

MEDICAL CLAIMS DATA
APCD State Comparison of Data Submission Rules
RAPHIC, NAHDO, March 2010

Data Element #	HIPAA Reference ASC X12N/005010 Transaction Set/Loop/Segment ID/Code Value/Reference Designator	Data Element Name	Type	Length	Description/Codes/Sources	Maine	NH	VT	MN	TN	MA (draft)
MC001	N/A	Payer	Text	8	Payer submitting payments; MHDO Submitter Code for Maine; NHID submitted codes for NH; BISHCA submitter codes for VT; NCDMS submitter codes for MN; MA using Council Submitter Codes; TN using CDM submitter codes	√	√	√	√	√	√
MC002	837/2010BB/NM1/XV/09	National Plan ID	Text	30	CMS National Plan ID	√	√	√	not included	√	√
MC003	837/2000B/SBR/ /09	Insurance Type/Product Code	Text	2	COMPARE WITH ME003; MN uses a unique set of codes; MA has additional codes for payers (not shown in this comparison)	√	√	√	√	√	√
					12 Preferred Provider Organization (PPO)	√	√	√	different value	√	√
					13 Point of Service (POS)	√	√	√	different value	√	√
					14 Exclusive Provider Organization (EPO)	√	√	√	different value	√	√
					15 Indemnity Insurance	√	√	√	different value	√	√
					16 Health Maintenance Organization (HMO) Medicare Advantage	√	√	√	different value	√	√
					DS Disability	√	√	√	√	√	√
					HM Health Maintenance Organization	√	√	√	√	√	√
					HN HMO Medicare Risk/ Medicare Part C	not included	not included	not included	√	√	√
					MA Medicare Part A	√	√	√	√	√	√
					MB Medicare Part B	√	√	√	√	√	√
					MC Medicaid (MN has an additional subset of these codes)	√	√	√	√	MCTNCR	√
					MD Medicare Part D	√	√	√	√	√	√
					MP Medicare Primary	not included	not included	not included	√	not included	√
					OF Other Federal Program (e.g. Black Lung)	√	√	√	√	√	√
					PR Preferred Provider Organization (PPO)	not included	not included	not included	√	not included	√
					PS Point of Service	not included	not included	not included	√	not included	√
					QM Qualified Medicare Beneficiary	not included	not included	not included	√	not included	√
					SP Supplemental Policy	not included	not included	not included	√	not included	√
					TV Title V	√	√	√	√	√	√
					VA Veteran Administration Plan	√	√	√	√	√	√
					WC Workers' Compensation	√	√	placeholder	√	√	√
					XX non-medical assistance public program (must include sub-code) CDEP, GAMC, HIVA, MCHA, MNCR, MISC codes; TN also has codes for XXTCNV=CoverTN; XXTNKD=CoverKds; XXTNAC=AccessTN	not included	not included	not included	√	√	not included
MC004	835/2100/CLP/ /07	Payer Claim Control Number	Text	35	Must apply to the entire claim and be unique within the payer's system	√	√	√	√	√	√
MC004A		Claim Submitter's Identifier	Text	38	This field is used to track a claim from creation by the health care provider through the payment. This field is used in algorithms to determine the final payment for the service.	not included	not included	not included	√	not included	not included
MC005	837/2400/LX/ /01	Line Counter	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.	√	√	√	√	√	√
MC005A	N/A	Version Number	Integer	4	The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line.	√	√	√	√	√	√
MC006	837/2000B/SBR/ /03	Insured Group or Policy Number	Text	30	Group or policy number - not the number that uniquely identifies the subscriber.	√	√	√	not included	√	√
MC007	835/2100/NM1/34/09	Encrypted Subscriber Social Security Number	Text	128	Encrypted subscriber's social security number; Set as null if unavailable.	√	√	√	not included	transformed	NOT ENCRYPTED
MC008	835/2100/NM1/HN/09	Plan Specific Contract Number	Text	128	Encrypted plan assigned contract number; Set as null if contract number = subscriber's social security number.	√	√	√	√	transformed	NOT ENCRYPTED
MC009	N/A	Member Suffix or Sequence Number	Integer	20	Uniquely numbers the member within the contract.	√	√	√	not included	√	NOT ENCRYPTED
MC010	835/2100/NM1/MI/089	Member Identification Code	Text	128	Encrypted member's social security number; Set as null if unavailable.	√	√	√	not included	transformed	NOT ENCRYPTED
