.  Notes: The code “UN” (Unknown / Not specified) should be used only when a member answers unknown or refuses to answer. If data has not been collected, report as null.  The only valid codes for this field are: R1 American Indian / Alaska native R2 Asian R3 Black / African American R4 Native Hawaiian or other Pacific islander R5 White R9 Other race UN Unknown / Not specified
ME022	Placeholder Race 2		Text	6 2		<del>Used and or proposed by other states for – Race 2.</del> Use this field to report the member’s secondary race. If data has not been collected, report as null.  Notes: The code “UN” (Unknown / Not specified) should be used only when a member answers unknown or refuses to answer. If data has not been collected, report as null.  The only valid codes for this field are:  R1 American Indian / Alaska native R2 Asian R3 Black / African American R4 Native Hawaiian or other Pacific islander R5 White R9 Other race

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
ME023	<del>Placeholder Race 3</del>		Text	15	2	<p>UN Unknown / Not specified</p> <p><del>Used and or proposed by other states for — Other Race.</del> Use this field to report the member's secondary race. If data has not been collected, report as null.</p> <p>Notes: The code "UN" (Unknown / Not specified) should be used only when a member answers unknown or refuses to answer. If data has not been collected, report as null.</p> <p>The only valid codes for this field are: R1 American Indian / Alaska native R2 Asian R3 Black / African American R4 Native Hawaiian or other Pacific islander R5 White R9 Other race UN Unknown / Not specified</p>
ME024	<del>Placeholder Hispanic Indicator</del>		Text	1		<p><del>Used and or proposed by other states for — Hispanic indicator.</del> Use this field to report whether or not a member has identified as Hispanic.</p> <p>Notes: The code "U" (Unknown / Not specified) should be used only when a member answers unknown or refuses to answer. If data has not been collected, report as null.</p> <p>The only valid codes for this field are: Y Member is Hispanic/Latino/Spanish; N Member is not Hispanic/Latino/Spanish; U Unknown / Not specified.</p>
ME025	<del>Placeholder Ethnicity 1</del>		Text	6		<p><del>Used and or proposed by other states for — Ethnicity 1.</del> Use this field to report the member's primary ethnicity. If data has not been collected, report as null. The only valid codes for this field are:</p> <p>Code set is maintained by the Centers for Disease Control and Prevention. Use the 6 character Unique Identifier codes available in the external code set: <a href="https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf">https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf</a></p>
ME026	<del>Placeholder Ethnicity 2</del>		Text	6		<p><del>Used and or proposed by other states for — Ethnicity 2.</del></p>

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
						Use this field to report the member's secondary ethnicity. If data has not been collected, report as null. The only valid codes for this field are:  Code set is maintained by the Centers for Disease Control and Prevention. Use the 6 character Unique Identifier codes available in the external code set: <a href="https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf">https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf</a>
ME027	Placeholder Other Ethnicity		Text	20 6		Used and or proposed by other states for <del>Other Ethnicity</del> . Use this field to report the member's tertiary ethnicity. If data has not been collected, report as null. The only valid codes for this field are:  Code set is maintained by the Centers for Disease Control and Prevention. Use the 6 character Unique Identifier codes available in the external code set: <a href="https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf">https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf</a>
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 GS2 for policies sold and issued directly to employers having between two and nine employees GS3 for policies sold and issued directly to employers having between 10 and 25 employees GS4 for policies sold and issued directly to employers having between 26 and 50 employees

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
						<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>
ME033	Total Monthly Premium Amount		Integer	12		<p>For fully-insured premiums, report the average monthly fee paid by a subscriber and/or employer for health insurance coverage for a given number of members (e.g., individual, individual plus one, family), prior to any medical loss ratio rebate payments, but inclusive of any fees paid to a third party (e.g., exchange fees, reinsurance).</p> <p>Report the total monthly premium at the Subscriber level only. Do not report on member lines. Report 0 if no premium is charged. Do not code decimal point or provide any punctuation (e.g., \$1,000.25 converted to 100025).</p>



Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
ME034	Actuarial Value		Decimal	6,4		<p>The percentage of total average costs for covered benefits that a plan will cover.</p> <p>Report value as calculated in the most recent version of the HHS Actuarial Value Calculator. Include decimal point with reported value. Format to be used is 0.0000. For example, an AV of 88.27689% should be reported as 0.8828.</p> <p>For Non-Grandfathered health plans for the Individual and Small Group markets (under ACA) ONLY.</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	✖	The subscriber last name.
ME102	Subscriber First Name	1/31/2007	Text	35	✖	The subscriber first name.
ME103	Subscriber Middle Initial	1/31/2007	Text	1	✖	The subscriber middle initial.
ME104	Member Last Name	1/31/2007	Text	60	✖	The member last name.
ME105	Member First Name	1/31/2007	Text	35	✖	The member first name.
ME106	Member Middle Initial	1/31/2007	Text	1	✖	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	<del>Placeholder Race 1</del>	N/A
ME022	<del>Placeholder Race 2</del>	N/A
ME023	<del>Placeholder Race 3</del>	N/A
ME024	<del>Placeholder Hispanic Indicator</del>	N/A
ME025	<del>Placeholder Ethnicity 1</del>	N/A
ME026	<del>Placeholder Ethnicity 2</del>	N/A
ME027	<del>Placeholder Other Ethnicity</del>	N/A

Member Eligibility File Mapping to National Standards

<b>Data Element #</b>	<b>Element</b>	<b>HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator</b>
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
ME033	Total Monthly Premium Amount	N/A
ME034	Actuarial Value	N/A
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	✗	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	✗	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	✗	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. <b>Type of Facility - First Digit</b> 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 <b>Bill Classification - Second Digit if First Digit = 1-6</b> 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 <b>Bill Classification - Second Digit if First Digit = 7</b> 1 Rural Health 2 Hospital Based or Independent Renal Dialysis Center 3 Free Standing Outpatient Rehabilitation Facility (ORF) 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs)
MC036	Type of Bill -					

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
(Cont'd.)						6 Community Mental Health Center 9 Other <b>Bill Classification - Second Digit if First Digit = 8</b> 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 03 Processed as tertiary



Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
						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
MC048	Other Diagnosis – 7	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
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		<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><b>Notes:</b> There are no spaces between the Procedure Code and the pipe character and between the pipe character and the ACO Payment Arrangement Indicator. This includes the CPT codes of the American Medical Association.</p>
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.
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.

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Hashed?	Description/Codes/Sources
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

Medical Claims File Mapping to National Standards

			<b>HIPAA Reference</b>
<b>Data</b>		<b>CMS</b>	<b>HIPAA Reference Transaction</b>
<b>Element</b>	<b>UB-04</b>	<b>1500</b>	<b>Set/Loop/ Segment ID/Code Value/</b>
<b>#</b>	<b>Data Element Name</b>	<b>#</b>	<b>Reference Designator</b>
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

			HIPAA Reference
Data		CMS	HIPAA Reference Transaction Set/Loop/
Element	UB-04	1500	Segment ID/Code Value/
#	Data Element Name	#	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

			HIPAA Reference
Data		CMS	HIPAA Reference Transaction Set/Loop/
Element	UB-04	1500	Segment ID/Code Value/
#	Data Element Name	#	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

			HIPAA Reference
Data		CMS	Transaction Set/Loop/
Element	UB-04	1500	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



			HIPAA Reference Transaction
Data Element	UB-04	CMS 1500	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

			HIPAA Reference Transaction
Data Element	UB-04	CMS 1500	Set/Loop/Segment ID/Code Value/
#	Data Element Name	#	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

6/27/2022

		Medical Claims	HIPAA Reference	National Standards
<b>Data</b>		<b>CMS</b>	<b>HIPAA Reference Transaction Set/Loop/</b>	
<b>Element</b>	<b>UB-04</b>	<b>1500</b>	<b>Segment ID/Code Value/</b>	
<b>#</b>	<b>Data Element Name</b>	<b>#</b>	<b>Reference Designator</b>	
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	✘	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	✘	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	✘	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 Mail-Order Pharmacy Indicator	1/31/2017	N/A- Integer	N/A 1		<p>N/A Use this field to report whether or not the pharmacy was a mail-order pharmacy. The only valid codes for this field are:</p> <p>1 Yes mail order pharmacy                  2 No-not a mail order pharmacy                  3 Unknown                  4 Other                  5 Not applicable</p>
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	✘	The subscriber last name.
PC102	Subscriber First Name	1/31/2007	Text	35	✘	The subscriber first name.
PC103	Subscriber Middle Initial	1/31/2007	Text	1	✘	The subscriber middle initial.
PC104	Member Last Name	1/31/2007	Text	60	✘	The member last name.
PC105	Member First Name	1/31/2007	Text	35	✘	The member first name.
PC106	Member Middle Initial	1/31/2007	Text	1	✘	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
PC043	Mail-Order Pharmacy Indicator	N/A	N/A
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