MC011	837/2000B/SBR/ /02, 837/2000C/PAT/ /01, 837/2320/SBR/ /02	Individual Relationship Code	Integer	2	Member's relationship to insured	√	√	√	√	√	√
					01 Spouse	√	√	√	√	√	√
					04 Grandfather or Grandmother	√	√	√	√	√	√
					05 Grandson or Granddaughter	√	√	√	√	√	√
					07 Nephew or Niece	√	√	√	√	√	√
					10 Foster Child	√	√	√	√	√	√
					15 Ward	√	√	√	√	√	√
					17 Stepson or Stepdaughter	√	√	√	√	√	√
					19 Child	√	√	√	√	√	√
					20 Employee/Self	√	"employer"	√	√	√	√
					21 Unknown	√	√	√	√	√	√
					22 Handicapped Dependent	√	√	√	√	√	√
					23 Sponsored Dependent	√	√	√	√	√	√
					24 Dependent of a Minor Dependent	√	√	√	√	√	√
					29 Significant Other	√	√	√	√	√	√
					32 Mother	√	√	√	√	√	√
					33 Father	√	√	√	√	√	√
					34 Other Adult	not included	not included	not included	√	√	not included
					36 Emancipated Minor	√	√	√	√	√	√
					39 Organ Donor	√	√	√	√	√	√
					40 Cadaver Donor	√	√	√	√	√	√
					41 Injured Plaintiff	√	√	√	√	√	√
					43 Child Where Insured Has No Financial Responsibility	√	√	√	√	√	√
					53 Life Partner	√	√	√	√	√	√
					76 Dependent	√	√	√	not included	not included	√
MC012	837/2010CA/DMG/ /03	Member Gender	Text	1	M Male F Female U Unknown	√	√	√	√	√	√
MC013	837/2010CA/DMG/D8/02	Member Date of Birth	Date	8	CCYMMDD; MN collects as encrypted with a transformed "age" additional element	√	√	√	transformed	transformed	√
MC014	837/2010CA/NA/ /01	Member City Name	Text	30	City name of member	√	√	√	√	√	√

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Data Element #	HIPAA Reference ASC X12N/005010 Transaction Set/Loop/Segment ID/Code Value/Reference Designator	Data Element Name	Type	Length	Description/Codes/Sources	Maine	NH	VT	MN	TN	MA (draft)
MC015	837/2010CA/N4/ /02	Member State or Province	Text	2	As defined by the US Postal Service	√	√	√	√	√	√
MC016	837/2010CA/N4/ /03	Member ZIP Code	Text	11	ZIP Code of member - may include non-US codes; MN collects 5 digit only	√	√	√	√	√	√
MC017	N/A	Date Service Approved/Accounts Payable Date/Actual Paid Date	Date	8	CCYYMMDD	√	√	√	√	√	√
MC018	837/2300/DTP/435/03	Admission Date	Date	8	Required for all inpatient claims. CCYYMMDD	√	√	√	√	√	√
MC019	837/2300/DTP/435/03	Admission Hour	Integer	4	Required for all inpatient claims. Time is expressed in military time - HHMM	√	√	√	not included	√	√
MC020	837/2300/CL1/ /01	Admission Type	Integer	1	Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications); NH, MA and MN codes are in Rule, and align with NUBC (for now)	√	code set in rule	√	code set in rule	code set in rule	code set in rule
					1 Emergency	references UB	√	references UB	√	√	√
					2 Urgent	references UB	√	references UB	√	√	√
					3 Elective	references UB	√	references UB	√	√	√
					4 Newborn	references UB	√	references UB	√	√	√
					5 Trauma Center	references UB	√	references UB	√	√	√
					9 Information not available	references UB	√	references UB	√	√	√
MC021	837/2300/CL1/ /02	Admission Source	Text	1	Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications); NH, MA and MN codes are in Rule, and align with NUBC (for now)	√	NH code set in rule (same as MN and MA)	√	MN code set in rule (same as NH and MA)	√	MA code set in rule (same as MN and NH)
MC022	837/2300/DTP/096/03	Discharge Hour	Integer	2	Time expressed in military time – HHMM	√	√	√	not included	√	√
MC022A		Discharge Date		8		not included	not included	not included	not included	√	not included
MC023	837/2300/CL1/ /03	Discharge Status	Integer	2	Required for all inpatient claims.	√	√	√	√	references UB	√
					01 Discharged to home or self care	√	√	√	√	references UB	√
					02 Discharged/transferred to another short term general hospital for inpatient care	√	√	√	√	references UB	√
					03 Discharged/transferred to skilled nursing facility (SNF)	√	√	√	√	references UB	√
					04 Discharged/transferred to nursing facility (NF)	√	√	√	√	references UB	√
					05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution	√	√	√	√	references UB	√
					06 Discharged/transferred to home under care of organized home health service organization	√	√	√	√	references UB	√
					07 Left against medical advice or discontinued care	√	√	√	√	references UB	√
					08 Discharged/transferred to home under care of a Home IV provider	√	√	√	√	references UB	√
					09 Admitted as an inpatient to this hospital	√	√	√	√	references UB	√
					20 Expired	√	√	√	√	references UB	√
					30 Still patient or expected to return for outpatient services	√	√	√	√	references UB	√
					40 Expired at home	√	√	√	√	references UB	√
					41 Expired in a medical facility	√	√	√	√	references UB	√
					42 Expired, place unknown	√	√	√	√	references UB	√
					43 Discharged/ transferred to a Federal Hospital	√	√	√	√	references UB	√
					50 Hospice – home	√	√	√	√	references UB	√
					51 Hospice – medical facility	√	√	√	√	references UB	√
					61 Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed	√	√	√	√	references UB	√
					62 Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital	√	√	√	√	references UB	√
					63 Discharged/transferred to a long-term care hospital	√	√	√	√	references UB	√
					64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	√	√	√	√	references UB	√
MC024	835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09	Service Provider Number	Text	30	Payer assigned service provider number	√	√	√	√	L Legacy/pre-NPI and O Other	√
MC025	835/2100/NM1/FI/09	Service Provider Tax ID Number	Text	10	Federal taxpayer's identification number	√	√	√	√	√	√
MC026	professional: 837/2420A/NM1/XX/09; 837/2310B/NM1/XX/09; institutional: 837/2420A/NM1/XX/09; 837/2420C/NM1/XX/09; 837/2310A/NM1/XX/09	National Service Provider ID	Text	20	National Provider ID. This data element pertains to the entity or individual directly providing the service.	√	√	√	√	√	√
MC027	professional: 837/2420A/NM1/82/02; 837/2310B/NM1/82/02; institutional: 837/2420A/NM1/72/02; 837/2420C/NM1/82/02; 837/2310A/NM1/71/02	Service Provider Entity Type Qualifier	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. Health care claims processors shall code according to:	√	√	√	√	√	√
					1 Person	√	√	√	√	√	√
					2 Non-Person Entity	√	√	√	√	√	√
MC028	professional: 837/2420A/NM1/82/04; 837/2310B/NM1/82/04; institutional: 837/2420A/NM1/72/04; 837/2420C/NM1/82/04; 837/2310A/NM1/71/04	Service Provider First Name	Text	25	Individual first name. Set to null if provider is a facility or organization.	√	√	√	√	√	√

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MC029	professional: 837/2420A/NM1/82/05; 837/2310B/NM1/82/05; institutional: 837/2420A/NM1/72/05; 837/2420C/NM1/82/05; 837/2310A/NM1/71/05	Service Provider Middle Name	Text	25	Individual middle name or initial. Set to null if provider is a facility or organization.	√	√	√	√	√	√
MC030	professional: 837/2420A/NM1/82/03; 837/2310B/NM1/82/03; institutional: 837/2420A/NM1/72/03; 837/2420C/NM1/82/03; 837/2310A/NM1/71/03	Service Provider Last Name or Organization Name	Text	60	Full name of provider organization or last name of individual provider	√	√	√	√	√	√
MC031	professional: 837/2420A/NM1/82/07; 837/2310B/NM1/82/07; institutional: 837/2420A/NM1/72/07; 837/2420C/NM1/82/07; 837/2310A/NM1/71/07	Service Provider Suffix	Text	10	Suffix to individual name. Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician's degree (e.g., MD, LCSW).	√	√	√	√	√	√
MC032	professional: 837/2420A/PRV/PE/03; 837/2310B/PRV/PE/03; institutional: 837/2310A/PRV/AT/03	Service Provider Specialty	Text	10	As defined by payer. Dictionary for specialty code values must be supplied during testing.	√	√	√	not included	√	field length is 50
MC033	professional: 837/2420C/N4/ /01; 837/2310C/N4/ /01; institutional: 837/2310E/N4/ /01	Service Provider City Name	Text	30	City name of provider - preferably practice location	√	√	√	√	√	√
MC034	professional: 837/2420C/N4/ /02; 837/2310C/N4/ /02; institutional: 837/2310E/N4/ /02	Service Provider State or Province	Text	2	As defined by the US Postal Service	√	√	√	√	√	√
MC035	professional: 837/2420C/N4/ /03; 837/2310C/N4/ /03; institutional: 837/2310E/N4/ /03	Service Provider ZIP Code	Text	11	ZIP Code of provider - may include non-US codes; do not include dash	√	√	√	√	√	√
MC036	837/2300/CLM/ /05-1	Type of Bill – Institutional	Integer	2	Required for institutional claims; Not to be used for professional claims	√	√	√	√	√	√
					Type of Facility - First Digit	√	√	√	√	references UB	√
					1 Hospital	√	√	√	√	references UB	√
					2 Skilled Nursing	√	√	√	√	references UB	√
					3 Home Health	√	√	√	√	references UB	√
					4 Christian Science Hospital	√	√	√	√	references UB	√
					5 Christian Science Extended Care	√	√	√	√	references UB	√
					6 Intermediate Care	√	√	√	√	references UB	√
					7 Clinic	√	√	√	√	references UB	√
					8 Special Facility	√	√	√	√	references UB	√
					Bill Classification - Second Digit if First Digit = 1-6	√	√	√	√	references UB	√
					1 Inpatient (Including Medicare Part A)	√	√	√	√	references UB	√
					2 Inpatient (Medicare Part B Only)	√	√	√	√	references UB	√
					3 Outpatient	√	√	√	√	references UB	√
					4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment)	√	√	√	√	references UB	√
					5 Nursing Facility Level I	√	√	√	√	references UB	√
					6 Nursing Facility Level II	√	√	√	√	references UB	√
					7 Intermediate Care - Level III Nursing Facility	√	√	√	√	references UB	√
					8 Swing Beds	√	√	√	√	references UB	√
					Bill Classification - Second Digit if First Digit = 7	√	√	√	√	references UB	√
					1 Rural Health	√	√	√	√	references UB	√
					2 Hospital Based or Independent Renal Dialysis Center	√	√	√	√	references UB	√
					3 Free Standing Outpatient Rehabilitation Facility (ORF)	√	√	√	√	references UB	√
					5 Comprehensive Outpatient Rehabilitation Facilities (CORFs)	√	√	√	√	references UB	√
					6 Community Mental Health Center	√	√	√	√	references UB	√
					9 Other	√	√	√	√	references UB	√
					Bill Classification - Second Digit if First Digit = 8	√	√	√	√	references UB	√
					1 Hospice (Non-Hospital Based)	√	√	√	√	references UB	√
					2 Hospice (Hospital-Based)	√	√	√	√	references UB	√
					3 Ambulatory Surgery Center	√	√	√	√	references UB	√
					4 Free Standing Birthing Center	√	√	√	√	references UB	√
					9 Other	√	√	√	√	references UB	√
					Frequency - third digit	not included	not included	not included	√	references UB	not included
					1 admit through discharge	not included	not included	not included	√	references UB	not included
					2 interim - first claim used for the...	not included	not included	not included	√	references UB	not included
					3 interim - continuing claims	not included	not included	not included	√	references UB	not included
					4 interim - last claim	not included	not included	not included	√	references UB	not included
					5 late charge only	not included	not included	not included	√	references UB	not included
					7 replacement of prior claim	not included	not included	not included	√	references UB	not included
					8 void/cancel of a prior claim	not included	not included	not included	√	references UB	not included
					9 final claim for a home	not included	not included	not included	√	references UB	not included

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MC037	837/2300/CLM/ /05-1	Facility Type - Professional	Text	2	Required for professional claims. Not to be used for institutional claims	√	√	√	√	references UB	√
					11 Office	√	√	√	√	references UB	√
					12 Home	√	√	√	√	references UB	√
					21 Inpatient Hospital	√	√	√	√	references UB	√
					22 Outpatient Hospital	√	√	√	√	references UB	√
					23 Emergency Room - Hospital	√	√	√	√	references UB	√
					24 Ambulatory Surgery Center	√	√	√	√	references UB	√
					25 Birthing Center	√	√	√	√	references UB	√
					26 Military Treatment Facility	√	√	√	√	references UB	√
					31 Skilled Nursing Facility	√	√	√	√	references UB	√
					32 Nursing Facility	√	√	√	√	references UB	√
					33 Custodial Care Facility	√	√	√	√	references UB	√
					34 Hospice	√	√	√	√	references UB	√
					35 Boarding Home	√	√	√	√	references UB	√
					41 Ambulance - Land	√	√	√	√	references UB	√
					42 Ambulance - Air or Water	√	√	√	√	references UB	√
					51 Inpatient Psychiatric Facility	√	√	√	√	references UB	√
					52 Psychiatric Facility Partial Hospitalization	√	√	√	√	references UB	√
					53 Community Mental Health Center	√	√	√	√	references UB	√
					54 Intermediate Care Facility/Mentally Retarded	√	√	√	√	references UB	√
					55 Residential Substance Abuse Treatment Facility	√	√	√	√	references UB	√
					56 Psychiatric Residential Treatment Center	√	√	√	√	references UB	√
					50 Federally Qualified Center	√	√	√	√	references UB	√
					60 Mass Immunization Center	√	√	√	√	references UB	√
					61 Comprehensive Inpatient Rehabilitation Facility	√	√	√	√	references UB	√
					62 Comprehensive Outpatient Rehabilitation Facility	√	√	√	√	references UB	√
					65 End Stage Renal Disease Treatment Facility	√	√	√	√	references UB	√
					71 State or Local Public Health Clinic	√	√	√	√	references UB	√
					72 Rural Health Clinic	√	√	√	√	references UB	√
					81 Independent Laboratory	√	√	√	√	references UB	√
					99 Other Unlisted Facility	√	√	√	√	references UB	√
MC038	835/2100/CLP/ /02	Claim Status	Integer	2	01 Processed as primary	√	√	√	not included	√	√
					02 Processed as secondary	√	√	√	not included	√	√
					03 Processed as tertiary	√	√	√	not included	√	√
					04 Denied	√	√	√	not included	√	√
					19 Processed as primary, forwarded to additional payer(s)	√	√	√	not included	√	√
					20 Processed as secondary, forwarded to additional payer(s)	√	√	√	not included	√	√
					21 Processed as tertiary, forwarded to additional payer(s)	√	√	√	not included	√	√
					22 Reversal of previous payment	√	√	√	not included	√	√
MC039	837/2300/BI/BJ/021-2	Admitting Diagnosis	Text	5	Required on all inpatient admission claims and encounters. ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC040	837/2300/BI/BN/091-2	E-Code	Text	5	Describes an injury, poisoning or adverse effect. ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC041	837/2300/BI/BK/01-2	Principal Diagnosis	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC042	837/2300/BI/BF/01-2	Other Diagnosis - 1	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC043	837/2300/BI/BF/02-2	Other Diagnosis - 2	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC044	837/2300/BI/BF/03-2	Other Diagnosis - 3	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC045	837/2300/BI/BF/04-2	Other Diagnosis - 4	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC046	837/2300/BI/BF/05-2	Other Diagnosis - 5	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC047	837/2300/BI/BF/06-2	Other Diagnosis - 6	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC048	837/2300/BI/BF/07-2	Other Diagnosis - 7	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC049	837/2300/BI/BF/08-2	Other Diagnosis - 8	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC050	837/2300/BI/BF/09-2	Other Diagnosis - 9	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC051	837/2300/BI/BF/10-2	Other Diagnosis - 10	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC052	837/2300/BI/BF/11-2	Other Diagnosis - 11	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC053	837/2300/BI/BF/12-2	Other Diagnosis - 12	Text	5	ICD-9-CM Do not code decimal point.	√	√	√	√	√	√
MC054	835/2110/SVC/NU/01-2	Revenue Code	Integer	10	National Uniform Billing Committee Codes. Code using leading zeroes, left justified, and four digits.	√	√	√	length is 4	length is 4	√
MC055	835/2110/SVC/HC/01-2	Procedure Code	Text	10	Health Care Common Procedural Coding System (HCPCS); This includes the CPT codes of the American Medical Association.	√	√	√	length is 5	length is 5	√
MC056	835/2110/SVC/HC/01-3	Procedure Modifier - 1	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	√	√	√	√	√	√
MC057	835/2110/SVC/HC/01-4	Procedure Modifier - 2	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	√	√	√	√	√	√
MC057B	835/2110/SVC/HC/01-5	Procedure Modifier - 3	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	not included	not included	not included	√	not included	not included
MC057C	835/2110/SVC/HC/01-6	Procedure Modifier - 4	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	not included	not included	not included	√	not included	not included
MC058	835/2110/SVC/ID/01-2	ICD-9-CM Procedure Code	Text	4	Primary procedure code for this line of service. Do not code decimal point.	√	√	√	"principal"	√	√
MC058A		Other ICD-9-CM Procedure Code - 1	Text	4	Procedure code for this line of service. Do not code decimal point.	not included	not included	not included	√	√	MC083
MC058B	837/2300/BI/BQ/03-2	Other ICD-9-CM Procedure Code - 2	Text	4	Procedure code for this line of service. Do not code decimal point.	not included	not included	not included	√	√	MC084
MC058C	837/2300/BI/BQ/04-2	Other ICD-9-CM Procedure Code - 3	Text	4	Procedure code for this line of service. Do not code decimal point.	not included	not included	not included	√	√	MC085
MC058D	837/2300/BI/BQ/05-2	Other ICD-9-CM Procedure Code - 4	Text	4	Procedure code for this line of service. Do not code decimal point.	not included	not included	not included	√	√	MC086
MC058E		Other ICD-9-CM Procedure Code - 5	Text	5	Procedure code for this line of service. Do not code decimal point.	not included	not included	not included	√	√	MC087
MC059	835/2110/DTM/150/02	Date of Service - From	Date	8	First date of service for this service line. CCYYMMDD	√	√	√	√	√	√
MC060	835/2110/DTM/151/02	Date of Service - Thru	Date	8	Last date of service for this service line. CCYYMMDD	√	√	√	√	√	√

MEDICAL CLAIMS DATA
APCD State Comparison of Data Submission Rules
RAPHIC, NAHDO, March 2010

Data Element #	HIPAA Reference ASC X12N/005010 Transaction Set/Loop/Segment ID/Code Value/Reference Designator	Data Element Name	Type	Length	Description/Codes/Sources	Maine	NH	VT	MN	TN	MA (draft)
MC061	835/2110/SVC/ /05	Quantity	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	835/2110/SVC/ /02	Charge Amount	Decimal	10	Do not code decimal point.	√	√	√	√	√	√
MC063	835/2110/SVC/ /03	Paid Amount	Decimal	10	Includes any withhold amounts. Do not code decimal point.	√	√	√	√	√	√
MC063A	Pricing data	Header/ Line Payment Indicator	Text	1	This field is used to indicate whether the payment is reported on the header or line level. Code H for Header or L for Line. If H, populate each line after the first line with "H" and a paid amount of \$0. If L, populate each line as necessary.	not included	not included	not included	√	not included	not included
MC063C	835/2110/CAS/CO/104	Managed Care Withhold	Decimal	10	This is an amount withheld from payment to a provider by a managed care organization, which may be paid at a later date. 0\$ is acceptable; code "data not available" as 9999999999. Submissions containing 9999999999 will not factor into the calculation of the threshold.	not included	not included	not included	√	not included	not included
MC064	N/A	Prepaid Amount	Decimal	10	For capitated services, the fee for service equivalent amount. Do not code decimal point.	√	√	√	√	√	√
MC065	N/A	Co-pay Amount	Decimal	10	The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point.	√	√	√	√	√	√
MC066	N/A	Coinsurance Amount	Decimal	10	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	√	√	√	combined with co-pay (MC065)	√	√
MC067	N/A	Deductible Amount	Decimal	10	Do not code decimal point.	√	√	√	√	√	√
MC068	837/2300/CLM/ /01	Patient Account/Control Number	Text	20	Number assigned by hospital.	√	√	√	not included	placeholder	√
MC069	N/A	Discharge Date	Date	8	Date patient discharged. Required for all inpatient claims. CCYYMMDD	√	√	√	not included	placeholder	√
MC070	N/A	Service Provider Country Name	Text	30	Code US for United States.	√	√	√	not included	√	√
MC071	837/2300/HI/DR/01-2	DRG	Text	10	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the All Payer DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an "A" prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX).	√	√	√	not included	√	√
MC072	N/A	DRG Version	Text	2	Version number of the grouper used	√	√	√	not included	√	√
MC073	835/2110/REF/APC/02	APC	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.	√	√	√	not included	√	√
MC074	N/A	APC Version	Text	2	Version number of the grouper used	√	√	√	not included	√	√
MC075	837/2410/LIN/N4/03	Drug Code	Text	11	An NDC code used only when a medication is paid for as part of a medical claim.	√	√	√	not included	√	√
MC076	837/2010AA/NM1/ID/09	Billing Provider Number	Text	30	Payer assigned billing provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.	√	√	√	√	√	√
MC077	837/2010AA/NM1/XX/09	National Billing Provider ID	Text	20	National Provider ID	√	√	√	√	√	√
MC078	837/2010AA/NM1/ /03	Billing Provider Last Name or Organization Name	Text	60	Full name of provider billing organization or last name of individual billing provider.	√	√	√	√	√	√
MC079	837/2400/SV1//07-1	Diagnosis Code Pointer - 1	Integer	1	A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the second diagnosis code pointer if applicable.	not included	not included	not included	√	√	MC079 Product ID Number
MC080	837/2400/SV1//07-2	Diagnosis Code Pointer - 2	Integer	2	A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the second diagnosis code pointer if applicable.	not included	not included	not included	√	√	MC080 Reason for Adjustment
MC081	837/2400/SV1//07-3	Diagnosis Code Pointer - 3	Integer	3	A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the second diagnosis code pointer if applicable.	not included	not included	not included	√	√	MC081 Capitated Encounter Flag
MC082	837/2400/SV1//07-4	Diagnosis Code Pointer - 4	Integer	4	A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the second diagnosis code pointer if applicable.	not included	not included	not included	√	√	MC082 Member Street Address
MC083		Other ICD-9 CM Procedure Code - 5	Text	1		not included	not included	not included	not included	√	MC083 Other ICD-9- CM Procedure Code - 1
MC084		POA flag for admitting diagnosis for MC039 data element				not included	not included	not included	not included	√	MC084 Other ICD-9- CM Procedure Code - 2
MC085		POA flag for primary diagnosis for MC041				not included	not included	not included	not included	√	MC085 Other ICD-9- CM Procedure Code - 3
MC086		POA flag for first secondary diagnosis for MC042				not included	not included	not included	not included	√	MC086 Other ICD-9- CM Procedure Code - 4
MC087		POA flag for secondary diagnosis for MC043				not included	not included	not included	not included	√	MC087 Other ICD-9- CM Procedure Code - 5
MC088		POA flag for secondary diagnosis for MC044	Text	10		not included	not included	not included	not included	√	Billing Provider Tax ID Number
MC089		POA flag for secondary diagnosis for MC045	Date	8		not included	not included	not included	not included	√	Date of Payment
MC090		POA flag for secondary diagnosis for MC046				not included	not included	not included	not included	√	not included
MC091		POA flag for secondary diagnosis for MC047				not included	not included	not included	not included	√	not included
MC101	837/2010BA/NM1/ /03	Encrypted Subscriber Last Name	Text	128	The encrypted subscriber last name	√	√	√	√	placeholder	√
MC102	837/2010BA/NM1/ /04	Encrypted Subscriber First Name	Text	128	The encrypted subscriber first name	√	√	√	√	placeholder	√
MC103	837/2010BA/NM1/ /05	Encrypted Subscriber Middle Initial	Text	1	The encrypted subscriber middle initial	√	√	√	√	placeholder	√
MC104	837/2010CA/NM1/ /03	Encrypted Member Last Name	Text	128	The encrypted member last name	√	√	√	√	transformed	√
MC105	837/2010CA/NM1/ /04	Encrypted Member First Name	Text	128	The encrypted member first name	√	√	√	√	transformed	√
MC106	837/2010CA/NM1/ /05	Encrypted Member Middle Initial	Text	1	The encrypted member middle initial	√	√	√	√	placeholder	√
MC899	N/A	Record Type	Text	2	Value = MC	√	√	√	√	√	√